



The state of the UK children's hospice nursing workforce

A report on the demand and supply of nurses to children's hospices

April 2017

Introduction

This report sets out what Together for Short Lives found when we carried out our third snapshot survey of nurse vacancies at UK children's hospice organisations on 14 December 2016. We have found that:

- the children's hospice nurse vacancy rate in the UK higher than the NHS - and it's grown since 2015
- it is getting harder to recruit nurses to posts with increasing shortages of more experienced nurses
- the nursing shortfall means that children's hospices are being increasingly forced to cut back the vital palliative care they can offer to families.

Children's hospice organisations have told us that their ability to recruit the nurses they need is affected by a number of factors. These include:

- a wider shortage of children's nurses
- challenges in matching the pay, terms and conditions offered by other local health and care providers
- challenges in convincing prospective applicants to work with children who are at the end of their lives
- the geographical location of inpatient children's hospice services; for example, it can be more challenging for nurses to commute to services based in rural areas, particularly if they do not have access to a car
- the shifts and working patterns that children's hospice organisations can offer.

The number of children's nurses in the UK as a whole is also affected by a number of factors. These include:

- people graduating from children's nursing degree courses
- former children's nurses being attracted back to the profession
- children's nurses being recruited from overseas
- children's nurses retiring
- children' nurses moving overseas
- children' nurses leaving the profession altogether.

In order to investigate the role of education providers in boosting the supply of children's nurses available to work in children's hospices, Together for Short Lives decided to survey the leaders of children's nursing undergraduate degree courses between 17 February and 6 March 2017. This was to assess the extent to which children's palliative care is included in their courses and to understand the numbers they are educating. If the small sample we have data from reflects the wider university sector, over a quarter do not include children's palliative care competencies for their undergraduate students. A third of undergraduate

children's nursing course leaders have told us that they are not are planning to increase their intake.

We are therefore calling on the UK's governments, health workforce planners and universities to urgently work with us to find a way of boosting the supply of nurses to children's hospices now so they don't reach crisis point. We ask workforce planners in particular to assess the demand for nurses from children's hospices, include it in their planning models and commission sufficient education places to help meet the shortfall in children's hospice nurses.

We also make an open offer to work with the Council of Deans of Health and undergraduate children's nursing course leads to make sure that education programmes for children's nurses equip them to care for children with life-limiting and life-threatening conditions.

In publishing this report, we acknowledge the need for further research into the factors which affect whether children's hospice organisations are able to recruit the nurses they need. We also acknowledge the need to assess children's nursing vacancies within NHS services which provide children's palliative care, particularly among acute nursing teams and community children's nursing teams.

During the course of this report, we also refer to a separate survey of UK voluntary sector providers of children's palliative care which we carried out in December 2015. This assessed the number of students of nursing and other disciplines that these providers were supporting at the time.

Our samples

24 (62%) of the 39 children's hospice organisations in the UK responded to the snapshot survey which we carried out on nurse staffing and nurse vacancy data on 14 December 2016.

15 of the 53 (25%) university undergraduate children's nursing course leaders in the UK responded to our survey in 2017 about the extent to which children's palliative care is included in undergraduate nursing degree courses.

In December 2015, we surveyed 35 voluntary sector providers of children's palliative care across the UK about the number of students of nursing and other disciplines that they are supporting. 24 (69%) of the 35 responded to our survey.

Acknowledgements

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An executive summary of what we have found

From our survey of children's hospice organisations, we know that:

- 1. The nurse vacancy rate among children's hospice organisations is higher than for the NHS - and is growing.** The average vacancy rate was this year found to be over 11% which is an increase on last year's findings of 10%. This represents over 130 whole time equivalent (WTE) posts unfilled. The overall NHS nurse vacancy rate is 9% in England, Northern Ireland and Wales. In Scotland, the overall nurse vacancy rate is 4.1%.
- 2. There is an increasing shortage of experienced nurses in children's hospice organisations.** In 2016, the number of vacancies was highest at a salary equivalent to Band 6 compared to salaries equivalent to Bands 5 and 7. In 2015, the highest number of average WTE vacancies were in Band 5.
- 3. There is a lack of skilled nurses available to fill posts.** More than half (61%) of children's hospice organisations cited lack of available appropriately skilled nurses being available to fill posts - similar to the 65% which reported this in December 2015.
- 4. It is getting harder for children's hospice organisations to fill nursing posts.** Nearly two thirds (65%) of vacancies are described as hard to fill (vacant for over three months). This is greater than the 57% reported in 2015.
- 5. These shortages are forcing children's hospice organisations to cut back the palliative care they can offer to children and families:** A majority of organisations (58%) now state that vacancies are having a negative impact on care - including a reduced offer to families or reduced short breaks offer. This is greater than the 43% of children's hospice organisations which reported this in 2015. Nearly one fifth (17%) stated that they were being forced to close beds. Three (13%) services reported that vacancies affected their ability to provide 24/7 care, making 2016 the first year that this was specifically mentioned.

From a small sample (25%) of children's nursing degree courses which we have obtained data about, we know that:

- 1. A third (33%) of children's nursing degree courses are planning to increase the number of places which they offer to undergraduates.**
- 2. Most if not all include some teaching on children's palliative care.**
- 3. Most incorporate what we recognise as elements of good practice in children's palliative care education in their curricula.**
- 4. There are some significant gaps in the way in which undergraduate children's nurses are educated about children's palliative care:**
 - One in five (20%) of course leaders state that their students are unable to learn from parents and carers about what it is like to have a child with a life-limiting condition as part of their course.
 - Over a quarter (27%) stated that they had not devised children's palliative care competencies for their students.

- Just over half (53%) stated that they are planning to further develop their children's palliative care teaching.

From a separate survey about funding for student placements in voluntary sector providers of children's palliative care which we conducted in 2015¹:

1. **We found that they play a vital role in educating the future nursing workforce in the UK:** We estimate that voluntary sector providers of children's palliative care offer placements to over 600 pre-registration nursing students every year.
2. **Nearly two thirds (63%) of respondents cited the availability of mentors being the biggest challenge to providing these placements.**
3. **If our sample represents all voluntary sector providers of children's palliative care in the UK, we estimate that 40% receive no funding for the placements they offer.**
4. **These payments vary widely in their size, their origin and in the way in which they are calculated:** of those voluntary sector providers of children's palliative care that are paid for providing placements, two thirds were paid directly from the universities themselves. The remaining third got this funding from Health Education England local education and training boards (LETBs).

Why we are concerned about our findings

We are concerned that the findings we have identified across our three surveys are having a negative impact on the lifeline care which children's hospice organisations are able to offer to children with life-limiting and life-threatening conditions and their families. This includes end of life care and short breaks for respite. The shortages in nurses working in children's hospice organisations:

1. Are undermining children's hospices' ability to provide around the clock children's palliative care out of hours and at weekends.
2. Are undermining children's hospices' ability to help children, young people and their families to choose where they receive care, which is an aspiration set out in policy strategies across the UK^{2 3 4}. Many children's hospices offer hospice at home services which mean that families can access children's palliative care where they need it. As well affecting inpatient care, the current nursing shortages reduce the extent to which children's hospices' can provide this care in the community too.

¹ These survey results have not previously been published.

