North West & North Wales
Paediatric Critical Care
Operational Delivery Network

Minutes
North West & North Wales Paediatric Critical Care ODN Oversight Meeting
Wednesday 11th May 2022 at 10.00am – 12 noon
Via MS Teams

	Item	Action
1.	**Welcome and apologies** Jo McBride welcomed everyone to the North West & North Wales Paediatric Critical Care ODN Oversight meeting. For attendance and apologies, please see appendix 1.	
2.	**Notes of last meeting:** Notes NW&NWales PCC ODN Oversight Notes agreed as an accurate record. Actions: • *Craig Brothwood to feedback from National Team meeting in March to look at commissioning of level 2 beds in the NW* – Craig was not present at today's meeting. Jo McBride explained there is a meeting with the national team to get more intelligence about the commissioning of level 2 beds, and will update the group. • *Helen Campbell to share SDEC pathway* – Shared with previous minutes. • *Archana Prasad to share guidelines for Stephan Ventilator once complete* – Not yet shared.	**JMc**

3.	**ODN/National Update**
	
	ODN update given by Jo McBride, including the amended governance structure for the ODN:
	ODN Update 11 May 2022.pptx
	
	Jo also noted the following items:
	- Staffing pressures nationally for the 10 ODNs
	- Covid is still around
	- Chicken pox is on the increase
	- There have been several admissions for hepatitis
	- National database 'TABLEAU' – work ceased due to capacity in the national team – now more work going on with that information
	- The national cell is coordinating support for Ukraine
	- GIRFT report came out in April (https://www.gettingitrightfirsttime.co.uk/girft-reports/ - (staff will need an NHS Futures account to access the documents)
	- Group to flag any ventilator concerns
	- Guidelines ratification:
	  ○ Network developing process for ratification
	  ○ Once ratified, guidelines will be disseminated to trusts
	  ○ Lucy Allton will share the process when finalised
		LA

	With regards to guidelines ratification, Jon McViety reflected that a lot of members, including the NWTS team, have spent a significant amount of time producing guidelines, but then the ratification process has been extremely lengthy and it has sometimes taken up to two years to get new guidelines out. So, it is much appreciated that the network is taking ownership and streamlining the process.	
4.	**Updates by area/Equipment (in use/concerns)** <u>NWTS</u> Suzy Emsden: - From 1st April NWTS have gone down from 3 teams to 1 team. Collecting data on the impact of this on the service. - Lot of sick level 2 patients, struggling to move alongside level 3 patients - In constant communication with NHSE - Please keep calling about these patients you're worried about - Will triage and aim to move the sickest - Trying to secure additional funding - Suzy encouraged all referrals to be made by consultants Kathryn Claydon-Smith: - March was very busy - April was busy particularly for 2 centres; Blackpool (9 referrals) and Blackburn - Significant covid sickness within the team – Team trying to facilitate as much cover as possible <u>Tertiary Centres</u> RMCH – Laura Armistead: - Unit very busy - Regularly open to 17 patients for PICU; this is above number of commissioned beds, which drops to 15 in April. Have been able to staff the beds so far. Have all been appropriate GM patients. - Go up to 21 beds in winter, but 17 feels a more comfortable number of beds to have open all year round. Need to look at this. - LTV remains an issue; 3 patients awaiting step down to LTV ward. A lot of delays due to care packages. - Seeing increased number of RSV and respiratory patients - Steve Playfor commented that the number of patients is far higher than we are used to seeing at this time of year, so the unit is already stretched for if anything out of the ordinary happens AHCH – Ben Lakin: - Equipment – Recently got more V60 ventilators for non-invasive support for patients, mostly for HDU, but also for PICU patients who are transitioning to HDU - PICU has been reasonably quiet, more so busy in HDU <u>N Wales & Isle of Man</u> Bangor – Manohar Joishy: - Busy but ok bed status wise - No particular pattern of patients but combination of sepsis and respiratory, and chronic patients with infections - Outpatients busy - 2 cases in Glan Clwyd of hepatitis of unknown aetiology - All over Wales, 13 cases of hepatitis of unknown aetiology, one required transplant (South Wales) Nobles – Karen Smith:	

