

***Delivering effective nursing care to
children and young people outside of a
hospital setting***

A scoping project commissioned by Health Education North
Central and East London Local Education and Training Board
[HE NCEL LETB] and undertaken by the University of
Hertfordshire

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- The National Youth Agency [NYA] and Royal College of Paediatrics and Child Health [RCPCH] Youth Advisory Panels whose members completed questionnaires.
- Rebekah Leedham (Institute for Youth Work Intern, National Youth Agency) and Farrah Pradhan (Royal College of Paediatrics and Child Health's Patients Insights Advocacy Coordinator) for facilitating the distribution and collation of questionnaires to young people.
- The four Higher Education Institutions (City University; Middlesex University; London South Bank University; University of Hertfordshire) whose students and staff participated in focus groups and interviews.
- The Community Children's Nursing Teams located across the HE NCEL geographical area who completed questionnaires.
- The clinical nurses who participated in individual interviews.

Executive Summary

Background

Over the course of the last fifty years, there has been a reduction of approximately 75 per cent in the total number of children's hospital beds in the United Kingdom [UK]; at the same time, there has been an increase in the amount and range of care now being provided in other environments that are located within outside of hospital settings. This shift in terms of the location and provision of care has meant that there has been an impact on the preparation and training that healthcare staff require. The Health Outcomes Forum specifically recommended: "*That HEE [Health Education England] address the workforce education, training and development requirements (including capacity and capability) to refocus service provision at home or closer to home*" (Department of Health, 2012: 52).

This scoping project was financed and commissioned by Health Education North Central and East London Local Education and Training Board [HE NCEL LETB] in January 2014 and was undertaken by the University of Hertfordshire between February 2014 - August 2014. The project was funded to facilitate the consideration of the educational needs of the nursing workforce in relation to out of hospital care for children and young people, thus enabling the future potential development of out of hospital services to meet the health needs of the children and young people living in the HE NCEL geographical area.

Project Focus

The project title and key question, as provided by HE NCEL LETB was:

Project Title: *Delivering effective nursing care to children and young people outside¹ of a hospital setting.*

Key Question: *"What education, preparation and development is required to ensure a workforce of nurses who have the requisite knowledge, skills and professional attributes to meet the healthcare service needs of the CYP [Children and Young People] population in the LETB geography?"*

¹ The terms 'out of hospital' and 'outside of hospital' are used interchangeably, when appropriate, and to reflect the phraseology in other literature that has been consulted

In addition, the project team developed the following objectives in order to refine the focus of the project:

Objectives: *To utilise qualitative and quantitative data collection approaches to enhance insight and understanding of the educational needs of nurses who are providing care for children and young people in outside of hospital healthcare settings.*

To seek the views of service-users in relation to outside of hospital care as well as the attributes they feel are important for health professionals to hold.

To ascertain the views of clinical nurses (working within the HE NCEL geographical area) in relation to the provision of outside of hospital care for children and young people as well as the provision of clinical experiences for student nurses.

To identify the perceptions of academic staff and student nurses from the four Higher Education Institutions that are contracted to by HE NCEL to gain further insight into the out of hospital clinical experiences that student nurses undertake.

The team were specifically asked not to include School Nursing or Health Visiting in the scoping project.

Methods

The project adopted a mixed methods approach and information in this report is derived from data collected from:

- Consultation with service-users via established Youth Advisory Panels (National Youth Agency Advisory [NYA] Panel and the Royal College of Paediatrics and Child Health [RCPCH] Advisory Panel). Electronic copies of the questionnaires were sent to the coordinators of the Youth Advisory Panels; a total of fourteen completed questionnaires were returned.
- Consultation with nursing staff representatives working in outside of hospital settings located in HE NCEL's geographical area; data was collected via questionnaires sent to the CCN teams located in the HE NCEL geographical area and via individual interviews with clinical nurses. Eleven questionnaires were sent to the team leader (or their alternate) of each of the Community Children's Nursing teams located in the HE NCEL geographical area. Seven completed questionnaires were subsequently received (64%). In addition, six semi-structured interviews were undertaken with clinical nurses.

- Consultation with the Higher Education Institute [HEI] providers who are contracted to by HE NCEL LETB; data was collected via semi-structured interviews with academic staff and via focus groups with pre-registration Children's Nursing students. Interviews were conducted with a total of eight academic staff; focus groups were undertaken within three of the HEIs and with a total of fourteen students.

Key Findings

Consultation with service-users via established Youth Advisory Panels (NYA and RCPCH)

- The most important aspects of healthcare, for the young people, related to being involved in decisions, being cared for by professionals with the requisite knowledge and skills, being listened to, having confidentiality maintained and having treatment explained in an understandable manner.
- The importance of the nurse's communication skills and clinical abilities was highlighted.
- There was not equal confidence in healthcare provided in a hospital and out of hospital [OOH] setting; there appeared to be more confidence in healthcare provided in a hospital setting.
- The young people's experiences of healthcare had not always been positive.
- Accessibility to healthcare was considered to be important, but other aspects, such as waiting times, were less crucial.

Consultation with nursing staff representatives working in outside of hospital settings located in HE NCEL's geographical area: Consultation with Community Children's Nurses

- The CCN teams located in the HE NCEL geographical area are providing very broad and diverse services for children and young people who have both acute and short-term conditions as well as those with more complex and long-term health needs.
- The provision and maintenance of the services undoubtedly necessitates considerable skill and expertise from the nursing staff.

- The majority of the teams have indicated that there are intentions to expand their current services.
- The development of a future CCN workforce may be limited for two key reasons:
 - Firstly, pre-registration Children's Nursing students have very restricted clinical experience within a CCN context – this may mean that they do not view it as a potential career option, especially if their experience has been at an early or mid-stage of their programme. Only one team reported that they had had a pre-registration Children's Nursing student for a final twelve week 'sign-off' placement.
 - Secondly, the number of post-registration students undertaking the CCN Specialist Practitioner qualification is not only small, but there is an indication that it is declining.
- Many of the staff working within the CCN teams are employed within Bands 6 and 7 of the National Health Service [NHS] Agenda for Change pay scales with only two teams indicating that they had employed a Band 5 nurse at the point of registration.

Consultation with nursing staff representatives working in outside of hospital settings located in HE NCEL's geographical area: Interviews with clinical nurses

- None of the participants interviewed had completed a CCN Specialist Practitioner qualification.
- The participants offered a wide range of views on what they considered to be out-of-hospital care, including the identification of a variety of clinical settings and a diversity of health professionals who work in these environments.
- There was general agreement amongst the participants that an approximately equal balance of community and hospital experiences would be appropriate and that the provision of such a balance would increase the likelihood that students would want to work in the community when they qualify. (The term 'community' was used rather than OOH).
- Participants thought that pre-registration Children's Nursing students should undertake more clinical experiences in a community setting in the latter part of their programme (academic Years 2 and 3).
- Participants were proactive in terms of supporting student learning within the clinical learning environment.

- A clear view emerged from the participants that they felt that there were substantive challenges associated with the appointment of newly qualified Children's Nurses to community posts (once again 'community' was referred to rather than OOH).
- The need for newly qualified Staff Nurses to have mentorship and support was emphasised.

Consultation with the HEI providers who are contracted to by HE NCEL LETB: Interviews with academic staff

- Whilst the academic staff interviewed identified a diverse range of OOH clinical experiences for pre-registration Children's Nursing students, the participants focused their discussions on those firmly based within a community setting – primarily Community Children's Nursing.
- The HEIs all commented on the limited availability and capacity of OOH clinical experiences for pre-registration Children's Nursing students; however the value and importance of these was firmly recognised - it is clear that HEIs are attempting to facilitate relevant OOH placements and to prepare students for their experiences.
- There are marked differences between HEIs in terms of the OOH clinical experiences that pre-registration Children's Nursing students are undertaking. In addition HEIs indicated that students within each of their cohorts are undertaking different OOH clinical experiences.
- It is not the norm for pre-registration Children's Nursing students to undertake a twelve week 'sign-off' placement in an OOH clinical area.
- Some of the academic staff interviewed had a perception that pre-registration Children's Nursing students did not always appreciate the value of OOH clinical experiences.
- Some of the academic staff interviewed had a view that mentors did not always appreciate the involvement that pre-registration Children's Nursing students could have in relation to participating in nursing care – there was an indication that students may not be able to undertake activities in an OOH area that they would otherwise be able to do in a hospital environment. Participants mentioned the need to provide support to the students' mentors to facilitate further understanding of the students' learning needs.

Consultation with the HEI providers who are contracted to by HE NCEL LETB: Focus groups with students

- The students identified a diverse range of OOH services; however, students did not use the phrase 'out of hospital' or 'inside of hospital' to describe their clinical experiences. 'Community' was consistently used to refer to School Nursing, Health Visiting and Community Children's Nursing and 'clinical' to refer to hospital based services.
- In the main, students do perceive that they have the skills to work in an OOH setting at the point of registration, but their examples primarily related to Community Children's Nursing posts or the undertaking of further study to become a Health Visitor or School Nurse. Whilst the students identified a range of OOH services at the beginning of their focus group, their potential career choice was vocalised as being between 'community' (Health Visiting, School Nursing or Community Children's Nursing) or 'clinical' (in-patient hospital services). There was one reference to working within a hospice environment on qualification and one to a Child and Adolescent Mental Health Service [CAMHS] setting.
- Students' expectations of nursing, prior to starting their programme of study, varied with some not fully appreciating that they would be gaining clinical experiences in OOH areas.
- Students perceived that HEIs provided some preparation for clinical practice, but this could be limited in relation to OOH experiences; students demonstrated a self-motivated approach to preparation and vocalised the importance of their peers' knowledge in terms of preparing them for a particular placement area. Students acknowledged their responsibilities in terms of identifying and developing learning opportunities/outcomes.
- At the beginning of their programme, students do not appear to know what placements they are likely to undertake and in what order; the clinical experiences undertaken varies across HEIs and across student cohorts.
- Students have very limited insight into the knowledge and skills required by nurses working in an OOH setting.
- Students felt that children should be cared for in their own home environment whenever possible.
- The clinical experiences that students undertake could be influential in terms of how prepared they may feel for an OOH post at the point of registration.

- There is not agreement, amongst students, about whether their programme of study adequately prepares them for an OOH staff nurse position at the point of qualification.

Recommendations

The young people, who completed questionnaires for this project, highlighted that they wanted to be involved in decisions, be cared for by professionals with the requisite knowledge and skills, be listened to, have confidentiality maintained and have treatment explained in an understandable manner. In addition, the importance of the nurse's communication skills and clinical abilities was identified. In order to facilitate this, nursing staff need to be adequately prepared for their roles and responsibilities.

The findings from this project have potential implications for the development of the future nursing workforce who will be caring for children and young people within the HE NCEL geographical area, the following recommendations are offered:

- A more consistent use, and definition, of terminology is strongly recommended; many key documents now use the term 'out of hospital' but this is not a phrase that was used by participants in the interviews/focus groups. It is recommended that 'Hospital' and 'out of hospital' are used from the point of student selection and recruitment and throughout the planning, preparation and evaluation of student clinical experiences, rather than words such as 'acute', 'community', 'clinical' which do not always accurately or fully reflect the service provision. In addition, although participants from across all of the data collection groups, were able to identify a range of OOH clinical experiences, discussions about staff nurse posts at the point of qualification, focussed on a need for the nurse to be an independent and autonomous practitioner; however, many OOH settings do not rely on lone working – a clear definition of 'out of hospital' may enable clarification and consistent usage, this can only be beneficial for both patients and health care professionals.
- It would be timely to identify the number of pre-registration Children's Nursing students gaining clinical experience in each of the CCN teams within the HE NCEL geographical area to ascertain whether there is scope for development. A review of the CCN clinical experience undertaken by pre-registration Children's Nursing students (particularly in relation to the duration and stage in their programme of study) may enable the development of more Band 5 CCN positions for those applying for a Staff Nurse post at the point of qualification. In addition, there needs to be further consideration of whether it is acceptable, and appropriate, for students to gain staff nurse posts, at the point of qualification, in

OOH services – there are currently differing opinions. Appropriate support/preceptorship should be offered.

- Increased student exposure to a greater range of OOH clinical areas so that students develop deeper insight into the services would be valuable; more students may then consider career pathways within OOH settings.
- It would be opportune to consider the availability of OOH clinical areas within the HE NCEL geographical area that could potentially provide experiences for pre-registration Children's Nursing students; this would enable an assessment of current provision as well as the potential development of other clinical learning environments.
- Nurses working in OOH settings need up-to-date information about the clinical activities and skills that pre-registration Children's Nursing students can be involved in. It is recommended that the most appropriate way of doing this is considered.
- It would not be feasible for all students to undertake similar clinical experiences at the same point in their pre-registration programmes, but consideration of the nature of their clinical experiences and the order in which they occur, would be advantageous so that there is more consistency between students in terms of the number of OOH and hospital clinical experiences. The development of opportunities for pre-registration Children's Nursing students to undertake their final twelve week 'sign-off' clinical experience within an OOH setting is recommended as, once again, this could encourage students to consider career opportunities within OOH settings.
- The number of post-registration students undertaking the CCN Specialist Practitioner qualification appears to be declining within the HE NCEL geographical area. It is recommended that further consideration is given to the post-registration educational needs of staff to enable them to gain the requisite skills and knowledge to provide care within an OOH setting, but also to facilitate their own professional development.

The Report

Section 1.0: Introduction and background

1.1 Introduction

This report summarises the findings of a scoping project that was commissioned by Health Education North Central and East London Local Education and Training Board [HE NCEL LETB] in January 2014 and undertaken by the University of Hertfordshire between February 2014 - August 2014.

The terms of reference for the project as provided by HE NCEL LETB were:

Project Title: *Delivering effective nursing care to children and young people outside² of a hospital setting.*

Key Question: *“What education, preparation and development is required to ensure a workforce of nurses who have the requisite knowledge, skills and professional attributes to meet the healthcare service needs of the CYP [Children and Young People] population in the LETB geography?”*

In addition, the project team developed the following objectives in order to refine the focus of the project:

Objectives: *To utilise qualitative and quantitative data collection approaches to enhance insight and understanding of the educational needs of nurses who are providing care for children and young people in outside of hospital healthcare settings.*

To seek the views of service-users in relation to outside of hospital care as well as the attributes they feel are important for health professionals to hold.

To ascertain the views of clinical nurses (working within the HE NCEL geographical area) in relation to the provision of outside of hospital care for children and young people as well as the provision of clinical experiences for student nurses.

² The terms 'out of hospital' and 'outside of hospital' are used interchangeably, when appropriate, and to reflect the phraseology in other literature that has been consulted

To identify the perceptions of academic staff and student nurses from the four Higher Education Institutions that are contracted to by HE NCEL to gain further insight into the out of hospital clinical experiences that student nurses undertake.

The team were specifically asked not to include School Nursing or Health Visiting in the scoping project; information in the report was derived from data collected from:

- Consultation with service-users via established Youth Advisory Panels (National Youth Agency [NYA] Advisory Panel and the Royal College of Paediatrics and Child Health [RCPCH] Advisory Panel).
- Consultation with nursing staff representatives working in outside of hospital settings located in HE NCEL's geographical area.
- Consultation with the Higher Education Institute [HEI] providers who are contracted to by HE NCEL LETB.

All aspects of the project, including the writing of this report, were undertaken by the project team: Lisa Whiting (Project Lead) [LW], Mary Donnelly [MD] Debbie Martin [DM] and Mark Whiting [MW].

1.2 Background

In 1959, Sir Harry Platt reported on behalf of the Ministry of Health in respect of the 'Welfare of Children in Hospital'. Members of the Platt Committee were persuaded of the potential of re-directing services away from hospital and into the community, they recommended:

"Children, particularly very young children, should only be admitted to hospital when the medical treatment they require cannot be given in other ways without real disadvantage.....When the nature of the illness and home conditions permit, mothers should be encouraged to nurse a sick child at home under the care of the family doctor and with assistance, where necessary from the home nurse. Too few local authorities as yet provide special nursing services for home care of children and the extension of such schemes should be encouraged." (Ministry of Health, 1959: 5)

In the thirty years that followed the publication of the Platt Report, growth in the provision of Children's Community Nursing [CCN] services was very slow. Since 1989, however, there has been a dramatic increase in the provision of CCN services throughout the United Kingdom (Figure 1.1). Many of these services have been introduced specifically to redirect care for children from hospital into the community.

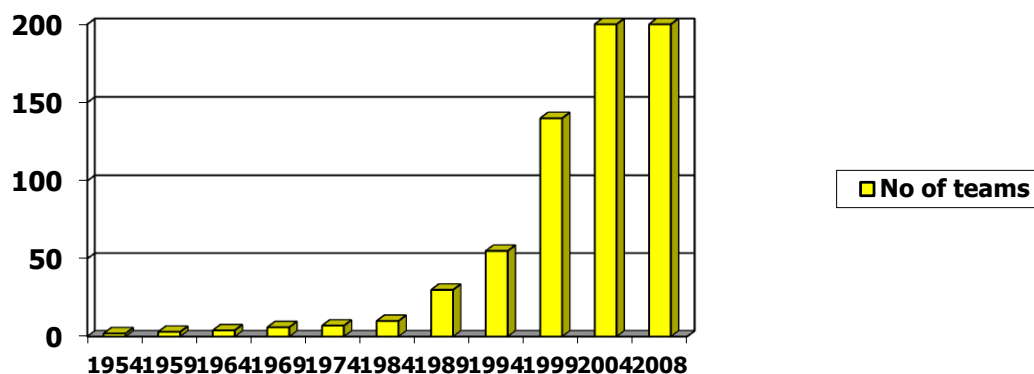


Figure 1.1: Community Children's Nursing Service in United Kingdom 1954-2008 (Whiting et al, 2009)

Over the course of the last fifty years, since the publication of the Platt Report, there has been a reduction of approximately 75 per cent in the total number of children's hospital beds within the United Kingdom [UK]. However, whilst the average length of stay for children in hospital has reduced by around 90 per cent since the late 1950s, a child under five years of age is more than twice as likely to be admitted to hospital, for a stay of at least one night's duration, than was a child born in the late 1950s. Figure 1.2 illustrates how the trends of reducing length of stay, and increasing rate of admissions, have continued through the course of the last decade (Health and Social Care Information Centre [HSCIC], 2013).

Table 5: Time series data from 2002-2003 to 2012-13 taken from publication tables

Year	FCEs		Finished admission episodes			Time waited (days)			Finished consultant episodes				Mean length of stay (days)					
	Total episodes	Male	All admissions	Emergency	Waiting list	Mean time waited	Median time waited	Mean age (years)	Age 0-14	Age 15-59	Age 60-74	Age 75+	Median length of stay	All episodes	Age 0-14	Age 15-59	Age 60-74	Age 75+
2002-03	12,755,899	5,571,968	11,414,074	3,953,480	4,260,521	99	49	47	1,663,304	5,832,299	2,594,714	2,629,373	2	7.9	2.9	5.8	9.8	15.9
2003-04	13,174,480	5,759,916	11,699,163	4,158,734	4,227,180	95	50	49	1,674,944	5,980,530	2,698,407	2,789,703	2	7.4	2.6	5.2	9.4	15.2
2004-05	13,706,765	5,983,465	12,102,006	4,428,680	4,187,619	84	52	49	1,719,476	6,220,473	2,801,430	2,937,276	2	7.1	2.5	5.0	9.0	14.4
2005-06	14,423,506	6,303,012	12,678,628	4,659,054	4,368,056	78	51	49	1,764,562	6,585,487	2,949,144	3,095,729	2	6.6	2.6	4.7	8.3	13.3
2006-07	14,784,581	6,483,429	12,976,273	4,700,017	4,550,689	73	49	49	1,791,408	6,724,391	3,066,605	3,174,676	2	6.3	2.4	4.6	7.9	12.4
2007-08	15,359,062	6,721,648	13,479,828	4,753,368	4,862,278	60	42	50	1,840,024	6,929,479	3,241,986	3,314,849	1	5.7	2.3	4.0	7.3	11.8
2008-09	16,232,579	7,145,742	14,152,692	5,010,670	5,167,989	48	35	50	1,901,736	7,132,442	3,500,406	3,637,446	1	5.7	2.3	4.1	7.1	11.4
2009-10	16,806,196	7,408,085	14,537,712	5,177,887	5,344,982	50	34	51	1,939,193	7,333,114	3,642,944	3,837,988	1	5.6	2.2	4.0	7.0	11.0
2010-11	17,269,882	7,628,685	14,890,844	5,287,032	5,431,710	50	35	51	1,992,277	7,463,084	3,773,052	3,982,390	1	5.5	2.2	4.2	6.7	10.5
2011-12	17,465,425	7,754,620	15,019,396	5,242,839	5,541,731	52	35	51	1,990,144	7,438,486	3,864,690	4,098,361	1	5.3	2.2	3.8	6.4	10.0
2012-13	17,715,046	7,888,761	15,145,633	5,336,043	5,617,926	51	35	52	2,028,995	7,433,947	3,929,141	4,236,409	1	5.2	2.2	3.8	6.4	9.8

Figure 1.2: Trends in relation to admissions and length of hospital stay (data from Health and Social Care Information Centre, 2013)

Whilst evidence to demonstrate the benefits of delivering more community-orientated health provision for children remains somewhat elusive (Parker et al, 2002; 2011), a succession of Department of Health [DH] reports have supported the need to expand and develop the CCN workforce in order to deliver care 'closer to home' (DH, 1991; 2004; 2011; 2013a). Further endorsement has been provided by the Royal College

of Nursing [RCN] (2000; 2008) and the Royal College of Paediatrics and Child Health [RCPCH] (2011), in the DH's commissioned review of children's palliative care (Craft and Killen, 2007), in Sir Ian Kennedy's very comprehensive review of children's health services provision (Kennedy, 2010), and most recently, from the Children and Young People's Health Outcomes Forum (DH, 2012). The Health Outcomes Forum specifically recommended: "*That HEE [Health Education England] address the workforce education, training and development requirements (including capacity and capability) to refocus service provision at home or closer to home*" (DH: 52).

In 2011, the DH publication *NHS at Home: Community Children's Nursing Services*, offered the following commentary:

"To improve the experiences of children, young people and their families, care needs to be delivered across integrated pathways of services: primary, secondary and in some cases tertiary care; transition into adult services; and health, children's social care, education and housing services.