² Department of Health. 2016. Our Commitment to you for end of life care: The Government Response to the Review of Choice'. Available to download at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535048/choice-response.pdf

³ Northern Ireland Department of Health. 2016. 'Providing High Quality Palliative Care for Our Children: A Strategy for Children's Palliative and end-of-life care 2016-26. Available to download at: <https://www.health-ni.gov.uk/publications/strategy-childrens-palliative-and-end-life-care-2016-26>

⁴ Welsh Government. 2014. 'Together for Health - Delivering End of Life Care: A Delivery Plan up to 2016 for NHS Wales and its Partners'. Available to download at: <http://gov.wales/topics/health/nhswales/plans/end-of-life-care/?lang=en>

3. Could be leaving more families of children with life-limiting and life-threatening conditions under pressure and at greater risk of separating. Nurses working for children's hospice organisations help provide short breaks for respite, which can⁵:
 - reduce the need for children to be placed long-term residential care away from the family home
 - reduce stress among parents, families and carers
 - reduce incidences of siblings with behavioural and emotional difficulties.

A summary of our recommendations

Together for Short Lives' overall objectives for our nursing workforce campaign are for:

- the average nursing vacancy rate among children's hospices organisations in the UK to be less than 10% and not higher than the NHS nurse vacancy rate
- no more than 25% of vacancies reported by voluntary sector children's palliative care organisations to be defined as hard to fill (vacant for over three months)
- all university undergraduate children's nursing courses to reflect good practice in children's palliative care education.

We are conscious that children's hospice organisations represent just one element of the wider children's palliative care sector; as such, we are keen to campaign to reduce nursing vacancies (particularly those which are hard to fill) in other providers, including acute children's palliative care and community children's nursing teams.

Together for Short Lives launched a campaign in Autumn to highlight what a rewarding role children's palliative nursing is and to encourage people to consider a career in the sector. You can watch the #YouCanBeThatNurse film here:

<https://www.youtube.com/watch?v=Bvc5rTWB1G4> We also believe that the UK's governments, workforce planners and universities all have an important role to play in making sure there are enough nurses available to care for children with life-limiting conditions. Together for Short Lives is keen to work with them all to increase the number of nurses in the UK who are able to provide children's palliative care. We would like:

1. The Council of Deans of Health to encourage university undergraduate nurse programmes to adopt the [elements of our recognised good practice in curricula for children's palliative care nursing education, which we set out in part II of this report](#).
2. The Nursing and Midwifery Council (NMC) to review its standards for pre-registration nursing education⁶ to make sure that it reflects competencies in children's palliative care and good practice elements of children's palliative care nursing education.
3. Health workforce planners to assess the demand for nurses from children's hospice organisations and include it in their planning models. If it is found that there are too few

⁵ NEF Consulting. 2009. The social and economic value of short breaks. Available to download at: https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/the_social_and_economic_value_of_short_breaks_full.pdf

⁶ Nursing and Midwifery Council. 2016. Standards for Pre-Registration Nursing Education. Available to download from: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf>

children's nurses likely to fill posts across all types of healthcare provider, we call on universities to increase the number places they offer to undergraduates. We would like the UK's governments to recognise the importance of children's hospice nursing by including these vacancies in the wider NHS nurse vacancy figures.

4. An urgent UK-wide summit to discuss the children's palliative care nursing workforce with the UK's governments, the NMC, the Council of Deans of Health and the agencies who are responsible for commissioning nurse education places across the UK.
5. Health workforce planners in Northern Ireland, Scotland and Wales to commission sufficient undergraduate places for people to study to become children's nurses.
6. Children's hospice organisations to satisfy themselves that they have a compelling offer of pay, conditions and shift patterns to attract children's nurses to work for them. They should also communicate the additional, unique benefits which they may offer compared to other providers - for example, free workplace parking, free food and/or free childcare.
7. Children's hospices to be reimbursed for the placements they provide to undergraduate nurses in a consistent and transparent way across the UK. This would help make sure that providers can maximise the number and quality of placements on offer. In England, we call for children's hospices to be given access to the education and training tariffs determined annually by the UK Department of Health⁷.
8. The UK Government to make sure that the UK's exit from the European Union does not have an adverse impact on the supply of nurses available to children's hospices. Consistent with the Royal College of Nursing, we call on the UK Government to preserve the rights of European Economic Area nationals currently working in the sector. We also ask ministers to put appropriate education and regulatory frameworks in place to make sure that providers can continue to recruit from other European countries.
9. Health Education England to focus specifically on outlining career pathways and providing guidance for delivering outcomes-led education for children's palliative care nurses.

⁷ Department of Health. 2016. Education & training tariffs: Tariff guidance for 2016-17. Available to download from: <https://hee.nhs.uk/sites/default/files/documents/Education%20%26%20Training%20Tariff%20Guidance%202016-17.pdf>

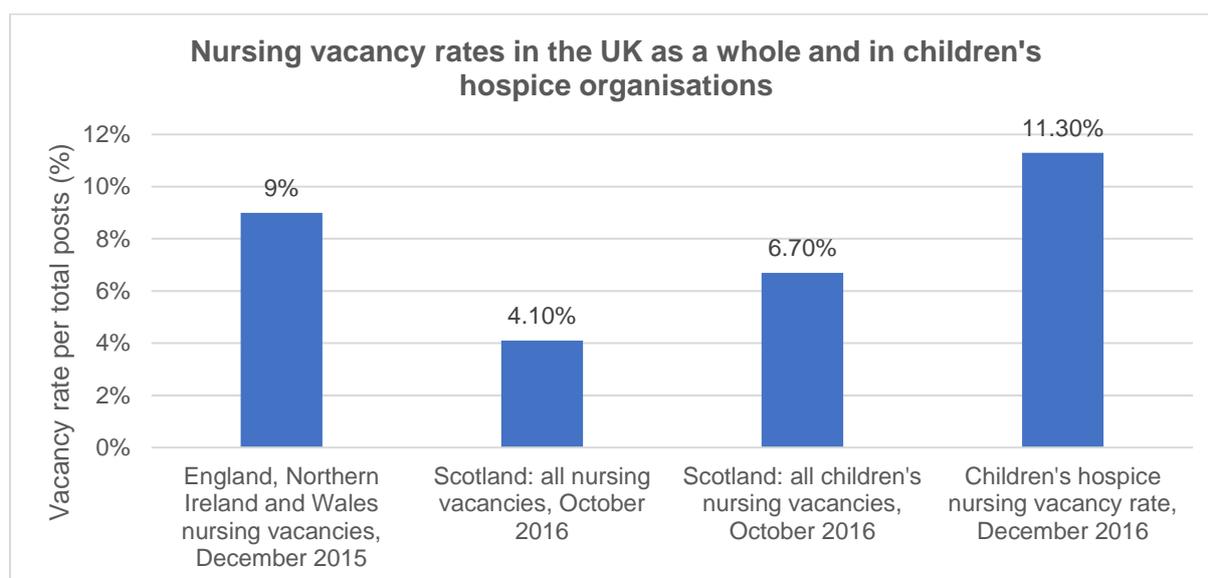
Part I: the demand for children's palliative care nurses

What we found

1. 24 (62%) of the 39 children's hospice organisations in the UK responded to a snapshot survey which we carried out on nurse staffing and vacancy data as at 14 December 2016.

Numbers of nurses and vacant posts

2. We extrapolated the number of nurses currently employed by the children's hospice organisations which replied to our survey and estimated the total number who work for them across the UK. We have found that the total number had fallen from 2015 compared to 2014: approximately 1,200 nurses are currently employed in the sector compared with 1,500 found in the previous two surveys.
3. **In 2016, the average vacancy rate was over 11%**, which is an increase on the 10% we found in 2015. This represents over 130 whole time equivalent (WTE) posts unfilled. The overall NHS nurse vacancy rate is 9% in England, Northern Ireland and Wales (as of March 2016⁸). In Scotland, the overall nurse vacancy rate was 4.1% (as of October 2016⁹), while the children's nurse vacancy rate in Scotland was 6.7%¹⁰.



