

MINUTES OF THE YORKSHIRE AND HUMBER PAEDIATRIC CRITICAL CARE OPERATIONAL DELIVERY NETWORK EXECUTIVE GROUP MEETING

**TUESDAY 16 JULY 2019, 10AM -12 NOON,
HATFIELD HALL, WAKEFIELD**

Present	Apologies Received
<ul style="list-style-type: none"> • Emma Andrews, Network Manager, PCC ODN • Karen Bartholomew, Consultant Anaesthetist, Calderdale & Huddersfield • Andrea Bliss, Interim Head of Nursing, Doncaster & Bassetlaw • Kate Bollington, Interim Matron, Rotherham • Gemma Bradley, Network Nurse Educator, PCC ODN • Deborah Bray, Interim Head of Nursing, North Lincs & Goole • Vanessa Brown, Matron, Hull • Tracey Carolan, Senior Transport Nurse, Embrace • Tracey Cole, ODN Network Co-ordinator • Sian Cooper, Clinical Lead, ODN • Anne Donkin, Information Officer, ODN • Shoma Ganguly, Consultant Paediatrician, Doncaster & Bassetlaw • Stephen Fletcher, Intensivist, Mid Yorks • Ezzedin Gouta, Clinical Lead Paediatrics, Barnsley • Sarah Halstead (Chair), Senior Service Specialist, NHS England • Stephen Hancock, Consultant, Embrace • Sue Langworth, Head of Children's Nursing, Mid Yorks • Anna Lindon, Consultant Paediatrician, Harrogate • Alec Musson, Service Manager, Leeds • Karen Perring, Lead Nurse, PCC ODN • Rachel Riddell, Consultant Paediatrician, SCH • Kate Rushforth, Head of Children's Nursing, Bradford • Rum Thomas, Clinical Lead/Consultant, ODN/PICU SCH • Donna Webb, Matron for CC and Cardiology, Leeds 	<ul style="list-style-type: none"> • Cliff Bevan, Consultant PICU, SCH • Helen Brown, ODN Director • Anna Clack, Commissioning Manager, Sheffield CCG • Liz Cotterill, Deputy Divisional Manager - Critical Care & Embrace • Kathryn Davison, Consultant Paediatrician, Mid Yorkshire • Cath Harrison, Consultant, Embrace • Angela Hughes, Lead Nurse PCCU, SCT • Sandeep Kapoor, Clinical Lead Paediatrics, North Lincs & Goole • Nicola Lockwood, Matron Child Health, York Hospitals • Jo Lumsden, PICU Consultant, Leeds • Samantha Maher, Deputy Divisional Manager, SCH • Chris Medd, Consultant Anaesthetist, Chesterfield • Ashy Shanker, Associate COO, North Lincs & Goole • Peter Standring, Consultant Paediatrician, York • Heather Stuart, Lead Nurse SCBU, Harrogate • Jo Whiston, Lead Nurse, Embrace

ITEM		ACTIONS
1.	<p>Apologies, welcome and introductions</p> <ul style="list-style-type: none"> • Introductions were given around the table. • It was noted that the meeting was quorate. • There were no conflicts of interest. 	

ITEM		ACTIONS
2.	<p>Minutes of the previous meeting held 23 April 2019</p> <p>The minutes from the previous meeting were accepted as a true and accurate record.</p>	
3.	<p>Matters Arising</p> <ul style="list-style-type: none"> • Emma Andrews referred to the previous minutes of the meeting held in April and informed the group that a meeting is yet to take place regarding the PCC Modelling Tool as further work is required. Following a meeting with Barry Thomas, NHS England the modelling tool will be shared with colleagues. • A representative for neonates has been confirmed on the LTV Working Group and it was noted that a letter has been sent from the PCC ODN in support of the Business Case in Leeds. • With regard to further staff appointments, an update will be sent out shortly. 	<p>EA</p> <p>EA</p>
4.	<p>Paediatric Critical Care and Specialised Surgery in Children National Service Review</p> <p>EA informed colleagues that the national review and pilot test site were now complete. The final report has been passed to Simon Stevens for sign off.</p> <p>Networks were invited to an event which took place in London last week. Y&H ODN colleagues felt this was a valuable and informative event, and it was noted on a number of occasions that Y&H were praised as an outstanding network.</p> <p>The main outcomes from the review and test site were as follows:</p> <ul style="list-style-type: none"> • ODNs will be mandated. • Funding will be made available however how this will be structured is yet to be confirmed. • NHSE have launched a web based toolkit (“Future NHS Collaboration Platform”) in order to assist organisations by supplying national tools, documentation and providing advice. 	
5.	<p>Y&H Pilot Test Site for Paediatric CC & Specialised Surgery</p> <ul style="list-style-type: none"> • National Update and PCC Modelling Tool – this was covered in the previous item. 	
6.	<p>Work Programme</p> <ul style="list-style-type: none"> • Draft Level 2 Service Specification <ul style="list-style-type: none"> ○ EA confirmed there are currently no papers available. The first meeting has been scheduled to take place on the 20 September 2019, at the Yorkshire & Humber Academic Health Science Network, Wakefield. ○ It was noted that the National Team are very interested in our work and it was agreed that EA will invite the National Team to be involved if they wish. ○ KP informed colleagues that the PIC standards are currently being revised and should be ready by autumn 2020. ○ KP has written to Peter-Marc Fortune and asked to be a part of the Working Group. KP will keep colleagues informed of progress. • HDU Re-Audit (5/11/18 – 3/2/19) (KP) <ul style="list-style-type: none"> ○ KP gave a presentation on the HDU audit which took place between 5 November 2018 and 3 February 2019. There was 100% participation in the audit. A survey will be circulated in the next few weeks regarding high flow and KP will then present the results to the Exec scheduled for 15 October 	<p>EA</p> <p>KP</p>

