

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

**THURSDAY 30 JANUARY 2020, 10AM -12 NOON,
HATFIELD HALL, WAKEFIELD**

Present	Apologies Received
<ul style="list-style-type: none"> • Pauline Adiotomre, Consultant Paediatrician, Grimsby • Emma Andrews, Network Manager, PCC ODN • Andrea Bliss, Interim Head of Nursing, Doncaster & Bassetlaw • Gemma Bradley, Network Nurse Educator, PCC ODN • Helen Brown, Y&H ODN Director (Chair) • Vanessa Brown, Matron, Hull • Jim Butler, Associate Director, SCH • Tracey Cole, ODN Network Co-ordinator • Sian Cooper, Clinical Lead, ODN • Alison Cowie, Deputy Associate Director of Nursing, Barnsley • Kathryn Davison, Consultant Paediatrician, Mid Yorks • Sarah-Jane Foxton, Consultant Paediatrician, Harrogate • Emma Green, Service Specialist, NHS England • Dawn Hare, ANP, Bradford • Cath Harrison, Neonatal Lead Consultant, Embrace • Jo Lumsden, PICU Consultant, Leeds • Chris Medd, Consultant Anaesthetist, Chesterfield • Alec Musson, Service Manager, Leeds • Karen Perring, Lead Nurse, PCC ODN • Kirsty Randell, Matron, Airedale • Phillipa Rawling, Paediatric Consultant, Airedale • Clair Scaife, Matron – Paediatrics, Rotherham • Jo Sudbury, PCCU Lead Nurse, SCH • Rum Thomas, Clinical Lead/Consultant, ODN/PICU SCH • Donna Webb, Matron for CC and Cardiology, Leeds • Murray Wheeler, Consultant Paediatrician, York • Jo Whiston, Lead Nurse, Embrace 	<ul style="list-style-type: none"> • Cliff Bevan, Consultant PICU, SCH • Anna Clack, Commissioning Manager, Sheffield CCG • Kath Deakin, Consultant Paediatrician, Mid Yorks • Sarah Didier, Consultant Paediatrician, Doncaster & Bassetlaw • Ezzedin Gouta, Clinical Lead Paediatrics, Barnsley • Sarah Halstead, Senior Service Specialist, NHS England • Stephen Hancock, Consultant, Embrace • Gill Harries, General Manager, Calderdale & Huddersfield • Angela Hughes, Lead Nurse PCCU, Sheffield Children's • Debbie Kerr, Consultant Anaesthetist, Barnsley • Sue Langworth, Head of Children's Nursing, Mid Yorks • Helen Matusewich, Sister Paediatrics, Harrogate • Sarah McRae, Clinical Educator, Barnsley • Kay Rushforth, Head of Children's Nursing, Bradford • Heather Stuart, Lead Nurse SCBU, Harrogate • Peter Standing, Consultant Paediatrician, York • Ravi Theva, Consultant, Sheffield Children's • Ruth Tolley, Acting Matron for Paediatrics, Bradford
ITEM	ACTIONS
<p>1. 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. 	