4. **30% of services described themselves as having no vacancies at all.** This is almost double last year's figure (17%).

"We are fortunate on this snapshot, however this could change very quickly"

5. In the UK, NHS posts are categorised into different pay bands ranging from 1 to 9. **In 2016, the number of vacancies was highest at salary equivalent to Band 6**

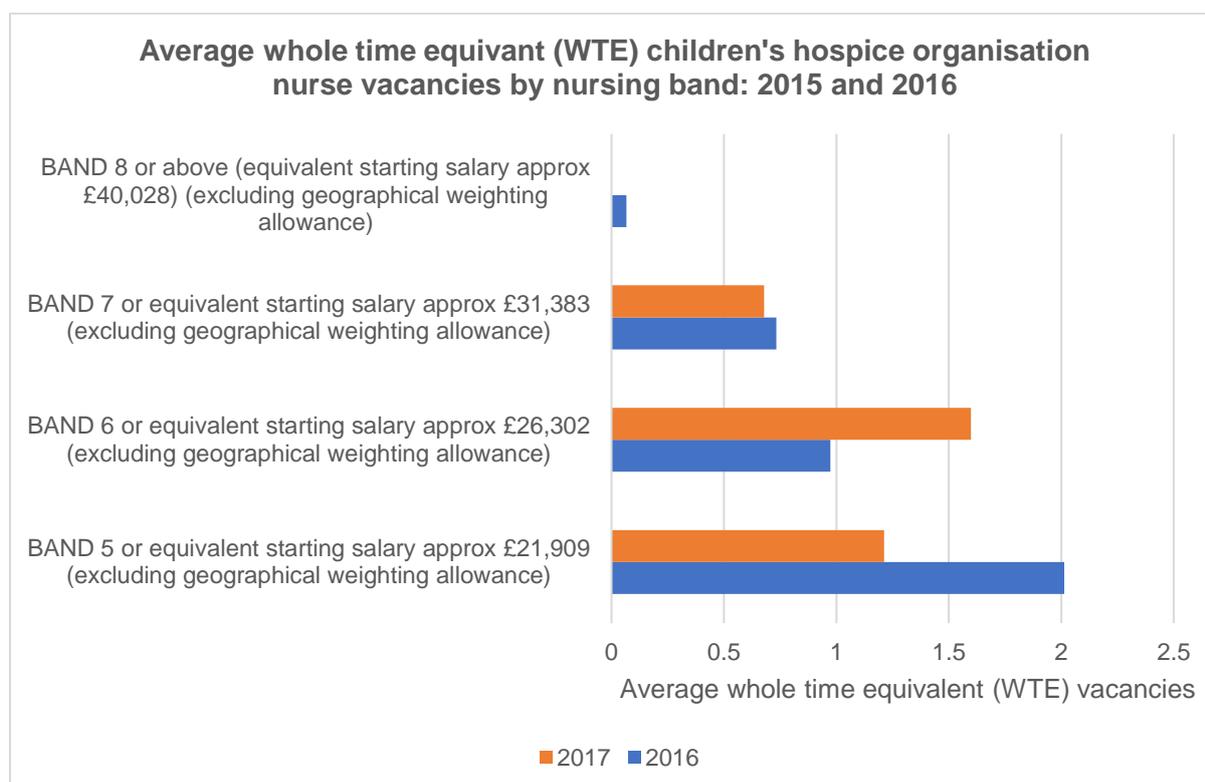
⁸ BBC News. 2016. Thousands of NHS nursing and doctor posts lie vacant. Available to download at: <http://www.bbc.co.uk/news/health-35667939>

⁹ ISD Scotland. 2017. Data tables: workforce - nursing and midwifery staff in post. Available to download from: https://www.isdscotland.org/Health-Topics/Workforce/Publications/2016-12-06/Nursing_and_Midwifery_Vacancies_S2016.xls

¹⁰ Ibid.

equivalent (an average of 1.6 WTE vacant posts per children's hospice organisation) compared to Band 5 (1.21 WTE vacant posts) and Band 7 (0.68 WTE vacant posts)¹¹.

6. In 2015, the highest number of average WTE vacancies were in Band 5 (2.01 WTE vacant posts), which suggests an increasing shortage of more experienced nurses.
7. No vacancies were reported at Band 8 or above in 2016, compared to 1 WTE vacant post reported in 2015.



8. **65% of vacancies reported in our survey were described as hard to fill** (vacant for over three months). This is greater than the 57% reported in 2015. Also, one quarter of all vacancies had been vacant for over 12 months suggesting that recruitment challenges are increasing cumulatively. There are nurses employed in part time posts suggesting **flexibility** of posts is still a feature of this sector.
9. **The age profile of this sector is not changing.** Over a quarter (28%) of nurses in the sector are over the age of 50 - similar to our findings last year (26%). Research in 2016 found one in three nurses will reach retirement age in 10 years¹², so organisations must continue to meet the needs of an ageing workforce in order to retain them.

Possible reasons for vacancies

10. In an almost identical response to last year's survey, **more than half (61%) of the respondents cited lack of available appropriately skilled nurses being available to fill posts:**

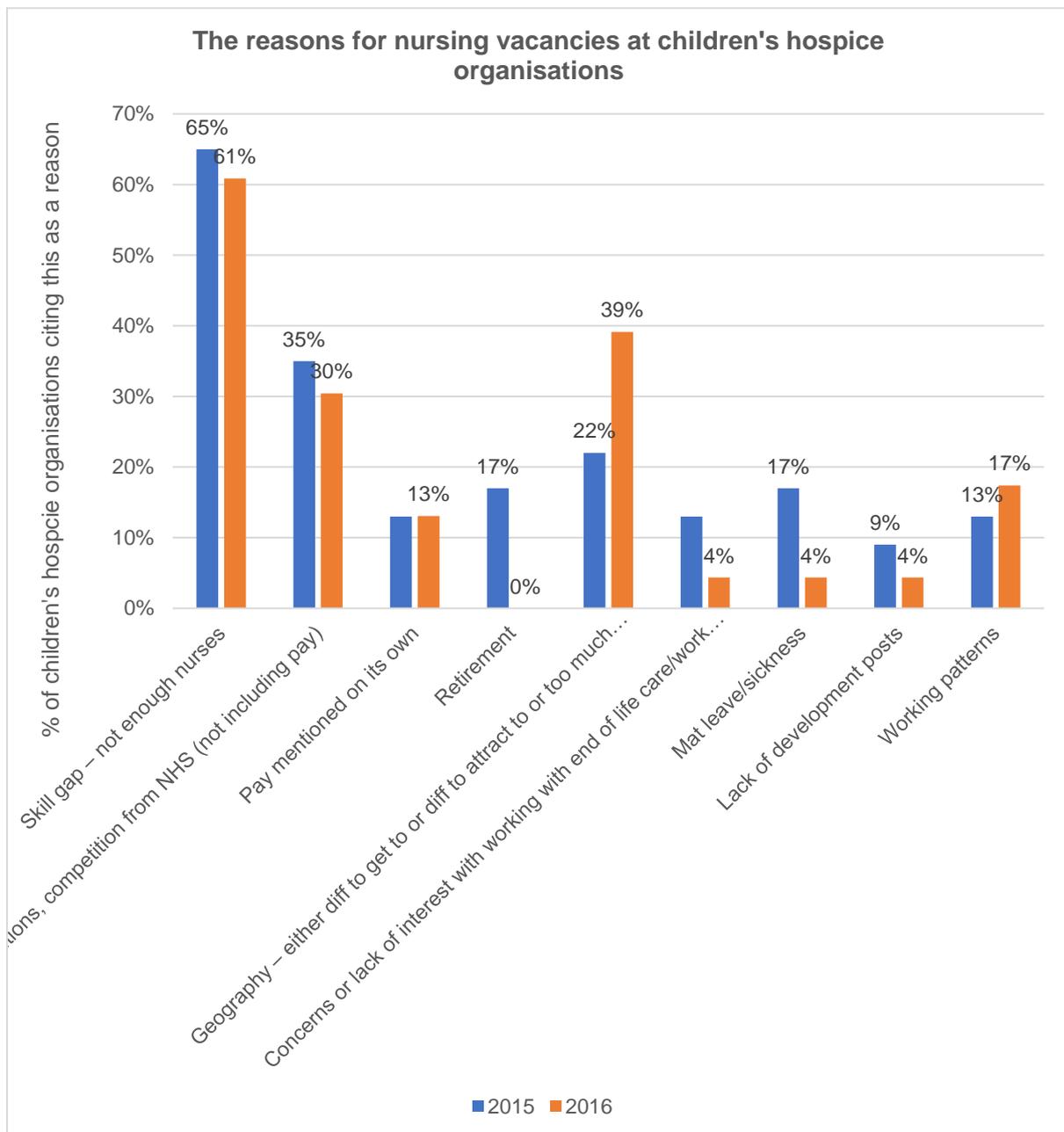
“The pool of nurses is too small, increasing competition for nurses between local providers, nurses with young children, both male and female, demanding long days,