ITEM		ACTIONS
	<p>2019. KP confirmed they will be auditing again into the winter over the same 3 month period in order to gain correct comparison data. The presentation will form part of the Annual Report.</p> <ul style="list-style-type: none"> • Service Evaluation Update – Anaesthetics and Emergency Departments KP gave an update on the recent service evaluations against PCC standards. Following service evaluations in 2016 of paediatric critical services, this programme provides a full picture of how an organisation meets PIC standards. The programme is scheduled to run between April 2019 and April 2020, with four hospital service evaluations completed so far. The emerging themes are: <ul style="list-style-type: none"> ○ Workforce - particularly anaesthetics in DGHs. It was noted that this was not just a local, but a national issue. ○ Training and education – advance life support skills in particular have been identified as a gap. KP commented that it had been more difficult this time to undertake the service evaluation process. It was felt this was due to heavy workloads, other reviews taking place and liaising with different departments. It was noted that this was moving at pace and on target to complete reviews by April 2020. Overall, it has been a positive experience for the Trusts and there had been very good feedback from those who had completed reviews. EA also thanked those involved for their engagement in the process. • LTV Working Group <ul style="list-style-type: none"> ○ SC gave an update on the recent work of this group and confirmed that the September date is yet to be confirmed. ○ A neonatology representative has been secured. ○ Outcomes from the Parent Focus Groups held earlier in the year, in both the north and south, had been received. ○ Leeds has been trialling the use of an Adult Policy for Carers within paediatrics, looking to determine whether this could be used more widely. ○ A BLS drop in event for parents in Leeds has been held recently. ○ The subject of the Clinical Forum scheduled for March 2020 will be Long Term Ventilation. ○ Work is ongoing with regard to barriers and solutions with specialist commissioners. ○ It was confirmed that a letter supporting the Leeds Business Case has been sent and Alec Musson informed colleagues that this has now been agreed and the contract is being finalised with Sheffield. NCPOD study on LTV. ○ SH – commissioning, asked Emma Green to join working group. ○ EA – Peter Wilson highlighted the need to work more closely with CCGs, especially LTV. The ODNs acknowledged that currently this falls outside of the ODN remit. 	
7.	<p>PICU Updates</p> <ul style="list-style-type: none"> • Leeds (JL/DW) <ul style="list-style-type: none"> ○ Donna Webb informed colleagues that refusals are down as well as lengths of stay. Staffing remains an issue, 8wte consultant locum appointments commencing in August. There are 75 wte nurses. ○ The outcome of the recent Cardiac Review was positive, however it was highlighted that Leeds has the 3rd highest waiting list in the country. ○ Consultants are not currently reducing their PA due to pension issues, just stating a concern that the issue of NHS consultants as a whole wanting to do this may have an impact in PICU. ○ An infection control issue has been ongoing in neonates for past two weeks. ○ SH informed colleagues that cardiac patients born in DGHs are being transferred by Embrace. ○ Nurse staffing figures – staffing in May allow cot capacity to increase from 12 to 14. Over the next 6 weeks 5 new starters will commence their training on 	

