

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

Notes of the Paediatric Intensive Care Nurse Managers meeting on 21st and 22nd April 2016

Alderhey Children's Hospital

Present		
Members	Job Title	Trust
Louise Dewsbury (Chair)	Matron	Evelina London Children's
Victoria Seaton	Sister	Nottingham
Sue Mager	Lead Nurse	Nottingham
Kathy Brennan	Matron	Kings College Hospital
Clare Ryan	Modern Matron	RMCH
Eithne Polke	Retrieval Coordinator	CATS
Sarah Santo	Lead Nurse	NWTS
Scott O'Brien	Modern Matron	St Mary's Hospital
Elizabeth Aryeetey	Deputy HON	Leicester
Carmel Hunt	Matron	Leicester - Glenfield
Anita D'Sousa	Matron	St George's Hospital
William Booth	Matron	PICU Bristol Children's
Linda Kitchen	Sister	Oxford
Yvonne Heward	Lead Nurse	Birmingham Children's
Kim Tait	Nurse Manager	Birmingham Children's
Sharon Quigg	Band 7	Birmingham Children's
Angela Hughes	Lead Nurse	Sheffield Children's
Diana Sanderson	Matron	Cambridge
Mark Clement	ANP	CATS
Sue Tickle		Alderhey
Lynda Pittilla	Lead Nurse	Newcastle
Claire Harness	Clinical Service Manager	Sheffield Children's
Claire Riddell	Matron	Newcastle
Carol Purcell	Matron	Southampton General
Suzanne Palmer	Lead Nurse	Embrace
Karen Perring	Lead Nurse	Yorks and Humber Network
Apologies		
Gillian Campbell	Fiona Bickell	Karen Starkie
Teresa Wilson	Angie Johnson	Laura Reilly
Barbara Childs	Mike Wise	Gael Rolls

Day 1		
No.	Item	Action
1	Apologies Apologies were received from the above members of the group.	
2	Minutes from last meeting The minutes of the previous meeting held on 1 st and 2 nd October 2015 at Great Ormond Street Hospital were accepted and approved as a true and accurate record. Many thanks to Ghisl for looking after us all so well.	
3	CW stepped down as Deputy Chair and Position of Deputy Chair offered to the group. LD asked those present to register interest.	
4	Challenges of Moving (presentation available) Alison Fellows presented some of the key challenges for the team from	AF to circulate link to

	Alderhey during their move to the beautiful new premises. Highlights included how to transition from 21 ICU and 40 HDU beds to a total bed pool of 43 critical care beds. Presentation includes information on “Time in Motion study – Nursing and cubicle effects”	presentation
5	<p>Managing challenging patient and family behaviour (<i>presentation available</i>)</p> <p>KT discussed the impact of managing difficult behaviour in families and the importance of local policies and protocols to manage this. The presentation included statistics on the incidence of verbal and or physical aggression and adverse incident reporting. The group discussed their own experiences, challenges and strategies for managing similar situations locally. It was agreed that this is a significant topic that all would benefit from exploring further. Day to be planned in Birmingham to debate issues and look at the best ways to work in partnership with families. KB discussed her dissertation on “involving families in decision making”. This will be presented at the next meeting.</p>	<p>KT to circulate presentation.</p> <p>KT to coordinate managing and supporting challenging families’ day at Birmingham. KB to prepare presentation.</p>
Day 2		
6	<p>Terms of Reference - LD</p> <p>The group’s Terms of Reference were agreed. It was agreed that they will be reviewed two yearly.</p>	
7	<p>New Deputy Chair.</p> <p>KB welcomed as new deputy chair</p>	
8	<p>Current Issues with tariffs, funding and resources</p> <p>The group discussed tariffs being paid for critical care activity and the likely re-evaluation of tariffs in the future. Recent publications were discussed including the Royal College Guidelines, Critical Care Pathway Standards (Healthy London Partnership level one and two standards), PICS Standards and Time to Move on. The group highlighted that tariffs and standards need to match. In particular the expectation of DGH’s to care for level one children which needed to be funded at a rate. The tariffs need to reflect the resources necessary to deliver this. There was recognition of the dichotomy between local and specialist commissioning and the CCGs who do have funding often seem to penalise the acute care Trust provision in favour of community funding. There is additional funding from the NHS in GP care.</p> <p>SO’B fed back on tariff discussions and confirmed that there remains no agreement on National agreed tariffs making it harder to predict future funding levels.</p>	
8	<p>PICS Website</p> <p>It was agreed that our minutes and contact details should continue to be placed on the website. MW to add details of each unit profile and potentially provide links to the individual hospital pages.</p>	Action outstanding

