



**Minutes**

**North West & North Wales Paediatric Critical Care ODN Oversight Meeting  
Wednesday 8<sup>th</sup> February 2023 at 10.00am Via MS Teams**

	Item	Actions
1.	<p><b>Welcome and apologies</b></p> <p>Joanna McBride welcomed everyone to the North West &amp; North Wales Paediatric Critical Care ODN Oversight meeting.</p> <p>For attendance and apologies, please see appendix 1.</p>	
2.	<p><b>Notes of last meeting:</b></p> <p>Please flag any inaccuracies in the minutes.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>• CASHER Team to be asked to present at a future meeting – Lucy Allton to contact</li> <li>• Procedure for making up non-standard fluids – Survey circulated</li> <li>• Advanced notice for expected NWTs rota gaps – Now in place</li> <li>• Emily Coup from Stockport agreed to share the process they have for support with ventilators across the interdependencies within the hospital – Complete</li> <li>• Paediatric elective recovery meeting this Friday. Andrea will ask for Jo to be included in meeting – Complete</li> <li>• Survey re format of future meetings (F2F/Teams/Hybrid) – The preference is to keep the meeting on Teams, but it is proposed that there will be a hybrid meeting in August (see item 15)</li> </ul>	LA
3.	<p><b>National Update</b></p> <p>Update given by Jo McBride:</p> <ul style="list-style-type: none"> <li>• National critical care panel meetings down to weekly as pressures ease (although not in NW)</li> <li>• Reports of COVID starting to increase</li> <li>• PCC capacity appears to have eased – 10+ beds a day nationally (DoS)</li> <li>• IGAS &amp; Step A - threshold for antibiotics now normalised / scarlet fever 1950's comparable</li> <li>• Debrief with joint working between PHE / NHSE planned</li> <li>• Aim for RSV vaccination (Summer – aim for less pressure next winter)</li> <li>• Urgent &amp; Emergency Care paper released last week: <a href="https://www.england.nhs.uk/wp-content/uploads/2023/01/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf">https://www.england.nhs.uk/wp-content/uploads/2023/01/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf</a> (see attached below)</li> </ul> <p>In essence the Key focus for children:</p> <ul style="list-style-type: none"> <li>• 111 service for children / virtual platforms</li> <li>• Same day emergency care</li> <li>• Focus is now on Elective recovery. 78 week approx. 1,748 (NW within the top 10 worst in the country with mixed lists) – action needed or it is anticipated that lists will increase to &gt; 2,000 by April 2023.</li> </ul>	

	 <p>B2034-delivery-plan -for-recovering-urg€</p>	
4.	<p><b>NWTS Update</b></p> <p>Update given by Chris Walker:</p> <ul style="list-style-type: none"> <li>• Activity not high today – 1 palliative care transfer, using Manchester local team and NWTS ambulance</li> <li>• Moved one child over night</li> <li>• Flew a child to Oxford yesterday</li> <li>• No outstanding cases currently</li> <li>• Have now recruited to consultant posts – 1 locum consultant in post currently and have recruited a further 4 consultants (not whole time equivalents). Currently out to advert for a Band 6 substantive post. Will also increase rotations from RMCH and AHCH. Having consultations with team regarding team configuration and shift patterns</li> <li>• NWTS will update the region this month about the work to be undertaken.</li> <li>• In the interim, while new staff get into post, will continue to staff the 3-shift system over the winter, using agency/locum staff where needed</li> <li>• Timeline: Aim is to launch on 4<sup>th</sup> April</li> </ul>	
5.	<p><b>Update re: Level 2 monies</b></p> <p>Presentation given by Jo McBride:</p>  <p>ODN oversight update 8.02.23.pdf</p> <ul style="list-style-type: none"> <li>• This year's (2022/23) funding is aimed at training and education and has been allocated equitably across the region</li> <li>• Monies should now be with trusts</li> <li>• For trauma units the recommended course is APLS, as EPALS does not include enough trauma content, however the money can be allocated to life support course and if used effectively for your provider sites.</li> <li>• Issues were flagged with getting the pool of staff to teach on the APLS course, as registrars are no longer getting the GIC time or funding to do these courses.</li> <li>• Jon suggested that this issue should be raised at national meetings and with the deaneries.</li> <li>• The process for designating the Level 2 units is still to be finalised, and trusts will be updated in due course.</li> </ul>	
6.	<p><b>Updates by area – Reports by exception</b></p> <p><u>ODN</u> See ODN update slides – item 5</p> <p><u>Tertiary Centres</u> Alder Hey:</p> <ul style="list-style-type: none"> <li>• HDU has been busy and has issues with staff shortages. The closed pod has now reopened after refurbishment.</li> <li>• PICU is busy with equivalent 21 patients today. Staffing improving and should be open to commissioned numbers by mid Spring</li> </ul> <p>RMCH:</p> <ul style="list-style-type: none"> <li>• Activity very busy</li> </ul>	

