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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 January 2023		Agenda Item	4.5
Report Title	External Review of the Children's Community Nursing Team Service – Progress Update			
Report Author	Jane Phillips – Quality Improvement Lead NPTSSG			
Report Sponsor	Lesley Jenkins – Group Nurse Director, NPTSSG			
Presented by	Lesley Jenkins – Group Nurse Director NPTSSG Jane Phillips – Quality Improvement Lead NPTSSG			
Freedom of Information	Open			
Purpose of the Report	To provide an update to the Quality and Safety Committee on the progress made in the Improvement Plan for the Childrens Community Nursing Team. The Improvement plan was developed following publication of the External Review Report into the service which commissioned by the Health Board in April 2021.			
Key Issues	<p>Key issues identified in the report were:</p> <ul style="list-style-type: none"> • Lack of clear team governance structures with concerns being managed internally with no robust consistent process in place; • The service model for the children's community nursing focused primarily on continuing care and not the delivery of the wider community provision of care; • Limited evidence of the team working in partnership with families; • The culture of care was identified as being complex with what appeared to be an inflexible leadership style. 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the key findings of the report. • NOTE the progress against a number of red actions relating to the workforce reported in the last paper. • NOTE the remaining actions linked to Business case which describe the resources required for it to be fully supported • NOTE the lack of progress in the following actions: 			

	<ul style="list-style-type: none"> - Ensure the recommendations relating to multiagency pathways and assurance are achieved through the Continuing Care Transformation Board. - The Health Board and NPTSSG to consider the most appropriate position for the CCN Service within the Health Board structure.
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External Review of the Children's Community Nursing Team Service – Progress Update

1. INTRODUCTION

The purpose of the paper is to provide the Quality and Safety Committee with progress report of the Children's Community Nursing Improvement Plan. The Improvement Plan was developed in response to the recommendations identified in the external report (Appendix 1) into the Health Board's Children's Community Nursing Team. Previous reports have been to update on progress against the actions and highlight the key areas where limited or no progress has been made against the Children's Community Nursing Improvement Plan (Appendix 2).

2. BACKGROUND

In the autumn of 2020 the Executive team commissioned an external review of the Children's Community Nursing Team Service. The review was commissioned in response to concerns raised by families who used the service. The review was undertaken by two external reviewers who were commissioned for their experience in providing social care services for families with children and long term commissioning. The focus of the review was on identifying key areas of strength to build on, and areas of potential risk, where further action might be recommended.

The review focused in more detail on:

- the culture of care, particularly focussing on family involvement;
- direct experience of children and families using the service;
- direct engagement with staff within the service; and
- how professional nursing standards are delivered.

The Children's Community Nursing Service team are one of the teams at the forefront of caring for children and young people with complex needs and providing the required level of support for this cohort of families.

The reviewers spoke to families and dedicated skilled nurses and support workers, most with many years' experience. However, limitations were identified that prevented families from receiving the standard of service that given to the Health Board would have been expected or which fully represented the Health Board values. The executive summary of the report is attached as Appendix 1.

In summary, there were several key factors identified that affected the service being able to fully deliver to the Health Board standards and values:

- The lack of clear governance team structures; these were ambiguous and did not support easy oversight or the ability to identify concerning trends arising, to address issues in a timely manner, or to support decisions made. It was not

possible to see how the Board could be assured as to the standards or safety of the service provided. There was also an accepted practice of incidents not being reported (via Datix) which also served to conceal emerging trends from the wider Health Board. Some immediate issues were identified at the time of the review and were addressed as soon as they were raised.