2.	<p>Minutes of the previous meeting held 15 October 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"> • Anna Clack was due to attend and give an update on SYB ICS workstreams. Unfortunately, Anna had to give apologies for this meeting and an update will therefore be circulated. • Staff appointment has been made to the position of network manager (Children's) • JW informed the group that Embrace are currently reviewing the Sepsis guidance, once updated this will be circulated. • It was noted that Paediatric Critical Care ODN Annual Report has been circulated and is available on the website. 	<p>AC/EA</p> <p>JW</p>
4.	<p>Paediatric Critical Care and Specialised Surgery in Children National Service Review</p> <ul style="list-style-type: none"> • Future Funding and Model of the Network HB informed the group that with effect from April 2020 an ODN for Surgery in Children has been commissioned. Across Y&H the commissioning is for a combined ODN. Discussions have taken place and plans developed which will be circulated for comments. The identity of the PCC and Surgery in Children ODNs will be maintained, although management will be across one integrated ODN. PCC will maintain current configuration of two Clinical Leads and a whole time nurse. Surgery will have three PAs for clinical leadership including anaesthetic representation.. <p>All were asked to relay this information back to their units in order to discuss and return any relevant comments on the draft plan. The membership for the Joint Exec Board is yet to be confirmed. Bi-monthly meetings will take place which will alternate between PCC and Surgery. Core Team will be a joint venture, with representation from both PCC and Surgery Clinical Leads. It was noted that going forward the Annual Conference will be a joint event and the Annual Report will also be a combined document. As the budget is modest, the joint ODN is more likely to be driven by national initiatives with targeted pieces of work. No changes will take place until the new financial year. The draft structure will be circulated for comment.</p> <ul style="list-style-type: none"> • PCC Modelling Tool – update EA gave an update. The ODN were involved in the test bed site and the modelling tool which has been developed for use. A meeting has taken place at which it was noted the modelling tool is very good but highly complex and it will therefore be a while before it can be used to its full potential. With that in mind the ODN are commencing some work locally to explore development of a dataset that is fit for purpose. <p>All were asked to nominate a colleague who can act as a data lead. AD's contact details will be circulated with the minutes of this meeting and all were asked to respond to this request at their earliest convenience. If anyone has a particular interest in CC data sets, please contact AD.</p>	<p>HB</p> <p>All</p> <p>All/AD</p> <p>All</p>
5.	<p>Work Programme</p> <ul style="list-style-type: none"> • Draft Level 2 Service Specification EA referred to the final draft Service Specification document which had been circulated prior to meeting and asked that any comments be returned as soon 	

	<p>as possible otherwise this will be accepted as a final version.. Future commissioning of services are key to ensuring they are fit for purpose. It was agreed that this document is not yet to be implemented but could be taken forward as part of the wider programme of work.</p> <p>The PIC CRG will be developing a national level 2 service specification. KP will keep the group informed of progress on this.</p>	
	<ul style="list-style-type: none"> • Service Evaluation Update – Anaesthetics and Emergency Departments KP informed the group that this process is ongoing and should be completed in May. A report will then be compiled and placed on the July Exec agenda. 	
	<ul style="list-style-type: none"> • LTV: <ul style="list-style-type: none"> ○ Working Group <ul style="list-style-type: none"> ▪ SC stated that the key actions from the meeting with the Commissioners need to be established, as well as named leads ▪ The Carer policy has been established in Leeds, resulting in greater patient flow. ▪ A mapping exercise is underway, led by KP and Vanessa Craven to establish education needs in the region. On line FAQs are currently being developed. ▪ The Acute Pathway Sub Group is will continue to look a developing a pathway.. ▪ With regard to the LTV Task & Finish Group, there are 4 outstanding actions that require ownership. EA to work with EG to define this. ▪ It was noted that the occurrence of the LTV Working Group will move to six monthly meetings. ▪ A Clinical Forum event regarding LTV will take place on 10 March 2020, the programme has been confirmed and circulated. A review of the working group TOR will take place shortly. ▪ EG informed the group that a number of workstreams are to be agreed for inclusion in the Commissioning Task & Finish Group. The Working Group meeting will take place tomorrow, following which confirmation will be circulated to the group. 	SC/EA
	<ul style="list-style-type: none"> • HDU Audit KP informed the group that the audit ends on Sunday, if forms have not yet been returned please complete and return to KP as soon as possible. Trusts will receive individual reports once completed. KP thanked all for the work they had undertaken, it was noted that the data collected was really useful. Any further queries should be directed to KP. 	All
6.	<p>NIC to PCC Transition</p> <ul style="list-style-type: none"> • Developing Paediatric Transition Pathways The NCCR document has now been published with subsequent guidance from BAPM and Royal College also released. One element we are asked to look at as an ODN is the agreement of transition pathways from neonates to paediatric services. The ODN will be asking for volunteers to progress this work through a small Working Group to discuss the challenges and potential issues we need to consider. A plan is required by mid-March, so we need to agree how we will implement this element. A collaborative approach with neonatal services is necessary. Should anyone be aware of work underway in Leeds and Sheffield please inform HB. 	All All
7.	<p>PICU Updates</p> <ul style="list-style-type: none"> • Leeds AM gave an update. With regard to staffing, one consultant has resigned and an advertisement has gone out for a locum. One consultant is working day shifts only and therefore a pressure is being felt from an on-call perspective. There are 	

