

**Minutes**

**North West & North Wales Paediatric Critical Care ODN Oversight Meeting**

**Wednesday 10<sup>th</sup> May 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>Minutes from last meeting agreed as an accurate record.</p> <p>Summary of actions from last meeting:</p> <ul style="list-style-type: none"> <li>• CASHER Team to be asked to present at a future meeting – <b>Lucy Allton to continue to chase or ask them to share presentation</b></li> <li>• NWTs developing guideline currently for paedics being looked after in adult ICU – <b>to be shared when ready for comments – Kate Parkins</b></li> <li>• 17-year-old with HONK – Transferred into adult ICU then later died on PICU – an investigation is to be completed for this case — <b>Learning to be shared when ready (with this group as well as the GM adult ODN) – Ashlea Norton</b></li> <li>• UPS battery for transferring children from one area to another using Airvo – Sarah Ashworth to share governance information with John Horley - <b>Done</b></li> </ul>	<p>LA</p> <p>KP</p> <p>AN</p>
3.	<p><b>National Update</b></p> <p>Update given by Jo McBride:</p> <ul style="list-style-type: none"> <li>- Level 2 stakeholder review – to be shared when confirmed</li> <li>- Transport service specification complete – awaiting circulation</li> <li>- Winter planning national guidance to be circulated when available</li> <li>- RSV vaccination proposed before Winter 23 (mass vaccination programme) – should reduce admissions. Will share when information available.</li> <li>- Cases of iGAS / Flu / Step A – figures settling</li> <li>- Enteroviral Myocarditis letter circulated for information due to an increase in cases in the South West</li> <li>- Surgery cancellations – Waiting lists in paedics going up faster than in adults, concerns P2 patients</li> </ul>	
4.	<p><b>Update re: Level 2 monies</b></p> <p>Update given by Jo McBride:</p> <ul style="list-style-type: none"> <li>- 2.6 million (600K for transport) to be allocated to North West</li> <li>- Level 2 centres</li> </ul>	

- Proposal of pilot projects – Yet to be confirmed
- Will be phased approach (localities)
- GIRFT recommend for there to be 4-bedded sites

Update given by Adrian Hughes (Clinical Lead for NW Women’s & Children’s Transformation Programme):

- The programme has gone through Gateway 1 of the NHSE assurance process, so this confirms that there is a case for change, including for PCC level 2 care
- Awaiting formal feedback from the gateway 1 assessment
- Now in the process of developing models for options
- The programme will be delivered through ODN workstreams
- There will be an engagement process to get user experience
- The money will be used to start working towards the pilot sites
- Re pilot sites – Adrian will take back to the NHSE team that there needs to be an outline, a timeline and process for the Level 2 HDU pilot sites, including re 1 or 2 fully commissioned sites versus significantly bringing standards up in a number of pilot sites across a wider geography.

AH

### 5. ODN Update

Presentation given by Jo McBride covering:

- ODN workplan 2022/2023 updated Q4
- Key elements for PCC for 2023 /2024
- PCC Self-assessments



PCC Oversight meeting 10.05.23.pp

Pressure Gauge update given by Lucy Allton:

- The pressure gauge has been updated (see version below)
- For the two tertiary centres a section has been added about staffing outside of ratios (see risk assessment below – detailing step 1 and step 2)
- If you’d like to be added to the pressure gauge distribution list, please contact [lucy.allton@mft.nhs.uk](mailto:lucy.allton@mft.nhs.uk)



NWTS											
Teams available	D	10/10	N	Extra	1	1a-d✓	None				
	Y	Y	Y								
Any issues?	1 referrals in last 24hrs; 1 transfers; 3 active cases.										
PICUs	AH		RMCH (PCC overall)			Over-all	AH	RMC H	AH	RMCH	
PIC occupied/ available beds	10*/2 bed 1 planned admission 0 emerg admissions		24/0 (12 L3; 11** HDU; 1 (LTV) Wardable)			2	3	2	1a-d✓ 2a-h	1a-d✓ 2a-h	
HDU occupied/ available beds	6**/4 bed 1 planned admission 0 emerg admissions		1 planned admission 0 emerg admissions			1		1	1a-d✓ 2a-h	1a-d✓ 2a-h	
Potential CC discharges	1 on PICU 1 on HDU		1 (1 LTV)								
Flow issues/ bed blocking?	No		Y – 1 CC (1 LTV) d/c delayed >24h								
No of LTV pts	0 HDU; 0 PICU		1								
PICU occ % Staffed	83%		100%								
Staffing Ratio Risk Assess	No		No								
Electives cancelled?	No		No								
G+A Occupancy	70%		84%						1a-d✓ 2a-h	1a-d✓ 2a-h	

Version 4 amended April 2023

**Risk assessment to safely care for Children and Young people in Critical Care when standard ratios are not possible**

This risk assessment tool is designed to be used when standard ratios for Children's Critical Care are not possible.

