

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

**MONDAY 26TH APRIL 2021- 10AM -12 NOON
VIA MICROSOFT TEAMS**

Present	Apologies Received
<ul style="list-style-type: none"> • Karen Perring, Network Manager & Lead Nurse, PCC ODN • Joanne Poole, Senate Manager (currently supporting the Regional Critical Care Cell), Northern England Clinical Senate and Y&H Clinical Senate, NHS & NHSI (Chair) • Emma Andrews, Network Manager, SIC ODN • Helen Brown, Y&H ODN Director • Anne Donkin, Project Lead, PCC and SIC ODN • Vanessa Brown, Matron, Hull • Sian Cooper, Clinical Lead, ODN • Kathryn Davison, Consultant Paediatrician, Mid Yorks • Rum Thomas, Clinical Lead/Consultant, ODN/PICU SCH • Stephen Hancock, Consultant, Embrace • Helen Moore, Consultant Paediatrician, Chesterfield • Angela Hughes, Lead Nurse PCCU, Sheffield Children's • Ezzedin Gouta, Clinical Lead Paediatrics, Barnsley • Kirsty Randell, Matron, Airedale • Donna Webb, Matron for CC and Cardiology, Leeds • Alison Conchie, Network General Manager, Yorkshire and Humber Congenital Heart Disease Network • Vicky Lister, Ward Manager, Harrogate • Suhail Habib, Consultant Paediatrician, DBTH • Victoria Hemming, Clinical Director Child Health and Paediatric Consultant, York and Scarborough • Nicola Ennis, Hosted Level 3 Network Manager, SYB ICS • Dawn Wills, General Manager, Leeds • Jo Lumsden, Consultant Paediatric Intensivist, Leeds • Samantha Burns, Network Educator, PCC ODN • Julie Bloomfield, Service Specialist, Specialised Commissioning, NHSE and NHSI, NE&Y • Lisa Amey-Wood, Matron Acute CYP, Rotherham • Rachel Riddell, Consultant Paediatrician, SCH • Vijaya Hebbar, Consultant Paediatrician, NLAG • Amy Keighley, Deputy Divisional Manager, SCH • Sarah Sherliker, Deputy Medical Director, Consultant Anaesthetist, Harrogate • Shabnum Yasmin, Paediatric Consultant and Lead for HDU, Calderdale and Huddersfield • Vikki McAlpine, Paediatric Manager, NLAG • Ravi Thevasagayam, Consultant Paediatric ENT surgeon, 	<ul style="list-style-type: none"> • Alison Cowie, Head of Children's Services, Rotherham • Sue Langworth, Head of Children's Nursing, Mid Yorks • Andrea Bliss, Associate Director of Nursing, DBTH • Shoma Ganguly, Consultant Paediatrician, DBTH • Chris Medd, Consultant Anaesthetist, Chesterfield • Kay Rushforth, Head of Children's Nursing, Bradford • Michael Moncreiff, Consultant Anaesthetist, Calderdale and Huddersfield • Jo Whiston, Lead Nurse, Embrace • Jim Butler, Associate Director, SCH • Lorna Wilkinson, Ward Manager, Airedale • Sarah-Jane Foxton, Consultant Paediatrician, Harrogate • Lesley Harrison, Matron for Children, NLAG

SCH		
<ul style="list-style-type: none"> Biju Charles, Acting Team Lead PCCU, SCH 		
ITEM		ACTIONS
1.	<p>Apologies, welcome and introductions</p> <ul style="list-style-type: none"> Jo Poole welcomed all to the meeting. Apologies have been recorded. It was noted that the meeting was quorate. 	
2.	<p>Minutes of the previous meeting held 27 January 2021</p> <ul style="list-style-type: none"> The minutes from the previous meeting were accepted as a true and accurate record. Actions RT updated the meeting regarding the actions on difficult airway and stroke. There is ongoing work on difficult airway through the SiC ODN and SYB CSA workstreams. SCH are doing some work in relation to Stroke. This no longer needs to be picked up in this meeting. 	
3.	<p>Work programme: Post COVID work plans</p> <ul style="list-style-type: none"> <p>Service Evaluation Update</p> <p>KP informed the group that all service evaluations excluding anaesthetics in one DGH are complete and this needs to be followed up. All outstanding reports have now been completed and sent out. An overview summary will be added to the Y&H PCC ODN Annual Report.</p> <p>LTV</p> <p>SC updated that the LTV working group has been on hold during the last phase of the pandemic, however a meeting has been arranged for 29th June via Microsoft Teams, invitations have been sent. Vanessa Craven has led the work on the acute pathway and the final version will be signed off at the meeting on 29th June.</p> <p>HDU Audit 2020/21</p> <p>KP updated that the HDU audit has now ended and DGH reports have been sent out for comment. Tertiary centre reports will be circulated in due course. Activity is down on the usual numbers for this time of year and this is shown in the reports. There was 100% engagement again this year. 280 patients were included in the audit and this is down from the usual numbers of around 658. Level 1 activity was down from 2134 bed days to 683 bed days and high flow was down significantly from 1195 bed days approximately last winter to 213 bed days this winter. More DKA patients have been seen. Level 2 bed days are also down from the previous year's figures of 227 to 135 bed days. CPAP has been almost non-existent. A summary will be included in the Annual report.</p> 	

