

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

**TUESDAY 13TH OCTOBER 2020, 10AM -12 NOON,
VIA MICROSOFT TEAMS**

Present	Apologies Received
<ul style="list-style-type: none"> • Helen Brown, Y&H ODN Director (Chair) • Karen Perring, Network Manager & Lead Nurse, PCC ODN • Anne Donkin, Project Lead, PCC and SIC ODN • Vanessa Brown, Matron, Hull • Alison Cowie, Head of Nursing for Children's Services, Rotherham • Sian Cooper, Clinical Lead, ODN • Emma Andrews, Network Manager, SIC ODN • Kathryn Davison, Consultant Paediatrician, Mid Yorks • Emma Green, Service Specialist, NHS England • Rum Thomas, Clinical Lead/Consultant, ODN/PICU SCH • Stephen Hancock, Consultant, Embrace • Julie Walker, Matron, Harrogate • Andrea Bliss, Associate Director of Nursing, DBTH • Helen Moore, Consultant Paediatrician, Chesterfield • Angela Hughes, Lead Nurse PCCU, Sheffield Children's • Karen Bartholomew, Consultant Anaesthetist, Calderdale and Huddersfield • Chris Medd, Consultant Anaesthetist, Chesterfield • Donna Webb, Matron for CC and Cardiology, Leeds • Tracy Barker, Matron, Chesterfield • Jo Whiston, Transport Consultant, Embrace • Debbie Bray, Head of Nursing, NLAG • Vijaya Hebbar, Consultant Paediatrician, NLAG • Jo Lumsden, PICU Consultant, Leeds • Ezzedin Gouta, Consultant Paediatrician, Barnsley • Kirsty Randell, Matron, Airedale 	<ul style="list-style-type: none"> • Alison Conchie, Network General Manager Yorkshire and Humber Congenital Heart Disease Network • Sue Langworth, Head of Children's Nursing, Mid Yorks • Vicky Lister, Ward Manager, Harrogate • Anna Clack, Network Manager CSA and CAIC MCN, SYB ICS • Matt Timms, Matron, DBTH • Kay Rushforth, Head of nursing, Bradford • Vicky Gale, Harrogate • Jennifer Maughan, Advanced Nurse Practitioner, Rotherham • Philippa Rawling, Consultant Paediatrician, Airedale
ITEM	ACTIONS
<p>1. Apologies, welcome and introductions</p> <ul style="list-style-type: none"> • It was noted that the meeting was quorate. • There were no conflicts of interest. 	

2.	<p>Minutes of the previous meeting held 14 July 2020</p> <p>The minutes from the previous meeting were accepted as a true and accurate record.</p>	
3.	<p>Work Programme: Post Covid work plans</p> <ul style="list-style-type: none"> • Service Evaluation Update – Anaesthetics and Emergency Departments KP updated the group to say that 2 remaining service evaluations were left to do, will be completed by next week. Making good progress and virtual format is working well. • LTV Working Group- SC provided an update. The last meeting was held virtually in September and was well attended. A draft version of acute pathway has been developed and sets out general principles. This has been well received and found to be useful. Second draft is being developed. Some ongoing pieces of work. At the meeting Anil Shenoy, Bradford suggested that it would be a good idea to have LTV champions at individual hospitals. Has been fairly successful and have had a positive response. The development work of the LTV Working group has been put on hold due to the pandemic. • HDU Audit – KP advised that the HDU paperwork has been sent out, audit starts 2nd November and runs until 31st January. Will be the same process as last year. • Level 2 Service Specification- We haven't received any comments and will remove the draft copy from the website. The final version will be sent out with the minutes from this meeting and uploaded onto the website. Please note this is not a live service specification it was just an exercise we did as a group to identify what we would like to see included in a level 2 service specification for a DGH setting. • Annual Report- The annual report was circulated on the update of the meeting invite. KP asked the group to provide any comments within the next 2 weeks and the final version of the report will then be uploaded onto the website. 	<p>KP/AD</p> <p>KP/AD</p> <p>KP/AD</p>
4.	<p>GIRFT</p> <p>KP advised the group that the process has started for PCC and SCH deep dive visit has taken place. DGH questionnaires around paediatric critical care service have been sent out around the region and KP thanked everyone involved. The Y&H PCC ODN has completed the GIRFT questionnaire and the next step is the deep dive visit for the ODN and for Leeds. The ODN deep dive visit may involve requesting some feedback from our provider units. The GiRFT team would contact providers if needed.</p> <p>RT feedback to the group about the SCH GIRFT deep dive. First PCC unit to have deep dive. Has highlighted things which SCH are working on such as reduced activity, once received RT will share the report with the ODN.</p>	

