

	<ul style="list-style-type: none"> ○ For Yorkshire & Humber: <ul style="list-style-type: none"> ▪ Leeds open for 12-14 beds, down from 16 ▪ Sheffield open for 9 beds ▪ 13 out of region (Y&H) transfers from September (all but one stayed in North region) ▪ 'In to region' data from Leeds was 0. ▪ Post meeting AH provided the following update: 14 out of region transfers in November 2018 and 5 in December taken to SCH. <p>Capacity in Sheffield has been managed extremely well over last few months. The Trust has worked well at ensuring effective patient flow at times of increased demand. There have been times when they have gone over capacity to keep children in region. This is possible due to the flexibility in their HDU beds.</p> <p>KP is working with the North PCC Networks and NHSE on repatriation specifically looking at transport. The first working group meeting will take place in March to discuss and agree actions for next winter.</p>	<p>For info</p> <p>For info</p>
<p>4.</p>	<p>Paediatric Critical Care and Specialised Surgery in Children National Service Review</p> <ul style="list-style-type: none"> • Update (EA) <p>National Test Sites started in September '18 and are due to run until March '19. From the NHSE perspective it is expected that this work will go beyond this timeframe and continue in to April. All detail and outputs will be shared with the Exec.</p> <p>From an operational point of view PCC is fully engaged with the process and regular telephone conferences held with national team to respond to the evolving picture. National team are working up data which we will be testing and providing feedback, along with the overall work programme. The data will be circulated for comment to ensure it is useful and informative going forward.</p> <p>A meeting has been organised for 25 January to discuss transport and repatriation and HB asked for this to be checked to ensure an Embrace representative is present.</p> <p>The first SSIC meeting took place in November and was well attended. At present the agenda is loose and looking to understand what the real issues are and what would be useful going forward. The next meeting is due to take place 8 February looking at the following:</p> <ul style="list-style-type: none"> ○ Neonatal surgery ○ Sustainability of services and how these are supported across the network ○ Co-dependency and links with general surgery and anaesthesia <p>It was agreed that a broader representation of individuals relevant to these conversations would be useful and the invitation has been updated accordingly. EA to feedback following the February meeting with a clearer pathway for the future of this group.</p>	<p>SHal</p> <p>EA</p> <p>EA</p> <p>For info</p> <p>EA</p>
<p>5.</p>	<p>Y&H Pilot Test Site for Paediatric CC & Specialised Surgery (SHal/EA)</p> <ul style="list-style-type: none"> • PCC Update • SSIC Update <p>See notes and actions in Item 4.</p>	<p>For info</p>

<p>6.</p>	<p>Work Programme</p> <ul style="list-style-type: none"> • HDU re-audit (5/11/18 – 3/02/19) (KP) This is still ongoing and is due to finish 3 February. Hoping to get the data turned around quickly and reports will be distributed in April. • Service Evaluation – Anaesthetics and Emergency Depts (KP) The Service Evaluation final report for level 1 and 2 care in paediatrics is complete and is circulated with these notes. The next steps for the Service Evaluation is around Anaesthetics and ED. The first visit will be to Chesterfield and is planned for March. All DGH's to be completed by the end of 2019. This will give clearer insight in to the patient pathway around Level 1 and 2 care with regards to Anaesthetics and ED. A discussion was had in relation to the data requirements for Cquin. Where are we in relation to getting towards designation? Where in the process are we and what are the proposed next steps. HB to provide a narrative update and copy SHal to produce an email of support. • Draft Level 2 Service Specification (EA) EA has started reviewing the relevant documentation to start to pull this together. A lot of contact will be required with the Executive group to feedback on how it could look in the future. Update will be given at the next Exec meeting. • LTV (SC) The first meeting took place on 9 January 2019 and was well attended (30 people). There was representation from most of the Teaching Hospitals and District General Hospitals. We discussed what was working well and what wasn't, agreed Terms of Reference for the group and also additional members to invite. Initial work to look at scoping minimum standards of care for Yorkshire to standardise across the region. The team will be meeting quarterly. RT to take the lead on setting up a focus group for families. 	<p>KP</p> <p>ENC A KP</p> <p>HB/SHal</p> <p>EA</p> <p>For info</p>
<p>7.</p>	<p>Education and Training</p> <ul style="list-style-type: none"> • Update – Forward Plans (KP/EE) Core Team met in November to review the previous years' training. There will be a new multi-professional simulation training day focussed on the critically ill child this year. This will be offered in place of PReS. The plan is to run 5 regional days. 3 hospitals will be invited to the day and this will hopefully ensure attendance of appropriate skill mix of staff is achieved. Further information will be cascaded over the coming months. RT and SC have agreed to run informal teaching sessions on an ad hoc basis when visiting hospitals for local meetings, case review or forum groups. RT and SC to speak with individual hospitals to arrange. Due to EE reducing working hours from the end of the March her role will be focused on a project looking specifically at Nurse competencies in Level 1 and 2 care. Scoping is already underway with District General Hospitals looking at what skills passports are currently being used. The training EE will provide will be based around specific competencies that may otherwise be hard to complete in certain hospitals. These will also be regional days. Another Education post is being advertised to work alongside Clinical Leads for multi-profession education days and to carry out further nurse education. • Clinical Forums (RT/SC) All forums booked in for 2019, dates available here: https://www.networks.nhs.uk/nhs-networks/yorkshire-humber-paediatric-critical-care-odn/clinical-forums 	<p>For info</p> <p>RT/SC</p> <p>For info</p> <p>For info</p> <p>For info</p>