¹¹ For more information about NHS pay bands please visit <https://www.healthcareers.nhs.uk/about/careers-nhs/nhs-pay-and-benefits/agenda-change-pay-rates>
¹² <http://www.employment-studies.co.uk/news/one-three-nurses-reach-retirement-age-within-ten-years>

fixed days or completely family friendly working hours as child care costs are so high- we just can't accommodate demands and run the business”

11. **61% respondents said that terms and conditions** (including pay, maternity/sickness leave and shift patterns/unsocial hours' enhancements) **were the reason for their vacancies**. This represented an increase on the 51% who cited these factors in 2015.

“Small hospices struggle to match the NHS terms and conditions - the increment scale often leaves us short, in particular when looking at someone we require with certain skills and competencies. Some nurses do not have these but have been placed on higher salaries due to incremental increases – which can cause difficult conversations.”



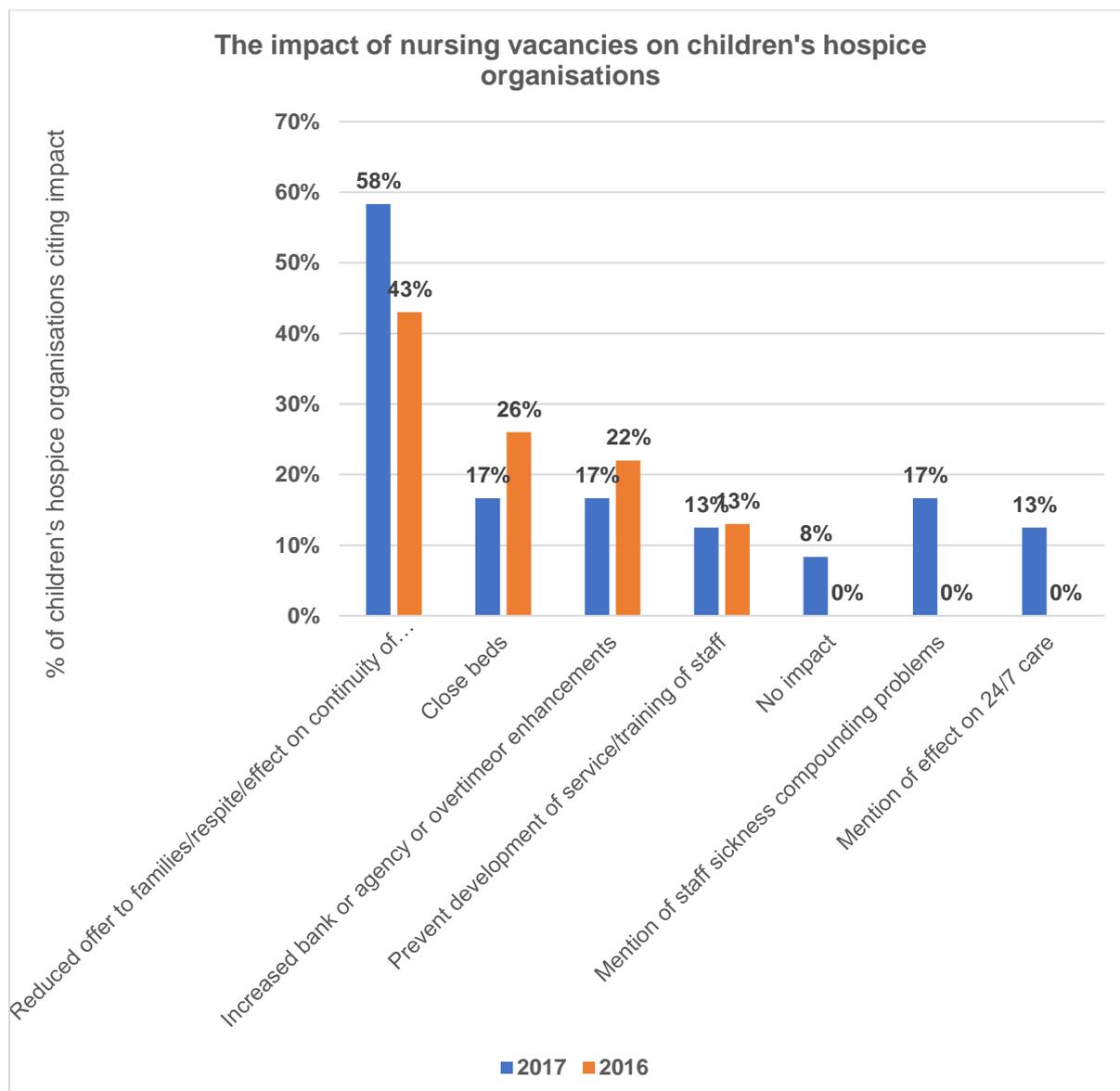
12. This year, retirement was not given as a possible reason for vacancies by any service but location of the service was mentioned in a third of replies - either meaning it was

challenging to get to, too expensive a place to live, or there was too much local competition.

The impact of nurse vacancies on children and young people with life-limiting conditions

13. **The majority of services now state that vacancies are having an impact on care - including a reduced offer to families or reduced short breaks offer (58% of respondents compared to 43% in 2015). Nearly one fifth (17%) stated that they were being forced to close beds, down from 26% in 2015. 17% also said that they were using more bank or agency nurses, a similar figure to the 22% who reported this in 2015.**
14. Almost a fifth (17%) of services mentioned that **staff sickness** coupled with vacancies had an effect on the care they could offer. They suggested the pressure on remaining staff is leading to stress and sickness and compounding the problem. This is the first year in which staff sickness has been cited as a significant issue.
15. The effect of the reduced numbers on the development of the service was also mentioned. **Three (13%) services reported that vacancies affected their ability to provide 24/7 care**, making 2016 the first year that this was specifically mentioned.

