

Document Control

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1. Introduction

Children's Community Teams including Community Children's Nursing (CCN) Services need to provide appropriate support to children, young people and their families, which respond to local needs and takes account of the need to prevent hospital admission, facilitate early discharge, and care for children with complex needs. (Department of Health 2004 National Service Framework for Children, Young People and Maternity Services: Children and Young People who are Ill. London: DH). The following operational policy details the service roles and responsibilities for the NDHCT CCN Team (CCNT).

1.1. Aims of the Service

The aims of the service is to provide specialist nursing care and/or advice to any child/young person aged 0-18yrs or family members who require it, enabling the child/young person to be cared for at home.

Provision of Neonatal Outreach Nursing to those babies leaving the Neonatal Unit who require Specialist Neonatal Nursing input enabling the baby to be cared for at home

- To prevent admission, outpatient attendance or ward review.
- To facilitate seamless care from tertiary/secondary care to primary, community setting.
- To foster confidence, competence and independence in families in caring for their children/young people at home.
- To provide a specialist nursing resource to all members of the multidisciplinary team.
- To aid transition of the patient's nursing care from paediatric to adult services prior to turning 18 years old, in line with transition guidelines and paperwork utilised by NDHCT

The CCNT at NDHCT is not currently resourced to allow for a 24 hours/day 7 days/week service.

CCN's will work flexibly with their patient/families to meet the child/young person's health needs.

The CCN Service will be reviewed regularly and service provision adjusted according to patient/service need/demand.

2. Service Accommodation and Management

- 2.1. The CCNT offices are located over two sites. The main office is based at North Devon District Hospital, geographically covering the Taw side area of North Devon and the other based in Bideford Hospital, geographically covering the Torridge Side area of North Devon as well as North Cornwall

<http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2011/03/Geo-CCN-cover-2018.doc>
- 2.2. Members of the team report to the Team Leader and/or Deputy -Band 6 CCN and obtain any new referrals and other work allocation as required on a daily basis.
- 2.3. The CCNT will consist of at least one full time band 7 (Team Leader) with specialist Practitioner CCN Qualification who will be supported by a team of 2 WTE band 6 and approx. 2 WTE band 5 CCN's.
- 2.4. All staff members will engage in mandatory training and any further training identified to benefit the development of the staff member and the team
- 2.5. CCNT will hold monthly staff meetings chaired by the Team Leader or other nominated person in their absence to discuss arising issues and on-going development of the service. CCNT members must attend at least 80% of these meetings per annum. These meetings will be booked via NHS Mail Calendars and CCN RiO diaries in advance. Staff members attending meetings outside of a normal CCNT working day may be either paid for the time spent at the meeting or the time taken in lieu. This is at the discretion the CCNT Team Leader after negotiation with the team member involved
- 2.6. Members of the CCNT team report directly to the CCNT Team Leader or Deputy (band 6) CCN
- 2.7. All CCNT staff members adhere to the Northern Devon Healthcare NHS Trust Lone Worker policy and use mobile phones as a main point of contact; so should always be contactable during their working day. The CCN team use RiO Electronic Health Records (EHR) that has all appointments in respective CCN RiO Diaries, which should indicate the whereabouts of individual staff. Additionally A 'WhatsApp' lone working buddy' system is in place (closed group) whereby the CCNT members will notify at the end of the day, via the 'WhatsApp' CCN Lone working group, that they are safely home. If no contact is made using this system it is the responsibility of CCN Team Leader or Deputy to try and make contact with the staff member or Next of Kin, via work/personal mobile/land line tel. numbers to ensure they are safe. The CCNT also use a "whereabouts' white board for staff to clearly state who they are seeing, time and location of visit

<http://ndht.ndevon.swest.nhs.uk/lone-working-policy/>

NB Under no circumstances will staff transport patients in their own cars.

- 2.8. CCNT members will adhere to all other policies and procedures that are relevant to the working area and specific conditions and procedures and will follow all care plans relevant to patient care
- 2.9. During operational hours CCNT staff members are available via a CCNT specific mobile phone and/or office phone contact for parents/guardians.
- 2.10. Due to the nature of the service, team members mainly work independently in patient's homes. Home visits requiring two staff members should be considered if risks have been identified through discussion with the referring centre and team members. These risks should be documented (flagged) on the appropriate section of the CCNT referral form and care plan.
- 2.11. Clinical Supervision is available for all CCNT staff and should be accessed on a six weekly basis as a minimum.
- 2.12. All staff members are expected to have attained Level 3 Safeguarding training which requires updating on a 3 yearly basis with an annual update at any level as detailed in the safeguarding children policy As per the Safeguarding Supervision Policy (see link below)
- 2.13. Safeguarding supervision is available on an as needed basis for all members of the CCNT; all members should have some form of Safeguarding Supervision (i.e. group, one to one) - a minimum of quarterly
<http://ndht.ndevon.swest.nhs.uk/safeguarding-children-supervision-policy/>

