



Royal College
of Nursing



Supporting children's nurses working outside of a designated children's ward/ department

*Guidance for clinical
professionals and managers
of children's services*





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This guidance document will help:

- ❖ registered children's nurses working in posts outside of a designated children's in-patient ward/department
- ❖ managers of children's services towards achieving targets set by the Nursing, Midwifery and Health Visiting Strategy (DH, 1999), the Government NHS Plan (DH, 2000) and the Bristol Royal Infirmary Report recommendations (BRI Inquiry Report, 2001)
- ❖ promote effective leadership of senior children's nurses within health care organisations.

Acknowledgements

The RCN Paediatric Nurse Managers Forum has written this document in response to enquiries from members and requests from colleagues. It has been designed as a checklist to be used when considering the support, guidance, management and education framework required for children's nurses working outside of a designated children's ward/ department. It is partly based on pilot survey results from children's nurses who felt isolated in their current posts.

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Members of the forum steering committee can be contacted through the RCN paediatric adviser on 020 7647 3753. Comments and contributions are welcomed on this document and other children's nursing and service issues.

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1

Introduction

The RCN Paediatric Nurse Managers Forum supports all nurses working with children in an advisory, supervisory or managerial capacity and is particularly aimed at those at G Grade or above with continuing responsibility for care.

The forum has written this document in response to enquiries from members and requests from colleagues. A pilot survey was undertaken amongst children's nurses working in posts outside of a designated children's in-patient ward/ department. This survey highlighted examples of good practice.

Designed as a checklist this publication can be used when considering the support, guidance, management and education framework required for children's nurses working in these areas. It is based upon:

- ❖ the experience of members from the RCN Paediatric Nurse Managers Forum
- ❖ perceived best practice within the profession and current literature
- ❖ pilot survey results from children's nurses who felt isolated in their current post.

This is a dynamic document that we hope to update, amend and expand. However, it is not intended to be prescriptive rather to stimulate thought and discussion, as well as inform local assessment of need. It offers a guide to key issues that require consideration before implementing a Framework to support children's nurses that work in posts outside of a designated children's in-patient ward/department.

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Pilot survey

In 1999, the Royal College of Nursing's Paediatric Nurse Managers Forum completed a pilot survey from a sample group of 72 children's nurses in posts outside of a designated children's in-patient ward/department. This survey came about in response to the following issues.

- ❖ Increasing concerns by members working in non-dedicated children's areas regarding their ability to change practice in order to meet national standards and recommendations in relation to children's nursing and service provision for children.
- ❖ The rising number of ambulatory care services being established on non-children's in-patient sites, frequently as a result of trust mergers and service reconfigurations (RCN, 2001a).
- ❖ The decline in senior children's nurse's posts as identified by the recent report by the Paediatric Nurse Managers Forum (RCN, 1999, 2001b). These posts usually carry a trust-wide responsibility to ensure quality care for all children, thereby including services provided for children outside the designated children's in-patient and/or outpatient unit.

The survey had a response rate of 87.5% which highlighted that the issues covered raised a high level of concern, with many respondents feeling professionally isolated.

The questionnaire incorporated both open and closed questions to obtain both qualitative and quantitative data. Feedback was requested on:

- ❖ general background information about the respondent
- ❖ the individuals' practice area, job responsibility and nursing grade.
- ❖ any liaison/ communication network with their local children's unit
- ❖ what professional development, support and guidance they had available to them
- ❖ service developments and practice that they, as individuals, had been able to initiate or implement to improve the quality of care for children and their families
- ❖ areas of concern.

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The results of the pilot survey revealed that posts outside of a designated children's in-patient ward/department, which felt most isolated were within the following practice areas: out-patients, accident and emergency, intensive care units, burns units, day care units, tertiary specialty wards and private health care.

A number of key concerns were identified by respondents, including:

- ◆ having little or no influencing ability on practice
- ◆ poor support and supervision networks
- ◆ a lack of recognition for skills and expertise
- ◆ limited resources and facilities for children
- ◆ poor children's nurse staffing levels
- ◆ inadequate standards of practice
- ◆ minimal opportunities to help the individual practitioner to develop further paediatric skills and knowledge base.

Following the pilot survey the Paediatric Nurse Managers Forum recommended that a good practice framework needed to be developed for managers and children's nurses, which looked at the supervision and support requirements of those children's nurses that work in posts outside of a designated children's in-patient ward/ department.

Why is there an increase in children's nursing posts outside of the designated children's in-patient ward/department?

There are two main reasons why there is an increase in the number of these nursing posts.

- 1 **The increased need, as a result of new national guidance, to provide appropriate health care service to children in all areas where they may be seen or admitted. Several key documents over recent years have emphasised the need for registered children's nurses to be employed in areas where children may be seen or admitted. In attempting to address this issue acute health care services are recruiting children's nurses to meet the various national guidance relating to children (see below).**

◆ In those independent hospitals where children are to be admitted, registration criteria should stipulate that this can only be granted when the hospital is able to demonstrate that registered children's nurses are available to care for children throughout the 24 hour care cycle.”