- Have new staff commencing in post soon, including the 50:50 NWTS post, and PICU locums to help recover staff losses

#### N Wales

##### Glan Clwyd:

- Quiet after Christmas, but now getting busier again
- Thanks to NWTS team for support with a difficult case over the weekend that was transferred to London
- HDU activity has been steady, mainly seeing respiratory and epilepsy cases with a couple of trauma cases too
- Staffing and sickness situation improved, although some consultant shortages anticipated

#### IOM

##### Nobles:

- Significant staff shortages
- Have 2 HDU beds
- Have had a few unwell infants recently who were taken by Alder Hey
- Neonatal cot numbers have had to be reduced to 4 from 9

#### L&SC

##### Morecambe Bay:

- Busy, but variable. Lot of seizures and meningitis.
- Have had a lot of support from NWTS recently
- Lancaster has been the busier site
- Staffing at both sites has been ok

##### Blackpool:

- Before Christmas extremely busy, has improved since new year
- Have had support from NWTS
- Struggling staffing wise. Have had a few nurses who have left and struggling to recruit.
- Some consultant vacancies, but not too much of an impact at present

##### LTHTR:

- Very busy at present
- 2-3 HDU patients per day
- Have received advice from NWTS on several occasions
- Intermittent staffing issues

##### East Lancs:

- Lot of safeguarding children
- Lot of unusual sick HDU patients
- Doing direct streaming up from A&E
- Large volume of patients
- Good position re nurse staffing, although some sickness issues
- Had exceptionally busy period before Christmas

##### Wigan:

- High activity before Christmas
- Lot of respiratory cases and Strep A pneumonias
- Lot of bronchiolitic babies, and lot of RSV
- Lot of transfers out, very busy

#### GM

##### Bolton:

- Less busy now than before Christmas

- Seeing lots of RSV and bronchiolitis
- Sick Stevens Johnson case transferred to RMCH PICU
- Challenges with registrar rota, so consultants having to act down

North Manchester:

- Physical space capacity not big enough
- Staffing issues from nursing perspective reducing bed capacity
- Heavily relying on locum doctors
- Recently appointed new staff but not yet APLS/EPALS trained
- Don't have ringfenced area for HDU, so looking to produce HDU cubicle
- Paed surgery removed from NMGH over the last 10 years, so anaesthetists have reduced paed skills. NWTs have had to assist with some recent intubations. Looking to address this problem with training.
- Take critical care patients from Fairfield who self-present. This poses risk at Fairfield as no staff there to deal with very sick paed.

Fairfield:

- In relation to above comment, lot of training and education going on/planned to upskill staff

Wythenshawe:

- Very busy, especially before Christmas, had to manage some very ill children in HDU as couldn't get them transferred out
- Unexpected death which has been very difficult
- Nurse staffing issues, which has reduced number of beds available, which has had a knock-on effect to A&E

Oldham:

- Very busy
- Lot of NWTs support
- Have seen lot of meningitis, respiratory, empyema
- Staffing ok

Stepping Hill:

- HDU activity steady
- Variable patient case mix
- Looking to upskill nursing staff for HDU. Some staff attending Alder Hey HDU course, and also starting to run internal HDU training.


C&M



Arrowe Park:

- Very busy before Christmas
- Had to vacate PAU and bring it up to ward, so area could be used for adults. This had a knock-on effect on inpatient capacity and levels of elective activity.
- 3 recent transfers out
- Planning to get more staff HDU training
- Looking to purchase Hamilton ventilator

Warrington:

- Very busy
- Some complex CAMHS patients that have been in for a few weeks
- Staffing issues. Have an upcoming recruitment event on 23<sup>rd</sup> February.