- All covid restrictions now lifted on Isle of Man
- Issues with staffing, due to covid
- Seeing lot of respiratory cases, inc covid. Managed on high flow.
- One hepatitis patient; transferred to AHCH
- 2 cases of PIMS; transferred to AHCH
- No equipment issues at present
- Increase in CAMHS patients

<u>L&SC</u>

Lancaster/Barrow – Laura Norton:

- Busy at both units
- Staffing issues; covid and burnout
- March very busy, only slight drop off in patient numbers for April
- 3 hepatitis cases; 1 very unwell and transferred to Leeds
- Both units having building work done and beds closed
- Lancaster HDU area getting improved, will go up to 3 beds (currently only have one bed whilst work going on)
- For equipment, looking at trialling something for SiPAP
- Kathryn from NWTS gave thanks to Lancaster team who managed a patient who went to adult ICU for withdrawal of care, rather than having an unnecessary transfer to a tertiary centre which wouldn't have been in their and their family's best interests

East Lancs – Helen Coutts:

- Very busy
- Seeing a number of hepatitis patients, and also rheumatological patients. Not sure if viral or covid related, as still have a lot of covid circulating.
- PIMS numbers have gone down
- Gave thanks to NWTS for transfer of non-ventilated neuromuscular patient; successful outcome

Blackpool – Isabel Spencer:

- Very busy
- Lot of sick patients
- Lot of HDU patients and transfers out
- Still seeing lot of covid patients
- Not seen much hepatitis
- Looking into SiPAP replacement
- Ok staffing wise

<u>C&M</u>

Kim Williams gave overview for C&M DGHs:

- Activity pretty consistent, roughly 70% occupancy
- HDU capacity has been ok
- Staffing an issue; variable, and nursing absences have led to temporary bed closures on a few occasions
- Mutual aid hasn't been required apart from on very rare occasions
- High number of CAMHS patients, very challenging – Approx. 20 inpatients per day – very intensive from nursing perspective
- Have made some progress with tier 4 providers and not seeing as many delays for the tier 4 patients
- Social care and eating disorders – long length of stays
- Seen some hepatitis cases across region – 1 patient sent to Leeds
- PIMS remains low
- RSV, respiratory and covid still remain active – covid patients have tended to have been low acuity

Mid Cheshire – Wendy Sutton:

- Reflected that CAMHS is the biggest pressure
    - Frequently see delayed social care discharges, for tier 3 patients, that don't hit tier 4 criteria
- 1 commissioned HDU bed, but frequently over this. Have one long-term HDU patient with breakdown in care.

Jo McBride commented that on all the site visits, CAMHS is an issue that has been consistently raised. There are a number of different staffing models/staff support systems; the ODN team will speak to these trusts to share the information. **JMc**

<u>GM</u>

Wythenshawe – Jemima Sharp:

- Very busy
- Seeing increase in new diabetics – 30 in last year (rather than the usual 5-10 per year) – They all seem to have had covid in preceding few months – Having a massive knock on effect on diabetic service to accommodate these new patients
- Seen 3 hepatitis cases; 2 autoimmune cause, and cause not found for one. 2 transferred to Leeds, and the other stayed locally.

Wigan – John Horley:

- HDU not been too busy
- 3 patients transferred out in last few months; 2 youngsters with enterovirus meningitis experiencing significant apnoeas, and 1 overdose patient (15 year old) who had respiratory arrest and was transferred to RMCH
- No equipment issues
- Commissioned beds have gone down to 15 now winter monies have ended
- 3 patients on the ward with eating disorders – taking up a significant amount of nursing time, 2 patients are on section 3 orders, other one has been on ward 6 months
- Having conversations with children's eating disorders team about where these complex patients should go to
- Providing staff with safety interventions training; holding patients who are refusing food via NG tube

Stepping Hill – Alison Simmonett:

- Very busy
- Lots of wheezers
- Impact on ward from CAMHS patients
- Seen couple of hepatitis patients – none required HDU
- No equipment issues
- Alison thanked NWTS for their support with a seizure patient

Bolton – Jon McViety:

- Lot of covid and RSV patients
- Some PIMS patients
- Not much hepatitis
- Alert out for Nippy 4+ - used in community
- SiPAP machines will need replacing – Scoping at present

Post meeting note: SiPAP machine stopped being made last year. Elaine O'Brien noted that it is her understanding that parts and consumables should continue to be made for a period of 5 years. So, there is approximately now 4 years of that period left to procure new machines.

