

**Purpose** This study aimed to examine the impact of introducing or expanding children's community nursing (CCN) services, and understand the contextual mechanisms that mediate the success of planning and implementing such service change. This paper presents findings about the identified contextual mechanisms: the perceived factors that mediated efforts to plan and implement new or expanded CCN services.

**Methods** A case study design was used with five health communities in England that had recently, or were in the process of, introducing or expanding their CCN provision. Data were collected through twenty-one longitudinal (time frame), in-depth interviews and 6 focus groups with 41 children's community nurses, managers and commissioners. Interviews and focus groups explored the processes, barriers and facilitators to service change planning and implementation. Documentary evidence was also collected. Data were managed using the Framework approach, and analysed thematically.

**Results** Service change was implemented as planned in three sites, and partially in one site. Intended change was not achieved in one site. Dedicated finance, medical buy-in of CCN, and (where multiple providers were involved) use of a centralised network, all facilitated the achievement of service change. Competition between providers and NHS reforms made service planning complex and time consuming. An absence of medical support for CCN services, and a lack of commitment from commissioners, prevented intended service change in two sites. Communicating service change was deemed important for integration with, and take up by, other local NHS services. However, CCN team staff struggled to do this alongside care delivery and talked of the need for 'marketing'. Demonstrating value and impact of the new and expanded services was challenged by inadequate data collection systems and inaccessible or overly complex data. Staff were keen to explore ways of measuring quality-based outcomes.

**Conclusions** Issues of visibility and acceptability of CCN services appear to pervade the reported difficulties and successes of planning and implementing service change. Implications for care 'closer to home' policy and practice will be discussed.

G11

#### TRANSITION FROM HOSPITAL TO HOME: PSYCHOSOCIAL ADAPTATION AND ADJUSTMENT IN PARENTS OF INFANTS WITH SINGLE VENTRICLE HEART CONDITIONS

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**Aims** The study presented here retrospectively explored psychosocial adaptation and adjustment in parents going home for the first time with their infants following first stage cardiac surgery for single ventricle heart condition.

**Methods** Parents, all members of Little Hearts Matter (LHM, a UK Congenital Heart Disease Charity) completed an online questionnaire which asked about family demographics, time of diagnosis, location of specialist heart centre, distance from home, discharge information, social support, parents' feelings about going home, confidence and anxiety at the time of discharge (T0) and at the time of completing the questionnaire (T1). A non-experimental survey design was used; the questionnaire was structured so that both parents could answer the questions independently. 62 families with infants aged between 0–2 years were sent an email via LHM inviting them to complete the online

questionnaire during Nov 2012. There were 22 responses (35% response rate) from 6 couples, 15 mothers and 1 father. Care had been received at 11 UK specialist cardiac centres and 1 in Australia.

**Results** There were no statistically significant differences between demographic data (age, education, ethnicity, employment, living arrangements, household income) when compared against mother's anxiety and confidence at T0 or T1; however mothers living > 100 miles away from the specialist cardiac centre were statistically significantly more anxious at discharge T0 ( $p = 0.025$ ) than those living <20 miles away. Mothers whose infant had a hypoplastic left heart were statistically significantly more anxious at discharge than those whose infants had hypoplastic right heart ( $p = 0.006$ ) as were Fathers with a secondary school education compared to a Bachelor's degree ( $p = 0.031$ ) at T0 and T1 ( $p = 0.026$ ). There was a statistically significant difference when comparing mothers' anxiety levels at discharge T0 and T1 ( $p < 0.0005$ ) and confidence scores at T0 and T1 ( $p < 0.0005$ ) and Fathers' anxiety levels at discharge T0 and T1 ( $p < 0.018$ ).

**Conclusion** This is the first study of its kind to explore parents' psychosocial adaptation and adjustment during the transition from hospital to home following first stage cardiac surgery for single ventricle condition. The study provides new insights into transition for these parents. Implications for practice will be discussed.

G12

#### DELIVERING EFFECTIVE NURSING CARE TO CHILDREN AND YOUNG PEOPLE OUTSIDE OF A HOSPITAL SETTING

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*"I have found being able to access care at home, or in a non-hospital setting to be invaluable to improving my health."* [Young person participant]

This presentation will provide an overview of an exploratory study that was financed and commissioned by Health England North Central and East London Local Education and Training Board [HE NCEL LETB] and was undertaken by the University of Hertfordshire between February and August 2014.

**Research 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?"

The study focussed on the 'outside of hospital' [OOH] environment, although health visiting and school nursing was excluded. Ethical approval was granted by the University of Hertfordshire.

**Methods** A mixed methods data collection approach was adopted.

Consultation, by questionnaire, with young people ( $n = 14$ ) via two established Youth Advisory Panels (National Youth Agency; Royal College of Paediatrics and Child Health).

Consultation with nursing staff working in OOH settings in the NCEL area; data was collected via questionnaires sent to the 11 CCN teams (response rate: 64%), and, via individual semi-structured interviews with clinical nurses

Consultation with four Higher Education Institute [HEI] providers within the NCEL area; semi-structured interviews with

8 academic staff and focus groups with 14 pre-registration Children's Nursing students were undertaken.

