"REALISING THE POTENTIAL"

A Strategic Framework for Nursing, Midwifery and Health Visiting in Wales into the 21st Century

Briefing Paper 7

"NURTURING THE FUTURE"
A Framework for Realising the Potential of Children’s Nurses in Wales

“By realising the potential of each Children’s Nurse, they, in collaboration with others, will assist in meeting the future health needs of children and young people in Wales.”

June 2004
PREFACE

‘Nurturing the Future’ is the title adopted for the seventh Briefing Paper to be produced in support of the Welsh Assembly Government’s Strategy for Nursing, Midwifery and Health Visiting. The title reflects the way that children’s nurses (RNs Child/RSCNs) fulfil their role as part of a team that will nurture the children of Wales and assist them in meeting their future health needs.

Children and children’s services are, at present, central to many national initiatives with the publication of the Carlile Review ‘Too Serious a Thing’, the Kennedy Report ‘Learning from Bristol’ and the Laming Inquiry, all of which have associated Welsh Assembly Government responses. I recognise the crucial role of children’s nurses in ensuring that the recommendations of these National Reports are achieved. The Children’s National Service Framework will also require commitment and a contribution from children’s nurses to ensure its standards are met.

‘Nurturing the Future’ will compliment and strengthen this work and ensure that with a strategic direction children’s nurses within Wales will continue to play a crucial role in partnership with others in taking children’s services forward.

I commend this document to all children’s nurses and those who are responsible for the planning and delivery of children’s health services in Wales. I look forward to reviewing the progress that you make in achieving the vision it sets out.

Jane Hutt
Minister for Health and Social Services
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It is with great pleasure that I add my personal endorsement to this strategic framework for children’s nurses (RNs (Child)/RSCNs) in Wales. The document is fully supported by the Office of the Chief Nursing Officer, Welsh Assembly Government and the Nurse Executives Wales Group.

This important ‘Realising the Potential’ Briefing Paper entitled ‘Nurturing the Future’ has been developed by a group of Senior Children’s Nurses in Service and Education within Wales. I thank them for their excellent work and recognise that this will be an important document for this member of the family of nursing professions in developing children’s nursing in Wales.

Children’s nursing has evolved and strengthened over the last decade to meet the health needs of children and young people within Wales. Children’s nurses are fulfilling the role of advocate and promoting the need for child centred care in all areas where offering care to children and young people. Therefore, children, young people and their families and carers are at the centre of all that children’s nurses do. The aim of this strategy is to enable the maximal contribution of each children’s nurse to the health and well being of children in Wales.

I am sure that the clear vision for children’s nurses that is set out in ‘Nurturing the Future’ will provide guidance and ensure the profession’s continued progress.

Rosemary Kennedy
Chief Nursing Officer

The strategic aim of that paper was:

‘to realise the full potential of nursing, midwifery and health visiting in order to meet, in collaboration with others, the future health needs of people in Wales’.

In response to that paper, the Heads/Leads of Children’s Nursing Services, Children’s Nurse Education and representative groups of children’s nurses in Wales have developed this briefing paper. These stakeholders are committed to the delivery of the strategy and will participate in auditing progress.

This strategy is designed to promote the development of children’s nursing as a member of the family of nursing professions. This development aims to facilitate the maximal contribution of each RN (Child) to the health and well being of children in Wales.

The five supporting aims of ‘Realising the Potential’ have been used to develop this briefing paper and these are as follows:

Aim 1 Improving the environment of care  
Aim 2 Ensuring high quality service for all  
Aim 3 Encouraging independent reflective practice  
Aim 4 Developing existing and new career pathways  
Aim 5 Demonstrating the value of the RN (child)

In considering the five supporting aims, this briefing paper identifies key principles which underpin these aims. This framework has been adopted by the Chief Nursing Officer for Wales.

It is proposed that the standards contained within this strategy be introduced in a staged fashion and this document and action plan be used as a template to guide practitioners through annual performance reviews and individual personal development plans. Progress will be monitored through audit with each Trust reporting against the Action Plan on an annual basis. An Annual Progress Report will be made to the Chief Nursing Officer at the Welsh Assembly Government.
EXECUTIVE SUMMARY AND KEY PRINCIPLES

This strategy for RNs (Child) in Wales is designed to complement and supplement ‘Realising the Potential’ (1999). The strategy consists of the following key principles which have been identified under each supporting aim. It also includes an action plan based on these principles, to facilitate the development of children’s nursing and maximise the contribution of the RNs (Child) to the health and well being of children in Wales.

KEY PRINCIPLES

1. Improving the environment of care
   i) Child/young person centred care;
   ii) Safest and most appropriate environment of care;
   iii) An integrated approach to care;
   iv) Working in partnership with other disciplines and agencies.

2. Ensuring high quality service for all
   i) A robust clinical governance framework;
   ii) Promotion of the voice of children/young people and that of their families/carers;
   iii) Partnership working with the child/young person and their families/carers;
   iv) Recognition of the public health role;
   v) Disseminating evidence based practice.

3. Encouraging independent reflective practice
   i) Access to continuing professional development and life long learning;
   ii) Access to clinical supervision and mentorship.