Jo McBride asked that the group shares any further equipment concerns with her in order to get the regional picture, to raise nationally.

Jon McViety explained that he has liaised with Paul Langridge from PANDA regarding his concerns about the Fabian ventilator. Paul procured 4 of these ventilators for the PANDA unit

	from the National repository fund for the RSV surge. However, it transpires that the Fabian is only for children under 5kg, and not many of these children are seen in the PANDA unit. Paul has heard that some units are using the Fabian with non-proprietary circuits which allows it to be used for bigger/older children both invasively and non-invasively. If anyone has any further information on the Fabian, please send to Jon and Paul. John Horley explained that Wigan use the Oxylog 3000 as their current ventilator. The Hamilton is a transport ventilator and not to be used for a prolonged period of time. Consideration is being given to whether children over 50kg should use the same ventilator as is used on adult ICU, as the adult clinicians may not be familiar with children but they will be familiar with the ventilator if they are supporting with care, in the event of NWTS not being able to facilitate the transfer straight away.	**All**
5.	**NW pressure gauge: feedback** Example of pressure gauge shown on screen by Jo McBride. Jo asked that all centres use the categories 'red', 'amber' and 'green' for consistency. Comments are welcome on how it's going and how useful the group are finding the pressure gauge. The pressure gauge shows the number of beds occupied; not just PICU, but also HDU in each centre and where the regional pressure points are. The data is sent from the DGHs to the ICSs, and is then sent onto the network. Or the network obtains it from TABLEAU. It is a once a day snapshot/overview. It can show where mutual aid is needed and where it can be received from. The pressure gauge form will be circulated with the minutes for information (see below). NW Pressure Gauge - example.docx Helen Coutts asked to be added to the distribution list. If anyone else would like to be added to the distribution list, please let Jo McBride know.	**JMc**
6.	**GIRFT review** Presentation given by Marie Higgin, NHS England and NHS Improvement – North West: Paeds ODN Presentation May 22 PAEDIATRIC ODN NETWORK TEMPLAT Stephen Playfor queried whether the GIRFT review is to be recurrent and if so, what is the process. Marie replied yes, and explained that it started in orthopaedics and they are now in their third cycle of re-visits. Urology are now in their second cycle of re-visits. It is a phased programme of work so everyone is at different stages. As PICU only had their visit in the last 18 months, there is not one due to take place soon. But there will be a future one in the next year or so. Stephen commented that it would be helpful to have a date in advance because there is so much forward planning involved. Jon McViety commented that the GIRFT process seems to be a very sensible evolution for NHSE and NHSI. It allows for benchmarking and standardising care. It is clinically led and provides a wealth of information. Jon queried the timeline for GIRFT. Marie explained that GIRFT is to be here for the foreseeable years. It includes sharing best practice and national recommendations. All trusts have GIRFT leads. Information is disseminated via the leads. All staff are welcome to	

	join on the Model Hospital Portal; the link is included within the presentation (https://model.nhs.uk/). You will then be able to see all the information for your hospital. Jo McBride stated that the recommendations from the GIRFT report will be shared with the minutes for information (please see below).  PCC GIRFT RECOMMENDATION	
7.	**Nurse Group Update** Mica Davey (Chair of the Nurse and Allied Professionals Subgroup) updated the group on the following items: - Continuing to meet virtually; members find this convenient and allows attendance from reps who are based far away e.g. Bangor - At the last meeting held in April had representatives from the LTV Network (Elaine O'Brien) and Trauma Network (Caroline Rushmer). Good to be building relationships with the network lead nurses. - Elaine O'Brien offered to link with group members and provide LTV education - Cost of living/energy crisis – About 90% of LTV patients are nursed at home, caregivers may struggle with the high energy costs of running equipment 24/7, this may result in increased hospital admissions - Caroline gave a useful refresher of the major trauma pathway at the meeting - CAMHS impacting on staffing; high care ratios and needing to attend multiple MDTs resulting in staff burnout. Wendy Sutton has put in a funding request to support with this (CAMHS/Safeguarding Nurse); she will share the funding model when ready. - Subgroup education planned for the Summer (face to face). Hope to reach up to 150 nurses. Elaine and Lucy from the network have offered to support with this. - Nicola Longden working on a procedure for making up non-standard fluids; will share when ready - Virtual paediatric update days planned for the Summer	**WS** **NL**
8.	**Transition – Marie Marshall** Presentation given by Marie Marshall, Consultant Nurse Transition, MFT:  PCC ODN.pdf Jon McViety queried in terms of paediatric critical care, patients when they undergo transition are often under a number of teams, so this can be difficult for adult ICU to take them on, when they are still under a number of paediatric specialities. Who takes overall responsibility? Marie explained that there should be a consultant who is the named lead for the patient; one overarching consultant who takes the lead for the patient's transition. Conversations need to be starting a lot earlier than they start now. The young person should be prepared, and it be explained to them how differently their care will look. If possible, an opportunity to meet the new team and have a look around the unit should be offered. Jon stated that there is a drive from our college to look after children for longer; up to the age of 18 and in some cases up to 25. Marie noted that there are nuances and paediatric and adult services should be working together for young people. Suzy Emsden highlighted that there are some children with developmental delays who may have difficulty expressing their needs and may never feel ready to transition. We need to look at how we manage this large and growing population.	

