

**Royal College of Nursing
Paediatric Intensive Care Society
Nurses Managers Community**

Notes of the Paediatric Intensive Care Nurse Managers meeting on 20th and 21st October 2016

Birmingham Children's Hospital

Present		
Members	Job Title	Trust
Louise Dewsbury (Chair)	Matron	Evelina London
Kathy Brennan (Deputy Chair)	Matron PICU/HDU	Kings College Hospital
Caroline Turton	Interim Lead Nurse	Royal London
Clare Ryan	Matron	RMCH
Claire Buckle	Matron	Royal Brompton
Annette Hanlon	Clinical Nurse Manager	Children's University Hosp, Dublin
Eithne Polke	Service Coordinator	CATS
Sarah Santo	Lead Nurse	NWTS
Fiona Bickell	Retrieval Coordinator	South Thames Retrieval Service
Suzanne Davies	Ward Manager PCCU	Cardiff
Nichola Davies	Sister	Cardiff
William Booth	Matron	PICU Bristol Children's
Lynda Kitchen	Sister	Oxford
Elizabeth Aryeetey	Deputy HON	Leicester
Ann Skelhorn	Clinical Nurse Manager	Alder Hey
Sue Tickle	Clinical Nurse Manager	Alder Hey
Tracy Stockton	Senior Staff Nurse (Quality)	Stoke
Teresa Wilson	Manager CICU/HDU	Stoke
Yvonne Heward	Lead Nurse	Birmingham Children's
Gill Campbell	Clinical Lead Nurse	Birmingham Children's
Amanda Davies	Sister, PICU	Birmingham Children's
Kim Tait	Nurse Manager	Birmingham Children's
Rachael 'M'	ANP	Birmingham Children's
Margaret Farley	ECMO Lead	Birmingham Children's
Amanda Soulshy	Senior Sister PICU	Newcastle
Gillian Green	Sister PICU	GNCH Newcastle
Lynda Pittilla	Lead Nurse	GNCH
Heather Wardle	Matron	Leeds Children's
Donna Webb	Ward Manager	Leeds Children's
Scott O'Brien	Matron	Imperial – St Mary's
Angela Hughes	Lead Nurse	Sheffield Children's
Carol Purcell	Matron	Southampton General
Barbara Childs	Matron	GOSH
Alison Taberner-Stokes	Matron PICU	GOSH
Mark Clements	ANP	CATS
Suzanne Palmer	Lead Nurse	Embrace
Karen Perring	Lead Nurse	Yorks and Humber Network
Alison Greene	Lead Nurse	Royal London
Apologies		
Karen Starkie	Alison Fellows	Claire Riddell
Angie Martin	Lynda Kitchen	Anita DeSouza

Day 1

The group held a conference on day one to explore the issues related to caring for children and young people with chronic conditions. The items below reflect the agenda for the day which included open discussions on the challenges we all face and sharing solutions in practice.

No.	Item	
1	Caring for children with extended stay in PICU – managing expectations	Sue Longman
2	Parent engagement	Suzanne Palmer and Angela Hughes
3	The impact of chronic health illness on PICU length of stay and mortality	Scott O'Brien
4	Managing Stress – the role of the Staff Support Practitioner	Tricia Dolman
5	Caring for long term ventilated children in a resource restricted future	Gale Pearson
6	Involving families in decision-making	Kathy Brennan
7	Helping our staff with challenging communication at the bed side	Rachael Morrison
Day 2		
1	Apologies and welcome As above	
2	Actions from previous minutes MC to contact David Quail, RCN and feedback at next meeting. In our next meeting CH to talk about the faculty of education. WB will ask her to do a brief discussion on standards for parental involvement.	MC to feedback
3	Workforce Standard The workforce standard was agreed and ratified by the group. WB shared how he had used this locally to agree staffing standard during a recent service expansion.	WB to send to PICS
4	PIC Education in England YH shared Birmingham's experience in setting up a locally delivered PIC course using an SBAR presentation. This had been circulated prior to the meeting. Funding for education is becoming scarce and most units across the country have no central funding for university based modular course. Many units are now running in-house courses. It was discussed that delivery and preparation of these courses is done by the unit teams and what are the benefits of paying universities for academic credits at around £400 for each student. The majority of nurses have a degree and even when we consider MSc (level 7) programmes do we benefit from university accreditation? The group discussed the issue of what we would be paying for. Trusts are writing the courses and running them. YH described Birmingham's experience and the use of external moderators. Birmingham found their own external moderators. The group agreed that the PIC course, for example, could be written against the PICS-E standards. Courses would need to be benchmarked. The group agreed that the PICS nursing community would need to agree the minimum standards and core components of the PIC course. The course would need to be externally verified for ratification within the PICS community. There was a show of hands in agreement for this proposal. The group agreed that nurses who undergo the PIC course in-house that has been ratified via the PICS community will have a common currency that	All to send comments to YH within 3 weeks of this meeting