4. Developing existing and new career pathways
   i) Effective and robust workforce planning;
   ii) Career development and opportunities;
   iii) Innovative approaches to recruitment and retention.
5. **Demonstrating the value of RNs (Child)**

i) Opportunities for advanced and innovative nursing roles;

ii) Recognition of the multi-faceted role;

iii) Representation of the RN (Child);

iv) Leadership.
‘REALISING THE POTENTIAL’
‘NURTURING THE FUTURE’

SETTING THE SCENE

Children hold a special position in society. They are its future. This strategy entitled ‘Nurturing the Future’ identifies the unique role of the Registered Nurse (Child) (RN (Child)) in ensuring and protecting this future, by:

- Assessing the needs of the sick child and those with enduring health needs and undertaking care to satisfy these needs;
- providing leadership in the care of a sick child;
- working closely with these children's families or carers;
- working as autonomous carers or by delivering care in a multi-disciplinary/multi-agency team;
- contributing to and supporting other professionals in a child's care;
- acting as a co-ordinator of care;
- promoting health in partnership with others and thereby preventing ill health;
- teaching, educating, advising and facilitating care;
- building on best practice which is supported by clinical governance.

The RN (Child) provides the flexibility required to offer interventions of care in a variety of settings, which encompass acute, community, primary and tertiary services. The RN (Child) endeavours to provide an appropriate and safe environment, and to facilitate meeting the needs of children and their families.

For the purposes of this strategy, a child is defined as a person of under 18 years of age, which is consistent with the UN Convention on the Rights of the Child (1989). The RN (Child)/RSCN is described as: a nurse whose primary focus is caring for children with long or short-term health needs or disabilities. This care may occur in acute, community, tertiary and primary care settings, may be delivered within dedicated or non-dedicated children's services and may address physical and emotional aspects of care.

Although the primary focus of the RNs (Child) role is with the sick child, they have a multifaceted role, working, advising and liaising with other health professionals and agencies to achieve an holistic approach to the care of the child.

It is expected, that all nurses with an RN (Child)/RSCN qualification will uphold the principles of this strategic document. This document may also be used to advise and guide others who work with children or who are responsible for children's services.
‘Nurturing the Future’ provides direction within Wales for RNs (Child) to maximise their contribution and, in collaboration with others, assist the children of Wales to realise their full potential.
Core Values and Context

The profession of RNs (Child) has established a core set of underpinning values which guide their practice.

RNs (child) affect and are affected by, developments in public policy. These developments are drivers for the strategy ‘Nurturing the Future’ and are reflected by the core values of the RN (Child) as follows:

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<th>Core Values</th>
<th>Context</th>
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<td><strong>Child Centred Care</strong></td>
<td>The recent Kennedy Report ‘Learning from Bristol’ (2001) strongly recommends that all children and young people should be cared for within a ‘Child Centred environment’ at all times. The Carlile Review ‘Too Serious a Thing’ (2002) re-iterates this requirement of care and the Children’s National Service Framework (NSF) for Wales will set this as a standard.</td>
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<td>The RN (Child) will provide a lead, in partnership with other professionals and agencies, in demonstrating a commitment to the achievement of child/young person centred care within the context of the family and other care settings</td>
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<th>Safe Environment of Care</th>
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<td>In response to changing patterns of care, the RN (Child) will take a lead in and work with other professionals and families/carers, to achieve a safe environment of care for the child/young person at all times. This safe environment will reflect the cultural, social, physical, emotional, psychological and spiritual needs of the child/young person and those of their families/carers. Their language of choice will also be respected. This is important in the bilingual culture of Wales.</td>
<td>The Carlile review ‘Too Serious a Thing’ (2002) reviewed the safeguards for children being cared for in the NHS in Wales. The report makes 198 recommendations which aim to minimise risk and ensure a safe environment. The recent Laming inquiry (2003) into the death of Victoria Climbie made further recommendations on issues of child protection. The Kennedy Report ‘Learning from Bristol’ (2001) highlights the safety of children being cared for in adult focussed services. Its recommendations concentrate upon the achievement of the safest environment of care for children and young people in all care settings.</td>
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## A High Quality of Care

The RN (Child) will provide a lead and, in partnership with other professionals, develop clinical practice to achieve a high quality/evidence based care for the child/young person and their families/carer.

Clinical governance has established a framework which offers all health professionals the opportunity to develop clinical practice and achieve and maintain a high quality of care.

Implementation of recommendations contained within national reports such as Kennedy 'Learning from Bristol' (2001) and Carlile ‘Too Serious a Thing’ (2002) will contribute to a higher quality of care being provided.

The National Service Framework for children in Wales will set national standards. These will advise the Director of Healthcare Services for Children and Young People upon the commissioning of services and will ensure a standardised but flexible approach to the care of the child/young person across Wales and the identification of best practice. The Local Health Boards will also play a pivotal role in influencing future service developments in child health services across Wales.

## Recognising the value of children and young people

All RN's (Child) believe that the intrinsic value of children and young people must be recognised and that their voice must be heard at national and local levels.

