

**UK CCN Network and SAPHNA SPECIAL INTEREST GROUP**

**Nurses working with SEND children and young people**

Meeting (virtual) held 21 September 2022 2pm-3pm

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| **Attendees:** | (RJ) Rita Jenner (Suffolk NHS)  (RD) Rebecca Daniels (EAST LONDON NHS FOUNDATION TRUST) – Chair and minute taker  (CC) Claire Connolly  Hannah Dyson  (RH) Rachel Hampshire  (JR) Jane Ryall (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)  (SJ) Sarah Jeyes  (NK) Natalie Kingsbury  (EL) Emma Lea  (RM) Rebekah Murch  (SM) Sarah McKean and colleagues  (CP) Charlotte Phillips  (LR) Lorna Russell  (NS) Naheema Sharif with Sarah McLeod  (KU) Kathy Unwin  (VC) Victoria Coatsworth  (TW) Tracy Whitwell |
| **Apologies** | (ED) Elaine Davies  (MC) Melissa Clarke  (ND) Nickola Davies  (AFu) Angie Fudge (Sussex Community NHS Foundation Trust)  (HT) Hazel Thomas  (KS) Kaie Samoilov  (KE) Kirsty Elliott  Louise Stringer  Alice Macdonald-Parry  John Gowans  (ME) Marie Eyre (ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST)  (KB) Katrina Bottle  (GC) Gemma Cove-Mullins  (SE) Sara Eacopo  (TW) Trudy Ward  (CT) Catherine Tinsley  (SL) Suzanne Lee  (SA) Sarah Allen  (CH) Caroline Hancox.  (CW) Caroline Welch  Heather Gray (HG) and Gill  (SB) Shaik Begum  (JM) Jane Mullcahy  (BP) Bianca Postelmans  (ST) Sian Thorne |
| **Agenda:** | Tasks within schools and discussion around roles |

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| **Item** | **Discussion** | **Action** | **Deadline** |
| **Welcome and Introductions** | The group introduced themselves and shared their current job role and schools within their remit. Variety of school offers across the UK.  Joint meeting with SAPHNA and UK CCN Network  Apologies given for delay tp start due to |  |  |
| **Minutes from 6th July 2022** | No typed minutes due to RD capacity. | To be typed up and emailed round once completed | November meeting |
| Tasks within schools and discussion around roles | RD introduced and discussed new work stream with NHS England around clinical interventions in education settings.  What is working well, what are the current challenges?  HD- Birmingham: Special schools will not get involved with “nursing interventions”. School want a nurse on site due to medication administrations during the school day. Discussions about personal care including catheterisation.  SSN review with ICB at present. Staff are refusing to undertake catheterisation due to unions.  TW – Cambridgeshire – schools taken on clinical interventions. SSN role is to undertake training and care planning to support CYP in school examples given include  Catheterisation, NPA suction, simple meds, enteral feeding  RD – about leadership within the school. Kate Medhurst has been working up north around changing this in her local school so recommended to link in together.  RH – working with Charlotte Kent community health, covering 11 schools. Only 1 school pushing back on medications due to unions. All other schools follow delegable task guidance but supported by head teachers. Model is empowerment and supported by competency assessment  RM – school staff undertake health needs within complex schools. Mainstream schools refused to undertake catheterisation but strong relationship between health and education leads meant the school were then encouraged to undertake these as their roles.  RJ - interested in the competency side. Which competencies are being used and how can you evidence observations skills. One head teacher does not want to have a replacement nurse and areas around accountability regards competencies when only HCA in the schools.  HD – trust has own enteral feeding and catheterisation competencies. Annual update regards medications. Competency is signed by carer, nurse and head teacher.  RD – has own trust competency documents, with different pages for unregistered staff. Rolling training programmes and having assessments in the schools as well as simulated practice. Biggest challenge has been when schools have moved to Academies and schools refusing to undertake clinical decision making and invasive care.  RH – SSN role is to support the training to enable school staff to care for the CYP in an education setting.  HD – 7 nurses based on site.  RJ – all CYP accessing special school have to have an EHCP so have health needs.  RD – more complex CYP become and this is changing the care in the schools. More packages for continuing care following the CYP from home to school although governance regards training as external agencies.  Governance with competency – is the assessment one moment in time and essential to continue with ongoing supervision, troubleshooting and observation.  SM – having a review with commissioners as similar issues as HD. More push back from schools but this is about capacity within SSN if nurses are administering enteral feeds and medications.  RD catheterisation for urethral can be very intimate and staff can feel uncomfortable within carrying this out.  HD – Safe staffing. When do we say we cannot accommodate any more interventions in school due to capacity? How do we protect our staffing with growing caseloads? Using Trudy’s tool to assess at the moment. Need to have a flexible model to accommodate increased  JR – Lucky in the past schools have taken over care with HCAs within the school. Although staff are now starting to refuse to undertake interventions, schools have less money and more expectations on school staff which may be impacting on decisions. Blended Diet also impacted on staffing levels due to time it takes to undertake this. Ensuring EHCP review care needs are identified and documented to ensure the funding and care supports the interventions.  Schools asking for training for trips. This training must take place at start of year and no further training will be undertaken and school staff need to keep skills up.  TW – school staff are being able to say not but nursing can’t. Where do we take this?  RJ – link with your DCO as all the CYP have EHCP.  SM – Increased number pupils within schools and this is impacting on nursing with same staffing as previous years. In discussion with ICB and DCO.  RJ – you have shared this as a risk through escalating it.  NK on behalf of Nick Davies – on first day was advised doing medication rounds but this was not feasible due to the size sites. School staff now undertaking this and this supports school trips. Also include on EHCP about a team is required to be trained to meet the enteral feeding needs of the child.  RD suggested linking with Kate Medhurst chair for RCN CYP community & continuing care forum as she has changed practice in her local area. |  |  |
| **AOB** | Michelle Eleftheriades coming to the UK CCN network on 23/9/2022 about the archived delegation tasks and new work on clinical pages.  VC – asked about the school nurse role within the SEND needs within the public health school nursing which is different to the SSN role. SSN are under health trust but current role is under local authority.  TW – nurse within SSN who links with public health team to bring across the public health into SSN.  RJ – shared email for VC to link into networks.  SM – as part of review have asked about public health involvement to trial a post to undertake needs analysis for public health offer within the special needs schools. |  |  |
| **Requests for agenda items** |  |  |  |
| **Next meeting** | Wednesday 2nd November 2022 1400-1500hrs (every 8 weeks) |  |  |
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| **Action Log** | | | | |
| **Agenda No.** | **Action captured** | **Owner** | **Timescale** | **Completed** |
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| minutes | July minutes to be typed up and circulated | BDaniels | November meeting | Completed November 22 |
|  | Share updates regards clinical pages and delegation tasks from RCN CYP forum | BDaniels | November meeting |  |
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