

## UK Committee Children and Young People's Nursing

4<sup>th</sup> June 2019

### Royal College of Nursing

#### Attendees

##### *In person*

Helga Charters, Associate Director of Nursing – Children and Young People, Newcastle upon Tyne Hospitals NHS Foundation Trust [HC]  
Maggie Clarke, Executive Lead Officer, School and Public Health Nurses Association [MC]  
Kate Pye, Deputy Chair, Association of Chief Children's Nurses [KP]  
Julia Birchall-Searle, Director of Nursing, Royal Manchester Children's Hospital [JBC]  
Professor Jane Coad, Professor in Children's Nursing, Nottingham University [JC]  
Carol Williams, Independent Children's Nursing Consultant, CW Healthcare Ltd [CA]  
Herdip Sidhu-Bevan, Director of Nursing Operations, Great Ormond Street Hospital [HSB]  
Lucy Hunte, National Programme Manager-Apprenticeships, Health Education England [LH]  
Anne Trotter, Assistant Director: Education and Standards, NMC [AT]  
Fiyin Adeoye, Administrator, RCN (note taker) [FA]  
Fiona Smith, Professional Lead for Children and Young People's Nursing, RCN [FS]

##### *Telepod*

Caron Eyre, Director of Nursing, Quality & Governance. Birmingham Women's & Children's NHS FT [CE]  
Jane Hughes, Chair RCN CYP Professional Issues Forum & Senior Lecturer in Children's Nursing, University of Manchester [JH]  
Debbie Fallon, Chair, CYPNUK  
Obi Amadi, Professional Officer, CPHVA/UNITE  
Katina McNamara-Goodger, Association of British Paediatric Nurses

#### Apologies (as of 31 May 2019)

Professor Dave Clarke, Chair CYP Acute Care Forum  
Julie Watson, National Professional Specialist Advisor Children & Young people,  
Janice Allister, RCGP  
Liz Marland, continuing and community care forum  
Suzanne watts, staying healthy forum  
Charles stack, Association of Paediatric Anaesthetists  
Alison Robertson, Great Ormond Street Hospital  
Camilla Kingdom, RCPCH  
Richard Stewart, British Association of Paediatric Surgeons  
Claire O'Mara, Neonatal Nurses Association  
Angela Horsley, NHS England and NHS improvement  
Jannathul Ahmed, co-ordinator [JA]

#### 1. Welcome

FS welcomed attendees to the meeting. Attendees introduced themselves.

There were issues connecting attendees joining by teleconference. The issue was resolved during the meeting. Apologies made to those who had endeavoured to join by teleconference call.

#### 2. Matters arising

Notes from previous meeting had been delayed in being circulated to representatives and attendees. Apologise given for this delay.

Some members reported that they had not received the notes from the previous meeting.

**Action:** meeting notes to be circulated in a timely manner following meetings and previous notes be reissued along with the agenda prior to meetings - **JA**

### **Professional Nursing Issues across the UK**

#### **3. Clinical Academic Careers- Jane Coad, Professor in Children and Family Nursing, Nottingham University**

JC presented developments in Clinical Academic Careers (see attached presentation). She outlined the HEE/NEHR integrated Clinical Academic ICA Programme for a wide range of professionals including those of the NMHAP (Nurses, Midwives and allied professionals), biomedical clinical health scientists and registered health professionals e.g. paramedics, pharmacists. It was noted that there are different stages for individuals depending on their level; this includes Internships, Pre-Doctoral Clinical Academic Fellowship, Clinical Doctoral Research Fellowship: Clinical Lectureship and Senior Clinical Lectureship. JC reported that the focus of the programme is to develop and provide solutions at local level. JC highlighted the need to align to trust strategic priorities but most importantly to support research active staff, encouraging development in a field that is constantly changing and evolving.

JC highlighted the pilot of the Clinical Academic Research Development (CARD) scheme introduced in the West and East Midlands, (Nottingham and Birmingham). The levels are as follows:

**Bronze award-** essentially interns with an interest in research. The length of internship varies from 15-30 days.

**Silver award-** assists post master students transition to PhD level. This is a new addition, launched in February 2018. It is a 2-year award over 30 months full time and 40 months part time. It was noted that MRES is still around in places such as Manchester.

**Gold award:** Doctoral post-doctoral- individually crafted with university support. Transferrable skills to improve patient care and to allow the individual an opportunity to develop their clinical academic career profile.

Sometimes funding comes from industry but need to look at various avenues. Majority of nurses at silver level. Noted Joseph Manning first children's nurse on the programme. Importance of having the right mentor highlighted.