The UN Convention on the Rights of the Child (1989) and the Human Rights Act (1998) have both led to a focus on the rights of the child/young person within society. Standard 12 of the 'UN Convention on the Rights of the Child' concentrates upon the issue of self-determination and the empowerment of children and young people.

The Children’s Commissioner for Wales has recently published his report ‘Telling Concerns’ 2003 which reviews the arrangements for children’s advocacy services within Wales.
In addition the Carlile Review ‘Too Serious a Thing’ (2002) has called for all children and young people to have access to an advocacy service. The recently published national standards for the provision of children’s advocacy services (WAG 2003), will strengthen the role of the advocate and lead to children and young people having a greater say in their care.

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<th>Develop and value the role of the RN (Child)</th>
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<td>It is the belief of RNs (Child) that if children and young people are to be valued and seen as a priority group within Health Policy, it is essential that the role of the RN (Child) be developed and recognised at national and local levels for its contribution to the health and wellbeing of children and young people.</td>
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Both Carlile ‘Too Serious a Thing’ (2002) and Kennedy ‘Learning from Bristol (2001) highlight the necessity for children and young people to be cared for by appropriately educated and skilled health professionals.

Carlile within his report recommends appropriate staffing levels for Child Health Professionals in a variety of care settings and if not present the requirement for strong advisory and communication mechanisms to be in place.

The presence of RNs (Child) is necessary in all areas where children and young people are cared for. These recommendations reinforce the requirements for RSCNs/RNs (Child) made in national reports such as the ‘Welfare of Children and Young People in Hospital’ (Welsh Office 1997) and supports the commissioning of pre and post-registration Children’s Nurses Education Programmes.

The Children’s National Service Framework for Wales and the Workforce Development Group will address workforce planning and training issues for children’s services and consider the role of the RN (Child) within the context of the multi-disciplinary and multi-agency team.
There is a growing awareness amongst health professionals, which is strongly supported in recent national reports such as Kennedy (2001) and Carlile (2002), that the care delivered to the child and young person must be child centred at all times. To achieve this, the RN (Child) must establish strong working relationships with the child and their family/carer as well as other partners in care in specialist areas, such as Mental Health, School Health, Health Visiting, Children in Need, Learning Disabilities and in both Acute and Community Adult Services.

By forging close working relationships, the RNs (Child’s) contribution to care can be maximised, and support and advice given to ensure that the care provided in both dedicated children’s services and non-dedicated children’s services is child centred at all times.

The RN (Child) will contribute to the development of health policy by acting as advocates for the child and young person and by listening to their views and those of their families. In pursuit of this strategy for actively engaging children and young people, services and developments will be promoted. This will reflect the need for child centred care and ensure that the child and young person’s voice is heard at national and local levels.

Recommendations

To maximise their contribution RNs (Child) will develop strong working relationships to ensure child/young person centred care is delivered in all areas in which children and young people receive care, especially in non dedicated children’s areas.

To influence health policy the RNs (Child) will act as advocates for the child/young person.
ii. **The safest and most Appropriate Environment of Care**

It is essential that the care delivered to the child and young person is given in the most appropriate environment. It is also essential that the place of care is based upon the informed choice of the child and young person and their families/carers. The RN (Child) will demonstrate a commitment to achieving the safest environment of care possible according to this choice.

This is most relevant for young people between the ages of 16-18 years. The RN (Child) will facilitate their choice between children, young people and adult services for their setting of care. The RN (Child) is also best placed to support young people with enduring health needs, as they make the potentially difficult transition from childhood to adulthood.

The underdevelopment of Children's Community Nursing Services is at present denying many children and young people access to this option of care. The RN (Child) will promote the development of Children's Community Nursing Services across Wales.

An important aspect of the RN (Child)’s role is to ensure that a child/young person is cared for in the safest environment possible. Working in partnership with other professionals and especially those working within child protection services, the RN (Child) will seek to protect the child/young person from all factors which may harm or have an adverse effect on their well being. The RN (Child) will have an understanding and awareness of child protection issues. They will undertake risk assessments and communicate concerns and issues to the appropriate agencies in keeping with statutory guidelines. The recommendations of both the Carlile review ‘Too Serious a Thing’ (2002) and the Laming Inquiry will be observed.

The RN (Child) will ensure the child and young person has access to a safe and appropriate care environment based upon informed choice.

The RN (Child) will contribute to the development of strategies to support the transition from child to adult health services.

Nurse Executives will work towards the provision of universal access to a Children's Community Nursing Service.

The RN (Child) must be competent in working within the statutory child protection processes.
iii. An Integrated Approach to Care

RNs (Child) already work within an integrated Child Health Service, which encompasses acute, community, primary and tertiary care services. The Specialised Health Services Commission for Wales (SHSCW) review of children's tertiary services highlighted the need to develop clinical pathways and networks across Wales. The RN (Child) will play an important role in the development of networks in liaison with education and other stakeholders.

It is essential for RNs (Child) to maximise their contribution within a variety of care settings. The underdeveloped areas of primary and community health care need to be addressed to ensure there is an integrated and seamless approach to the care offered.