To ensure that the needs of all ill and disabled children are met, four groups of children and young people have been identified as needing services - these are:

- *Children with acute and short-term conditions;*
- *Children with long-term conditions;*
- *Children with disabilities and complex conditions, including those requiring continuing care and neonates;*
- *Children with life-limiting and life-threatening illness, including those requiring palliative and end-of-life care.*

Community children's nursing (CCN) services are the bedrock of the pathways of care for these groups of children." (DH, 2011: 4)

Harvey and McMahon (2008: 13), authors of a King's Fund commissioned report entitled *Shifting the Balance of Health Care to Local Settings*, observed:

"Workforce and organisational development. *The scale of workforce development, organisational development and education and training needed to underpin new ways of working should not be underestimated. There are real risks that the current clinical workforce and the way in which it is regulated could act as a constraint rather than an enabler of improvements to patient care."*

The NHS confederation (2012) concurs that one of the challenges in terms of making out of hospital care a reality, for children, young people and adults, is the need to ensure that appropriate education and training is in place so that staff have the

necessary expertise. However, specific details about how to achieve this are not provided.

The DH (2014) has also confirmed its commitment to community based services across the age spectrum as well as the need to underpin this with an appropriately educated workforce. In specific relation to children and young people, Dr Dan Poulter, Parliamentary Under-Secretary of State (DH, 2014: 3), stated that:

“Every child deserves to be given the very best start in life, and healthcare staff working with children and young people must have the right knowledge and skills to meet their specific needs and ensure that children received joined up health and care across both hospitals and community.”

HE NCEL (2013a: 8), who commissioned this project, have responded to the drive to increase the availability of out of hospital care and have expressed their commitment by stating:

“Addressing the significant healthcare challenge of the population of NCEL as well as delivering the national policy to shift care out of hospital where this is possible and closer to home will require development of the community and primary care workforce.”

In 2013, the Queen’s Nursing Institute [QNI] undertook a review of education provision in respect of the District Nursing workforce. The key findings highlighted by QNI in that report were:

- *“The number of qualified District Nurses in the workforce has fallen from 10446 in 2002 to 6381 in 2012, a decrease of over 40% in the past decade.*
- *21% (7 out of 33) of District Nursing (DN) courses in England approved by the Nursing and Midwifery Council, did not run in 2012-13.*
- *At least 67% (16 out of 24) of DN courses running in England in 2012/13 had 10 students or less on the programme and 13% (3 out of 24) had only 5 students or less.*
- *National guidance states that care provided in the home and community is unique and fundamentally different from providing care in a clinical setting. However, there is no requirement for nurses working in the community to have a specialist community qualification.”* (QNI, 2013: 1)

In August 2013 A survey of Higher Education Institutions [HEIs] holding current validation to run the Specialist Practitioner qualification in Community Children’s Nursing in England was undertaken by one of the members of the project team [MW]. A summary of that review was published in December 2013 (Whiting, 2013). The key findings were:

- Of the eight English universities holding Nursing and Midwifery Council [NMC] validation for the CCN Specialist Practitioner qualification only five did so in 2012/13, with a maximum of seven students in any one university completing the programme.
- In 2013, twenty-one students completed programmes in England, seven in Wales, four in Northern Ireland and four in Scotland (the cohort in Scotland was offered a distance-learning programme provided by the University of South Wales).
- There is no UK-wide system for monitoring the number of nurses who hold the Specialist Practitioner qualification or the total CCN workforce.

1.3 Background information: HE NCEL

This project was funded to facilitate the consideration of the educational needs of the nursing workforce in relation to out of hospital care for children and young people, thus enabling the future potential development of out of hospital services to meet the health needs of the children and young people living in the HE NCEL geographical area. HE NCEL is London's largest Local Education and Training Board that has responsibility for ensuring that high quality education and training is provided to all health professionals including the next generation of nurses, doctors and dentists across the thirteen London boroughs that they cover (HE NCEL, 2013b).

The HE NCEL geographical area is large and encompasses a population of 3.1 million people from a range of socio economic statuses; there is expected to be a growth of 21% in the population of those under 15 years of age by 2021 (HE NCEL, 2013b), this reinforces the need to consider the educational needs of the workforce who will be meeting the health needs of this sector in relation to out of hospital services.



Figure 1.3: The HE NCEL geographical area

1.4 Definition of key concepts

For the purposes of the project, the following definitions are offered:

1.4.1 Nurse

A professional who has a nursing qualification that is registered with the Nursing and Midwifery Council.

1.4.2 ‘Outside of hospital care’

Definitions of out/outside of hospital care are not common place and the term is frequently used interchangeably with ‘community’. The definition offered by NHS North West London (2012) has been adopted for the purposes of this project:

“Out of hospital (OOH) care includes all those services provided in community settings such as in your home by community nurses, at your GP’s surgery and in health centres.” (<http://www.healthiernorthwestlondon.nhs.uk/out-hospital-care>)

1.5 Conclusion

This initial section has introduced the aim and focus of the project that was undertaken. This report consists of 3 further sections together with a reference list and a series of appendices.

Section 2.0: Identifies and discusses the project’s data collection approaches, participant recruitment methods, ethical issues and data analysis procedures. Further discussion of literature relating to OOH care, within a children and young person’s context, is integrated.

Section 3.0: Presents the findings that emerged following data collection and analysis.

Section 4.0: This section concludes the report by considering the contribution to knowledge that the project has made, its limitations and suggestions for further work. Finally, closing comments are offered.

Section 2.0: Conduction the scoping project: Methodological approach and data collection methods

2.1 Introduction

This section will provide an overview of each of the data collection methods that were utilised. The project was exploratory in nature meaning that little was known about the topic area and that previous theories were not in existence; the purpose of exploratory work is to gain more insight into the area under consideration. Exploratory work frequently draws on qualitative data collection approaches such as interviews and focus groups; however, data can also be collected via quantitative methods such as questionnaires (Stebbins, 2001). The exploratory nature of this project guided the data collection methods with a combination of qualitative and quantitative approaches being used; qualitative data was obtained via semi-structured interviews with HEI academics and clinical nurses as well as focus groups with pre-registration Children's Nursing students. Quantitative data was gathered via questionnaires distributed to the Community Children's Nursing teams located in the HE NCEL geographical area as well as two established Youth Advisory Panels – whilst the questionnaires were predominantly quantitative in nature there were also free text areas in each.

The following sections will explain each aspect of the data collection and recruitment processes in more detail; further discussion of literature relating to the focus of the project is integrated.

2.2 Data collection

Data collection consisted of three key strands:

- Consultation with service-users via established Youth Advisory Panels (National Youth Agency [NYA] Advisory Panel and the Royal College of Paediatrics and Child Health [RCPCH] Advisory Panel), and, an established Parent and Carer Advisory Panel (RCPCH).
- Consultation with nursing staff representatives working in outside of hospital settings located in HE NCEL's geographical area
- Consultation with the Higher Education Institute [HEI] providers who are contracted to by HE NCEL LETB

2.2.1 Data collection tool: Questionnaires

Questionnaires are well established data collection tools since information can be collected from participants in a relatively short period of time across broad geographical areas, and in a relatively cost effective way (Parahoo, 2014); in

addition the findings can normally be swiftly and easily quantified. As a result, questionnaires were utilised with the aim of gathering quantitative data (and a small amount of qualitative information) from:

- Community Children's Nurses located within the HE NCEL geographical area.
- Young people who were part of an established Youth Advisory Group.
- Parents and carers who were part of an established Parent and Carer Advisory Panel.

The questionnaires (Appendices 2.1; 2.2; 2.3) were all developed to reflect the focus of the scoping project. In addition, established patient satisfaction surveys were used to inform the questionnaires for the young people and parent/carers.

2.2.2 Data collection tool: Interviews

Interviews are now one of the most commonly used methods of collecting data (DiCicco-Bloom and Crabtree, 2006) with a number of texts (Burns and Grove, 2005; Fontana and Frey, 2005; Polit and Beck, 2006) differentiating between their types (structured; semi-structured and unstructured). It was the semi-structured approach that was felt to be most appropriate for this scoping project as it provided the HEI staff and clinical nurses with the opportunity to talk about their experiences, whilst also allowing the use of a set of appropriate 'prompt' questions to maximise data gathering (Appendices 2.4; 2.5).

2.2.3 Data collection tool: Focus groups

Focus groups were used with the pre-registration Children's Nursing students; focus groups have many of the advantages of individual interviews, such as the ability to explore the participants' experiences; however, they also have the benefit of being economical with time and allowing for the gathering of data from participants who may be reluctant to be interviewed on their own or who feel that they have little to say (Lane et al, 2001) – it was felt that this may well be applicable to some of the pre-registration Children's Nursing students. The focus group approach facilitated the gathering of data and insights that may have been less accessible without the group interaction. Guidelines for the conduction of the focus groups were drawn up together with a set of 'prompt' questions to maintain consistency and maximise data gathering (Appendix 2.6).

2.3 Recruiting the participants

Burns and Grove (2005) suggest that the term ‘sample’ refers to the population chosen to participate in a study; as sampling can have a major impact on the findings (Burns and Grove, 2005), it is important to give appropriate consideration to the sample selection.

Sample sizes in qualitative work can be difficult to establish in advance, however, smaller numbers of participants are normally involved due to the richness and detail of data that can be obtained (Macnee, 20014); in fact Parahoo (2014) comments that time is better spent undertaking in-depth interviews, rather than being concerned with interviewing large numbers of participants. In addition, the composition and characteristics of the sample population can be more important than the size alone (Macnee, 2004). Qualitative projects frequently utilise a purposive sampling technique to help ensure that participants most suited to the needs of the study are recruited (Polit and Beck, 2006). In contrast, the aim of quantitative project work is to obtain a sample that represents the target group or population (Burns and Grove, 2005). As a result, different recruitment strategies were utilised for the different strands of the project – these are detailed in the following sections (2.3.1 - 2.3.4)

2.3.1 Recruiting the participants for the scoping project: Service-users (young people)

The “*emergence of ‘children’s voice’*” (Prout and Hallett, 2003:1), and the need to involve children and young people in a range of issues, has grown in acceptance (Sinclair, 2004). It is now widely established that the views and experiences of children and young people should be taken into account wherever possible, with a range of key documents advocating their involvement (for example, The Children Act, 1989, 2004; The United Nations Convention on the Rights of the Child [UNCRC], 1989). Several other documents advocate the participation of children and young people specifically in relation to the delivery of quality health services (for example, DH, 2010; RCPCH, 2010; The NHS³ Confederation, RCPCH and OPM⁴, 2011). In addition, Tisdall and Davis (2004) suggest that there has been a drive to ensure that the voices of children and young people are listened to when policies are being developed, stating that children and young people:

“possess information and knowledge that policy makers require”
(Tisdall and Davis, 2004: 140)

It would, therefore, have been inappropriate not to embrace the knowledge and expertise that young people offer especially when this project has the

³ NHS: National Health Service

⁴ OMP: Office for Public Management

potential to inform local policy and to influence the lives of future children and young people.

The time constraints of the project did not allow for consultation with children and young people from a diverse range of age groups since considerable additional preparatory work would have been required; as a result, consultation with young people took place via two established youth advisory panels (Royal College of Paediatrics and Child Health [RCPCH] and the National Youth Agency [NYA]). The panels are facilitated by two employed coordinators; the youth members have all have been trained for their role and are familiar with consultation processes.

The coordinators of the two Youth Advisory Panels were approached on 3rd February 2014 to ascertain if the panel members would be able to participate in the scoping project. Following discussions with both coordinators, it was agreed that the most appropriate consultation route for the young people was via a questionnaire (face-to-face engagement was not possible due to the diversity of the geographical locations of the young people).

2.3.1.1 RCPCH Advisory Panel

The overall aim of the RCPCH is to enhance child health and to facilitate a healthier future for children and young people. The Youth Advisory Panel comprises of young people from all four countries within the UK. The members are aged between 12-26 years and have a variety of backgrounds including those who have had direct patient experience and those who have a specific interest in children and young people's healthcare.

2.3.1.2 NYA Advisory Panel

The National Youth Agency works in partnership with a wide range of public, private and voluntary sector organisations to support and improve services for young people. The NYA's Youth Advisory Panel plays a fundamental role in terms of advising and enhancing the work of the National Youth Agency. Members of the Youth Advisory Panel are aged 16-24 years of age and are trained to enable them to work with NYA staff to develop an effective participation strategy. The panel members are from a diverse range of backgrounds and ethnicities.

As it has been suggested that children and young people should be defined as being those up to the age of twenty-five years (DH, 2013b); the age spectrum of both of the Youth Advisory Panels was therefore appropriate. In addition, it was felt that their views could offer a valuable contribution to the project.

2.3.2 Recruiting the participants for the scoping project: Service-users (parents/carers)

Collaboration with parents is now something that is well established and that is reflected in the importance given to working in partnership with parents in relation to children and young people's health. If parents/carers influence the development of health services, then the service is more likely to work for families and be appropriately accessed (Contact a Family, 2013). The Social Care Institute for Excellence (2011) prompts professionals to: *Think child, think parent, think family*; with this in mind, it was appropriate to provide the opportunity for parents/carers to offer their views about the delivery of healthcare in outside of hospital settings.

As well as having an established Youth Advisory Panel, the RCPCH also has a Parent and Carers Group [PCG]. The PCG was created to advise the RCPCH on the needs of babies, children, young people, as well as the needs of parents and carers. The PCG's role is to facilitate the RCPCH's mission to improve children and young people's health; the PCG has members from across the four countries of the UK. The coordinator of the PCG was approached on 17th February 2014 to ascertain if the group would be able to participate in the scoping project; it was agreed that the most appropriate consultation route was via a questionnaire (face-to-face engagement was not possible due to the diversity of the geographical locations of the PCG members).

2.3.3 Recruiting the participants for the scoping project: nursing staff representatives working in outside of hospital settings located in HE NCEL's geographical area (Community Children's Nursing teams and clinical nurses)

A number of studies have been undertaken in relation to the provision of out of hospital nursing care for children in the specific context of CCN teams (see for example: Holden et al, 1991; Cash et al 1994; Jennings, 1994; Proctor et al, 1994; Kyle et al, 2012) two recent documents are particularly worthy of consideration (Carter and Coad, 2009; Parker et al, 2011). Firstly, Carter and Coad (2009) conducted an appreciative review that was commissioned as part of the government consultation on community services that related to other DH initiatives (DH, 2008; DH 2009; DH and Department for Children's Schools and Families [DCSF], 2009). Carter and Coad (2009) sought the views of those involved in children's community health services including staff, children and their families. There were four main aims, one of which was to find out whether Community Children's Nursing services were meeting the needs of children and families. Whilst the actual number of CCNs involved in the review was not provided (a multi-professional approach was adopted and included participants from a range of backgrounds such as community

services, team leaders for CCN Services, student nurses, managers of respite units, learning disability nurses, special needs school nurses, health visitors, social workers, practice educators, university lecturers), CCNs highlighted that education was essential to the development of a future community workforce.

Priorities for future work were recognised and included:

“Education, training and approaches to ensure the effective development of professionals and their roles to accommodate new ways of multi-disciplinary working within the NHS and in wider teams.”
(Carter and Coad, 2009: 45)

Parker et al. (2011) undertook a project, commissioned by the National Institute for Health Research, to identify and examine the service models that are currently available to provide care for children closer to home [CCTH]; the final report is referred to by the DH (2011).

The project involved children, parents and staff who were invited to share their views and experiences of CCTH. Case studies were undertaken within four English Primary Care Trusts with interviews being conducted with 22 families and 35 professional staff (who were involved in either the commissioning, organisation or delivery of CCTH). The project acknowledged that there were a range of CCTH services, but highlighted that the key one was Community Children’s Nursing. The project identified a range of implications for practice, but two that are particularly relevant to this scoping project are (page 17):

- *The availability of training for paediatric community nursing.*
- *The right skill mix in CCTH teams.*

The work undertaken by Carter and Coad (2009) and Parker et al (2011) has made a valuable contribution to the knowledge base relating to out of hospital care for children and young people. However, it was important to now gather data to further explore the education and preparation, that nurses working within out of hospital settings, think is required in order to meet the specific health needs of children and young people within the HE NCEL geographical area.

Within the HE NCEL area there are eleven Community Children’s Nursing teams – data relating to this number was confirmed via the RCN Directory of Community Children’s Nursing Services (RCN, 2010); on 16th April 2014 each team leader (or alternate) of the teams was sent an information sheet (Appendix 2.7) requesting completion of a questionnaire (Appendix 2.1) that was attached together with a stamped addressed returning envelop.

HE NCEL covers a large geographical area (Figure 1.3); given the time scale of the project, it was agreed with HE NCEL that it would not be feasible to consult with clinical nurses from across the whole of the HE NCEL region. It was therefore confirmed that there would be two key areas – Barnet and Islington. In each of these locations two ‘good informants’ were identified; Morse (1989: 132) highlighted the following qualities of a ‘good informant’ and these attributes were used to guide the selection of participants for the recruitment of clinical nurses:

1. Knowledgeable about the topic: An expert by virtue of involvement in specific life events.
2. Able to reflect and provide detailed experiential information about the phenomena.
3. Possess a willingness to talk.

Each of the ‘good informants’ were senior practitioners who were able to identify colleagues in their locality who the team could approach to request involvement in the project. In order to facilitate this process, the project team were invited to meetings to provide further information about the project; for example, LW attended the Pan London CCN Network meeting on 14th May 2014.

2.3.4 Recruiting the participants for the scoping project: Higher Education Institute providers who are contracted to by HE NCEL LETB

In 2008, the NMC decided that all pre-registration nursing programmes would be offered at a minimum of degree level from September 2013 (NMC 2010a) to enable nurses to be able to provide high quality care within a complex and changing healthcare environment. All pre-registration nursing programmes are governed by the NMC Standards for Pre-registration Nursing Education (2010b). The NMC has identified the standards for competence that every nursing student must achieve before they are able to become a registrant. In addition, the document (NMC, 2010b) provides separate sets of competency requirements for each field of practice (Adult, Children’s, Learning Disability and Mental Health nursing) – these are aligned to four domains (NMC, 2010b: 11):

- Professional values
- Communication and interpersonal skills
- Nursing practice and decision-making
- Leadership, management and team working

The NMC (2010b) make reference to Children's Nursing students undertaking clinical learning opportunities within a community setting, for example:

"They [nurses] must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared." (page 40)

"All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home." (page 44)

To facilitate what should be achieved in the above quotes, the NMC (2010b: 76) continue by stating that:

"Programme providers must ensure that practice learning opportunities take place across a range of community, hospital and other settings."

However, the NMC (2010b) does not stipulate the quantity or specific nature of the clinical learning opportunities. In addition, the term 'out of hospital care' is not used by the NMC (2010b), although it is acknowledged that this may be because of the phrase's more recent inception.

Despite the priority and attention that nurse education has received in recent years, it appears that little is known about the nature of the actual clinical learning opportunities that pre-registration Children's Nursing students undertake during their programme in relation to out of hospital care; in particular, it is unclear:

- How many OOH clinical experiences that pre-registration Children's Nursing students undertake.
- The nature of the OOH clinical experiences that pre-registration Children's Nurses undertake.
- The stage of the programme at which pre-registration Children's Nursing students undertake OOH clinical experiences.
- How pre-registration Children's Nursing students are prepared for the OOH clinical experiences.
- The perceptions of pre-registration Children's Nursing students in relation to OOH clinical experiences.

It has been suggested that a student's clinical learning opportunities frequently influences their choice of employment at the point of registration (Morrow, 2009); if students are not exposed to OOH clinical environments,

these settings may not be perceived as an option following qualification. It was therefore crucial to gather further details about the OOH care experiences that are undertaken by pre-registration Children's Nursing students. Therefore, and in order to address the above bullet points, data was gathered from the Higher Education Institutions [HEIs] located within the HE NCEL geographical area (City University; Middlesex University; London Southbank University and the University of Hertfordshire); in order to facilitate this, focus groups were held with pre-registration Children's Nursing students and semi-structured interviews were conducted with relevant academic staff. In order to recruit the participants, permission was sought, and granted, from each Dean of School/Head of Department (or their alternate).

2.4 Data Collection procedures

2.4.1 Young people questionnaires

Electronic copies of the questionnaires were sent to the coordinators of the two Youth Advisory Panels for distribution (Table 2.1) on 9th April 2014. Ten hard copies of questionnaires were requested on 10th April 2014 by the coordinator for the NYA and were sent on the same day. Nine completed questionnaires were received from the NYA Youth Advisory Panel coordinator on 28th April 2014.

5 completed questionnaires were received from the RCPCH Youth Advisory Panel coordinator on 14th May 2014. A total of 14 completed questionnaires were returned, Table 2.1 summarises the data collection process.

Date	Comment
03.02.14	Initial contact with the coordinators of the two Youth Advisory Panels to ascertain if the panel members would be able to participate in the scoping project.
12.02.14	Following discussions with the coordinators of the two Youth Advisory Panels, it was agreed that the most appropriate consultation route for the young people was via a questionnaire.
February 2014	Development of questionnaire.
14.03.14	Submission of application for ethical approval from the University of Hertfordshire Health and Human Sciences ethics committee
09.04.14	Receipt of ethical approval from the University of Hertfordshire Health and Human Sciences ethics committee on 9 th April 2014 [protocol number: HSK/SF/UH/00051].
09.04.14	Questionnaires sent electronically to the coordinators of the two Youth Advisory Panels for distribution.
10.04.14	10 hard copies of the questionnaires sent to the coordinator of the NYA Youth Advisory panel, as requested (on 09.04.14).
17.04.14	Notification received from the coordinator of the NYA Youth Advisory panel that 9 questionnaires had been completed.
23.04.14	Thank you letters and Amazon vouchers sent to the coordinator of the NYA Youth Advisory Panel for distribution to the participants.
28.04.14	9 completed questionnaires received from the coordinator of the NYA Youth Advisory Panel.
14.05.14	5 completed questionnaires received from the coordinator of the RCPCH Youth Advisory Panel. Thank you letters sent to the coordinator of the RCPCH Youth Advisory Panel for distribution to the participants.

Table 2.1: Youth Advisory Panels, Questionnaire data collection process

2.4.2 Parents/carers questionnaires

Electronic copies of the questionnaires were sent to the coordinator of the RCPCH Parent/Carer Group (PCG) for distribution on 9th April 2014. Unfortunately, despite the questionnaires being re-distributed by the coordinator of the RCPCH PCG, no completed ones were returned (Table 2.2).

Date	Comment
17.02.14	Initial contact with the coordinator of PCG to ascertain if the members would be able to participate in the scoping project.
21.02.14	Following discussions with the coordinator of the PCG, it was agreed that the most appropriate consultation route was via a questionnaire.
February 2014	Development of questionnaire.
09.04.14	Questionnaire sent to the coordinator of the PCG for distribution.
14.09.14	Notification from the RCPCH PCG coordinator that no completed questionnaires had been returned. Questionnaires re-distributed by the RCPCH PCG coordinator.
02.06.14	Notification from the RCPCH PCG coordinator that no completed questionnaires had been returned.

Table 2.2: Parent Carer Group, Questionnaire data collection process

2.4.3 Community Children's Nurses questionnaires

Eleven questionnaires (with an attached information sheet and returning stamped addressed envelope) were posted on 16th April 2014 to the team leader (or their alternate) of each of the Community Children's Nursing teams located in the HE NCEL geographical area. By 19th May 2014, 3 questionnaires had been returned, therefore, the information sheet, questionnaire and stamped addressed returning envelope were re-distributed. Four more questionnaires were subsequently received (n = 7; 64%).