	<p><u>Spec Comm</u></p> <ul style="list-style-type: none"> <li>• Big push is to get case for change through gateway 1</li> <li>• Then there will be a ramp up of engagement around the transformation process as options are looked at</li> <li>• Need lot of data to go in case for change</li> <li>• For gateway 2 and looking at the different options, patient involvement is going to be very important</li> <li>• For specialised services, including PCC, no changes until 2024. Some contracts will get delegated over to ICBs. But still a lot of discussions and decisions to be made regarding how everything will look and where commissioning will sit.</li> </ul>	
7.	<p><b>Nurse Group Update</b></p> <p>Update given by Lucy Allton:</p> <ul style="list-style-type: none"> <li>• Last meeting 17<sup>th</sup> Jan – Good attendance</li> <li>• Everywhere busy, especially in November/December</li> <li>• Lot of flu/RSV/covid/strep/empyema/safeguarding issues/CAMHS patients causing pressures</li> <li>• Some units reported that there had been direct streaming from A&amp;E up to ward due to pressures with adults</li> <li>• Lot of areas talked about having difficult cases and child deaths – So there was a lot of talk about staff support. Wellbeing resources shared.</li> <li>• Staffing was talked about; including sickness, recruitment difficulties, lot of new starters and the impact of the skill mix</li> <li>• Variability of enhanced rates discussed</li> <li>• Education discussed and plans for study days this year – intro to HDU, advanced HDU</li> </ul>	
8.	<p><b>NW Pressure Gauge: feedback</b></p> <p>Presentation given by Lucy Allton:</p>  <p>Pressure Gauge update Jan 2023.pdf</p>	
9.	<p><b>2023 Surge plan</b></p> <ul style="list-style-type: none"> <li>• Looking at learning from 2022</li> <li>• More formal mutual aid agreements from adult critical care, neonates</li> <li>• Surge Whatsapp group has proved useful for communication/updates and calling emergency meetings</li> <li>• Any rigid cut offs for, age of child for example, to go to adult ICU is not helpful. Who has responsibility is more key.</li> <li>• It is important to consider all levels of paediatric surge rather than just PICU, as there are knock on effects through the whole system</li> <li>• Dealing with multi organ conditions in paedics can be more of a challenge to adult ICU</li> <li>• NWTs developing guideline currently for paedics being looked after in adult ICU – to be shared when ready for comments</li> <li>• Ashlea Norton noted how difficult it was to get a 17-year-old with HONK into adult ICU and a lot of negotiation was required – the child then later died on PICU – an investigation is to be completed for this case — Learning to be shared when ready (with this group as well as the GM adult ODN)</li> </ul>	<p>KP</p> <p>AN</p>

10.	<p><b>Guidelines</b></p> <p>Presentation given by Helen Blakesley:</p>  <p>Ratification procedure for PCC F</p> <ul style="list-style-type: none"> <li>• Kate Parkins noted that for any guidelines working groups it is important to have representation from both tertiary centres.</li> </ul>	
11.	<p><b>Any issues with Equipment</b></p> <p>John Horley raised that Wigan are currently working on getting an UPS battery so that they can transfer children from ED to the children's ward, whilst on Airvo. John queried how other units currently manage to transfer children from one area to another using Airvo, and how it passed through governance based on the alert that said, if you start a child on Airvo and then stop them for transfer, you've got a risk of them significantly and quickly deteriorating. Sarah Ashworth from Oldham explained that they use an UPS battery for transfer currently. Sarah stated that she can get the governance information for John. However, the battery does have a limit of 15 minutes. Also, for a recent hospice transfer they used a Hamilton ventilator to put the child on to high flow. Going forward they are planning to use the Hamilton for transfers.</p>	SA
12.	<p><b>Learning from a case review</b></p> <p>Deferred until next meeting. Thank you for agreeing (Lisa Pritchard)</p>	
13.	<p><b>ODN website – Content suggestions</b></p> <p>Presentation given by Helen Blakesley:</p>  <p>PCC, SiC, LTV, ODN Website PCC Feb 20</p>	
14.	<p><b>Any Other Business</b></p> <p>No items raised.</p>	
15.	<p><b>Dates of Upcoming Meetings:</b></p> <ul style="list-style-type: none"> <li>• <b>10<sup>th</sup> May 2023, 10am-12pm, via MS Teams</b></li> <li>• <b>10<sup>th</sup> August 2023, 2pm-4pm, HYBRID MEETING: Face to Face in LT4, Institute, Alder Hey Children's Hospital or Via MS Teams</b></li> <li>• <b>8<sup>th</sup> November 2023, 10am-12pm, via MS Teams</b></li> </ul>	

**Summary of Actions:**

- CASHER Team to be asked to present at a future meeting – Lucy Allton to contact
- NWTS developing guideline currently for paed's being looked after in adult ICU – to be shared when ready for comments – Kate Parkins
- 17-year-old with HONK – Transferred into adult ICU then later died on PICU – an investigation is to be completed for this case — Learning to be shared when ready (with this group as well as the GM adult ODN) – Ashlea Norton
- UPS battery for transferring children from one area to another using Airvo – Sarah Ashworth to share governance information with John Horley

