



## **PNAE (Paediatric Nurses Associations of Europe)**

### **FINAL Notes of 34<sup>o</sup> Meeting**

**Hotel Kolovare, Zadar, Croatia**

**18<sup>th</sup> October 2019**

#### **Agenda Item 1: Welcome, introductions, apologies – Ivona Mikulenková (IM)**

Meeting opened at 09:12hrs by IM, welcomed attendees to 34<sup>th</sup> meeting. Invited attendees to introduce themselves.

#### **Attendees at meeting:**

- **CO-ORDINATOR** - Ivona Mikulenková, Vice president of the Pediatric section of the Czech Nurses Association, Czech Republic
- **DEPUTY CO-ORDINATOR** - Corry van den Hoed- Heerschop, Dutch Association of Paediatric Nurses, Netherlands
- Airin Treiman Kiveste, Paediatric Nurses Association of Estonia
- Barbara Poutopoulou, Secretary of Hellenic Pediatric Nursing Association
- Catherine Sheridan, 1<sup>st</sup> Vice President, Irish Nurses and Midwives Organisation, Ireland (Note taker for morning session)
- Helena Wigert, Swedish Paediatric Nurses Association, Sweden
- Immacolata Dall'Oglio, Italian Nurses Association
- Ingrid Hankes Drielsma, Dutch Association of Paediatric Nurses, Netherlands
- Jane Coad, University of Nottingham, UK
- Jean Davies, Children and Young People's Professional Issues Forum, Royal College of Nursing, UK (Note taker for afternoon session)
- Jitka Voříšková, Head of Paediatric section of the Czech Nurses Association, Czech Republic
- Karen Vansteenkiste, Paediatric Nurses Association, Belgium
- Karin Bundgaard Nielsen, Paediatric Nursing Association, Denmark
- Karina Thorsteinsson, Paediatric Nursing Association of Denmark
- Katrin De Winter, Paediatric Nurses Association, Belgium
- Kristina Kužnick, Host, Croatian Nurses Association of Paediatric Nursing Society
- Mrs. Vasiliki Matziou, President of Hellenic Pediatric Nursing Association
- Siret Laanelaid, Paediatric Nurses Association of Estonia
- Marija Ljubičić, Host and PhD Candidate, Croatia
- Ivica Ražnjević, Croatian Nursing Council

- Snježana Čukljek, University of Applied Health Sciences, Zagreb, Croatia
  - Vesna Turuk, University of Applied Health Sciences, Zagreb, Croatia
  - Robert Lovrić, College of Dental Medicine and Health, Zagreb, Croatia
  - Elizabeta Kralj Kovačić Host, Zadar, Croatia
  - Danijela Nožinić, Host, Zadar, Croatia
  - Dubravka Gajšek, Host, Zadar, Croatia
- **Apologies noted as follows:**
  - Ayse Ferda Ocakci, Turkey
  - Caroline Roberts-Quast, Netherlands (retiring and has left PNAE).
  - Conni Andersen, Denmark (will not attend anymore and is replaced by Karina Thorsteinsson).
  - Filipa Barbosa, Ordem dos Enfermeiros, Portugal (not going forth for re-election)
  - Karitas Gunnarsdóttir, Chair Paediatric workgroup of the Icelandic Nurses Association, Iceland
  - Orsola Gawronski, Italian Nurses' Association
  - Sofia Abreu, Ordem dos Enfermeiros, Portugal (not going forth for re-election)
  - Tove Borsting, Norwegian Paediatric Nurses Association

## Agenda Item 2: What do we want to achieve with the PNAE in the next five years (All)

### Surveys:

- IM discussed all the surveys that have been started but not completed over the years. Responses to surveys very slow however improved since May meeting. 15/20 countries responded. Possibly because of online links, this has improved response rates. Needed to send reminders to non-responders.
- KdW mentioned that she had received 4 survey responses via email rather than using the link and queried the reason why people did not use the online link instead. IM suggested that people do not see the portion of email asking to use the online link so this could be amended in future. Corry suggested that attendees be asked to use link instead. KdW agreed.

