

UK Committee on Children and Young People's Nursing

09 February 2016

13:00 – 16:00

The Agnes Hunt Room (102), Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

Notes

Present

Fiona Smith, Professional Lead for Children and Young Peoples Nursing, RCN
Lorna Greene, Nursing Coordinator, RCN
Bernie Carter Professor of Children' Nursing, representing the ABPN
Margaret Jeal, Action for Sick Children
Professor Andrew Wolfe, President of association of Paediatric Anaesthetists
Wendy Nicholson, Public Health England
Theresa Bishop, Public Health England
Sue Hatton, Senior Nursing Policy Manager, Health Education England
Shona Cleland, BLISS
Professor Patricia Livsey, Council of Deans
Suzanne Watts, Chair elect of the RCN CYP Staying Healthy Forum
Sally Shearer, Executive Director of Nursing and Quality, Sheffield Children's Hospital
Lynn Davinson, Children's Services Manager, Care Quality Commission
Cath Hubbrick, National Association of Health Play Specialists (NAPHS)
Helen Bauld, Lead Nurse Paediatrics, GIRFEC Practice Development Advisor for Scottish Government (Paediatrics) (teleconference)
Emily Roberts, Safeguarding Children Nurse Consultant, Public Health Agency
Carol Williams, CW Healthcare Ltd (teleconference)
Lorraine Tinker, ACCN (teleconference)
Denise Evans, Chair of the Neonatal Nurses Association (teleconference)
Dr David Clarke, Chair of the All Wales Senior Children's Nurses Forum and the Chair elect of the RCN CYP Acute Care Forum (teleconference)

Apologies

Anne Wilson, Action for Sick Children Scotland
Dr Hilary Cass, Health Education England Children's Lead
Juliette Greenwood, Chief Nurse, GOSH
Helen Kirrane, Campaigns & Policy Manager, BLISS
Ian Willets, British Association of Paediatric Surgeons
Irene O'Donnell, Play Services Manager, National Association of Health Play Specialists (NAHPS)
Dr Michele Amos, Paediatric Psychology Network PPN-UK
Michelle McLoughlin, Chief Nurse, Birmingham Children's Hospital
Sue Ward, Director of Nursing at Central Manchester University Hospitals NHS Foundation Trust
Liz Marland, Chair of the RCN CYP Continuing and Community Care Forum
Jessica Higson, Chair of the RCN CYP Professional Issues Care Forum
Eustace DeSousa, Deputy Director in the national team for Children, Young People and Families in Public Health England
Sue Jennings, Royal College of Psychiatrists
Janice Allister, Children's Lead, Royal College of General Practitioners
Angela Horsley, Network Manager for Maternity, Children and Young People in the East Midlands
Karina Dancza, Professional Advisor, Children & Young People, College of Occupational Therapists
Jean Davies, Strategic Paediatric Educationalists and Nurse Leaders Scotland (SPENS)

Item No.	Notes	Action
01	<p>Welcome</p> <p>FS welcomed attendees.</p>	
02	<p>Apologies</p> <p>Apologies noted</p>	
03	<p>Matters arising</p> <p>The minutes from the last meeting were checked.</p> <p>FS will follow up on action from the previous meeting around scoping numbers of adult nurses working in paediatrics</p> <p>No Matters raised for discussion</p>	
04	<p>Safeguarding children and young people</p> <p>Wendy Nicholson: England perspective and update</p> <ul style="list-style-type: none"> • Commissioned review of child programme in PHE. Will focus on safeguarding. Have had preliminary findings. Final report will be available end of march / April • Also working with NHS England to look a school nurse contribution to safeguarding. Feedback has been that safeguarding seems to be process orientated versus therapeutic. Aim to shift to more therapeutic • Sexual abuse agenda – how to have clearer guidance for professionals including around FGM • Held roundtable with children’s commissioner in October 2015. Need more joint working with Local Authorities. Hoping to have a further event, particular emphasis to be given to children’s voices • Mental Health JSNA including specific content for CYP i.e. will pull out CYP wellbeing indicators in order to create a more robust approach • PHE have published a number of reports including guidance for schools and guidance around young carers. • There has been work around public health workers and broader awareness raising around safeguarding • Work undertaken in respect of child safety including child sexual exploitation, child sexual abuse and mental health services. Recommendations around accreditation programme due around mid April • Rise above website for young people – tackles a range of issues for children and young people <p>Helen Bauld: Scotland perspective and update</p> <ul style="list-style-type: none"> • Currently there is a large amount of work around making sure health boards have met requirements of the Children and Young People (Scotland) Act 2014 by August 2016. Focus on what the needs of children are and child protection versus wellbeing • Implementation of the child’s flag plan i.e. where more than two organisations are dealing with one child, the parent / carer must input into that plan • Child sex exploitation – currently there is work around preventative measures 	