**Step 1:**

Tick to confirm you have considered the following alternatives -

Any ward level 0 patients receiving 1:2 care inappropriately that can be either stepped down or nursed at 1:3/4 ratio dependant on other acuity?	
Any stable Level 1 High dependency patients that could safely be cared for at a 1:3 ratio?	
Any patients in cubicles that can be placed on a main bay to aid patient cohorting?	
CSW allocated to the best use of their skills and knowledge with supervision (e.g. stable LTV)?	
NA considered to work alongside Registered Children's nurse with 2 x level 3 patients?	
Staff available from other departments under supervision to improve ratios?	
Supernumerary staff being used in numbers	

**Step 2:**

Consider the most suitable patients to not receive standard ratios and perform risk assessment below. If you answer 'Yes' to any then this patient may be unsafe to adjust ratios and alternatives should be considered. This is not an exhaustive list of interventions, nor should it replace expert clinical opinion.

Intubated patient with difficult airway	Yes/No
Patient under-sedated causing risk of accidental extubation and fails readiness for extubation assessment	Yes/No
PEEP > 8 (not equal to)	Yes/No
FIO2 consistently >0.6	Yes/No
PIP >24	Yes/No
Unstable HFOV	Yes/No
>6 months old and prone for improved Ventilation and Oxygenation	Yes/No
Short acting Vasoactive medication	Yes/No
L3 patient with high risk of bleeding requiring close monitoring	Yes/No
Fully Neuroprotected L3 patient with raised ICP	Yes/No
Continuous Haemofiltration	Yes/No
All other factors considered in relation to the most appropriate pts to adjust ratios for – including staff experience to nurse pts when adjusted ratios implemented??	

Presentation given by Helen Blakesley covering:

- ODN Website <https://northwestchildrensodnhub.nhs.uk/>
- Guidelines
- For any comments/suggestions, please contact [helen.blakesley@mft.nhs.uk](mailto:helen.blakesley@mft.nhs.uk)



Website and Guidelines .pptx

**6. Learning from a case review**

Presentation given by Lisa Pritchard:



NWTS presentation for network meeting


Points raised following presentation:

- Lot of anxiety from anaesthetists at DGHs re intubating and ventilating small infants
- Neonatal transport team do not always have a consultant available for transport – a difference in nature between NIC transport and PIC transport, as PIC transport often involves extensive stabilisation

**7. Surge plan**

Learning for 2023:

- Good support from NWTS
- Big issue re lack of beds/flow into tertiary centres for HDU level patients and/or patients requiring further investigations

	<ul style="list-style-type: none"> <li>○ NWTS currently scoping for a new conference call for patients under multiple specialities and need tertiary review (i.e. this would be those patients admitted, under local paediatrician and 2+ tertiary centre specialities, who may be nearing the point of transfer to a tertiary centre but each individual speciality does not warrant it at that time, but a fuller discussion around the patient may mean the decision to transfer is appropriate). NWTS are looking into how many patients this would apply to per trust per year, to work out capacity needed. A request for this information has gone out to region. Please respond if not already done so.</li> <li>○ ODN currently developing escalation form, incorporating the risk assessment for staffing out of ratios. This would look at patients that need a DGH bed but can't get into the tertiary centres.</li> <li>- Silver command meetings and buddy system in C&amp;M very helpful for addressing capacity issues. Meetings took place 3 times a week during peak surge or as required. CAMHS patients very challenging during winter surge; Silver command also very helpful for looking at these pressures.</li> <li>- NWTS developing guideline for paedics being looked after on adult ICU</li> <li>- Steve Playfor informed the group that at MFT there is a new governance committee for adult critical care. Steve will be linking in with this group to represent paedics and try and work through any issues.</li> <li>- Developments re virtual ward and SDEC (same day emergency care) will be helpful for surge periods</li> <li>- Alder Hey are doing a virtual ward trial with complex needs patients</li> <li>- Kim Williams will report back to this group on the virtual ward developments within the community nursing teams in C&amp;M when this is reported in July</li> </ul>	KW
8.	<p><b>NWTS Update</b></p> <p>Update from Suzy Emsden:</p> <ul style="list-style-type: none"> <li>- Recruitment process for second team now complete, but still waiting for notice periods to be completed</li> <li>- Currently able to run a second team most days</li> <li>- Collecting data for NHSE, as still hope to get Winter uplift in funding</li> <li>- Conference call system for patients under multiple specialities being scoped, as mentioned above.</li> </ul>	
9.	<p><b>Nurse Group Update</b></p> <p>Presentation given by Nicola Longden regarding Nursing sub-group and NWTS education/ outreach:</p>  <p>PCCN oversight meeting update.ppt</p>	
10.	<p><b>Updates by area – Reports by exception / Issues with equipment</b></p> <p><u>Tertiary Centres</u></p> <p>AHCH:</p> <ul style="list-style-type: none"> <li>- HDU and PICU both fairly quiet but picking up after strike</li> </ul> <p>RMCH:</p> <ul style="list-style-type: none"> <li>- Have been operating over commissioned capacity for last 2 years, this has been recognised by commissioners and a sum of money has been allocated. So will now be</li> </ul>	

able to improve staffing (nursing and medical), capacity and therefore support to region.