(RCN, 2000)

◆ “A children's trained nurse must be employed at a senior level in the accident and emergency department to co-ordinate care for children, facilitate education of other staff and link with senior nurses in the in-patient department.”

(RCPCH, 1999)

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“A trained children’s nurse should be available within the A&E Department on all shifts. Children are major users of the A&E department and trained children’s nurses are essential in recognising serious problems in children and working sensitively with them and their families.”

(HOGG, 1997)

◆ “District general hospitals receiving children have to be able to initiate level 2 paediatric intensive care whilst awaiting the arrival of the retrieval team.”

(DH, 1997)

◆ “Day case services should meet the criteria laid down in the Department of Health document Welfare of Children and Young People in Hospital, and follow the guidance in the document Just for the Day, Caring for Children in the Health Services.”

(RCPCH, 1996)

◆ “There should be a senior management focus for children’s services in every hospital to ensure that the special needs of children and families are recognised in all aspects of care. This management team should consist of a consultant and a senior children’s nurse, as well as having appropriate, financial support”

(AUDIT COMMISSION, 1993)

◆ “There is an RSCN available 24 hours a day to advise on the nursing of children in other departments, for example, the Intensive care unit, the A&E department, out-patients.”

(DH, 1991)

2 The increasing number of ambulatory care facilities being provided for children, often not on the same site as the children’s in-patient beds.

◆ Fifty per cent of all emergency secondary care paediatric admissions remain in hospital less than 24 hours. Current health trends suggest a reduced need for children’s in-patient beds, with an enhanced demand for ambulatory care facilities to incorporate other services such as out-patients, elective and emergency day care, rapid assessment and A&E. (RCPCH, 1998, Beverley, Ball, Smith et al, 1997, MacFaul, 1997)

Good practice guidance framework for the support and supervision of children’s nurses in posts that may feel isolated

Following the results of the pilot survey, communication with forum members and a review of current literature, four key areas have been identified as crucial in the establishment of a framework to support children’s nurses in posts outside of a designated children’s ward/ department.

Effective structures

- ◆ Develop communication links
- ◆ Build and maintain effective working relationships
- ◆ Child and parent/carer involvement
- ◆ Minimise risks.

Professional support and guidance:

- ◆ Establish supervision sessions
- ◆ Advice and support in developments and practice.

Continuing professional development (CPD)

- ◆ Lifelong learning
- ◆ Engaging in activities.

Recruitment and retention

- ◆ Career structures
- ◆ Pay and reward.

1 Effective structures

Develop communication links

It is essential that effective and efficient communication links are established and maintained between the designated children's department and all areas where:

- ◆ children receive care
- ◆ registered children's nurses are employed across the organisation.

These links will prove useful for the:

- ◆ dissemination of information, for example, research, reports, new local protocols, policies or guidance, and details about training events
- ◆ identification of any concerns and potential differences in practice that may need to be clarified in order to ensure consistency across the organisation
- ◆ representation of staff on key child health forums, for example, child protection team meetings.

Build and maintain effective working relationships

To help communicate information on support, supervision and advice on children's issues, the senior children's nurse of the designated children's ward/department/unit should organise regular meetings with other department managers where a service is provided to children, and where registered children's nurses are employed.

These communication forums will help to address those issues that have been raised by children's nurses working outside of designated children's wards/departments, as well as providing support to change practice in order to meet national guidance. This will be essential in ensuring national standards for children's health care are incorporated and implemented in all areas where children are provided a service, thereby reducing variations in service standards.

Child and parent/ carer involvement

The public must be involved in all aspects of the NHS and the perspectives of patients and the general public heard and taken into account wherever decisions affecting the provision of health care are made (BRI Inquiry, 2001).

Minimising risks

Patients are entitled to expect that their care will be of such quality as is consonant with good practice and based on sound evidence (BRI Inquiry 2001). To help this achievement, lessons have to be learnt from previous mistakes through an effective clinical governance and risk management strategy.

To enhance the quality of service provision and minimise clinical and non-clinical risks the senior children's nurse, in collaboration with individual registered children's nurses, should ensure systems are established to identify, manage and monitor risks or potential risks for children and their families.

To facilitate this process the individual registered children's nurse should have the responsibility to use their expert knowledge and skills to monitor standards of practice and to review all critical incidents, near misses or complaints that involve children within their area. The senior children's nurse, in collaboration with the individual registered children's nurse and appropriate service managers, should jointly devise and communicate recommendations for actions. These could incorporate:

- ◆ training sessions
- ◆ practice changes
- ◆ development of protocols and policies
- ◆ resource bids for service developments.

2 Professional support and guidance

Establishing supervision sessions

The most senior children's nurse of the designated children's ward/ department should initiate and develop a system to enable all registered children's nurses employed within the organisation to reflect upon practice, analyse critical incidents and assess complaints. This should include a monthly supervision session for all registered children's nurses working outside of a designated children's ward/department. As a minimum the supervisor should be:

- ◆ a registered children's nurse
- ◆ employed at G Grade level or above

- ❖ employed by the local children's in-patient ward/department.

