



**Assessing Nursing Needs &
Complexity in Education
Settings**

The Ward - Mulcahy (Sussex) Tool



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Forward

Welcome to the updated version of the award-winning nursing tool!

The original Nursing Needs in School Assessment Tool was developed in 2018 by Trudy Ward in collaboration with the Community Children's Nursing service and special schools across West Sussex. Later in 2018, the Nursing Needs tool and its implementation impact was awarded the Royal College of Nursing Institutes Child Health Award.

The caseload Complexity Matrix developed by Jane Mulcahy has been used alongside the Nursing Needs tool since 2019. The Complexity Matrix was initially developed for Community Children's Nursing as part of Jane's MSc dissertation. Jane then created a Special School Nursing (SSN) version in collaboration with local SSN colleagues.

Both the Nursing Needs tool and the Complexity Matrix have been used across the UK for the past 7+ years, and this applied proficiency has informed our 2025 review. You will notice some specific changes, which mainly reflect the changing clinical landscape. We have also provided nurse assessors with more detailed guidance together with practice examples to assist with application of the work.

We would like to acknowledge all those who have provided us with feedback over the years and we look forward to continued engagement as this version is implemented going forward.

Trudy Ward



MSc; BSc; RNC; RNA

Jane Mulcahy



MSc; MA; BSc; RNC; RNA; SPQCCN; PNA

Acknowledgements

This work was undertaken whilst the authors were employed by Sussex Community NHS Foundation Trust and includes examples from clinical practice to illustrate use of the tool.

Key contribution and thanks are extended to: Angie Fudge, Clinical Lead Special School Nursing, Sussex Community NHS Foundation Trust and the wider Community Children's Nursing Service, Sussex Community NHS Foundation Trust for testing and shaping this work.

The Special School Complexity Matrix (in Part 2.) was adapted for use in education settings by Jane Mulcahy. She developed the original Community Children's Nursing (CCN) Complexity Matrix as part of her MSC dissertation, whilst she was undertaking the Specialist Practice Qualification at the University of Surrey. The CCN Complexity Matrix was published in Futureproofing Community Children's Nursing (Royal College of Nursing, 2020).



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Introduction

The Ward Mulcahy Tool is formed of two parts:

Part A: the Nursing Needs Tool

Part B: the Special School Complexity Matrix

The Ward-Mulcahy tool should be completed by a Registered Children's Nurse (RN) with knowledge, skills and experience in community positioned child health, school nursing and complex, long term health conditions in childhood. The tool requires that an initial holistic nursing needs assessment has been undertaken, which would have involved engagement with the child/young person and parents/carers to understand their individual health needs. In addition, further information may be needed from multidisciplinary colleagues to understand the full scope of individual health needs.

The Ward Mulcahy tool can be used as follows:

- **For an individual child: nursing needs & complexity for their Education Health Care Needs Assessment (EHCNA) or Education Health Care Plan (EHCP) annual review report**
- **For a collective whole school nursing needs & complexity assessment**
- **For a collective population of schools nursing needs & complexity assessment**

The tool is used for commissioning and workforce planning across populations for Local Authorities, Schools and Health services. The tool can support the nurse assessor in each local area in determining the nursing resource required using the information gathered from the tool together with Telford (critical thinking and professional judgement) methodology. It can also be used alongside capacity and demand tools to provide a robust triangulation approach. The tool does not offer a prescriptive nurse to pupil ratio or skill mix algorithm, due to the many varied models of service provision across the UK (see section on school geography and service delivery factors).

The information gathered can be used to map current service provision with identified health needs and expose gaps in provision and /or demonstrate changing health needs over time. Examples include assessing nursing needs across all special schools in a local authority annually, assessing all new school entry pupils across a local authority or assessing all needs within one school. In addition, complexity assessment can support nursing workload and capacity planning. A data collection tool is provided in Appendix 1.

Part A THE NURSING NEEDS TOOL

The nursing needs tool focuses on assessing five areas of **health need** which will require nursing input during the child/young person's school day, as well as a sixth element of assessment related to school geography and service delivery.

1. A child/young person who has high level health needs that are likely to be fluctuating and unpredictable during the school day
2. A child/young person who has a complex long term health condition, which requires nursing case management at school, such as provision of a nursing care plan
3. A child/young person who has stable and predictable *everyday* healthcare needs, usually carried out by parents/carers and/or other responsible adults, who have undertaken competency-based training. These are interventions that can be delegated to unregistered, school staff within agreed formal partnership working and service level agreements
4. Partnership working with education and social care
5. Medicines in school
6. School geography and service delivery factors

1. Fluctuating, unpredictable altered health needs likely during the school day

This section identifies pupils with higher level needs, where their health can be fluctuating, unpredictable and carry additional risk.

Fluctuating and unpredictable altered health needs

Pupil has frequent and/or intensive periods of unpredictable or unstable health during the school day e.g. daily or most weeks, and which requires nursing assessment and management as part of an escalation plan*
Pupil receiving active palliative care team input/support
Pupil has everyday health needs that cannot be delegated to school staff/ someone without an NMC registration
Pupil receives funded Continuing Care that includes daytime needs/ or requires referral assessment for this
Pupil has an Advance Care Plan/ReSPECT/End of Life management plan or equivalent document in place**

**this does not include every pupil with a health escalation plan, but those where nursing advice is frequently needed in addition to the escalation plan. This often, but not exclusively, relates to pupils with complex and stepped respiratory plans*

*** some pupils may have longstanding plans, that do not require high level nurse intervention at the time of assessment, but it is helpful to hold this information as well as being indicative of health vulnerability*

Identification of pupils in this domain facilitates consideration of how these high-level health needs can be safely and best met in school. See section 2.1 regarding clinical risk assessment.

2. Complex long term health condition(s)- nursing case management

This section identifies the range of different complex, long term health conditions that pupils may have. These health conditions require a registered nurse, with knowledge, skills and experience of community positioned child health to undertake nursing assessment, care planning, health condition awareness training, professional liaison and evaluation of health needs management in school. Many pupils have more than one health need. The list in the box is not exhaustive and additional rows can be added. The key difference between this section of the assessment and section 3 (stable and predictable everyday health needs – delegated duties), is that a registered nurse is required to provide on-going *nursing management* to support the pupil in maximizing their education whilst living with a long-term condition (s). In this context the nursing role is the safety critical vigilance described by the Royal College of Nursing in the [Definition and Principles of Nursing | Royal College of Nursing](#) This is a role that manages risk and avoids harm regardless of the location or situation.

It involves support for education staff with complex *healthcare navigation and healthcare translation* to ensure pupils receive necessary healthcare management during the school day. The nurse (and other healthcare professionals) is/are proficient in navigating across the different parts of the health system resulting in more effective and timely healthcare support.

The role of the nurse in translating health conditions and providing health information to education staff promotes greater understanding of how specific health conditions and symptoms are likely to manifest during the school day for individual children. This information and advice contributes to joint risk assessments. It also increases education staff's confidence in meeting the child's health needs throughout the learning experience by reducing staff anxiety related to health.