9	<p>Invasive Monitoring</p> <p>MC was not present to feedback from the RCN and David Quail.</p>	<p>MC to contact David Quail, RCN and feedback at next meeting.</p>
10	<p>PICAnet</p> <p>HW attended the PICAnet meeting. She was not available to feedback but will feedback at our Autumn meeting.</p>	<p>HW to feedback at the next meeting</p>
11	<p>PICS Standards</p> <p>Nurse staffing levels:</p> <p>The PICS Managers group had been asked to comment on staffing ratios. Within the Standards there is currently reference to staffing standards (p96). Fiona Lynch, Kay Rushforth and Yvonne Heward have looked at the Standards and identified that the numbers remain the same as the previous standards. The group discussed the fact that the calculations used to determine the correct staffing numbers are no longer in the body of the Standards. This could be problematic when trying to explain the rationale to managers outside of PICS community who aren't aware of the previous calculations. It was agreed that we would add the staffing calculations to the PICS website.</p> <p>WB to circulate a consultation of staffing levels and calculations to the group for comments. The aim is to write up an up to date piece of work that reflects the changing workforce and new challenges in children's critical care. This will include requirements for training, education for newly qualified nurses, and the demands of increased acuity and study demands related to CVVH/ECMO.</p> <p>Birmingham have commissioned at 90% occupancy. The group agreed that this then impact son staffing numbers and requirements. Other aspects that need consideration ate the layout of departments, geography and unit sizes. Aim to have this work completed in time for our Autumn meeting.</p>	<p>WB circulating staffing level consultation to the group Present/feedback at our Autumn meeting</p>
12	<p>Activity</p> <p>The group discussed activity across all units over last year. Many units reported that this has been the first year where they have seen a reduction in activity. The discussion ensued about the impact on contracts and the need to plan for stability of services and staffing levels. There was uncertainty about the new contracts and what the targets would be. The group agreed that it was imperative that we have standards that we adhere to.</p>	
13	<p>PICS Standards and training</p> <p>WB fed back that the Bristol enquiry was measured using the PICS Standards and that it is essential that we abide and subscribe to the Standards. If not we will need to justify why not.</p>	

	<p>The minimum supernumerary period has also been identified in the standards which are for 2 weeks (75 hours of clinical supernumerary) see p99 of the standards. In addition the education standards include a minimum of 1 WTE education post for every 50 nurses. The group discussed that the standards were useful when having discussions with senior managers and also to refer back to for support and clarification.</p> <p>CPD money is an increasing issue across the UK. In the Northwest practically all of the CPD money has gone. Innovative proposals include looking at the Higher Apprenticeship Schemes rather than utilising Universities. Bristol is using charity money and a number of units/hospitals are running in-house courses including PICU/HDU/burns courses. Many nurses are being expected to self-fund so running in-house courses helps to reduce costs and increases the availability of courses and retention of staff.</p> <p>Manchester is running their own Foundation and Advanced course at £700 per student. They had to provide a minimum of 10 places to be viable. There have been difficulties recruiting enough students. The group discussed that Trusts need to work together to create enough demand/capacity.</p> <p>PIC-E group have developed the education standards onto the PICS website. These include qualifications required and standards.</p> <p>Trusts will pay money into Higher Apprenticeship Schemes (HAS). Then Trusts can employ the apprentices into their organisation. Trusts can then approach the HAS for level 6/7 training e.g. train ANPs using this route. A government document is available on the Higher Apprenticeship Scheme</p> <p>Resus training: no specific courses have been named in the Standards e.g. APLS/EPLS/PILS. There are identified competencies in advanced resus training. Some units are running extended PILS courses to avoid the high costs of APLS</p> <p>In our next meeting CH to talk about the faculty of education.</p> <p>WB will ask her to do a brief discussion on standards for parental involvement. This will be discussed in more detail at our next meeting.</p>	<p>WB to ask CH to present at next meeting on the faculty of education and standards for parental involvement</p>
14	<p>Workforce issues</p> <p>The group discussed students on PICU placement and the opportunities for them to undertake management competencies. Some fed back that students can focus on individual patient management and coordination of broader aspects of care rather than specifically being in-charge. Many of the units don't take final placement students but the demand of insufficient placement areas means that areas have to be more creative.</p> <p>Using adult nurses: the group agreed that this can be a very positive investment. Many more units now have a number of adult units. Some units are happy to promote adult nurses to band 6 roles if they are competent. Others have a ruling that nurses need to be a children's registered nurse prior to promotion to band 6.</p> <p>Band 2, 3 and 4 workforce</p> <p>The group discussed sharing their PICU competencies for all role to try and come up with a generic document/JDs. SF will circulate a document on the workforce for</p>	<p>SF will circulate a document on the band 2, 3 and 4 workforce</p>

