



**North West Paediatric Long Term Ventilation Operational Oversight Group
Terms of Reference**

Title	North West Paediatric Long Term Ventilation Operational Oversight Group Terms of Reference
Main Author(s)	Elaine O'Brien - ODN Lead Nurse for Paediatric LTV
Co Author(s)	Joanna McBride - Network Director Lucy Allton - ODN Lead Nurse PCC Helen Blakesley - Network Manager Dr Halfhide - Clinical Lead LTV ODN Dr Wilkinson - Clinical Lead LTV ODN
Target Audience	Members North West ODN Paediatric Long Term Ventilation Oversight Group
Ratified by	
Date Ratified	
Review Date	
Version	21.12.21 V2
Document Status	Draft

Terms of Reference: Paediatric Long Term Ventilation Operational Oversight Group

1. Introduction

The Paediatric Critical Care, Surgery in Children, Long Term Ventilation Operational Delivery Network (PCC SiC LTV ODN) was established in 2021 following the PCC and SiC National Review. An Operational Delivery Network (ODN) brings together different parties (clinicians, providers, commissioners, patients) to realise change across complex systems of care to improve care quality and outcomes.

The Paediatric Long Term Ventilation (LTV) Operational Oversight group is part of the governance structure of the NW PCC SiC LTV ODN. The Groups include the three ICS footprints in the North West (Cheshire and Mersey, Lancashire and South Cumbria and Greater Manchester), North Wales and the Isle of Man.

The oversight group supports the ODN in its three main functions of:

- Increasing operational effectiveness and consistency
- Improving care
- Managing patient flows.

2. Vision

The vision of the LTV ODN is that the care providers of children requiring Long Term Ventilation support in the North West of England, North Wales and the Isle of Man will act as one system. All children within the geographical ODN footprint will receive high quality, equitable care, and good outcomes which ever part of the geographical footprint they are from. Care will be provided as close to the child's place of home as safely as possible.

3. Context

The LTV ODN works within the same geographic footprint as the North West Neonatal, Surgery in Children, Paediatric Critical Care and Children's Major Trauma networks. In addition, it shares footprints with the Lancashire and South Cumbria, Greater Manchester and Cheshire and Mersey Adult Critical Care and Major Trauma Networks.

Within the footprint there are 2 Tertiary Centres and 25 hospitals providing paediatric care. LTV, Level 2 and 3 care is commissioned by NHSE North West Specialised Commissioning at the tertiary centres Alder Hey and Royal Manchester Children's Hospital.

The ODN is hosted jointly by Royal Manchester Children's Hospital (RMCH) and Alder Hey with finance and human resources support being provided by RMCH.

4. Purpose

The purpose of the group is that each unit/member will work with neighbouring units and the ICS' geographically across the region to implement the recommendations and objectives (as they relate to long term ventilation) within the Paediatric Critical Care and Surgery in Children Review/GIRFT Paediatric General Surgery recommendations. This group will work to support the management of capacity and demand for paediatric critical care.

The group will strive to improve the quality of care across the region including improving the child and family experience, monitoring standards and facilitation of peer

reviews. Important workstreams will include development of pathways, standardising care and the voice of the CYP.

5. Objectives

The objectives of the group will include:

- i. To support the work programme of the North West Paediatric Critical Care, Surgery in Children Long Term Ventilation Network ODN Board.
- ii. For each Paediatric provider to have strong clinical, nursing, and managerial leadership on paediatric critical care with the authority to implement local and national policy.
- iii. To ensure the group achieves local and national priorities for Paediatric LTV.
- iv. To ensure strong clinical and child and families engagement providing expert advice to ensure work plans are achievable.
- v. To understand fully each unit's capacity, demand and patient flow. Including how local teams support children on LTV.
- vi. To ensure work of the group is based on strong data and evidence.
- vii. To ensure there is full understanding of pathways within the group including children's experience of the pathway.
- viii. To support the workforce plan within the ODN.
- ix. To ensure consistent high-quality practice across the ODN and a have a culture of continuous quality improvement.
- x. To highlight innovative and excellent practice to the Oversight Group
- xi. To facilitate the collection of data on LTV within the North West footprint.
- xii. To support the organisation and a strategy for education and training for all services and families that support children and young people on LTV
- xiii. To report on and monitor incidents within the footprint to enable shared learning both within the individual ICS footprints and the wider ODN
- xiv. To provide impartial clinical advice and expertise to both providers and commissioners.

6. Reporting Arrangements and Key Relationships

The Paediatric Long Term Ventilation Oversight group is accountable to the NW PCC SiC LTV Board.

Key relationships of the group include:

- North West Operational Oversight Groups for PCC and SiC
- North West Major Trauma ODN
- North West Neonatal ODN
- North West Adult Critical Care ODNs
- North West Paediatric Palliative Care Network

7. Membership and Chair of the Group

The Chair of the Group is the Network Director/ Clinical Lead for the LTV ODN.

The Chair works closely with the LTV ODN other Clinical Lead and ODN lead nurse in agreeing the agenda for each meeting.