Strong working partnerships between service and professional education need to be developed to ensure practitioners can provide care in a variety of care settings. Such partnerships will support the provision of consistent pre- and post-registration education programmes.

iv. Working in Partnership with other Disciplines and Agencies

The RN (Child) needs to be able to identify when the professional contribution of others is required, within the context of multi-disciplinary/agency working. It is essential that key alliances are established with partners in Health, Social Services, Education and the Voluntary sector. This will ensure the maintenance of quality of services and contribute to multi-agency strategic planning.

The RN (Child) will actively contribute to the development and implementation of clinical pathways and managed networks in support of children's services.

The RN (Child) will have access to educational programmes in support of children's services.

The role of the RN (Child) within public health and Primary Care will be actively reviewed and developed.

To enable the delivery of consistent and high quality educational programmes for RNs (Child), education providers should work collaboratively with each other, Health Professions Wales (as agents for the Nursing and Midwifery Council for Wales) and service providers.

The RN (Child) will develop key partnerships with multi-disciplinary and multi-agency partners.
Ensuring High Quality Services for All

Aim Two

RNs (Child) will ensure that all care received by children/young people is based on the best available evidence and will promote:

i. **A robust clinical governance framework**

The RN (Child) will operate within and promote a robust clinical governance framework. This will ensure that best practice is identified and communicated within organisations and incorporated into the care of the child/young person and that of their families/carers.

To promote best practice existing evidence will be identified and utilised.

Clinical policies and procedures, both uniprofessional and multidisciplinary, will reflect best practice and there will be a continual evaluation of care through the audit process. This continual evaluation will involve children, and young people, their families/carers and be used to inform current and future clinical practice.

Standards and recommendations contained within national reports such as Carlile 'Too Serious A Thing' (2002) and Kennedy 'Learning From Bristol' (2001), the Laming Inquiry (2003) plus 'Bridging the Gap' (2003) which are pertinent to the care of the child/young person, will be adhered to and achieved in partnership with other professionals. The RN (Child) will also strive to meet the standards contained within the National Service Framework for children in Wales and will play an important role in ensuring their implementation and evaluation.

**Recommendations**

The RN (Child) will promote and participate in the delivery of a robust clinical governance framework in partnership with others.

The RN (Child) will promote access to the evidence base for children’s nursing practice.

A process of continual evaluation of care will be put in place.

The achievement of national standards and recommendations will be realised in partnership with other health professionals and multi-agency partners.
ii. **Promotion of the voice of children/young people and that of their families/carers**

To promote and capture the voice of children/young people the RN (Child) will not only act as an advocate but also strongly promote the role of independent advocacy. Special attention will be given to ensuring equity of access to service provision, especially for vulnerable and disadvantaged groups such as children of asylum seekers, refugees, travellers and those children/young people who are ‘looked after’.

A working partnership between recognised children’s nursing fora and the Children’s Commissioner for Wales will be established.

To raise awareness at local and national levels within Trusts, and Local Health Boards, RNs (Child) will seek a high level of representation and will also actively promote services to meet the needs of children, through formally recognised fora and professional bodies. In line with the Welsh Assembly Government Strategic Document ‘The Partnership Framework for Children and Young People’ (2002) the child/young person’s views in a multi-agency arena will also be promoted.

iii. **Partnership working with the Child/Young Person and that of their families/carers**

A key role of the RN (Child) is to provide support, information and advice to the parent/carer. The level of care given by the RN (Child) will vary according to the needs and wishes of the parents/carers at any given time. This is especially true when caring for children with continuing health needs.

The role of advocate will be pursued and independent advocacy promoted.

A partnership between recognised children’s nursing fora and the Children’s Commissioner for Wales will be worked towards.

All NHS Trusts, Local Health Boards and the Welsh Assembly Government to ensure appropriate representation of RN’s (Child) and the appointment of leads with the appropriate skills and expertise to promote children’s issues.

The RN (Child) will always seek to support advise and inform the child/young person and their parents/carers according to their needs and wishes.
iv. **Recognition of the public health role**

It is recognised that the primary role of the RN (Child) is the care of the sick child/young person. However, their role in public health needs to be promoted.

Working partnerships with other professionals who are embracing a wider public health role, such as school health nurses and health visitors, will be strengthened.

v. **Disseminating evidence based practice**

RNs (Child) should locate, interpret and use available evidence to underpin best practice. Effective care interventions should be shared and disseminated. Practice guidelines and pathways should be utilised to achieve safe and effective care which is practised in the most appropriate environment.

A research capacity will be created within children’s nursing and expertise developed at all organisational levels. Reference will be made to “Achieving the Potential Through Research and Development”.

The RN (Child) will develop their role in public health in partnership with others.

The RN (Child) will utilise research and evidence to achieve safe and effective care.
Access to continuing professional development and ‘lifelong learning’

Clinical governance has reinforced the importance of continuing professional development/performance review and ‘lifelong learning’ on a uni-professional as well as multidisciplinary basis. The Kennedy Report ‘Learning From Bristol’ (2001) also highlighted the necessity for continuing professional development to ensure that all professionals working with children remain competent to do so after qualification. The need for a multidisciplinary team approach to continuing professional development is strongly emphasised.