Complex, long term health conditions- nursing case management

Pupil with complex neurological condition: autonomic storming; tailored dystonia plan; severe spasms; VP shunt; DBS device
Pupil with epilepsy (both with & without emergency plans; and /or ketogenic diet, VNS)
Pupil with high-risk respiratory management: invasive or essential ventilation during school day or if sleeping during school day, artificial airway; measured nasopharyngeal suction (beyond the back of the teeth)
Pupil with other respiratory management e.g. severe asthma*, oxygen, oral/nasal suction, nebuliser
Pupil who needs a tailored pain profile protocol/care plan in school
Pupil has tissue viability and/or pressure management needs related to limited mobility and/or medical devices and requiring risk assessment and nursing management
Pupil requires bladder and/or bowel care involving catheter and stoma care management and/or tailored continence programs in school that require ongoing review.
Pupil requires enteral feeding nursing management during school day including a plan for stoma management/repassing the tube
Pupil with parenteral feeding including safety management of a central line
Pupil with endocrine/metabolic condition affecting blood sugar management (do not include ketogenic diet for epilepsy) e.g. type 1. diabetes
Pupil with other endocrine/metabolic condition requiring an emergency/SOS plan e.g. adrenal insufficiency
Pupil requires complex post-surgery care in school management e.g. spinal surgery, hip surgery, bilateral tendon release (current, active nursing management at the time of assessment)
Pupil with other complex long term health condition which require nursing support e.g. condition awareness training and escalation plans - renal/ liver/ cardiac/ skin/ musculoskeletal/add other as required

*Requiring additional nursing support in school beyond standard asthma friendly school's toolkit [Asthma friendly schools - Transformation Partners in Health and Care](#) or beyond tier 1 Asthma capability NHSE

[National-Capabilities-Framework-3.pdf](#)

2.1 Nursing clinical risk assessment

The first two sections of this tool require the nurse to carry out a health risk assessment to determine the need for a nursing presence on site. For some children, a nurse (or nursing associate registrant) is required to be present during the school day, however for other children it might be that a nurse may only be needed at regular intervals to provide care oversight and support case management. In the latter case, a collective assessment of children across the school can be more effective in determining whether there is a critical mass of health needs where nursing is needed. This also facilitates more effective use of the skilled nursing resource across the school population. A hybrid approach of on-site and remote nursing support may be appropriate following nursing clinical risk assessment.

2.1.1 Individual risk assessment

See Appendix 2. for examples of individual risk assessments related to two separate pupils. One has complex respiratory needs including requiring measured nasopharyngeal suction and the other has a complex cardiac condition. Individual pupil risk assessment can help determine the need for bespoke care needs such as 1:1 nursing during the school day. See Appendix 3. to see how to use the Nursing Needs Template for an Education and Health Care Needs Assessment (EHCNA/Education and Health Care Plan (EHCP) Report. Individual risk assessments need to consider local variations in provision, access and acceptance criteria for support services such as Children and Young People’s Continuing Care.

2.2 Whole school risk assessment

The identification of the volume of overall nursing needs within a school can also help determine registered nurse support on-site and/or remotely. The example, Table 1. below maps three Special Schools where pupils have differing nursing and/or healthcare needs identified by the tool. Table 1. identifies the nursing need in relation to the number of pupils with fluctuating, unpredictable altered health needs likely during the school day. These three schools will be used as examples later in this tool to compare other sections of the tool.

Table 1: Fluctuating, unpredictable altered health needs likely during the school day*

Nursing Needs / School	School A (pupils on roll = 97)	School B (pupils on roll =169)	School C (pupils on roll = 222)
Pupil has frequent and/or intensive periods of unpredictable or unstable	39	10	1

health during the school day e.g. daily or most weeks			
Pupil has everyday health needs that cannot be delegated to un-registered staff	6	0	0
Pupil receives funded Continuing Health Care that includes day time needs	14	7	2
Pupil has an advance care plan/Respect/end of life management plan or equivalent in place	14	6	0

*Note – data on ‘Pupil receiving active palliative care team input/support was not recorded at the time of these assessments

- School A has a team of Nursing Registrants on-site to support the high number of pupils with fluctuating and unpredictable health
- School B has two Nursing Registrants who work across the week to ensure there is nursing support every day. There is a nurse on-site every day
- School C does not have daily on-site nursing but there is access to Nursing Registrant advice throughout the school day via the Special School Nursing Advice Line. There is a Nursing Registrant on-site at least weekly to support arising issues

3. Stable and predictable, everyday health care needs (delegated duties)

Some children/young people need support in meeting their healthcare needs *every day* and this includes during the school day. These everyday health needs are usually met by parents and carers at home and may be delegated to responsible, trained and competent adults during the school day. There are regional differences in the way in which this everyday care is delivered, including staff (unregistered adults) being employed by schools, by health or a hybrid approach. Where the health care required is a component of nursing practice, it can only be delegated to an employee of either education or a health organisation by a registered nurse. This must be managed aligned with the most up to date professional guidance. Currently, this is:

Nursing and Midwifery Council

[delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf](#)

Royal College of Nursing (2024) meeting the health needs of children and young people in education and community settings

[Meeting the Health Needs of Children and Young People in Educational and Community Settings | Publications | Royal College of Nursing](#)

NHS England (2024) Duties for health commissioners when supporting children and young people in education with medical conditions

[24.10.24 Duties for supporting CYP in education with medical needs \(1\).pdf](#)

Where everyday health care is delegated within schools, this should be governed through a formal partnership or service level agreement, with attention to the supported governance processes. These include: a partnered overarching policy with standard operating procedures; joint incident and complaint management processes; policies and procedures in education that support delegation of health care tasks; indemnity insurance for staff; appropriate job descriptions for staff who undertake delegated care; and a robust training, competency assessment and supervision process to support staff on-going. The need for training and competency assessment should be explicit within the pupil’s school health care plan or Education Health Care Plan, whichever is most appropriate for the individual child.

For each delegated task, for each named child, a minimum of two staff should be trained and competency assessed. Sometimes three to four staff need to be trained depending on individual needs, such as the task frequency; the whole-time equivalent of support staff assigned and the layout of the school. There should however be caution training higher numbers of staff as maintaining competency requires that the skill is practiced regularly e.g. at least weekly. In addition, training and competency assessment of unregistered staff takes up a considerable amount of nursing time and is usually updated annually. It includes underpinning knowledge delivery; practice time under the direct supervision of a nursing registrant, followed by competency assessment (theory and practical). The amount of time it takes staff to become competent depends on how much previous experience they have undertaking the specific health care task with other children and their capacity to learn health knowledge and master psycho- motor skills. Good safeguarding practice highlights the need to restrict the numbers of adults carrying out intimate/personal care to individual children to the absolute minimum.

Stable and predictable everyday health care needs - standard assessment

Pupil with epilepsy - emergency and rescue medication, VNS and ketogenic diet
Pupil is fed enterally - gastrostomy, nasogastric, jejunostomy feeding and emergency stoma patency care plan
Pupil has high risk respiratory needs – essential ventilation care, artificial airway care, measured naso-pharyngeal suction (beyond the back of the teeth)
Pupil has other respiratory needs – oral/nasal suction, oxygen care, nebulisers
Pupil has blood glucose and/or ketone monitoring needs*
Pupil requires bladder care e.g. CIC; Mitrofanoff; suprapubic, vesicostomy. Includes emergency stoma patency care plan
Pupil requires bowel care /stoma care e.g. ileostomy, colostomy
Pupil is at risk of anaphylaxis requiring an Adrenaline Auto-injector (AAI)
Pupil has other everyday health care needs – add bespoke details

*if this need is met by the Diabetes Team, this is for information only

The original, standard assessment (above) is suitable for taking an overarching, generic review of delegation needs by identifying the volume of need in these core categories. The use of the enhanced assessment below can also be helpful to detail more specific training and assessment needs. This can support planning around training timetables and highlight where a school is supporting a cohort of pupils with higher risk needs, such as respiratory needs

The decision regarding which template to use will depend on the detail needed. Schools with less medical complexity will find the standard template adequate, but those with greater complexity are likely to find the enhanced template more useful.

