

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

**TUESDAY 16 OCTOBER 2018, 10AM-12 NOON,  
HATFIELD HALL, WAKEFIELD**

Present	Apologies Received
<ul style="list-style-type: none"> <li>• Alec Musson, Service Manager, Leeds</li> <li>• Angela Hughes, Lead Nurse, SCH</li> <li>• Cath Harrison, Consultant, Embrace</li> <li>• Chris Beattie, Head of Paediatric Nursing, Chesterfield</li> <li>• Chris Medd, Consultant Anaesthetist, Chesterfield</li> <li>• Cliff Bevan, Consultant ICU, SCH</li> <li>• Donna Webb, Matron, Leeds</li> <li>• Elaine Eckersley, Educator, ODN</li> <li>• Emma Andrews, Network Manager, ODN</li> <li>• Ezzedin Gouta, Paediatric Clinical Lead, Barnsley</li> <li>• Helen Brown, Network Director, ODN</li> <li>• Helen Matusewich, Sister, Paediatrics, Harrogate</li> <li>• Jo Whiston, Interim Nurse Manager, Embrace</li> <li>• Joanne Reed, Clinical Nurse Manager, Calderdale</li> <li>• Karen Perring, Lead Nurse, ODN</li> <li>• Katy Knight, Strategy Lead, NHSE</li> <li>• Kay Rushforth, Head of Children's Nursing, Bradford</li> <li>• Murray Wheeler, Consultant, York</li> <li>• Naveen Naganna, Paediatric Consultant, Rotherham</li> <li>• Peter Standring, Paediatric Consultant, York</li> <li>• Samantha Maher, Dep. Divisional Manager, SCH</li> <li>• Sarah Halstead, Senior Service Specialist, NHSE (<i>Chair</i>)</li> <li>• Stephen Theofanous, Clerical Officer, ODN (<i>Minute-taker</i>)</li> <li>• Tim Haywood, Consultant, Leeds</li> <li>• Vanessa Brown, Senior Matron, Children &amp; Young Person, Hull and East Yorkshire</li> </ul>	<ul style="list-style-type: none"> <li>• Alison Cowie, Matron for Paediatrics, Rotherham</li> <li>• Carmel Stagles, Lead Nurse, Chesterfield</li> <li>• Karen Bartholomew, Consultant Anaesthetist, Calderdale &amp; Huddersfield</li> <li>• Kathryn Davison, Consultant Paediatrician, Mid Yorkshire</li> <li>• Kirsty Randell, Matron, Airedale</li> <li>• Sarah Didier, Consultant Paediatrician, Doncaster</li> <li>• Stephen Hancock, Transport Consultant, Embrace</li> </ul>
ITEM	ACTIONS
<p><b>1. Apologies, welcome and introductions</b></p> <ul style="list-style-type: none"> <li>• Introductions were given around the table.</li> <li>• It was noted that the meeting was quorate.</li> <li>• There were no conflicts of interest.</li> </ul>	
<p><b>2. Minutes of the previous meeting held 19 July 2018</b></p> <ul style="list-style-type: none"> <li>• The minutes from the previous meeting were accepted as a true and accurate record.</li> </ul>	

<p><b>3.</b></p>	<p><b>Paediatric Critical care and Specialised Surgery in Children National Service Review</b></p> <p>The slides presented in this section have been circulated with these minutes.</p> <ul style="list-style-type: none"> <li>• SHal explained that we are one of two national test sites to look at PCC and Specialised Surgery in Children. The other site will be South London/South East. An ODN is currently being developed for Specialised Surgery in Children. The test site will be a way of trying to tackle the increasing national demand for solutions to complex long term issues. The aim is to develop a sustainable model that prevents children from having to go out-of-area for treatment. Other areas of focus are quality of service and financial sustainability. The purpose of the test site is to identify an optimal network of care.</li> <li>• SHal and KK explained that their main concern today is making sure the group are comfortable with being observed as part of a test site. It was raised that some group members felt that they had not had much engagement so far, and they had some concerns with something being implemented without communication. Some are wondering what the hypothesis is; what is being tested and what is being observed? KK acknowledged that there have not been a great deal of information published on this but there have been many engagement events.</li> <li>• KK explained that a review has been running for 2 years now with the focus on running PCC and SSIC together in response to increasing national pressures such as workforce and bed capacity. A number of options were considered and it was concluded that a network model would best address these issues. The review has a stakeholder panel who are working with professional bodies for advice. The two test sites will enable us to drill in to the data and pull out local-level issues to effectively prescribe the implementation of new networks.</li> <li>• Between now and January 2019, we will be working with local teams to develop an ODN model, research and develop good practice case studies, and ultimately make a set of recommendations for 'what are the things that make a network work'. The plan for February – March 2019 is to place all major findings into a guide for NHS Commissioners. These findings should include: how to establish ODNs in rapid cycle time, its size, analytics information and recommended structures. Transport is also a key part of the test site. A peer review on transport has been completed and we are awaiting final reports. The outcome should be with us soon.</li> <li>• KK said that implementation of new networks is likely to be a 3-5 year process.</li> <li>• Please send in comments or concerns to SHal or KK. It would be useful for them to know how often the group would like to be updated about the test site - only in PCC Exec meetings or more frequently? KK would also be happy speak to people individually. SHal concluded that this is a really good opportunity to influence future networks. HB clarified that we are only being observed and there will be no additional demands on us.</li> </ul>	<p>Enc A</p>
<p><b>4.</b></p>	<p><b>Y&amp;H Pilot Test Site for Paediatric CC &amp; Specialised Surgery</b></p> <ul style="list-style-type: none"> <li>• <b>Draft Work Programme</b></li> </ul> <p>HB explained that the core team will be meeting and agreeing the priorities for this. The programme will focus on feedback from the engagement event, which SC will pick up on. HB assured the group that it is an evolving programme and is currently only a draft.</p> <ul style="list-style-type: none"> <li>• <b>New Structure</b></li> </ul> <p>Some changes have been made to accommodate the test site. Emma Andrews will be the direct contact as network manager for the PCC ODN and the new Specialised Surgery in Children ODN.</p>	<p>SC</p>