### Future of PNAE – Greek presentation:

- Barbara Poutopoulou (BP) presented proposal from the Greek perspective.

This included:

- Background of PNAE

- Outlined the work involved and time invested by members in PNAE
- BP asked where we will go from here
- Reiterated that the main goal of PNAE is to support sick children around Europe
- BP suggested that we are not achieving this because of other demands on individual's time
- Suggested we need to improve collaboration with other associations
- Need an elected board
- Need to expand our network to other members
- PNAE requires further support from wider membership
- PNAE require funds as some pay personally to attend meetings
- PNAE need a website, promotion, advertisements, links with other organisations
- PNAE must use the expansive academic profile of existing members however we are not involved in any official research projects or have not been acknowledged by governments – a result of lack of promotion of PNAE at European level.
- PNAE needs to expand our work around Europe, liaise with governments, educate, organise a committee represented by one person from each country.

The proposal concluded.

- IM invited comment from the floor.
- Ingrid Hankes Drielsma (IHD) – asked to review slide regarding elections, board etc. This has been discussed in the past. Many countries represented already in PNAE. May have difficulty being supported if PNAE re-structure as another association with members. Goal of PNAE was to have a network where we share information and form position statements. IHD said we all represent our country associations. Suggested that Greek proposal looks more like ESPR. Barbara disagreed and asked if every individual will follow up with information sharing in their own country? Ingrid and Corry responded that they are obliged to provide feedback following PNAE meetings as part of funding agreement. Ingrid explained that ESPNIC eventually ended up joining ESPR.
- Corry van den Hoed (CvH) explained that it was initially agreed that PNAE would be an association where nurses can join without difficulty. We are not a union but are focused on content directly associated with paediatric nursing. We are not all academics. An account for funds would be problematic – who would hold this. Overall she welcomed the ideas of the presentation however did not agree that we should be changing focus toward research only and supported IHD's view. IHD explained that ESPNIC eventually ended up joining ESPR.

- BP said she felt that our PNAE meetings are taking place with very little result or follow up.
- Jane Coad (JC) suggested that we need to re-look at what exactly the PNAE is now (current) and what we want to become and what is our profile.
- Co-ordination structure – Coordinator post, length of term, what does a deputy mean, administrative/secretarial skills also required since the beginning (more members and more support needed now)
- Research and Education – too broad in focus, need to be more accountable, be more responsible, need priority areas and give focused responsibility to individuals.
- Greek plan acknowledged by JC as very helpful but is it too soon for such changes.
- Immacolata Dall'Oglio (IDO) agreed with some points made by BP. Outlined that she is part of PNAE on behalf of her country. Welcomes a 5-year plan but agrees with comments made by JC. More responsibility required of members. Too much repetition at PNAE meetings.

(See decisions made after coffee break)

### Agenda Item 3: Vote of the Deputy of PNAE- All

- JC asked if PNAE have Terms of Reference – IM informed that there are TOR available on the website, but JC and Catherine Sheridan (CS) commented that the website is not easily navigated, and documents are not easily accessed. TOR not up to date. All agreed.
- Jean Davies (JD) advised that there is an issue with uploading of information onto the website; communication is key, we need to be confident that all communication is updated in a timely manner.
- IM advised that nominees for deputy coordinator so far are IDO and Greek association.
- JC asked that we consider the current term for 'lead' co-ordinator and deputy roles – IM confirmed that it is 4 years. JC and CS advised that 2-year terms are usual, and 4 years is very long for organisations to support.
- CvD advised that Deputy role is usually a 1-year term. When considering the biannual meetings of PNAE, CvD pointed out that this frequency of meetings provides continuity which is very important.
- IM informed attendees that she would step down from PNAE and a new coordinator must be elected today as well as deputy.
- IM presented CvD with a gift from PNAE in recognition for her work with PNAE since 1998.