4. Surge and capacity

KP updated the group

- **National and regional updates**

There has been a paper circulated recently around the risk of a potential respiratory surge in children particularly RSV patients. There is currently some modelling being carried out by Public Health England and a strategy paper has been written by the national team. The PCCODN's have been asked to carry out some surge planning work around level 1, 2 and 3 care as well as capacity of paediatric specialist transport teams. KP has been working closely with NHSE I on this work as part of her CRG role and will be linking with regional and national teams on this. There is a meeting scheduled with NEY critical care cell colleagues on the 30th April to discuss next steps on this work. A scoping surge spreadsheet has been developed by KP and Peter Davis CRG Chair which has been circulated to regional providers. The deadline for return of this is 30th April 2021. KP will pull together a summary from this which needs to be reported to National team on 5th May and further planning will be discussed at the next National PCCODN call on 14th May. KP thanked everyone for their help and support with this work.

- **Winter resilience monies**

HB informed the group at the last meeting that expenditure against these non-recurrent funds is incorporated into the Y&H ODN Winter Planning process with initial meetings usually planned for Aug/Sept. This has been the process for the last 3 years and both PICUs have had the opportunity to submit a spending consideration to be supported from these funds which have remained fairly constant during that time. However, 20/21 has been very different including how income has been calculated and received.

An overview of the expenditure was shared on screen. This included funds for additional staffing support such as ward clerks, secretarial staff, Consultant, ACP and nursing. The ODN has received some funding to restart the education programme which had previously been put on hold.

5. PICU/Embrace updates:

- **Leeds-** JL provided the Leeds update. Activity has been business as usual. Numbers of refusals are down. Staffing-, we have 7 WTE Consultants: 2 acting up consultants and 1 shielding. Nursing is 100 WTE, nursing numbers remain stable. Held a recruitment day in March and recruited 20 staff. 10.4 WTE trainees which are 3 LST and 8 HST. ACPs same as before 4 WTE and 1 in training. Cardiac target has been achieved and NICOR data is good.
- **SCH-** AH gave the SCH update. Activity is lower than usual. No refusals and 4 uplifts in care. Elective surgery has increased capacity. Had previously sent 2 nurses to Doncaster to support Adult ICU and 2 members of staff to Embrace to support the call handlers. Staffing- 9 WTE Consultants and nursing is 78 WTE. Still have challenges around staff sickness.
- **Embrace-** SH gave the update. Since the last meeting Embrace has continued to assist with adult transfers following a regional and national request- around 38 patients in total. Further planning work around Adult Critical Care Transport

	<p>ongoing in Region. Embrace are working with ACCODN colleagues and the Regional Covid Critical Care Cell on this. Activity data was shared on screen. Activity levels are down for this time of year but starting to pick up. Continue to manage long term sickness in the call handling team. There is currently some sickness on the consultant rota however trying to cover with locum shifts. SH will keep the ODN informed on any potential gaps in the rota.</p>	
<p>6.</p>	<p>Education and training</p> <ul style="list-style-type: none"> • Education update- SB gave the update. 4 online education sessions around L1 and L2 skills have been advertised. Feedback has been received on sessions that have been run already and has been positive. There are some dates organised for some A&E study days. KP also added a brief summary of a Moodle online education platform that the ODN are looking into developing currently. More detail will be shared at the next meeting. • Conference/engagement event 7th June- KP updated the group about the forthcoming Y&H PCC ODN Annual Conference which will be held via Microsoft teams on 7th June. The morning session will be a stakeholder engagement session focussed on the GIRFT recommendations and planning and the afternoon will be a clinical forum session. We are also putting out a request to ask for posters that will be shared on a rolling PowerPoint during lunchtime. This could be anything to celebrate good practice, initiatives etc. AD will circulate an email with more detail. • Clinical forums- SC informed the group that future clinical forums are being planned as usual and will be online until further notice. The 2021 clinical forums will be held in September and November however no topic has been decided yet. 	<p>KP/AD</p> <p>AD</p>
<p>7.</p>	<p>DoS general paediatric inpatient capacity update</p> <ul style="list-style-type: none"> • KP provided an update. Since the last meeting we have held a DoS specific meeting with representatives from providers and a presentation of the system was given from DoS around how it would look and how it would work. We circulated an example of the indicators that we would like to capture and some other suggestions have been fed back to AD. We added number of Level 1 and Level 2 patients. The attendees were asked to go back to their trust to confirm that their data could be shared and also think about who would be responsible for entering the data. We have asked that this information is then reported back to AD. The ODN were informed of another system called Tableau however following a meeting with a colleague from the North West about this it would require some investment in terms of design, collating information and set up which may prove challenging. There is another presentation of this system to WYAAT in May and the ODN will await the outcome of that meeting. It would be useful to have a pilot of the DoS system to see how it works and the benefits to our providers. AD will feed next steps back at our next meeting. 	
<p>8.</p>	<p>PEWS update</p> <p>KP provided the update. 5 trusts in our region requested to be involved into the PEWS pilot. KP has been working with the patient safety collaborative team and will have more information to feed back at the next meeting. There is also a</p>	