#### N Wales

##### Bangor:

- Unit has been moderately busy with usual mix of cases and a few interesting cases
- RSV and strep has significantly come down
- Not seen any neonatal myocarditis
- Pressures on medical rota at registrar level

#### L&SC

##### Lancaster & Barrow:

- Busy over last couple of months, but now starting to calm down
- Few difficult cases at Lancaster; CAMHS & EHW patients
- Planning for further surgical work

##### Blackpool:

- Lot of CAMHS patients needing high level of nursing care
- Lot of respiratory cases requiring enhanced care
- Few new diabetic cases in DKA
- Sad case: death of ex 22-weeker who reached age of 1
- Issues with nursing staffing, lost a lot of senior nursing staff. Most of interested applicants are students so will be newly qualified when start in Autumn
- Have adult services in isolation ward

##### Blackburn:

- Have had a virtual ward running over the winter; this has been very helpful when busy and has saved bed capacity
- Large unit, so have to take in patients rather than transfer out, so have to manage that
- AICU have been very helpful and have taken a few patients (one sadly died)
- Strike period very busy
- Have completed PCC self-assessment process; found it very useful

#### C&M

##### Southport & Ormskirk:


- Several CAMHS patients requiring a lot of support
- Sick case of meningitis transferred to AHCH PICU
- Now able to have ANP on rota

##### Whiston:

- Quite busy
- At full capacity a lot of the time, and have been supported by buddies
- Few cases of viral meningitis, infective osteomyelitis, mastoiditis
- Staffing issues, gaps in ANP rota
- Biggest burden has been CAMHS and eating disorders patients
- Kim Williams noted that there is a C&M guideline for dealing with difficult/uncooperative patients, including rapid tranquilisation

##### Wirral:

- Experiencing similar challenges with CAMHS patients
- CAMHS patients being placed on the Wirral through local authority from out of the region, so therefore seeing an increase of CAMHS patients on Wirral
- Had a refugee family in Neonatal unit who were MRSA positive with an unknown strain

	<p><b>Warrington:</b></p> <ul style="list-style-type: none"> <li>- Have been working with CAMHS response team and local authority. Once a patient medically fit and under social care, request 2 carers for patients posing a risk. This seems to be working very well.</li> </ul> <p><b>Leighton:</b></p> <ul style="list-style-type: none"> <li>- Fairly uneventful since Easter</li> <li>- Quiet over strike period</li> <li>- Equipment issues; 10ml syringes were out of stock, but ok now</li> <li>- Introducing Fabians for CPAP</li> <li>- Lost several senior nurses; recruiting newly qualified nurses</li> <li>- Had a CAMHS patient sectioned under mental health act</li> <li>- Vulnerable children and young person's wellbeing nurse has been valuable addition to team; introducing new policies and databases</li> </ul> <p><b>GM</b></p> <p><b>Wigan:</b></p> <ul style="list-style-type: none"> <li>- Not too busy</li> <li>- HDU activity has settled</li> <li>- Few transfers out by NWTS</li> <li>- Few eating disorder/CAMHS patients on ward at all times</li> <li>- Aiming to start more mental health assessments in A&amp;E, rather than them waiting on ward</li> <li>- Lot of viral type chest problems, with bad chest x-rays, requiring optiflow</li> <li>- Bought a Hamilton ventilator; will arrange training</li> <li>- Looking to start patients on optiflow in A&amp;E and transfer to ward</li> </ul> <p><b>NMGH:</b></p> <ul style="list-style-type: none"> <li>- Pressures on nursing ratios due to CAMHS patients</li> <li>- Lot of new diabetic patients, and also a few DKA patients (3 in a 24hr period, and 5 in 1 week)</li> <li>- Lot of viral type chest infections, with bad chest x-rays, requiring optiflow</li> <li>- Have a new Hamilton ventilator on the way, so will be arranging training</li> <li>- Estates work; improving resus area in paed's A&amp;E and creating a HDU cubicle on the ward</li> <li>- Currently completing PCC self-assessment</li> </ul> <p><b>Bolton:</b></p> <ul style="list-style-type: none"> <li>- Similar to most other trusts. Busy winter, reduced now in terms of activity and acuity.</li> <li>- Medical staffing a problem, over recruited nursing staff for winter as part of the winter plan. Started winter planning again.</li> <li>- Frequently require support from NWTS; thank you.</li> <li>- Similar problems with CAMHS; we have a medically fit young lady day 60+ now</li> </ul>	
11.	<p><b>Any Other Business</b></p> <p>Updated ODN Terms of Reference attached for review and comments:</p>  <p>ToR NW PCC Oversight Group - d</p>	All
12.	<p><b>Date of Next Meeting:</b>  <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></p>	