Stable and predictable everyday health needs - enhanced assessment:

Pupil with epilepsy - emergency and rescue medication, VNS and/or ketogenic diet management
Pupil is fed/has medication via gastrostomy and/or jejunostomy including an emergency stoma patency plan
Pupil is fed via naso-gastric tube/ naso-jejunal tube
Pupil has high risk respiratory needs – invasive ventilation during the school day
Pupil has high risk respiratory needs - non-invasive ventilation during the school day
Pupil has high risk respiratory needs – artificial airway care such as a nasopharyngeal airway (also includes suction requirement)
Pupil has high risk respiratory need - measured naso-pharyngeal suction beyond the back of the teeth. <i>This is non delegable in many areas</i>
Pupil has respiratory needs – oral/nasal suction
Pupil has respiratory needs - oxygen requirement e.g. continuous low flow or as required, including post seizure
Pupil has respiratory needs - nebuliser/s
Pupil has blood glucose and/or blood ketone monitoring needs e.g. type 1. diabetes also any other delegation where blood monitoring is needed
Pupil requires management of an indwelling/draining urinary catheter (urethral; suprapubic)
Pupil requires clean intermittent catheterisation including via vesicostomy or Mitrofanoff
Pupil requires bowel management with ACE or trans anal washout during the school day
Pupil requires emergency stoma patency plan only – device not used during the school day but risk of accidental displacement
Pupil has medicines or interventions via an intravenous central line e.g. Hickman Line, TPN & requires emergency line management plan
Pupil is at risk of anaphylaxis requiring an Adrenaline Auto-injector (AAI)
Health awareness sessions needed to manage complex/high risk escalation plans not already identified e.g. VP shunt
Other delegated clinical care needs – add bespoke details as needed

The volume of delegated healthcare skills within an individual school identifies the need for training and competency assessment, as well as the necessary on-going commitment to clinical supervision that ensures safe delegation. In addition, the volume of higher risk skills, such as

those related to respiratory care, or complex epilepsy also indicates a greater level of nursing oversight is needed to maintain safety.

Table 2. demonstrates the volume of healthcare skills delegated across three Special Schools.

Respiratory needs are highlighted as these often carry additional risk of rapid health deterioration, especially if not managed effectively

Table 2: Stable and predictable everyday health care tasks and delegation

	School A (pupils on roll = 97)	School B (pupils on roll = 169)	School C (pupils on roll = 222)
Total number of health care tasks /delegated care	237	63	10
Total number respiratory tasks	62	11	0

Associated Staffing:

- School A has a team of Nursing Registrants on-site as well as *two wte* Clinical Skills Trainer posts. Clinical skills delegated include invasive ventilation; non-invasive ventilation; tracheostomy care; enteral feeding; catheterisation; elimination stoma care (ACE); oral and nasal suction; emergency seizure care. The medical complexity within this school is particularly high: 85% of pupils have enteral feeding needs; 75% require epilepsy management; and 49% have respiratory needs (oxygen requirement, suction, artificial airway or long-term ventilation)
- School B has two Nursing Registrants who work across the week to ensure there is nursing support on-site every day. Healthcare skills delegated include non-invasive ventilation; oral and nasal suction; enteral feeding; catheterisation; emergency seizure care.
- School C does not have daily on-site nursing but there is access to Nursing Registrant advice throughout the school day via the Special School Nursing Advice Line. The Nursing Registrant is on-site at least weekly. There are no pupils with complex respiratory needs.

It is worth noting that in some areas training and competency assessment may be managed by a separate training team and/or some training may be delivered by specialist nurses, for example Epilepsy Nurse Specialist or Diabetes Nurse Specialist. This needs to be taken into consideration when mapping this aspect of nursing need

4. Partnership Plus: Safeguarding, Looked After Children, transitions and Education Health Care Plan

This section identifies those nursing needs which fall within multiagency statutory

requirements, where a nurse is the health partner working with social care; education; and child mental health services and other health partners, such as Health Transition Nurse Specialists. Where these needs are predominantly met by the partner service/s, they may not have a high impact on nursing work, but this section allows recognition of work that can require significant nurse input and may include and highlight where the nurse is required to cover gaps in other service provision and/or lack of provision.

As identified by the SAPHNA position statement (2024), nurses have a key effective and impactful role in safeguarding, where they can use their specialist knowledge and skills in the promotion, prevention, and early intervention within the safeguarding continuum.

[The Safeguarding Role of Public Health 0-19 Services. Joint Policy Position | SAPHNA – School And Public Health Nurses Association](#)

Partnership Plus

Pupil is a Child In Need with a disability social worker and/or a safeguarding social worker with active liaison and partnership working needed
Pupil has an active Child Protection plan with specific requirement for nursing knowledge and skills input and/or active high safeguarding input
Pupil has an early help plan with specific requirement for nursing knowledge and skills input
Pupil is a Child in Care /Looked after Child with specific requirement for nursing knowledge and skills input
Pupil has an emotional /mental health need that requires nursing assessment, early intervention and referral to specialist services where there is an on-going need for nursing knowledge and skills input
Transition planning, requiring nursing assessment, planning and evaluation: school entry/to secondary/transition to adult services
Nursing assessment and report for Education Health Care Plan [EHCP] /EHCNA
Child in dual placement – mainstream/special school- requiring nursing advice and/or training

At a local level, a professional judgment decision needs to be made regarding the nursing element of partnership working arrangements.

5. Medicines in school

Some children will need to have medicines during the school day. This section highlights how much support is likely in respect of medicines. A member of the school workforce would usually be expected to administer medicines or support the child. This section links with both section 3. guidance, within the everyday health care needs and section 6. regarding commissioned Local Authority and Health services. The nurse can provide advice and support

as part of promoting medicine safety.

Medicines via specialist routes, such as nebulisers and administration of buccal midazolam within an Epilepsy plan, are included in section 3. where this element of care is delegated.

Medicine safety may need to be factored into the nursing clinical risk assessment where the route of administration; the dose and frequency are safety critical. Where the nurse is not involved in medicines administration this section may not need to be completed, however signposting to pharmacy advice and support may be required. Consideration of pharmacy input is crucial. Examples of good practice areas across the country have partnered medicines in schools' policies with a range of standard operating procedures, for example, administering medicines in school; record keeping; storage; training and pharmacist input.

Medicines in school

The pupil needs medicines given at school everyday
The pupil needs medicines given at school some days/occasionally
The pupil needs medicines given for boarding/residential
Total number of medicines administered during a school day or if boarder/residential over 24hrs
Number of support staff who need to be trained in medicines administration per annum

Medicines management in all the example schools previously presented, is undertaken by school staff, with advice and support from the nursing team. School A has significant pharmacy input due to the high volume and complexity of medicines prescribed.

6. School geography and service delivery factors (Local Authority and Health commissioned services)

This section includes assessing external elements regarding school site (s) geography and how education services are commissioned and delivered within the child/young person's Local Authority. Factors to consider as part of the overall analysis of nursing need are:

School geography and service delivery factors

Is the school provision situated on the same campus or on multiple sites? This will help determine the nursing model and risks
How is health care currently managed within the school? Is there on-site nursing for some or all of the school opening times? Is remote access to nursing advice and support available? How is this provided?
Are health care tasks undertaken and/or delegated to school employed staff, health employed staff or a hybrid/partnership model? This will support any recommendations for service delivery moving forward

What does the school deliver already e.g. sleep; relationships and sex education or is there an expectation that the nurse will deliver elements of this work?
Who is commissioned to provide medicine administration training and delivery, including pharmacist input? In some areas the Local Authority and schools are fully responsible whereas in other areas community health services may be commissioned to provide some aspects or all, for example, pharmacist and medicine training. Review policies and procedures. Assess the governance around medicines in school. Make recommendations where identified.
What does the school have in place for basic life support? Who delivers this training? How many staff are trained and how often are they updated?
Is there a separate community health nursing team who deliver all healthcare training? This will inform the overall nursing need either as one nursing team or as two separate nursing and training teams.
Is there a children's community nursing service that supports some/all nursing need in schools?
How do specialist nurse teams support the schools e.g. diabetes, asthma and epilepsy?
Is there a Children's Continence or Bladder and Bowel service that supports containment product provision and /or structured toileting plans or is this managed by the Special school nursing team?
How is the school nursing service configured in relation to the Public Health NHS core offer? Tier/Level 1. work which is often required before referral on for specialist care

All these factors affect the amount of nursing need and time required (additional to what is already commissioned) for individual children, a school population and a Local Authority population.