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	<p>PICU.</p> <ul style="list-style-type: none"> • Sheffield (CB/AH) Angela Hughes and Cliff Bevan had sent apologies, therefore no update was provided. 	
8.	<p>ODN/Embrace Meeting 20 May 2019 (SH)</p> <ul style="list-style-type: none"> ○ SH presented ODN/Embrace update. Embrace were grateful for the number of attendees at the Review Day on the 20th May. The Team are considering the next steps around regional transport provision, sustainability of services and staffing. With what is available, Embrace is providing a high quality service which focusses on making the individual's care the best it can be within the current resources. ○ It was agreed that the model should stay the same and look at how it can be developed further. ○ Developed couple of actions and working with SCH's Transformation Team using micro systems. ○ Recruitment and retention challenges are ongoing. Embrace are developing a post CCT fellowship programme with Cambridge to in order to develop their own consultant team. The consultant recruitment pack has been improved to attract more interest, and the right candidates. Embrace are working with the Deanery to ensure trainees with critical care skills/interests are placed with Embrace. The exit questionnaire has been developed to capture how they felt and any improvements that could be made. ○ Ongoing skills and competencies ensure that rotation opportunities into PICU/surgery are undertaken. A Clinical Skills role at Embrace is to be developed. ○ The survey feedback was positive on the whole however a few things were highlighted for action. 	
9.	<p>Education and Training:</p> <ul style="list-style-type: none"> • Update (GB/KP) <ul style="list-style-type: none"> ○ KP informed colleagues that Gemma Bradley has now been in post since May. The first nurse education day based on Level 1 competency training has been launched. The day will provide theory and knowledge to support skills. Everyone that attended evaluated the day well. One small change to the programme was that a blood gas training session has been added. The plan is to introduce a Level 2 day next year. ○ GB updated colleagues on the 5 Pres days planned for this year. Hospitals were brought together into hubs. GB is planning to arrange ED nurse training days focussing on adult nurses caring for children. There is ongoing work with Adult Critical Care Networks with a training day organised for September. • Clinical Forums (RT/SC) <ul style="list-style-type: none"> ○ 10 September 2019 – How to get the most out of your Embrace referral. ○ 5 November 2019 – Surgical Themes, including when to transfer, how to prepare patients, brain stem death, organ donation and team working. ○ 2020 – Long Term Ventilation. • Conference (KP) The event was well attended, the speakers were evaluated as good and it was recognised as a valuable network opportunity. 	
10.	<p>Feedback:</p> <ul style="list-style-type: none"> • CRG representation (KP/EA) KP has been appointed to the Paediatric Critical Care Clinical Reference Group, 	

ITEM		ACTIONS
	<p>the first meeting will take place in September. The priority is service specification for Transport Teams, and KP will keep the group informed of progress. Y&H has representation on the Neurology CRG, Neonates CRG and Maternity CRG.</p> <ul style="list-style-type: none"> • Update SYB ICS Workstreams <ul style="list-style-type: none"> ○ Anna Clack sent apologies. EA attended a joint meeting on the surgery and acutely unwell child work streams. The outcome of the hospital services review was to establish a Children's Network now hosted by SCH. There is a new Clinical Lead and Manager in post. Revisiting the designation process and reduced standards into some core standards which are more manageable. Starting process again and dates are in diaries. Model will be designed following this work. ○ Regarding the acutely unwell child, workforce is the largest issue. Work has been initiated to look at this in detail in SY&B. There is also continuing work on guidelines and advice on the website. This item should remain on the agenda. 	<p>Admin/EA</p> <p>Admin</p>
11.	<p>Parent Engagement update (KP)</p> <ul style="list-style-type: none"> • There is no further update since the last meeting in January. KP continues to liaise with Leeds and Sheffield Lead Nurses. Chris Beattie who was supporting this work has now retired so we are now looking for someone to support. Anyone interested should contact KP. Nationally, it was acknowledged that patient/parent experience is a challenge to obtain. The approach in Y&H was thought to be a good approach. The Exec Group will be kept informed. 	
12.	<p>Embrace</p> <ul style="list-style-type: none"> • Activity Summary Report (SH) <ul style="list-style-type: none"> ○ SH gave an update for April to June activity. May was busy from a paediatric perspective. ○ The STOPP tool is being utilised which is positive. Colleagues were asked to feedback constructive comments. ○ 2 months out of 3 met activation times. ○ The big issue over the next 6 months is specialist trainee availability. Embrace were notified 10 days ago of a reduction in the allocation of trainees. There are ongoing concerns of how this is to managed and this has been fed back to the Head of School. The only resolution is to over recruit however this is difficult in the current financial climate. ○ A CCT clinical fellow has been appointed into the Fellowship Programme, 0.6 person taking up a consultant post in November. ○ A member of the Embrace Team has taken a staff grade post which will have an impact over winter. This will be added to the risk register and highlighted to Trust management at a meeting this afternoon. ○ Clinically, it had been a positive year. ○ Concern that the challenges being faced by consultants due to the pension changes will mean a reduction in those available to undertake locum cover. 	
13.	<p>AOB (EA)</p> <ul style="list-style-type: none"> • With regard to winter pressure monies, EA notified the Group that an update on how this money has been spent will be required from Leeds, Sheffield and Embrace, following which the information will be collated and reviewed. • The Annual Report is almost complete. It is planned to sign off in October. • EA to email Leeds, Sheffield and Embrace to request information on winter pressure monies. 	EA
14.	<p>Dates and times for PCC Executive Group 2019 Meetings</p> <ul style="list-style-type: none"> • Tuesday, 15 October 2019, 10 am – 12 pm, Hatfeild Hall. 	