**Coffee Break** - IM asked that attendees consider names of key nominees for suggested PNAE coordinator and deputy coordinator roles over coffee break.

### Agenda Item 3 continued : Vote of the Deputy of PNAE- All

- CvD opened the session and advised that she will take the chair to allow IM to participate in discussions. Asked if there is agreement that there will be one vote per country. All agreed with this.

CvD asked how PNAE proceeds in future:

#### Option 1 - Network as it is now:

JD commented that existing PNAE is broad and inclusive already. Unclear regarding other suggestions. Likes current structure. CvD explained that this allows for membership of many nurses despite having an association. KdW also wants to see change.

#### Option 2 - Individual membership:

This was proposed by Greece with more academic/research focus. BP explained that individual membership is not what they mean exactly. Greece want simply to expand the membership beyond current scope. IDO proposed that this discussion was not on this agenda and agenda is very full, so could we place on the next agenda? IHD reminded attendees of the agreement made at meeting in Greece 2018, that PNAE remain an association, therefore if we want to change this agreement, it must be noted. CvD clarified for IDO that item 2 on current agenda indeed covers these discussions. Karin Bundgaard Nielsen (KB) asked BB to clarify what exactly their difficulty is with the current structure. BP reiterated that PNAE seems to be making very little progress. KdW suggested that progress is welcomed but pointed out that Belgium would not pay for more members to join PNAE. A research focus would require more funding as advised by IHD.

#### Option 3 - Network plus individuals:

BP asked attendees if we agree we need money for PNAE? There are difficulties with individual funding at present. KdW agreed that she would like to see more

**Action 1** - Vote taken regarding whether PNAE needs money to be sourced and made available:

1. Croatia – don't know
2. UK – No (PNAE not ready for this, but keep on agenda)
3. Estonia – No (agrees with view expressed by JC)
4. Czechoslovakia – No (step back for now)
5. Netherlands – No (need to review PNAE first)
6. Greece – Yes
7. Ireland – No (not now)
8. Denmark – No
9. Sweden – No
10. Italy – No
11. Belgium – No

**Result** - 9 No, 1 Yes, 1 Abstinance. **NO VOTE CARRIED.**

funds/money however she pointed out that members have fulltime jobs so if there is money made available, what will this mean – would we need to form a designated paid position in PNAE?

**Action 2** - Vote taken regarding structure of PNAE:

1. Belgium – current network
2. Italy – current network
3. Sweden – current network
4. Denmark – current network
5. Ireland – current network
6. Greece – expand
7. Netherlands – current network
8. Czech – current network
9. Estonia – current network
10. UK – current network
11. Croatia – current network

**Result** - 10 current network, 1 expand. **VOTE CARRIED TO REMAIN AS CURRENT PNAE NETWORK.**

**Action 3** - Votes taken regarding Co-ordinator, Deputy Co-ordinator and a new Secretary role as proposed before the coffee break:

- CvD outlined historical structure of PNAE. Votes were made on new roles as per Action 3. All agreed.
- Also issues relating to communication - JD asked members if they received the email from Fiona Smith thanking the group for their kind gift – nobody has seen this email. JD apologised for this.
- JD also wrote an article regarding PNAE which has not been uploaded yet. Need to now decide what these roles include. Suggested that we draft these roles today and make decision regarding terms at next meeting.

**Coordinator** - JC nominated as Co-ordinator.

**Result** - **No further nomination therefore nomination carried.** JC agreed to accept this role but asked for next meeting if we can discuss TOR update.

**Deputy Coordinator** – IDO confirmed her availability as former deputy nominee. KdW requested explanation of outline of deputy role – IHD provided this explanation as per TOR of PNAE. New coordinator will review these roles. KB suggested BP as nominee but she declined. **Result** - **No further nominees therefore IDO nomination carried.**

**Secretary** – JD suggested that this is an important role and expressed an interest in this role in supporting wider engagement and membership. All agreed. **Result** - **No further nominees therefore JD nomination carried.** BP agreed to support note taking.