	Marie stated that the families are often anxious about transition and need to be prepared and reassured. Adult services also need to be upskilled for this patient group. Elaine echoed this from her experience in transitioning LTV patients.	
9.	**Any Other Business** No items raised.	
10.	**Date of Next Meeting** 10th August 2022 10am-12pm	

Summary of Actions:

Jo McBride explained there is a meeting with the national team to get more intelligence about the commissioning of level 2 beds, and will update the group.
Guidelines ratification - Lucy Allton will share the process when finalised
Jo McBride commented that on all the site visits, CAMHS is an issue that has been consistently raised. There are a number of different staffing models/staff support systems; the ODN team will speak to these trusts to share the information.
If anyone has any information on the Fabian ventilator, please send to Jon McViety and Paul Langridge.
Helen Coutts asked to be added to the pressure gauge distribution list. If anyone else would like to be added to the distribution list, please let Jo McBride know.
Wendy Sutton has put in a funding request for CAMHS/Safeguarding Nurse; she will share the funding model when ready.
Nicola Longden working on a procedure for making up non-standard fluids; will share when ready

Attendees:

Network
Jo McBride, Network Director, NW PCC/SIC ODN's
Jon McViety, Co Clinical Lead, NW Paediatric Critical Care ODN
Ben Lakin, Co Clinical Lead, NW Paediatric Critical Care ODN
Lucy Allton, Lead Nurse, NW SIC/PCC ODN's
Elaine O'Brien, Lead Nurse, NW LTV ODN
Louise King, Project Support Officer, NW Paediatric Networks

Abigail Pepperman, BCUHB
Adam Davies, MFT
Alison Simmonett, Stepping Hill
Amicia Davey, NWTS
Chin Kien Eyton-Chong, Alder Hey
Clare Stafford, Blackpool
Heather Houston, MFT
Heather Jackson, MFT
Helen Coutts, East Lancashire HT
Hollie E
Ian Clegg, East Lancashire HT
Isabel Spencer, Blackpool
Jemima Sharp, Wythenshawe, MFT
John Horley, Wigan
Karen Wilson, The Walton Centre NHS FT
Laura Armistead, MFT
Laura Greenwood, MFT
Laura Norton, Lancaster
Manohar Joishy, BCUHB
Marie Higgin, NHS England and NHS Improvement – North West
Marie Marshall, Consultant Nurse Transition, MFT
Michael Perkin, Salford Royal
Nicola Longden, NWTS
Rashmi Tamhne, AHCH
Samantha Torkington
Sarah Jackson, Warrington and Halton TH NHS FT
Shannon Smith, MFT
Stephen Playfor, MFT
Suzy Emsden, NWTS

Karen Smith, Nobles, Isle of Man
Kathryn Claydon-Smith, NWTS
Katie Higgins, NWTS
Kim Williams, Southport and Ormskirk Hospital NHS Trust
Tabitha Bowker, Countess of Chester Hospital NHS FT
Wendy Sutton, Mid Cheshire
Wynn Aung, MFT

Apologies:
Heather Wood
Julie Flaherty, ICS CYP SCN