Part B SPECIAL SCHOOL COMPLEXITY MATRIX

The Scoring Tool is based on a risk management matrix. The frequency of nursing registrant intervention is multiplied by the complexity descriptor for the individual child to identify a complexity score.

This tool was designed for a model of nursing where a registered nurse delegates stable and predictable health care to support workers in education settings. This includes enteral feeding, clean intermittent catheterisation and tracheostomy care. If a registered nurse is delivering these interventions but they could be delegated to support workers, this will need to be identified in the narrative for this section.

1. Complexity Matrix

Frequency of Intervention

Score	Descriptor
1	6-12 monthly review <u>Or</u> once/twice acute intervention with no on-going nursing needs
2	Termly
3	Half Termly
4	2 – 4 weekly nursing intervention
5	Weekly nursing intervention
6	> Weekly nursing intervention

Complexity Descriptor

Score	Descriptor
1	<p>Basic nursing intervention with minimal additional nursing intervention beyond 1- 3 short (approximately 30 mins) interactions/year</p> <ul style="list-style-type: none"> • Reviewing and planning related to new entry or updated Child Health Information Questionnaires • Short-term health liaison with other professionals • Signposting to standard school health training: asthma; allergy and anaphylaxis and associated care plans • Uncomplicated, short referrals to other professionals not requiring a detailed report e.g. dental, ophthalmology
	As Above +

<p>2</p>	<p>Interventions that require > 30-45 mins duration with low level on-going commitment to essentially, stable, routine health care management:</p> <ul style="list-style-type: none"> • Health condition awareness training e.g. dystonia/VP Shunt • Writing associated health condition care plans and updating annually or before if needed • Pressure ulcer risk assessment and care planning and updating annually or before if needed • Bespoke tailored health care intervention e.g. personal, social health education or similar • Lengthier referrals requiring a short report/compilation of data to access other agencies e.g. CAMHS/Social Care referral for Early Help or similar • Active involvement in safeguarding • Active involvement in LAC/CIC process • EHCP report/update annually or before if needed • Planned clinical nursing intervention e.g. wound management/dressing/ phlebotomy de-sensitisation
<p>3</p>	<p>As Above +</p> <p>Lengthier nursing intervention > 60 mins duration with moderate/maintenance level of on-going nursing support and liaison with the wider MDT. Training under the delegated duties procedure including capability competence for emergency situations:</p> <p>Capability training and assessment to meet health needs:</p> <ul style="list-style-type: none"> ➤ Emergency stoma patency (only) ➤ Uncomplicated seizure management with standard emergency medication e.g. buccal midazolam ➤ Anaphylaxis with Adrenaline Autoinjector ➤ SOS feed regime for metabolic condition ➤ Accidental central venous access device (CVAD) issues; ➤ Applying pain and dystonia management plans including when to administer <i>as required</i> medication ➤ Applying post-op management plans e.g. following spinal surgery <p>Delegation of clinical skills:</p> <ul style="list-style-type: none"> ➤ Administration of supplemental oxygen ➤ Management of elimination stoma bags and indwelling catheters ➤ On-going advice and clinical supervision related to capability-competency and delegated duties <ul style="list-style-type: none"> ➤ EHCP report/update annually or before if needed ➤ Developing/updating a pain profile & dystonia plans with a CYP/parent/carer ➤ Health related clinical risk assessment & management planning/updating ➤ Planned clinical nursing interventions e.g. wound management/ dressing; complex phlebotomy with de-sensitisation support
	<p>As above +</p>

<p>4</p>	<p>More complex nursing intervention including training under the delegated duties procedure for at least one clinical skills intervention usually lasting > 90 mins duration</p> <ul style="list-style-type: none"> • Enteral feeding (includes bolus/pump, blended diet) • Clean intermittent catheterisation (CIC) • Highly complex seizure management with mixed seizure profiles and/or multiple emergency medication management • Respiratory management plan including airway clearance techniques such as oral or nasal suction (<u>not</u> tracheostomy management) * • Stable nasal-pharyngeal airway where the CYP can breathe for a short period if accidentally removed • Planned non-invasive ventilation (required during school/college day) • High level of MDT liaison to manage complex health care needs: <p><u>OR</u> C/YP scored at previous 2/3 level but with significant additional nursing intervention for any one of the following involving additional:</p> <ul style="list-style-type: none"> • High activity safeguarding in progress/active • Complex social or emotional issues needing frequent SSN intervention • Other high activity active plan in progress e.g. health transition work; support managing fluctuating health condition; input to detailed advance care planning (CYPACP)
<p>5</p>	<p>As Above +</p> <p>Complex care for a potentially fluctuating health care condition with high MDT liaison including clinical skills training under the delegated duties procedure for at least two different interventions and requiring on-going health surveillance</p> <ul style="list-style-type: none"> • Stable tracheostomy management (suction; emergency change; tie/tape change; basic life support with tracheostomy) • Stable nasal-pharyngeal airway where the CYP is unable to breathe for a short period if accidentally removed • Complex respiratory escalation plan which includes multiple steps for airway clearance/management ** <p><u>OR</u> C/YP scored at previous level 3 with at least 2 additional nursing interventions:</p> <ul style="list-style-type: none"> • High activity safeguarding in progress/active; • Complex social or emotional issues needing frequent SSN intervention • Other high activity active plan in progress e.g. transition <p><u>OR</u> C/YP scored at previous Level 4 with 1 of the above interventions</p>
<p>6</p>	<p>As Above +</p> <p>Requires a registered nurse to always be available on-site. This may be provided by 1:1 additional funding</p> <p>OR</p> <p>Highly complex, active nursing management of fluctuating medical condition that is</p>

changing during the school day. The registered nurse is required to stay on site whilst the student is in school e.g. assessment period for altered health needs for example following a respiratory deterioration and a new suction need; integrating a new pupil with medically complex needs whilst staff are training
A long-term need for the registered nurse to remain on site to manage fluctuating or highly complex care needs requires additional funding

**Tracheostomy management includes multiple skills: changing tube; suction; emergency BLS so is identified in a higher category*

***Deep, measured naso-pharyngeal suction may/may not be delegable in different areas – follow local policy*

Caseload Complexity Scoring Matrix

6	12	18	24	30	36
5	10	15	20	25	30
4	8	12	16	20	24
3	6	9	12	15	18
2	4	6	8	10	12
1	2	3	4	5	6

Standard Scoring Levels

- Green (Low) <6
- Yellow (Low-Medium) 6-14
- Amber (Medium High) 15-23
- Red (High) >23

Special Very Low/Very High Scoring Levels

- Score 1 Grey: category reserved for where intervention is minimal e.g. a review of the entry Child Health Information Questionnaire has identified no health needs requiring SSN input and there are no arising clinical needs. Pupils in this category may be held on a dormant or inactive caseload until a health need arises.
- Score 36. Dark Red: category reserved for either long or short term 1:1 RN care e.g. SSN providing bespoke support integrating a new pupil with medically complex health care needs into school during a period of delegated duties training and assessment or planned nursing assessment following an altered health need to determine if additional nursing support is required on-going AND/OR to identify funded 1:1 RN care e.g. Continuing Health Care funded for an individual pupil.

This table shows the scoring from three Special Schools:

	School 1	School 2	School 3
Total number of pupils in school	97	169	144
Grey (universal /no active clinical care needs)	0	102	82
Green	1	20	24

Yellow	36	21	33
Amber	24	12	3
Red	28	14	2
Dark Red (RN to support 1:1 health needs)	8	0	0

Incorporating a regular process of benchmarking complexity scoring with colleagues and encouraging critical challenge facilitates more effective and reliable scoring less prone to subjectivity. Scoring can be undertaken after each interaction with a pupil and/or on a planned basis, such, as monthly or when the Nursing Needs Tool is applied.

