



Campaign for more community children's nurses

MINISTERS must address a severe shortage of community children's nurses, which currently means that many children are spending unnecessary months in hospital when they could be cared for at home, according to the charity WellChild and the RCN.

The two organisations are due to launch the Better at

Home Campaign this week in the House of Commons, with the backing of over 80 MPs.

WellChild created its own team of specialist nurses to help address the problem in 2006 but said more needed to be done.

'Demand has been considerable and our nurses have made a remarkable impact on many lives but this

is only the tip of the iceberg,' said WellChild chief executive Kedge Martin.

RCN general secretary Peter Carter added: 'The government should invest more in community children's nurses and provide the necessary resources so that no child is stuck unnecessarily in hospital when they can be at home.'

Checks correct in paedophile case

NEITHER the agency nor acute trust that inadvertently allowed a convicted paedophile to work as a paediatric nurse were at fault, according to legal experts.

It was revealed last week that Lars Gellner, who has a German passport, worked at London's Northwick Park Hospital last October, despite his criminal record in Cambodia for sex attacks on boys aged 12 to 19.

Geneva Health, the agency with which Mr Gellner was registered, told *Nursing Times* that its checks with the CRB, German police, previous employers and NMC had failed to reveal his criminal record.

'We have done everything we can but we have been exposed because there was a lack of sharing of information,' said Alex Jack, UK Manager for Geneva Health.

RCN legal director Chris Cox said: 'It seems they have been through an appropriate process and this hasn't shown up on the relevant police records. You could not say the agency or the organisation is at fault here.'

Buckinghamshire Hospitals NHS Trust has confirmed that Mr Gellner was employed at Wycombe Hospital last year.

'All necessary pre-employment checks were undertaken and no issues were raised,' said a spokesperson for the trust.

Patient safety incidents revealed for each trust

GRAHAM CLEWS

THE NUMBER and type of patient safety incidents reported by staff at each NHS trust in England and Wales have been published for the first time by the National Patient Safety Agency.

The figures give the proportion of incidents reported at each trust from April to September last year, categorised by whether they caused death or 'severe', 'moderate', 'low', or 'no' harm.

They also divide the incidents into category, such as patient accident, treatment or procedure, medication, or documentation, and they give the number of reported incidents per 100 admissions.

The reporting rate for similar trusts is also included in the two page reports, for comparison. The reports are not ranked, nor are the figures published in table form, and NPSA chief executive Martin Fletcher said the aim was not to produce league tables.

'It's paradoxical, but in fact the higher rate of reporting a trust has shows that there is a culture of reporting within that organisation, and that staff at the organisation are comfortable with reporting,' he said.

He warned that too much should not be read into incidents' categorisation of seriousness because coding was carried out locally and consequently there could be quite a wide variation in classification of incidents.

The NPSA is currently working on introducing national standards, he said.

However, there are gaps in the dataset, with 32 out of 391 trusts in England having no report published, and 13 local health boards out of 31 NHS organisations in Wales, having no details published.

These organisations either had too few incidents reported to produce a worthwhile report, or did not submit any figures to the NPSA. Mr Fletcher said the NPSA was working with those that submitted no data to tackle the reasons why.

Speaking at the launch of the reports, NHS medical director Sir Bruce Keogh said publication of the figures would give younger staff in particular an incentive to spread best practice of reporting as their career took them to different hospitals and wards.

For an exclusive opinion column from Suzette Woodward, NPSA nursing lead for patient safety, see p27

IN BRIEF

● The Foundation of Nursing Studies is calling for up to six nurse-led teams to apply for funding and support from its Small Projects Programme. Chosen teams will work with the FoNS to help innovations that improve care. The deadline for applications is 8 April. www.fons.org

● Nurses with experience of the Productive Ward programme are being asked for their views on its impact. The National Nursing Research Unit, based at King's College London, is conducting the survey for the NHS Institute for Innovation and Improvement. The survey closes on 31 March. www.institute.nhs.uk

● Broadcaster and journalist Sir Michael Parkinson is to address delegates at this year's RCN congress. Sir Michael, appointed last year as the government's dignity ambassador, will talk about the importance of patient dignity to quality care. This year's congress will be held in Harrogate, from 10 to 14 May.

● The NMC has published new information about revalidation and what it will mean for nurses and midwives, including how it could fit in with the regulator's existing post-registration education and practice (PREP) system. Briefing notes are available at www.nmc-uk.org

● This year's service to commemorate the life and work of Florence Nightingale will be held in Westminster Abbey at 6.15pm on Wednesday 13 May, the Florence Nightingale Foundation has announced. All nurses and midwives, qualified and unqualified, are invited to attend the free event. Tickets must be ordered in advance by emailing admin@florence-nightingale-foundation.org.uk