**Analysis** Descriptive analysis of questionnaire data.

Thematic analysis of focus group and interview transcripts.

**Key findings** Young people identified factors (such as nurses' communication and clinical skills) which they considered to be important to the care they receive in OOH settings.

There is a wide variation in pre-registration Children's Nursing students' OOH clinical experiences.

There is a lack of consensus within and between HEIs, and nursing staff, in relation to the nature, duration and intended learning outcomes of OOH clinical experiences.

There is limited opportunity for post-qualification education.

There are significant challenges associated with the appointment of newly registered Children's Nurses to posts within OOH settings.

The presentation will be illustrated with participants' quotes.

**G13(P)** **A PROSPECTIVE REVIEW OF PSYCHOSOCIAL FUNCTIONING IN PARENTS OF INFANTS WITH COMPLEX CONGENITAL HEART DISEASE GOING HOME FOR THE FIRST TIME FOLLOWING FIRST STAGE CARDIAC SURGERY**

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**Aim** The study presented here prospectively explores psychosocial adaptation and adjustment in parents going home for the first time with their infants following first stage cardiac surgery for complex congenital heart disease (CHD). Preliminary review of psychosocial functioning (anxiety, depression and confidence) and parent demographics in 15 parents (12 mothers, 3 fathers of 12 infants) enrolled into a feasibility study exploring the efficacy of home monitoring for infants born with complex CHD, will be presented.

**Method** Parents of infants being discharged from a specialist cardiac centre in the UK are recruited into a feasibility study, which commenced in August 2013 and ends in February 2015. The study is split into 3 randomisation arms: Group A were discharged home with weighing scales, a saturation monitor and a Congenital Heart Assessment Tool (CHAT); Group B were discharged home with the CHAT tool only and Group C were randomised to normal standard care. The parents are interviewed at 4 time points: T0 before discharge, T1 2 weeks post discharge, T2 8 weeks post discharge and T3 following the second surgical intervention (approximately 4–6 months post discharge). Baseline demographic data (family demographics, time of diagnosis, distance of specialist cardiac centre from home) is collected and parents are asked to complete the PHQ9, GAD7 and Maternal Confidence score (MCS) at each of the interviews.

**Results** A preliminary review of the data collected from 15 parents, has demonstrated an improvement in anxiety, depression and confidence scores for all parents. Whereas some scores showed significant improvement a minority have shown a minimal increase in confidence scores. A more in depth analysis is currently being undertaken and these results will be available for display at the conference.

**Conclusion** This is the first study of its kind to prospectively explore parents' psychosocial adaptation and adjustment during

the transition from hospital to home following first stage cardiac surgery. Despite the small number of families recruited into the study so far, the results provide an important insight into the discharge care and support these parents require. Implications for practice will be discussed.

**Acknowledgement** Study in collaboration with Little Hearts Matter, Heart Research UK and Coventry University (sponsors).

**G14(P)** **A COLLABORATIVE EDUCATIVE APPROACH TO INVEST IN ENABLEMENT OF TRANSITION: CLOSING THE GAP BETWEEN CHILDREN'S AND ADULT SERVICES**

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**Aims** An overview of the creation, delivery, evaluation and impact of a collaboratively designed health professional degree and master's module supporting establishment, augmentation and enhancement of transitional services across long term conditions, life threatening illnesses, learning disability and mental health provision.

**Methods** A collaborative engaged multi-disciplinary module team with a combined vision to develop practitioners' knowledge, skills and abilities concerning effective transition opportunities worked together. We designed an interactive blended-learning module supported by nationally recognised experts in the field, on-line resources and access to the RCPCH Adolescent health module.

The module was delivered and evaluated exceptionally well. Students were assessed design and presentation of their proposals to change and develop their services to be more 'adolescent and transition friendly'. The written assessment was a report to be delivered within the students areas of practice to facilitate the changes intended to realise development of effective transition services accordingly.

The module was delivered at level 6 and level 7 to support a multi-disciplinary team approach to embracing transition. Local Education Training Board (LETB) funding supported student attendance.

**Results** Students included Nurses, Doctors, Dietitians, Psychologists and Youth Workers evaluated the module excellently and highlighted opportunities realised within their own practices and specialisms. This demonstrated a change in thinking, renewed energy to face change and tackle potential challenges to providing effective transition. Synergistic opportunities were also realised by managers and commissioners attending the students' presentations and 'signing up' to supporting the fresh approaches and ideas within their services to enable effective transition to be appreciated.

**Key outcomes for students and practice** Developing a clearer vision through action planning, thus developing a wealth of knowledge and resources to stimulate change. Heightened motivation and confidence facilitated renewed energy to initiate practice communication with adult service colleagues.

Students had 'a voice' rather than hierarchy intimidating their vision for their team. The action plans met patients' needs for improvement and development to close service gaps.

**Conclusion** Quality transition services can be realised rather than just 'talked about'. Practitioners are engaged in critical