3. Service Profile

- 3.1. The service will provide a generic, needs led community children's nursing service, 5 days a week working flexibly with children and families in the CCN's care interventions.
- 3.2. This will be achieved by the provision of skilled, experienced Registered Nurses who have applicable NMC registration to nurse children. They will provide direct specialist nursing care and/or specialist advice to families. These Nurses will be known as Community Children's Nurses (CCN's).
- 3.3. The service will offer direct access to the CCN's for community and hospital, ensuring continuity of care.

- 3.4.** The service will cover former North Devon Primary Care Trust areas and provision of service cover to North Cornwall patients who meet the criteria of being registered with a North Devon GP and/or access their health care from North Devon District Hospital and are seen by Paediatric Consultant; the area covered is defined geographically.

<http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2011/03/CCN-Referral-Form-1.doc>

4. Referral to the Service

- 4.1.** Referral into the service will be planned, i.e. negotiated with the CCN's with referrer completing the CCN referral form:
- 4.2.** Patient/parental consent should be sought and documented prior to CCN referral. Urgent referrals will be accepted but again on negotiation. (See appendix 1).
- 4.3.** In the case for children/young people who are to receive intravenous medication (IV) it is the responsibility of the referring clinician to ensure that IV medication is properly prescribed, before the child/young person can be accepted into the service. These families must also have access to a phone. The availability of equipment for administering IV drugs (i.e. syringe pumps etc.), the type of IV medication, the dose and the times of administration may prevent the CCN service from accepting referral due to current service provision. The CCN service will consider all these factors before accepting referral. The health and safety issues surrounding IV drug administration are a principle factor to consider before any child/young person is accepted as a CCN referral. As with any referral the CCN team will endeavour to work flexibly to meet the child/young person's health care needs.
- 4.4.** Referrals can be arranged Mon-Fri between the hours of 9am-5pm. Referrals are accepted from all members of the primary health care team, community paediatricians and secondary & tertiary referral centres. Children and young people will be accepted at the discretion of the Community Children's Nurse Team Leader, Geographical CCN and as per CCN Referral Criteria
<http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2011/03/CCN-referral-criteria-6.doc>
- 4.5.** A member of the CCN Team will make contact with the children's ward Emergency Department at North Devon District Hospital on a daily basis to review possible referrals and/or discharges, and help facilitate earlier discharge or prevent further hospital attendance.
- 4.6.** On receipt of a referral the child/young person's GP, health visitor or school nurse etc. may be contacted, as appropriate, enabling exchange of information about the child or young person.
- 4.7.** Once a referral is received the CCN will consider all relevant factors before agreeing entry to the service. This decision will be discussed with the referring medical or nursing staff and family.

- 4.8.** The CCN's hold the final say on a child's referral to the service, which will be based on workload, availability of any essential equipment, suitability of the home environment, and the ability of the team to provide the care that the child/young person requires without putting the child's/young person, family or CCN at risk. The decision to refuse referral will not be taken lightly, and a refusal will always be discussed in full with the referring party.

5. Criteria for Re-Admission to Hospital

- 5.1.** Children/young people referred into the service from North Devon District Hospital will have direct access, via the CCN, to the paediatric ward if their condition deteriorates, needs review or they need venous access.
- 5.2.** Where appropriate the CCN will inform the GP of re-admission in an emergency, if they were not involved.

6. Discharge from the Service

- 6.1.** Children/young people and their families will be discharged from the service when, their treatment is complete, the family are managing a child's/young person's care without the need for further support, alternative supportive services are in place or the family move out of area. (See appendix 2).
- 6.2.** On discharge from the service a letter/discharge form is sent/securely e-mailed to the GP and or referring clinician, the parent/s and any other involved agencies.