	<p>Deteriorating Patient Network been set up in region across adults and paediatrics and the PEWS work will form part of the work of this group. The PEWS SPOT programme also forms part of the CYP programme for the region. KP is working closely with all those involved to ensure the ODN is cited on any further developments. Post meeting we were updated that all 5 trusts have been accepted to be part of the pilot.</p>	
9.	<p>Guidelines review</p> <ul style="list-style-type: none"> • SC updated the group to say that the Y&H Paediatric Major Trauma guidelines have been updated, agreed and published on our website. • Y&H PCC ODN Network guidelines have also been updated, agreed and published on our website. • Y&H Hyperammonaemia guideline will be circulated to the members of this group for comments with a 4 week deadline and then be agreed and published. AD will circulate this today. • The Transition guidelines were developed jointly with the Adult critical care ODN's. This piece of work forms part of the transition from PCC to adults. This was due for review in November 2020 but due to COVID this has not happened. Following consultation with the guideline author and the ACCODN's a decision has been made to extend the review date until November 2021. A national piece of work is underway about transition from PCC to ACC and it is hoped that this can be included in the review later this year. 	SC/AD
10.	<p>CDOP</p> <p>RT informed the group that in other regions joint mortality reviews are taking place. She asked the group if it was something that should be taking place in our area. RT discussed if it would be helpful to ask the CDOP leads in our region to share intelligence that they gain from their CDOP meetings and feedback intelligence if related to Critical Care to our ODN board? JL added that in Leeds it is a much better format to hold a joint meeting. RT will write to all the CDOP and Child Death Leads to ask for comments.</p>	RT
11.	<p>Feedback</p> <ul style="list-style-type: none"> • CRG update. KP gave the CRG update. Work has focussed on surge planning. KP has been tasked with doing the L2 Service Specification and has used our region's good work as a basis for that. • CYP exceptions- KP has established a link with the NEY CYP Transformation programme and will feedback to the board any relevant work to PCC. There were no exceptions to report today. The regional ICSs Children's workstreams will also feed into the CYP so any relevant information can be shared through KP. • YH SIC ODN- EA gave the update- Starting some bitesize training for anaesthetists in the region. Have linked up with the SYB ICS to share their platform. This will be focused on restoration and recovery and return to practice. The first session will be on difficult venous access. The date will hopefully be finalised very soon. There will be a launch event open to everyone on 28th June 2021 13:00-17:30 booked via Eventbrite and held via Microsoft Teams. This is an opportunity for our stakeholders to get involved and what they want to see for surgical services in Y&H and how we can get 	

	involved.	
12	Parent engagement Update Nothing to update due to COVID	
13	AOB <ul style="list-style-type: none"> • Resuming face to face meetings- KP wanted to ask the group if they would like to resume face to face executive board meetings in October if COVID restrictions were suspended. The majority of the group would like to continue with an online option. HB added that she is in talks with Hatfeild Hall to look into adding some extra IT so that those still wanting to join via Teams can still do so. The consensus seemed to be that a hybrid model would be helpful to still be able to join via Teams if needed. This will be reviewed again at the July meeting which will be via MS Teams. 	
14.	Dates and times for PCC Executive Group 2021 meetings (invites to be sent out) <ul style="list-style-type: none"> • Monday 12th July 2021 10am-12 noon • Wednesday 20th October 2021 10am-12 noon PCC ODN Conference- Virtual via Microsoft Teams Monday 7th June 2021 10-16:30 https://www.eventbrite.co.uk/e/yorkshire-and-humber-paediatric-critical-care-odn-annual-conference-2021-tickets-149117579695	

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