


**Minutes**  
**North West Surgery in Children ODN Oversight Group Meeting**  
**Friday 10<sup>th</sup> December 2021 10am – 12 noon via MS Teams**

<b>1</b>	<p><b>Introductions and Apologies</b></p> <p>Joanna McBride, Network Director, welcomed all to the meeting and thanked all for joining. Joanna informed the group that this was the first North West Surgery in Children Oversight Group meeting for the ODN.</p> <p>For attendance and apologies, please see appendix 1.</p>	<b>JM</b>
<b>2.</b>	<p><b>Review of previous minutes and actions (Shadow Surgery in Children meeting) – July 2021</b></p> <p> Notes North West Paediatric Surgery 2!</p> <p><b>Actions</b></p> <ol style="list-style-type: none"> <li>1. Cath Doherty to share details of Virtual Ward walkin/walkout showcase event. – Complete.</li> <li>2. Progress data with national team – Agenda item 3.</li> <li>3. Paul Sheehan to share link to RAIDR system website for requests for access and clarify information on the questions raised regarding multiple procedures and RTT. – Joanna McBride informed the group that the ODN are involved in the development of a dashboard with Spec Comm, a Data Analyst had also been appointed to the ODN however has not yet commenced in post. A survey was also shared to gather information on data priorities.</li> <li>4. Connect with Kate Plunkett, North Thames to clarify what waiting list data system is being used there and if appropriate for NW. - Different systems and data collection tools have been explored to look at gathering usable data. Complete.</li> <li>5. Further share the survey monkey survey to nursing group. Survey results now collated for ODN priorities. – Complete.</li> <li>6. ICS's to link with Paediatric Cells to ensure information on elective stepdown is current and shared with the ODN. – Adam Hebden – Joanna McBride to confirm with Adam Hebden if this was shared.</li> <li>7. Phil Rigby to clarify frequency of ICS sitrep meetings. – Complete.</li> <li>8. Phil Rigby to clarify if asymptomatic elective patients should be swabbed for Covid/RSV/Influenza. – Some Trusts are using swabbing prior to admission, but not all. Complete.</li> </ol>	<b>JM</b>
<b>3</b>	<p><b>Update from National Surgery in Children ODN</b></p> <ul style="list-style-type: none"> <li>• <b>Swabbing</b></li> </ul> <p>Cath Doherty updated the group that RSV swabbing in under 5's at test sites has now stopped. There is currently no national guidance on asymptomatic RSV swabbing prior to admission. Cath also informed the group of the update to the RCPCH guidance, confirming guidance was now 14 days post positive Covid test for elective surgery. Currently there is no national guidance on patients who have</p>	<b>CD</b>

	<p>tested negative in their 72 hour swab but have had a household positive prior to admission, Cath informed the group that GM are advising a rapid test on admission.</p> <ul style="list-style-type: none"> <li> <b>Renal Transplantation Issue</b>            There is a national shortage of live and deceased donor transplants currently. The issue is multifactorial, one factor is the reduced capacity for live donor transplants due to theatre capacity. The issue is being linked into the National SIC ODN's so data can be shared both ways.         </li> <li>           The National Surgery in Children's ODN's are being asked to provide cancellation data to gain an overview of the national cancellation profile. However, the cancellation data required is very broad.         </li> <li> <b>Current Workstreams</b>            The acute abdominal pathway is the main workstream currently. There are a number of North West colleagues involved in the multidisciplinary pathway design for the national Acute Abdominal Flow Pathway which will be developed to provide best practice and standardise care across the country.         </li> <li> <b>GIRFT Report</b>            ODN's are now required to implement GIRFT recommendations from ENT, Trauma and Orthopaedics and Children's Surgery.         </li> <li> <b>Restoration of Children's Surgery</b>            There have been discussions at the national meeting regarding who will be responsible for restoration of children's surgery. It looks likely that ICS', local CRG's and ODN's will be responsible and will collaborate on the restoration of children's surgery and the development of children's services in the future.         </li> </ul>	
4	<p><b>ODN Update</b></p> <p><b>Locality Launch Meetings</b>            All locality launch meetings have now taken place, information was shared on the governance, plans going forward, new ODN staff and pathways.</p> <p><b>Data Analyst Appointment</b>            The role of Data Analyst has now been appointment to, with a start date expected in early 2022.</p> <p><b>Site Visits</b>            The ODN team have now been out to 6 sites in the region, visiting children's wards, assessment units, theatres, and A&amp;E departments. The visits have enabled the ODN team to have a greater understanding of the challenges certain areas are facing but also to hear about good practice and ideas, which the ODN will be able to share. The ODN plan to visit all sites (25 with inpatient beds in the region, including an additional 8 where there are paediatric services). Further visits are planned in January and February, Omicron permitting.</p>	JM/LA
5	<p><b>ODN Governance structure</b>            Joanna McBride gave an overview of the ODN structure, informing that although the ODN is funded by Specialised Commissioning, it is hosted jointly by MFT and Alder Hey, with the budget managed under MFT. The process is now underway in setting up the North West ODN Board which the Paediatric Critical Care, Surgery in Children and Long Term Ventilation ODN oversight groups will feed directly into. There is also the requirement to work in conjunction with the other systems in the North West, such as the CYP Programmes and the Women and Childrens Programmes. The steering groups in each locality will feed into the oversight groups, enabling the ODN to capture differences between each locality. A formal letter has been sent to all Trusts requesting representation at ODN meetings from all Trusts.</p> <p>Adam Hebden, Associate Director of Strategy at RMCH, commented that each ICS in the region will have different arrangements emerging in recovery and transformation. Adam</p>	JM