The complexity scores can be used to express the clinical care needs of an individual pupil; group of pupils, such as a class and /or for whole school oversight of needs. In addition, data from the Complexity Matrix can be used to triangulate with the Nursing Needs data and professional judgement, thus creating a robust assessment of nursing needs either for an individual or whole school.

2. Examples of individual complexity scoring

Pupil	Frequency	Complexity	Score
9yr old who has a degenerative neuromuscular condition; minimal shoulder movement which can on good days generate a small change in hand position; continual use of accessory muscles, barrel shaped chest with scoliosis; unable to maintain airway in a sitting position therefore is always lying, usually on their side; minimal effective cough; requires oral and nasal suction 1-3 hourly; oxygen in respiratory escalation plan; hypertonic saline nebulisers; fully gastrostomy fed; fragile skin with previous Grade 2 pressure ulcer. Requires daily RN oversight of health needs	Daily = 6	5	30
11yr old who has an acquired brain injury; GMFCS level V; with upper limb contractures and bilateral hip dislocation and lumbar scoliosis; independent movement of limbs and head; bilateral optic atrophy; unsafe swallow; fully gastrostomy fed; seizures with standard rescue plan; severe dystonic episodes with internal/intrathecal baclofen pump; individualised -pain tool for pain and distress. Requires 2-4 weekly RN oversight of health needs	2-4 weekly = 4	5	20
7yr old who has Autistic Spectrum Disorder, no clinical health needs. Requires sleep management support (current weekly interventions); sleep hygiene plan with bespoke social story; parent interventions; liaison with Community Paediatrician and Specialist Nurses	Weekly = 5 (during active sleep interventions; likely to	2	10

<i>Tier 1 work score is usually maximum complexity 2 but if undertaking several large pieces of work that are not reflected in the score can use professional judgement to score higher. Sense check scoring with an experienced colleague if unsure</i>	reduce to =1 on completion of) *		
Pupil with ACE stoma with low profile balloon gastrostomy button in situ – only accessed at home; ACE stopper to be used if balloon button comes out. Requires annual update of Emergency action plan and care plan, annual training and capability competency assessment of school staff	1-2 times =1	3	3

**Frequency scores will increase during active interventions such as bespoke health management e.g. sleep interventions and/or delegated duties training and competency assessment for staff*

3. Mapping whole school data with other schools

The table below compiles data from nine different Special Schools mapped to each other. The bottom row shows the recommended staff requirement for each school based on the nursing needs assessment. The assessment of nursing needs focuses on the acuity, volume and diversity of four core elements of need:

- Complex and fluctuating needs - individual, clinical risk assessment may be needed for bespoke 1: 1 plans/packages of care. In addition, consideration of cohort nursing can be made, whereby an RN may support an identified cohort of pupils with fluctuating needs
- Total number of long-term conditions – requiring as a minimum, an annually updated care plan in school to support safe, ongoing management.
- Total number of delegated clinical skills, including capability assessment to manage escalation plans such as a VP shunt. More detailed data on delegated duties was collected as part of the assessment process using a spreadsheet. Example extract below:
- Complexity Matrix scores – these are divided into two groups for ease of oversight of higher needs

Some basic RAG rating is used to highlight overall needs. Whilst this overarching information is useful there also needs to be understanding of any additional clinical risk within the individual school e.g. a high volume of pupils with respiratory needs; additional assessed need for 1:1 RN support for an individual pupil/s

	School A	School B	School C	School D	School E	School F	School G	School H	School I
Total pupil numbers	97	169	222	216	207	277	273	143	144
SSN active caseload	97	67	60	68	121	78	101	33	62
Pupils with complex & fluctuating health	39	10	1	8	8	4	4	2	2
Total number* of complex,	530	162	84	99	124	75	77	66	32

long-term conditions									
Total number* of delegated clinical skills	237	63	30	38	23	19	24	16	10
Pupils with complexity Score Red & Amber	60	26	8	9	18	4	0	4	5
Pupils with complexity Score Green & Yellow	37	41	52	59	103	74	101	29	57
Recommended number of RNs during the school day to achieve best outcomes for pupils	5 on-site +3 1RN:1 CYP +2 Clinical Skills Trainers	2.5** 1 based on-site	2** 1 based on-site	2** 1 based on-site	2** 1 based on-site	1.5** 1 based on-site	1.5** 1 based on-site	1	1

*Many pupils have more than one complex, long-term health condition and/or more than one clinical procedure requiring nursing management in school

**recommended but not commissioned. Additional RNs will be needed to deliver 1:1 nursing where assessed as necessary.

The aim would be for at least 1 or more RNs or to be on-site during the school day to support fluctuating health needs and safe delegation of clinical skills for schools A-G In schools H-I the RN may be off-site for essential training and key meetings.

When mapping the number of staff recommended based on nursing needs, it is also important to acknowledge where other services are delivering elements of care for pupils e.g. is there a separate clinical skills training team providing delated duties support? How is the Healthy Child Programme implemented?

Final notes

The nursing needs and caseload complexity tool is intended to provide a means of identifying the *nursing needs* of either an individual pupil and/or the overall *nursing needs* of individual pupils' school /collection of schools. Individual pupil information can be used as part of an Education, Health and Care Needs Assessment (EHCNA).

To use the tool to determine whole school nursing needs, all pupils need to be assessed against all domains of the nursing needs tool and the complexity matrix. In addition, any individual risk assessments need to be considered with regards to bespoke 1:1 RN care. Nursing needs should also be considered in the context of local commissioning arrangements, as the model of nursing

provision e.g. on-site, in-reach and/or bespoke 1:1 nursing care, will also have impact. There is no mathematical formula to determine safe staffing levels, but the examples given should help guide critical thinking and professional decision making (Telford methodology). Further benchmarking with other areas will add to this body of knowledge and support future planning and decision making.

The tool should be applied by a Registered Children's Nurse who has skills and knowledge regarding community management of children and young people with medically complex care needs. It is crucial to be able to recognise that pupils may have everyday health needs that require input in school, but where this is effectively managed within a care plan and through a robust delegated duties framework, this is safe. The greater risk lies with unpredictable and fluctuating health needs where there may be a threat to life and therefore dynamic nursing assessment, clinical decision making and intervention is needed during the school day.

It is also essential to consider safe and effective workforce planning if using the tool to determine wholetime equivalent establishments. The Royal College of Nursing Workforce Standards (2025) recommend a 27% uplift for planned and unplanned absence, as well as using professional judgement to consider other workforce requirements related to travel (for community staff); shift patterns; time for staff support e.g. student and mentor support, clinical and/or restorative supervision; as well as team building and meetings. A key way to incorporate this into calculating workforce needs is to use a job plan model. An example for a Band 6 Registered Nurse could be 80% clinical care and 20% supporting professional activities. Clinical care encompasses both individual direct and indirect care as well as group health interventions and caseload work. Supporting professional activities includes leadership work such as operational meetings; governance work such as service evaluation and audit work; as well as professional development and education work. This can be further divided into the four pillars of nursing (RCN, 2024b) with percentages attached to each of the pillars: clinical care; leadership; research; education.

Skilled nursing in education settings is a precious resource that must be used wisely to support pupils to access their statutory right to education both as safely and as consistently as possible. This requires collaboration with the wider health multi-disciplinary team and education colleagues. Sometimes the role of the nurse can become blurred by the expectations of others and gaps in commissioning or delivery of other services. Nurses working in education settings need to identify their unique role and maintain necessary thresholds and boundaries to ensure they have the capacity to deliver this.