	<p>Emily Roberts: Northern Ireland perspective and update (see attached presentation)</p> <ul style="list-style-type: none"> • Rise in numbers of looked after children in Northern Ireland – similar to trends across the UK. Increase may be explained by a number of factors including an increased level of awareness of child protection issues and greater willingness to take action to protect children who are potentially at risk. • NI has highest rate of infant death (NCB / RCPCH) – why? And why do parents take risks? • Evidence suggests that three major risk factors have accounted for 79% of all <u>SIDS</u> <ul style="list-style-type: none"> ○ Prone infant sleep position ○ Smoking ○ Not breast feeding • PHA taking the lead in addressing the findings of the research to improve outcomes for babies and families. Midwives, Health Visitors and Family Nurses are key. • Learning from the recent CMRs has indicated that there is a need for guidance for doctors and nurses on collation, recording, and storage of information relating to suspected, alleged or confirmed child abuse <p>Dave Clarke: Wales perspective and update</p> <ul style="list-style-type: none"> • Currently there is work around putting into place training to support the Social Services and Wellbeing Act includes continuing care. • There has been the abolition of ‘child in need’ status – to be replaced by new definition of neglect • Safe staffing bill is going through Welsh parliament • Focus on the idea of prudent health care. Focus on both physical and mental wellbeing in infancy • Awaiting launch of Healthy Child in Wales programme 	
05	<p>Student bursaries in England announcement</p> <p>Dave Clarke:</p> <ul style="list-style-type: none"> • This is England only. Wales won't make any statements until after elections but will be looking at very closely. • Main message = from August 2017 both bursaries and course fees will change and will no longer be provided by the commissioning body in the same way • From Council of Deans of Health point of view & Department of Health point of view, this has been accepted with some readiness. Council of Deans of Health supportive and were part of negotiations. • On the monetary side, currently health students have to repay nothing but now will have to repay. Any outstanding balance is written off 3 years after graduation. • Government see it as a positive move and state as a result of the proposals there will be a large increase in number of students who will be able to register • Press = different conversation – Student's Union and students very concerned about detail that isn't there yet i.e. will there be travel / subsistence? Not much detail around who will fund placements. Concerns around governance of placements – who will be responsible for student experience. • Audiology, oncology, radio therapy – what will be the impact? Currently 	

	difficult to recruit to the programmes	
06	<p>Clinical academic careers</p> <p>Bernie Carter</p> <ul style="list-style-type: none"> • 20 years ago there was very little activity for nurses doing higher degrees or doing a job that required PhD. This represented a gap in practise i.e. there was a need to develop research leaders • NIHR was a highly supportive environment to become a research leader • Now there is a substantial number of people working at professorial level and people wanting to do PhD. However most people are doing higher education in a less supportive environment. • Challenge = number of PhD students versus opportunities for them to use their research in clinical practice. These students are then 'lost' from nursing and end up working for universities and government agencies. • There is a mismatch between expectations i.e. going from a senior position within a trust to a junior position in a university – tension between what a university expects from a fledgling academic and what they expect having completed their higher education • Overall outputs from the investment of the programme into the candidates is very worthwhile • Going forward most will not be NIHR graduates 	
07	<p>Recruitment and retention of neonatal and children's nurses</p> <ul style="list-style-type: none"> • Denise Evans: Units are finding it more difficult to support nurses in the area of neonates. Do other member had any advice / guidance as to how to retain neonatal nursing staff? • Helen Bauld: same issue for different reasons. All staffed with midwifery staff. Midwives first level staff working in neonatal units. Midwives are now at retirement. Now have first level midwives who are not going into neonatal area. So now trying to recruit neonatal nurses. Let staff retire but come back for a few days a week and that part of that role is to mentor and train. Using tertiary centres to get staff to work in larger teams and do cross centralisation. • Sue Hatton: issues with placements. There are children's nurses and midwives competing for placements. Learning from other programmes i.e call to action in health visiting did a lot of work around inductions, perception, resilience building etc. • Shona Cleland: published report in December which found shortages of specialist nurses and neonatal nurses. Fewer and fewer units are able to meet the national standards. The real problem is time for placements and funding is also a major issue. Also seeing shortages in medical staff. • Sally Shearer: nurses don't get a lot of exposure to neonatology in their undergraduate training. It is up to placements to provide good quality placements. • Fiona Smith: finding the right care from the right providers is going to continue to be a challenge for the foreseeable future 	
08	<p>Reports from members</p> <p>Written reports received from:</p> <p>All Wales CYP Senior Nurse Forum ACCN Health Education England Neonatal Nurses Association East Midlands Maternity and Children's Clinical Network</p>	

	Public Health England	
09	<p>Any other business</p> <ul style="list-style-type: none"> • Nursing associate role consultation – closes Friday 22nd March. Please encourage colleagues to respond. The RCN will be surveying members to inform the response. • Action for sick children: grassroots busy and moving offices. Doing work around CYP dental care • Association of Paediatric Anaesthetists: there is a deskilling in paediatric anaesthetics and paediatrics in general. The centralisation of paediatric care is placing young consultants who do not have adequate training into peripheral services. Trying to produce network care is a problem facing the whole field of paediatric care – medics, nurses etc. • ACCN – focus on safe and sustainable staffing. Currently looking for volunteers to help on CYP health streams 	
10	<p>Dates for 2016</p> <ul style="list-style-type: none"> - June 7th 2016 – RCN HQ - October 18th 2016 – RCN HQ <p>Please hold these dates in your diary for 2016</p>	
	Attendance, apologies, future agenda items and written update papers to be sent to lorna.greene@rcn.org.uk or Tel: 020 7647 3736	