	<p>four ANPs and one in training. A workforce review is ongoing. Waiting lists are raised and are therefore being reviewed. There are four cardiac surgeons. It was noted that training is good however feedback to trainees could be improved. A live dashboard is to be launched in the near future. It was noted the mortality rate is lower than last year.</p>	
	<ul style="list-style-type: none"> Sheffield There have been beds available all winter and although there have been a few refusals this has been mainly due to activity in A&E. With regard to staffing, Sheffield has been open to seven beds formally but maintaining nine. Nursing establishment is good. A meeting is due to take place shortly to enquire of consultant's plans in the next five years. <p>JB spoke of the short term financial driver and commented that the contract is not manageable. There has been a reduction in demand and refusals are low so this is not the cause. JB requested that the ODN analyse the demand and future capacity along with potential solutions. As a Trust, Sheffield is keen to look at all options. The consequence of a 'do nothing' approach will be the need to reduce declared bed capacity. The Medical Director has brought this issue to the attention of the Trust Board. It was agreed that all are happy for the ODN to take forward this piece of work as high priority, specifically looking at the patterns of children coming through critical care.</p>	<p>ODN</p>
<p>8.</p>	<p>Winter Update</p> <ul style="list-style-type: none"> Activity Update KP informed the group that there has only been one out of region transfer since October. This is significantly less than the previous two years. . Leeds have shared their import data which showed that two patients were transferred to them from the Midlands in October. Sheffield data was not available at the time of the meeting. It was noted that the Surge and Escalation SOP contacts will change over the next few weeks due to restructuring in NHSE and an update will be circulated to PICUs. All were advised to contact KP in-hours. Sharon Hodgson was thanked for her hard work and support in her role as Programme of Care Lead working with surge and escalation in the North. Y&H Regional Bed Base This item was covered earlier in the meeting. The ODN will undertake a piece of work looking at regional Paediatric critical care bed capacity and demand. 	
<p>9.</p>	<p>Education and Training:</p> <ul style="list-style-type: none"> Update GB referred to the education plan and outline which was circulated on the 29 January. <p>KP informed the group that GB's secondment had been extended to September 2020 which would allow the education programme to proceed. Elaine Eckersley will be retiring in March 2020 and KP expressed gratitude for Elaine's work and the big impact she has had within the ODN with regards to education.</p>	
	<ul style="list-style-type: none"> Clinical Forums EA confirmed that the Annual Conference will take place on Friday 12 June, the agenda is currently being finalised. There is room for another speaker, should anyone be interested please contact EA. A date for the Clinical Forum following the Conference needs to be agreed. A few of the group asked that Tuesdays be avoided. 	<p>All EA</p>