- The service model; whilst this provided services for three distinct categories of children (acute, chronic and continuing care), continuing care was the primary focus and formed the basis of funded establishment for the whole service. There were concerns about key management data being captured, and its use to support the service as a whole was limited. Service design itself had built-in challenges including the time taken to deliver an approved package of care, registered nurses working office hours whilst HCSWs work mostly at night, and meeting a child's needs in a family home which was also the workplace for the HCSW.
- Partnership working; The '*what matters to me*' and '*voice and control*' requirements that underpin the Social Services and Well-being (Wales) Act (2014) do not appear to have been reflected in the way services have been developed and offered to parents. There was little evidence to show families were partners in the delivery of care. Parents were found to be frustrated due to poor communication and relationship management from the leaders of the CCN Service, leading to a breakdown in the parent / service provider relationship. There was a perception of sanctions being imposed by the service should families complain leading to a lack of trust and / or total breakdown in the relationship with the team.
- Culture of care; This was identified as being complex with what appeared to be an inflexible leadership style. Staff were left feeling demoralised and frustrated having raised concerns relating to workload and their ability to sustain a safe service during the pandemic. No evidence was found to reassure the Board that concerns were appropriately addressed or resolved. The review highlighted that any continuing care decisions for paediatric cases were made by the adult panel who had limited knowledge to support decision making in such cases. There also appeared to be a lack of knowledge and understanding of the Continuing Care process within the wider health board management and governance arrangements, which reduced the ability to audit and monitor the implementation of the Welsh Government guidance to provide adequate assurance to the Board.
- The experience of children and families; None of the families were critical of the CCN Service as a whole and many praised aspects of the service but there were concerns about specific issues which were not appropriately addressed. A recurrent theme included the Continuing Care assessment process. Many

families spoke positively about the HCSWs that actually deliver the care and of registered nurses who helped and supported them to navigate the process to access care.

- The views of the CCN Team; In analysing the views and responses from all registered nurses in the team and a cross-section of HCSWs, it was clear staff were aware of the challenges and issues faced by the families and were keen to help resolve them. The review team felt the staff they met were caring and committed with innovative ideas that could help shape the team moving forward.

3. GOVERNANCE AND RISK ISSUES

The Children & Young People (CYP) Division Improvement Plan was developed by the service in response to the external report into the Childrens Community Nursing Team. The report was approved by the Health Board in November 2021. The Improvement plan has been evolving as parents/families and staff engage with the service and contribute to ongoing service improvements and developments.

For this reporting period there remain a small number of actions in the Improvement Plan which are off track. This position was highlighted in the September 2022 report to the Quality & Safety Committee & the Management Board on 10th August 2022. They relate to the Transformation Board for Continuing Care – these are explained in more detail later in the report. The previous red actions highlighted were relating to the financial constraints on the Children & Young People Business Case a number of which have now been successfully supported since the last report.

FEEDBACK

- **Staff Feedback**

100% of the registered nursing staff have received formal feedback from the reviewers.

Previously we reported that less than 20% of the unregistered workforce attended for the formal feedback. The Healthcare Support Workers (HCSW) training days were established in December 2021 to incorporate the learning from the report, and offer an opportunity to contribute to developing community services for the future. Due to staffing shortages since March 2022, these sessions have been postponed in order to maintain care delivery for children and their families. At the time of writing the report the total number of staff who have attended is **45%**, there are a further two dates planned December 28th and January 3rd this will take the total to **75%**. The remainder of staff not attended include those on maternity leave and long term sick. The professional day will continue annually for all staff with themes that reflect feedback from the report, government guidance and caseload management.

- **HCSW's patient/parent feedback**

We have previously reported on the development of a system using the mobile devices issued to the community staff to assist the 40+ HCSWs to provide feedback. This system called '*What's the Noise*' provides an opportunity to gain the views and feedback from the HCSW's as they work with families. It commenced at the end of May 2022 and to date there have been 9 comments from the team – these are reported via the Health Board Patient Feedback team to the Division for sharing and to be acted upon. Whilst the number is quite low we are continuing to encourage the team to commit to providing us with feedback.

- **Formal Family Feedback of the Review Findings**

Just over 50% of the families met with the reviewers and the senior nursing team to receive formal feedback. Summaries of the discussion have been recorded and shared with the families.

In March 2022 the Service Group Director wrote to the families advising of progress against the improvement plan and requesting the families let us know if they would be interested in being involved with the service improvements. Only one family responded advising they would be interested in being involved.

