

North West & North Wales Paediatric Critical Care Operational Delivery Network:
Nursing and AHP Sub-Group
Meeting 11th October 2022 11am – 1pm via Teams

Attendees:

Nicola Longden (NWTS/Co-Chair)	Victoria Callison (Barrow-In-Furness-Ward)
Ali Hall (Preston-Ward/Deputy Chair)	Julie Flaherty (Oldham)
Emma Roach (NWTS)	Karla Swarbrick (Blackpool-Ward)
Lucy Allton (Network Lead Nurse)	Naomi Harrison (NMGH-ED)
Peter Butler (Whiston-Ward)	Catherine Pollitt (Chester-Ward)
Helen Gray (Whiston ED)	Rhea Taylor (Wythenshawe-ED)
Christine James (Arrow Park-Ward)	Georgina Haddock (Warrington-Ward)
Isabelle Cliff (Warrington-A&E)	Pamela Slaughter (Wigan-ward)
Catrin Parry (Glan Clywd-Ward)	Fabi Norris (Stepping Hill)
Kirsten Fearn (Bangor-Ward)	

Apologies:

Emily Coup (Stepping Hill)

1. Welcome & Apologies

Welcome and congratulations to Mica on the birth her son.
 Emily sends her apologies for today's meeting and education, Ali and Emma will be helping to take the minutes for today meeting, which will be circulated once complete.

2. Update from Network – Lucy Allton

Update	Actions
<p>Surgical waiting list are increasing for children.</p> <p>There has been allocation of money for surge which will hopefully be used for education and training, and next year will be looking at Level 2 beds.</p> <p>There is a new PIC standard for self-assessment which hospitals need to RAG rate against, this will be circulated to four hospitals at a time.</p> <p>Continues to be an increased in RSV and Rhinovirus.</p> <p>New workforce lead for recruitment. ODN working on the ratification process for guidelines. Looking at working with Alder Hey delivering a HDU course for the region.</p>	<p>Lucy Asked group what nebs staff use when a child is receiving high flow, comments were put in chat. If you didn't reply, please can you send info to lucy.allton@mft.nhs.uk</p> <p>Please also let Lucy know what CPAP/ BiPAP machines you are using.</p>

3. Update from NWTS – Nicola Longden

Update	Actions
<p>We have started the 12-12 shift from the 10th of October and continue to have team day and night team.</p> <p>Still not commissioned for level 1 & 2 patients, however still refer as depends on the acuity and need for transfer.</p> <p>Consultant rota is still short, there has been x1 night shift with no consultant that could mobilise with team, therefore</p>	<p>Please can we ask that all children who are being referred to NWTS have a COVID swab which help with PICU bed allocation if needed</p>

NWTS team were unable to mobilise, advise service still available on this night shift.	
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4. Update from Greater Manchester region (DGH perspective)

Hospital / Name / Department / Update	Actions
Bolton – No update	
North Manchester - Naomi Harrison (ED) Lots of staff sickness, which is not COVID related, therefore had to reduce beds which has resulted in many children having to be treated and transferred out. Increase in dog bites, children have managed to stay locally with Max-fax on site. Also increase of wheezy children. Have a new 'Air Gen' machine waiting to get more stock before introduced.	
Oldham – No update	
Salford – No update	
Stepping Hill - Fabi Norris – Sorry Fabi I think we missed you for an update.	
Tameside – No update	
Wigan - Pamela Slaughter (Ward) Have an increase of RSV often ex-prems they are using Airvo and CPAP. ED have a transportable Airvo machine which is helping to start support early. Staffing skill mix affected, have a shortage of HCAs. Screening for RSV and Covid in ED which has been really helpful. Staff have had training on de-escalation and safe holding.	
Wythenshawe - Rhea Taylor (ED) Increase in bronchiolitis and D&Vs discussion about hypo-screening. Flow of patients from A&E ward is struggling, so long waits in ED. New computer system (HIVE) since September causing a few problems.	Asked group if they have any SOP / guidelines on hypo screening comments were in chat.
Northern Care Alliance - Julie Flaherty Problems with staff in most hospitals within the Greater Manchester area. Winter pressure new tool they are using, calculating on nursing staff 1:4 having to increase to 1:6 should be the highest ratio. The increase of HDU patients is causing wards to shut.	