5.	<p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• <b>Review TORs</b> The group ratified these Terms of Reference. A 2 year review should take place in Autumn 2020.</li> <li>• <b>Winter Plans 18/19</b> A meeting took place in September between tertiary units, Embrace &amp; the ODN. Last winter, the Operational Matrix worked well so we will be going into this year using same process. Weekly sit reps are being collated and submitted to NHSE every Wed for PICU &amp; Embrace. Capacity figures: Leeds have 12 operational beds which is around the same as last winter, and Sheffield have 9. KP concluded that we are in a slightly better position than last winter. We are aware that our position may change according to staff sickness. KP will continue to monitor the situation. <i>Post-meeting note – There will be new national policy from next week. KP will circulate as appropriate.</i></li> <li>• <b>Surge &amp; Escalation SOP version 11.0</b> This has been circulated. Operational matrix is the same as last year's (version 14) as it worked very well. The only changes are minor; bed capacity, contact names and job roles. Please send any comments to KP as soon as possible. <i>Post-meeting note – KP to amend SOP and will circulate to bring in line with national changes.</i></li> </ul>	KP
6.	<p><b>WC4 Paediatric Networked Care CQUIN</b></p> <ul style="list-style-type: none"> <li>• <b>Feedback from 'Has Time Moved On?' Engagement Event (17/09/18)</b> The engagement event was well attended; with representation from every hospital except 1. We (SC) presented the same overview that was presented to the Specialised Commissioning Oversight group, updated the group about the NHS England review, and HB presented on the role of the 4 ODNs. Round-table discussions about level 1 and 2 care took place considering questions such as: what would the implications be for level 2 care and what would be the impact? Talks were had about the impacts on transport, if patterns of care would change, and about future service specifications for level 1 and 2. Workforce discussions were had on matters such as anaesthesia and ED.</li> <li>• <b>HDU re-audit ( 5/11/18 to 3/02/18 )</b> This winter audit has been emailed out to everyone. KP hopes that everyone will participate. Outcomes from this will be ready at around March 2019.</li> <li>• <b>Action Plan</b> This is on the website and has been circulated. One aim of the engagement event was to agree what the action plan would be, e.g. what are the standards / staffing levels for level 2 care? There will be a service evaluation of emergency and anaesthesia departments using the PCC standards, and a region-wide working group to look at pathways of care for LTV patients.</li> </ul>	All
7.	<p><b>Education and Training</b></p> <ul style="list-style-type: none"> <li>• <b>Update</b> EE updated the group. A study day plan has been sent out. EE reminded everyone that it's a live document which is constantly changing. Adult critical care units are asking for study days and there is one booked in January for West Yorkshire Critical Care ODN. There have been a few PRES cancellations - it is important that we have the right skill mix for PRES days to go ahead. At the end of November we will be discussing the future of PRES, querying is it still fit for purpose? Any comments regarding the future of PRES are welcome and EE will feedback during the November team meeting. EE will then feedback the outcome of that meeting during the next PCC EGM in January 2019.</li> <li>• <b>Clinical Forums</b> Next year's forums have been scheduled. The next this year is an education</li> </ul>	EE