Clinical lectureship- impact there is a difference, regionally locally and nationally and internationally, viewed as important as a clinical academic career

Key dates are always the same Southampton for example have been successful in getting ready 6 months before due dates, so that applications are carefully planned yielding greater success.

Attendees discussed the need to encourage children's nurses and child health nurses so as to be influential leaders of the future.

**Action:** speak to Ann McMahon re RCN activity in respect of Clinical Academic Careers – **FS**

#### **4. Nursing Apprenticeship scheme Lucy Hunte, National Programme Manager- Apprenticeships, Health Education England**

LH highlighted the progression of the nursing apprenticeship scheme and developments to date (see attached presentation). The need for the apprenticeship route was

highlighted as an effective way forward for nurse education and recruitment, as there has been a slump in numbers overall via University routes. Students need to be reminded this avenue is just as valuable and available to everyone. LH reported that it is hoped there will be 2,000 applicants by the end of the year. It was noted that there are issues related to regional procurement. LH highlighted that there has been a loss of interest in the 2 year AEL Fast track from L5 assistant practitioner and Nursing associates. Career progression is evident where a nurse can start at level 2 and work up to level 7, able to show career pathway in terms of retention, can progress within 8-10 years. While larger Trusts maybe able to facilitate apprenticeships concerns were raised regarding smaller Trusts and also where volume numbers may be low to enable specific pathways to be undertaken.

Removal of the bursary was a major issue. The apprenticeship route allows individuals to learn and earn, thereby avoiding mounting debt. It was noted that there is a lack of standardisation regarding salary for apprenticeships. Attendees felt there needed to be a national approach and standard.

It was noted that nurse apprenticeship is the most requested apprenticeship. A few trusts are looking to recruit school leavers. HEE have a matchmaking service- they have a list of trusts willing to transfer levy to support elsewhere. New apprenticeship standard and EPA has been approved and will be introduced as of August 2020. Flexibility now allows level 6 or level 7 nurses into the programme whereby the PG Dip route can be funded. So individuals who want to do their masters, this is a route for them which has been approved.

Neonates and SCPHN standards are in development, looking at January 2020. It was noted that the Child pathway for apprenticeships is not yet available for school leavers. NMC approval is reported to be taking a long-time. Issues related to funding have also been highlighted.

Concerns also raised regarding nursing associates for CYP and the need for HEIs and children/s hospitals/large children/s units to work in partnership. Questions raised in respect of integrated care systems and a joined up approach to future workforce planning and development.

**5. Children Nursing workforce required in special needs school- Carol Williams**

CW provided an update in relation to the project being undertaken (see presentation slides). CW explored the five areas of the tool, highlighting relevant statistics to show the concern about the clinical nursing needs in special needs schools. There have been some benefits of using the tool. For example West Sussex have seen an increase in nursing establishment as a result.

CW reported growing concern amongst special needs school head teachers, where staff feel under pressure to provide care despite not being the right people to deliver the care needed. It was suggested that collecting data with regards to how many of these children are going to hospital (blue light) will have an impact and the resources allocated.

**6. NMC Pre registration standards & prescribing-Anne Trotter, Assistant Director: Education and Standards**

AT provided an update on progress. It was noted that 3 programmes have been approved - Sheffield Hallam, University of Exeter in adult and mental health but apprenticeship route has not been approved due to the apprentice standard delayed. For the nursing associates programme only 1 has been approved so far.

In terms of prescribing- programme standards are currently going through approval. It was noted that there was a need to highlight to other professional groups that they could

act as a supervisor. Issues raised by students in terms of their practice supervisor preparation following registration. The consultation on pre-registration midwifery standards closed on May 9<sup>th</sup>. There were over 1600 responses, with 50% from members of the public. Due to publish final standards in November 2019. Physical examination of newborns was one area highlighted in particular.

Return to practice standards have been published, offering new return to practice standards, applied to nursing, midwifery and nursing associates. From 2020 it will be a test of competence. The method of learning is now flexible and can be via e learning and not just face-to-face. For Post registration, NMC council discussed the independent evaluation: community children's nursing, and public health nurses. It was noted that regulation of advanced practice is in the pipeline and ties in with the strategy project,

**7. Reports from members**

Reports received collated and attached.

**Action:** add any additional reports submitted before circulating- **JA**

**8. Any other business**

FS noted that the NHSE Interim workforce plan had been published.

**9. Future meeting dates**

24<sup>th</sup> September 2019

11 February 2020

19 May 2020

20 October 2020

*Meeting closed at 16.00*