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Appendix 1. Assessing Nursing Needs & Complexity in Educational Settings - The Ward-Mulcahy School Nursing Tool Template

Part A

Fluctuating, unpredictable altered health needs likely during the school day	
<i>Indicates nursing priority input required & shows the need for nursing assessment during the school day likely</i>	<i>For an individual OR for a whole school add total number of pupils*</i>
Pupil has frequent and/or intensive periods of unpredictable or unstable health during the school day e.g. daily or most weeks, and which requires nursing assessment and management as part of an escalation plan	
Pupil receiving active palliative care team input/support	
Pupil has everyday health needs that cannot be delegated to school staff/ someone without an NMC registration	
Pupil receives funded Continuing Health Care that includes daytime needs/ or requires referral assessment for this	
Pupil has an Advance Care Plan/ReSPECT/End of Life management plan or equivalent document in place	
Complex long term health conditions	
<i>Indicates children's nursing advice and interventions regarding long term condition management during the school day</i>	
Pupil with complex neurological condition: autonomic storming; tailored dystonia plan; severe spasms; VP shunt; DBS device	
Pupil with epilepsy (both with & without emergency plans; and /or ketogenic diet, VNS)	
Pupil with high-risk respiratory management: invasive or essential ventilation during school day or if sleeping during school day, artificial airway; measured nasopharyngeal suction (beyond the back of the teeth)	
Pupil with other respiratory management e.g. severe asthma, oxygen, oral/nasal suction, nebuliser	
Pupil who needs a tailored pain profile protocol/care plan in school	

Pupil has tissue viability and/or pressure management needs related to limited mobility and/or medical devices and requiring risk assessment and nursing management	
Pupil requires bladder and/or bowel care involving catheter and stoma care management and/or tailored continence programmes in school that require ongoing review	
Pupil requires enteral feeding nursing management during school day including a plan for stoma management/repassing the tube	
Pupil with parenteral feeding including safety management of a central line	
Pupil with endocrine/metabolic condition affecting blood sugar management (do not include ketogenic diet for epilepsy) e.g. diabetes	
Pupil with other endocrine/metabolic condition requiring an emergency/SOS plan e.g. adrenal insufficiency	
Pupil requires complex post-surgery in school management e.g. spinal surgery, hip surgery, bilateral tendon release (current, active nursing management at the time of assessment)	
Pupil with other complex long term health condition which requires nursing support e.g. condition awareness training and escalation plans-renal/liver/cardiac/skin/musculoskeletal/add other as required	
<p>Stable and predictable <u>everyday</u> healthcare needs (delegated duties)</p> <p><i>Indicates that a registered nurse is required to train and competency assess identified adults under a governed delegation framework agreement</i></p> <p><i>Apply standard OR enhanced version dependent on medical complexity of pupils. The enhanced version provides greater detail where pupils have multiple complex needs</i></p>	
Standard	
Pupil with epilepsy - emergency and rescue medication, VNS and/or ketogenic diet	
Pupil is fed enterally - gastrostomy, nasogastric, jejunostomy feeding and emergency stoma patency care plan	
Pupil has high risk respiratory needs – essential ventilation care, artificial airway care, measured naso-pharyngeal suction (beyond the back of the teeth)	
Pupil has other respiratory needs – oral/nasal suction, oxygen care, nebulisers	
Pupil requiring blood glucose or ketone monitoring needs	
Pupil requiring bladder care e.g. CIC; Mitrofanoff; suprapubic, vesicostomy. Includes emergency stoma patency care plan	
Pupil requires bowel stoma care e.g. ileostomy, colostomy	

Anaphylaxis requiring an Adrenaline Auto-injector [AAI]	
Other care needs – add bespoke details	
OR	
Enhanced	
Pupil with epilepsy - emergency and rescue medication, VNS and/or ketogenic diet management	
Pupil is fed via gastrostomy and/or jejunostomy feeding, including an emergency stoma patency plan	
Pupil is fed via naso-gastric tube/ naso-jejunal tube	
Pupil has high risk respiratory needs – invasive ventilation during the school day	
Pupil has high risk respiratory needs - non-invasive ventilation during the school day	
Pupil has high risk respiratory needs – artificial airway care such as a nasopharyngeal airway (also includes suction requirement)	
Pupil has high risk respiratory need - measured naso-pharyngeal suction beyond the back of the teeth. <i>This is non delegable in many areas</i>	
Pupil has respiratory needs – oral/nasal suction	
Pupil has respiratory needs - oxygen requirement e.g. continuous low flow or as required, including post seizure	
Pupil has respiratory needs - nebuliser/s	
Pupil has blood glucose and/or blood ketone monitoring needs e.g. type 1. diabetes also, any other delegation where blood monitoring is needed	
Pupil requires management of an indwelling/draining urinary catheter (urethral; suprapubic)	
Pupil requires clean intermittent catheterisation including via vesicostomy or Mitrofanoff	
Pupil requires bowel management with ACE or trans anal washout during the school day	
Pupil requires emergency stoma patency plan only – device not used during the school day but risk of accidental displacement	
Pupil has medicines or interventions via an intravenous central line e.g. Hickman Line, TPN & requires emergency line management plan	
Pupil is at risk of anaphylaxis requiring an Adrenaline Auto-injector (AAI)	
Health awareness sessions needed to manage complex/high risk escalation plans not already identified e.g. VP shunt	
Other delegated clinical care needs – add bespoke details as needed	
Partnership plus: Safeguarding, Looked After Children, transitions and Education Health Care Plan.	
Indicates nursing knowledge and skills as a multi-agency partner	
Pupil is a Child In Need with a disability social worker and/or a safeguarding social worker with active liaison and partnership working needed	

Pupil has an active Child Protection plan with specific nursing knowledge and skills input and/or active high safeguarding input	
Pupil has an Early Help plan with specific requirement for nursing knowledge and skills input	
Pupil is a Child in Care/Looked After Child with specific requirement for nursing input	
Pupil has an emotional /mental health need that requires nursing assessment, early intervention and referral to specialist services where there is an on-going need for nursing knowledge and skills input	
Transition planning requiring nursing assessment, planning and evaluation: school entry/to secondary/transition to adult services	
Nursing assessment and report for Education Health Care Plan [EHCP]/ EHCNA	
Child in dual placement – mainstream/special school- requiring nursing advice and/or training	
Medicines Management	
The child needs medicines given at school everyday	
The child needs medicines given at school some days/occasionally	
The child needs medicines given for short breaks/boarding (residential)	
Total number of medicines administered during a school day or if boarder/resident over 24hrs	
Number of support staff who need to be trained in medicines administration per annum	
School geography and service delivery factors	Add Notes separately
Is the primary and secondary school provision situated on the same campus or on multiple sites? This will help determine the nursing model and risks.	
How is health care currently managed within the school? Is there on-site nursing for some or all of the school opening times? Is remote access to nursing advice and support available? How is this provided? Are health care tasks undertaken and/or delegated to school employed staff, health employed staff or a hybrid/partnership model? This will support any recommendations for service delivery moving forward	
What does the school deliver already eg sleep; relationships and sex education or is there an expectation that the nurse will deliver elements of this work?	
Who is commissioned to provide medicine administration training and delivery, including pharmacist input? In some areas the Local Authority and	

schools are fully responsible whereas in other areas community health services may be commissioned to provide some aspects or all, for example, pharmacist and medicine training. Review policies and procedures. Assess the governance around medicines in school. Make recommendations where identified.	
What does the school have in place for basic life support? Who delivers this training?	
Is there a separate community health nursing team who deliver all healthcare training? This will inform the overall nursing need either as one nursing team or as two separate nursing and training teams.	
Is there a children's community nursing service that supports some/all nursing need in schools?	
How do specialist nurse teams support the schools e.g. diabetes, asthma and epilepsy?	
Is there a Children's Continence or Bladder and Bowel service that supports containment product provision and /or structured toileting plans or is this managed by the Special school nursing team?	
How is the school nursing service configured in relation to the Public Health NHS core offer?	