“We have recently stopped providing 24/7 care, even for those at end of life, which is very difficult for staff and families as this should be our 'core business'. Previously we have offered 24/7 advice for all, however this is no longer sustainable. We hope that, if we can recruit to vacant posts, we will resume 24/7 end of life care as soon as we can.”



How is risk to the service from vacancies monitored?

16. All who responded to this question are monitoring the risk to their service of vacancies with regular reviews. More than half of respondents (58%) mentioned either expediting this reporting to their boards or their clinical governance structures (20% reported to both).

“Activity and staffing levels reviewed at least daily/weekly planning meeting. Staffing and sickness absence monitored quarterly and reviewed at clinical governance. Vacancies have been flagged as a red risk on the clinical risk register during this year and all red risk subjects are also raised to board trustee level.”

17. Health services are coming under greater scrutiny from the Care Quality Commission (CQC) about the number of nurses staffing their services - and the extent to which they are implementing recognised guidance. In January 2017, The Harley Street Clinic in London was told by CQC¹³ that it must take action to address inspectors’ concerns that

¹³ Care Quality Commission. 2017. The Harley Street Clinic: Quality Report. Available to download from: http://www.cqc.org.uk/sites/default/files/new_reports/AAAF7958.pdf

staffing in the paediatric intensive care unit (PICU) did not meet Royal College of Nursing (RCN) guidance¹⁴.

¹⁴ Royal College of Nursing. 2013. Defining staffing levels for children and young people's services - RCN Standards for clinical professionals and service managers': second edition. Available to download from: https://www2.rcn.org.uk/_data/assets/pdf_file/0004/78592/002-172.pdf

Part II: the supply of children's palliative care nurses

18. 13 of the 53 (25%) university undergraduate children's nursing course leaders in the UK responded to our survey.

What are universities obliged to include in nursing courses about children's palliative care?

19. The Nursing and Midwifery Council (NMC) sets out the standards for pre-registration nursing education¹⁵. All students on the NMC's approved education programmes are required to meet these standards before they can practise as a registered nurse. This document describes the specific competencies which children's nurses must attain, in addition to the standards which educators must adhere to.

Who or what else determines what universities include in their undergraduate children's nursing degree courses

20. The [Council of Deans of Health](#) represents the UK's university faculties engaged in education and research for nurses, midwives and allied health professionals. The council works to inform and influence the NMC. It can also play a role in influencing and guiding universities on what to include in their undergraduate children's nursing degree courses.

Who determines how many children's nurses are trained every year?

21. The UK government's recent reform of healthcare education funding¹⁶ will remove the cap on the number of people who are admitted to nursing degree courses from 2018, in addition to the bursary which they received while they are studying. This effectively makes universities responsible for funding nurse education in England - and determining the number of degree places which are available for prospective nurses.
22. [Health Education England \(HEE\)](#) commissions education and training for health professionals in England. While universities determine the number of training places for undergraduate nurses, HEE must outline career pathways and provide guidance for delivering of outcomes-led education and training for children's nurses.
23. The Department of Health in Northern Ireland commissions children's nursing education. It published 'A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015 – 2025)' in May 2016¹⁷. [The Northern Ireland Practice and Education Council for Nursing and Midwifery \(NIPEC\)](#) supports the practice, education and performance of nurses and midwives in Northern Ireland. NIPEC also provides advice and guidance on good practice and matters relating to nursing and midwifery.
24. [NHS Education for Scotland \(NES\)](#) is a special health board within NHS Scotland. It is responsible for developing and delivering education and training for the healthcare workforce in Scotland. NES has a Scotland wide role in undergraduate, postgraduate and continuing professional development and collaborates with universities.

¹⁵ Nursing and Midwifery Council. 2016. Standards for Pre-Registration Nursing Education. Available to download from: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf>

¹⁶ Department of Health. 2016. Changing how healthcare education is funded. Available to download from: <https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded>

¹⁷ Department of Health (Northern Ireland). 2016. A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015 – 2025). Available to download from: <https://www.health-ni.gov.uk/sites/default/files/publications/health/workforce-plan-nursing-midwifery-2015-2025.pdf>

25. [NHS Wales Shared Services Partnership Workforce, Education and Development Services \(WEDS\)](#) use the workforce plans produced by local health boards and NHS trusts in Wales to establish how many education places each year are required for a range of healthcare roles, including children's nurses.

What is good practice in educating children's nurses about caring for children and young people with life-limiting or life-threatening conditions?

Together for Short Lives is keen for university undergraduate children's nursing courses to include the following 12 elements:

1. Some element of education about children's palliative care; this could be children's palliative care theory integrated into multiple areas of the undergraduate programme. It could also be a blended learning approach which allows students to learn about children's palliative care when it suits them.
2. Undergraduates being able to access practice placements where they will care for children with life-limiting conditions. For example, in paediatric intensive care, neonatal units, community, special schools or shared care oncology.
3. Undergraduates being able to access children's palliative care providers with expertise.
4. Measures in place to manage the emotional needs of students who may care for children who are dying; support strategies could include elements such as reflective practice, pre-briefing, debriefing and support provided by personal tutors and/or clinical educators.
5. A group size which is not too large to deal with the sensitive nature of the subject.
6. Undergraduates being able to access suitably trained educators.
7. Enough time to include children's palliative care in the curriculum.
8. Some consideration of the ethical and legal issues which occur when caring for children with life-limiting and life-threatening conditions, including those relating to consent, withdrawing treatment, withholding treatment and providing end of life care.
9. A set of children's palliative care competencies for undergraduates to attain which are based on recognised European, UK-wide or locally devised competence frameworks; we call on the NMC to review how it can best reflect these in pre-registration standards.
10. Measures which make sure that undergraduates can understand the perspective of parents and carers, in person or through other media, about what it is like to have a child with a life-limiting condition.
11. Access to simulation facilities.
12. Interprofessional learning and working opportunities.