	<p>forum on 06/11/18 on 'how not to miss sepsis'. On 12 March 2019 we will be looking at how to improve outcomes in paediatric cardiac arrests. We have some strong presenters lined up so it should be really good. On 10 September 2019 we will be looking at how to get the most out of Embrace. Next year's Annual conference is on 7 June 2019 – a theme has not been decided yet but in the process of gathering talks. If anyone wants to speak let KP or SC know.</p>	
8.	<p><b>Feedback:</b></p> <ul style="list-style-type: none"> <li>• <b>CRG meeting – 23/07/18</b> The next meeting will be on 22/10/18. Jeff Perring will continue to represent us on the CRG. This is a really useful link for us to have.</li> <li>• <b>National PICs Networks Meeting – 4/10/18</b> The 10 PCC networks in the country were all represented at the meeting. They discussed national review and the test sites status. All networks presented their current structures. KP explained that there are a lot of differences in the structure of the ODNs. Despite our differences, similar issues crop up – workforce, transport issues, data issues. Many are particularly interested in governance, education &amp; transport and how they can deliver high dependency care outside of ICU. There is a working group going on at the minute to develop a national PEWs score. RCPCH are driving this, and it is likely to be at least a year before they will produce anything. We share a lot of common work amongst the networks. There are plans to meet more regularly.</li> <li>• <b>Yorkshire Respiratory Meeting 2018 with LTV Focus – 5/10/18</b> Chris Edwards, respiratory consultant at Leeds, chaired this meeting. Leeds and Sheffield presented their LTV work. KP remarked that it was helpful to hear the numbers of children involved in their service and useful to hear differences between the services. The challenges facing each service are similar and good contacts were made. We have a good insight to how many patients there are in region, most of which are managing very well in the community. Most of the challenges are around care packages often delivered by third party organisations. This is dependent on postcode and there is not a standardised care package. It was interesting to hear that there are a lot of children that benefit from LTV which adds to their quality of life. It was asked whether there should be some Y&amp;H-wide guidance / SOPs / protocol. There is certainly an appetite for a minimum standards but it is difficult thing to standardise. KP and SC are interested in setting up a working group. KP noted that Manchester have a designated long term ventilation unit that reduces the impact on capacity of their intensive care unit. We explained to the meeting that we're interested in people to get in touch. A concern was raised regarding children that are admitted to DGH and their carers cannot follow. This is something we can look at. KK explained that there is a national meeting taking place on this issue. SC will send an email around to forward to whoever might be interested.</li> </ul>	SC
9.	<p><b>Parent Engagement (KP/CB)</b></p> <ul style="list-style-type: none"> <li>• <b>Coffee mornings</b> KP and Chris Beattie are due to attend the Sheffield coffee morning and will feedback to the group in January 2019.</li> </ul>	KP
10.	<p><b>Embrace</b></p> <ul style="list-style-type: none"> <li>• <b>Activity Summary Report</b> JW updated the group. It was a busy July for Embrace. One issue they have is the increasing number of incoming calls. Specifically, there are a large number of 'just-calling-to-let-you-know ...' calls that are not necessary. These calls are often</li> </ul>	

	<p>lengthy and generate a lot of work. Embrace should only be called for advice or for a transfer; otherwise a local consultant should be contacted. Something in writing will be produced on this and circulated. There were a large number of Paediatric transfers in July, and a lot of these relate to trauma. Embrace are starting to keep track of long-distance transfers and review those that are more susceptible. Staffing wise, Embrace have a lot of call handlers off sick and are under similar pressures with medical staff. They are now also facing gaps in their number of consultants. The large number of staffing gaps is due to Embrace not being allocated their full quota from the deanery. It was remarked that this is the worst the staffing has ever been. The group were urged to inform staff to only call when necessary. It was acknowledged that recruitment is a difficult process so they have big challenges ahead.</p> <ul style="list-style-type: none"> <li>• <b>Air Ambulance</b> JW noted that SH will update during the next meeting. Air ambulance up and running at Doncaster now.</li> <li>• <b>Safe Transfer of Paediatric Patient (STOPP)</b> Again, SH will update during the next meeting. STOPP is an assessment tool that has a scoring system for higher dependency transfers. It will be shared and has been utilised. EA explained that SH is working on it with a mid to end of October deadline and is looking at adopting that as the transport deadline for the SYB surgery work. Any comments that go to SH in the next few days would be very useful.</li> </ul>	<p>SH</p> <p>SH</p>
<p>11.</p>	<p><b>AOB – (HB)</b></p> <ul style="list-style-type: none"> <li>• For Information: Yorkshire and the Humber CHD Annual Report 2017-18</li> <li>• KP explained to the group that a letter went out to every trust about the infection control policy. There have only been 4 responses so it will be circulated again with a tight deadline, otherwise we will assume that everyone agrees with it.</li> </ul>	<p>KP</p>
<p>12.</p>	<p><b>Dates and times for PCC Executive Group 2019 Meetings</b></p> <p>Tuesday, 15 January 2019, 10am – 12noon, Hatfeild Hall  Tuesday, 23 April 2019, 10am – 12noon, Hatfeild Hall  Tuesday, 16 July 2019, 10am – 12noon, Hatfeild Hall  Tuesday, 15 October 2019, 10am – 12noon, Hatfeild Hall</p>	