Part B

Complexity Assessment Score

Individual score (example from local digital health record management system - frequency x complexity]

Complexity Tool Matrix Score

Caseload Scoring Matrix						
Complexity	6	12	18	24	30	36
	5	10	15	20	25	30
	4	8	12	16	20	24
	3	6	9	12	15	18
	2	4	6	8	10	12
	1	2	3	4	5	6
	Frequency →					

Green (Low): <6 Yellow Red (High): >23 Dark Red (Very High): 36

NOTE: Previous values may include scores from other services. Please only look at the values in BLACK

Patient complexity risk score

Time (Frequency score)

Please multiply the two scores above and record below

Case management risk assessment score

Complexity reasoning

Whole School Complexity Data Collection

Complexity Score	Number of pupils
Grey	
Green	
Yellow	
Amber	
Red	
Dark Red	

Assessment completed by (signature and print name/s):

Designation & date:

An Excel spreadsheet is also in development to support data collection and may be accessed via jane.mulcahy@nhs.net once testing is complete.

Appendix 2. Example Risk Assessments

Risk assessment type 1. Pupil X has an unpredictable risk of spontaneous cardiac arrest

Department	Assessor	Date
Special School Nursing	Clinical Lead for Special School Nursing	August
Assessment title		Review date
Child has an unpredictable risk of spontaneous cardiac arrest		December (or sooner if health needs change)
Who may be harmed and how?		
There is a risk that this pupil may experience an episode of spontaneous cardiac arrest, which is has been identified by his cardiology team; this therefore has a potential risk of death.		

Ref	Hazard To Be Assessed	How Might Persons Be Affected	Existing Measures In Place	PLR	PSR	RR	Control Measures To Be Implemented To Reduce Risk Further	Timeframe and lead
1	Unpredictable risk of spontaneous cardiac arrest which would require immediate action.	Potential to have a spontaneous cardiac arrest, which may be triggered by various causes including loud noises	<ol style="list-style-type: none"> All staff caring for the child must be familiar with their individual care needs, emergency action plans are in place and reviewed at least annually. The child has his own defibrillator which is carried on his wheelchair All classroom staff have completed Basic Life Support Training; other school staff and Special School Nurses all have annual Basic Life Support training. 	2	5	10	<p>All classroom staff to have familiarisation and capability assessment of how to use the child's own and school's own defibrillators (AED) with paediatric pads.</p> <p>A member of classroom staff will be nominated and responsible for checking the defib is charged and ready for use, every morning on arrival at school.</p> <p>1:1 nursing is not required. SSN to provide advice and support as needed but not required to be on-site at all times – agreed with tertiary, cardiology team</p>	<p>Action complete before X starts school – Sept. 24</p> <p>Daily identification of staff member completing checks by school leadership</p> <p>SSN to review risk at the end of 1st term - Dec. Or before if any change in health needs.</p>

Potential Likelihood Rating (PLR) 1-5 X Potential Severity Rating (PSR) 1-5 = Risk Rating (RR) 1-25

Risk assessment type 2. Airway Clearance Techniques including deep/effective suctioning for Pupil X

Multi-disciplinary (medical; nursing; physiotherapy & education) team respiratory risk assessment following a period of health deterioration with a new need for deep/effective suction beyond the back of the teeth as part of a Respiratory plan. This clinical skill cannot be delegated by the nursing team under local processes. The pupil has fragile health whereby respiratory deterioration in school is likely due to their underlying neuro-muscular condition.

Identified need	Position	Proposed Solution	Contention/Issues to be resolved
This pupil who has a degenerative neuromuscular condition, has a new need for chest physio management which includes oral and measured, nasopharyngeal suction to a depth of 8-10cm and 12-13cm respectively	<p>Measured, naso-pharyngeal suction is an enhanced skill which is not delegated by the local nursing team (there is currently no national standard for delegated tasks)</p> <p>The clinical skill needs to be practiced to maintain competency.</p> <p>It is reported by parents that the program including the</p>	For a small number of competent staff to care for the pupil in the school day.	<p>Parent feels that as this is a skill which is taught to parents it can be taught to others and doesn't feel it needs to be a nurse.</p> <p>The Community Paediatrician has voiced support of Teaching Assistants / Carers being delegated the task.</p> <p>Parent states that measured naso-pharyngeal suction is performed regularly and therefore staff would maintain the competence and confidence to perform the skill</p>

	<p>deep/effective suction is tolerated well</p> <p>The pupil has the potential to deteriorate very rapidly</p>	<p>For parents to keep the pupil at home should they appear even mildly unwell in the morning before school.</p>	<p>The pupil is known to have very rapid health deterioration due to their underlying neuromuscular condition and lack of respiratory resilience. They could become unwell during the school day</p>
<p>This pupil needs to have appropriately trained and competent staff to deliver the care needed to enable safe attendance at school</p>	<p>All agree this is essential</p>	<p>Options:</p> <ol style="list-style-type: none"> 1. Teaching assistants could be approached to gauge their opinion about being trained to deliver this care. Unclear who would deliver and provide on-going supervision 2. Apply for Continuing Healthcare funded nurse / carers 	<p>Insurance – school are seeking advice from the local authority about the public liability (and medical malpractice) insurance that would cover the staff for deep suction</p>
<p>Measured naso-pharyngeal suction is an enhanced clinical skill and as such has additional considerations in the school setting</p>		<p>This class already has another pupil who requires oral suction and staff are therefore familiar with the equipment and principles of routine oral suction</p>	<p>Parent has previously shared the expectation of inclusion and education alongside peers.</p> <p>Privacy and dignity must be considered</p>
<p>The funding for such staff needs to be secured either via Continuing Healthcare or from Local Authority Special Educational Needs Team * local variations</p>	<p>Children’s Community Nurses (CCN) have submitted their CYP Continuing Healthcare referral</p>	<p>SSN Clinical Lead is coordinating the EHCP report with the Special School Nurse and Children’s Community Nurse, parent has sight of draft agreed and now ready to go to go the Local Authority Special Educational Needs Team for the urgent EHCP review</p>	<p>Parent perspective is that there does not need to be a nurse on site providing the care</p>

<p>The delegation, training and competency assessment of deep oral and nasopharyngeal suction to staff</p>	<p>This clinical skill is not within the scope of practice of community nurses as it is more aligned to nurses on a High Dependency Unit</p> <p>A clinical skill needs to be delegated by a health professional with the particular intervention in their clinical skill set. This is most likely to be a Respiratory Physiotherapist</p>	<p>Tertiary centre physio suggested potential regarding ability to delegate to school staff</p>	<p>The level of training and competency assessment being offered by the tertiary centre physio does not align with the Trust standard (as proposed to be a group training session with staff signed off within an hour).</p> <p>It is unclear whether tertiary centre physio would offer regarding troubleshooting and supervision support ongoing</p>
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This collaborative risk assessment, which included the parents voice, was used to inform clinical decision making through MDT meetings. This led to the pupil being able to attend school safely with competently trained Registered Nursing 1:1 care funded by Continuing Healthcare

Appendix 3. Using the Nursing Needs Template for an EHCNA/EHCP Report

Example Children & Young People’s Community Children’s Nursing Service

CONFIDENTIAL
CYP Community Nursing Report
For EHCNA/EHCP Assessment

CHILD’S NAME:

DOB:

NHS NUMBER:

ADDRESS:

BACKGROUND INFORMATION

***** was born prematurely at 24 weeks. - ***** has global developmental delay; Chronic Lung Disease, with a need for intermittent nebulised medication and oxygen at all times; Asthma; Choking/ unexplained breath holding episodes. Hydrocephalus with a VP (ventriculoperitoneal) shunt; Gastro-esophageal reflux; Retinopathy of prematurity with signs of improvement;; sub-luxed right hip; severe egg allergy.

Hydrocephalus is when excess cerebrospinal fluid (CSF) collects in the brain’s ventricles, causing a build-up of pressure and potential brain damage. The VP shunt drains the excess fluid in the peritoneal cavity. Retinopathy of prematurity is caused by the blood vessels in the retina growing abnormally due to lack of oxygen, causing damage to the retina and therefore to vision.

