

UK Committee Children and Young People's Nursing

24th September 2019

Royal College of Nursing

NOTES

Attendees

In person

Fiona Smith, Royal College of Nursing, Professional Lead for Children and Young People [FS]

Lynn Davinson, Care Quality Commission, Children's Services Manager [LD]

Chris Gordon, Representing UKSC + IHV, Public Health Nurse HV [CG]

James McLean, Health Education England, Head of Delivery Nursing [JM]

Karen Vaughan, Royal Manchester Children's Hospital, Head of Nursing [KV]

Jannathul Ahmed, Royal College of Nursing [JA]

On telepod

Angela Horsley, NHS Improvement, Head of Children, Young People and Transition [AH]

Katrina McNamara, Association of British Paediatric Nurses, Honorary Secretary [KM]

Apologies

Jane Coad, Nottingham University, Professor of Children and Family Nursing

Karen Mainwaring, Alder Hey Children's NHS Foundation Trust, Senior Lead Nurse

Dr Sally Payne, Royal College of Occupational Therapists, Professional Adviser – Children, Young People and Families

Suzanne Watts, RCN, CYP Staying Healthy Forum Chair

Helen Bauld, SPENS, Chair

Janice Allister, Royal College of General Practitioners, Children's Lead

Camilla Kingdon, RCPCH, Vice President for Education and Professional Development

Sharon White, SAPHNA, CEO

Chris Gildersleve, APAGBI

Tara Parker, WellChild, Director of Programmes

Alison Twycross, London South Bank University, Deputy Dean and Lead nurse

Claire O'Mara, Neonatal Nurses Association, Chair

Liz Marland, RCN, CYP Continuing and Community Care

Dave Clarke, RCN, CYP Acute Care

Anne Trotter, Assistant Director: Education & Standards, NMC

1. **Welcome**

Fiona welcomed all in the room and on the telepod to the meeting and thanked for attendance.

Fiona conveyed apologies due to the delays in sending out the previous meeting notes and the agenda for today's meeting.

2. **Matters arising**

FS reported that she had spoken to Ann McMahon, RCN Professional Lead for Research and Innovation regarding Clinical Academic Careers. A subsequent meeting had been held in Nottingham on this issue. Professor Jane Coad to provide an update in respect of the meeting attended in Nottingham regarding Clinical Academic Careers.

Professional nursing issues across the UK

3. **CYP model workforce project**, James McLean, Health Education England (see attached presentation)

JM introduced himself to the group and spoke about the interim and long-term plans set by HEE. CYP Workforce features heavily in the long-term plan, which was well received by the group.

HEE are working in partnership with providers, Royal Colleges, local authorities and other key stakeholders to improve the quality of service provision from neonatal period through to 25 years of age.

JM then went through the aims of the programme, which include the delivery of excellent care to CYP, aspiring excellence and innovative practice, deliver and support a fit for purpose workforce in CYP arena, recruitment and retention as well as supporting staff to excel through training and development. This starts with Maternity and the long-term plan to reduce infant mortality rates by 50% by 2025. Also confirmed that all trusts with maternity and neonatal services will be a part of the national maternal and neonatal health safety collaborative. JM described how public health has fallen of the agenda recently and how consideration is being given to including within the programme. Also working with service providers to recruit and retain more qualified/registered nurses Conversations taking place to create blended learning modules and programmes.

JM highlighted the nine core pillars that belong within the CYP transformation programme's vision and the level of commitment being invested into each of those areas.

The programme has a governance system in place overseen by NHSi and executive boards. This gives an opportunity for people from different backgrounds to get involved. HEE establishing an overall strategy to Increase CYP capacity overall – particularly neonatal care and paediatric specialties, as well as ensuring all practitioners have a basic level of child health, particularly in A&E and primary care.

Incentives will be offered but those outside of the NHS will not receive this. Incentives may include training schemes, bursaries, CPD and accreditation JM touched on a list of problems they wish to tackle which include for example the rising levels of cases referred to paediatrics by dental surgeries.

FS highlighted the need to educate parents and carers, the current state of health care in general and how best to get specialist patient care for specific needs.

JM explained the concept of 'Education passports' so skilled workers can be recognised, in that they do not need to receive duplication of training for specific areas. JM highlighted problems they face in developing and implementing the programme which include- High attendance rates at A&E leading to overnight admissions, Paediatric surgery and intensivists services crowded by dental and non-intensive cases, Urgent, emergency care and neonatal rotas and shifts not covered in a sustainable way. JM highlighted the conceptual model for the NCP (National CYP Programme) listed the workforce group and the stakeholders surrounding the project (HEE, NHSi etc.) involved in the delivery. The group is currently gathering data sets required to inform the plan.

Funding is required for the project, which will need continuous and sustained funding to the programme.

4. **Update of Nurse Apprenticeship schemes (children, neonatal and SCPHN)** – Lucy Hunte, National Programme Manager Apprenticeships, Health Education England (see attached presentation)

LH provided a preview of the model that HEE share with employers. She then highlighted the five areas of clinical practice that they currently offer and the apprenticeship pathway. These include Advanced Clinical Practitioner, Registered Nurse, Nursing Associate, Senior Health Care Assistant and Health Care Assistant. Each have a differing level of apprenticeship scheme from level 2 to 7. Increasing numbers within mental health however CYP not picking up as many numbers. Also explained that further research and information is required into other specific area. LH confirmed that midwifery apprenticeships are now running or to begin soon, which include Maternity Care Assistants, Assistant Practitioner and Registered Midwives.

