

UK committee on Children and Young People's Nursing

Wednesday 7th June 2016

Time 1300-1600 Room 102 RCN HQ

Attendees:

Fiona Smith (FS) – Royal College of Nursing
Jim Blair (JB) – Great Ormond Street Hospital
Sinead O'Neill (SN) – Great Ormond Street Hospital
Declan Gahan (DG) – Great Ormond Street Hospital
Alison Twycross (AT) – London South Bank University
Eirlys Thomas (ET) – ABMU Health Board South Wales
Sam Donohue (SD) – Health Education England
Sue Hatton (SH) - Health Education England
Juliet Greenwood (JG) – Great Ormond Street Hospital
Irene O'Donnell (OD) –National Association of Health Play Specialists
Margaret Jeal (MJ) – Action for Sick Children
Chris Gordon (CG) – UK standing conference on specialist public health education
Debbie Fallon (DF) – CYP Academics
Shona Cleland (SC) – Bliss
Bernie Carter (BC) – Association of British Paediatric Nurses
Loretta Sollars (LS) – Public Health England CYP Facilities Team
Sam Manners (SM) - Royal College of Nursing

Attendees by teleconference:

Doris Corkin (DC) – Royal College of Nursing Children Young People Forum
Carol Williams (CW) – CW Healthcare Ltd
Sarah Webb (SW) - Central Manchester University Hospitals NHS Foundation Trust

Apologies:

Ian Willets – Brit Assoc of Paed Surgeons
Professor Jane Coad - Council of Deans
Denise Evans – Neonatal Nurses Association
Sharon White – School and Public Health Nurses Association
Helen Bauld – Strategic Paediatric Educationalists and Nurse Leaders Scotland
Michelle McLoughlin – Birmingham Children's Hospital
Sally Shearer – Sheffield Children's Hospital
Jessica Higson – RCN CYP Prof Issues Forum
Katrina Dancza – College of Occupational Therapists
Wendy Nicholson – Department of Health

	Welcome Fiona Smith (FS) welcomed attendees
	Apologies: As above.
	Matters arising FS advised that the Constitution has been changed to Terms of Reference –all attendees at the meeting had not received prior to the meeting. Respondents had agreed with a move to Terms of Reference. Agreed the draft would be resent to all, with comments/amendments to be sent to FS. If after deadline no comments/refinements required draft would be considered final

Any interests need to be declared at the start of the meeting or prior to an agenda item.

Action:

Resend draft Terms of Reference requesting feedback

Professional nursing issues across the UK

Nurse education & NMC pre-registration standards - Sue Hatton

See collated report from HEE. Hilary Cass and Liz Fradd had chaired a roundtable event which approx. 25 people attended. Discussions held around NMC Standards going forward. NMC anticipate draft standards by year end and in place by 2018. SH will send further information including the opportunity to respond.

Apprenticeships-Sam Donohue

Apprenticeships are about change with a target to deliver 28,000 annually. A levy will be made across all sectors starting with a £3 million pay bill. An organisation will receive a digital voucher which can be redeemed. Emphasis to be upon quality with set standards. An end point assignment now added. All new apprenticeships will need to comply with new standards. Different levels of apprenticeships are available. Lisa Bayliss-Pratt has been asked to chair a meeting in respect of landscape between the DH and NMC. The emphasis is upon learn whilst you earn, which will enable widening of entry gate to nursing. Work has begun on looking at international perspectives. Trailblazers are looking at adult nursing initially. Development of apprenticeships for children's nursing at level 5 will need to wait for new NMC undergraduate standards. Delays may cause significant workforce gap. In interim it is appropriate to wait for draft NMC standards before exploring development of CYP apprenticeships.

Nursing Associates - Sam Donohue

Consultation response released ten days ago. Five workshops (to include London, Reading, Birmingham and Newcastle) are to take place in July as part of the next phase to scope the role. Requests will need to be made for formal application to be a test site.

Bursaries



RCN Bursaries -
briefing.pdf

FS advised that 17,000+ responses had been received to an RCN survey. See attached RCN interim position about student bursaries

Discussion

Serious concerns have been raised as the numbers of young people coming into the profession will reduce and will also potentially exclude older people who want to change profession. Northern Ireland have a further 35 placements as the bursary issue does not affect them. Further funding would be available in place of the bursary but will be loans (max loan £63,000 over 3 years) which will take 30 years to pay back once earning. Some careers advisers are giving incorrect information. It must be clear which pathways can be accessed. Help is also needed to retain staff. Universities could potentially lose money on nursing courses.