Service and education providers must collaborate and build upon existing partnerships to ensure that upon qualification the RN (Child) is not only ‘fit for purpose’ but can also continue to develop. All RNs (Child) will have a clearly defined continuing professional development plan, which will also consider multi-disciplinary/multi-agency working. Educationalists will provide a modular pathway to support professional development. The RN (Child) will continue to develop professionally within a competency based framework that will link to ‘Agenda for Change’.

Recommendations

All RNs (Child) will have a plan for continuing professional development.

Educationalists will provide a modular pathway to support professional development.
ii. **Access to clinical supervision and mentorship**

All RNs (Child) will have access to clinical supervision and mentorship, in line with 'fitness for practice'. This will ensure practitioners develop the skill of reflection to allow a continual review and evaluation of clinical practice.
i. Effective and robust workforce planning

To ensure the development of new and existing career pathways for the RN (Child) there must be a robust and effective system of workforce planning in place. This will play a part in achieving an adequate and effective pool of RNs (Child), which will reflect changing demands and the requirements of the Children’s National Service Framework. The need to preserve the initial pre-registration education programme will be re-emphasised. The significance of this statement rests with the continued commissioning of pre-registration Children’s Nursing Education Programmes.

All future workforce plans must reflect the recommendations of the Carlile Review ‘Too Serious a Thing’ 2002.

ii. Career development and opportunities

A variety of opportunities for career development should be available to the RN (Child), such as succession planning, shadowing, rotation and secondment to different parts of the service.

Further opportunities in education, research, management and clinical practice may be appropriate and should be identified through a process of appraisal/IPR and personal development plans.

Recommendations

Effective and robust systems of workforce planning which reflect changing demand, should be in place.

To preserve initial pre-registration programmes for RN’s (Child).

To preserve and develop post-registration education opportunities.

A variety of opportunities for career development should be available to the RN (Child).
iii. **Innovative approaches to recruitment and retention**

Innovative approaches to recruitment and retention of RNs (Child) need to be utilised to ensure the needs of children and their parents/carers in different settings are met. **Innovative approaches to recruitment and retention of RNs (Child) need to be established.**
i. Opportunities for advanced and innovative nursing roles

Advanced and innovative nursing roles must be promoted in all organisations. Roles such as Consultant Nurses, Clinical Nurse Specialists, Nurse Practitioners and Lecturer Practitioners must be identified in areas where elements of care will be enhanced by their appointment. To support these roles, developments such as nurse prescribing will lead to greater autonomy in practice and nurse-led care wherever appropriate.

ii. Recognition of the multi-faceted role

There must be recognition at all organisational levels of the multi-faceted role of the RN (Child) and for them to earn the respect of their fellow health professionals. The importance of them not only delivering nursing care to a sick child/young person, but also acting as educator, advisor, supporter and co-ordinator of care must be acknowledged. These diverse roles place the RN (Child) in an ideal position to act as ‘key workers’ and are pivotal to the work of the multi-disciplinary/multi-agency team.

iii. Representation of the RN (Child)

The expertise and unique perspective of the RN (Child) should be exploited to enhance the quality of decision making at all organisation levels.

Recommendations

Advanced and innovative nursing roles must be promoted in all organisations to ensure new career pathways for RNs (Child).

The RN (Child) to develop nurse-led care wherever appropriate.

There must be an emphasis on the multi-faceted role of the RN (Child) at all organisational levels and within the context of the multi-disciplinary team.

Children’s nurses are represented at all levels of decision making.
This can be achieved by a high level of representation in key organisations such as the Welsh Assembly Government, Regional Boards, Local Health Boards and Trusts. Mechanisms for consultation with appropriate expert children’s nurses also need to be in place.

iv Leadership

Through performance review leadership potential must be identified and nurtured. Education and service providers must work together to produce leadership programmes for RNs (Child) which will develop the nurse leaders of the future who in turn will support and advise others to promote leadership within their profession.
Improving the Environment of Care