	<p>everyone to contribute towards.</p> <p>Band 4 CP fed back that this was developing very well but was dependent on the individual in the role. They are using the Foundation Degree to develop the role academically and to underpin it as a recognised qualification. They have one Assistant Practitioner in training and continue to recruit.</p> <p>Band 1: some units have a band 1 housekeeper. Their role involves chatting to families, making beds, sorting out accommodation such as RMH and putting names on the unit boards.</p> <p>Band 2: many units use this level of role as more of a stocking role.</p> <p>Band 3: Most use this role for more hands on care and are implementing the care certificate to underpin it.</p> <p>SF will use the feedback from her circular to compare roles across the UK in PICUs and HDUs. She will scope the role across the PICS community. She will also share guidance on the new care certificate.</p> <p>Outreach and bed management roles:</p> <p>There was variance and similarities across the units:</p> <p>Outreach: some units have an 8A lead together with band 7s and medical input. These teams come out of critical care.</p> <p>Oxford has implemented an Outreach team made up of a band 7 and band 6's.</p> <p>Bed management role:</p> <p>Mainly band 6 in most units. Some have bed managers for the day only x one individual. Some provide out of hours cover with rotas covered by band 7s.</p> <p>Some units have night matrons.</p> <p>GOS: Have a consultant with a PA on the children's wards. The CSP team come under the umbrella of PICU.</p> <p>On-call band 7's for outreach which works very well. They have seen a reduction in admissions. This is a mixed model with Ed experience/PICU experienced staff.</p> <p>Bristol has an outreach service with mainly band 6 staff that covers 24/7.</p> <p>Twilight hours were identified as often the busiest times for ED and in the evenings they have an additional member of staff on duty. They also follow up patients who have stepped out of critical care or have triggered an early warning system.</p> <p>Nurse Manager Group</p> <p>It was established that 16% of those present at the meeting are likely to retire within the next 2 years. 56% are likely to retire within the next 5 years.</p>	<p>SF to share guidance on the new care certificate</p>
15	<p>PICS Council Feedback</p> <p>Yvonne and Linda attended. Four years ago the PICS council became a registered charity. Individual members are liable for the finances of the Council. An accountant has agreed to make it a CIO charitable institutional organisation. As such the organisation is now insured if PICS goes under financially. Finances are stronger. The recent Burns conference yielded £40K.</p>	<p>All areas to</p>

	<p>Membership has dropped. All agreed to advertise PICS membership in their areas. £45/year membership fee. Advantages: Free study days for the last 3 years. Discussed that members are given study time whereas non-members do the study in their own time (need to agree this locally). Encourage staff to submit abstracts. Most units pay for staff to go using their charity pots but staff do attend in their own time.</p> <p>Also discussed promoting the use of Twitter and Facebook and that possibly an electronic flyer would be useful to circulate. In addition nurse members can go to the BACCN conferences at reduced rates. Yvonne to look at producing a flyer.</p> <p>There is a vacancy coming up on the PICS Council for anyone who is interested and Peter Fortune is taking over as president.</p> <p>PICS conference will be at Nottingham next year. After this it will be St Mary's and the RBH</p>	<p>promote membership</p> <p>YH to look at producing a flyer</p>
16	<p>RCN update</p> <p>The RCN are keen for the PICS Managers group to reinvigorate our relationship with them.. Funding is available for conferences including support for publications. Fiona Smith has met with YH and discussed working on RCN guidance for PICS Education.</p>	<p>LD and KB to meet with the RCN</p>
13	<p>AOB</p> <ul style="list-style-type: none"> • Everyone wished Carmel good luck in her retirement. • CR: Tissue Viability Care Bundle / Champions being launched in Manchester. She requested any information or data around this from other units. • The group thanked the team at Liverpool for being such excellent hosts and showing us round their beautiful new hospital. 	<p>CR to email the group</p>
14	<p>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.</p>	
15	<p>Dates and venue of next meeting: 20th and 21th October at Bristol. Now rescheduled to Birmingham</p>	

Hosts for recent meetings:

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