These sessions will help identify any deficiencies in practice or service delivery and make sure the reasons why are analysed and acted upon in order to ensure excellence. As highlighted by the Bristol Royal Infirmary Inquiry, staff there were not encouraged to share their problems or to speak openly. Those who tried to raise concerns found it hard to get their voice heard (BRI Inquiry, 2001).

Advice and support in developments and practice

The major problem facing registered children's nurses working outside of a designated children's ward/department is that many of the areas are often adult focused, which means difficulty in:

- ❖ getting recognition from fellow work colleagues for specialist children's nursing knowledge and skills
- ❖ helping children to be viewed as a unique client group, with individual needs and requirements
- ❖ implementing changes in practice to improve the quality of care for children and their families.

Suggested good practice to help support registered children's nurses working outside of a designated children's ward/department in the development of services and practice should include regular meetings between the most senior children's nurse of a designated children's ward/department, registered children's nurse and their immediate line manager. These meetings will help:

- ❖ highlight national guidance and associated requirements
- ❖ negotiate joint action plans, time scales and resources for service developments/ practice enhancements
- ❖ ensure the resources for service developments are incorporated within both the children's departments and the individual services business plans
- ❖ regular feedback on the progress of agreed service developments
- ❖ develop and review agreed protocols between the designated children's ward/ department and other areas where children are cared for.

3 Continuing professional development (CPD)

Lifelong learning

Children and their families place their trust in health professionals. They need to be assured that the care they receive is delivered by staff trained and skilled to meet their needs, and that practice is up to date with the latest research and new techniques. (RCN, 2001a, BRI Inquiry, 2001).

Continuing professional development is a process of life long learning for all individuals to enable them to grow and develop as individual practitioners as well as helping them to continue to adapt to meet the needs of children and their families.

All members of staff should receive support from their employers to fulfil requirements of clinical governance and revalidation (DH, 2000). This includes maintaining practice, skills and knowledge within children's nursing to fulfil requirements for re-registration.

The following examples of good practice should be supported and initiated across the organisation by the most senior children's nurse of the designated children's ward/ department.

1. Annual rotation of all registered children's nurses working outside of a designated children's ward/department to the local children's in-patient unit for a period to update their general children's nursing knowledge and skills.
2. Mandatory attendance at annual update days within a designated children's ward/ department to include:
 - ❖ child protection
 - ❖ oral and intravenous drug therapy
 - ❖ paediatric resuscitation
 - ❖ pain assessment and management
 - ❖ moving and handling.

Engaging in activities

The most senior children's nurse of a designated children's ward/department should encourage the individual registered children's nurse to participate in the activities of not only their individual clinical environment but also those of the local children's in-patient unit.

Such activities could include:

- ❖ research groups
- ❖ education groups
- ❖ clinical guidelines/policy groups
- ❖ clinical working groups
- ❖ national and local children's health care forums.

This activity will help the:

- ❖ development of children's services
- ❖ standardisation of practice
- ❖ professional development of the individual registered children's nurse
- ❖ establishment of communication systems
- ❖ development of support networks.

4 Recruitment and retention

Improving the working lives of staff through improved recruitment and retention contributes directly to better patient care; patients want to be treated by well-motivated, fairly rewarded staff (DH, 2000).

To ensure the recruitment of children's nurses in to posts outside of the designated children's ward/departments it may be necessary to review roles and ensure that expertise is valued and skills used appropriately (Hogg, 1997). This could be facilitated through career progression and appropriate pay and rewards.

Career structures

As part of the process of improving working lives of staff, a career structure needs to be identified and negotiated by the senior children's nurse of the designated children's ward/ department. This should include:

- ❖ role development
- ❖ enhancing autonomy and responsibility
- ❖ skills and knowledge development
- ❖ promotion prospects
- ❖ annual rotation to designated children's ward/ department.

Pay and reward

Job descriptions should be reviewed to ensure they cover the nursing skills and knowledge that registered children's nurses can offer to a service. This should include:

- ❖ continuing professional development of children's nursing skills and knowledge
- ❖ training and education of other staff
- ❖ children's nursing advice
- ❖ supervision by a senior children's nurse
- ❖ practice development relating to children's nursing care.

The pay scales should be commensurate with the job description.

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Summary

Throughout this guidance emphasis has been placed upon:

- ❖ the value of building relationships and communication networks to enable the quality of children's care and services to be enhanced
- ❖ the important and crucial role of the most senior children's nurse of the children's ward/department in facilitating this quality enhancement and ensuring national standards are followed.

The implementation of this best practice guidance will lead to:

- ❖ improved care through the development of services and nursing practice for children in services outside of a designated children's ward/ department.
- ❖ improved support mechanisms and professional leadership for registered children's nurses working outside of a designated children's ward/ department.

The key to achieving the above is the appointment of high quality, senior children's nursing leaders with the ability to work across departmental and organisational boundaries in order to ensure national standards and guidance are followed in all areas where children receive care and treatment.

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