	<p>was transferable between different PIC units across the country. The group agreed that support to complete the PIC course should require the nurse to become a PICS member at a cost of £45.</p> <p>Examples of other courses were discussed. Birmingham runs an in-house mentorship course costing £250. YH ran this by the council. The cost of units running courses and then opening them up to other units was discussed. Costs include staff resources, venues and training materials. The Faculty of Education at Bristol charges other centres who attend their courses. The group agreed that charges need to reflect the cost of delivering courses. There is a Cost Template available to assist units in calculating the</p> <p>The group discussed apprenticeship schemes and the opportunities these will afford. The member of staff would be employed as an apprentice and there are a variety of apprenticeship schemes and roles that lend themselves to this route, for example the ANP route.</p>	
5	<p>Associate Nurse and Apprentice Nurse proposals</p> <p>YH discussed the new apprenticeship scheme which is being piloted in Birmingham in April 2017 and in other parts of the country. YH discussed how Birmingham is managing their Apprenticeship scheme. Funding for the scheme will come from staff payroll budgets. In Birmingham the money will be top-sliced from the budget but can be put back into the budget with each apprentice employed on an education programme. Examples were discussed. Birmingham are currently employing lower bands to employ into apprenticeship jobs e.g. a band 1 Housekeeper (level 1 education) would be placed on an apprenticeship programme to educate them to a CSW with a NVQ qualification at level 3. YH presented the levels of education to the group which can be found on the skills for health website. She also discussed that there is a link between higher education levels and better outcomes for patients. The NHS is changing its education funding to a new open market in 2017. Returns will be realised through employing apprenticed to work and develop into key posts. A number of Trusts are applying to be apprenticeship pilot sites: GOS/Kings/Royal London. GOS are using band 2, 3 and 4. Successful apprentices will be band 4/5 on completion depending on the programme undertaken. Trusts including BCH are looking to utilise the apprenticeship funding for ANP training and other longer term courses at level 7. Medical teams opting to use this to develop Physicians Associates.</p>	
6	<p>The Apprentice Nurse</p> <p>Opportunity to develop band 3 HCA directly onto a 4 year Apprentice Nurse Programme being piloted by BCH. The HCAs spend one day a week in college. They come out as a band 5 Registered Nurse with a degree. Birmingham have put out a tender.</p>	
7	<p>PICAnet</p> <p>HW attended the PICAnet meeting. She was not available to feedback but will feedback at our Spring meeting.</p>	HW to feedback at the next meeting

8	<p>ENFIT</p> <p>CH fed back concerns from Manchester re the new ENFIT oral syringes. The issues included the low dose 1ml and 3ml syringes (2 types of syringes). Problems highlighted included the hard phalanges that can damage the oral mucosa of children and babies and the 0.2ml overdose error when not using a kwill. Cardiff and Evelina were in agreement with the concerns. KB raised that she had also discussed this problem with the company. The company are designing a new phlange and will address the 0.2ml dead space problem.</p>	
9	<p>Specialist Service Reviews Presentation by Gale Pearson</p> <p>GP presented the latest PICAnet data and findings in preparation for the Paediatric Critical Care and Emergency Surgery Review 2016. He provided the background to the review including acknowledgement that the Bristol Cardiac Services review had accelerated the time scale. It was noted that it had been 20 years since Framework and Bridge to the Future (1997). The background position of ventilated children in the corner of wards and the NHS aim of emulating Australia was discussed. However the changing nature of children's critical care and the need for a new review was clear. Anaesthetic Standards are also critical to the review and the provision of critical care to children across England. The issue of anaesthetists not being trained or feeling competent to provide aspects of anaesthetic care to children was discussed. In essence many general anaesthetists no longer provide an anaesthetic service to children. Too much critical care and general surgery has been moved away from DGHs into critical care and it was acknowledge that a review was needed to assess and address this. The group discussed the changing children's critical care population with increased admissions and increased survival year on year. There are more technology dependent children and incurable children with life limiting conditions. More services are performing ECLS but this tends to link with cardiac services in the main.</p> <p>GP discussed the Clinical Utilisation Review (CUR) CQUIN. The Executive Steering Group is led by Jonathan Fielding. GP encouraged the group to access the NHSE website for communication about the critical care review.</p>	GP to send in presentation for circulation
10	<p>What do PIC nurses do?</p> <p>YH presented an audit on what do PIC nurses do? Literally minute by minute. She conducted a time in motion study which identified frequently that more than one person was at the bedside. She analysed the level of care by HRG. She reviewed any downtime e.g. sitting down (could be doing anything) and tasks that could be delegated. The audit was for 17 hours over a 2 to 3 week period. YH used her findings to change the work and banding of the band 1, 2, 3 staff to band 2 Housekeeper and band 3 Clinical Support Worker.</p>	
10	<p>AOB</p> <ul style="list-style-type: none"> • Discussion took place around whether these minutes should be password protected. The group agreed they should be open to the public in terms of freedom of information. • Feedback from RCN meeting: PICS society to publish a statement on the back of the recent cardiac review due to lack of engagement/consultation with PIC 	

	<p>members. PICS Council has proposed funding work to look into work related stress. Michael Grilsaitis (MG) has conducted work with trainee registrars. The Council is considering replicating this survey with all PIC staff. There is consistent feedback that stress is very high and impacting on retention and well-being.</p> <ul style="list-style-type: none"> • The group discussed promoting PICS membership at local induction to engage staff from the start. • The group contact list was updated • LD asked for expressions of interest for the position of Deputy Chair of this group. She steps down as Chair in April (having served the maximum length of office) and our current Deputy – Kathy Brennan, steps up. 	
11	EP and CB were thanked for hosting the group in London, and for the work they had undertaken at short notice to ensure that the meeting was effective and enjoyable.	
12	Dates and venue of next meeting: 20th and 21th April at Cardiff: Now relocated to Kings London	

Hosts for recent meetings:

	Spring	Autumn
2012	Sheffield	GOSH
2013	Birmingham	Evelina
2014	Leeds	Oxford
2015	Newcastle	GOSH
2016	Liverpool	Birmingham
2017	Kings	