**\*\*Terms of office etc and TOR to be deferred for discussion at next meeting by new committee.**

- CvD asked if there were any further suggestions regarding the next 5 years of PNAE. CS suggested that PNAE need to create stronger links with EFN for policy making and support. KdW asked if there are other avenues for funding available through research. IHD suggested that ICN are a good link with WHO also and should also be considered.

**Agenda Item 4: Matters arising from notes of meeting May 2019**

IM resumed the chair at this point of the meeting.

**4.1: Written update for websites** - IM wants to amend details again for individual members and will circulate for amendments. BP asked why we need to do this again. JD will progress this. KdW queried why some countries are not being sent correspondence. IHD explained that the names on the mailing list were to be used for notes only. IDO commented that there are only 19 countries on mailing list. IHD explained that there were 28 countries but GDPR requires that individual countries give consent. JC asked whether Fiona Smith had obtained consent. JC to revisit GDPR position in PNAE. IM confirmed that all correspondence from now on must go to JD. JC requested that all correspondence be copied to JC and IDO. JC to speak to Dr Joseph Manning (a colleague in the UK) regarding setting up a group.

**4.2: Meet deadlines, hand over information when asked**—IM confirmed that meeting deadlines had improved since last meeting.

**4.3: Progress on PNAE webpages**— IDO gave presentation regarding this topic.

This included:

- FNOPI activated steps to develop PNAE website.
- Website connected with Italian Federation, but link can be used by other federations.
- FNOPI require formal confirmation from PNAE first.
- RCN website should remain.
- Improvements to future website to be discussed. Possibly create useful links with website. Upload photographs of PNAE meetings. Written coordinator updates.
- Suggested that there should be PNAE webmaster – organising the system so one person can take charge of updating the website.
- Advantages of having this website include information sharing, support, increase visibility of PNAE. Should be easy to access via Google.
- Title needs to be decided - when PNAE is browsed, it may lead to different sites.

Questions were invited:

- IHD asked who would update the website if IDO was not available in Italian Federation? IDO clarified that she could ask for support from FNOPI or she could ask permission that JD take this role in this instance.
- CvD asked that IDO share username/password with JD.
- JD outlined her experience using shared websites for certain projects which were guided by rules ensuring quality assurance. Webmaster in Italy would likely require the same rules. Possibility of a group password also.
- KdW commented that the standard of English on the website will need to be high to suit the potential audience. Will require headings such as *contact us* and members only access to view minutes. IHD explained that in the past the RCN allowed access to everyone. KdW suggested that the title comprise PNAE – followed by long title version.
- JC suggested that our presentations should be standardised using the PNAE logo.
- IDO asked that we make decisions today before the website is created as it will be more difficult later. Suggested a photo gallery and information. Likes the idea of a group password but this may be problematic if there is a difficulty by the point of view of FNOPI web responsibility.
- BP explained that in Greece they pay a person to update their website. IDO explained that FNOPI have agreed to create the website and will allow IDO to make necessary changes. Need to be certain of quality of materials uploaded.
- IM asked if there is an agreement between RCN and FNOPI regarding transfer of data from RCN website. JD confirmed that there was some dialogue but there was no clarity that Italy would agree to assist therefore JD will now follow up with further discussions with RCN. Must have same standard of website in both sites.
- IM confirmed that GDPR (General Data Protection Regulations, 2018) requirements must be clarified and consent sought as required.
- IDO was clear about the need to have a linked system which is stand-alone within the Italian Federation website.

**4.4: Workforce and recruitment** -KdW gave a presentation regarding paediatric education across Europe.

Presentation slides made available to members of meeting.

This included:

- Most responses showed that RGNs are permitted to work in paediatric services however it would not be the ideal standard.
- Recruitment difficulties force many countries to employ RGNs in paediatric services.
- CS asked for clarification regarding data entry for Ireland and NICU (Neonatal Intensive Care Unit) services – will discuss later with KdW.