<p>8.</p>	<p>Feedback:</p> <ul style="list-style-type: none"> • CRG meeting – 23/07/18 EA has requested feedback to be shared from the CRG meeting. Burns, Major Trauma and ACC official office will be ending in January – it is not expected that this will create any major impact on business as usual. • Regional Trauma Meeting/Mass Casualty Planning (KP/SC) KP has previously circulated framework for comments. The document went to the Regional Trauma Referral group for sign off and has been approved. The next meeting is being planned. • Update SYB ICS Workstreams A new manager has been recruited and work on this will be picked up again. ICS hosted networks is the next stage in SYB process. Paediatrics will follow existing managed clinical networks potentially. KP sits on both groups and will feedback once this is back up and running. 	<p>ENC B For info For info For info</p>
<p>9.</p>	<p>Parent Engagement (CB)</p> <ul style="list-style-type: none"> • Coffee mornings CB and KP attended a parent coffee morning held at the Sheffield PICU in early December last year. They spoke with 8 sets of families about their experiences and on the whole the feedback was very positive, particularly in relation to Embrace. It was agreed that more coffee mornings would be attended and that this is a great way to get informal feedback in a setting that is comfortable and convenient for the families. Over time it will be important to pick up on key themes and use this intel to trigger any improvements which could be made. HB suggested speaking with a qualitative researcher to find out how to keep the conversation informal whilst gaining specific information required. SC to make an introduction. 	<p>For info CB/KP SC</p>
<p>10.</p>	<p>Embrace (SH)</p> <ul style="list-style-type: none"> • Activity Summary Report (attached) Overall there has been an issue with significant sickness in the ANP team. On some nights there was only one team available. Activity reports and decision response times have been monitored closely. The staffing issues were looking worse for February but now looking at 3 new hires which will ease pressure significantly. Looking to co-locate with ODN. Proposal with NHSE for approval. SH to send final document to SHal for information. • Air Ambulance • Safe Transfer of Paediatric Patient (STOPP) This is a tool which has been used in Wessex and NW England. It is a clinical based scoring tool to support the decision making process for the level of care needed in transporting patients between hospitals. This allows audit and clinical governance and gives comfort in decisions being made. ODN to support this through governance structure. Comments due back by 29 January 2019, with final sign off due at the next Executive meeting. 	<p>(ENC C to follow) For info SH ENC D For info All</p>

11.	AOB – (EA) <ul style="list-style-type: none"> • Better Newborn Care Document is due to be published.	For info
12.	Dates and times for PCC Executive Group 2019 Meetings Tuesday, 23 April 2019, 10am – 12noon, Hatfeild Hall Tuesday, 16 July 2019, 10am – 12noon, Hatfeild Hall Tuesday, 15 October 2019, 10am – 12noon, Hatfeild Hall	

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