## Summary of Actions:

- CASHER Team to be asked to present at a future meeting – Lucy Allton to continue to chase or ask them to share presentation
- NWTS developing guideline currently for paedics 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
- Level 2 pilot sites – Adrian Hughes will take back to the NHSE team that there needs to be an outline, a timeline and process for the Level 2 HDU pilot sites, including the query re 1 or 2 fully commissioned sites versus significantly bringing standards up in a number of pilot sites across a wider geography
- Kim Williams will report back to this group on the virtual ward developments within the community nursing teams in C&M when this is reported in July

## APPENDIX 1

### Attendees:

#### ODN

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
Joanna McBride	Network Director	NW PCC, SiC & LTV ODN
Lucy Allton	Lead Nurse	NW PCC & SiC ODN
Helen Blakesley	Network Manager	NW PCC, SiC & LTV ODN
Elaine O'Brien	Lead Nurse	NW LTV ODN
Louise King	ODN Management Support Officer	NW PCC, SiC & LTV ODN

#### Regional

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
Abigail Pepperman	Paediatric Consultant and Critical Care Lead	Glan Clwyd Hospital
Adrian Hughes	Deputy Medical Director	Alder Hey Children's Hospital
Andy Butler	Matron	Royal Bolton
Angela Mason	ED Nurse	Blackpool
Annette Cooper	Paediatric lead for Anaesthesia	Wirral University Teaching Hospital
Archana Prasad	Consultant	Whiston
Ashlea Norton	Consultant Paediatrician, PHDU lead	North Manchester General Hospital
Charlotte Bennett	Lead Nurse Paediatrics	Oldham
Charlotte Nixon	Nurse	Leighton
Christopher Walker	Acting lead nurse & advanced nurse practitioner	NWTS
Clare Stafford	Children's Ward Manager	Blackpool Teaching Hospital
Helen Campbell	Assistant DoN	Blackburn
Helen Coutts	Consultant Paediatrician	ELHT
Isabel Wardach	Clinician - leading on HDU critical care	Warrington Hospital
Jemima Sharp	Paediatric Consultant and Clinical Lead	Wythenshawe
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
Kelly Curtis	Directorate Manager	Stockport
Kene Maduemem	Paediatric ED Consultant	Blackpool Teaching Hospital
Kim Williams		Southport & Ormskirk
Kylie Reid	CYP Education Lead	MBHT
Laura Norton	Matron	MBHT
Laura James	Assistant CBU Manager	Warrington
Lekha Sridhar	Consultant in Paediatric HDU	Alder Hey Children's Hospital
Lewis Stott	Directorate Manager	ELHT
Lisa Pritchard	PICU consultant	NWTS/Stoke
Lucy Smeatham	Commissioner	NHSE (NW)
Manohar Joishy	Paediatrician	Bangor
Nicola Longden	Clinical Nurse Specialist	NWTS
Pete Murphy	Anaesthetist	Alder Hey Children's Hospital
Philippa Hamblett	Paediatric Matron	Stepping Hill
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
Ricky Barber	Ward Manager	Oldham
Samar Sen	Clinical Lead for Paediatrics	Furness
Sarah Hough	Paediatric Consultant	Wigan Hospital
Sarah Salka	Nurse Education link	Southport & Ormskirk
Sharon Jackson	Nurse Education link	Leighton
Simon Dowson	Network Lead	Cheshire and Mersey Paediatric Network
Stephanie Holmes	Nurse Education link	Blackpool Teaching Hospital
Stephen Playfor	Clinical Director, Paed Crit Care	Royal Manchester Children's Hospital
Suzanne Southward	Consultant	Leighton
Suzy Emsden	Paediatric Intensivist & NWTS Lead Consultant	NWTS
Tabitha Bowker	Locum Consultant Paediatrician	Countess of Chester Hospital
Victoria Nesbitt	Clinician - Paediatric CD	Southport & Ormskirk
Wendy Sutton	Matron	Leighton

**Apologies:**

Jon McViety, Ben Lakin, Georgina Haddock, Jill Tomlinson, Atul Tiwari, Karen Wilson, Jo Connolly, Jo Morgan, Rachel Stoeter, Bron Robinson, Phil Rigby, Laura Armitstead