2.4.4 Academic staff and clinical nurses' interviews

All interviews were conducted by members of the project team (MD and DM). Each interview (lasting for between 19 - 64 minutes) was recorded using a digital-audio recorder. All participants consented to the use of the digital recording. No supplementary written notes or memos were taken during the interview as it was felt that this would be distracting. An interview checklist was prepared that identified practical arrangements and areas to be clarified with each participant (Table 2.3).

- | |
|---|
| <ul style="list-style-type: none">• Purpose of interview• Clarification of topic under discussion• Format of interview• Approximate length of interview• Assurance of confidentiality• Purpose and use of digital recorder (including consent for its use)• Assurance that the participant can seek clarification of questions• Assurance that the participant can decline to answer a question(s) or terminate the interview• Assurance that the participant can ask questions |
|---|

Table 2.3: Checklist of points for explanation prior to interview

2.4.4.1 Interviews: Clinical nurses

Once ethical approval had been granted, the 'good informant' approach, detailed in Section 2.3.3, was used to recruit six participants from two areas within the HE NCEL geographical area: Islington and Barnet. The participants included four working within Community Children's Nursing Teams and two within Children's Hospice-at-Home Services. As some of these participants have job titles that could potentially reveal their identity, they will be referred to as Clinician 1, 2, 3, 4, 5 and 6.

2.4.4.2 Interviews and focus groups: Academic staff and pre-registration Children's Nursing students

Once ethical approval had been granted, the Dean of School/Head of Department (or their delegate) was contacted by e-mail asking them to invite relevant students and staff to participate in the project; the appropriate Information Sheets were attached to the e-mail.

Interviews were conducted with 2 key academic representatives from each of the Higher Education Institutions that are contracted to by HE NCEL LETB and who have involvement with the pre-registration Children's Nursing programme. In addition, focus groups were conducted with pre-registration Children's Nursing students in three of the four HEIs who are contracted to by the HE NCEL LETB.

The interviews and focus groups were undertaken on the premises of the relevant HEI. Details of the participants are provided in Table 2.5. To maintain confidentiality, the HEIs were coded as HEI W, X, Y and Z - they will be referred to as such, when appropriate, in the forthcoming sections. Please note that the lack of student participation in HEI Z was due to a combination of staff sickness and the student placement pattern, these factors meant that facilitation of a student focus group was difficult to arrange despite the best efforts of the HEI Z academic staff.

HEI	Student Focus Group	Academic Participants
HEI W	✓	2
HEI X	✓	2
HEI Y	✓	2
HEI Z	X	2
Total number of participants	14	8

Table 2.4: Details of participants from each of the HEIs

2.5 Ethical Considerations

There are a number of ethical considerations that need to be taken into account within any study or project if the participants are to receive the protection which they deserve. In particular, protection in relation to confidentiality and gaining of informed consent are crucial issues, these are addressed in Sections 2.5.1 – 2.5.3.

2.5.1 Ethical approval

Ethical approval to conduct all aspects of the scoping project was sought and gained from the University of Hertfordshire Health and Human Sciences ethics committee on 9th April 2014 [protocol number: HSK/SF/UH/00051].

2.5.2 Consent

Gaining the informed consent of participants is, of course, essential (RCN, 2011). Prior to gaining consent, all of the participants were provided with relevant information sheets; the guidelines presented by Burns and Grove (2005) were used for the formulation of these (Appendix 2.7; 2.8; 2.9; 2.10; 2.11; 2.12). All of the participants in this study consented to participation – those involved in interviews or focus groups completed a consent form (Appendix 2.13); for participants who completed a questionnaire, consent was implied.

2.5.3 Confidentiality

Confidentiality is a fundamental aspect of any work involving human participants. Parahoo (2014: 405) suggests that this is the:

“assurance given by researchers that data collected from participants will not be revealed to others who are not connected with the study.”

To assist in the protection of confidentiality, the following actions were taken:

- Participants who were involved in either interviews or focus groups were allocated a code that was used when reporting findings.
- Any personal data was kept as a hard copy as well as on an encrypted USB memory stick and stored in a locked cabinet. This material will be destroyed on completion of the project.
- All information relating to data collection (the interview/focus group recordings and transcripts) was kept in a locked filing cabinet. All data will be kept for a minimum of seven years following the conclusion of the study.
- Care has been taken when reporting the findings and when describing participants as this could lead to recognition.

2.6 Analysis of data

In this section, the analysis process for each strand of the project is described; all data analysis was undertaken by a member of the project team [LW and MW].

2.6.1 Analysis of questionnaires from the young people and the Community Children's Nurses

The data from the questionnaires was primarily quantitative in nature; as this was a scoping project, a small number of questionnaires were distributed and returned – as a result, it is acknowledged that the data gathered is not wholly representative of the target population; in addition, it is not possible to make statistical inferences or generalisations. For this reason, the questionnaires were descriptively analysed and the results summarised and tabulated.

2.6.2 Analysis of qualitative data: Transcripts from HEI representatives (focus groups with pre-registration Children's Nursing students and interviews with academic staff) and interviews with clinical nursing staff

Qualitative analysis focussed on each of the data sets generated from:

- HEI representatives:
 - The interviews with HEI academic staff.
 - The focus groups undertaken with pre-registration Children's Nursing students.
- The interviews with clinical nurses.

The analysis of qualitative data:

“involves organizing, accounting for and explaining the data; in short, making sense of data in terms of the participants' definitions of the situation, noting patterns, themes, categories and regularities.” (Cohen et al, 2007: 461)

Each of the qualitative data sets was analysed in turn - a thematic analysis approach was chosen to facilitate this as it offers a flexible method that allows for the identification and reporting of themes or categories (Braun and Clarke, 2006). Braun and Clarke's (2006) six stage approach was used to provide structure to the process:

1. Becoming familiar with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Each interview/focus group was transcribed into a table within Microsoft Word® and then checked for accuracy of transcription against the recordings. The use of the column/row format of the table facilitated the subsequent process of extracting data from the transcript and also allowed the quotes to be linked back to the original script. Transcription was completed within seven days of each interview/focus group.

Initial coding was undertaken by first listening to each interview/focus group recording, this was followed by the reading of each transcript several times. This process was carried out in the chronological order that the interviews/focus groups had been conducted. Once this had been accomplished for each transcript, the documents were further examined - this facilitated the identification of themes that could then be reviewed and 'named'. The transcripts from HEI representatives (the focus groups with students and semi-structured interviews with academic staff) were analysed as two data sets, the themes were then reviewed and a total of six emerged across both sets of transcripts. The data from the clinical nurse interviews revealed a total of four themes.

Chiovitti and Piran (2003) advocate that the participants' actual words are used - it was felt that this strategy would value the participants' contributions and facilitate the portrayal of their views.

2.7 Conclusion

This section has provided an overview of the data collection approaches, recruitment methods, ethical considerations and data analysis procedures. The findings are presented in Section 3.0.

Section 3.0: Findings

3.1 Introduction

This section presents the findings that emerged from the analysis of the questionnaires, focus groups and semi-structured interviews. Where appropriate, discussions are supported by a range of quotations taken from the participants' transcripts or questionnaires. Pseudonyms or codes are used throughout to maintain the participants' confidentiality.

3.2 Results from the data collection tool: Young people questionnaires

3.2.1 Demographic profile of participants

The first four questions (1-4) of the questionnaire (Appendix 2.2) focussed on ascertaining details about the participants' demographic status. Tables 3.1 and 3.2 provide a summary of this.

Gender			Age						Ethnic Group and Nationality (as described by the participants) ⁵				
	Male	Female	18yrs	19yrs	20yrs	21yrs	22yrs	23 yrs	White (British)	Black (African)	Mixed (White/Pakistani)	Mixed (White/Black Caribbean)	British
NYA	4	5	1	2	1	2	2	1	6	1	1	1	9

Table 3.1: Demographic profile of the young people from the NYA Youth Advisory Group who completed questionnaires (n = 9)

Gender			Age					Ethnic Group and Nationality (as described by the participants)					
	Male	Female	16yrs	17yrs	20yrs	22yrs	23yrs	White (British)	Bangladeshi	British	British (Northern Ireland)	English	Irish
RCPCH	1	4	1	1	1	1	1	4	1	2	1	1	1

Table 3.2: Demographic profile of the young people from the RCPCH Youth Advisory Group who completed questionnaires (n = 5)

⁵ Each participant provided 2 responses – 1 for ethnicity and 1 for nationality

3.2.2 Experiences of care or treatment in an outside of hospital setting

Question 5 asked: *Have you ever experienced any care or treatment in an outside of hospital setting?*

Of the NYA respondents, 6 replied 'yes' to this question and 3 'no'; of the RCPCH participants 4 replied 'yes' and 1 'no' (in total n = 10 for 'yes'; n = 4 for 'no'), demonstrating that the majority of the participants had used out of hospital services.

Question 6 asked the participants: *What type of setting was this?* The responses to these are summarised in Table 3.3.

Out of Hospital Setting	NYA Respondents	RCPCH Respondents	Total
GP Surgery	4	5	9
School/College	3	2	5
Health Centre	3	1	4
Clinic	1	3	4
NHS Direct	2	1	3
Walk-in Centre	3	0	3
Home	1	1	2
Urgent Care Centre	1	1	2
Hospice	0	0	0
Not applicable	3 (these were the same respondents who answered 'no' to question 5)	0 (the person who responded 'no' to question 5, identified 2 out of hospital services that had been accessed)	3
Other	1 (Osteopath)	0	1

Table 3.3: The type of out of hospital setting that participants had accessed

Question 7 asked: *If you have received care in an out of hospital setting, what type of health professional provided the care that you received? Please identify all professionals.* The responses are summarised in Table 3.4.

Health Professional	NYA Respondents	RCPCH Respondents	Total
GP	1	4	5
Dr	3	1	4
Nurse	1	3	4
Surgeon	1	0	1
Consultant	1	0	1
Gynaecologist	1	0	1
Gastroenterologist	1	0	1
Osteopath	1	0	1
Nurse Practitioner	1	0	1
Health Care Centre	1	0	1
Practice Nurse	0	1	1
Counsellor	0	1	1
Cognitive Behavioural Therapist	0	1	1
Occupational Therapist	0	1	1
No response	3 (these were the same respondents who answered 'no' and N/A to questions 5 and 6 respectively)	0	3

Table 3.4: The type of health professional that respondents had received care or treatment from

There is evidence that the young people had accessed healthcare in a range of out of hospital settings and had received care and treatment from a variety of professionals; however, contact with doctors and associated services was the most frequently mentioned across both Youth Advisory Panels.

Question 8 asked: *Where do you think you might access outside of hospital healthcare over the next 12 months? Please tick [✓] all that are relevant.* Table 3.5 summarises the responses:

Out of Hospital Setting	NYA Respondents	RCPCH Respondents	Total
GP Surgery	7	5	12
Urgent Care Centre	3	1	4
Health Centre	3	1	4
Walk-in Centre	3	0	3
NHS Direct	2	1	3
Clinic	0	2	2
School/College	1	0	1
Nowhere	1	0	1
Home	0	0	0
Hospice	0	0	0
Other	0	0	0

Table 3.5: The type of out of hospital setting where respondents may access over the forthcoming twelve months

Questions 9-11 focused on where respondents would prefer to receive care if they had a *minor health need, such as a small wound that needed dressing* [Question 9], a *long-term health need* [Question 10] and in general where they would prefer to receive health care if they were ill [Question 11]; please refer to Table 3.6 for the responses – there was consistency in relation to the identification of the settings in which the young people would prefer to receive health care, irrespective of the type of health need that they had. Hospital-based care was selected more frequently than any other environment, but it is interesting to note that home care was ranked second.

Out of Hospital Setting ⁶	Minor Health Need: NYA Respondents	Minor Health Need: RCPCH Respondents	Total	Long-term Health Need: NYA Respondents	Long-term Health Need: RCPCH Respondents	Total	Heath Care in General: NYA Respondents	Heath Care in General: RCPCH Respondents	Total
Hospital	5	0	5	6	1	7	6	1	7
Home	2	1	3	2	1	3	3	2	5
GP Surgery	3	3	6	3	3	6	3	2	5
School/college	0	1	1	0	0	0	0	0	0
Other	0	0	0	0	0	0	A & E: 1	0	1
No preference	0	0	0	0	0	0	0	0	0

Table 3.6: Health settings where the respondents would prefer to receive care and treatment

⁶ Some applicants selected more than one out of hospital setting

Some of the participants made additional comments in response to Question 11, for example three of the NYA respondents said:

“Home if possible or somewhere I feel comfortable. I would like to be in the same place each time.” [NYA Female, 21 years]

“home – low pain; GP – hospital – high pain.” [NYA Female, 23 years]

“GP or hospital depending on severity of illness.” [NYA Female, 22 years]

Five of the RCPCH participants made comments:

“Almost always at home, unless that is not the best place to receive the best care. For example only having a nurse/home help at certain times of the day is not always preferable as the comfort of having a trained nurse available should they be needed as would be the case in hospital. Having mental health services outside of home is often a good idea – to give a calm and safe space for young people, but this should be a homely environment. For example I once attended an adolescent mental health service that was in a converted house, with therapy rooms like a living room and a kitchen, that didn't feel like a clinical setting, but also felt separate [sic] and safe from home.” [RCPCH Female, 22 years]

“At home if possible where I can be with everyone rather than only being allowed a couple of visitors, if I was really ill and had to go to hospital then it would be better to be on a ward with patients who are a similar age.” [RCPCH Female, 20 years]

“In a local hospital with good facilities and excellent clinical staff.” [RCPCH Male, 16 years]

“Somewhere local i.e. GP Surgery.” [RCPCH Female, 17 years]

“GP surgery/clinic preferably...would like to avoid the stress of a hospital if need be.” [RCPCH Female, 23 years]

Question 11 elicited more reference to home than Questions 9 and 10, it was clear that the participants who mentioned receiving care within their home valued that option. The need for healthcare services to be locally based was either overtly mentioned or alluded to by all of the participants who provided qualitative comments. In addition, whilst a hospital setting was viewed

positively, some participants associated it with more stressful experiences, more severe illness and more painful conditions.

Question 12 asked: *What do you think is most important in terms of healthcare that is located outside of hospital settings?* Table 3.7 provides the ranking of the different aspects:

Ranking	Aspect of Healthcare	Total number of participants who attributed a score of 1 (extremely important)	Total number of participants who attributed a score of 2 (not really important)	Total number of participants who attributed a score of 3 (not important at all)
1	Knowledge of staff	12	2	0
2	Services available	9	4	1
2	Distance needed to travel	9	4	1
4	Waiting Times	9	2	3
5	Opening Times	8	5	1

Table 3.7: Areas of healthcare, ranked in order of importance, as perceived by the young people

It is clear from Table 3.7 above that all 5 aspects of healthcare provision were perceived as being extremely important to the participants, however, the knowledge of the staff was the most frequently and highly ranked – this has particular relevance to this project in terms of the need to prepare an appropriately skilled workforce.

Question 13 asked: *Thinking about the nurses that may provide you with care in an out of hospital setting, what is most important?* Please refer to Table 3.8.

Ranking	Aspect of Healthcare	Total number of participants who attributed a score of 1 (extremely important)	Total number of participants who attributed a score of 2 (not really important)	Total number of participants who attributed a score of 3 (not important at all)
1	Nurse's communication skills	12	1	1
2	Confidence in nurse's clinical ability	11	3	0
3	Being cared for by a nurse of the same gender	5	7	2

Table 3.8: Areas of healthcare, ranked in order of importance, as perceived by the young people

The findings from Question 13 indicate the importance that the participants placed on the nurse's communication skills and clinical abilities.

Question 14 asked the participants to think about their *confidence in healthcare provision*.

- 6 participants stated that they had more confidence in healthcare provided in a hospital setting
- 1 participant stated that they had more confidence in healthcare provided in an outside of hospital setting
- 6 participants stated that they had equal confidence in healthcare provided in hospital and outside of hospital settings

The remaining participant ticked all three options so it was not clear what preference was being expressed.

Overall, participants stated that they had more confidence in healthcare provided in a hospital setting.

Question 15 asked: *Thinking about healthcare generally, what is most important to you*. Table 3.9 provides a summary of the responses:

Ranking	Aspect of Healthcare	Total number of participants who attributed a score of 1 (extremely important)	Total number of participants who attributed a score of 2 (not really important)	Total number of participants who attributed a score of 3 (not important at all)
1	Being involved in decisions about own healthcare	14	0	0
2	Professional who has appropriate knowledge and skills	13	1	0
2	Being listened to	13	1	0
4	Having confidence in the healthcare professional	12	2	0
4	Having confidentiality maintained	12	2	0
6	Having treatment explained in an understandable manner	12	1	1
7	Having privacy	10	3	1
8	Waiting time	9	3	2
9	Having family involved	5	7	2

Table 3.9: Areas of healthcare, ranked in order of importance, as perceived by the young people

Question 15 revealed that participants felt that the most important aspects of healthcare related to being involved in decisions, being cared for by professionals with the requisite knowledge and skills, being listened to, having confidentiality maintained and having treatment explained in an understandable manner.

Question 16 asked: *What outside of hospital services would you like to be available to you that currently do not exist or are not accessible.* Two respondents left this field blank, one wrote “none” and another said “Not sure.” Three participants commented on specific services that they would like available (“*Specialist in sports injuries*” [NYA Male, 18 years]; “*Mental health advice*” [NYA Female, 19 years]; “*Dieticians advice and wellbeing help*” [NYA Female, 21yrs]; “*Physiotherapy would be great in a non hospital setting*” [RCPCH Female, 22 years]). Whilst these services are varied, and some are likely to reflect the particular needs of the individual participant, the need for mental health services was mentioned by three participants, for example:

“Mental health services are not available for everybody outside of hospital settings, in particular services for disordered eating. [RCPCH Female, 22 years]

“There are no mental health or sexual health services nearby and very little information on how to access these services if you are a young person.” [RCPCH Female, 20 years]

The participants also commented on the importance of continuity of care, for example:

“The ability to see the same nurse/doctor that you saw the last time if you see them regularly.” [NYA Male, 20 years]

“Having a regular doctor/nurse instead of being passed around.” [NYA Female, 21yrs]

Two participants made more general comments about the availability and accessibility of out of hospital healthcare services:

“I think too many children and young people with complex conditions are left with inadequate primary healthcare, as their GP doesnt [sic] have the support and/or confidence to be involved with the care. If they could receive better care in the community it would help children with long term health needs from having to attend hospital as often. In particular, paediatric venepuncture in GP practices NEEDS to become more widespread.” [RCPCH Female, 22 years]

“Children and young people should be able to access healthcare services with ease by making them more central to a region.” [RCPCH Female, 20 years]

Finally for this question, three participants commented on the opening hours of some aspects of out of hospital care with a desire to have services readily available and accessible (*“GP surgeries having extended opening hours”* [RCPCH Male, 16 years]; *“24/7 walk in clinics.”* [RCPCH Female, 17 years]; *“Ability to actually get a doctors [sic] appointment – so difficult to get one when you need one! Drop in clinics.”* [RCPCH Female, 23 years]).

Question 17 asked the respondents to: *Please make any other comments below that relate to your experiences and views of healthcare that may be relevant.* Eight participants did not make a response; the remaining six participants offered views relating to their personal experiences – unfortunately, these were all negative, typical examples were:

“Management very poor – all box ticking with times that need to be met, shuffled around and not listened to as a human.” [NYA Female, 23 years]

“As a young person, Drs can speak down to you.” [NYA Female, 22 years]

“My experience of healthcare (docs & hospitals) has been mostly negative as I don’t feel listened to or understood. I feel frustrated with no answers and have given up!” [NYA Female, 21 years]

“Being able to actually get a doctors [sic] appointment on the day you need it not in 2 weeks [sic] time would be fabulous.” [RCPCH Female, 23 years]

Whilst the above quotes do not directly relate to nursing practice, it is clear that the young people felt that they wanted to be listened to and that the communication skills of some healthcare practitioners did not meet their needs.

Finally, it is important to recognise one comment came from a participant who had received regular care within her home environment:

“I have found being able to access care at home, or in a non-hospital setting to be invaluable to improving my health. Being able to attend education in particular, and feel like a regular child like any other really promotes a young persons well being. However, a

young person shouldn't have to suffer from having care in the community/at home – they deserve the best possible service, just as they would receive in a hospital. Sometimes I have found nurses/home help who come in for home care can sometimes appear unapproachable – they want to come in, give the medication/care they are designated and leave as soon as they can. Inconsistency in nurses/carers can also be a problem – you want to have the same person as much as is possible, much like you'd have in hospital, to feel safe and cared for. Yet this is a minority view, and most nurses with these jobs do them really really well.” [RCPCH Female, 23 years]

The qualitative comments clearly indicate that there is some dissatisfaction with healthcare provision that has been accessed by young people; it is also important to note that the qualitative data reflects some of the quantitative findings from the young people in terms of the desire to be listened to, the communication, knowledge and skills of health professionals as well as the distance required to access services.

3.2.3 Summary of results from the data collection tool: Young people questionnaire

Whilst it must be remembered that the young people who completed the questionnaires for this project were unlikely to be accessing healthcare within the HE NCEL geographical area, similar views were held by participants from both Advisory Groups - their opinions are worthy of note, provide insight into the perceptions of young people in relation to OOH care and may have commonalities with those living within the HE NCEL geographical area. The findings from the questionnaires are summarised below:

- The most important aspects of healthcare, for the young people, related to being involved in decisions, being cared for by professionals with the requisite knowledge and skills, being listened to, having confidentiality maintained and having treatment explained in an understandable manner.
- The nurse's communication skills and clinical abilities were highly ranked.
- There is not equal confidence in healthcare provided in a hospital and out of hospital setting; there appears to be more confidence in healthcare provided in a hospital setting.
- Experiences of healthcare have not always been positive.

- Accessibility to healthcare was considered to be important, but other aspects, such as waiting times, were less crucial.

3.3 Results from the data collection tool: Community Children's Nurse questionnaire

The questionnaire (Appendix 2.1) focussed on the collection of data relating to the following three key areas, each of these will be discussed in turn:

- The location of each team as well as the availability and type of services provided by it.
- The students who undertake clinical experiences within the team.
- The staff who are employed within the team.

Eleven questionnaires were distributed and seven were completed and returned (64%), please refer to Section 2.4.3. To maintain confidentiality, the seven teams were coded as Teams A, B, C, D, E, F and G - they will be referred to as such, when appropriate, in the forthcoming sections.