- **External Follow up Review of the Childrens – November 2022**

Following the publication of the external report in October 2021, it was agreed there would be a 'follow up' review of the service a year after the report had been published. The terms of reference (TOR) for the 'follow up review' have been produced by the reviewers and agreed by the Health Board are included (Appendix three).

The Executive Director of Nursing & Patient Experience has written to the families whose children are receiving continuing care advising them of the planned follow up review and inviting them to re-meet with the reviewers. (Appendix four).

The Childrens community nursing team were all given an opportunity to comment on the TOR and a pre meeting with the external reviewers was held on Thursday 27th October 2022. This gave the staff an opportunity to meet with the reviewers and ask any questions, this was particularly important as the majority of registered nurses currently employed now were not on the team when the initial external review was undertaken.

- **Family experience feedback**

The dedicated QR code developed for the families receiving continuing care has remained limited in its use despite the community nursing team reminding the families of its existence. The QR code allowed the parents to provide immediate feedback about the service. In September the division published a newsletter (Appendix five) to

provide the parents with details of any feedback, what action we had taken and another prompt to encourage its use.

3.2 ENGAGEMENT & PARTICIPATION

- **Staff Participation**

Registered staff continue to have a weekly 'lunch and learn' session, which includes updates and discussion on the improvement plan, training and updating relating to governance, clinical practice etc. From May 2022 weekly 'catch up' meetings have been established for the HCSW's to meet via Teams with the community manager and Lead for the Improvement Plan, to give them an open forum to discuss the service needs and the improvement plan. Attendance has been positive and a log of the suggestions and comments has been collated.

Risks: There continues to be constraints with staff availability due to staffing levels within the team and the clinical commitments. The recruitment process is ongoing but these post continue to be challenging to recruit. This is mainly due to a number of factors: lone working, predominately night duty and working in families homes. The Health Board Nurse Bank service has supported the team to advertise and appoint bank Health Care support worker who will receive additional training to work alone in the continuing care service and be available to support short term absences and support with cover for training of the substantive staff.

- **Family Participation / Engagement**

Due to the 'follow up review' planned for November 2022 the plans for any formal engagement events have been postponed to avoid overburdening families. As part of the 'follow up' review the external team will be asking all the families how they would want to engage with the Health Board in the future.

Progress on fully engaging with families and involving them in the co-production of service design and developments is limited which is why the majority of actions relating to engagement and participation remain amber. For this reason, the majority of actions relating to engagement and participation remain amber on the improvement plan.

In order to fully progress with actively seeking views from the children and their parents with them contributing to service improvements and design further more formal engagement plans must be conducted.

- **External support for engagement plans**

We have previously reported on the Service Group commissioning a Patient Engagement Specialist to provide advice and support on the most effective ways in engaging with users of the service. Whilst the division has been working hard to actively seek feedback from children & families across the service formal engagement plans have not progressed. The specialist has overseen the early stages of parent &

patient engagement and feedback across the CYP division and will provide the Health Board with a summary of her observations for us to consider. It is anticipated the summary report will be available at the end of December 2022.

As previously reported the Health Board engagement team are willing to support various engagement events with patients and parents such as:

- Focus groups
- One to one experience interviews
- Developing a 'In your Shoes' plan to assist in establishing what works well, what doesn't work well and what can we do differently

- **Participation from wider stakeholders**

The Continuing Health Care Transformation Board established with the two local authorities has a wide membership already contributing to the future development of continuing care services. The CYP services continue to be members of the groups however progress with multiagency implementation and quality assurance monitoring is slow. The CYP services have met with the Health Board lead for the transformation board to discuss how the multiagency work can progress.