7. Professional Responsibilities

- 7.1.** The CCN accepts overall responsibility for the planning of the nursing care.
- 7.2.** Referral to other nursing professionals is done on an individual basis with prior approval sought from the professionals concerned.
- 7.3.** Detailed care plans will be in place to ensure continuity of care and any queries about a child's/young person's care should be referred back to the named geographical CCN.
- 7.4.** Medical responsibility lies with the referring clinician unless alternative arrangements are made.
- 7.5.** Responsibility for prescribing medication, which will be administered by the CCN's, lies with the prescribing clinician, who will also ensure the appropriate drug charts are completed.
- 7.6.** Children/young people discharged from hospital will go home with up to 14 days' supply of medication. Sterile supplies for administering IV's will be sent home with the child/young person.
- 7.7.** The overall responsibility for the service lies with Women's and Children's Divisional Manager within Northern Devon Healthcare Trust; with the CCN Team Leader being responsible for the day to day running of the service and budget management.

8. Role of Community Children's Nurse

- 8.1. All children/young people accepted into the service will be allocated a named geographical CCN according to the agreed standard. (See appendix 3).
- 8.2. The Named Nurse will assess, plan and co-ordinate the implementation of the child's/young person's care, liaising where appropriate with other agencies to develop a package of care that takes into account the whole families' needs. Provision of specialist nursing equipment will also be assessed and provided for.
- 8.3. There is in place a system of nursing competency standards for children/young people admitted into the service, which the CCN's will adhere to. The CCN's will ensure that all competencies pertaining to clinical practice are kept up to date, and partake in regular audit with the aim of ensuring the highest possible standards.
- 8.4. CCN's will utilise the RiO EHR and TrakCare to access patient details etc. and to update any changes to patient demographic details. The CCN's will record all their daily visits and other activity via their RiO Diaries and complete all up-to-date patient records and care interventions via this EHR system.
- 8.5. The CCN's will participate fully in the on-going development of other professionals and students within and outside North Devon District Hospital and the North Devon area subject to the demands/pressures on the service.

9. Communication

- 9.1. A CCN is available 8 hours per day via telephone for all patients within the service and for advice for other professionals. Service provision will be regularly reviewed as per child/young person's health needs and demands on service.
- 9.2. If available all families will be provided with a CCN Team information leaflet, (or direct contact details of respective CCN), detailing how to contact the CCN and any relevant patient information.
- 9.3. Patient/family feedback about the CCN Service will be obtained from provision of Friends and Family Test Forms which are handed to parent/s on discharge from the service or posted to them with discharge summary form. Any changes to the service provision as a consequence of Friends and Family Feedback forms will be fed back to Trust Communications Dept via "You Said We Did" reports.
- 9.4. Incident/s will be raised through the Datex incident management system, accessed through the intranet (BoB) at NDHCT. Paediatric departmental meetings will discuss incidents, SEA's, SIRI's etc. and action anything requiring further investigation, control etc.
- 9.5. Regular audit of Rio records using Meridian Feedback Application will be carried out monthly to ensure adherence with record keeping/documentation standards as per NDDH Trust policy. <https://www.northdevonhealth.nhs.uk/wp-content/uploads/2012/04/Clinical-Record-Keeping-Policy-V4-0-28Oct15.pdf> Feedback from regular Audit will be shared amongst CCN Team and wider Paediatric Dept. to ensure improvements/modifications can be actioned.

- 9.6. Any area for development in CCN service will be researched and/or audited to help improve any aspect of CCN service provision for the benefits of better patient care.
- 9.7. The Paediatric Speciality Team Group Meetings held monthly by the Paediatric Dept. allows regular update of the service and discussion of any management issues that may occur.

10. Monitoring Compliance with and the Effectiveness of the Policy

10.1. Standards/ Key Performance Indicators

Data is extracted from RiO reports about referral numbers, contacts and activity, to extrapolate data about effectiveness of the CCN service; this in turn can be used to aid Managers to continue to adapt and improve services to better meet patient need and review/amend operational policy accordingly.

10.2. Process for Implementation and Monitoring Compliance and Effectiveness

The process of implementation and monitoring compliance is the responsibility of the Community Children's Nurse Team Leader.

Non-compliance to the policy will be reported to Team Leader in the first instance and will be discussed with the staff involved. Paediatric Department management leads will be informed of non-compliance to the policy. Any incident/s will be reported through the Datex system available through NDHCT intranet (BoB). All departmental incidents will be reported to the Paediatric Speciality Group Meeting which meets on a Monthly basis, where actions will also be processed.

Review of the policy will take place at least on a 3 yearly basis. Any amendments or improvements to the policy will be cascaded to all CCN staff and the wider paediatric team through the Paediatric Speciality Group.