3.3.1 The location and management of the team

The teams were asked to identify when their CCN service was established – one team stated 'unknown', but the others identified dates that spanned from 1987 to 1997, indicating that all had been in place for a number of years and none had recently been developed. Of the seven teams who responded to the questionnaires, four (Teams B, E, F and G) identified that their main operating base was within a community setting whilst the other three services were located on a hospital site. In terms of the services provided (please refer to Sections 3.3.2 – 3.3.3 and Tables 3.10 - 3.12), the location may be an influential factor. For example, Teams B, E and F are all community based and all identified that a high percentage of time (60%, 50%, 80% respectively) was spent caring for children with long-term conditions. Conversely, Teams C and D are hospital based and stated that a high proportion of their time was spent caring for children with acute and short-term conditions (50% and 67% respectively).

3.3.2 The services provided by each team

The CCN teams were asked to broadly describe the nature of their work. One of the teams described themselves as providing a 'specialist' service that focussed on oncology and palliative care; however, this team identified, later in the questionnaire, that a generic service was also offered. The other six teams, who completed questionnaires, all described themselves as giving a

'generic' service; however, all six highlighted specific areas of specialism, for example, diabetes and asthma management (Table 3.10).

Identified specialist service	Number of teams ⁷	Teams
Oncology	3	A, B, C
Asthma	2	E, F
Complex care	2	D, E
Diabetes	3	C, F, G
Epilepsy	2	E, F
Palliative care	2	B, E
Acute care	1	D
Allergy	1	E
Eczema	1	E
Enuresis	1	C
Neonatal	1	E
Special Needs School	1	D

Table 3.10: Summary of the specialist services provided by the CCN teams

In addition to the services detailed in Table 3.10, the questionnaires asked the participants to: *Please describe, or list, the type of care that the CCN service/team provides.* This revealed a vast range of responses that varied from 'general support' to the management and care of ventilated children and young people. Table 3.11 provides further details:

⁷ Some teams listed several services

Type of care that the CCN services provide	Number of teams ⁸	Teams
Administration of medication, such as nebulisers, injections, intravenous drugs	5	A, C, D, F, G
Care of the CYP ⁹ (requiring wound care)	4	A, C, F, G
Care of the CYP with a naso-gastric tube or a gastrostomy	4	A, C, D, G
Care of the CYP with eczema	4	A, D, E, G
Oncology care	4	B, C, F, G
Assessment of care packages	3	D, E, G
Care of the CYP with a long-line in situ	3	A, C, D
Palliative care	3	A, C, B
Care of the infant, CYP receiving oxygen therapy	3	A, C, G
Care of the CYP with a tracheostomy	2	D, E
Training	3	D, E, G
Care of the CYP with asthma	2	A, G
Taking blood samples	2	C, G
Care of the CYP with constipation	1	C
Care of the CYP with complex needs	2	E, G
Care of the CYP with allergies	1	E
Care of the CYP with long-term conditions (such as epilepsy, diabetes, cystic fibrosis)	1	F
Care of the neonate	1	C
Care of the CYP with renal problems	1	C
Care of the CYP with sleep problems	1	C
Care of the CYP with traction	1	A
Care of the ventilated CYP	1	E
General support	1	E
Generic care	1	B
Prescribing	1	E
Nurse-led clinic	1	G

Table 3.11: Summary of the type of care that the CCN services provide

⁸ Some teams listed several services

⁹ Child or young person

Some of the areas of care were provided as 'examples' – indicating that there were likely to be other services offered by the teams; whilst it is acknowledged that it may not have been feasible to list all of the types of care offered, it is evident that a broad range is provided by the CCN teams located within the HE NCEL geographical area.

3.3.3 Time spent in relation to activities

The Department of Health (2011) publication: *NHS at Home: Community Children's Nursing Services*, identifies four areas of work for CCNs:

- Children with acute and short-term conditions;
- Children with long-term conditions;
- Children with disabilities and complex conditions, including those requiring continuing care and neonates;
- Children with life-limiting and life-threatening illness, including those requiring palliative and end-of-life care.

The teams were asked to identify approximately what percentage of their service/team work fitted within each of the four categories. One team left this section blank (Team A), the other six completed it and the results are summarised in Table 3.12. The percentages did not always add up to 100% and some of the activities were left blank; it would be inappropriate, therefore, to state that this is a full representation of the work undertaken, but once again, it suggests that there are a range of care activities being provided and that these vary from team to team – for example Team F predominantly provides a service for children who have long-term or life limiting conditions, whereas Team D's provision is more heavily weighted towards children with acute and short-term conditions.

Activity	Team A¹⁰	Team B	Team C	Team D	Team E	Team F	Team G
Children with acute and short-term conditions		10%	50%	67%	40%	20%	10%
Children with long-term conditions		60%	30%	33%	50%	80%	20%
Children with disabilities and complex conditions, including those requiring continuing care and neonates		20%	15%	5%		80%	40%
Children with life-limiting and life-threatening illness, including those requiring palliative and end-of-life care		10%	5%	10%		60%	30%
Other (eczema clinics)					10%		

Table 3.12: Percentage of service/team work that fits within the four categories identified by the Department of Health (2011)

¹⁰ Information not provided by Team A

3.3.4 Hours of operation of services

Of the seven teams who completed the questionnaires, six (Teams A, B, C, D, E, G) provide a seven day per week service; two of which (Teams D and E) have a reduced operating hours at the weekend. The remaining team offers a 6 day per week service (Team F). All of the teams provide care during the week between 'normal' working hours (such as 09.00-17.00 hours or 08.30-16.30 hours); however one team provides care until 18.00 hours, another until 20.00 hours and a third team provides telephone advice between 17.00-23.00 hours with a 24 hours on-call service being available for end of life care (Team G). Only Team G identified that they offered any '24 hours' service.

In terms of potentially expanding the service, three teams (Teams B, C and G) indicated that they were not aware of any current plans. However, the other four all suggested that an extension to their service was likely over the next one to two years - plans to develop were as follows:

- 2 teams mentioned extending the hours of the service (Teams A and E)
- 3 teams (D, E, F) identified an intended increase in relation to the services provided by the team; for example one team stated that they hoped to gain funding for a 1.0 wte nurse specialising in asthma care, another is hoping to appoint a nurse specialising in continence care. Other extensions of care provision included developing CCN led clinics and covering all continuing care provision within the team, rather than using external agencies.

3.3.5 The CCN Specialist Practitioner qualification

The Community Children's Nursing qualification was introduced by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting [UKCC] in 1996 following the Post Registration Education and Practice Project [PREPP]. Between 1996 and 2014, three HEIs that HE NCEL contract to (City University, London Southbank University and the University of Hertfordshire) have, at different times, offered a CCN Specialist Practitioner qualification. One HEI (University of Hertfordshire) has consistently offered the programme and continues to do so. The questionnaire asked the CCN teams to provide details of staff that had been seconded to undertake the CCN Specialist Practitioner qualification over the last 5 years – please refer to Table 3.13.

Year	No. of students seconded	Part time [PT]	Full time [FT]	University: HEI W	University: HEI Y	Total
2009-10	3 Team A: 2; Team E: 1	2	1	3	0	3
2010-11	3 Team A: 1; Team D: 1; Team E: 1	2	1	2	1	3
2011-12	1 Team E	0	1	0	1	1
2012-13	1 Team E	0	1	0	1	1
2013-14	0	0	0	0	0	0

Table 3.13: Numbers of staff who have been seconded to undertake the CCN Specialist Practitioner qualification during the last five years

In summary, the seven CCN teams who completed the questionnaire, revealed that a total of eight members of staff have been seconded to undertake the CCN Specialist Practitioner qualification during the last five years; in addition, Team F stated that two members of staff were currently “*undertaking modules*” at London Southbank University – no information was provided about the nature of this study. Three of the teams had never seconded anyone and one team has had one secondee (in 2010-2011). Whilst there are four teams who did not respond to the questionnaire, it is suggested that the numbers of secondees is low and appears to be decreasing – this is particularly evident in the case of Team E who for the first time in five years has not seconded anyone to the programme. One respondent commented in this section of the questionnaire:

“Trust place no importance in development of specialities.” [Team A]

3.3.6 Pre-registration nursing students

The CCN teams were asked about the number and type of pre-registration students who gained clinical experience within their team. The results are summarised in Table 3.14. Approximately 117 students have gained clinical experience, across the last twelve month period, within the seven CCN teams who completed the questionnaire. Experiences varied between one to six weeks, with four weeks being the most frequent length of time spent with the team – this normally takes place within the second or third year of the student’s pre-registration Children’s Nursing programme. It is usual for students to have just one experience with a CCN team during their programme.

Team	No. of students over 12mths	No. of students at any one time	Length of clinical experience in weeks	Students chosen field of practice	Stage in students' programme	No. of clinical experiences that each student undertakes	Adequate preparation for clinical experience (yes/no)	University
Team A	20	3	4	Children's	2 nd year	1 (unless specifically requested)	No	HEI X HEI Z
Team B	6	2	4	Children's	2 nd or 3 rd year	1	Yes	HEI Z
Team C	20	2	4-6	Children's	1 st , 2 nd or 3 rd year	1	Yes	HEI X HEI Y
Team D	18	3	4	Children's	2 nd or 3 rd year	1	Yes	HEI Z
Team E	30	1	1	Children's	2 nd year	1	Yes	HEI W
Team F	12	1-2	2	Children's	2 nd year	1	Yes	HEI W
Team G	11	1	2	Children's	2 nd year	1	Yes	HEI W
Total	106							

Table 3.14: A summary of the pre-registration nursing students who undertake clinical experiences within the CCN teams

Four of the teams identified that they had 'sign-off' mentors in their team (Team D had eight; Team G, three; Team A, two and Team B two); however, only Team B had provided clinical experience for a pre-registration nursing student undertaking a final twelve week 'sign-off' placement - this may have an impact on the employment of newly qualified nurses. Teams B and C had employed nurses in this capacity, due to: Shortage of staff and the prospective employee having a willingness to learn (Team B), and, because the team developed a Band 5 post (Team A). The teams who had not recruited nursing staff at the point of qualification indicated that this was because:

"Nurses are required to be Band 6." [Team C]

"They haven't applied." [Team D]

"Need for consolidation and gaining general experience on the ward."
[Team E]

"No posts available." [Team F]

In summary, pre-registration Children's Nursing students:

- Spend short periods of time gaining clinical experience within a CCN context (one placement of between one to six weeks, normally in the second or third year of their programme).
- Are not normally being appointed to CCN posts at the point of registration (although there are exceptions to this).
- Are not normally undertaking a final twelve week 'sign-off' placement within a CCN context despite the fact that some CCN teams do have 'sign-off' mentors.

3.3.7 Post-registration nursing students

The questionnaire asked the CCN teams about the number of post registration students who had gained clinical experience within the service during the previous twelve months. Six teams had not had any post-registration students (this included Team F who had previously specified that two members of staff were undertaking modules at London Southbank University) in the last twelve months, but Team E said that they had had one student who studied the CCN Specialist Practitioner qualification – this student undertook clinical experience with the team for the one year duration of the academic programme.

None of the six teams who completed the questionnaire had appointed a member of staff on immediate completion of their CCN Specialist Practitioner qualification. Teams D and E stated that no-one had ever applied; Teams A and F stated that

there were no vacancies; Team C stated that all the staff were Band 6 and Team B left the question blank.

In summary, the CCN teams are not normally providing clinical experiences for post-registration students.

3.3.8 Numbers and qualifications of staff employed

Finally, the questionnaire asked the CCN teams to provide details of all staff employed within their service – please refer to Table 3.15.

Team	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Specialism	Administration post	Total wte of nursing staff
Team A			1.0 wte ¹¹	0.6 wte	3.7 wte	4.7 wte		Band 7: 1.0 wte: HIV; 1.6 wte: Diabetes; 0.8 wte: Sickle cell Band 6: 0.5 wte: Diabetes		9.0 wte
Team B				4.6 wte	4.0 wte	2.0 wte		Band 7: 1.0 wte: Oncology/palliative care; 1.0 wte: Continuing care		10.6 wte
Team C					4.8 wte	2.4 wte		Band 6: 1.0 wte: Eneurisis; 0.4 wte: Oncology Band 7: 1.0 wte: Diabetes; 0.4 wte: Oncology		7.2 wte
Team D		3.24 wte		1.85 wte	6.55 wte	2.88 wte	1.0 wte		1.0 wte	12.28 wte
Team E ¹²		15.0	3.0		2.0	8.0	3.0	Band 8a: 1.0: Eczema; Band 7: 1.0: Neonatal; 1.0: Epilepsy; 1.0: Allergy/Asthma; 1.0: WellChild nurse Band 6: 1.0: Allergy/asthma; 1.0: Neonatal	2.0	15
Team F					0.8 wte	4.3 wte	1.0 wte	Band 7: 1.0 wte: Epilepsy; 1.0 wte: Neonatal; 0.6 wte: Diabetes; 0.5 wte: Asthma Band 6: 0.8 wte: Palliative care/generic		6.1 wte
Team G				1.5 wte	1.0 wte	2.0 wte		Band 7 1.0 wte: Diabetes	0.5 wte (Band 2)	4.5 wte (1.0 wte Band 6 vacancy = 5.5 wte)
Total		18.24	4.0	8.55	22.85	26.28	5.0	20.6	3.5	

Table 3.15: Staffing posts for each of the CCN teams

¹¹ Whole time equivalent

¹² Team E did not specify the whole time equivalency for staff, therefore wte is only specified for areas where the data is available

In summary, the majority of nursing staff employed within the CCN teams, who responded to the questionnaire, are employed within Bands 6 and 7 of the National Health Service [NHS] Agenda for Change pay scales. Very few are employed within either Band 8a or Band 5. Team E was the only service who identified that there were substantive numbers of staff employed on Bands 3 and 4 (although Teams A and D indicated that they had a small number of staff on these pay scales); it is interesting to note that Team E's work predominantly focusses on children who have long-term conditions. The teams who responded to the questionnaires all indicated that all of the nursing staff held a Children's Nursing qualification registered with the NMC; in addition, five of the teams identified that they had between one and three nurses who had completed the CCN Specialist Practitioner qualification.

The CCN team sizes vary with a range of specialisms being provided; however, the size of the team does not necessarily reflect the number of pre-registration Children's Nursing students who gain clinical experience within the service. For example, Team B has 10.6 wte nursing staff (Table 3.15) but has provided clinical experience for just six students in the last twelve month period (Table 3.14).

3.3.9 Summary of results from the data collection tool: Community Children's Nurse questionnaire

The CCN questionnaire revealed a wealth of data and this has been presented in the above sections (3.3 – 3.3.8). The key findings are summarised below:

- The CCN teams located in the HE NCEL geographical area are providing very broad and diverse services for children and young people who have both acute and short-term conditions as well as those with more complex and long-term health needs.
- The provision and maintenance of the services undoubtedly necessitates considerable skill and expertise from the nursing staff.
- The majority of the teams have indicated that there are intentions to expand their current services.
- The development of a future CCN workforce may be limited for two key reasons:
 - Firstly, pre-registration Children's Nursing students have very restricted clinical experience within a CCN context – this may mean that they do not view it as a potential career option, especially if their experience has been at an early or mid-stage of their programme. Only one team

reported that they had had a pre-registration Children's Nursing student for a final twelve week 'sign-off' placement.

- Secondly, the number of post-registration students undertaking the CCN Specialist Practitioner qualification is not only small, but there is an indication that it is declining.
- Many of the staff working within the CCN teams are employed within Bands 6 and 7 of the National Health Service [NHS] Agenda for Change pay scales with only two teams indicating that they had employed a Band 5 nurse at the point of registration.

3.4 Results from the data collection tool: clinical nurse interviews

This section presents the themes that emerged from the six semi-structured interviews undertaken with clinical nurses working with children and young people in in OOH environments within the HE NCEL geographical area. Those interviewed had posts that included working within Community Children's Nursing Teams (four participants) and within Children's Hospice-at-Home services (two participants). In order to maintain confidentiality, the participants are referred to as Clinician 1, 2, 3, 4, 5 and 6.

The clinical nurses interviewed each had between 1.5 and 16 years of experience (mean of 8 years) of working in an OOH environment. Job roles/titles were described as advanced nurse practitioner, clinical nurse specialist, generic CCN sister, service manager, team leader and head of care. All of the clinical nurses held a Children's Nursing qualification that was registered with the NMC; in addition, one participant was a Health Visitor, two held Masters level qualifications, one was currently undertaking a Master's programme, and two others held first degrees. Although each of interviewees reported that they had completed one or more post-registration clinical courses, none had undertaken the CCN Specialist Practitioner qualification. The interviewees were not asked specific questions about the CCN Specialist Practitioner qualification although two did offer their views:

"I never had difficulty or found it an issue not having a specific community qualification, however I can see the value." [Clinician 5]

"The CCN course allows students to have so much practice time as well and gives them the advantage... to develop both practical and theoretical skills." [Clinician 6]

Unfortunately, the limited discussions about the CCN Specialist Practitioner qualification, does not allow any firm conclusions to be drawn.

3.4.1 Theme: Interpretation of an ‘out of hospital’ clinical experience

The participants offered a wide range of views on what they considered to be out-of-hospital care, including the identification of clinical staff who they considered to provide such care – these included nurses, therapists and other members of the multi-disciplinary care team. In addition to commenting on service provision in the children’s own homes, schools and nurseries, staff also suggested that Accident and Emergency and Paediatric Assessment Units might be considered as OOH care settings. One participant indicated that out-patient clinics, in particular nurse-led clinics, could/should be provided in non-hospital settings.

3.4.2 Theme: Student out-of-hospital clinical experiences

The clinical nurses were asked for their views on the balance of hospital and OOH clinical experience within the three year pre-registration Children’s Nursing programme. Analysis of the responses identified the following points:

There was general agreement between the staff that an approximately equal balance of community¹³ and hospital experiences would be appropriate and that the provision of such a balance would increase the likelihood that students would want to work in the community after they qualify. However, it was acknowledged that the experience needed to be relevant, clinical and commensurate with the students’ learning needs:

“You know going round with a health visitor is probably the hardest....they do a lot of paperwork – you [the student] can’t spend eight weeks observing, it’s absolutely soul destroying.” [Clinician 2 – a Registered Health Visitor]

It was suggested that more time should be spent in the community in academic Years 2 and 3 of the pre-registration Children’s Nursing programme, when the students have *“gained some knowledge from the general paediatric side of things.”* [Clinician 3]:

“They need to get a really good grounding in their really basic skills and you can’t do that in the community....We don’t do four hourly obs, you know.” [Clinician 2]

“There is huge value in learning and understanding the unwell child in the clinical environment, for example children that are admitted to the ward....I think that they should have an in-patient experience before

¹³ Apart from the initial discussions about out of hospital environments, the participants referred to the ‘community’ and did not use the term out of hospital

they come to us – helps with follow-up of hospital admissions, continuity....” [Clinician 5]

However, there was also a strong view that placements with CCN teams provide an opportunity for students to both observe and practice their clinical care skills:

“There is a great deal of stuff that can be done in the community rather than the hospital.” [Clinician 5]

“This has been the most clinical placement they have had.” [Clinician 2]

“Currently have a 3rd year student on final placement, she has had two acute placements in the ward area but is feeling very vulnerable. I am hoping that by the end of the placement she will manage to get the skills that she needs.” [Clinician 4]

3.4.3 Theme: Learning outcomes for students

Further detailed exploration was undertaken with the participants in relation to the specific learning outcomes that were identified for students whilst on placement. Several key points emerged from the analysis:

- There was a strong support for involving students in the development of their own learning outcomes during the first few days of the placement with the team, in particular acknowledging the importance of building on the student’s prior learning and experience.
- The interviewees identified a range of ‘technical/clinical’ skills that might feature in the learning outcomes to be set for students during their placement – for example, gastrostomy care, care of children with central venous devices, oral suction, injection technique, passing of naso-gastric tubes, and wound care/dressings; the clinical experience provided a specific opportunity for the students to get some “*hands-on experience*” [Clinician 2]. However this was sometimes quite a challenge since:

“Now it is only one week [time spent on placement with the CCN team] – we have them in the second year....we don’t do any kind of [student] assessment – the students do say ‘We’d love to do more.’” [Clinician 6]

- The clinical nurses also identified other areas which featured in student learning outcomes during their clinical experience, including: palliative care, safeguarding, communication skills, multi-agency/multi-disciplinary

working, play and meeting children's emotional needs, experience of holistic care/support.

3.4.4 Theme: Newly qualified staff nurse posts

The clinical nurses were asked to consider opportunities for newly qualified Children's Nurses to work in OOH environments. Responses were primarily related to the context of work within CCN teams, with a clear view emerging that such posts would present substantial challenges, for example:

"Lack of preparation for a community hospice role." [Clinician 1]

"Need a bit of time to consolidate their clinical skills." [Clinician 2]

"To go out independently on your own you need to have quite a lot of knowledge and skills..... You need to make a lot of decisions, knowing who to contact, what to do in certain situations. You need confidence and competence." [Clinician 3]

"If you are working in the community you're working independently and autonomously and you really need a level of experience to be able to make some clinical decisions." Clinician 4]

"You really need the in-patient grounding to understand the conditions and the unwell child before they start seeing them in the community. I think a minimum of 18 months experience on an in-patient ward." [Clinician 5]

"I recommend to the students that they do maybe a critical care placement then come to the community... the children we are getting are more complex." [Clinician 6]

In particular, the clinical nurses recognised the need for mentorship and support to be provided for the newly qualified nurse – this presented some difficulties:

"Newly qualified nurses need a lot of support say for six months or a year to prepare for the community." [Clinician 3]

"It's really a matter of whether you can give the amount of support to a newly qualified nurse." [Clinician 4]

"We don't have a mechanism to support newly qualified nurses." [Clinician 5]

The participants suggested that a range of knowledge, skills and other attributes were necessary for nurses working in the community and that these were not considered to be sufficiently well developed in the newly qualified nurse. Examples included: The ability to be able to use your own initiative, to be able to work independently, awareness of your own abilities and limitations, communication skills, *“knowing when to call an ambulance”* [Clinician 3], ability to clinically assess the unwell child (*“because you don’t have all of the monitoring equipment that you are used to in the ward area.”* [Clinician 4]).

3.4.5 Summary of results from the interviews with clinical nurses

The interviews with the clinical nurses provided some important and insightful data which has been discussed in Sections 3.4 – 3.4.4. The key findings are summarised below:

- None of the participants interviewed had completed a CCN Specialist Practitioner qualification.
- The participants offered a wide range of views on what they considered to be out-of-hospital care, including the identification of a variety of health professionals and clinical settings.
- There was general agreement amongst the participants that an approximately equal balance of community and hospital experiences would be appropriate and that the provision of such a balance would increase the likelihood that students would want to work in the community when they qualify. The term ‘community’ was used rather than OOH.
- Participants thought that pre-registration Children’s Nursing students should undertake more clinical experiences in a community setting in the latter part of their programme (academic Years 2 and 3).
- Participants were proactive in terms of supporting student learning within the clinical learning environment.
- A clear view emerged from the participants that they felt that there were substantive challenges associated with the appointment of newly qualified Children’s Nurses to community posts (once again ‘community’ was referred to rather than OOH).
- The need for the newly qualified Staff Nurse to have mentorship and support was emphasised.