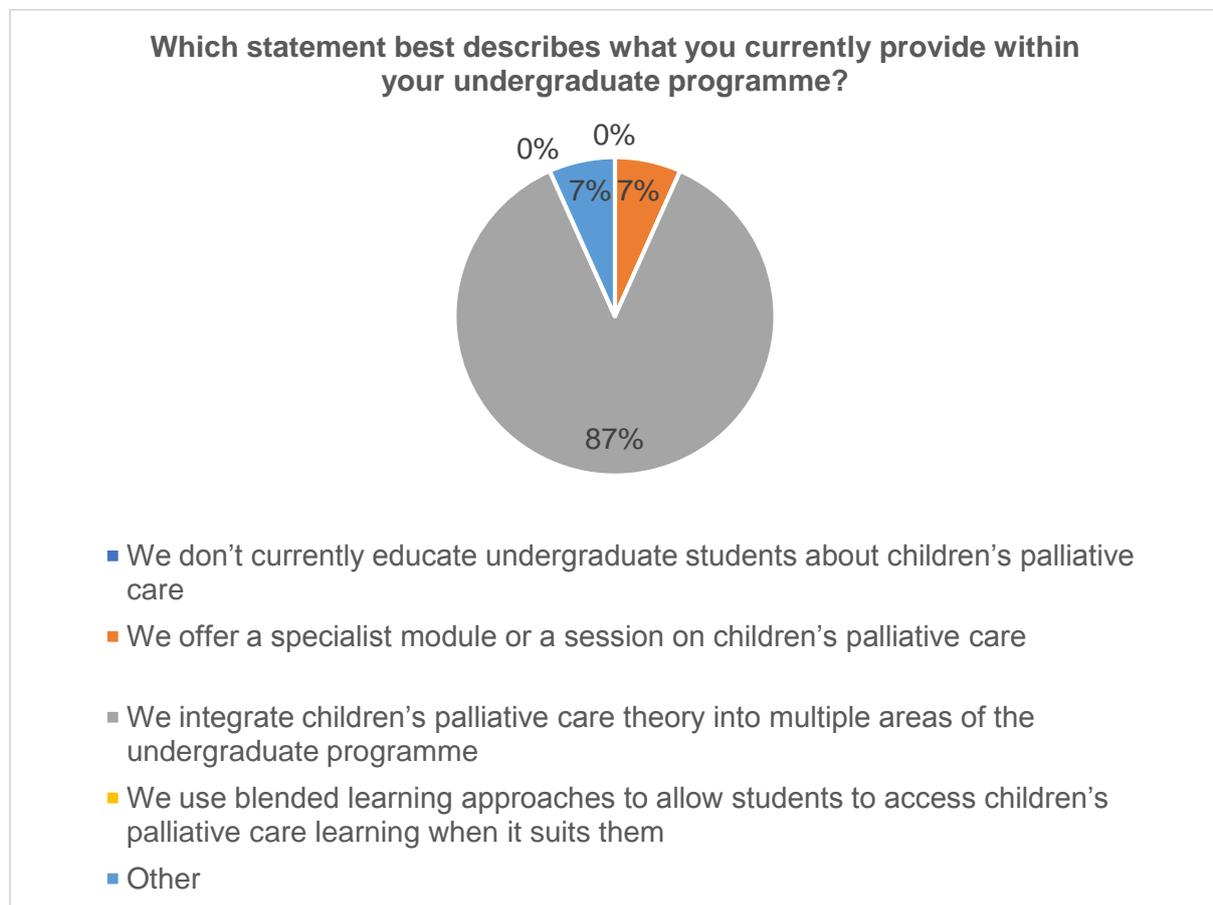
What we found

The average intake of undergraduate child nursing programmes

26. Of the 15 programmes which responded to our survey, the average number of trainee children's nurses being educated per university is 56. The highest number is 199, while the lowest is 15.

What universities provide in their undergraduate nursing programmes

27. Of the 15 programmes which responded to our survey, 13 (87%) stated that they integrate children's palliative care education into multiple areas of the undergraduate programme. Only one (7%) offered a specialist module or session on children's palliative care. The remaining programme stated that it has an undergraduate module on continuing and palliative care which has core elements which students in all three fields (children's, adults and mental health nursing) undertake.



28. Some respondents offered further details about the way in which integrate children's palliative care education into their programmes:

"We integrate children's palliative care across the children's nursing programme, but not adult and mental health programmes. These programmes are invited to attend an inter-professional learning day which focuses on palliative care across the lifespan with external speakers including those from our local children's hospice."

“(Children and young people’s nursing) students can opt to join the palliative and end of life care module cross-field which has a children’s and young people’s lecturer with extensive palliative care and research experience on the module.”

“We integrate children's palliative care in to a year two module in theory, family experience and a visit to a children's hospice.”

“We offer a module on complexities of children's nursing. This is around children with complex needs and includes pall care.”

The extent to which students are able to choose practice placements where they will care for children with life-limiting conditions

29. Nine (60%) of the 15 respondents stated that their students are able to choose practice placements where they will care for children with life-limiting conditions. Some provided further information:

“Most will also experience shared oncology care on their children's ward placement. Adult and mental health nurses complete an elective when they can could request to complete a children's palliative care placement.”

“Our students are able to access all the above. They have one opportunity for an option placement.”

30. Six respondents (40%) stated that they did not offer choice. They provided this further information:

“Students don't actually choose these placements, but all children's nursing students will complete a neonatal placement, and all will complete either a community children's nursing placement, a children's hospice, a special or residential school.”

“They don't choose but all children and young people’s nursing students get this experience repeatedly throughout their placements on the programme. Additionally, our students access a large children's hospital with oncology and palliative services.”

“Students do not choose the placements. However all students have a "diverse" placement, which may be A&E, oncology, neonates, special care baby units (SCBUs), children with complex needs placement areas, paediatric intensive care units (PICUs) and high dependency units (HDUs).”

“Placements are allocated and include PICUs, neonatal units (NNUs), SCBUs, community and special schools.”

“But almost all students will access one or more of these plus there is an elective placement in second year where some students have chosen to go to hospices.”

“We have a limited range of placements so students are not able to select but are allocated to the areas.”

The extent to which universities have access to children’s palliative care providers with expertise

31. All 15 respondents (100%) stated that their students have access to children’s palliative care providers with expertise through their placements. 12 (80%) have access through classroom teaching.

32. When invited to provide additional information, two respondents cited their links with their local children's hospices. One cited a link with their local community children's nursing team.

The measures which universities have in place to manage the emotional needs of students who may care for children who are dying

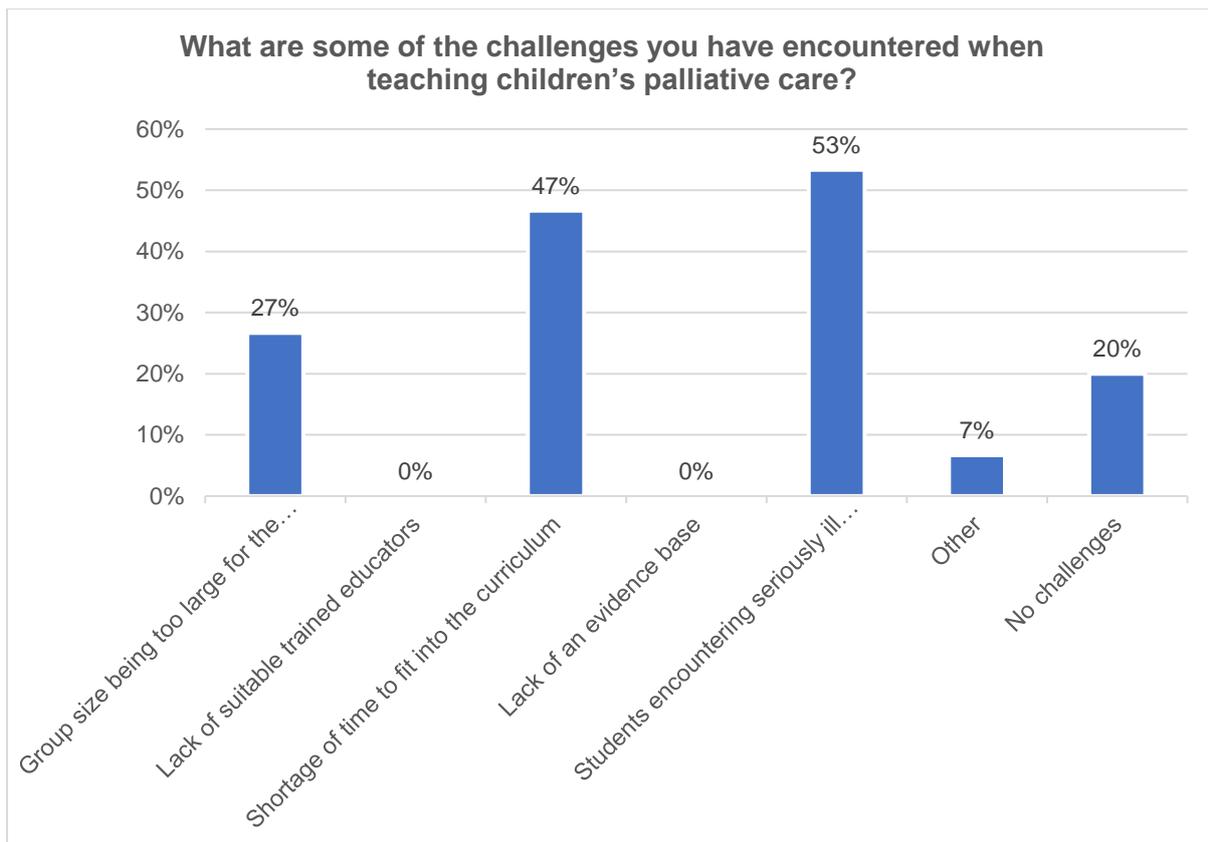
33. All 15 (100%) respondents stated that they have measures in place to manage the emotional needs of students who may care for children who are dying. The measures cited include:

- providing link lecturers or link tutors who can visit students on placement, offer pastoral support, advise and liaise with clinical staff and conduct educational audits and mentor updates.
- providing student health and wellbeing services which include mental health advisers and counsellors
- placement support provided by mentors and practice facilitators
- encouraging students to seek support from their lecturers and personal tutors
- clinical sites providing support
- including debriefing sessions during student placements.

The challenges which universities encounter when teaching children's palliative care

34. Eight (53%) respondents cite students encountering children with life-limiting and life-threatening conditions before they have studied the module or session as a challenge. Seven (47%) cite a shortage of time to fit children's palliative care into the curriculum.

35. Four (27%) cited their group size being too large for the sensitive nature of the subject as a challenge. Three (20%) of respondents stated that they had no challenges when teaching children's palliative care.



36. Further information provided by respondents include:

“For children's nursing the only issue is where to introduce it in the curriculum, the group size is small enough to teach this sensitively.”

“Ideally there would be more focused learning, but there needs to be balance with all the other areas of learning.

“There are no challenges as we have excellent relationship with local services and experts”

The extent to which curricula consider ethical and legal issues relating to care for children with life-limiting and life-threatening conditions, including withdrawing treatment and end of life care

37. 14 (93%) of course curricula consider these issues, while one (7%) was unsure.

38. Further information provided by those which do consider these issues included:

“For children's nurses all of the above are considered in a great deal of depth. For adult and mental health nursing students, there is opportunity during skills and simulation weeks to consider some of these topics in small groups.”

“In the palliative and end of life care optional module these these issues are covered in considerable depth, but only about 10-20% of students opt for this. It is taught on in other sessions in children and young people second year module. Students on the optional module undertake an end of life simulation focused on a dying adolescent.”

“These subjects are covered for several clinical areas. During the same module (complex care in the community) we explore children's rights, ethical, legal and political issues.”

“In two of the year 2 modules, the students explore the legislation around giving consent and withdrawing treatment. They have the opportunity to contextualise the legislation through the use of scenario-based learning and in their clinical skills session.”

“Specialist palliative care providers deliver this content in year 2 and we include withdrawal of care in a third year module.”

“(These issues are) considered in the critical care module but ethics and law are a recurring theme through the course.”

Devising the children's palliative care competences which universities require in students

39. 11 respondents (73%) reported that they had devised children's palliative care competencies for their students. Those that did so had used the following sources:

- The West Midlands Palliative Care Toolkit¹⁸.
- The Together for Short Lives Core Care Pathway¹⁹.
- RCN Competencies: Palliative Care for Children and Young People²⁰.
- The NMC²¹.
- All Wales Nursing and Midwifery Education Initiative: Bachelor of Nursing Honours Degree: Ongoing Record of Achievement of Practice Competence: Field and Generic Competencies and Associated Practice Learning Outcomes: Child Nursing Field of Practice Nursing 2012²².
- The European Association for Palliative Care Core competencies for education in Paediatric Palliative Care, November 2013²³.

¹⁸ West Midlands Paediatric Palliative Care Network. The West Midlands Palliative Care Toolkit. Available to download from: <https://wmppcn.wordpress.com/wm-toolkit/>

¹⁹ Together for Short Lives. 2013. A Core Care Pathway for Children with Life-limiting and Life-threatening Conditions: Third edition. Available to download from: http://www.togetherforshortlives.org.uk/assets/0000/4121/TfSL_A_Core_Care_Pathway_ONLINE_.pdf

²⁰ Royal College of Nursing. 2012. RCN Competencies: Palliative Care for Children and Young People. Available to download from: https://www2.rcn.org.uk/_data/assets/pdf_file/0012/488991/004_328.pdf

²¹ Nursing and Midwifery Council. 2016. Standards for Pre-Registration Nursing Education. Available to download from: <https://www.nmc.org.uk/globalassets/sites/default/files/standards/nmc-standards-for-pre-registration-nursing-education.pdf>

²² NHS Wales Shared Services Partnership. 2012. All Wales Nursing and Midwifery Education Initiative: Bachelor of Nursing Honours Degree: Ongoing Record of Achievement of Practice Competence: Field and Generic Competencies and Associated Practice Learning Outcomes: Child Nursing Field of Practice Nursing 2012. Available to download from: <http://www.weds.wales.nhs.uk/sitesplus/documents/1076/Child%20field.pdf>

²³ European Association for Palliative Care. 2013. Core competencies for education in Paediatric Palliative Care, November 2013. Available to download from: <http://www.eapcnet.eu/LinkClick.aspx?fileticket=6elzOURzUAY%3D>

40. While four respondents (27%) stated that they had not set children's palliative care competencies, one of these stated that they would incorporate them in future.

The extent to which students able to learn from parents and carers, in person or through other media, about what it is like to have a child with a life-limiting condition

41. 12 course leaders (80%) stated that students are able to learn from parents or carers, while three (20%) stated that these opportunities were not available. Some of the ways in which course leaders offer these opportunities to students include talks from parents in person (eight respondents, 53%) and video footage (two respondents, 13%).

"Students have input from parents in the form of service user speakers (we have a bereaved parent who speaks on the undergrad modules), video clips and children / families in placement areas. We also use case scenarios from the media e.g. Withdrawal of ventilation scenarios, lack of funding for care packages".

"We have two parents whose child died from a life-limiting condition come in and discuss their experiences with the students. Most importantly, these parents allow the students to ask them absolutely anything about their journey."

"Several points in the course students have access to parents with children with life limiting conditions. We also have an adult with Cystic Fibrosis who comes in to describe their challenges of transition and being a survivor."

"We had an interprofessional learning (IPL) day with third year nursing students and third year midwifery students. A parent spoke as did hospice staff."

42. Others cited the access which students have to parents while on placements.

Developing children's palliative care teaching further

43. Eight respondents (53%) stated that they are planning to further develop their children's palliative care teaching further. Seven (47%) reported that they were not.

44. Some of the planned changes reported by course leads include providing simulation-based teaching. These can offer immersive learning experiences where professionals can practice communication and practical skills in a safe, authentic environment. An examples of changes planned include:

"Developing our simulation further: so far we do end of life, curative to palliative and breaking bad news. We want to push this in other directions such as children with learning disabilities. We have a new curriculum being delivered alongside the one discussed above and this needs similar interweaving of content."

45. Other examples of planned changes include:

"One member of staff has just established a Cruse Bereavement Care group within the College. Students are involved in this on a voluntary basis."

"We are planning a post registration workshop in collaboration with a local children's hospice."

Predicted changes in size of future course intake

46. 12 (80%) course leads are planning to make changes, as opposed to three (20%) who are not. Five (33%) are planning to increase their numbers, while seven (47%) were not able to tell us. Some cited uncertainty about the potential impact that the end of bursaries for student nurses will have on applications.