11. Equality Impact Assessment

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			X	
Disability			X	
Gender			X	
Gender Reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			X	

Pregnancy			X	
Maternity and Breastfeeding			X	
Race (ethnic origin)			X	
Religion (or belief)			X	
Sexual Orientation			X	

12. References

- https://rcn.access.preservica.com/uncategorized/digitalFile_0c81d295-b6b1-460f-8d4a-e834539a5498/

13. Associated Documentation

- <http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2011/03/Geo-CCN-cover-2018.doc>
- <http://ndht.ndevon.swest.nhs.uk/lone-working-policy/>
- <http://www.northdevonhealth.nhs.uk/2015/12/safeguarding-children-policy/>
- <http://ndht.ndevon.swest.nhs.uk/safeguarding-children-supervision-policy/>
- <http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2011/03/CCN-Referral-Form-1.doc>
- <http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2011/03/CCN-referral-criteria-6.doc>

14. Community Children's Nurses – Appendix 1

Referral

Standard

All children and young people have the right where possible to be nursed in their own home.

Rationale

It is recognised that children and young people cope/recover from illness better when cared for in a familiar environment by their family, where technology or clinical need does not require them to be in hospital.

Structure	Process	Outcome
<p>Information is available in written form about the service. Healthcare professionals are aware of the service.</p> <p>Community Children's Nursing Service, which operates on a 5 day/week basis working flexibly with child/young people and families to meet his/her medical needs.</p> <p>Care packages are in place for all admissions to service</p> <p>Community Children's Nurses work within a multi-disciplinary framework.</p>	<p>This information is disseminated by hospital and primary care staff as well as Community Children's Nurses.</p> <p>Referral agent discussed with the Community Children's Nurses the suitability of any referral.</p> <p>Community Children's Nurse will make contact with child/young person and family to discuss referral within 24 hours for urgent cases and normally within 7 days in less urgent cases.</p> <p>Community Children's Nurses will decide on the appropriate package of care and adhere to the standard on parental involvement.</p> <p>Any relevant professionals involved with child/young person and family will be contacted when child/young person is admitted to the service.</p>	<p>Parents who wish it will have written details of the service.</p> <p>Referrals made to the service will be appropriate i.e. safe care is achievable.</p> <p>Children and young people will be accepted into the service with parent's agreement.</p> <p>Children/young people receive appropriate care and referring agencies are aware of the care to be given.</p> <p>To ensure good communication and to gather background information. To prevent duplication of care by different services.</p>

15. Community Children's Nurses – Appendix 2

Discharge

Standard

Discharge from the service whether planned or as a result of an emergency admission to hospital will be seamless.

Rationale

To ensure the child/young person receives the appropriate continuing care or is self-caring. (Not requiring nursing assistance).

Structure	Process	Outcome
Open access agreement in place for re-admitting children/young people to hospital.	Community Children's Nurses having identified the need for re-admission arranges it.	Child/young person receives medical attention as required.
	Discharge is planned in conjunction with family and other professionals, ensuring that any continuing needs are met by other agencies.	Child/young person is discharged at appropriate time and needs met.
Community Children's Nurses have access to appropriate IT systems and clerical support as required to discharge patients	Community Children's Nurses will send/email a discharge letter/information to referrer and other relevant professionals within 7 days.	Good communication with all professionals ensuring they are aware of any continuing needs.

16. Community Children's Nurses – Appendix 3

Patient Allocation

Standard

Each child/young person has a named nurse who is a Registered Nurse with appropriate children's nursing qualifications throughout their care within the CCN Service. The geographical CCN will be responsible for ensuring that the child/young person's needs/care is communicated throughout the team.

Rationale

A Geographical CCN is essential for each child/young person and his/her family so that the philosophy of continuity and family centred care is maintained.

Structure	Process	Outcome
<p>There is a Geographical CCN designated for each child/young person.</p> <p>The CCN will be responsible for supervising, planning and evaluating the child/young person's care; she/he will also take a lead in home visits.</p> <p>Notes will be available in the office at all times, also a set in the home when appropriate.</p>	<p>The CCN co-ordinates the child/young person's care from admission to discharge from the service and liaises with other professionals where appropriate</p> <p>The CCN introduces him/herself to the child/young person and its family.</p> <p>The CCN ensures the family knows how to contact the CCN Team.</p> <p>The CCN or associate will ensure that the care plan is updated regularly.</p> <p>Each CCN will read the care plan/notes at the start of his/her time with the child/young person/family documenting any contacts, changes or information received.</p>	<p>The child/young person and family can state the name of their CCN and how to contact them.</p> <p>The child/young person receives appropriate care and continuity will be maintained for the family.</p> <p>The CCN will have the information necessary to care for the child/young person and family</p>