Career profile: Rebecca Daniels

Rebecca Daniels is Children's Community Nursing project lead at the QNI

Why did you become a nurse?

It was something I always wanted to do from a young child. As a teenager I wrote to Great Ormond Street hospital as I wanted to work with children and young people. I remember seeing children malnourished from the developing world on the TV as a child and finding this really distressing. I always wanted to help and make a difference to those who were suffering.

Where did you train?

I trained in Ealing at Thames Valley University, since renamed the University of West London. I undertook my diploma in children's nursing as part of Project 2000. We were based in nursing residence at Northwick Park Hospital and rotated placements across hospitals in the west of London (including Charing Cross, Central Middlesex, St Mary's Paddington, Chelsea and Westminster, and Northwick Park).

How has your career developed since then?

When I qualified, I worked in a rotational post across children's wards at Chelsea and Westminster Hospital, including medical, surgical, high dependency and adolescent unit. Whilst at Chelsea and Westminster, I was able to study for my BSc child health nursing part time to top up my diploma qualification to an honours degree.

I soon realised however, I enjoyed surgical nursing over medical nursing and applied for a surgical rotation at Great Ormond Street Hospital. I worked across ENT surgery (ears, notes and throat including tracheostomy care), orthopaedic (mainly spinal surgery) and gastroenterology surgery for the next two and a half years. I moved into a senior nurse role on a surgical ward at Kings College Hospital. However, I realised management was not my area of expertise at this stage of my career.

I decided for a change and left for a junior sister role within the community in East London. Initially, I was working to re-establish the Diana Community Palliative Care Team and support the first child in the community who was ventilator-dependent 24/7.

This role involved supporting children and young people with life-limiting conditions and end of life care. Part of the role was teaching health care support workers to deliver care to our ventilated child and others with complex health needs. I rotated back into the community nursing team after around nine months, where I continued to build on my clinical skills taking bloods from central lines, supporting premature babies on home oxygen, teaching school staff and parents to manage home oxygen therapy, suction and enteral feeding.

This led into a practice development role which I took on for around six years, and was where I discovered my passion for teaching others and helping them to develop skills. This role brought together all my clinical skills and expertise, to lead on developing teaching programmes for schools on enteral feeding, teaching health care support workers and school staff to manage long term ventilation and tracheostomy care in the community, inducting new staff and overseeing governance with policy writing.

Rebecca says that nursing has helped her to discover a passion for teaching

The role also included leading and facilitating students on placement and demonstrating to them how valuable the children's community nursing role is and the variety of skills they could learn during their time with us. During this role I started undertaking modules for my MSc in Strategic leadership and service improvement.

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When I returned from maternity leave I was asked to be interim matron, which was a natural progression from my PDF role, and being further in my career I felt more confident to lead and manage the teams. I also developed my knowledge and skills to become a quality improvement coach within the trust, coaching projects to improve services, including improving joy in work.

I took on the permanent matron role five years ago and during this time have

developed the service, which now includes seven specialist areas (CCNT, Diana palliative care team, epilepsy nursing, asthma nursing, children's continuing care, community dietitians and recently our new special school nursing team). I became a Queen's Nurse in 2020, after working in the community for 14 years at the time (now 16 years). During the pandemic, a small cohort of nurses from across the UK and myself came together to try and change guidance on aerosol generating procedure (AGP) within school settings, this led to our national forum being developed.

I have also recently trained to become a professional nurse advocate so I can support staff well-being, deliver restorative supervision sessions and continuing with quality improvement of services. With our national forum work and becoming a Queen's Nurse, I have been able to connect nationally with some exceptional children's community nurses (CCNs) and this has led to being able to work within the Queen's Nursing Institute alongside my community matron role, to help raise the profile for CCNs and develop resources to support the profession and advocate the best practice for our children and young people.

What does your current role entail?

My current role as matron entails overseeing six children's community nursing specialties and also community dietitians. I supervise and support my senior team leads – ensuring they have autonomy to work within their role, but also providing monthly supervision to check on well-being, team progress, what is working well and any challenges they may have. I provide daily leadership to all staff across the teams, problem solving, chair meetings, manage complaints and manage the budget. Budget management includes oversight of staff vacancies, recruitment, sickness, procurement equipment/supplies for clinical and administration work, approving invoices and staff training/development.

I attend clinical meetings as a lead for CCNS with social care, education and clinical commissioning groups (now integrated care systems). I provide clinical expertise and work as an on call manager to provide clinical advise to families on the caseload out of hours. I also work as part of the team when providing end of life care to children and young people (CYP) within our caseload.

I work with our senior management team to deliver on the directorate strategy and with my team leads on local objectives. I will also attend child protection meetings, child in need meetings with complex cases, to support team leads and/or clinical staff within the team. I also work within the teams to identify gaps for improvement and support staff to undertake quality improvement work within the service, encompassing change as required.

What are the best and worst parts of your role?

The best parts of my role are supporting my staff to develop, seeing the service changes and enhancement of the teams over time. I love providing excellent care to our CYP and families and building therapeutic relationships with them. I love working with the education settings to support CYP with medical need to access education with their peers. One of the best parts of my role is being able to provide clinical expertise and role-modelling, developing staff and seeing them grow in their abilities, confidence and autonomy.

The worst parts of my role are the non-patient related work, as a matron I like to be grounded within the team and present, however due to the workload under my umbrella, somethings this can feel like I am spread too thinly, I would love to have more time to work clinically.

What would you change about the profession if you could?

For children's nursing to be recognised wider nationally, to ensure the voice of CYP are included in all government health decisions. If CCN services had more investment, we would have more capacity to develop child focused research within CYP services as this is essential for ensuring we can deliver best practice.

I absolutely love the world of children's community nursing, I would love to see children's nurses more empowered to have a national voice and be able to make a difference to influence policy that is focused on the CYP. Investment into CCNs is critical as we are such small work forces, there needs to be a better understanding of the complex work we undertake daily (CYP in the community who 10 years ago would either not have survived or would have lived their lives in hospital), and better investment into the CCN specialist practitioner qualification. IN

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