	<p>referenced the importance of the oversight groups lining up with other systems to avoid duplicating the same tasks.</p> <p>Cath Doherty suggested ODN representation in ICS meetings would ensure non duplication, allowing two way traffic of information. Su De added that future oversight meetings should include a report from CYP and Women and Children programmes to the ODN.</p>	
6	<p><b>Workplan</b></p> <p>Su De reported on the priorities exercise which took place in the last Shadow Surgery in Children meeting. That priorities were as follows:</p> <ul style="list-style-type: none"> <li>• Covid recovery – The ODN will work with the 3 ICS's to assist and share learning. The GM Group have already established surgical paediatric hubs, which could be expanded to L&amp;SC and C&amp;M if deemed helpful. Funding would be necessary to enable this.</li> <li>• Robust Standardised Data – Aided by the appointment of a Data Analyst, the ODN aim to provide reliable meaningful data which is simple to acquire. Individual units may be asked to provide data initially, however in time the ODN should be able to acquire most of this through central systems.</li> <li>• Workforce Planning and Mobilisation – With new innovative ways of working, such as the use of the WIWO model, the ODN is keen to progress, learn and share ideas across the region to aid recovery.</li> </ul> <p>Top priorities in sub specialities were ENT, Dental and Paediatric Surgery. The ODN plans to introduce pathways and guidance, without duplicating work already underway at national or sub regional level.</p> <p>Education and training were also identified as a top priority. The ODN will aim to disseminate information on available courses in the region. Su asked that any courses that are planned in the region be shared with the ODN for dissemination.</p> <p>The final priority identified was emergency surgery in children. The ODN will gather information on policies from each unit with the aim to support a more standardised and structured approach. Involvement is welcomed from interested individuals in the region.</p>	SD
7	<p><b>ICS or CRG Surgery Restoration Updates</b></p> <p><b>Greater Manchester</b></p> <p>Cath Doherty and Adam Hebden updated for GM</p> <ul style="list-style-type: none"> <li>• The priority in GM has been restoration/backlog of P2 patients.</li> <li>• Hubs are running in North and Central, with work to add a South East hub in progress. The hubs are mainly covering ENT and Dental work, ensuring there is standardisation of P2, P3 and P4 cases. The PTL is GM wide, which will tie in with the North West ODN PTL. Waiting lists are also being mapped against theatre space and workforce capacity.</li> <li>• Communities of Practice subgroups have been established in ENT with the focus on an Adenotonsillectomy pathway in line with the GIRTF Report requirements.</li> <li>• Data is the biggest challenge; however, progress is ongoing with NHS England team, also aided by the recruitment of an ODN Data Analyst. GM have been carrying out manual sitreps looking at planned versus delivered activity.</li> </ul> <p><b>Lancs &amp; South Cumbria</b></p> <ul style="list-style-type: none"> <li>• No update given. Su De requested that a member of the ODN team be invited to the L&amp;SC CRG Group meeting.</li> </ul> <p><b>Cheshire &amp; Mersey</b></p> <p>Su De updated for C&amp;M</p> <p>Focus is currently on community dentistry and specialised dentistry. Different models of anaesthesia for dental are being investigated. Work is in progress to</p>	<p>CD/AH</p> <p>SD</p>