<http://www.rcn.org.uk/studentbursaries>

Commissioning of student numbers across the UK - Debbie Fallon, Eirlys Thomas and Doris Corkin (apologies from Helen Bauld - no replacement given)

Debbie Fallon

The current commissioning model is that universities only recruit the number of students requested by the HEE based on their workforce planning calculations. These students are required by the NMC to complete 2300 hours of practice. Current commissioning via HEE workforce planning model is seen to be problematic as most Trusts are plugging gaps in staff with the use of agency and overseas nurses. HEE lost £1.2 billion on future non-medical workforce. In addition the case for health education funding reform put forward by the government has suggested that the move from bursary to student loan would result in 10,000 more nursing, midwifery and allied health students during this parliament. On the other hand the London Economics report on the impact of the CSR suggests there is likely to be an approximate 6% drop in applications. From 2017 universities will set their own admissions numbers – however there will still be the same number of practice placements available. There is also currently much discussion about the need to transform the CYP workforce with a perceived need to increase the mental health, learning disability and community focus. The Shape of Caring review is also likely to impact on the future workforce. The NMC standards for education are also being reviewed with a view to implementation in 2018 hoping to address the issue of parity of esteem in mental health and the current inconsistencies in graduate ability. Undergraduate nursing is only part of the commissioning discussion – In efforts to provide a workforce fit for the future we also have to consider the new Nursing Associate role, Apprenticeships, and routes such as the various available Adult Nurse transition to Children’s Nurse qualifications. These issues raise a number of questions:

- a) Who will provide the nurse education of the future? Who is waiting in the side lines? Will it be a “free for all” and what will the impact be?
- b) How do we address the inevitable competing goals? I.e. how do universities work together but also compete for students?
- c) There is some discussion of a national curriculum with “local flexibility” but what will this mean in practice and what will it include?
- d) How will the pressure on placements and mentors be addressed?
- e) Is there scope to reduce the NMC stipulated 2300 practice hours?
- f) How will fee paying students be expected to pay for travel to distant placements? Will distant placements lose out?
- g) How can Trusts be helped to retain staff? The issue of lack of staff can’t be solved by simply increasing student numbers. How can the “leaky bucket” issue be best addressed? Is this about developing a satisfactory career framework?


Doris Corkin

Links with UCAS made recently which has opened gates to international students. Some students rely on the student hardship fund.

Eirlys Thomas

Wales - Commissioning numbers have reduced. There are three main universities. Problem applying for jobs in 2014 – 80-100 places available. This does not reflect the workforce.

Workforce requirements - Juliette Greenwood

	<p>All children's areas have a very small market workforce where opportunities are rare. Opportunities are however growing for children's nurses. There is no commissioning cap. Changes around roles, pathways and boundaries need consideration. The impact on health will change dramatically. A high risk area is maternity. Staff retention is key –how do we meet the needs of staff and the 24/7 service? Should also focus on recruitment as well as retention. Need to access education and training with a rethink on career frameworks. Also need to consider the valuing the experience of nurses around the world.</p>
	<p>Child obesity and the use of nutrition measurement tools</p> <p><u>England perspective and update - Loretta Sollars</u></p> <p>Obesity is a priority all children in reception and year 6 – template letter given to parents. Obesity Strategy not yet published – no date as yet.</p>  <p>UKCCYPN NCMP Overview 07 06 16.ppt</p> <p><u>Wales perspective and update - Eirlys Thomas</u></p> <p>Wales has the highest rate of child obesity in the UK and needs multiple agencies to tackle the issue. All Wales Obesity Pathway published in 2010. Report taken by Health Service Commission for Wales – have set up a working group. Pre-school breakfast clubs started in areas of poverty. Safe green areas for children to move and play set and tuck shops are discouraged.</p> <p><u>Northern Ireland perspective and update - Pamela McBride</u></p> <p>Have Healthy Future framework. Health appraisals at ages 4&5, 8 and 11&12 including growth monitoring and placed on N.I Health database. N.I has the lowest rate of breast feeding in the UK. Five health trusts in N.I.: information given to parents – in particular year 8 parents. Feedback given by telephone with guided discussion. Follow up support offered including information about sports. Further telephone call made a few months later with an available referral pathway.</p> <p>Parents respond well to above approach – focus groups also held. Good relationships around nurse and parents. Only 1% of parental response is negative with the school nurse. Evaluation. N.I to ensure that the approach correct before sharing knowledge and good practice. Limited evaluation has been done and can share accordingly.</p> <p>Suggestion made to invite Jenny Godson to a future meeting.</p> <p>Data around learning disability should be used (data is available).</p>
	<p>Reports from members and AOB</p> <p>See attachment</p> <p>Issues raised included nurse educators not always fit for practice, availability of post-registration education and training, recruitment and retention, clarity required about routes into nursing, communication with parents and children, future 0-19 child health team to enable flexibility, need to embrace distance learning, pressure on practice placements and number of practice hours required.</p>
	<p>Future meeting dates and topics</p> <p>18 October 2016</p> <p>Agenda items and suggested topics requested.</p>