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| 1. To maximise their contribution RNs (Child) will develop strong working relationships to ensure child/young persons centred care is delivered in all areas in which children and young people receive care, especially in non-dedicated children’s areas. | • To establish through audit a baseline for children’s nursing establishments and skill mix across Wales.  
• To produce a profile of RNs (Child) across Wales which will identify age, qualifications, place of working.  
• To identify a consistent approach to workforce planning for dedicated children’s services and non-dedicated children’s services.  
• To ensure supervision networks are developed for nurses working in non-dedicated children’s services with children/young people.  
• To provide a link to an organisational lead children’s nurse for those RNs (Child) working in non-dedicated children’s areas. | Executive Lead for Children’s services.  
Trust Executive and Non-Executive Lead for children’s services.  
Senior/Lead/Head of Children’s Nursing.  
Commissioners in Local Health Boards.  
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<td>2. To influence health policy the RNs (Child) will act as advocates to the child/young person.</td>
<td>To endorse and adopt the National Advocacy Standards and ensure relevant training for all RNs (Child) in aspects of advocacy. All RNs (Child) to act as an advocate for child/young person and facilitate complaints via the appropriate channels.</td>
<td>Senior/Lead/Head of Children's Nursing, Trust Executive and Non-Executive Lead for Children's Services.</td>
<td>June 2005.</td>
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<td>3. The RN (Child) will ensure the child and young person has access to a safe and appropriate care environment based upon informed choice.</td>
<td>To achieve appropriate funding for child advocacy. All Trusts to have a Children/Young Persons Admission Policy in place.</td>
<td>Senior/Lead/Head of Children's Nursing, Trust Executive/Non-Executive Lead for Children's Services.</td>
<td>June 2005.</td>
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<td>4. The RN (Child) will contribute to the development of strategies to support the transition from child health services to adult health services.</td>
<td>To facilitate the development of nursing roles in support of transitional care. All Trusts to identify dedicated facilities for children and young people.</td>
<td>Senior/Lead/Head of Children's Nursing, Trust Executive/Non-Executive Lead for Children's Services.</td>
<td>June 2005.</td>
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| 5. Nurse Executives will work towards the provision of universal access to a Children’s Community Nursing Service. | • To develop best practice guidelines and explore best practice within the United Kingdom with regard to transitional care.  
• To promote and prepare the young person and their families at an early stage for transition to adult services and to develop a transitional care pathways which can be applied to different disease processes.  
• To promote service user involvement in transitional care. | Project lead Welsh Assembly Government.  
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| 6. The RN (child) must be competent in working within the statutory child protection processes. | - All RNs (Child) to receive child protection training in line with current statutory recommendations and develop core curricula.  
- All RNs (Child) to receive child protection training within the context of the multi-agency team. | Higher Education Institutions (HEIs).  
Senior/Lead/Head of Children’s Nursing. | June 2005. |
| 7. The RN (Child) will actively contribute in partnership with other health professionals, education and other agencies to develop and implement clinical pathways and managed networks across Wales in support of children’s services. | - To use clinical network information to forge key partnerships with multidisciplinary and multi-agency partners to improve and maintain the environment of care for the child/young person.  
Senior/Lead/Head of Children’s Nursing.  
<p>| 8. The RN (Child) will have access to education programmes in support of children’s services. | - Education providers to work with Clinical Specialists to establish education programmes in support of children’s services. | HEI’s, Heads/Leads in Children’s Nursing Education. |             |</p>
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| 9. The role of the RN (Child) within public health and primary care will be actively reviewed and developed. | • To undertake a survey to identify the current level of public health work being undertaken by children's registered nurses.  
• To formulate a strategy to undertake public health work. | Project Lead, School Health and Health Visiting Review Welsh Assembly Government.  
Children's Senior Nurse Forum Wales.  
Senior/Lead/Head of Children's Nursing. | June 2005. |
| 10. To enable the delivery of consistent and high quality education programmes for RNs (Child) education providers should work collaboratively with each other, Health Professions Wales (as agents for the Nursing and Midwifery Council for Wales) and service providers. | • To promote joint strategic planning for education provision linked with workforce planning.  
• To review post-registration children's nurse education.  
• To promote flexibility in the delivery of educational programmes eg. distance learning, video links, etc. | Welsh Assembly Government, Cyngor, HEI's, Heads/Leads in Children's Nursing Education.  
HEI's, Heads/leads in Children's Nursing Education. | June 2005. |
| 11. The RN (Child) will develop key partnerships with multi-disciplinary and multi-agency partners. | • To forge key partnerships with multi-disciplinary and multi-agency partners such as health, social services, education and the independent sector. | Senior/Lead/Heads of Children's Nursing.  
Commissioners in Local Health Boards (Directors of Social Services and Education in Local Authorities). | June 2005. |
## Ensuring High Quality Services for All