Risks: There are currently three actions on the improvement plan relating to multiagency partnership working which are 'red' these are:

- **Recommendation 15:** Review the current processes for quality assurance and multiagency decision making to ensure they are managed in line with WG Guidance.
Action - The Transforming Continuing Care work stream to ensure the guidance is fully implemented across the agencies.
- **Recommendation 26:** Ensure appropriate audit processes for Children and Young People Continuing Care are in place that measure compliance with WG Guidance.
Action - Report compliance via the multi-agency transformation programme.
- **Recommendation 19:** Explore a multiagency approach to develop local pathways agreed and jointly owned by the HB and its partners
- **Action** - Fully embed the transforming continuing care pathways and monitor via the Quality Assurance meetings.

Mitigation - There is a proposal for joint working arranged to be presented at to the Transforming Complex Care board on the 13th of December and for workshops to be held in February 23 on what a multi-agency approach will look like. The workshops will look at how the process works now and how it should work if it was done on a multi-agency basis. The deputy Director of nursing is the lead for the Transforming Complex Care programme.

In the meantime, the CYP service continues to work to the new Standard Operating Procedures developed from the national guidance. Monitoring compliance by means of a newly developed assurance framework has commenced and has been registered as an audit on the Health Board Audit plan. Audit outcomes will be reported via the Division Quality & Safety forum and the NPTSSG monitoring meetings.

3.3 WORKFORCE

- **Leadership**

As previously reported the Head of Nursing for Children & Young People commenced in post in January 2022, this offered a great opportunity to develop the Childrens nursing team within the Health Board.

The Division has reviewed the senior nursing structure following that key appointment to ensure robust succession planning, particularly as the Head of Nursing post took over a year to recruit. To prevent future senior professional lead roles failing to be filled the workforce plan now includes a Deputy Head of Nursing post in the structure. This role was included in the workforce business case submitted to the Business Case Assurance Group which has been supported by restructuring roles, the post will be advertised imminently.

As previously reported a new Band 7 Childrens community nursing manager has been appointed with extensive knowledge of community nursing and continuing care. The appointment of this post is critical in ensuring the team is supported through this period of embedding change whilst also rebuilding relationships with parents and carers.

- **Workforce requirements**

The Division developed a business case detailing the resources required to meet the staffing and leadership needs of the team. At the Management Board in February 2022 it was highlighted there was likely to be significant cost implications to fully achieve the required actions.

In the last report there were a number of key posts identified in the workforce business case which the Division was awaiting approval for. However, for this report the position is much improved with confirmation in October 2022 of a staged approach to funding a number of the key posts in the business case. Due to the current financial position these posts need to be incrementally appointed into and is now in progress and posts out to advert this week. These posts include:

- **Nurse assessor for Childrens Continuing Care – Band 7 x 1wte**
- **Childrens Nurse Band 6 x 1.27wte**, for out of hours until 12mid night to ensure the care provided by the Health Care Support workers is in line with the

individual care plans. The post will support and monitor standards of care, in addition to supporting and monitoring the lone working practices of the HCSW's.

- **Deputy Head of Nursing Post** – Band 8b x 1wte

With the appointment of these key posts the risks linked to completion of the actions of the improvement plan have significantly reduced.

Risks: Whilst no longer red actions there are two recommendations linked to the workforce requirements which are yet to be progressed. These are:

- **Recommendation 33:** Due to insufficient levels of HCSW's at Band 3 and 4 available to support care packages there was a risk of delays in care packages being commenced. Additionally, short and long term absences of the team could result in increased cost to the Health Board to support care packages by using external and private care providers to meet the needs.

The Band 4 supernumerary post included in the business case to support Band 3 HCSW in the homes at night and cover for any short term sickness which would assist in reducing the number of incidents where families were left without care and support overnight.

Nurse Bank pool have successfully employed seven Band 3 HCSW's - 3 are now working independently with patients and 4 are going through training and competencies. This allows for release of substantive staff for training, decrease in risk of missed care and mitigate the risk of delay in implementing new packages of care. Current Band 3 vacancies include 2wte, Band 4 -2wte for uplift of new packages and 1wte band 4 for leadership at night.