10.	<p>Feedback:</p> <ul style="list-style-type: none"> • CRG representation As there had been no further meetings, there was no feedback from KP. Further dates are being chased with NHSE. 	
	<ul style="list-style-type: none"> • Update SYB ICS Workstreams EA gave an update on the last meeting regarding surgery. The Business Case had been passed to their overarching commissioning body to implement the new surgical model which is no longer based on designation of an organisation but the ability of the organisation to deliver against locally developed evidence based guidelines/ pathways. It was noted that an education and training process had been launched for anaesthetic staff. This is being trialled across SYB but it is hoped we can work together to share resources. 	
	<ul style="list-style-type: none"> • National PEWS Working Group GB commented that this is currently in the clinical development phase, with an early draft of the tool being developed. RCPCH website has details of the timelines and documents available. There is an engagement event being planned in Leeds in the spring at which there will be a wide variety of representatives in attendance. 	
11.	<p>Parent Engagement update KP attended a recent coffee morning in Sheffield Children's PICU and commented that it was a positive experience and good opportunity to engage with families. Tracey Barker will join KP at future coffee mornings. Although there were some lessons to be learnt, overall parents felt well informed of processes and also extremely grateful for the chance to travel with their child alongside Embrace. It was noted that Consultant of the week had worked very well. From a workforce perspective, one family had commented on non-registered staff caring for their child and had discussed with KP some concerns around this which have been fed back to the PCCU team. This is an area that many units around the country are looking at due to workforce pressures.</p>	
12.	<p>Embrace</p> <ul style="list-style-type: none"> • Activity Summary Report With regard to activity data for October, November and December, total referrals were very high, particularly paediatric transfers. Figures for neonatal transfers do not reflect the issues encountered, there were many out of region transfers undertaken. Other issues involved neonatal capacity, workforce and infection control and these all had an impact on the ability to transfer paediatric patients. There were high numbers of advice calls to Embrace from paediatrics that had not been first reviewed by the local consultant. All were asked to ensure that contact had been made with their local consultant before contacting Embrace for advice. Embrace are currently experiencing significant workforce challenges. There has been a sudden decrease in consultants at Embrace and from February the Deanery have given 3.5 registrars rather than 6, with this figure decreasing once again from April to 2. Going forward, particular on days where there is not consultant cover at Embrace, all were asked to ensure advice and transfer referrals are first checked by local consultant to ensure appropriate referrals. Embrace wrote to all stakeholders on 29 January, EG confirmed she will escalate this issue and asked that the letter sent by Embrace be forwarded to her. Embrace's contingency plan is that only appropriate referrals are actioned and tertiary unit consultants would be called upon to assist when needed. Neighbouring transport services have been made aware of the situation and 	<p>All</p> <p>All</p> <p>EG/ Embrace</p>

	have been asked to help when necessary.	
13.	<p>AOB</p> <ul style="list-style-type: none"> • Y&H Palliative Care Network A request was made to the group for their contact information to be shared with the Palliative Care Network, this was agreed. • Network Admin Arrangements HB informed the group that Muhammad Khan, Admin Assistant has now left the ODN. Muhammad was thanked for his service within the ODN. HB informed the group that the ODN has just one part time person in post and all were asked to be patient while the process for replacing the vacant admin post is ongoing. • Diabetes BSPED guidance – KP informed the group that the new guidance is available on the ODN website. • New Leeds Children’s Hospital Proposal AM gave an update. The main focus this year is the enabling works which involve demolition of the old nurses home. The plan this month is for the Business Case for procurement to be commenced. It is hoped that this will be in place by January 2021 with construction commencing in January 2022. The completion of the build is planned for January 2025 with the new building opening in 2026. Recruitment of posts to support the programme is now underway. 	<p>HB</p> <p>All</p>
14.	<p>Dates and times for PCC Executive Group 2019 Meetings - PLEASE NOTE THE MIX OF DAYS:</p> <ul style="list-style-type: none"> • Thursday 30 April 2020, 10am – 12noon, Hatfeild Hall, Wakefield. • Tuesday 14 July 2020, 10am – 12noon, Hatfeild Hall, Wakefield. • Tuesday 13 October 2020, 10am – 12noon, Hatfeild Hall, Wakefield <p>PCC ODN Clinical Forum – LTV:</p> <ul style="list-style-type: none"> • Tuesday 10 March 2020, 10am – 4pm, Hatfield Hall, Wakefield <p>Annual Conference:</p> <ul style="list-style-type: none"> • Friday 12th June 2020, all day, Wetherby Racecourse, Wetherby 	