	HB asked for GIRFT to be kept on the agenda.	KP
5.	<p>NCC to PCC transition</p> <p>HB highlighted that some work has started especially in SCH in collaboration with the Jessop Wing Neonatal Unit. HB asked that this work is shared with the neonatal ODN. From a NICU perspective it isn't just the Jessop Wing that feeds into SCH. SC asked in terms of West Yorkshire is there a need for Leeds and Bradford to do this work with Leeds PICU. HB added that this was part of the long term plan for children's and families and forms part of the Neonatal Critical Care review workstreams. There are some workshops coming up. The Neonatal ODN will lead on this work.</p>	
6.	<p>Guidelines review</p> <p>SC provided the update. The network guidelines are due for update in January. Emails have been sent out to ask the group for any comments regarding changes but we have not had any specific comments regarding clinical side of it. Agreed to allow 2 weeks for further comments Link to guidelines shared.</p>	
7.	<p>Updates</p> <ul style="list-style-type: none"> • Leeds- JL provided the Leeds update. Things have picked up considerably over the last couple of months. Refusals are up slightly but within normal parameters for the year. Staffing- we have 8 WTE Consultants but currently working 1:6 due to 2 consultants off. Nursing is 98 WTE this is due to the amalgamation of PICU and HDU nursing staff on to one roster to allow greater flexibility for beds between units. 12 WTE student nurses are able to go into the numbers. Still have 12 vacancies and there are 6 trainee nurse associates in training, one of which will qualify in January. 10.4 WTE trainees which are 3 LST and 8 HST. ACPs same as before 4 WTE and 1 in training. • SCH- AH provided the SCH update. Very challenging at the moment due to nursing staffing. Elective surgery has continued but some cancellations to service pressure Ongoing staff sickness, staff isolation due to COVID and maternity leave staff. Trying to recruit at the moment. Baseline beds are currently at 7 but trying to get to 9 when able to. Have appointed 1 consultant, no issues with that rota and have full complement of junior doctors. ANP's have 1 trainee and there is short term sickness within this group and isolation but this rota is being managed. • Embrace- SH provided the update. Activity is returning to normal in terms of paediatric and neonates. Time based KPI's have had some pressures with COVID in terms of infection control and cleaning. Looking to minimise the impact of those over the winter. Dip in activation and mobilisation time, had significant challenges with deep cleaning kit. Teams have been returning to base after each transfer. All aspects of the service are operational. Fully staffed in all groups except the call handling team. 2 new recruits who are going through their training programme. Fully engaged with winter planning with NHS England, the ODN and both PICU's. PICANet data analysis available and also Embrace annual report will be circulated. Going through 	