The recruitment process is ongoing but these post continue to be challenging to recruit into. This is mainly due to a number of factors including lone working, predominately night duty and working in families homes. The Health Board Nurse Bank service has supported the team to advertise and appoint bank Health Care support worker who will receive additional training to work alone in the continuing care service and be available to support short term absences and support with cover for training of the substantive staff

- **Recommendation 4:** Strengthening the governance arrangements was highlighted by the reviewers. The CYP services proposed to appoint a full time Governance lead utilising 0.5wte budget of a recently vacated patient experience nurse. Due to the financial constraints the post will be advertised as

a part time post to reduce risk until resources can be secured for a full time post.

- **Work Force Task & Finish Group**

The CYP Division task and finish group continue to oversee the actions relating to workforce requirements, organisational development programmes and ongoing support for the nursing team.

- The workforce plan has now been completed detailing the Nursing requirement for Childrens Services.
- A standard operating procedure (SOP) for 'out of hours' working for the Health Care support workers has been completed and partially implemented. The final implementation required resources for registered community nurse available until midnight to support the HCSW's has now been supported and will be advertised shortly. This action has moved from **red** to **amber** on the improvement plan.
- The workforce group has successfully developed a Band 4 Job description with core training and competencies. The first appointments have been made into these new training posts with staff progressing through the academic programme in Swansea University. This is an excellent achievement and will ensure there is a career path for Healthcare Support Workers who work in the Childrens community nursing service. This will result in highly trained HCSW's being trained and developed to extend their roles to support the needs of children in the community.
- With the support of the Health Board Organisational Development team the Childrens Community Nursing Team have developed a team philosophy. (Appendix six).

- **Training for the Childrens Community Nursing team**

Training sessions for the registered nursing staff was held in June 2022 facilitated by the Organisational Development team using values based learning, appreciative enquiry and civility. 100% of the registered nursing team attended these sessions with feedback being very positive from the participants and the facilitators.

The HCSW training which includes values based discussion and learning and appreciative enquiry had to be postponed most of the year due to significant staffing constraints. Dates have been booked in December 2022 and into January 2023. As previously reported non-compliance with training for this group of staff remains a risk.

Additional training requirements being planned through the task and finish group will include accessing Health Board training programmes to promote leadership and ensure future successful succession planning:

- Footprints
- Bridges
- Impact training
- Coaching for performance

- **Wellbeing support**

The Childrens Community Nursing team have been under significant stress since before the review was initiated and maintaining the wellbeing of the team has been a priority. It is positive to report that the team are rebuilding with new appointments and the plan to ensure community nursing offers opportunities for rotation from the general paediatric ward will assist in maintaining staffing levels.

Staff continue to be sign posted to Wellbeing and Guardian services with many taking up the support. In the last report we highlighted that the Guardian service had escalated feedback from the team that staffing pressures and the delay in key appointments remained a concern for them. There have been no further concerns escalated by the Guardian service and the planned appointments of a number of key posts will reassure staff.

- **Risk Assessment**

The impact of the external review on the Childrens Community Nursing team, and a number of senior staff leaving or moving out of the service created a new risk as less experienced staff were offered opportunities to work within the team. The number of qualified staff with the level of knowledge and experience in children's community nursing and continuing care remains very small.

Additionally, the HCSW vacancies continue to have an impact on safely being able to cover the care packages. Recruitment plans continue to attract new staff into the service.

The current risk assessment for the children's community teams is **20** and has been included on the risk register.

3.4 QUALITY & SAFETY

- **Incident reporting & Concerns management**

All the actions relating to incident reporting and concerns management have been completed, with 100% of the registered staff receiving training and updating on reporting requirements. The Division continues to monitor reporting levels, themes and trends to ensure continued compliance with guidance and policy. An exception report

is produced and discussed at the Divisional Quality and Safety and Business meetings, which is chaired by the Head of Nursing or Divisional Manager.

- **Audit & Assurance**

The Community Nursing Team have a record keeping audit programme which has been implemented and is undertaken by all the registered staff. Adhoc monitoring of the audits has been undertaken by the Community Nursing Manager and Quality Improvement Lead to provide additional assurance.