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| 1. The RN (Child) will promote and participate in the delivery of a robust clinical governance framework in partnership with others. | - To ensure all RNs (Child), service providers, and commissioners are working within a clinical governance framework.  
- All RNs (Child) to participate in clinical governance activities. | Senior/Lead/Head of Children's Nursing, HEI's, Trust Executive Lead for Children's Service.  
Senior/Lead/Head of Children's Nursing, HEI's, Trust Executive Boards. | July 2005. |
| 2. The RN (Child) will promote access to the evidence base for children's nursing practice. | - To create a research capacity within children's nursing and develop expertise at all levels.  
- All RN's (Child) to have access to electronic database and evidence.  
- For all RN's (Child) to work towards the development of All Wales Policy guidelines. | Children's Senior Nurse Forum Wales. | July 2005. |
| 3. A process of continual evaluation of care will be put in place.               | - All RN's (Child) to undertake audit activities.  
- To present and disseminate audit findings.  
- To ensure the participation of service users in audit and evaluation. | Children's Senior Nurse Forum Wales.  
Senior/Lead/Head of Children's Nursing, Trust Executive Board. | July 2005. |
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| 4. The achievement of national standards and recommendations will be realised in partnership with other health professionals and multi-agency partners. | • All Trusts to work in partnership with commissioners, service providers and other agencies to identify current child health service provision and gaps within service provision.  
• All children’s services to share and learn from examples of good practice, ensuring that user experience’s plays a key role (website and best practice presentations). | Trust Executive Boards, Head of Nursing, Partnership Organisations, Welsh Assembly Government.  
All Wales Senior Children’s Nurses Forum.  
| 5. The role of advocate will be pursued and independent advocacy promoted. | To endorse and adopt the National Advocacy Standards and ensure relevant training for all RNs (Child) in aspects of advocacy. | RNs (Child).  
Trust Senior/Lead/Head of Children’s Nursing.  
<p>| 6. A partnership between recognised children’s nursing fora and the Children’s Commissioner for Wales will be worked towards. | • To work in partnership with the Children’s Commissioner to ensure he/she is informed of all relevant activities and services. To ensure this is a two way process. | Trust Senior/Lead/Head Children’s Nursing, Executive Board, Children’s Commissioner. | July 2005. |</p>
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<td>7. All NHS Trusts, Local Health Boards and the Welsh Assembly Government to ensure the appropriate representation of RNs (Child) and the appointment of leads with the appropriate skills and expertise to promote children's issues.</td>
<td>- To develop, with the Welsh Assembly Government a data base of leads with the appropriate skills and expertise to promote children's issues.</td>
<td>Office of the Chief Nursing Officer, Welsh Assembly Government. Senior/Lead/Head of Children's Nursing. Local Health Boards- Nurse Directors.</td>
<td>July 2005.</td>
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<td>8. The RN (Child) will always seek to support, advise and inform the child/ young person and their parents/carers according to their needs and wishes.</td>
<td>- To develop best practice guidelines for the involvement of child/young person and their parents/carers.</td>
<td>Heads of Nursing. Children's Senior Nurse Forum Wales.</td>
<td>July 2005.</td>
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<td>9. The RN (Child) will develop their role in public health in partnership with others.</td>
<td>- To work in partnership with the Welsh Assembly Government and others to review primary care nursing, the Hall Report and the Health Visiting and School Nursing Review. - To highlight key roles and priorities within public health. - To identify best practice from present service provision.</td>
<td>Welsh Assembly Government. Heads of Nursing Children's Senior Nurse Forum Wales and the All Wales Health Visitors and School Nurses groups.</td>
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| 10. The RN (Child) will utilise research and evidence to achieve safe and effective care. | • RNs (child) to gain IT skills through relevant training programmes.  
• To develop an IT infrastructure to support clinical practice.  
• To promote access to relevant databases and sources of evidence in the workplace.  
• To achieve investment in children's nurses research and encourage participation.  
• To benchmark with other services to identify best practice. | HEI’s, Senior/Lead/Heads of Children's Nursing.  
## Encouraging Independent and Reflective Practice

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| 1. All RNs (Child) will have a plan for continuing professional development. | • To actively encourage independent and reflective practices.  
• Each RN (Child) will have an annual professional development plan in writing.  
• Higher education to ensure that post registration development opportunities match the need to enable ongoing development. | Trust Executive, each RN (Child).  
Senior/Lead/Head of Children’s Nursing, Executive/Lead Nurses child HEIs. | August 2005. |
| 2. Educationalists will provide a modular pathway to support professional development. | • To produce a confident and flexible practitioner who can reflect independently.  
• A problem solving approach to the delivery of children’s services will be adopted.  
• To put in place an effective competency based framework that reflects the needs of the RN (Child).  
• To ensure individual competency development is ongoing. | Trust Executive, each RN (Child).  
Senior/Lead/Head of Children’s Nursing, Executive Lead Nurses child HEIs. | August 2005. |
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| 3. All RNs (Child) will have access to clinical supervision and mentorship. | - To ensure that clinical supervisors, preceptors and mentors are prepared and available to support the development of RN’s (Child).  
- To ensure adequate training is available for clinical supervision,  
- To ensure appropriate facilities are available for clinical supervision and ‘protected time’ is identified to undertake the process. | Trust Executive, each RN (Child).  
Senior/Lead/Head of Children’s Nursing, Executive Lead Nurses child HEIs.  
HEI’s.  
## Developing New and Existing Career Pathways

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| 1. Effective and robust systems of workforce planning which reflect changing demand should be in place. | • To establish a baseline assessment of workforce needs for RNs (Child) in Trust throughout Wales.  
• To recognise changing demands for the requirement of RNs (Child) within the Trusts and to reflect this within the workforce plans.  
• To ensure accurate information upon workforce planning is received by the Welsh Assembly Government. | Senior/Lead/Heads of Children’s Nursing.  
| 2. To preserve initial pre-registration programmes for RN’s (Child). | • To emphasise the need for RNs (Child) in all clinical areas where there are children.  
• To work with education to influence the Nursing and Midwifery Council and Welsh Assembly Government to ensure the continuation of pre-registration children’s nursing course. | All RNs (Child).  
Children’s Senior Nurses Forum Wales. | September 2005. |
<p>| 3. To preserve and develop post-registration education opportunities. | • To ensure access for non-qualified RNs (Child) to an adaptation programme leading to part 15 of the Register of future equivalent. | HEI’s, Senior/Lead/Heads of Children’s Nursing. | September 2005. |</p>
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<td>4. A variety of opportunities for career development should be available to the RN (Child).</td>
<td>• To identify what experiences are available to help RNs (Child) develop for example job swaps, rotational programmes shadowing etc.&lt;br&gt;• To identify and publicise opportunities for practitioners regionally and nationally.&lt;br&gt;• To ensure the implementation of succession planning.</td>
<td>Executive Lead/Senior/Lead /Heads of Children’s Nursing WAG, Health Professions Wales.</td>
<td>September 2005</td>
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<td>5. Innovative approaches to recruitment and retention of RNs (Child) need to be established.</td>
<td>• Innovative strategies to secure recruitment and retention of RNs (Child) are implemented in order to satisfy service requirements.</td>
<td>Senior /Lead/Heads of Children’s Nursing.</td>
<td>September 2005</td>
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## RECOMMENDATIONS