3.5 Results from the data collection tool: HEI interviews and focus groups

This section presents the themes that emerged from the semi-structured interviews and focus groups that were undertaken with academic staff and pre-registration Children's Nursing student representatives from the four HEIs that HE NCEL commissions to. A narrative approach, supported by a range of quotations taken from the interviews and focus groups, is utilised to present each theme in turn. The participants have all been anonymised and attributed a number (in the case of HEI academic staff) or a letter (in the case of student representatives).

3.5.1 Results from the HEI interviews with academic staff

Interviews were conducted with two key academic representatives (Table 2.5) from each of the HEIs that are contracted to by HE NCEL (n = 8); these people were Children's Nursing Lecturing staff who were responsible for the organisation and delivery of the programme. A series of prompt questions (Appendix 2.4) were used to facilitate discussion. The academic staff interviewed had been in post for varying lengths of time that spanned from six months to twenty-one years; all were experienced Children's Nurses and all had an excellent insight into the pre-registration Children's Nursing programme(s) that their HEI ran. Some of the participants had worked in other similar senior roles in other HEIs.

3.5.1.1 Theme: Interpretation of an 'out of hospital' clinical experience

The participants were asked to identify the services and clinical areas that they would describe as being outside of hospital. In terms of the responses, there was consistency in relation to some types of clinical areas – for example all respondents mentioned experiences provided by Community Children's Nurses, Health Visitors, School Nurses, Special Needs schools. Other areas, such as respite/hospice care, Child and Adolescent Mental Health Services [CAMHS], outpatient departments, private, independent and voluntary organisations consistently featured in responses. However, some participants had a slightly broader interpretation, for example:

"We now view any out-of-hospital service as something where patients are not admitted overnight. So in other words that could be things that are based in the community but it could be also services that are based on the hospital site. So for example in a community perspective that would be things like hospices, community children's nursing, nurseries, school nurses, health visitors and perhaps in a more acute setting it could include urgent care centres, outpatient departments, A&E departments and so forth. And obviously that list isn't exclusive.

It could even include things like NHS Direct I guess and GP surgeries, but anywhere for me where the patients are not staying overnight and being admitted.” [HEI Y, Participant 1]

“So I guess anything that a child is not admitted and doesn’t stay could be classed as an out of hospital experience.” [HEI Y, Participant 2]

Those services such as “A & E” as well as those where children may only be in hospital for a few hours, and not overnight, *“might be seen as out of hospital”* [HEI W, Participant 2].

Whilst some consistency in terms of out of hospital clinical experience does exist, there was very little mention of the more acute services provided by, for example, walk-in centres, urgent care centres and ambulatory services.

3.5.1.2 Theme: Expectations of nursing versus reality

Comments were made about the students’ expectations of clinical experiences:

“Students still come onto a pre-registration programme expecting it to be a very, very acute experience and that’s perhaps echoed by things that they’ve seen in the media where, you know, it’s A&E and its cut and thrust and that sort of thing but in actual fact most children are not looked after within an acute setting.” [HEI Y, Participant 1]

“I think as a first year I think sometimes it is more challenging to get them to recognise the value of some of these out of hospital experiences, particularly when they’re not traditionally viewed as being nursing.” [HEI Y, Participant 2]

There was a perception from the participants that students wanted to gain *“concrete experiences”* where *“they’re learning about moving and handling, how to feed children with difficulties, how to communicate with children”* [HEI W, Participant 2]. Some of the clinical experiences (such as Health Visiting and the Community Children’s Nursing teams) did not always allow the students to fully participate in aspects of care, even though they had undertaken similar skills within a hospital setting:

“There’s a lot of, “Oh you can’t do that.” You know, a student’s gone on placement and told me they can’t weigh babies because it’s only the qualified Health Visitor that’s allowed to do

it and I think it's a little bit short sighted and much more needs to be done around that facilitation in order for it to be a much more positive and worthwhile experience.” [HEI W, Participant 1]

“I think people are risk adverse so they don't let them do some things that perhaps they could easily be doing in the community they're more than competent to do.” [HEI Z, Participant 1]

“They [students] say ‘no, no, I'd rather go somewhere I can do something.’” [HEI X, Participant 2]

There was a view that students found this lack of ‘hands on’ experience difficult to appreciate (especially those at the beginning of their programme). Despite this, the participants all recognised the immense value and importance of OOH clinical experiences for students:

“I feel that it's absolutely imperative that they do have exposure and quite substantive exposure as well to the community and to out of hospital services. Without that the next generation of the workforce will not be generated because students will not be thinking about taking jobs within an out of hospital placement if they're not exposed to them....What I think we have to make very clear to students is the nature of the programme, that things have changed over the last 10 years and so therefore all of their placements will not be acute and I think it is perfectly reasonable and really important that they are having quite a significant proportion of their programme within an out of hospital setting....some of those out of hospital placements are incredibly acute as well and that's one of the problems is that people think community not acute, hospital acute.” [HEI Y, Participant 1]

The participants discussed the skills that OOH experiences could offer students:

“I think that's why the community's so important even if the students don't necessarily think they're learning a lot from a skills view point, if they grasp the complexities of managing or helping people to manage their child's life outside I think that's what I hope they get out of it. I think some students do and I think other students struggle with that because they want to be learning. Unless they're learning how to do a temperature report, say how to do a dressing it's not nursing but I think that comes with experience though.” [HEI W, Participant 2]

All the HEIs strove to prepare the students for OOH experiences so that students had an insight into the clinical environment they were going to and were therefore able to think about potential learning opportunities. Examples included preparation linked to the practice module as well as specific practice preparation days and on-line resources. To facilitate this, some HEIs said that they drew on the expertise of clinical colleagues. Preparation for a practice experience is not, however, without its challenges as students are normally not all going to similar clinical areas. Therefore, some HEIs provided a specific opportunity for students to reflect on their clinical practice experience via reflective days, and, in the case of HEI Y, a student on-line blog (monitored and overseen by lecturing staff). This provided academics with the opportunity to address concerns and to reflect on the overall learning experience. The perception from the participants was, whilst students did not always appreciate the value of an OOH clinical experience prior to their placement, there was an indication that, on reflection, they had benefitted and been able to see an alternative healthcare perspective as well as develop different skills (such as communication, developing further insight into safeguarding, risk assessment). One participant suggested that student preparation should include the use of 'out of hospital' phraseology as well as an insight into how OOH services operate.

In terms of the learning outcomes that students are expected to achieve in OOH settings, these were driven by the NMC (2010b) Standards for Pre-registration Nursing Education, the mentor(s) in the clinical areas, the student's individual learning needs and the link lecturer. One HEI provided specific learning outcomes that reflected the theoretical module that the students were concurrently studying – these related to areas such as multidisciplinary working and the patient journey.

Whilst there was little focus on post qualification educational programmes in the academic interviews, it was mentioned that:

“The number of people who are doing courses immediately on qualification in terms of out of hospital services, if you take Health Visiting out of the equation, are very, very small.” [HEI Y, Participant 1]

3.5.1.3 Theme: Student out of hospital clinical experiences

All of the HEIs arranged clinical experiences for students that were within OOH services; however, the range, frequency and extent of these was different. The total length of the experiences across a typical three year undergraduate BSc Hons Children's Nursing programme varied from approximately twelve weeks to fifty per cent of the clinical component of the course.

The clinical experiences were primarily organised by an administrative placement team, but in all of the HEIs, there was involvement (to a greater or lesser extent) by academic staff who either participated in the arrangement of clinical experiences or who assessed the suitability of the experiences planned – the aim being to ensure that students gained an insight into an appropriate range of clinical areas. All HEIs mentioned the difficulty associated with the planning of OOH clinical learning opportunities with one HEI stating that *“they're [the students] just slotted in”* [HEI X, Participant 2] and this means that students at this HEI may have some types of clinical experience repeated and not get exposure to others. More commonly, the availability and capacity of placement areas was raised, for example:

“The actual individual placements that students would go on would depend on obviously the capacity that's available at the time. We work to the mapping and try and negotiate what was already agreed, so that's basically it.” [HEI Z, Participant 1]

“So in terms of trying to manage the capacity issues. We try as far as possible that if they are attached to a certain hospital that they may be able to attend community placement within that geographical area, but we can't always be able to provide that so it's a bit of a variety of anywhere within the M25 really.” [HEI W, Participant 1]

As a result, some students travel considerable distances to OOH clinical practice settings. The challenges in relation to organising student experiences were, in the main, related to the lack of areas and the fact that some placements were providing clinical experiences for very small numbers of students:

“Community Children's Nursing teams can only cope with one student at a time” [HEI W, Participant 2]

“Some will only take one....it’s taken, took me eight years, nine years for them to go from one to two students even though they’ve got eight very qualified and experienced staff.” [HEI X, Participant 2]

To help address the overall placement capacity issue, two HEIs (W and X) ‘stream’ their cohorts so that some students are undertaking clinical experiences whilst others are University-based – the groups are then reversed.

In the main, HEIs endeavoured to ensure that students undertook a range of OOH clinical experiences so that they had a *“good overview of both community experience and also acute experience”* [HEI Y, Participant 1]; *“we work on the basis that we try and give every student the opportunity to get some good quality community and acute placements”* [HEI Z, Participant 1]. HEI Z, Participant 1 also commented on the *“current agenda in terms of the NHS”* and suggested that this was a *“driver”* in relation to the type of clinical experiences that students should be accessing.

It was suggested that ideally:

“All students would follow that pattern, that they would look after the well child first so that they can recognise normal milestones, communication skills and all that, sort of, wealth of different types of experiences, talking to children, talking to parents, talking to multidisciplinary teams but being able to very much recognise what a well-child in their normal setting is able to achieve....However, we do have to spread it so we do find that some of our students will be starting off in the more traditionally acute in hospital placements.” [HEI Y, Participant 2]

HEIs do try to facilitate placements nearer to the student’s home and also try to take into account any previous healthcare experiences, however, the logistics of this are challenging.

It is still unusual for third year students to undertake their twelve week ‘sign-off’ placement within an OOH service:

“Currently all the sign off placements are in acute units because again of availability and being unable to place students for 12 weeks in a community¹⁴ setting.” [HEI W, Participant 2]

¹⁴ The term community was used rather than out of hospital

HEI Y stated that occasionally students undertook a twelve week 'sign-off' experience in an OOH setting, HEI X said that they are anticipating that their first student will be able to undertake their 'sign-off' placement in the foreseeable future. HEI Z commented that students were able to submit a request for a choice of their 'sign-off' placement and as there were fewer requests for those located in OOH environments, Participant 1 said:

"We do send students to out of hospital community settings for their final placements as well, so that's 12 weeks."

At the moment, very small numbers of third year students, across the four HEIs that HE NCEL contract to, appear to be offered the opportunity of a twelve week 'sign-off' experience; in addition, the majority of OOH mentors are not working with students who are about to become registrants so are unable to assess their levels of competence in relation to this setting or discuss potential career opportunities. Concern was expressed by some academics about this lack of opportunity:

"I think it's really important that children's nurses do get community experience....there should be more almost central compulsion to remind community trusts about their responsibility....but they've a responsibility to provide these experiences and sometimes it feels they're almost doing you a favour or we seem to be dependent on people's personal relationships to ask for these." [HEI W, Participant 2]

Some participants mentioned the need to provide support to the students' mentors to facilitate further understanding of the students' learning needs:

"A lot of mentors themselves I think lack confidence and they don't necessarily allow the students to do what they need to do." [HEI X, Participant 1]

"I think on the wards nurses seem to have a better understanding of what student nurses require, whereas in the community I sometimes feel that they have much higher expectations or they aren't able to provide quite the same ability to enable students to learn. It's a lot more observation rather than enabling them to start providing care as a student themselves." [HEI W, Participant 1]

“We really need quality placements from a community perspective where there are qualified mentors who are willing to support students....If you don’t get that right and the NHS hasn’t had it right for many years, is it causes lots of problems and large attrition....if they have poor mentorship it will affect the quality of their experience and also they don’t want to continue, so quality mentorship.” [HEI Z, Participant 2]

The role of the link lecturer in terms of providing some of that support was clearly vocalised by some participants.

Finally in this section, HEI Z specifically mentioned the use of 300 hours of simulated practice during the BSc Hons Nursing programme and this included *“non-acute settings”* [Participant 2]. The reason for this being that the HEI:

“Wanted to have some control of the quality and the quantity and the types of skills that they [the students] would learn” [HEI Z, Participant 2]

3.5.1.4 Theme: Knowledge and skills required by nurses working in out of hospital settings

The participants were asked what skills they thought were required by nurses working in OOH settings. There were some responses that referred to more traditional nursing abilities:

“They’d need their basic knowledge first, so even out of hospital you still need to be able to do your observations and be observant, not just with your stethoscope and take a heart rate and pulses, but use your eyes to see your patient and your family, your environment.” [HEI X, Participant 1]

“Well I think possibly the most important thing is the ability of the nurse to be able to assess patients and recognise when further assistance is needed so what we’d expect of any registered nurse, we need to be able to assess, to be able to plan care and to evaluate that care really, carry out, implement and plan that care.” [HEI W, Participant 2]

Other participants mentioned knowledge and skills that were more specifically community focussed:

“I think you need to know how to have that back up to be able to be an autonomous practitioner, but also to be able to risk

assess, to be able to look at safeguarding issues in a wider sense and I think community staff tend to have much more of an eye on safeguarding” [HEI W, Participant 2]

However, there was far more reference to generic attributes such as confidence, autonomy, attitude, how to seek support, being open minded, communication skills, respect and dignity, diversity and equality.

3.5.1.5 Theme: Preparation for staff nurse posts at the point of registration

The participants were asked whether they felt that the pre-registration nursing programmes prepared students for staff nurse positions at the point of registration. Whilst the majority of participants did feel that students were appropriately prepared, there were some reservations, for example:

“I personally feel that when you’ve just qualified you really need that consolidation period and at the moment I would say hospitals are better set up to provide that consolidation period and that sort of preceptorship role. I wouldn’t say they couldn’t go straight out to the community, I think some of the students definitely will have the ability to care, to go straight out, but it’s about having the support in place to enable that.” [HEI W, Participant 1]

Most participants suggested that students had developed the requisite knowledge and skills to become a registered nurse and therefore they were suitably prepared to work in a range of environments at the point of qualification, including OOH areas, providing that they had the necessary support in the form of, for example, preceptorship programmes.

“Even though they’ve been in acute settings I think they’ve developed all the requisite skills of a registered nurse, they can think outside the box, they can be assertive and they can communicate effectively.” [HEI W, Participant 2]

“We have excellent students, so excellent students can work in the community or in acute, they don’t just work in one or the other... quite a lot of our students get jobs as staff nurses already [CCN settings] and have been for years actually” [HEI Z, Participant 1]

However, others commented:

“When people qualify....they are not thinking about out of hospital particularly as a job area. I also think that in the main a lot of the out of hospital areas are not thinking of employing pre-registration students. So there's something not quite working here that acute jobs and acute services will be on a decline, the traditional acute services, and the out of hospital services are considerably increasing so we do need to prepare them and I think that's very, very difficult because at the moment students are expecting to go to clinical ward areas primarily and they're expecting to get a job there. And we do need to change our thinking, all of us.” [HEI Y, Participant 1]

“I would say some probably more than others. If their experiences have been more community based then obviously that's where their bigger bulk of experience, their comfort zone lies....So I think some of them will be prepared more than others based on the experiences they've had and to be honest the kind of person they are.” [HEI X, Participant 1]

“The ones that tend to want to do that tend to be older and tend to have had some experience in health before they came to nursing. The younger ones all tend to want to follow what they consider to be the normal career path; they want to go into the clinical areas first on the wards, develop the skills, and then they'll think about going out [into an OOH setting].” [HEI X, Participant 2].

It was acknowledged that some students had had more OOH clinical experiences than others and so some may feel more appropriately prepared and may consider a post in an OOH environment at the point of registration. It was suggested that having a preceptorship programme would be very beneficial for any newly qualified staff nurse whatever setting they were working in and an OOH one was no different.

It is important to note that, when answering this question, participants referred almost exclusively to Community Children's Nursing, despite having acknowledged earlier in their interviews that OOH services are very diverse.

3.5.1.6 Theme: Most appropriate settings to care for children and young people

When asked about the environment in which children and young children should be cared, almost exclusively, the participants mentioned the home:

“Oh, at home as much as possible.” [HEI W, Participant 1]

“In an ideal world they should all be at home, shouldn’t they, with their families?” [HEI Y, Participant 2]

“Families like being in their own house, they feel more secure and more at home.” [HEI X, Participant 1]

However, it was also acknowledged that:

“The most appropriate environment is what suits them. So for some people they wish to receive care in a home setting and I think in an ideal world they should be able to receive that. There are occasions where of course you’ve got to go into hospital and there is no option whatsoever, if you’re having quite major surgery you can’t have that done in a home environment. But in a lot of instances now there is an opportunity for people to choose where they have their care and I think children and young people are no different, that if they have a long-term problem for example they should be given the choice as to where they would like that care. We are driven a lot by money and out of hospital care generally speaking is cheaper so that does need to be a factor for consideration and previous work has shown that in the main people prefer to have care nearer to home.” [HEI Y, Participant 1]

It was also recognised that hospitals are not ‘normal’ environments for children and their families.

3.5.2 Summary of results from the HEI interviews with academic staff

The interviews with the HEI academic staff revealed a wealth of data and this has been discussed in Sections 3.5.1 – 3.5.1.6. The key findings are summarised below:

- Whilst the academic staff interviewed identified a diverse range of OOH clinical experiences for pre-registration Children’s Nursing students, the

participants focused their discussions on those firmly based within a community setting – primarily Community Children’s Nursing.

- The HEIs all commented on the limited availability and capacity of OOH clinical experiences for pre-registration Children’s Nursing students; however the value and importance of these was firmly recognised - it is clear that HEIs are attempting to facilitate relevant OOH placements and to prepare students for their experiences.
- There are marked differences between HEIs in terms of the OOH clinical experiences that pre-registration Children’s Nursing students are undertaking. In addition HEIs indicated that students within each of their cohorts are undertaking different OOH clinical experiences.
- It is not the norm for pre-registration Children’s Nursing students to undertake a twelve week ‘sign-off’ placement in an OOH clinical area.
- Some of the academic staff interviewed had a perception that pre-registration Children’s Nursing students did not always appreciate the value of OOH clinical experiences.
- Some of the academic staff interviewed had a view that mentors did not always appreciate the involvement that pre-registration Children’s Nursing students could have in relation to participating in nursing care – there was an indication that students may not be able to undertake activities in an OOH area that they would otherwise be able to do in a hospital environment. Participants mentioned the need to provide support to the students’ mentors to facilitate further understanding of the students’ learning needs.

3.5.3 Results from the HEI focus groups with pre-registration nurses

Focus groups were conducted with pre-registration Children’s Nursing students, all of whom were undertaking the BSc Hons Nursing programme (Table 2.5), within three of the HEIs that are contracted to by HE NCEL. A total of 14 students participated in the focus groups with representation from across the three years of the BSc Hons Nursing programme. A series of prompt questions (Appendix 2.6) were used to facilitate discussion. The students’ passion for their programme of study was evident in all of the focus groups.

3.5.3.1 Theme: Interpretation of an ‘out of hospital’ clinical experience

The students were able to provide a diverse list of examples of areas that they perceived to be OOH, these had commonalities with the range identified by the HEI academic staff and included: Health Visiting, School Nursing, day surgery units, Sure Start centres, CAMHS, walk-in centres, GP surgeries and outpatient departments. However, the students did not offer further insight in terms of a more overt definition of OOH services.

Interestingly, the word ‘clinical’ was repeatedly used, across the focus groups, to describe in-hospital acute services and ‘community’ was used in relation to OOH facilities – this was not a distinction that had been vocalised by the HEI academic staff; the quotes below are typical and further examples are provided within the other themes:

“Community nursing is a better way just to build a relation with the child and the family whereas clinical you don’t really have that time as they come in and they go.” [HEI X, 2nd Yr Student Z]

“So I think the parents do find it hard to build that relationship in a clinical setting because they would only get that nurse for 12 hours of the day.” [HEI X, 2nd Yr Student Y]

“I think I’m more prepared for my clinical placement because I’ve had two non-clinical.” [HEI Y, 1st Yr Student X]

As the focus group progressed, students, in line with the HEI academic responses, spoke about ‘community’ experiences and these almost exclusively related to School Nursing, Health Visiting and Community Children’s Nursing.