- JC clarified her responses in relation to the law within the UK.
  - Register of RCNs outlined by country.
  - IDO explained that their nurses are RN with MA (Masters' degree) in paediatric nursing.
  - HW asked to check that Norway information is correct. KdW asked that if further clarifications are required, email her directly.
  - Information was gathered regarding countries where direct entry paediatric nursing education is available – 6 countries only have this.
  - JD asked to review the hours of direct entry nursing entered from Scotland – incorrect.
  - JC gave overview of direct entry MA in UK in response to query from IDO.
  - JC wishes to add information regarding the apprentice programme in paediatric nursing.
  - Many countries have post graduate paediatric nurse education.
  - CS to follow up with KdW regarding ECTS points for postgraduate paediatric education in Ireland and governing body of education.
  - Final questions which arose from the survey are predominantly what do we want to do with paediatric education, and can Europe help us?
  - IH explained that Netherlands would probably not want to return to direct entry and IM also explained that she was a direct entry student, but her country changed to integrated programme and has returned to direct entry again.
  - KVK outlined that NICU must employ midwives only in Belgium therefore paediatric nurses were no longer needed there. This restricts recruitment and education of paediatrics. Her question is how can we have a European directive to assist with this?
  - JD explained that Scotland is advancing with local directives in this regard due to problems recruiting in NICU in UK/Scotland.
  - IDO thanked KdW for presentation of how education has evolved. Similar difficulties in Italy with programmes.
  - Suggested that Estonia could use the postgraduate education structure in their country. Each country should consider the education programmes which best suit the needs of their own countries in relation to service requirements.
  - JC suggested that we agree our own position following completion of surveys and update position statements on the PNAE website.
- IM asked for deadline for responses to KdW via email – 1<sup>st</sup> December 2019.

#### **Agenda Item 4.5: Advanced Nursing Practice (IDO)**

IDO presented the results of a survey she with JD and OG had undertaken regarding Advanced Practice in Children and Young People's (CYP) nursing across Europe. There was a 73.7% response rate from PNAE members.

Presentation slides made available to members of meeting.

This included:

- Demonstration of the variability of the advanced role across Europe
- Differences in competences required to practice and use the title of advanced practitioner
- Differences in training programmes across Europe
- Variation in remuneration for advanced practitioners
- What would a good model of advanced practice look like?

Discussion from members was invited:

- IDO asked if another survey should be undertaken to encourage a response from the countries who did not contribute. ?Send again
- IDO asked, "how can PNAE influence and contribute to advanced practice?"
- KdW highlighted that this had been a difficult topic to discuss by the network due to basic training considerations for advanced practice being so variable
- CvH advised the group that the survey had been very difficult for colleagues from the Netherlands to complete and suggested it may be a reasonable next step for a PNAE Task and Finish group to produce a statement relating to CYP advanced practice. The fact that there is no common understanding of the role across Europe should be highlighted.

Additional issues were raised regarding the registration of advanced practitioners and advanced roles within 'Protection and Safeguarding of CYP'.

There had been wide discussion previously by PNAE members and KV explained that a survey had been undertaken where an outcome of sharing best practice across Europe was recommended and encouraged by providing a link to the 2015 European Child Protection website.

#### **Agenda Item 5: Update on the 5<sup>th</sup> PNAE Congress in Estonia (SL)**

SL advised the group that registration is now open for the congress and 'early bird' rates are available. Information is available on the weblink:

<https://www.pnae2020.org/registration/registration-info/>

Abstracts must be submitted to the PNAE Scientific Committee by the 12<sup>th</sup> of January 2020, encourage colleagues across your networks to submit presentations and posters, the language for submissions is English.

A local organising committee is arranged

Sponsors have been secured and the budget will allow 10 free places to be allocated.

Keynote speakers will present on:

- Children's Pain (Finland)
- Family Centred Care (Estonia)
- CYP Critical Care (UK)
- Models of Integrated Care (Greece)

Keynote speakers will have financial support for travel, accommodation and fees.