## APPENDIX 1

### Attendees:

#### ODN

Name	Job Title	Organisation
Joanna McBride	Network Director	NW PCC, SiC & LTV ODN
Lucy Allton	Lead Nurse	NW PCC & SiC ODN
Jon McViety	Co Clinical Lead	NW PCC ODN
Ben Lakin	Co Clinical Lead	NW PCC ODN
Helen Blakesley	Network Manager	NW PCC, SiC & LTV ODN
Elaine O'Brien	Lead Nurse	NW LTV ODN

#### Regional

Name	Job Title	Organisation
Abigail Pepperman	Paediatric Consultant and Critical Care Lead	Glan Clwyd Hospital
Adelle Lees	Senior Sister	NMGH
Adrian Hughes	Deputy Medical Director	Alder Hey Children's Hospital
Amanda Coogan	Advanced Paediatric Nurse Practitioner	Whiston
Andrew Loughlin	APNP	Wirral University Teaching Hospital
Andy Butler	Matron	Royal Bolton
Angela Newby	Surgery Ward Manager	ELHT
Annette Cooper	Paediatric lead for Anaesthesia	Wirral University Teaching Hospital
Ashlea Norton	Consultant Paediatrician, PHDU lead	North Manchester General Hospital
Catherine Dean	Unit Manager PED	Wythenshawe
Christina Jackson	Interim CYP Education Lead	UHMBT
Christopher Walker	Acting lead nurse & advanced nurse practitioner	NWTS
Clare Stafford	Children's Ward Manager	Blackpool Teaching Hospital
Corinne Roe	Ward Manager	Warrington Hospital
David Bolton	Crit Care link/ Clinical Leader	Furness General Hospital
Eleanor Moore	PBE	Oldham
Georgina Haddock	Sister/ Clinical Educator	Warrington Hospital
Helen Coutts	Consultant Paediatrician	ELHT
Isabel Wardach	Clinician - leading on HDU critical care	Warrington Hospital
Jemima Sharp	Paediatric Consultant and Clinical Lead	Wythenshawe
Jessica Budden	Paediatric Educator	UHMBT
Jill Tomlinson	Matron	Warrington Hospital
John Horley	ACP Paediatrics	Wigan Hospital
Kate Dear	Paediatric Nurse Consultant	Fairfield Hospital
Kate Parkins	NWTS Consultant (education & guidelines lead)	NWTS
Katie Ceraldi	Ward Manager	ELHT
Katie Higgins	Clinical Nurse Specialist	NWTS
Kelly Curtis	Directorate Manager	Stockport
Kerry Little	Ward Manager	Furness General Hospital
Laura Armitstead	Unit Director – Critical Care & Anaesthetics	Royal Manchester Children's Hospital
Lekha Sridhar	Consultant in Paediatric HDU	Alder Hey Children's Hospital
Lisa Pritchard	PICU consultant	NWTS/Stoke

Lyndsey Taputu	Crit Care link/ ANP	Furness General Hospital
Mandy Chillingworth	Matron	ELHT
Michael Perkin	Paediatric Consultant	Oldham Hospital
Nicola Shorrock	Ward Manager	Lancashire Teaching Hospitals
Phil Rigby	W&C Service Specialist, Specialised Commissioning	NHSE (NW)
Philippa Hamblett	Ward Manager	Stepping Hill
Prakash Thiagarajan	Consultant Paediatrician	Nobles Hospital, Isle of Man
Rachel Hoi Khoon Tan	Consultant Paediatrician	Alder Hey Children's Hospital
Rachel Smith	Consultant Anaesthetist	Royal Bolton
Rhea Taylor	Practice Educator and Resus Lead PED	Wythenshawe
Sarah Ashworth	PBE	Oldham
Sarah Hough	Paediatric Consultant	Wigan Hospital
Sheena Wright	Lead Nurse	GM Adult Critical Care Network
Sophie Graves	Sister	NWTS
Stephanie Holmes	Nurse Education link	Blackpool Teaching Hospital
Stephen Playfor	Clinical Director, Paed Crit Care	Royal Manchester Children's Hospital
Suzy Emsden	Paediatric Intensivist & NWTS Lead Consultant	NWTS
Tabitha Bowker	Locum Consultant Paediatrician	Countess of Chester Hospital

**Apologies:**

Jo Morgan, Manohar Joishy, Shelley Piper, Rachael Whittington, Jo Connolly, Karen Wilson, Laura James, Carrie Bowen, Atul Tiwari, Julie Flaherty, Andrea Davies, Laura Norton, Helen Campbell, Louise King