	access financial resources as community dentistry falls under primary care, not secondary.	
8	<p><b>Any other Business</b></p> <p>Jo McBride confirmed that the terms of reference will be shared with the minutes of the meeting for review and feedback.</p> <p>Cath Doherty reported that the concept of centralised triage had been raised at one of National Surgery in Children meetings. Cath asked the group to consider the concept of centralised triage for children's surgery in ODN region with some subspecialties. The concept would involve a combined PTL with a centralised triage, this would potentially minimise visits for patients by providing a multi input referral system. Su De agreed that this would improve equity for patients across the region, logistically however it would require clinician's time. The group discussed the concept, exploring pitfalls and benefits. Jim Bruce added that currently there is great opportunity for transformation, however obstacles exist in commissioning. Rishi Diwan added that access to patient records across the North West is still not fully available, which would be essential before any service can be centralised. Rishi also commented on the two and a half year waiting list for spine and orthopaedic, adding that there is a lack of representation in the meeting therefore not raised. Su De suggested arranging a meeting between RMCH and Alder Hey to discuss waiting list approaches.</p> <p>NHS Digital Passports</p> <p>Jo McBride reported that digital passports were discussed at the National SIC meeting and confirmed that they had not been embedded into the national ODN yet, however there had been positive feedback from the national meeting in favour of the use of digital passports. Andrea Doherty, Spec Comm, informed the group that Lancs and South Cumbria have non digital HR passports, which are mainly used for the diagnostic radiography workforce and some endoscopy staff. Andrea offered to provide a contact to the ODN. Marie Higgin, NHS England and NHS Improvement for the North West, commented that she had recently received an example from London of a Staff Movement Agreement (multispecialty) and offered to share with the ODN for circulation.</p>	
9	<p><b>Actions</b></p> <ol style="list-style-type: none"> <li>1. ICS's to link with Paediatric Cells to ensure information on elective stepdown is current and shared with the ODN. – Adam Hebden – Joanna McBride to confirm with Adam Hebden if this was shared.</li> <li>2. Terms of Reference to be shared with the minutes. Jo McBride.</li> <li>3. Marie Higgin, NHS E commented that she had recently received an example from London of a Staff Movement Agreement (multispecialty) and offered to share with the ODN for circulation.</li> </ol>	
10	<p><b>Date of Next Meeting</b></p> <p>Friday 18<sup>th</sup> February 2022 TBC</p>	

## APPENDIX 1

### Attendees

### Network

Jo McBride, Network Director, NW PCC/SIC ODN's  
Su De, Co Clinical Lead, NW Surgery in Children ODN

Cath Doherty, o Clinical Lead, NW Surgery in Children ODN  
Lucy Allton, Lead Nurse, NW SIC/PCC ODN's  
Elaine O'Brien, Lead Nurse, NW LTV ODN  
Jo Birkmyre Project Support Officer NW Paediatric Networks

#### NW ODN Partnership Board

Adam Hebden, Associate Director of Strategy, Royal Manchester Children's Hospital

#### Alder Hey Children's Hospital

Rishi Diwan, Alder Hey Children's Hospital

#### Cheshire and Mersey

Andrea Davies, Warrington and Hatton Teaching Hospital NHS FT  
Atul Tiwari, Noble's Hospital, IOM  
Delyth Owen, Mid Cheshire NHS Trust  
Jill Tomlinson, Warrington and Hatton Teaching Hospital NHS FT  
Lakshmi Chilukuri, St Helens and Knowsley Teaching Hospitals NHS Trust  
Paul Jameson, Countess of Chester Hospital NHS Trust  
Pradip Thakker, Nobles, IOM  
Ravi Jayaram, Countess of Chester Hospital NHS Trust  
Sarah Jackson, Warrington and Hatton Teaching Hospital NHS FT  
Stanley Parikh, Wirral UTH NHS FT  
Susan Thong, St Helens & Knowsley Trust, Whiston Hospital  
Wendy Sutton, Mid Cheshire NHS Trust

#### Lancs & South Cumbria

Angela Jane Mason, Blackpool Teaching Hospitals NHS FT  
Angela Newby, East Lancashire HT  
Claudia Spalding, East Lancashire HT  
Ian Clegg, East Lancashire HT  
Isabel Spencer, Blackpool Teaching Hospital  
Katie Ceraldi, East Lancashire HT  
Laura Norton, Royal Lancaster Hospital  
Mandy Chillingworth, East Lancashire HT  
Michelle Rodgers, L&SC ICS  
Nicola Entwistle, Lancashire Teaching Hospitals NHS FT  
Peter Fitzmaurice ELTH

#### Greater Manchester

Dan Smith, Wrightington, Wigan and Leigh NHS FT  
Emma Reay, Leighton Hospital  
Gemma Causer, Royal Albert Edward Wigan  
Kelly Curtis, Stockport  
Mike Hewitt-Symonds, Salford Royal NHS FT

#### SCN/NHS England/Commissioning/Other

Ahmad Mahvish  
Andrea Doherty, NHS England  
Bhuiyan Salimuzzaman  
Chelsie Bell, NHS England  
Jim Bruce, Jim Bruce, GMEC SCN, NHSE  
Julie Cheetham, SCN, NHS England  
Julie Flaherty, GMEC ICS Strategic Clinical Network  
Marie Higgin, NHS England and NHS Improvement – North West

#### Apologies:

Heather Dineley, Carrie Bowen, Mark Rigby, Judith Shorrocks, Rachael Barber