The Division has developed a Continuing Care assurance audit framework to monitor compliance with the Children and Young People's Continuing Care Guidance (WG 2020) which was ratified in May 2022. The assurance audit has been registered and logged in the Health Board Audit Plan.

- **Benchmarking with other Continuing Care providers**

Benchmarking across Wales has been challenging, however Swansea Bay UHB has shared the external report and provided a baseline assessment tool with the All Wales Continuing care forum. The learning and ongoing implementation of actions to improve the service have also been shared. It is acknowledged that the configuration of services across Wales is very different and therefore any opportunities to share must continue.

There has recently been an All Wales Childrens Nursing Group to develop KPI's for Childrens services including continuing care, this will assist in future benchmarking.

- **Data monitoring of activity in Childrens Community Nursing Services**

The reviewers identified a lack of any performance activity for the Children's Community nursing services as a consequence there is no way of establishing the appropriate workforce requirements for the three areas:

- Continuing care
- Chronic conditions
- Acute services

The CYP Division has been supported the Information Team to develop a reporting system for all community activity via PIMS + with the acute clinical caseload being the first to be collected. The next steps will be to implement the other two clinical caseloads which is anticipated to be complete by the end of 2022.

4. SCRUTINY AND ASSURANCE OF THE IMPROVEMENT PLAN

Singleton & Neath Port Talbot Service Group Directors monitor compliance and progress of the Childrens Community Nursing Team Improvement plan monthly via a

monitoring meeting. Since September 2022 the 'green' completed recommendations are reviewed at the meeting and the supporting evidence scrutinised prior to final sign off.

Progress of the 34 recommendations in the report is as follows:

- Fully completed (Green) – 15
- Progressing and at various stages of completion (amber) – 16
- Limited progress (red) - 3

It is anticipated a number of the amber recommendations will be completed during January 2023 and will go for scrutiny.

5. FINANCIAL IMPLICATIONS






The CYP Division developed a business case which outlined the resource implications, as now reported significant progress has been made in supporting the posts identified.

6. RECOMMENDATIONS

Members are asked to:

- **NOTE** the key findings of the report.
- **NOTE** the progress against a number of red actions relating to the workforce reported in the last paper.
- **NOTE** the remaining actions linked to Business case which describe the resources required for it to be fully supported
- **NOTE** the lack of progress in the following actions:
 - Ensure the recommendations relating to multiagency pathways and assurance are achieved through the Continuing Care Transformation Board.
 - The Health Board and NPTSSG to consider the most appropriate position for the CCN Service within the Health Board structure.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Implementation of the improvement plan will improve the quality and safety of the children's community nursing service (see appendix 2)		
Financial Implications		
There are financial implications to implementing the improvement plan which will be better understood once key actions are completed.		
Legal Implications (including equality and diversity assessment)		
Staffing Implications		
The children's community nursing team are being supported throughout the process, there is a risk to sustaining the services which has been included on the Children & Young People Risk Register		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>The 'what matters to me' and 'voice and control' requirements that underpin the Social Services and Well-being (Wales) Act (2015) do not appear to have been reflected in the way services have been developed and offered.</p> <p>The improvement plan has been developed to comply with this Act.</p>	
Report History	<p>The Quality & Safety Committee have received regular updates of the external review whilst in progress. An initial progress following publication of the report was shared at the Q&S Committee on 22nd December 2021.</p>
Appendices	<p>Appendix one - Executive Summary</p> <p> Executive Summary.pdf</p> <p>Appendix two – Community Nursing Improvement Plan</p> <p> 2022-11-07 CCN External Review Imp</p> <p>Appendix three – TOR for Follow up Review</p> <p> ToR for One Year Review October 202</p> <p>Appendix four - letter to families re follow up review</p> <p> Letter for Follow Up Review CCN Serv</p> <p>Appendix five – Newsletter for families</p> <p> Childrens Community Nursing</p> <p>Appendix six - Childrens Community Nursing Team Mission Statement</p> <p> Childrens Community Nursing</p>