***** was referred to the Children’s Community Nursing Team July 2021 and started at School September 2024, initially part time, but is now full time.

- ***** has required nursing support related to; neurological condition (VP shunt); respiratory assessments; long-term oxygen therapy; liaison with the multi-disciplinary team – predominantly Children’s Physiotherapy and Speech and Language (SaLT); recent referral to services Children’s Contenance service.

Summary of Needs (sections not relevant to the individual child are deleted from the main nursing needs template)

SSN = *Special School Nurse*

	Tick if relevant & comments*
Complex long term health conditions <i>Think about the frequency and complexity of nursing interventions</i> <i>State which nurse would be required input into each area: Clinical nurse specialist; Community nurse or Special school nurse</i>	
Pupil has a complex neurological condition: autonomic storming; tailored dystonia plan; severe spasms; VP shunt	✓ VP shunt care plan from SSN
Pupil has respiratory needs – oral/nasal suction, oxygen care, nebulisers	✓ oxygen/ respiratory

	care plan with nebuliser from SSN
Pupil has tissue viability and/or pressure management needs related to limited mobility and/or medical devices and requiring risk assessment and nursing management	✓ doubly incontinent and mobility issues. Previous pressure ulcers. Assessment and care plan from SSN
Everyday complex healthcare needs	
<i>State which nurse would be required train for each need: Clinical nurse specialist; Community nurse or Special school nurse</i>	
The child has complex respiratory everyday needs e.g. tracheostomy; ventilation, nasopharyngeal airway; deep suctioning; oxygen therapy; nebulisers	✓ oxygen therapy and nebuliser
Number of support staff who need to be trained per annum; by whom?	3 trained by SSN for oxygen and nebuliser 3 trained by Paediatric Respiratory Physiotherapy for chest physio techniques
Pupil is at risk of anaphylaxis requiring an Adrenaline Auto-injector (AAI)	✓ severe egg allergy
Number of support staff who need to be trained per annum; by whom?	3 trained by SSN
Medicines Management	
The child needs medicines given at school some days/occasionally	✓ school staff administer - advice from SSN ad hoc
Total number of medicines administered during a school day or if boarder over 24hrs	✓ variable use of prn/ as required medication
Number of support staff who need to be trained in medicines administration	✓ 3 Medicines management training from local authority
Nursing input to support route of administration e.g. nebuliser	✓ continuous oxygen therapy; nebulizer (as above); rectal paracetamol as needed
Safeguarding, Looked After Children and EHCP	
The child is a Child in Need with specific nursing input in school	✓ SSN role
Nursing assessment and report for EHCP	✓ SSN role

Support Staff Training needs

Three school staff members need to be trained and assessed as competent in clinical skills. Annual updating of all clinical skills is required.

Delegated health care /health awareness training	Duration of underpinning theory teaching sessions *can be delivered to all staff being trained in one session	Expected number of practice training sessions *a novice will need more than someone who has previously carried out the skill	Anticipated duration of each practice training episode	Individual Competency assessment
Neurological condition: VP shunt awareness	20 minutes	1	10 mins	Discussion of VP shunt and associated risks including signs of blocked shunt & infection. Ability to read and implement care plan/escalation plan demonstrated
Asthma/respiratory health awareness	30 minutes	1	15 minutes	Discussion of respiratory health needs including asthma and training of inhaler technique via spacer device. Ability to read and implement care plan/escalation plan demonstrated
Nebuliser	15 mins	1-2 sessions	15 mins	Observation of skill – may need to be via OSCE if not required regularly
Oxygen therapy	30 minutes + oxygen provider safety training	1-2 sessions	30 minutes	Discussion of oxygen therapy and how to administer oxygen, referring to care plans. Ability to fit and adjust nasal

				cannula. Ability to manage oxygen supply safely.
Rectal Paracetamol	30 minutes	1	15 minutes	Discussion of anatomy and how to administer rectal Paracetamol via OSCE if not frequent referring to care plans
Allergy Awareness and Anaphylaxis	30 minutes	1	15 minutes	Discussion of allergy and anaphylaxis. Ability to read and implement care plan/escalation plan demonstrated Demonstrate AAI used using training device

** Medicines management training in School and Basic Life Support (including management of choking) training are the responsibility of the School to arrange for their employed staff in this example*

All About: *****

KEEPING HEALTHY

- ***** is able to meet all of nutritional and hydration requirements orally but needs support and close supervision to achieve this. This support needs to be appropriate for *****, e.g. bite and dissolve foods, chopped up as per SaLT plan, encouragement to eat and drink independently, thickened fluids, support to make healthy choices, non-slip mat to keep plate in place. They have a severe egg allergy and carry an EpiPen.
- Due to the risk of choking they need close supervision whilst eating.
- ***** is doubly incontinent and requires support from Children’s Continence Service to work towards independent toileting.
- ***** can mobilise using a walker when closely supervised by a carer.
- ***** has no awareness of danger and always requires adult supervision.
- *****’s verbal communication is limited, but they can communicate clearly with Makaton signs, hand gestures, body language and using a switch.

Detailed Summary:

School staff caring for ***** need to be able to meet their health care needs, safely and confidently,

alongside personal, emotional and safety needs. To do this, school staff will require both generic and child specific training, with annual reviews and capacity for re-training as *****'s needs change.

This training will include:

- Neurological condition: VP shunt awareness/associated risks including signs of blocked shunt/infection
- Asthma/respiratory health awareness
- Oxygen therapy
- Medicine via specialist routes: nebuliser and rectal paracetamol
- Allergy awareness/use of adrenaline auto-injector

Additional training required from health professionals:

- Chest Physiotherapy – plan and training provided by Physiotherapy Team
- Oral feeding plan - plan and training provided by SaLT team

Additional training via school

Basic life support with choking

Medicines management and administration

How to Support *****

What are the outcomes we want to achieve?

For ***** to attend school and participate in all activities and opportunities, supported by staff that are competent and confident in providing her individualised care.

How will this be achieved/

The Special School Nurse will co-ordinate a program of training and competency assessment to ensure that an adequate number of appropriate School Staff are suitably trained in the nursing care needs of *****.

These records will be maintained and kept up to date and saved within *****'s School Nurse health record.

Who will do this?

The School Head/Senior Leadership will allocate 3 members of staff (class teachers and SSA's) to be trained in the care of *****.

The Special School Nurse and Children's Community Nursing Team will write a clinical care plan; provide on-going support and advice as required; provide further training if the care needs change or staff request an update.

Resources

***** will need the following equipment in School

- Daily care plans
- Escalation care plans (neurological and respiratory)
- Individual Health Care Plan (school led)

- Medication including as required medication e.g. salbutamol inhaler and spacer; nebuliser device
- Oxygen cylinders
- Nebuliser device

This will be provided by:

- Parents
- With support from the GP, Respiratory Physiotherapist and CCN

The cleaning and maintenance of the disposable equipment will be the responsibility of school staff, whilst at school and should be carried out according to the manufacturer's guidelines.

Space within the school environment will need to be provided in order that the equipment can be safely stored, charged where applicable, and easily accessed for use.

Environmental requirements

- Hand washing facilities
- Storage for medication – locked cupboard/fridge
- Storage for oxygen cylinders and nebuliser device
- Bags appropriate to carry regular medication and emergency medication, paperwork relating to escalation plans and administration of regular medication for school trips

Final Statement

It is anticipated that the recommendations given in this plan may change over time. Recommendations and the need for further support will be reviewed and updated in accordance with the Annual Review process.

The outcomes identified for ***** in this plan will only be achieved with the full range of support, training and resources described.

Signed:

Print name:

Job title:

Date:

Copied to: Pupil/Parents/Carers, Health Record,

If you require this information in another format or language, or you need help communicating with us please telephone *****