Transport: Shuttlebus available and an information link is provided on the website.

PNAE members attending will be asked to chair sessions during the congress.

The draft programme is prepared and any comments on the topics, preparation or other queries should be directed to the relevant committees.

IDO asked if it could be possible the publication of **abstract and main presentation text**, on an indexed nursing scientific journal, as did for the Glasgow conference.

JC asked that Christine Walker (CW) from RCN publishing be contacted to discuss submitting articles developed from congress presentations in the RCN CYP journal.

#### [Agenda Item 6: Protecting and Safeguarding children and young people \(KV\)](#)

Karen directed PNAE members to the website:

<https://fra.europa.eu/en/publication/2015/mapping-child-protection-systems-eu>

Asked members 'what do we do now?' The group discussed whether all countries are monitoring their services in line with this document. Final collation needed of work and upload to PNAE website is required.

There still appears to be some inconsistency across Europe and PNAE members should be aware of this and take steps to address this with their organisations whenever possible.

#### [Agenda Item 7: Shared record keeping between nurses and families \(IO/KB/BP/JD\)](#)

Unable to discuss this item due to no representation from the Slovenian nurses who had submitted the item. **Further discussion for next meeting required.**

### Agenda Item 8: Paediatric early warning system- PEWS (CS)

Catherine presented a comprehensive overview of the work undertaken by questionnaire on PEWS since the last PNAE meeting in Prague. 12 countries responded (64%) which was deemed as a good response.

The PEWS was reviewed in Ireland, discussion held on standard chart and system, consensus working, variation in escalation and rapid response.

How effective is an effective PEWS in practice?

- Less cardiac arrests
- Less transfers to Intensive care units
- Trends identified in early recognition of deterioration
- Realisation that PEWS is not about the score only- it is an aid to clinical judgement and management of care
- Use of PEWS is highly recommended

#### **Question: Can PNAE collaborate on a standard model?**

**Responses:** There is a willingness to address the variability and risk to care and treatment of not identifying deterioration in clinical condition early enough to avoid morbidity and mortality.

The implementation of PEWS in neonatal nursing raised particular issues because current PEWS clinical parameters are only relevant to babies over 12 weeks of age

Presentation slides made available to PNAE members

IM reported the request from OG regarding the possibility to share a new European Survey about PEWS implementation in partnership with Espnic resuscitation section. They would spread the survey to pediatric hospitals (or general hospitals with pediatric wards), with the appropriate recognition of PNAE in a future publication. They are working on Adapting the data collection tool which should be ready soon.

IDO confirmed that this could be an interesting collaboration and could represent a good value for PNAE, addressing also the orientation towards collaboration on research as asked from Greek colleagues today.

### Agenda Item 9: EFCNI standards- are they used in all NICUs, have they changed practice in your country? (All)

Members noted variation across countries and were advised that improvement may be possible by obtaining a translated copy (visit the website for more information:

<https://www.efcni.org/news/the-european-standards-of-care-for-newborn-health-are-published/>

Refreshed information will be available next year- 'At a glance' publication.

### **Agenda Item 10: Future meetings dates / venues and locations (All)**

Autumn 2020- Ljubljana, Slovenia or possible change / contingency to Gothenburg, Sweden 15<sup>th</sup>& 16<sup>th</sup> October (Karin)

Spring 2021- Belgium (Brussels)

Autumn 2021- Dublin (remove Nottingham as possible host)

Spring 2022- Rome, Italy- includes Congress and possible link with medical European Paediatric organisations

### **Agenda Item 11: Any other business (All)**

- Consideration to be given to cost of evening meals during PNAE visits to all countries. Could more affordable options be provided?

PNAE members all expressed their sincere thanks to their Croatian hosts, the welcome had been very warm and friendly and was appreciated by all.

Retiring members of PNAE are gratefully thanked for their valued contributions.

New members are welcomed and PNAE will continue their work to improve the quality of care for children, young people and families across Europe.