3.5.3.2 Theme: Expectations of nursing versus reality

Students’ expectations of nursing, before starting their programme of study, varied and depended on individual perceptions and previous experiences:

“I think it’s people’s own individual perception on what nursing is that could possibly affect how they deal with out of clinical areas. I think if you’re open to it then you can have really good experiences.” [HEI Y, 3rd Yr Student W]

“Before I started the course I was a health care assistant with adult inpatient and bank in the community for adults, so I was expecting community placements.” [HEI X, 2nd Yr Student V]

Other students, who had not had prior experience, did, however, realise that their clinical practice would be varied:

“I think I thought there was going to be community and hospital because obviously there’s only so much you can learn in a hospital, and I knew that like Health Visitors and stuff were nurses.” [HEI X, 2nd Yr Student U]

“It’s pretty much what I expected, a good balance of community and in hospital.” [HEI X, 2nd Yr Student Q]

However, a number of student responses related to a lack of appreciation about the diversity of clinical placements that they would be undertaking, for example:

“To start off with, you question, because you think of nurses in hospital, so to start off with you think, ‘why am I here?’ naturally. And then after probably either a couple of hours or maybe a day you realise that there’s a lot more to nursing than just being in a hospital.” [HEI Y, 1st Yr Student J]

“I really didn’t know what to expect when I started.” [HEI X, 2nd Yr Student G]

“I didn’t expect to get community, I don’t know why, I feel in general when you’re in school that nursing was about staying in hospital settings, that’s the little image that you get built when you’re younger.” [HEI X, 2nd Yr Student Z]

Students commented that some of their peers did not value OOH clinical experiences:

“Having all these placements [OOH], some find it really boring or they say it’s a waste of time because they’re not learning any clinical skills and stuff like that.” [HEI X, 2nd Yr Student Nurse Y]

The students made occasional comments about the lack of opportunity they sometimes had in relation to participating in nursing/clinical activities whilst in OOH placement areas:

“There’s a lot less you can do as a student in the community setting” [HEI W, 2nd Yr Student P]

However, the comment made by Student P [HEI W] was not a widely held view and, in the main, the students were very positive about their OOH clinical experiences, appreciating their value - communication being a skill that was frequently reiterated:

“Community nursing I found that very educational in the sense that you could see how they tried to help children to stay out of hospitals and, you know, that they could care for them in their own home and things like that. And the fact that, obviously, the community nurses build up such a great relationship with them patients and the families and things like that.” [HEI Y, 3rd Yr Student W]

“I went to a special school for four weeks as well which was a really good experience to get to know non-communication, like non-verbal communication and stuff like that” [HEI X, 2nd Yr Student U]

“It’s an eating disorders unit, they’re building therapeutic relationships with their patients, they’re not doing observations.... they have to talk to them, they have to, there’s so many things that you can learn.” [HEI X, 2nd Yr Student Y]

The students described the preparation that they received before going to an OOH setting for a clinical experience. There was recognition of the insight the HEI could, and did, provide, for example:

“I think it [the HEI] has, especially in the practical modules....Also the theory as well because you have the theory behind good communication....So yes, I think it’s helped....This year we had a community care nurse come out and speak to us and I think that was useful because she was telling us how she got into it, what it was like for her, like, just to know about someone else’s experience and her to talk and just give us a bit more information” [HEI Y, 2nd Yr Student O]

However, it was acknowledged that preparation for practice was not without its challenges:

“I don’t know what they [the HEI] could improve on....because there’s so many different community settings.” [HEI X, 2nd Yr Student U]

“I don’t think they [the HEI] prepare you enough for special school placements that, I mean they can be quite violent.... as student nurses you’re quite vulnerable....” [HEI X, 2nd Yr Student V]

“Like they [the HEI] learn you all the clinical skills for inside, but they don’t really explain like what you could be expecting. Well, I don’t know, I didn’t feel really prepared to go out in the community too much.” [HEI X, Student U]

In addition to the HEI, practice preparation was also commonly undertaken by the individual student in one of two ways – by liaising with their peers and by being self-motivated to find out relevant information about their forthcoming clinical experience, the comments below were very typical:

“I think it’s a lot about the knowledge from your other peers....your peers were sort of maybe the first person you would go to, to sort of just say this has happened, did it happen to you? And you would have that support network within your cohort, which I think is the main thing because obviously you’re with them for three years.” [HEI Y, 3rd Yr Student W]

“I think the best preparation has actually come from talking to peers that have actually been there.” [HEI X, 2nd Yr Student Q]

“Talking to people that have previously been there or other students around.” [HEI Y, 2nd Yr Student O]

“I think also taking your own initiative and researching it yourself is a big thing before placements.” [HEI Y, 1st Yr Student X]

“Before I had my first day with the Health Visitor, I went on NHS Direct and read all about what a Health Visitor does and things like that.” [HEI W, 2nd Yr Student P]

When asked about the learning outcomes that they were expected to achieve, the students appreciated that they needed to fulfil certain criteria, but there was also an understanding that specific learning outcomes needed to be formulated in relation to a particular placement

area – some of these were self-identified, others were provided by the placement, but most commonly, there was discussion with their mentor:

“I did mine with my mentors, I always sit down with my mentors and say, ‘what can I do on this placement?’... I think speaking to the mentors actually helps you formulate the objectives.” [HEI X, 2nd Yr Student U]

“They were my choices, but then I did speak with about them with my mentor and we agreed on them.” [HEI W, 2nd Yr Student P]

The students highlighted how mentors had facilitated other aspects of student learning within the clinical environment but it was suggested that the quality of this varied from placement to placement.

3.5.3.3 Theme: Student out of hospital clinical experiences

All of the students who participated in the focus groups had undertaken some OOH experiences; however, it was evident that the frequency, order of occurrence and length of these varied across the HEIs and also across student cohorts. In HEI X, students had undertaken adult and care of the elderly placement experiences in their first year whilst students from the other HEIs did not specifically mention adult experiences at all.

Students were conscious that their experiences were different to some of their peers:

“For this uni I think it’s different experiences for different people, so I’ve only had two [OOH clinical experiences] but then someone else in our class could have had like five. So I think it’s different for everybody you speak to.” [HEI X, 2nd Yr Student U]

“...because not everyone has the same placement.” [HEI Y, 2nd Yr Student O]

Despite these perceptions, the students frequently commented on the ‘balance’ of placement experience that they had had, the quotes below are representative of comments made:

*“I think I’ve got a balance because I had high school nursing, Health Visiting, then **** [name of organisation removed] which*

was CAMHS but I think I got a good balance and I got clinical, I got general wards, two general wards and A & E, so a balance I found with my ones.” [HEI X, 2nd Yr Student Z]

“I think I had a good mix of placements, the community and in the ward” [HEI X, 2nd Yr Student Q]

For one HEI in particular, there was an awareness that OOH experiences could be challenging to arrange:

“It’s very clear that they [the HEI] struggle to find community placements.” [HEI W, 2nd Yr Student P]

Students made suggestions about the organisation of OOH experiences:

“I think there should be a certain amount of community placements that everybody does....” [HEI X, 2nd Yr Student V]

“Personally I think it’s good to have a mixture, a bit of a balance because I quite enjoyed my experiences that I’ve had. I’ve had quite a few community and I’ve had quite a few clinical and I think that the variety has been, like, good to have. I wouldn’t say that I’d want more of one and less of the other. I think I just want a mix or more of a balance.” [HEI Y, 2nd Yr Student O]

“I just think, you know, if they said, ‘you’re going to a clinical setting in your first year, if not you’ll go to your....a clinical setting in your second year, and you will go to one in your third year’.” [HEI Y, 1st Yr Student J]

“But I think it’s better if in first year you do your Sure Start centres, your community, your Health Visiting because I think then that prepares you for your second year going into your clinical. So that you can understand what’s out there for patients and, you know, you’ve seen the well child and you’re then maybe more prepared for your clinical setting because you’ve been sort of eased into it.” [HEI Y, 3rd Yr Student W]

Concerns about travel distance, expressed by HEI academic representatives in their interviews, were not vocalised within the student focus groups.

In summary, the data from the student focus groups, for this theme, suggests that students are not always aware of what clinical experiences that they will be undertaking or when.

3.5.3.4 Theme: Knowledge and skills required by nurses working in out of hospital settings

The students identified abilities that they felt were important for nurses working in OOH settings to have; however, these were limited and had a generic focus that related to communication, levels of confidence and the development of skills; once again, comments were associated with a community nursing perspective rather than other OOH settings. The comments below are illustrative of the students' opinions:

“Interpersonal skills I think, just learning how to build relations and so on.” [HEI X, 2nd Yr Student Z]

“So I think community nurses probably have to have a wider range of knowledge and if they don't, they have to learn it pretty quickly to be able to be a good community nurse.” [HEI Y, 1st Yr Student J]

“I do think it's just through knowledge and confidence and experience that can put you out there.” [HEI Y, 3rd Yr Student W]

“I think you need a lot more knowledge and skills, because you're very much more out on your own.” [HEI W, 2nd Yr Student P]

“I just think you need to feel confident in what you do because if you're not confident people can sense that, so they're going to be really worrying if you're worrying” [HEI Y, 1st Yr Student X]

The students' comments provide a valuable insight into their perceptions but also illustrate that their experience and understanding of OOH nursing is still limited.

3.5.3.5 Theme: Preparation for staff nurse posts at the point of registration

A number of students had already thought carefully about their future potential career pathways – some of their ideas had changed as they progressed through their programme of study. One student had identified a particular job in a specific hospital that she was aspiring to achieve several years hence.

Some of the students were very interested in pursuing careers within an OOH context – these primarily focussed on School Nursing, Health Visiting and Community Children’s Nursing, but there was also mention of other areas such as CAMHS and hospice care:

“I would love to go into community [CCN] I’d really, really like to do community.” [HEI X, 2nd Yr Student V]

“My first choice was to go into School Nursing, but when I kind of find out that I might not be able to do my last placement in it, so I do have another thing, I wanted to go into eating disorders unit, because I do have a really good interest in eating disorders now.” [HEI X, 2nd Yr Student Y]

“I think I probably would, yes, I really did like Health Visiting” [HEI Y, 2nd Yr Student O]

There was a view that the type of clinical experiences could influence whether a student felt prepared for a staff nurse position at the end of the programme:

“We’re given the knowledge, but it all comes down to your experiences on placement, what you feel you’ve learnt and achieved. And I think....once I do qualify and I’m out there, yes, I think I will be ready, but I think that’s come with having placement experience and learning from other people’s placement experience. And yes, I think I’d be okay.” [HEI Y, 2nd Yr Student O]

Some of the students suggested that it may be beneficial to initially work in a hospital environment on qualification:

“Like I said I loved the School Nursing, but whether to listen to the people that say you need to do your bread and butter thing first and go into wards....” [HEI X, 2nd Yr Student G]

“You need to go into your hospital you need to get your experiences, your knowledge, you know, gain all of that before you can go and be a Health Visitor or community nurse and things like that because essentially you’re a lone worker. When you’re out there it’s just you, so if you don’t have the knowledge and skills from what you’ve learnt on a ward then, you know, how can you provide safe practice to a child out on your own?” [HEI Y, 3rd Yr Student W]

Referring to a Community Children's Nurse who had been to HEI Y to conduct a teaching session, 2nd Student O thought that the insight that the CCN gave was:

"Quite useful and also interesting because she had gone straight from qualification into it whereas a lot of people are, like, oh get experience, get experience. It was good to see that somebody else did it a different way and she loved it and she felt supported and stuff, so it was good to have an actual community nurse's experience."

The expectation of support at the point of qualification and when starting a first staff nurse post was also vocalised:

"I think, you know, they're going to give you training opportunities, they're going to mentor you and stuff, so I don't....for me, I don't know, maybe I've got the wrong, kind of, vision, but I feel like, you know, as a new starter you are still quite supported. They do understand you are a new starter."
[HEI Y, 2nd Yr Student O]

"Like you do a preceptorship or something" [HEI X, 2nd Yr Student V]

The clinical experiences that students undertake could be influential in terms of how prepared they may feel for an OOH post at the point of registration. The majority of students who participated in the focus groups had undertaken a Health Visiting or School Nursing placement, whereas experience in other OOH services was very limited, for example, only one identified that she had undertaken an experience in a walk-in centre and no-one mentioned Practice Nursing – it is not possible to draw any firm conclusions from this, given the small sample size, but exposure to a greater range of OOH areas could be worthy of further consideration in terms of developing the future workforce.

3.5.3.6 Theme: Most appropriate settings to care for children and young people

There was general agreement from the students that the home was the most appropriate environment in which to care for children:

"We had....a patient who had to be admitted to the ward....she was hysterical because she just wanted to go home. And I think the best environment for a child to be is at home, you know, it's their own environment, they know what's going on, they know"

the people there, they're comfortable, they can relax and that will help them get better." [HEI Y, 3rd Yr Student W]

"Especially with children you want to keep them more at home than bring them in to hospital, that's what I've heard for the past two years." [HEI X, 2nd Yr Student Y]

However, one participant did say:

"I think as a majority the child will feel more comfortable when they're at their own home, but there may be some parents and stuff that feel more comfortable going to hospital." [HEI X, 2nd Yr Student U]

Only the home and hospital environment were mentioned with no reference to other OOH services.

3.5.4 Summary of results from the HEI focus groups with pre-registration Children's Nursing students

The focus groups with the pre-registration Children's Nursing students provided a valuable insight into their perceptions of OOH services. The key findings are summarised below:

- The students identified a diverse range of OOH services; however, students did not use the phrase 'out of hospital' or 'inside of hospital' to describe their clinical experiences. 'Community' was consistently used to refer to School Nursing, Health Visiting and Community Children's Nursing and 'clinical' to refer to hospital based services.
- In the main, students do perceive that they have the skills to work in an OOH setting at the point of registration, but their examples primarily related to Community Children's Nursing posts or the undertaking of further study to become a Health Visitor or School Nurse. Whilst the students identified a range of OOH services at the beginning of their focus groups, their potential career choice was primarily vocalised as being between 'community' (Health Visiting, School Nursing or Community Children's Nursing) or 'clinical' (in-patient hospital services). There was one reference to working within a hospice environment on qualification and one to a CAMHS setting.

- Students' expectations of nursing, prior to starting their programme of study, varied with some not fully appreciating that they would be gaining clinical experiences in OOH areas.
- Students perceived that HEIs provided some preparation for clinical practice, but this could be limited in relation to OOH experiences; students demonstrated a self-motivated approach to preparation and vocalised the importance of their peers' knowledge in terms of preparing them for a particular placement area. Students acknowledged their responsibilities in terms of identifying and developing learning opportunities/outcomes.
- At the beginning of their programme, students do not appear to know what placements they are likely to undertake and in what order; the clinical experiences undertaken varies across HEIs and across student cohorts.
- Students have very limited insight into the knowledge and skills required by nurses working in an OOH setting.
- Students felt that children should be cared for in their own home environment whenever possible.
- The clinical experiences that students undertake could be influential in terms of how prepared they may feel for an OOH post at the point of registration.
- There is not agreement, amongst students, about whether their programme of study adequately prepares them for an OOH staff nurse position at the point of qualification.

3.6 Conclusion

Section 3.0 has provided an account of the findings that emerged from the questionnaires completed by the young people and CCNs, the semi-structured interviews with clinical nurses and academic staff, and the focus groups with pre-registration Children's Nursing students. Section 4.0 concludes the report by summarising the findings, making recommendations for practice and further study, as well as recognising some of the limitations of the project.

Section 4.0: Conclusions

4.1 Introduction

Through the use of a mixed methods data collection approach, this exploratory scoping project sought to provide insight into the education, preparation and development required to ensure a workforce of nurses who have the requisite knowledge, skills and professional attributes to meet the healthcare service needs of the Children and Young People in the HE NCEL LETB geographical area.

The project's findings have highlighted key areas that provide new knowledge and which also add to the existing body of information - this concluding section initially summarises the main findings and provides recommendations for practice. This is followed by a consideration of the plans for dissemination, an acknowledgement of the limitations of the project and suggestions for future work.

4.2 A summary of the main findings

4.2.1 Consultation with service-users via established Youth Advisory Panels (NYA and RCPCH)

The following key findings emerged from the questionnaires completed by young people:

- The most important aspects of healthcare, for the young people, related to being involved in decisions, being cared for by professionals with the requisite knowledge and skills, being listened to, having confidentiality maintained and having treatment explained in an understandable manner.
- The importance of the nurse's communication skills and clinical abilities was highlighted.
- There was not equal confidence in healthcare provided in a hospital and out of hospital [OOH] setting; there appeared to be more confidence in healthcare provided in a hospital setting.
- The young people's experiences of healthcare had not always been positive.
- Accessibility to healthcare was considered to be important, but other aspects, such as waiting times, were less crucial.

4.2.2 Consultation with nursing staff representatives working in outside of hospital settings located in HE NCEL's geographical area

4.2.2.1 Consultation with Community Children's Nurses

The following key findings emerged from the questionnaires completed by Community Children's Nurses:

- The CCN teams located in the HE NCEL geographical area are providing very broad and diverse services for children and young people who have both acute and short-term conditions as well as those with more complex and long-term health needs.
- The provision and maintenance of the services undoubtedly necessitates considerable skill and expertise from the nursing staff.
- The majority of the teams have indicated that there are intentions to expand their current services.
- The development of a future CCN workforce may be limited for two key reasons:
 - Firstly, pre-registration Children's Nursing students have very restricted clinical experience within a CCN context – this may mean that they do not view it as a potential career option, especially if their experience has been at an early or mid-stage of their programme. Only one team reported that they had had a pre-registration Children's Nursing student for a final twelve week 'sign-off' placement.
 - Secondly, the number of post-registration students undertaking the CCN Specialist Practitioner qualification is not only small, but there is an indication that it is declining.
- Many of the staff working within the CCN teams are employed within Bands 6 and 7 of the National Health Service [NHS] Agenda for Change pay scales with only two teams indicating that they had employed a Band 5 nurse at the point of registration.

4.2.2.2 Interviews with clinical nurses working within the HE NCEL geographical area

The following key findings emerged from the interviews undertaken with clinical nurses working within the HE NCEL geographical area:

- None of the participants interviewed had completed a CCN Specialist Practitioner qualification.

- The participants offered a wide range of views on what they considered to be out-of-hospital care, including the identification of clinical settings and a diversity of health professionals who work in these environments.
- There was general agreement amongst the participants that an approximately equal balance of community and hospital experiences would be appropriate and that the provision of such a balance would increase the likelihood that students would want to work in the community when they qualify. The term 'community' was used rather than OOH.
- Participants thought that pre-registration Children's Nursing students should undertake more clinical experiences in a community setting in the latter part of their programme (academic Years 2 and 3).
- Participants were proactive in terms of supporting student learning within the clinical learning environment.
- A clear view emerged from the participants that they felt that there were substantive challenges associated with the appointment of newly qualified Children's Nurses to community posts (once again 'community' was referred to rather than OOH).
- The need for the newly qualified Staff Nurse to have mentorship and support was emphasised.

4.2.3 Consultation with the HEI providers who are contracted to by HE NCEL LETB

4.2.3.1 Interviews with academic staff

The following key findings emerged from the interviews undertaken with academic staff from the HEIs that HE NCEL contract to:

- Whilst the academic staff interviewed identified a diverse range of OOH clinical experiences for pre-registration Children's Nursing students, the participants focused their discussions on those firmly based within a community setting – primarily Community Children's Nursing.
- The HEIs all commented on the limited availability and capacity of OOH clinical experiences for pre-registration Children's Nursing students; however the value and importance of these was firmly

recognised and it was clear that HEIs are attempting to facilitate relevant OOH placements and to prepare students for their experiences.

- There are marked differences between HEIs in terms of the OOH clinical experiences that pre-registration Children's Nursing students are undertaking. In addition HEIs indicated that students within each of their cohorts are undertaking different OOH clinical experiences.
- It is not the norm for pre-registration Children's Nursing students to undertake a twelve week 'sign-off' placement in an OOH clinical area.
- The academic staff interviewed had a perception that pre-registration Children's Nursing students did not always appreciate the value of OOH clinical experiences.
- The academic staff interviewed had a view that mentors did not always appreciate the involvement that pre-registration Children's Nursing students could have in relation to participating in nursing care – there was an indication that students may not be able to undertake activities in an OOH area that they would otherwise be able to do in a hospital environment. Participants mentioned the need to provide support to the students' mentors to facilitate further understanding of the students' learning needs.

4.2.3.2 Focus groups with students

The following key findings emerged from the focus groups undertaken with pre-registration Children's Nursing students:

- The students identified a diverse range of OOH services; however, students did not use the phrase 'out of hospital' or 'inside of hospital' to describe their clinical experiences. 'Community' was consistently used to refer to School Nursing, Health Visiting and Community Children's Nursing and 'clinical' to refer to hospital based services.
- In the main, students do perceive that they have the skills to work in an OOH setting at the point of registration, but their examples primarily related to Community Children's Nursing posts or the undertaking of further study to become a Health Visitor or School Nurse. Whilst the students identified a range of OOH services, at the beginning of their focus group, their potential career choice was

vocalised as being between 'community' (Health Visiting, School Nursing or Community Children's Nursing) or 'clinical' (in-patient hospital services). There was one reference to working within a hospice environment on qualification and one to a CAMHS setting.

- Students' expectations of nursing, prior to starting their programme of study, varied with some not appreciating that they would be gaining clinical experiences in OOH areas.
- Students perceived that HEIs provided some preparation for clinical practice, but this could be limited in relation to OOH experiences; students demonstrated a self-motivated approach to preparation and vocalised the importance of their peers' knowledge in terms of preparing them for a particular placement area. Students acknowledged their responsibilities in terms of identifying and developing learning opportunities/outcomes.
- At the beginning of their programme, students do not appear to know what placements they are likely to undertake and in what order; the clinical experiences undertaken varies across HEIs and across student cohorts.
- Students have very limited insight into the knowledge and skills required by nurses working in an OOH setting.
- Students felt that children should be cared for in their own home environment whenever possible.
- The clinical experiences that students undertake could be influential in terms of how prepared they may feel for an OOH post at the point of registration.
- There is not agreement, amongst students, about whether their programme of study adequately prepares them for an OOH staff nurse position at the point of qualification.

In summary, whilst different themes emerged from the data collected from clinical nurses and HEI representatives, there was consistency in terms of the key findings.

4.3 Recommendations

The findings from this project have potential implications for the development of the future nursing workforce who will be caring for children and young people within the HE NCEL geographical area, the following recommendations are offered:

- A more consistent use, and definition, of terminology is strongly recommended; many key documents now use the term 'out of hospital' but this is not a phrase that was used by participants in the interviews/focus groups. It is recommended that 'hospital' and 'out of hospital' are used from the point of student selection and recruitment and throughout the planning, preparation and evaluation of student clinical experiences, rather than words such as 'acute', 'community', 'clinical' which do not always accurately or fully reflect the service provision. In addition, although participants from across all of the data collection groups, were able to identify a range of OOH clinical experiences, discussions about staff nurse posts at the point of qualification, focussed on a need for the nurse to be an independent and autonomous practitioner; however, many OOH settings do not rely on lone working – a clear definition of 'out of hospital' may enable clarification and consistent usage, this can only be beneficial for both patients and health care professionals.
- It would be timely to identify the number of pre-registration Children's Nursing students gaining clinical experience in each of the CCN teams within the HE NCEL geographical area to ascertain whether there is scope for development. A review of the CCN clinical experience undertaken by pre-registration Children's Nursing students (particularly in relation to the duration and stage in their programme of study) may enable the development of more Band 5 CCN positions for those applying for employment as a first post-qualification job. In addition, there needs to be further consideration of whether it is acceptable, and appropriate, for students to gain staff nurse posts, at the point of qualification, in OOH services – there are currently differing opinions. Appropriate support/preceptorship should be offered.
- Increased student exposure to a greater range of OOH clinical areas so that students develop deeper insight into the services would be valuable; more students may then consider career pathways within OOH settings.
- It would be opportune to consider the availability of OOH clinical areas within the HE NCEL geographical area that could potentially provide experiences for pre-registration Children's Nursing students; this would enable an assessment of current provision as well as the potential development of other clinical learning environments.

- Nurses working in OOH settings need up-to-date information about the clinical activities and skills that pre-registration Children's Nursing students can be involved in. It is recommended that the most appropriate way of doing this is considered.
- It would not be feasible for all students to undertake similar clinical experiences at the same point in their pre-registration programmes, but consideration of the nature of the clinical experiences and the order in which they occur, would be advantageous so that there is more consistency between students in terms of the number of OOH and hospital clinical experiences. The development of opportunities for pre-registration Children's Nursing students to undertake their final twelve week 'sign-off' clinical experience within an OOH setting is recommended as, once again, this could encourage students to consider career opportunities within OOH settings.
- The number of post-registration students undertaking the CCN Specialist Practitioner qualification appears to be declining within the HE NCEL geographical area. It is recommended that further consideration is given to the post-registration educational needs of staff to enable them to gain the requisite skills and knowledge to provide care within an OOH setting, but also to facilitate their own professional development.