Part III: student placements in voluntary sector providers of children's palliative care

47. In December 2015, we surveyed 35 voluntary sector providers of children's palliative care across the UK about the number of students of nursing and other disciplines that they are supporting. 24 organisations (69%) responded.
48. We found that they play a vital role in educating and education the future nursing workforce in the UK: we estimate that voluntary sector providers of children's palliative care offer placements to over 600 pre-registration nursing students every year.
49. Nearly two thirds (63%) of respondents cited the availability of mentors being the biggest challenge to providing these placements.
50. We estimate that 40% of voluntary sector providers of children's palliative care receive no funding for the placements they offer.
51. These payments vary widely in their size and the way in which they are calculated. Examples of arrangements included:
- £5 per day per student
 - £85 per week per student
 - A block payment of approximately £1,700 per year.
52. The most common payment reported was of approximately £80 per week per student.
53. The payments also varied in their origin of those voluntary sector providers of children's palliative care that are paid for providing placements, two thirds were paid directly from the universities themselves. The remaining third got this funding from Health Education England local education and training boards (LETBs).

What do we want to happen as a result of our findings?

Together for Short Lives' overall objectives for our nursing workforce campaign are for:

- the average nursing vacancy rate among children's hospices organisations in the UK to be less than 10% and not higher than the NHS nurse vacancy rate
- no more than 25% of vacancies reported by voluntary sector children's palliative care organisations to be defined as hard to fill (vacant for over three months)
- all university undergraduate children's nursing courses to reflect good practice in children's palliative care education.

Together for Short Lives launched a campaign in Autumn to highlight what a rewarding role children's palliative nursing is and to encourage people to consider a career in the sector. You can watch the #YouCanBeThatNurse film here:

<https://www.youtube.com/watch?v=Bvc5rTWB1G4>. We also share job and volunteering opportunities in children's palliative care on the jobs page of our website:

http://www.togetherforshortlives.org.uk/about/jobs_board

We believe that the UK's governments, workforce planners and universities all have an important role to play too in making sure there are enough nurses available to care for children with life-limiting conditions. Together for Short Lives is keen to work with them all to increase the number of nurses in the UK who are able to provide children's palliative care. We would like:

1. The Council of Deans of Health to encourage university undergraduate nurse programmes to adopt the [elements of our recognised good practice in curricula for children's palliative care nursing education, which we set out in part II of this report](#).
2. The Nursing and Midwifery Council (NMC) to review its standards for pre-registration nursing education²⁴ to make sure that it reflects competencies in children's palliative care and good practice elements of children's palliative care nursing education.
3. Health workforce planners to assess the demand for nurses from children's hospice organisations and include it in their planning models. If it is found that there are too few children's nurses likely to fill posts across all types of healthcare provider, we call on universities to increase the number places they offer to undergraduates. We would like the UK's governments to recognise the importance of children's hospice nursing by including these vacancies in the wider NHS nurse vacancy figures.
4. An urgent UK-wide summit to discuss the children's palliative care nursing workforce with the UK's governments, the NMC, the Council of Deans of Health and the agencies who are responsible for commissioning nurse education places across the UK.
5. Health workforce planners in Northern Ireland, Scotland and Wales to commission sufficient undergraduate places for people to study to become children's nurses.
6. Children's hospice organisations to satisfy themselves that they have a compelling offer of pay, conditions and shift patterns to attract children's nurses to work for them. They

²⁴ Nursing and Midwifery Council. 2016. Standards for Pre-Registration Nursing Education. Available to download from: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf>

should also communicate the additional, unique benefits which they may offer compared to other providers - for example, free workplace parking, free food and/or free childcare.

7. Children's hospices to be reimbursed for the placements they provide to undergraduate nurses in a consistent and transparent way across the UK. This would help make sure that providers can maximise the number and quality of placements on offer. In England, we call for children's hospices to be given access to the education and training tariffs determined annually by the UK Department of Health²⁵.
8. The UK Government to make sure that the UK's exit from the European Union does not have an adverse impact on the supply of nurses available to children's hospices. Consistent with the Royal College of Nursing, we call on the UK Government to preserve the rights of European Economic Area nationals currently working in the sector. We also ask ministers to put appropriate education and regulatory frameworks in place to make sure that providers can continue to recruit from other European countries.
9. Health Education England to focus specifically on outlining career pathways and providing guidance for delivering outcomes-led education for children's palliative care nurses.

²⁵ Department of Health. 2016. Education & training tariffs: Tariff guidance for 2016-17. Available to download from: <https://hee.nhs.uk/sites/default/files/documents/Education%20%26%20Training%20Tariff%20Guidance%202016-17.pdf>

The role of Health Education England

We would like Health Education England to focus specifically on:

1. Making sure that local education and training boards (LETBs), working in partnership with children's palliative care networks - and taking account of the views of children and families:
 - understand how prevalent life-limiting conditions are among the local children and young people - and what the local demand for children's palliative care is; LETBs should refer to Fraser et al²⁶, which shows the prevalence of life-limiting conditions in children and young people for every local authority district in England; the special educational needs and disability (SEND) code of practice, published by the Department for Education in 2014, recommends that clinical commissioning groups (CCGs) and local authorities consider children who need palliative care in their joint strategic needs assessments (JSNAs) LETBs refer to JSNAs
 - assess the size, location and skill mix of the local children's palliative care workforce
 - develop, publish and oversee the implementation of a local strategy for filling the gaps in the local children's palliative care workforce.
2. The UK government's mandate to Health Education England (HEE)²⁷ includes a requirement to undertake a life-course approach to the planning of a sustainable children's healthcare workforce. HEE should:
 - outline career pathways and provide guidance for delivering of outcomes-led education for children's nurses.
 - through the role of the national clinical lead for children and young people's health, co-ordinate education and workforce development for the children and young people's workforce; the national clinical lead should aim to maintain national standards and reduce the extent to which they vary across England
 - consistent with the recommendations of the chief medical officer²⁸, commission education to ensure that the workforce which cares for children and young people is properly trained to deliver age-appropriate care - and is able to assist children and young people in identifying where to go for care and when.
 - working with the Department of Health, commission the Centre for Workforce Intelligence (CfWI) to:
 - consider pathways of care for children with life-limiting conditions
 - consider the workforce required to provide care at different stages of these pathways

²⁶ Fraser LK, Parslow RC, McKinney PA, Miller M, Aldridge JM, Hain R, Norman P. 2012. Life-limiting and life-threatening conditions in children and young people in the United Kingdom; final report for Together for Short Lives. Available to download from: <http://bit.ly/1yvEeHs>

²⁷ Department of Health. 2014. Delivering high quality, effective, compassionate care: developing the right people with the right skills and the right values: a mandate from the Government to Health Education England: April 2014 to March 2015. Available to download from: <http://bit.ly/1boEvmm>

²⁸ Department of Health. 2013. Annual report of the chief medical officer 2012: our children deserve better: prevention pays. Available to download from: <http://bit.ly/1QrfGq9>

- produce materials, tools and resources to inform national and local planning policy decisions relating to the children's palliative care workforce.

The role of health workforce planners in Northern Ireland, Scotland and Wales

1. In Northern Ireland, we make the same recommendations as for HEE and LETBs to the Northern Department of Health (excluding the references to the CfWI and the SEND code of practice, which only apply to England).
2. In the Scotland, we make the same recommendations to NHS Education for Scotland.
3. In Wales, we make the same recommendations to the Wales Deanery and to Workforce, Education and Development Services within NHS Wales Shared Services Partnership.