5. Update from Cheshire & Mersey (DGH perspective)

Hospital / Name / Department / Update	Actions
<p>Arrowe Park - Christine James (Ward) Had a short period of time without masks but increase of staff sickness so re introduced. High number of CAMHS patients. Lots of bronchiolitis. Struggling with the transition of some children to adult services. Unable to deliver BiPAP to there older children so Adult ICU have taken them on NIV than transferred back to the children's ward.</p>	
<p>Chester - Catherine Pollitt (Ward) Had a busy summer -staff sickness, seeing an increase of respiratory illnesses.</p>	
<p>Leighton – No Update</p>	
<p>Ormskirk – No Update</p>	
<p>Macclesfield – No update</p>	
<p>Warrington - Georgina Haddock (Ward) Isabelle Cliff (ED) Accuity and numbers are increasing have had three resent transfers with NWTs. Conflict with abusive parent's which was tricky, staff needing debriefs. Increase in CAMHS patient difficulties in finding placements. Staffing problems continue with sickness but did have a good few weeks over summer. 16–17-year-old are seen in Adult ED then admitted to the Childrens ward if needed. This can cause confusion and need to develop a clear pathway.</p>	<p>Has anybody got an SOP/ Pathway regarding patient flow of 16 -17-year-olds to share with Nicola nicola.longden@mft.nhs.uk Who will share with group</p>
<p>Whiston - Peter Butler (Ward) & Helen Gray (ED) Lots of wheezers and bronchiolitis using BiPAP x1 Cardiac baby stayed locally on BiPAP. Peter is going to attend a course for de-escalation and crisis prevention including safe holding. (Train the trainer course) Whiston building work continues in ED so reduce of space, 16yrs & 17yrs olds are being seen in Children's ED as adult A&E extremely busy, they are then moved to adult medical wards. 46% increase in CAMHS patients post-covid self-harm & OD. All staff in ED have attended the safe holding course.</p>	<p>Peter will present at the July meeting information regarding the course he has been on. Nicola will share information from Peter with the group.</p> <p>Has anybody got an SOP/ pathway regarding patient flow of 16 -17-year-olds to share with Nicola nicola.longden@mft.nhs.uk Who will share with group</p>

6. Update from Lancashire and South Cumbria (DGH perspective)

Hospital / Name / Department / Update	Actions
<p>Barrow-In-Furness - Victoria Callison (Ward) Increase in RSV and wheeze. Increase of D&V. Lots of bed pressures struggling for cubicles resulting with long waits in in A&E. Ward staffing is improving so fast-tracking patients from A&E to the ward has helped.</p>	
Blackburn – No Update	
<p>Blackpool - Karla Swarbrick (Ward) Have seen an increase in DKA and status. Over the summer have seen a number of near drowning and lots of fractured arms and legs from holiday makers. A few long-term patients waiting for care packages to aid discharge. RSV needing high flow are being isolated as AGP, but nursing them in bays if not on high flow. Full respiratory swabs taken so often finding more than just RSV so having to isolate.</p>	NWTS Drowning guideline is now on the website.
Lancaster – No Update	
<p>Preston - Ali Hall (Ward) Looking forward to having 14 new staff starting, a number of staff have left. Increase in CAMHS patients needing between 2 & 3 staff per patient, therefore beds have reduced from 30 down to 25. Isolating respiratory patients.</p>	

7. Update from North Wales (DGH perspective)

Hospital / Name / Department / Update	Actions
<p>Bangor - Kirsten Fearn (Ward) Bangor high capacity, three CAMHS waiting for placement therefore ward closed at present. Have had more Rhinoviruses than RSV over the summer have been nursing them in bays - agreed with infection control.</p>	
<p>Glan Clwyd - Catrin Parry (Ward) Increase in RSV and Rhinovirus patients all isolated. 2 patients with status, 1 being transferred out by NWTS. They have had a splenic haemorrhage in a 12-year-old, transferred to AHCH. Have to use a lot of agency staff. B6 x2 have just gone out and interviewing for band 5s.</p>	Sounds a really interesting case, and a lot of learning took place. Nic to ask if the case can be presented at some point.
Wrexham – No update	

8. Education Update 2022

We were all really pleased with how the three HDU education days went and thank you to all who came and presented. We have looked at the feed back which was excellent, and lots of ideas for the next year, unfortunately we don't feel a 2-day course would be feasible.

NWTS were just looking at doing 1-day next year 120 staff in a lecture theatre, with interactive cases. However, it was felt that a smaller group of 60 would be more beneficial as we could have practical skill stations. We need to look at funding for this to see if we could support 2 days - 60 staff each day. The first session that was ran this year only had 30 nurses booked on, we were trying to make it fair so each hospital sent the same number of staff, we may need to change this so you will need to book on and pay to secure your place.

9. AOB

Peter Butler –

Whiston have got new CPAP machines £15,000 they use the same consumables as SiPAP -WILAflow Elite Neonatal Ventilator. They no longer use their EVE ventilators and have X3 available. Please contact Peter for more details.

10. Future Meeting dates

2023 Dates are: continuing with virtual meetings

Wednesday 11th Jan 2023 – Sarah Salka has agreed to present an interesting case - Nicola will confirm with Sarah.

Tuesday 18th April 2023 – Need Volunteers to present education section

Wednesday 19th July 2013 – F2F meeting at NWTS base – meet at 10.30 for tea and cake will have online option from 11am for those who want to join virtually. – Peter Butler will present, de-escalation and safe holding following his training.

Tuesday 10th October 2013 – Need Volunteers to present education section.

11. Education Session

Unfortunately, Emily Coup and John Horley were unable to present.

Nicola discussed we need to include practical sessions on the importance, and how to pre oxygenate a baby/child pre intubation especially if they are apneic, ensuring we ask the anaesthetists to support this. This highlighted a case where the adult trained anaesthetist was happy to support the airway, but left junior nursing staff to draw up intubation drugs. They were unfamiliar with the drugs and the need for further dilution. Plan is to do a practical session for both airway support and drug preparation on the Critical Care Education days as well as re-cap on the F2F Sub group meeting.