4.4 Dissemination of the findings

Dissemination of results is a key aspect of any project (Locke et al, 2000). Firstly, and perhaps most importantly, it is advisable to report the findings to participants (Macnee, 2004; Nieswiadomy, 2002); all those who were involved were provided with an Information Sheet (Appendices 2.7 – 2.12) in which it was stated that a copy of the report would be available to them, should they wish to receive one; some participants have requested a copy and this will be sent following submission of the final document to HE NCEL.

This project has been commissioned and funded by HE NCEL, therefore, discussions will take place to identify suitable and joint methods of dissemination to the wider professional population – it is anticipated that this will be via conference presentations and journal publications.

4.5 Limitations of the project

Having considered the findings from this project, it is important to also acknowledge some of the limitations:

- Consultation with young people took place; however, the age range was limited to 16-26 years with the young people living across the United Kingdom; whilst the information gained from this consultation process was important and highly valued, it must be acknowledged that the views may not be wholly representative of children and young people living within the HE NCEL geographical area.
- An established Parent/Carer group was approached but as no questionnaires were returned, it has not been possible to report their views.
- Students, from each of the four HEIs that HE NCEL contract to, were invited to participate in the project; those that responded and took part in the focus groups may have done so because they had a specific interest in OOH experiences and may envisage their career developing within an OOH environment; as a consequence, the focus groups may have not been fully representative of the HE NCEL pre-registration Children's Nursing student population.
- As the pre-registration Children's Nursing participants were not equally distributed across the academic years, it was not possible to differentiate their views according to their academic years of study. As a result, it is acknowledged that students, at different points in their programme, may have varying perceptions of OOH care clinical experiences.
- Interviews with clinical nurses took place, but it is recognised that the sample and range of posts held by the participants was limited.

4.6 Suggestions for future work

As a consequence of the project, other areas that would merit further investigation have emerged:

- Further consultation with children and young people, who live within the HE NCEL geographical area, would be beneficial to ascertain their views of OOH care within their immediate location; a study that involves a broader age range of children and young people would be advantageous and would help to explore whether some of the findings reported in this project are replicated.
- Work to explore parental/carers views of OOH care for children and young people would be advantageous, especially as it is this group who primarily decide when and where to access healthcare services for children.

- It is suggested that work is required to explore the support and information that mentors, who are working in OOH settings, require in order to provide a high quality educational experience for both pre and post-registration nursing students.
- Work to consider the range and type of clinical experiences that should be undertaken by pre-registration Children's Nursing students would be valuable; this would enable a more consistent approach to the planning of placements and may provide opportunities for more OOH clinical experiences.

4.7 Conclusion

Literature pertaining to OOH care is emerging rapidly and is now entering the public domain with an array of material now available via the World Wide Web. In order that OOH care is enhanced, it requires the commitment and expertise of those working directly with children and their families; it is therefore imperative that the future HE NCEL nursing workforce are responsive to OOH care policy at both a local and national level to ensure that service provision is being appropriately developed – this will necessitate nurses, who are working in OOH settings, taking a proactive and engaging approach to policy, potentially participating in its development.

Whilst the provision of OOH care is developing rapidly, and is not without its challenges (especially in relation to the preparation of an appropriately skilled nursing workforce), it has the potential to offer a high quality healthcare service that is readily accessible to children and their families as well as being one that is closer to (or in) their own home. It is hoped that the findings from this project have provided data that has the potential to inform the planning of the future nursing workforce so that OOH care for children and their families within the HE NCEL area can continue to be developed and enhanced.

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Appendix 2.1: Community Children’s Nurse Questionnaire

Delivering effective nursing care to children and young people outside of a hospital setting

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

Contact Details: 01707 285291; L.Whiting@herts.ac.uk

Thank you for agreeing to complete this questionnaire; it focuses on the provision of nursing care within your Community Children’s Nursing [CCN] service. All of your answers will be kept confidential.

Questions	Please write your responses in this column
Job title of person completing the questionnaire:	
Service/team title:	
Name of employing NHS Trust/organisation:	
Is the principal office base for the CCN service in the hospital or the community setting?	
In what year was the CCN service/team established? (You may approximate this if you are unsure)	
How many whole time equivalent qualified nursing staff are based within the CCN service/team:	
<p>Is the CCN service/team a ‘generic’ service or a specialist service?</p> <p style="text-align: center;">Generic [] Specialist []</p> <p>If a ‘generic’ service, are there specific designated areas of specialism within the service? If so, what are the areas of specialisation?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Please describe, or list, the type of care that the CCN service/team provides:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

The Department of Health (2011) publication: *NHS at Home: Community Children's Nursing Services*, identifies four areas of work for CCNs. Please identify what percentage of your CCN service/team work fits within each of the four categories (please approximate, the percentage if unsure):

	Percentage
<ul style="list-style-type: none"> • Children with acute and short-term conditions 	
<ul style="list-style-type: none"> • Children with long-term conditions 	
<ul style="list-style-type: none"> • Children with disabilities and complex conditions, including those requiring continuing care and neonates 	
<ul style="list-style-type: none"> • Children with life-limiting and life-threatening illness, including those requiring palliative and end-of-life care 	
<ul style="list-style-type: none"> • Other, please specify: <ul style="list-style-type: none"> ○ ○ 	
TOTAL	100%

What hours/days of the week is the CCN service/team available?

Are you aware of any plans to develop or expand the service in the next 12-24 months? If so, please provide details – even if this is only tentative

Please provide details of staff within your service/team who have been seconded to undertaken the CCN Specialist Practice Qualification in the past 5 years.

Year	No. of students seconded	Full or part time?	Which University?
2009-10			
2010-11			
2011-12			
2012-13			
2013-14			

Please provide details about **pre-registration** nursing students who undertake clinical experiences with your CCN service/team:

- How many pre-registration nursing students (approximately) gain clinical experience with your CCN service/team during a 12 month period:

.....

- How many pre-registration nursing students are normally gaining clinical experience with your CCN team/service at any one time?

.....

- How many weeks do pre-registration nursing students normally spend with your CCN team/service per placement?

.....

- Which fields/branches of nursing are the pre-registration nursing students from? [Please ✓ all that apply, but please do not include 'ad hoc' 1 or 2 day visits by students]

Adult Children's

Learning Disability Mental Health

- At what stage in their course do the pre-registration students gain clinical experience with your CCN service/team?

1st Year 2nd Year

3rd Year

- Do the same students ever have more than one placement experience with your CCN service/team?

Yes No

- Do you feel that pre-registration nursing students are appropriately prepared for their CCN placement with you?

Yes No

- Which University(ies) are the pre-registration nursing students from?

.....

How many 'sign-off' mentors does your CCN service/team have?

.....
.....

Is your CCN service/team used for a 12 week 'sign-off' placement for pre-registration nursing students? If so, please give details about the number of students per year

.....
.....

Have you ever employed a member of staff for whom this is their first nursing post following completion of their pre-registration nursing programme?

Yes [] No []

What is the rationale for this decision?

.....
.....
.....

Please provide details about **post-registration** CCN students who undertake clinical experiences with your service/team:

- How many post-registration CCN students (approximately) gain clinical experience with your CCN service/team during a 12 month period:

.....

- How many post-registration CCN students are normally gaining clinical experience with your CCN team/service at any one time?

.....

- How many weeks do post-registration CCN students normally spend with your CCN team/service per placement?

.....

- Do the same post-registration CCN students have more than one placement experience with your CCN service/team?

Yes [] No []

- Which University(ies) are the post-registration nursing students from?

.....

Have you ever employed a member of staff for whom this is their first nursing post following completion of their post-registration CCN programme?

Yes [] No []

What is the rationale for this decision?

.....

Please provide details of all staff in post within the CCN service/team?

Post Number	Job Title	NHS Pay Band	WTE	Specialism	Qualifications		
					RN Child	CCN	Other
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Thank you for taking the time to complete this questionnaire. Please return it in the attached self-addressed envelope to:

Lisa Whiting, Project lead, 2F284, Wright Building, University of Hertfordshire,
 College Lane, Hatfield, Hertfordshire, AL10 9NL

Appendix 2.2: Young Person Questionnaire

Delivering effective nursing care to children and young people outside of a hospital setting

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

Thank you for agreeing to complete this questionnaire; it focuses on the delivery of healthcare in outside of hospital settings. All of your answers will be kept confidential.

For the purpose of this project, an outside of hospital setting will be considered to be **any** area where care is delivered outside of a hospital, this includes: Home; Schools/colleges; clinics; health centres; walk-in centres; GP surgeries; hospices; urgent care centres – this is not an exhaustive list and you may be able to think of other settings.

1. Please indicate your gender. Please tick [√]

Male Female

2. What is your age?

.....Years Months

**3. To which Ethnic Origin group do you describe yourself as belonging to?
Please tick [√]**

Black (Caribbean)	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black (British)	<input type="checkbox"/>	Black (African)	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White (British)	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		
White (European – non UK)	<input type="checkbox"/>		
White (Non-European)	<input type="checkbox"/>		
Prefer not to say	<input type="checkbox"/>		
Other (please state)	<input type="checkbox"/>	

4. What is your Nationality?

5. Have you ever experienced any care or treatment in an outside of hospital setting?

Yes [] No []

6. What type of setting was this? Please tick [√] all that are relevant

Home	[]	School/College	[]
Clinic	[]	Health Centre	[]
GP Surgery	[]	Walk-in Centre	[]
Urgent Care Centre	[]	Hospice	[]
NHS Direct	[]	Not applicable	[]

Other, please specify.....

7. If you have received care in an out of hospital setting, what type of health professional provided the care that you received? Please identify all professionals

.....
.....

8. Where do you think you might access outside of hospital healthcare over the next 12 months? Please tick [√] all that are relevant

Home	[]	School/College	[]
Clinic	[]	Health Centre	[]
GP Surgery	[]	Walk-in Centre	[]
Urgent Care Centre	[]	Hospice	[]
NHS Direct	[]	Nowhere	[]

Other, please specify.....

9. If you had a minor health need, such as a small wound that needed dressing, where would you prefer to receive your care? Please tick [√] one answer only

School/College/University	[]
Home	[]
GP Surgery	[]
Hospital	[]
No preference	[]

Other, please specify.....

10. If you had (or do have) a long-term health need, where would you prefer to receive your care? Please tick [√] one answer only

- School/College/University []
- Home []
- GP Surgery []
- Hospital []
- No preference []
- Other, please specify.....

11. In general, if you were (or are) ill, where would you prefer to receive healthcare?

.....
.....
.....
.....

12. What do you think is most important in terms of healthcare that is located outside of hospital settings?

Please give a number to each of the areas below; 1 = extremely important; 2 = not really important; 3 = not important at all (you may use a number more than once)

- How long you have to wait/queue to receive healthcare []
- The distance you need to travel []
- The services that are available []
- The opening times []
- The knowledge of the staff []
- Other, please specify.....

13. Thinking about the nurses that may provide you with care in an out of hospital setting, what is most important?

Please give a number to each of the areas below; 1 = extremely important; 2 = not really important; 3 = not important at all (you may use a number more than once)

- Being cared for by a nurse of the same gender as yourself []
- The communication skills of the nurse []
- Your confidence in the nurse's clinical ability to provide appropriate care []
- Other, please specify.....

14. Thinking about your confidence in healthcare provision, please tick [√] one statement from the 3 below that most closely represents your view

- I have more confidence in healthcare provided in a hospital setting []
- I have more confidence in healthcare provided in an outside of hospital setting []
- I have equal confidence in the healthcare provided in hospital and outside of hospital settings []

15. Thinking about healthcare generally, what is most important to you Please give a number to each of the areas below; 1 = extremely important; 2 = not really important; 3 = not important at all (you may use a number more than once)

- The time you need to wait to see a health professional (e.g. Dr. or nurse) []
- Being involved in decisions relating to your healthcare []
- Being listened to []
- Having privacy when receiving healthcare []
- Having your family involved in your healthcare []
- Having treatment/advice explained to you in an understandable manner []
- Having confidence in the healthcare professional who is looking after you []
- Being cared for by a healthcare professional who has appropriate knowledge and skills []
- Having your confidentiality maintained []

16. What outside of hospital services would you like to be available to you that currently do not exist or are not accessible?

.....

.....

.....

.....

.....

17. Please make any other comments below that relate to your experiences and views of healthcare that may be relevant

.....

.....

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.....

Thank you for taking the time to complete this questionnaire. Please return it to: [Name of Youth Advisory Panel Co-ordinator inserted]

Appendix 2.3: Parent and Carer Questionnaire

Delivering effective nursing care to children and young people outside of a hospital setting

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

Thank you for agreeing to complete this questionnaire; it focuses on the delivery of healthcare for children and young people in outside of hospital settings. All of your answers will be kept confidential.

For the purpose of this project, an outside of hospital setting will be considered to be **any** area where care is delivered outside of a hospital, this includes: Home; Schools/colleges; clinics; health centres; walk-in centres; GP surgeries; hospices; urgent care centres – this is not an exhaustive list and you may be able to think of other settings.

1. Please indicate your gender. Please tick [√]

Male Female

**2. To which Ethnic Origin group do you describe yourself as belonging to?
Please tick [√]**

Black (Caribbean)	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black (British)	<input type="checkbox"/>	Black (African)	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White (British)	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		
White (European – non UK)	<input type="checkbox"/>		
White (Non-European)	<input type="checkbox"/>		
Prefer not to say	<input type="checkbox"/>		
Other (please state)	<input type="checkbox"/>	

3. What is your Nationality?

4. How many children do you have? Please indicate below:

1st child:

Male Female Date of Birth:.....

2nd child:

Male Female Date of Birth:.....

3rd child:

Male Female Date of Birth:.....

4th child:

Male Female Date of Birth:.....

Other children (please include gender and date of birth):

.....
.....

5. Do any of your children have specific, on-going health needs? If yes, please specify:

.....
.....

6. Has your child(ren) ever experienced any care or treatment in an outside of hospital setting?

Yes No

7. What type of setting was this? Please tick [✓] all that are relevant

Home	<input type="checkbox"/>	School/College	<input type="checkbox"/>
Clinic	<input type="checkbox"/>	Health Centre	<input type="checkbox"/>
GP Surgery	<input type="checkbox"/>	Walk-in Centre	<input type="checkbox"/>
Urgent Care Centre	<input type="checkbox"/>	Hospice	<input type="checkbox"/>
NHS Direct	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
Other, please specify.....			

8. If your child(ren) has received care in an out of hospital setting, what type of health professional provided the care that s/he received? Please identify all professionals

.....
.....

9. Where do you think your child(ren) might access outside of hospital healthcare over the next 12 months? Please tick [√] all that are relevant

Home	[]	School/College	[]
Clinic	[]	Health Centre	[]
GP Surgery	[]	Walk-in Centre	[]
Urgent Care Centre	[]	Hospice	[]
NHS Direct	[]	Nowhere	[]
Other, please specify.....			

10. If your child(ren) had a minor health need, such as a small wound that needed dressing, where would you prefer them to receive care? Please tick [√] one answer only

School/College/University	[]
Home	[]
GP Surgery	[]
Hospital	[]
No preference	[]
Other, please specify.....	

11. If you had (or have) a child who has a long-term health need, where would you prefer him/her to receive his/her care? Please tick [√] one answer only

School/College/University	[]
Home	[]
GP Surgery	[]
Hospital	[]
No preference	[]
Other, please specify.....	

12. In general, if your child(ren) was ill, where would you prefer that they received healthcare?

.....
.....
.....

13. What do you think is most important in terms of healthcare that is located in outside of hospital settings?

Please give a number to each of the areas below; 1 = extremely important; 2 = not really important; 3 = not important at all (you may use a number more than once)

- How long you have to wait/queue to receive healthcare []
- The distance you need to travel []
- The services that are available []
- The opening times []
- The knowledge of the staff []
- Other, please specify..... []

14. Thinking about the nurses that may provide your child(ren) with care in an out of hospital setting, what is most important?

Please give a number to each of the areas below; 1 = extremely important; 2 = not really important; 3 = not important at all (you may use a number more than once)

- Being cared for by a nurse of the same gender as yourself []
- The communication skills of the nurse []
- Your confidence in the nurse's clinical ability to provide appropriate care []
- Other, please specify..... []

15. Thinking about your confidence in healthcare provision, please tick [√] one statement from the 3 below that most closely represents your view

- I have more confidence in healthcare provided in a hospital setting []
- I have more confidence in healthcare provided in an outside of hospital setting []
- I have equal confidence in the healthcare provided in hospital and outside of hospital settings []

16. Thinking about healthcare generally, what is most important to you Please give a number to each of the areas below; 1 = extremely important; 2 = not really important; 3 = not important at all (you may use a number more than once)

- The time you need to wait for your child(ren) to see a health professional (e.g. Dr.or nurse) []
- Your child(ren) being involved in decisions relating to their healthcare []
- Your child(ren) being listened to []
- You being listened to []
- Having privacy for your child(ren) when they are receiving healthcare []
- Being involved in decisions relating to your child(ren)'s healthcare []
- Having your child(ren)'s treatment/advice explained to you in an understandable manner []
- Having confidence in the healthcare professional who is looking after your child(ren) []
- Having your child(ren) being cared for by a healthcare professional who has appropriate knowledge and skills []
- Having your child(ren)'s confidentiality maintained []

17. What outside of hospital services would you like to be available to your child(ren) that currently do not exist or are not accessible?

.....
.....
.....
.....

18. Please make any other comments below that relate to your experiences and views of healthcare for children and young people that may be relevant

.....
.....
.....
.....
.....
.....
.....

Thank you for taking the time to complete this questionnaire. Please return it to:

[Insert name] Patient Insights Advocacy Coordinator at the Royal College of Paediatrics and Child Health

Appendix 2.4

Higher Education Institute Interview Prompt Questions: Schedule for Academic Representatives

- Introductions, including:
 - Purpose of interview
 - Clarification of topic under discussion
 - Format of interview
 - Approximate length of interview
 - Assurance of confidentiality
 - Purpose and use of digital recorder (including consent for its use)
 - Assurance that the participant can seek clarification of questions
 - Assurance that the participant can decline to answer a question(s) or terminate the interview
 - Assurance that the participant can ask questions

Interviewer to explain that for the purpose of this project, an outside of hospital setting will be considered to be *any* area where care is delivered outside of a hospital.

- What is your current role/job title?
- How long have you been employed in your current post? What are your key responsibilities?
- Please can you list the services/clinical areas that you would describe as being 'outside of hospital'?
- How are pre-registration Children's Nursing clinical experiences arranged? Who is responsible for this? What is the role of the academic in terms of arranging clinical placements?
- In terms of pre-registration Children's Nursing programmes at your University, what provision is offered? Please provide further details about the programmes (such as length of duration, frequency, number of students accessing the provision).
- In terms of pre-registration Children's Nursing programmes at your University, what outside of hospital clinical experiences do students undertake?

- Please could you describe a typical clinical experience journey for a pre-registration Children's Nursing student at your University?
- At your University, approximately what proportion of a student's clinical experience in a pre-registration Children's Nursing programme is spent in an outside of hospital placement?
 - What factors influence this?
- What are your thoughts about this proportion of time?
- What are type of learning outcomes/aims are identified for students to achieve during their out of hospital clinical experiences?
 - Who identifies the learning outcomes/aims?
 - How does this vary according to the student's academic year of study?
- How are students prepared for outside of hospital clinical experiences?
- What skills and attributes do you think that pre-registration nurses need to develop in order to prepare them for outside of hospital experiences?
- What specific knowledge and skills do you think that nurses require to work in an outside of hospital environment?
- What education and preparation do you think that nurses require in order to work in an outside of hospital environment?
- Do you feel that students are appropriately prepared for a staff nurse post in an outside of hospital environment at the point of registration? Please explain your answer.
- Ideally, what environments do you think are most appropriate for children and young people to receive care? Please explain your answer.
- Do you have anything else you would like to add?

Thank you

Appendix 2.5

Interview Prompt Questions: Schedule for Nurses Working in Outside of Hospital Care Settings

- Introductions, including:
 - Purpose of interview
 - Clarification of topic under discussion
 - Format of interview
 - Approximate length of interview
 - Assurance of confidentiality
 - Purpose and use of digital recorder (including consent for its use)
 - Assurance that the participant can seek clarification of questions
 - Assurance that the participant can decline to answer a question(s) or terminate the interview
 - Assurance that the participant can ask questions

Interviewer to explain that for the purpose of this project, an outside of hospital setting will be considered to be *any* area where care is delivered outside of a hospital.

- What is your current role/job title?
- How long have you been employed in your current post? What are your key responsibilities?
- Please can you list the services/clinical areas that you would describe as being 'outside of hospital'?
- What 'outside of hospital' settings have you worked in?
- What influenced your decision to work in an outside of hospital setting?
- What courses/qualifications have you undertaken?
 - Have these prepared you for your current role as a nurse working in an outside of hospital setting?
- Please tell me about your experiences of working in an outside of hospital setting [for example, number of years; environments; perceptions of working in outside of hospital settings].

- Please could you briefly describe a typical day at work [interviewer will ask interviewee to develop relevant points, for example, the number of patient contacts; the clinical skills used; the time spent with patients and families].
- Do you think that pre-registration Children's Nursing students should have more, less or equal out of hospital clinical experiences compared to in-hospital clinical experiences? Please explain your answer.
- What type of learning outcomes/aims are identified for students to achieve during their outside of hospital clinical experiences?
 - Who identifies the learning outcomes/aims?
 - How does this vary according to the student's academic year of study?
- Do you feel that pre-registration nursing students are appropriately prepared for a staff nurse post in an outside of hospital environment at the point of registration? Please explain your answer.
- In the setting that you work, has your organisation ever employed a newly qualified staff nurse (i.e. someone taking up their first post at the point of registration)? What are your views about this?
- If relevant, do you feel that post-registration Community Children's Nursing students are appropriately prepared for a staff nurse post in an outside of hospital environment on completion of their course? Please explain your answer.
- What specific knowledge and skills do you think that nurses require to work in an outside of hospital environment?
- What education and preparation do you think that nurses require in order to work in an outside of hospital environment?
- What are your thoughts about the outside of hospital care model that is in place in your work locality for children and young people? [In particular, the interviewer will explore the interviewee's opinions about the environments which s/he feels are most appropriate for children and young people to receive care].
- In your opinion, does the outside of hospital care model for children and young people (in your work locality) require revision? Please explain.
- Do you have anything else you would like to add?