HEE have also expanded into Specialist Clinical Practice. Apprenticeships model for these have been created and funding is being awarded for the degree level. Standard are currently being reviewed for sign off. LH confirmed they have received a number of queries about level 7/8 apprenticeship model in specialist areas. Currently waiting on the policy to be approved.

LH provided confirmation of a neonatal pathway, which is in development. This will be submitted in the next few months.

FS enquired why Community Children's nursing did not appear to feature in the apprenticeship model. LH explained this would fall into the specialist area.

5. **CQC update**, Lynn Davison, CQC (see attached presentation)

LD introduced the inspection programmes that the Care Quality Commission (CQC) have been working on. She clarified that they only do place based inspections, and do not go out to clinical areas/settings. To date, the programme has reviewed 90 different areas. Following this, in 2018 they published a 'One year on' report, which found that half of the areas they had visited required a written statement of action as they had failed to take on board the results and recommendations of the inspection. Two years on from the inspections, they have found that the numbers are only increasing rather than decreasing and as a result have found very little or limited improvements in those services that initially received a written statement of action. While there have been some signs of improvement two years on as compared to one year on, there are some areas of common weaknesses. that have become more widespread and in some cases, worsened.

Local authorities and areas now requiring a written statement of action is increasing. For example:

- Insufficient progress made in implementing a plan or service for 0-25 year olds and weaknesses identified in the provision of SEND and its services. These lie mainly within leadership and organisation.

- Found that there is a clear lack of support for CYP with Social, Emotional and Mental Health (SEMH) needs. This also includes services provided by CAMHS who on a regular basis have rejected referrals to them.

LD went onto explain how joint inspections (JTAI) are conducted. These are carried out with Ofsted, HMICFRS and HMI Probation services. They cover a range of areas such

as child exploitation, domestic abuse, and neglect and child sexual abuse. Will now also look into mental health.

LD clarified that the inspections are not about highlighting issues within services as they are generally already aware, they are more about action and taking action locally.

Lynn highlighted areas for improvement, particularly around access to health services being the main issue for CYP. Other factors include accessibility to contraception and sexual health services, access to school nurses and health professionals but also the lack of coordination between multiple services that may be involved in dealing with one particular CYP. LD shared a good practice example from Croydon in relation to the Contraceptive and sexual health (CASH) service and GUM. They provide a high quality risk assessment and screening service. They also use an assessment tool in order to help professional identify the signs of child sexual exploitation and also make referrals to Multi agency safeguarding hubs (MASH) as well as close contact with local GP's.

LD also referred to central Bedfordshire as a good area; as they had a good understanding of CSE however, need to manage counselling used as can be very insensitive and difficult to build relationships with carer or CYP. LD spoke about Domestic abuse and explained how the volume of Domestic Abuse was so high that not all the agencies that they are working with could put together the information. A lot of progress has been made in dealing with domestic abuse however not enough is being done to prevent and identify signs of domestic abuse. There are issues with victims being moved around following investigations into domestic abuse however not enough action taken against perpetrators. Services seem more often than not, reactionary as overwhelmed due to number of cases. This makes it difficult to be proactive and implement longer-term solutions to families and victims. One of the key issues within this is sharing of information - there is lack of clarity on how to navigate the complexities of sharing information with multi agencies. Spoke about how they found that midwifery had great strength as have easy access to victims and engage well with mothers and fathers.

LD went onto list the many areas that require improvement such as lack of safeguarding processes in emergency departments. They also found that adult mental health services worked in isolation and did not explore childcare responsibilities or contact with children. LD went onto discuss the neglect of children and that specific work into older children often goes unseen. Found that neglect within older children is more difficult to identify than with younger children as they present with various different risks such as going missing from home. Usual key signs in identifying neglect within older children often comes down to poor mental and physical health, offending behaviour and substance abuse. Pointed out that working with parents to address neglect does not always happen and adult services in most areas are not effective in identifying potential neglect of older children. They mainly sit in ED and substance misuse. Behaviour must be understood in the context of trauma. Need more individuals to have more relationships/trust with health workers. Speaking about school nurses, they found that they were highly effective in the areas they populated however, school nurses are increasingly stretched and under resourced with a severe lack of capacity due to the number of pupils to the number of nurses in local areas. Some of the positives they identified with school nurses include taking pupils to appointments to ensure they attend and seeing pupils in different settings outside of the home/school environment. This usually comes down to professional curiosity and school nurses making the extra effort for pupils.

LD highlighted the importance of the role of the dentist. They are involved from early years all through to teens and spot dental issues that are usually a sign of cumulative neglect. Issue is that there is no formal arrangement in place for agencies to share

information with dentists, even though many dentists expressed an interest in wanting to be involved in strategic child protection work. More work need to address this gap.

Reports from members

Written updates received attached.

Any other business

FS highlighted the RCN Safe and Effective staffing campaign and encouraged everyone to sign up and disseminate accordingly.

FS highlighted future meeting dates. Draft agenda's will be circulated at an earlier point.

Future meeting dates

11 February 2020 13.00-16.00

19 May 2020 13.00-16.00

20 October 2020 13.00-16.00

Apologies, future agenda items and written update papers to be sent to cypadmin@rcn.org.uk

Please return your completed report by **Tuesday 28th January 2020**

Instructions to join the Teleconference:

Participants:

Everyone will be able to join at 13:00 by dialling:

0800 022 9792 (if you are dialling from a Landline)

0330 336 0534 (if you are dialling from a mobile) and have minutes as part of your mobile contract left to use.

You then join the teleconference by keying in the participant pin: **147190**

Please note there is no charge for this. It is, however, important to use the right number depending on whether or not you are using a landline or mobile or charges maybe incurred