	<p>CAMTS reaccreditation process this winter. SH asked the group to look out for a request for feedback directly to CAMTS on the Embrace page or via the ODN. SH to forward documents to AD to circulate.</p>	SH/AD
8.	<p>Winter</p> <ul style="list-style-type: none"> • Surge & Escalation Planning- KP updated the group .The Y&H Surge & Escalation for Paediatric Critical Care has been signed off by Regional Specialised Commissioning Team and has gone to National Team to form part of National overarching SOP which will come out shortly. The highlights of this are around maintaining capacity within region. The plan requires some updates to reflect changing capacity and introduction of new reporting system. It will be circulated following these changes. Baseline beds in a similar position to last winter. SCH has 7 beds for L3 care and Leeds has 14 L3 beds open. Both units have identified extra capacity for surge within the plan. • DoS- Directory of Services Paediatric Critical Care capacity monitoring system has been updated and went live on 12th October. This has come from national recommendations to provide a bit more information in terms of capacity and the type of patients that we have on PICU. There are 12 indicators and the teams are reporting twice daily. Both Leeds and Sheffield are reporting their own information on there. Embrace are inputting transport data onto the system. • National & Regional Updates- There is ongoing work at a national level on escalation procedures KP will be representing Y&H in her ODN role in these discussions. • High Flow- the ODN recently circulated the RCPCH guidance on managing bronchiolitis patients. This has reference to the use of high flow and the impact on managing Aerosol Generating Procedures. KP asked that all units in region consider the implications of managing these children this winter and are aware of the recommendations contained in their planning. Any concerns around managing high flow patients to be shared with KP. 	
9.	<p>Education and Training:</p> <ul style="list-style-type: none"> • Education Update- KP updated that a 0.5 WTE educator post has been recruited to and the successful candidate will hopefully start in January. The aim will be to restart some online training once educator in post. In the interim period the ODN have shared some national resources where they have been available and will continue to signpost people to other resources. • Clinical Forums- RT and SC provided the update. RT shared that the next clinical forum will be held on 20th November entitled Consequences of COVID-19. Mr Simon Kenny, National Clinical Director for Children will be talking about the consequences of COVID on the paediatric population, PIMS-TS: Clinical pearls by Dr Shelley Riphagen who is a Paediatric Intensive Care Consultant at the Evelina London Children’s Hospital. Also the Fallout: promoting wellbeing from Dr Rachel Calvert, Clinical 	

	<p>Psychologist at Sheffield Children’s Hospital. To book your place please email the ODN education email address. The flyer will be shared by the ODN and the session will be held virtually. Forums haven’t been planned for next year as yet but will be around March time.</p>	
10.	<p>Feedback:</p> <ul style="list-style-type: none"> • CRG Representation- KP is a member of CRG for Paediatric Critical Care and there is still a lot of work that has been going on in terms of Surge planning and wave 2 response as part of the national COVID picture. Some pieces of work have been put on hold. Also linking up with the Children and Young Person’s Transformation Group, there is some funding going out to each region for a Children and Young Person’s lead and we have asked as an ODN to be kept in the loop with those pieces of work. KP has also been asked to join the Tariff Working Group. Priority of that group is to look at the tariffs of L3 and getting that right. HB added that the Neonatal ODN have been holding workshops on tariff and encouraged engagement in the process. • Update SYB ICS Workstreams- Anna Clack has left her post to start another role and future meeting feedback will come from Nicola Ennis. EA updated the group to say that SYB started to look at emergency surgery pathway again, developing thresholds and working with the DGH’s in the patch. • SIC ODN Update- EA provided an update on the Y&H SIC ODN. Over the summer the SIC ODN has held engagement meetings to understand the backlog for surgery. Most areas are undertaking some elective surgery. Plan is to meet with all units on a one to one basis to identify areas of concern and to offer support where possible. The SIC ODN has been collecting data which did give us an opportunity to see where there are any challenges. Governance and structure- we are trying to re-establish expressions of interest for Clinical Leads and will be interviewing next week. Also in the process of developing a job advert for a Lead Nurse/AHP and looking to establish an executive board. As an ODN we are involved with the National Cell and have been involved in developing the national guidelines for testing. Regional surge- in the first wave of COVID we worked with Leeds, Sheffield and Hull to look at a support that potentially Sheffield and Hull could provide to Leeds and put in place a pathway to do that. Now trying to work up a surge pathway that will work if any of those organisations come under pressure. 	
11.	<p>Parent Engagement Update KP added that there is nothing to report due to COVID.</p>	
12.	<p>AOB</p> <ul style="list-style-type: none"> • Future chair- HB informed the group that discussions have been held with Spec Comm that concluded that they are unable to commit going forward. Have drafted roles and responsibilities for future chair. Important to have an independent chair. HB asked the group to advise on anyone who would be useful to approach. HB will share the roles and responsibilities. JL asked if it 	HB

	would be possible to use someone who is shielding. HB added yes.	
13.	<p>Dates and times for PCC Executive Group meeting</p> <ul style="list-style-type: none">• Wednesday 27th January 2021, 1-3pm, via Microsoft teams <p>PCC ODN Clinical Forum – Consequences of COVID-19:</p> <ul style="list-style-type: none">• Friday 20th November 2020, 10:30am- 1:30pm, via Microsoft Teams	

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