Membership of the Group includes:

- Network Director/Clinical Lead
- Nurse Leads/Data Analyst
- Tertiary Centres Alder Hey and RMCH

- GM Provider Organisations
- C&M Provider Organisations
- L&SC Provider Organisations
- North Wales and Isle of Man Provider Organisations
- ICS Leaders
- Commissioners (ICB and NHSEI)

8. Meeting arrangements

Meetings will be 4 times per year.

Minutes will be completed in draft form and circulated within 14 working days.

Each meeting will have agreed actions with nominated leads which will be reported on at the following meeting.

Members will be expected to fully participate in meetings, respect others, always carry out agreed actions at meeting. Attendance at 75% of meetings.

Administrative support will be provided by the ODN.

9. Documents for Reference

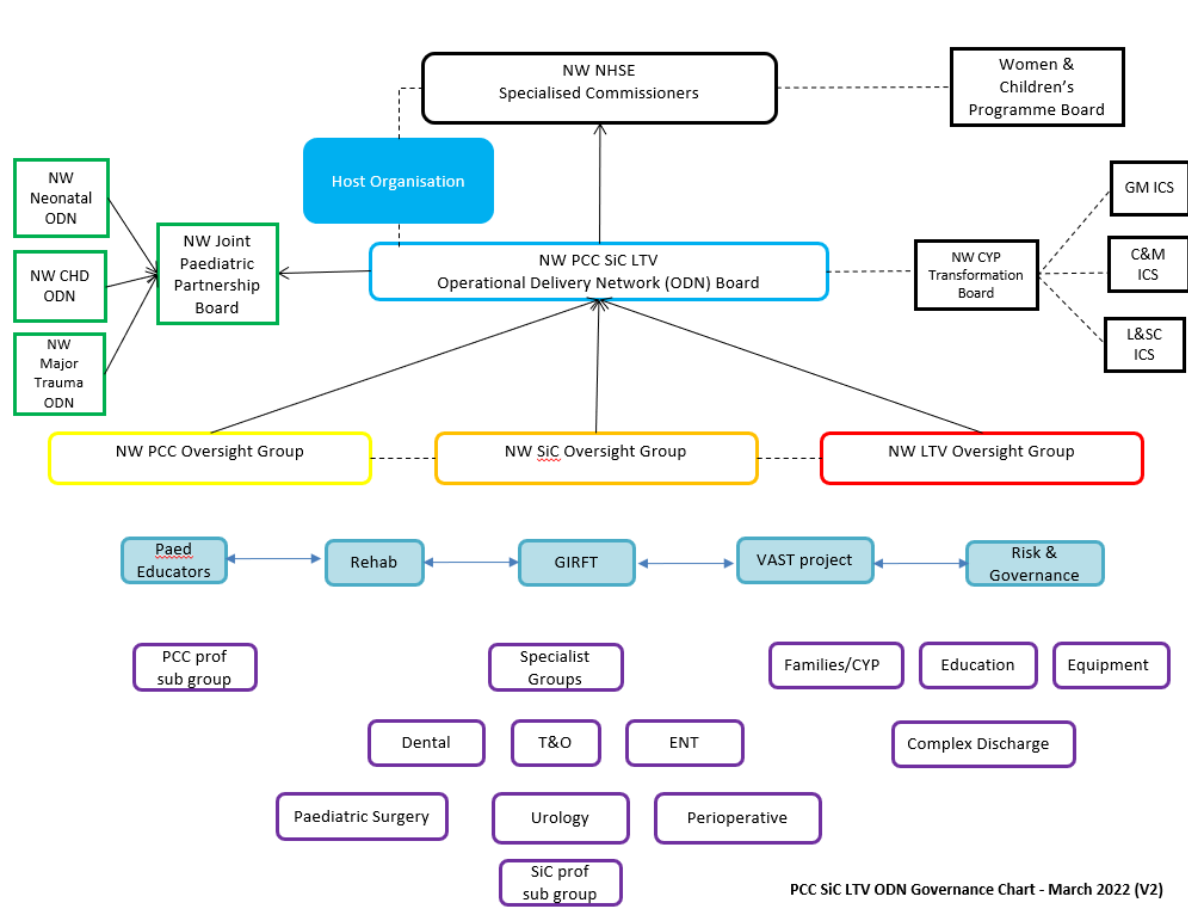
Paediatric critical care and surgery in children review. Summary report (November 2019)

<https://www.england.nhs.uk/wp-content/uploads/2019/11/paediatric-critical-care-and-surgery-in-children-review-summary-report-nov-2019.pdf>

NHS England National Service Specifications for Operational Delivery Networks (2013)

- High Dependency <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e07-sb-paed-hig-dep-care.pdf>
- Level 3 PCC care <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e07-sa-paed-inten-care.pdf>

10. Governance Structure NW PCC SiC LTV ODN



11 QUORUM MEMBERSHIP

11.1 For a meeting to be quorate there should be at least six members present including at least:

- Chair or Deputy Chair
- 1 Tertiary clinician from either trust
- 1 Community Representative
- 1 District General Hospital Representative
- 1 Commissioning Representative

8.2 Should there be an unusual occasion when the above quorate is not achieved and a decision be required, the chair and Network Manager will email members giving as much notice as possible. Should no responses be received they will take chair actions based on the information available and act accordingly.

8.3 Membership will be reviewed annually by the Lead Clinician and Network Manager.