1. Advanced and innovative nursing roles must be promoted in all organisations to ensure new career pathways for RNs (Child).
   - Practice development Networks to be set up at local, regional and national levels.
   - To develop a children’s nursing directory of advanced nursing roles and innovative practice which will include for example supplementary prescribing.

2. The RN’s (Child) to develop nurse-led care wherever appropriate.
   - To identify gaps in the service with regard to nurse led care and identify best practice.
   - To promote and share child-centred nurse led care locally and nationally.
   - To initiate educational preparation for such nursing roles.

## ACTION

- Practice development Networks to be set up at local, regional and national levels.
- To develop a children’s nursing directory of advanced nursing roles and innovative practice which will include for example supplementary prescribing.

## RESPONSIBILITY

- Senior/Lead/Heads of Children’s Nursing.
- Children’s Senior Nurse Forum Wales.
- Welsh Assembly Government.

## REVIEW DATE

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<td>3. There must be an emphasis on the multifaceted role of the RN (Child) at all organisational levels and within the context of the multi-disciplinary team.</td>
<td>▪ RNs (Child) to contribute to all Child Health Service Plans.</td>
<td>Senior/Lead/Heads of Children’s Nursing. Trust/LHB. Executive lead.</td>
<td>October 2005.</td>
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<td>4. Children’s nurses are represented at all levels of decision-making related to children’s services.</td>
<td>▪ All Trusts to identify a Lead RN (Child) from present establishment provision. ▪ All Trust boards to receive reports from children’s services at least on an annual basis. ▪ The lead person must have direct access/accountability to the executive nurse for the Trust. ▪ Lead person to have a direct link to local health boards, regional boards and Welsh Assembly Government.</td>
<td>Executive lead of Children’s Services. Trust Executive Nurses. Senior/Lead/Heads of Children’s Nursing.</td>
<td>October 2005.</td>
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| 5. Education and service providers to work together to provide leadership programmes. | - To establish a base-line assessment of need for leadership programmes.  
- To identify existing leadership courses and validate effectiveness.  
- To ensure a child health focus within leadership programmes.  
- To utilise all available resources for the development of leadership skills amongst RNs (Child). | HEI’s, Senior/Lead/Heads of Children’s Nursing. | October 2005. |
REFERENCES


**GLOSSARY**

**Child**: In keeping with the United Nations Convention on the Rights of the Child (UN, 1989) a child is defined as a person under the age of 18. However, “Extending Entitlement” does recognise individuals up to the age of 25 years.

**Young Person**: This term is synonymous with ‘adolescent’. It is a fluid concept, not necessarily bound to chronology but defined by the individual young person’s needs and wishes.

**Parent**: a parent is the person acting as a child’s primary carer and is most often the child’s biological parent but may also be in an adoptive or fostering relationship with the child. In a legal sense, parental responsibility defines the duties and rights of the parent.

**Child-centred Care**: the approach to nursing care provision adopted by children’s nurses. Within this approach the primary principle is the best interests of the child. The caring ethos consists, in principle, of ensuring that the child with a health need has that need satisfied, as far as possible, by the parent and/or other family members. This is achieved by collaboration and mutuality between parent, nurse and child. The nurse provides information, teaching and demonstration of skills, advice, encouragement, support and, also, where appropriate, can relieve the parent in care-giving. The nurse takes into account the needs of the parents in this role. Parents’ wishes and abilities at any given moment are an important defining factor.

**Registered Nurse (Child)**: A RN (child) is a nurse registered on Part 8 or 15 of the Nursing & Midwifery Council’s register. The children’s nurse belongs to one of the family of nursing professions offering health care to children and young people and their families. The main focus of care for the RN (Child) is the sick child and young person and those that have enduring health needs. There also needs to be recognition of the RN (Child)’s work with others to promote health.

**Integrated Child Health Care**: care which seeks to satisfy the individual child’s health care needs in a seamless fashion. This might be achieved by a unified management and budgetary structure which supports all child health services, primary and secondary, without division.

**Clinical Governance**: the process by which the NHS quality assures its clinical decisions. Backed by a statutory duty of quality, clinical governance has introduced a system of continuous quality into the NHS through evidence based practice, continuous audit, risk assessment and management etc. (NHS Executive, 1998).

CONTRIBUTORS

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