Thank you

Appendix 2.6

Focus Group Prompt Questions: Schedule for Student Nurses

- Introductions, including:
 - Purpose of the focus group
 - Clarification of topic under discussion
 - Format of the focus group
 - Approximate length of the focus group
 - Assurance of confidentiality
 - Purpose and use of digital recorder (including consent for its use)
 - Assurance that the participants can seek clarification of questions
 - Assurance that the participants can decline to answer a question(s)
 - Assurance that the participants can ask questions

Please also refer to 'Conduct sheet for focus group facilitators' for further information

Facilitator to explain that for the purpose of this project, an outside of hospital setting will be considered to be *any* area where care is delivered outside of a hospital.

- What nursing programme are you currently undertaking? When did you start studying on the programme and when are you due to complete it?
- Please can you list the services/clinical areas that you would describe as being 'outside of hospital'?
- Please tell me about your student journey so far, what clinical experiences have you had? When were these? How long were they?
- Thinking specifically about the 'outside of hospital' experiences that you've had, please describe each one in more detail and tell me what skills and knowledge you gained, for example:
 - What were your overall perceptions of these clinical experiences?
 - How long were these experiences?
 - At what points did they occur in your programme?
 - Do you expect that you will have more outside of hospital experiences before you complete your programme?
 - Where are these likely to be?
- Has your course prepared you for your outside of hospital experiences? Please explain your answer.
- Has anything else, aside from your programme of study, helped to prepare you for your outside of hospital experience(s)?

- Do you think that pre-registration Children's Nursing students should have more, less or equal outside of hospital clinical experiences compared to in-hospital clinical experiences? Please explain your answer.
- What type of learning outcomes/aims are identified for you to achieve during your outside of hospital clinical experience(s)?
 - Who identifies the learning outcomes/aims?
 - How does this vary according to the stage in your programme?
- Do you feel that pre-registration nursing students are appropriately prepared for a staff nurse post in an outside of hospital environment at the point of registration? Please explain your answer.
- What are your plans when you qualify?
 - What types of posts will you consider applying for?
 - Would you consider applying for a post in an outside of hospital setting? Please explain your answer.
- What specific knowledge and skills do you think that nurses require to work in an outside of hospital environment?
- What education and preparation do you think that nurses require in order to work in an outside of hospital environment?
- Ideally, what environments do you think are most appropriate for children and young people to receive care? Please explain your answer.
- Do you have anything else you would like to add?

Thank you

Conduct sheet for focus group facilitators

Do check that you have everything you will need before meeting the students, including:

1. Interview guide
 2. Digital recorder
 3. Spare batteries
 4. Contact details for follow-up support, if required (e.g. HEI Lecturer contact)
 5. Sticky labels for name badges
- Make sure that you have a quiet, private room, with no interruptions
 - Do check beforehand that the digital recorder is working (also check after a few minutes of the interview)
 - Regularly check that the digital recorder is still working
 - Ask the students to introduce themselves by first name only, and to try and remember to introduce each contribution with their first name (it makes it much easier to identify them when transcribing the recording)
 - Make sure that you get their consent again before beginning
 - Read carefully through the first part of the interview schedule to make sure that the focus group members understand what is going to happen and consent to everything.
 - Go over the ground rules:
 1. Confidentiality
 2. Each participant has as valid a point as the next one
 3. Each participant has an equal right to express themselves
 4. No disagreements/arguments to be taken outside of the group
 5. All are equal within the group.
 - Stress confidentiality, and that nothing that is said inside the group is taken outside of it - apart from the digital recording

Role of the facilitator during the focus group

- Begin with the opening question to get the students talking and feeling comfortable
- Allow plenty of time for discussion around key questions
- The focus group facilitator should keep a low profile as possible once the discussion has begun
- The facilitator should have a low level of involvement when allowing participants to explore ideas and concepts

- However, there should be a high level of involvement when comparing new participants with findings from previous groups (the idea is not to go over old ground but to explore new ideas and concepts)
- Be prepared to bring the group back to the topic if they have strayed too far - more important in a group than in one-to-one interviews
- Encourage reluctant participants
- Be aware of possible role differentials and how this could affect the group dynamics
- Act as a:
 1. Facilitator
 2. Controller
 3. Listener
- Possible problems to be aware of:
 1. Participants have different ideas about the purpose of the group
 2. Silence
 3. Participant/s who will not join in
 4. Everyone talking at once - control the group so that only one person at a time talks
 5. Running out of time - not getting round to all key questions because of too much discussion (often of irrelevant points)
- Finish by summarising, switch off the digital recorder, and then de-brief
- Thank everybody for coming and for his or her contributions

Appendix 2.7: Community Children’s Nurse Information Sheet

Delivering effective nursing care to children and young people outside of a hospital setting

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

Thank you for taking the time to read this information sheet. My name is Lisa Whiting. I am a Registered Children’s Nurse, employed as a Principal Lecturer in Children’s Nursing at the University of Hertfordshire. The information contained in this sheet relates to a scoping project that the University is undertaking on behalf of Health Education North Central and East London Local Education and Training Board [HE NCEL LETB]. HE NCEL has responsibility for ensuring that high quality education and training is provided to all health professionals including the next generation of nurses, doctors and dentists across the area that they cover. We would very much value your knowledge and expertise in terms of informing the project.

What is the purpose of the project?

The project focus is the delivery of effective nursing care to children and young people in an outside of a hospital setting. Within this context, the project seeks to address the following question:

“What education, preparation and development is required to ensure a workforce of nurses who have the requisite knowledge, skills and professional attributes to meet the healthcare service needs of the CYP [Children and Young People] population in the LETB?”

Why have you been invited to take part?

You have been invited to take part in this project as you are a Community Children’s Nurse who is working in an outside of hospital setting and we would very much like to obtain your views and opinions.

Do I have to take part?

No, you don’t – it is entirely up to you.

What is involved?

I would like you to complete, and return, the attached short questionnaire to ascertain your views about the provision of nursing care within your Community Children's Nursing service.

What will happen with the information?

The questionnaire will only be accessible to me and the project team and will be kept securely. The information from the questionnaires will be analysed and will be used in the final report that is written for HE NCEL LETB; part of this may be presented at conferences or published in professional journals. You may have a copy of the final report if you would like.

What re the possible disadvantages of taking part?

There are no foreseeable risks to taking part, but if you find any aspect of the questionnaire uncomfortable, you can leave a question blank or change or mind and not complete the questionnaire at all. If you feel that you need to access additional support services, please contact a member of the project team (details below).

What are the possible benefits of taking part?

It is anticipated that the project will provide further insight into the provision and delivery of outside of hospital care for children and young people.

Who is organising and funding the project?

The project is being led by me, Lisa Whiting; it is funded by HE NCEL LETB. Although this is not a research study, ethical approval has been received from the University of Hertfordshire Ethics Committee (protocol number: HSK/SF/UH/00051). If you would like to find out more about this project before agreeing to be involved, you can contact a member of the project team via the e-mail or telephone numbers detailed below.

Project Team:

Lisa Whiting (Project Lead); 01707 285291; L.Whiting@herts.ac.uk

Mary Donnelly; 01707 285247; M.L.1.Donnelly@herts.ac.uk

Debbie Martin; 01707 285211; D.5.Martin@herts.ac.uk

I would like to take this opportunity to thank you for taking the time to read this information sheet.

Appendix 2.8: Clinical Nurse Information Sheet

Delivering effective nursing care to children and young people outside of a hospital setting

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

Thank you for taking the time to read this information sheet. My name is Lisa Whiting. I am a Registered Children's Nurse, employed as a Principal Lecturer in Children's Nursing at the University of Hertfordshire. The information contained in this sheet relates to a scoping project that the University is undertaking on behalf of Health Education North Central and East London Local Education and Training Board [HE NCEL LETB]. HE NCEL has responsibility for ensuring that high quality education and training is provided to all health professionals including the next generation of nurses, doctors and dentists across the area that they cover. We would very much value your knowledge and expertise in terms of informing the project.

What is the purpose of the project?

The project focus is the delivery of effective nursing care to children and young people in outside of hospital settings. Within this context, the project seeks to address the following question:

“What education, preparation and development is required to ensure a workforce of nurses who have the requisite knowledge, skills and professional attributes to meet the healthcare service needs of the CYP [Children and Young People] population in the LETB?”

Why have you been invited to take part?

You have been invited to take part in this project as you are a nurse who is working in an outside of hospital setting and we would very much like to hear your views and opinions.

Do I have to take part?

No, you don't – it is entirely up to you.

What is involved?

We would like to conduct a face-to-face interview with you at your place of work to ascertain your views about the provision of outside of hospital care experiences for children and young people; in addition, we would like to hear about the clinical experiences that you may have provided for pre and/or post registration student nurses. It is anticipated that the interview will take approximately 30-40 minutes of your time.

What will happen with the information?

The interview recordings and transcripts will only be accessible to me and the project team and will be kept securely in accordance with the Data Protection Act. At the end of the project, the recordings will be destroyed and the transcripts will not identify you as pseudonyms will be used. The transcripts will be analysed and data from them will be used in the final report that is written for HE NCEL LETB; part of this may be presented at conferences or published in professional journals. You may have a copy of the final report if you would like.

What are the possible benefits of taking part?

It is anticipated that the project will provide further insight into the provision and delivery of outside of hospital care for children and young people.

What re the possible disadvantages of taking part?

There are no foreseeable risks to taking part, but if you find any aspect of the interview uncomfortable, you can choose to leave the question or terminate the whole interview. If you feel that you need to access additional support services, please contact a member of the project team (details below).

Who is organising and funding the project?

The project is being led by me, Lisa Whiting; it is funded by HE NCEL LETB. Although this is not a research study, ethical approval has been received from the University of Hertfordshire Ethics Committee (protocol number: HSK/SF/UH/00051).

If you would like to find out more about this project before agreeing to be involved, you can contact one of the team members detailed below.

Project Team:

Lisa Whiting (Project Lead); 01707 285291; L.Whiting@herts.ac.uk

Mary Donnelly; 01707 285247; M.L.1.Donnelly@herts.ac.uk

Debbie Martin; 01707 285211; D.5.Martin@herts.ac.uk

I would like to take this opportunity to thank you for taking the time to read this information sheet.

Appendix 2.9: Academic Representative Information Sheet

Delivering effective nursing care to children and young people outside of a hospital setting

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

Thank you for taking the time to read this information sheet. My name is Lisa Whiting. I am a Registered Children's Nurse, employed as a Principal Lecturer in Children's Nursing at the University of Hertfordshire. The information contained in this sheet relates to a scoping project that the University is undertaking on behalf of Health Education North Central and East London Local Education and Training Board [HE NCEL LETB]. We would very much value your knowledge and expertise in terms of informing the project.

What is the purpose of the project?

The project focus is the delivery of effective nursing care to children and young people in outside of hospital settings. Within this context, the project seeks to address the following question:

“What education, preparation and development is required to ensure a workforce of nurses who have the requisite knowledge, skills and professional attributes to meet the healthcare service needs of the CYP [Children and Young People] population in the LETB?”

Why have you been invited to take part?

As part of the project, the University is seeking to consult with academic representatives from the Higher Education Institutions that are contracted to by HE NCEL LETB and who have involvement with the pre-registration Children's Nursing programmes as well as relevant post qualification provision. We would very much value your contribution. The Dean of School is aware of this project and has said that you may be approached.

Do I have to take part?

No, you don't – it is entirely up to you.

What is involved?

We would like to conduct a face-to-face interview with you at your place of work to ascertain your views about the provision of outside of hospital care experiences for both students undertaking a pre-registration Children's Nursing programme as well as any students studying on relevant post qualification pathways. It is anticipated that the interview will take approximately 30-40 minutes of your time.

What will happen with the information?

The interview recordings and transcripts will only be accessible to me and the project team and will be kept securely in accordance with the Data Protection Act. At the end of the project, the recordings will be destroyed and the transcripts will not identify you as pseudonyms will be used. The transcripts will be analysed and data from them will be used in the final report that is written for HE NCEL LETB; part of this may be presented at conferences or published in professional journals. You may have a copy of the final report if you like.

What are the possible benefits of taking part?

It is anticipated that the project will provide further insight into the provision and delivery of outside of hospital care for children and young people.

What re the possible disadvantages of taking part?

There are no foreseeable risks to taking part, but if you find any aspect of the interview uncomfortable, you can choose to leave the question or terminate the whole interview. If you feel that you need to access additional support services, please contact a member of the project team (details below).

Who is organising and funding the project?

The project is being led by me, Lisa Whiting; it is funded by HE NCEL LETB. Although this is not a research study, ethical approval has been received from the University of Hertfordshire Ethics Committee (protocol number: HSK/SF/UH/00051).

If you would like to find out more about this project before agreeing to be involved, you can contact one of the team members detailed below.

Project Team:

Lisa Whiting (Project Lead); 01707 285291; L.Whiting@herts.ac.uk

Mary Donnelly; 01707 285247; M.L.1.Donnelly@herts.ac.uk

Debbie Martin; 01707 285211; D.5.Martin@herts.ac.uk

I would like to take this opportunity to thank you for taking the time to read this information sheet.

Appendix 2.10: Student Nurse Information Sheet

Delivering effective nursing care to children and young people outside of a hospital setting

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

Thank you for taking the time to read this information sheet. My name is Lisa Whiting. I am a Registered Children's Nurse, employed as a Principal Lecturer in Children's Nursing at the University of Hertfordshire. The information contained in this sheet relates to a scoping project that the University is undertaking on behalf of Health Education North Central and East London Local Education and Training Board [HE NCEL LETB]. HE NCEL LETB has responsibility for ensuring that high quality education and training is provided to all health professionals including the next generation of nurses, doctors and dentists across the area that they cover. We would very much value your knowledge and expertise in terms of informing the project.

What is the purpose of the project?

The project focus is the delivery of effective nursing care to children and young people in outside of hospital settings. Within this context, the project seeks to address the following question:

“What education, preparation and development is required to ensure a workforce of nurses who have the requisite knowledge, skills and professional attributes to meet the healthcare service needs of the CYP [Children and Young People] population in the LETB?”

Why have you been invited to take part?

You have been invited to take part in this project as you are a pre-registration Children's Nursing student and we would very much like to hear your views and opinions. The Dean of School is aware of this project and has said that you may be approached.

Do I have to take part?

No, you don't – it is entirely up to you.

What is involved?

We would like you to be involved in a focus group of between 6-12 students to ascertain your views about the provision of outside of hospital care experiences for children and young people; in addition, we would like to hear about the clinical experiences that you have had so far and your perceptions of them. The other students in the focus group will all be studying on a pre-registration Children's Nursing programme at your University. We will conduct the focus group at your University at a time that is convenient to you; it is anticipated that this will take approximately 30-40 minutes.

What will happen with the information?

The focus group recordings and transcripts will only be accessible to the project team and will be kept securely in accordance with the Data Protection Act. At the end of the project, the recordings will be destroyed and the transcripts will not identify you as pseudonyms will be used. The transcripts will be analysed and data from them will be used in the final report that is written for HE NCEL LETB; part of this may be presented at conferences or published in professional journals. You may have a copy of the final report; you will also be sent a formal thank you letter which you can keep for your own records.

What are the possible benefits of taking part?

It is anticipated that the project will provide further insight into the provision and delivery of outside of hospital care for children and young people.

What re the possible disadvantages of taking part?

There are no foreseeable risks to taking part, but if you should find any aspect of the focus group uncomfortable, you can choose to not answer the question. If you feel that you need to access additional support services, please contact a member of the project team (details below).

Who is organising and funding the project?

The project is being led by me, Lisa Whiting; it is funded by HE NCEL LETB. Although this is not a research study, ethical approval has been received from the University of Hertfordshire Ethics Committee (protocol number: HSK/SF/UH/00051). If you would like to find out more about this project before agreeing to be involved, you can contact one of the team members detailed below.

Project Team:

Lisa Whiting (Project Lead); 01707 285291; L.Whiting@herts.ac.uk

Mary Donnelly; 01707 285247; M.L.1.Donnelly@herts.ac.uk

Debbie Martin; 01707 285211; D.5.Martin@herts.ac.uk

I would like to take this opportunity to thank you for taking the time to read this information sheet.

Appendix 2.11: Young Person Information Sheet

Delivering effective nursing care to children and young people outside a hospital setting

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

Hi,

My name is Lisa Whiting. I am a Registered Children's Nurse, employed as a Principal Lecturer in Children's Nursing at the University of Hertfordshire.

Sometimes young people become ill and need to access health care – this can be provided within a hospital, or, outside of a hospital (such as in your home, a GP surgery, a clinic or a walk-in centre). We are undertaking a project to find out what is important in terms of delivering effective nursing care to children and young people in an outside of hospital setting. Although the focus of the project is nursing practice, it is also important to gain insight into your perceptions of outside of hospital health care and the associated services.

What is the purpose of the project?

The project aims to find out what education and preparation is required for nurses (who are working in an outside of hospital setting) to enable them to meet the health care needs of children and young people. In order to do this, we need to find out the things that are important to you as a young person.

Why have you been invited to take part?

You have been invited to take part in this project as you are a member of the National Youth Agency's Youth Advisory Group; I have spoken to Rebekah Leedham and she has agreed that I can approach you to ask you for your views about what is important to you in terms of accessing healthcare and the qualities that you would like to see in nurses.

Do I have to take part?

No. It is entirely up to you.

What is involved?

I would like you to complete a short questionnaire; I have sent this to Rebekah and she will give it to you, if you would like to be involved in the project. Once you have completed the questionnaire, you will return it to Rebekah who will send it to me.

What will happen with the information?

The questionnaire will only be accessible to me and the project team and will be kept securely. The information from the questionnaires will be analysed and will be used in the final report that is written; part of this may be presented at conferences or published in professional journals. You may have a copy of the report if you like; you will also be sent a gift voucher and a formal thank you letter.

What are the possible benefits of taking part?

It is important that young people are given the chance to express their views and that these are taken into account in terms of the provision of future healthcare; this project will give that opportunity; although the project may not specifically benefit you, it could provide important information for the future.

What re the possible disadvantages of taking part?

There are no foreseeable risks to taking part, but if you find any aspect of the questionnaire uncomfortable, you can leave a question blank or change or mind and not complete the questionnaire at all. If you feel that you need to access additional support services, please contact Rebekah or a member of the project team (details below).

Who is organising and funding the project?

The project is being led by me, Lisa Whiting; it is funded by Health Education North Central and East London [HE NCEL]. HE NCEL has responsibility for ensuring that high quality education and training is provided to all health professionals including the next generation of nurses, doctors and dentists across the area that they cover. Although this is not a research study, ethical approval has been received from the University of Hertfordshire Ethics Committee (protocol number: HSK/SF/UH/00051).

What if you have some questions about the project?

If you would like to find out more about this project before agreeing to be involved, you can contact one of the team members detailed below.

Project Team:

Lisa Whiting (Project Lead); 01707 285291; L.Whiting@herts.ac.uk

Mary Donnelly; 01707 285247; M.L.1.Donnelly@herts.ac.uk

Debbie Martin; 01707 285211; D.5.Martin@herts.ac.uk

I would like to take this opportunity to thank you for taking the time to read this information sheet.

Appendix 2.12: Parent and Carer Information Sheet

Delivering effective nursing care to children and young people outside of a hospital setting

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

Thank you for taking the time to read this information sheet. My name is Lisa Whiting. I am a Registered Children's Nurse, employed as a Principal Lecturer in Children's Nursing at the University of Hertfordshire. The information contained in this sheet relates to a scoping project that the University is undertaking on behalf of Health Education North Central and East London Local Education and Training Board [HE NCEL LETB]. HE NCEL LETB has responsibility for ensuring that high quality education and training is provided to all health professionals including the next generation of nurses, doctors and dentists across the area that they cover. We would very much value your knowledge and expertise in terms of informing the project.

Sometimes children and young people become ill and need to access health care – this can be provided within a hospital, or, outside of a hospital (such as in your home, a GP surgery, a clinic or a walk-in centre). We are undertaking a project to find out what is important in terms of delivering effective nursing care to children and young people in an outside of hospital setting. Although the focus of the project is nursing practice, it is also important to gain insight into your perceptions of out of hospital health care and the associated services.

What is the purpose of the project?

The project aims to find out what education and preparation is required for nurses (who are working in an outside of hospital setting) to enable them to meet the health care needs of children young people. In order to do this, we need to find out the things that are important to you as a parent/carer.

Why have you been invited to take part?

You have been invited to take part in this project as you as you are a member of the Royal College of Paediatrics and Child Health's Parent and Carer Advisory Panel; I have spoken to Farrah Pradhan (Patient Insights Advocacy Coordinator) and she has agreed that I can approach you to ask you for your views about what is important to you in terms of accessing healthcare for your child(ren) and the qualities that you would like to see in nurses.

Do I have to take part?

No. It is entirely up to you.

What is involved?

I would like you to complete a short questionnaire; I have sent this to Farrah and she will give it to you, if you would like to be involved in the project. Once you have completed the questionnaire, you will return it to Farrah who will send it to me.

What will happen with the information?

The questionnaire will only be accessible to me and the project team and will be kept securely. The information from the questionnaires will be analysed and will be used in the final report that is written; part of this may be presented at conferences or published in professional journals. You may have a copy of the report if you like.

What are the possible benefits of taking part?

It is important that you are given the chance to express your views and that these are taken into account in terms of the provision of future healthcare; this project will give that opportunity; although the project may not specifically benefit you, it could provide important information for the future.

What re the possible disadvantages of taking part?

There are no foreseeable risks to taking part, but if you find any aspect of the questionnaire uncomfortable, you can leave a question blank or change or mind and not complete the questionnaire at all. If you feel that you need to access additional support services, please contact Farrah or a member of the project team (details below).

Who is organising and funding the project?

The project is being led by me, Lisa Whiting; it is funded by Health Education North Central and East London Local Education and Training Board [HE NCEL LETB]. Although this is not a research study, ethical approval has been received from the University of Hertfordshire Ethics Committee (protocol number: HSK/SF/UH/00051).

What if you have some questions about the project?

If you would like to find out more about this project before agreeing to be involved, you can contact one of the team members detailed below.

Project Team:

Lisa Whiting (Project Lead); 01707 285291; L.Whiting@herts.ac.uk

Mary Donnelly; 01707 285247; M.L.1.Donnelly@herts.ac.uk

Debbie Martin; 01707 285211; D.5.Martin@herts.ac.uk

I would like to take this opportunity to thank you for taking the time to read this information sheet.

Appendix 2.13

Consent Form

Delivering effective nursing care to children and young people outside of a hospital setting

PROJECT LEAD: Dr. Lisa Whiting, University of Hertfordshire

	Please initial (Participant)
1. I have read and understood the information sheet (version 1.1) for the above project. I have had any questions about the project answered to my satisfaction.	
2. I agree to take part in the project and understand that I can decide to leave it at any time without giving a reason.	

Details of person participating in the project:

Name (please print):

Please indicate your designation with a tick [√]

- Pre-registration nursing student
 University academic
 Nurse working in clinical practice, please specify role title:

.....

Signature: Date:

Name of person taking consent:

Name: Date:

Signature: