








Minutes  
**North West & North Wales Paediatric Critical Care ODN Oversight Meeting**  
**Wednesday 8<sup>th</sup> November 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><b>Summary of actions from last meeting:</b></p> <ul style="list-style-type: none"> <li>• 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</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 report is ready.</li> <li>• With regards to winter preparation, Phil Rigby explained that any thoughts from the group, including analysis/trends, would be very welcome. Please send to <a href="mailto:phil.rigby@england.nhs.uk">phil.rigby@england.nhs.uk</a></li> <li>• Care of Child on Adult / General ICU - Updated draft of guideline to be shared following meeting for any further comments, and then the guideline will go through final ratification – Progressing; will be circulated once ratified</li> <li>• Wirral noted that it would be useful to know when the SiPAP support ends. Jo McBride will confirm this - Complete</li> <li>• Jo McBride requested that any ENT SOPs are sent to <a href="mailto:louise.king@mft.nhs.uk">louise.king@mft.nhs.uk</a></li> </ul>	<p>AN</p> <p>KW</p> <p>All</p>
3.	<p><b>Conflict Management Champions</b></p> <p>Presentation given by Stephen Playfor:</p> <div style="text-align: center;">  <p>Conflict Management Champi</p> </div> <p>Link to webpage:  <a href="https://www.e-lfh.org.uk/programmes/recognising-%20and-managing-conflict-between-childrens-families-%20and-healthcare-providers/">https://www.e-lfh.org.uk/programmes/recognising-%20and-managing-conflict-between-childrens-families-%20and-healthcare-providers/</a></p> <p>Comments:</p> <ul style="list-style-type: none"> <li>- Potential to save money and bed days.</li> <li>- Martha’s rule will be challenging to implement, but this training will hopefully reduce the amount it is enacted.</li> <li>- For any queries, please contact <a href="mailto:Stephen.Playfor@mft.nhs.uk">Stephen.Playfor@mft.nhs.uk</a></li> </ul>	

4.	<p><b>National Update (from October 2023 Meeting)</b></p> <ul style="list-style-type: none"> <li>- Impact of Industrial action</li> <li>- Increase in PCC pressures</li> <li>- Prediction of ‘normal’ winter from UKHSA</li> <li>- Discussion around palliative care on PCC - paper to be forwarded to group</li> <li>- Martha’s rule – escalation and outreach</li> <li>- PEWS – imminent</li> <li>- Supply chain issues with methylphenidate</li> <li>- L2 PCC service spec – imminent for review – will send out link</li> <li>- Transport service spec – stakeholder review imminent</li> </ul>	
5.	<p><b>Update re: SDF Level 2 monies</b></p> <p>Update given by Phil Rigby:</p> <ul style="list-style-type: none"> <li>- Developing best possible proposals for the use of the service delivery funding; now coming to the end of this process</li> <li>- ODN has put together several proposals, including the L1 &amp; L2 activity audit</li> <li>- The audit will be taking place across the North West over December 2023-March 2024</li> <li>- There is no level 2 PCC currently formally commissioned outside of the tertiary centres within the North West</li> <li>- Agreement made last week to begin the engagement process. This will cover service users and staff.</li> <li>- Long list of options to be developed for next July</li> <li>- Consideration to where level 2 centres will be best placed, to improve capacity and flow</li> <li>- Workforce task and finish groups have now been established</li> </ul>	
6.	<p><b>PCC Level 1 &amp; 2 Activity Audit</b></p> <p>Presentation given by Lucy Allton:</p>  <p>PCC L1 &amp; L2 data audit presentation.ppt</p> <p>(please note, the presentation refers to the process in Yorkshire &amp; Humber, the process in the North West is still to be confirmed)</p> <p>Audit tool:</p>  <p>NW PCC Data Audit - Data Collection Fo</p> <p>Comments from group:</p> <ul style="list-style-type: none"> <li>- It was queried if the audit would apply to a very sick patient who has multisystem issues but doesn’t tick any of the boxes? The answer was no, the audit is based entirely on the PCCMDS dataset. It would be expected for any very sick child to be receiving at least one of those interventions (they are intended to define PCC levels 1 and 2).</li> <li>- The audit is per patient rather than per unit per day. So, it quantifies both patient numbers and bed days.</li> <li>- Staffing was mentioned, and Lucy explained that this is being considered as a separate audit to be carried out</li> </ul>	

	<ul style="list-style-type: none"> <li>- In the plans for the service development monies, it is intended that there will be money allocated to the units to support clinical staff for the completing of the audit. The details of this are still to be confirmed.</li> <li>- Lucy noted that the ODN are happy to join any upcoming ward meetings etc to update units about the audit</li> </ul>									
7.	<p><b>ODN Update</b></p> <p>Presentation given by Lucy Allton and Helen Blakesley:</p>  <p>PCC Oversight Meeting 8 Nov 23.pj</p>									
8.	<p><b>Guidelines</b></p> <p>Ratified:</p> <ul style="list-style-type: none"> <li>- Intraosseous needle insertion</li> </ul> <p>Mid ratification process:</p> <ul style="list-style-type: none"> <li>- Care of a critically ill child / young person under 16 years outside of the paediatric critical care level 3 environment in extreme and exceptional circumstances</li> <li>- Upper airway obstruction</li> </ul> <p>Starting ratification process:</p> <ul style="list-style-type: none"> <li>- Paediatric Arterial Ischaemic Stroke <ul style="list-style-type: none"> <li>• Deadline for comments has now passed, but any additional comments can be sent to <a href="mailto:louise.king@mft.nhs.uk">louise.king@mft.nhs.uk</a> by 10<sup>th</sup> November 2023.</li> </ul> </li> </ul>									
9.	<p><b>Surge plan</b></p> <p>Updates made to surge plan:</p> <ul style="list-style-type: none"> <li>- Removed reference to RSV surge</li> <li>- More succinct</li> <li>- Focus on process of surge rather than number of beds</li> <li>- New National OPEL</li> <li>- Updated regional OPEL</li> </ul> <p>National OPEL levels:</p> <table border="1"> <thead> <tr> <th>OPEL</th> <th>Trigger</th> <th>In hours actions</th> <th>Out of hours actions</th> </tr> </thead> <tbody> <tr> <td>1</td> <td> <p>The service is able to meet all paediatric critical care capacity requirements without impact on other services. This includes level 1 care at DGH.</p> <p>The system is working within PIC Baseline Bed Capacity.</p> </td> <td> <ul style="list-style-type: none"> <li>- Ongoing monitoring of PIC capacity via the DoS system.</li> <li>- Prior to anticipated pressure, review triggers and actions, reissue escalation plans.</li> <li>- PICU teams to complete the DoS twice a day.</li> <li>- Transport teams to complete the DoS twice a day.</li> <li>- ODN/Systems weekly call-in place.</li> <li>- PCCU Sitreps to be sent to ODN Lead daily.</li> <li>- Trusts to discuss the management of bed capacity considering wider ODN/regional bed availability.</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>- Ongoing monitoring of capacity via DoS.</li> <li>- Transport and PICU teams to complete DoS twice daily.</li> </ul> </td> </tr> </tbody> </table> 	OPEL	Trigger	In hours actions	Out of hours actions	1	<p>The service is able to meet all paediatric critical care capacity requirements without impact on other services. This includes level 1 care at DGH.</p> <p>The system is working within PIC Baseline Bed Capacity.</p>	<ul style="list-style-type: none"> <li>- Ongoing monitoring of PIC capacity via the DoS system.</li> <li>- Prior to anticipated pressure, review triggers and actions, reissue escalation plans.</li> <li>- PICU teams to complete the DoS twice a day.</li> <li>- Transport teams to complete the DoS twice a day.</li> <li>- ODN/Systems weekly call-in place.</li> <li>- PCCU Sitreps to be sent to ODN Lead daily.</li> <li>- Trusts to discuss the management of bed capacity considering wider ODN/regional bed availability.</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing monitoring of capacity via DoS.</li> <li>- Transport and PICU teams to complete DoS twice daily.</li> </ul>	
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2	The PICU bed capacity across the region is becoming limited. It is unable to admit patients within 6 hours unless surge beds are opened.	<ul style="list-style-type: none"> <li>PICU to report concerns to ODN Lead.</li> <li>Update status on DoS and review of daily SITREP.</li> <li>Maximise repatriation and transfers.</li> <li>Maximise utilisation of local paediatric capacity.</li> <li>Matron to matron discussions within each unit regarding the appropriate moving and utilisation of nursing staff to support admissions.</li> <li>Internal Trust discussions regarding bed status and escalation of local policy maximising repatriations and ward discharges.</li> <li>Trusts to activate escalation plans .</li> <li>ODN Lead to work with DGHs to manage PCC level 1 and 2 patients and to facilitate step-down level 2 patients from level 3 units.</li> <li>Liaise with Neonatal ODN around mutual aid for term babies if clinically appropriate.</li> <li>Review of paediatric elective surgery.</li> <li>Carry out a risk assessment of existing PIC patients and consider change in staff ratios in accordance with guidance.</li> <li>Where applicable, the co-ordination of referral pathways via transport teams to ensure an equal distribution of admissions to PICU sites to support mutual aid in terms of workload, surge bed utilisation and resources.</li> <li>ODN Lead to inform the system and confirm capacity in other PCCU's in Region via DoS/Sitrep or ODN Group Call.</li> </ul>	<ul style="list-style-type: none"> <li>PCC consultants confirm level of escalation.</li> <li>Update DoS.</li> <li>Trigger Trust Escalation procedures as appropriate and review of elective admissions for next 24-hour period.</li> <li>Carry out risk assessment of existing PIC Patients and consider change in staff ratios in accordance with PICS guidance.</li> <li>Inform ODN Lead to inform of escalation and actions taken.</li> <li>Update EPRR system.</li> </ul> 

Opel	Trigger	In hours actions	Out of hours actions
3	Actions at OPEL 2 have failed to deliver the required PIC Surge Capacity. Capacity across the region and staff ratios are at maximum capacity – PICU are unable to accept new referrals within 6 hours.	<ul style="list-style-type: none"> <li>Ensure DoS updated with RAG status.</li> <li>Ensure all actions in OPEL TWO have been undertaken.</li> <li>Trusts to be informed that escalation to OPEL THREE has happened and they should ensure internal actions have been completed (e.g. a review of elective surgery and resource allocation).</li> <li>Trusts to maximise repatriations and ward discharges.</li> <li>ODN Lead to work with DGHs to manage PCC level 1 and 2 patients and to facilitate the step-down of level 2 patients from level 3 units.</li> <li>Liaise with Neonatal ODN around mutual aid for term babies if clinically appropriate.</li> <li>Activate supra-regional mutual aid support with ODN leads/ Transport and PICU teams.</li> <li>Transport teams to inform NHSE Regional Team and complete capacity monitoring report if requested.</li> <li>Participation in regional/national surge calls.</li> </ul>	<ul style="list-style-type: none"> <li>Transport teams to contact NHSE on call team and inform them of status.</li> <li>Ensure DoS updated.</li> <li>Relevant participation in regional/national surge calls.</li> <li>Trigger Trust Escalation procedures as appropriate.</li> <li>ODN Lead to be informed of agreed actions taken.</li> </ul> 

Opel	Trigger	In hours actions	Out of hours actions
4	Actions at OPEL 3 failed to deliver the required capacity. PICU Surge Capacity across the region and supra-region is at maximum capacity and PICU are unable to accept new referrals within 6 hours.	<ul style="list-style-type: none"> <li>Discuss concerns with ODN Lead.</li> <li>Ensure DoS updated with RAG status.</li> <li>Ensure all actions in OPEL THREE have been undertaken and ongoing work to maximise discharge, step down and repatriation to create capacity.</li> <li>Trusts to be informed that escalation to OPEL FOUR has happened and they should ensure all internal actions are completed.</li> <li>ODN to communicate regularly as required with regional and national teams on status position including Regional Medical Director and liaise with EPRR strategic command structure when activated and Trust Command and Control Groups.</li> <li>Participation in regional/national surge calls.</li> </ul>	<ul style="list-style-type: none"> <li>Transport teams to contact NHSE on call team and inform them of status.</li> <li>Ensure DoS updated.</li> <li>Relevant participation in regional/national surge calls.</li> <li>Trigger Trust Escalation procedures as appropriate.</li> <li>ODN Lead to be informed of agreed actions taken.</li> </ul>

The above National OPEL levels are included within the surge plan.



Regional escalation tool:

## Regional OPEL

Current regional pressure gauge

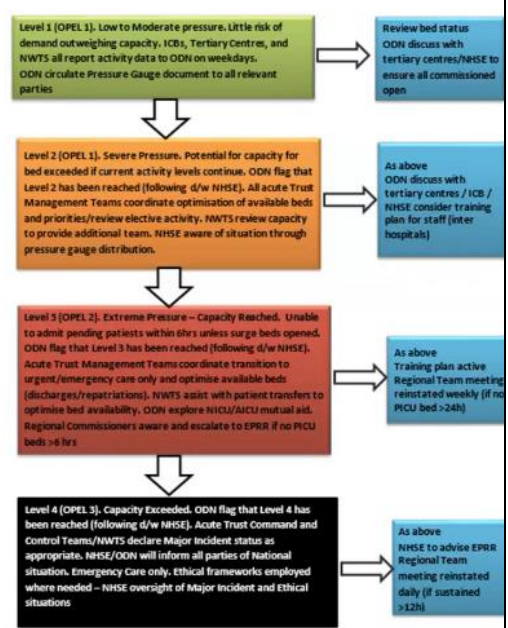
- Green - 4 beds plus
- Amber - 2-3 beds
- Red - 0-1 beds
- Black - negative beds

Suggested regional pressure gauge

- Green - 4 plus beds
- Amber - 1-3 beds
- Red - 0 beds
- Black - negative beds



Overview of Actions at each Operational Pressure Level



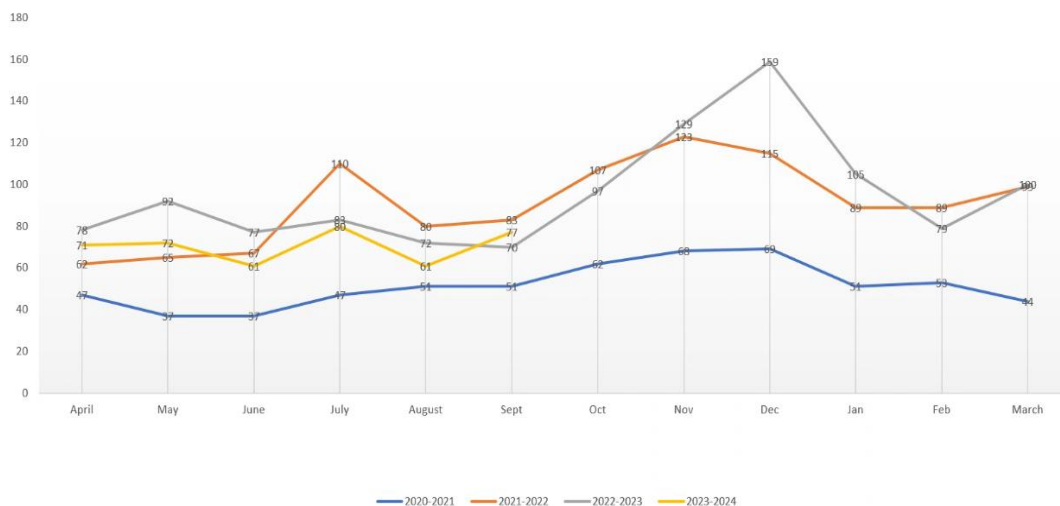
### Regional surge meetings:

- Weekly v increased demand - It has been agreed that going forward, rather than regularly scheduled meetings, meetings will be held when escalation is needed
- Arranged via NW PCC Surge WhatsApp group
- Teams invite sent to regional surge distribution list
- Ensure regional contacts up to date
  - Remove outdated contacts
  - Add new contacts
  - Send to [louise.king@mft.nhs.uk](mailto:louise.king@mft.nhs.uk)

## 10. NWTs Update

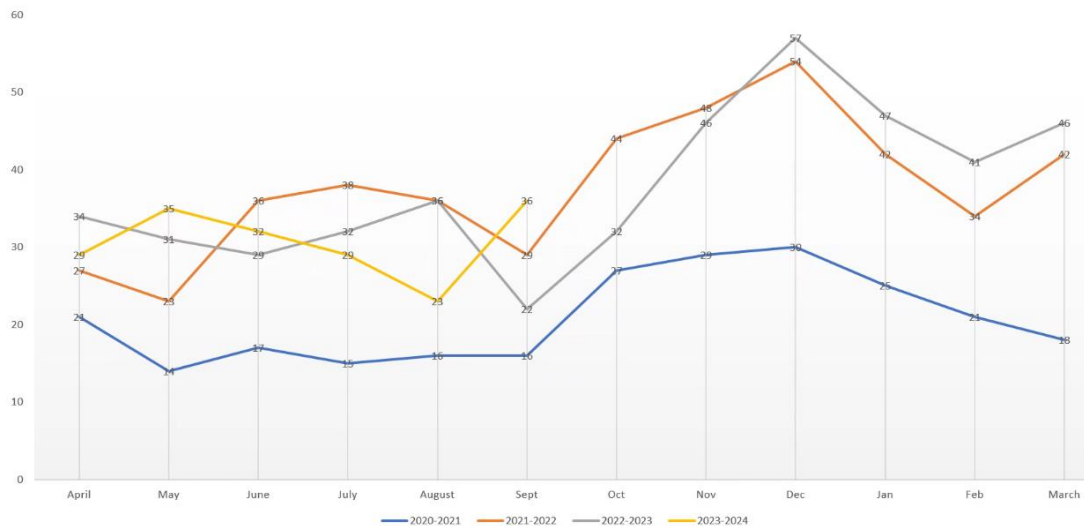
Update from Chris Walker:

Referral calls received -



Data is suggestive of a 'normal' winter this year as the chart is showing a similar pattern to previous years pre-covid.

Team mobilised/retrieval -



Team arrangements -

**Day Team**

0730-2000h  
 Consultant, Nurse, Reg/AP/CF, Driver,  
 Bespoke Ambulance



**10-10.30 Team**

1000h-2230h  
 Consultant, Nurse, Reg/AP/CF, Driver,  
 Bespoke Ambulance



**Surge Team Nov - March**

1000h – 2230h  
 Nurse, Reg/AP/CF, Driver  
 Ambulance



**Night Team**

1930-0800h  
 Consultant, Nurse, Reg/AP/CF, Driver,  
 Bespoke Ambulance



- 3 acute teams (day, staggered day and night), plus surge team (which is reliant on locums/NHSP so may be variable)
- Compared to last winter, consultant staffing in a much better position
- Middle-grade staffing ok over the winter
- Strong and flexible nursing team
- Additional ambulance for surge team
- The level 2 work is new to NWTs, so it is an unknown as yet what the level of demand will be

11. **Nurse & AHP Group Update**

Updated given by Lucy Allton:

- Last meeting held 10<sup>th</sup> October; good meeting and well attended
- In the process of reviewing the Terms of Reference for the group, and the chairing arrangements

	<ul style="list-style-type: none"> <li>- Group is to be co-chaired by NWTS and the ODN, plus a representative from each ICB; currently going through the nominations</li> <li>- Dates set for education days next year. There will be an introduction to critical care day and an advanced critical care day like last year, plus are looking at running an additional advanced day that will have a specific topic</li> <li>- Region getting busier and acuity increasing</li> <li>- Lots of wheeze patients and CAMHS</li> <li>- Some NAI's</li> <li>- One unit with a lot of deaths in A&amp;E over short period of time; challenging situations</li> <li>- Lot of staff sickness; mixture of reasons including covid</li> <li>- Some units recently recruited a lot of newly qualified staff; impact on skill mix</li> <li>- Some units having difficulties with getting ambulances to move children</li> <li>- NHSE data showing that RSV season has come 3 weeks early</li> </ul>	
12.	<p><b>Updates by area – Reports by exception / Issues with equipment</b></p> <p><u>Tertiary Centres</u>  RMCH:</p> <ul style="list-style-type: none"> <li>- No update</li> </ul> <p>AHCH:</p> <ul style="list-style-type: none"> <li>- Quiet over summer, but busy again now</li> </ul> <p><u>N Wales, IOM</u>  Glan Clwyd:</p> <ul style="list-style-type: none"> <li>- Seeing RSV surge over last couple of weeks</li> <li>- Lot of wheezy children, and RSV causing more trouble in the older children than usual, resulting in longer stays</li> <li>- Staffing ok</li> </ul> <p><u>L&amp;SC</u>  UHMB:</p> <ul style="list-style-type: none"> <li>- Quiet over summer</li> <li>- Seeing lot of RSV across both sites</li> <li>- Lot of patients with emotional health needs on wards at both sites</li> <li>- Staffing ok</li> <li>- John Hoban is new ward manager at Lancaster</li> </ul> <p>ELHT:</p> <ul style="list-style-type: none"> <li>- Have seen increase in acuity over last few weeks</li> <li>- Received two of the new Hamilton ventilators. Have had the trainer in, and have identified that they can't do trigger BiPAP for patients under 10kgs. Had been hoping that these ventilators would have been able to replace the outdated SiPAP machines. This issue will be discussed further under Any Other Business.</li> <li>- Seeing increase in complexity of CAMHS patients and the need for the use of dolls</li> <li>- Seeing a rise in request for second opinions</li> <li>- Have changed across to electronic prescribing. Helen queried about whether Crash Net is to be updated. <ul style="list-style-type: none"> <li>o Jon explained that Crash Net can't be updated at present in its current form. Need to look to alternative solution. Drug infusions to go from weight-based calculations to fixed concentration drug infusions. A big piece of work is to be done. The ODN is looking to procure some dedicated pharmacy time. Issue is currently on risk register.</li> <li>o Chris explained that the issues with Crash Net and also Nationally with medical drugs calculators relating to MHRA compliance are also on NWTS' radar. Southampton have done some significant work on drug calculators,</li> </ul> </li> </ul>	

and a lot of work needs to go into it to make it compliant. The National acute transport group are looking to make this a National piece of work. NWTS are holding off at present changing drug infusions, as there would be a risk because of the variations of how these are delivered across the region. A significant piece of work will need to go into making this change.

- Jon explained that at Bolton at present, prescribing is electronic, but infusions are still done on paper.
- NWTS prescribe their own infusions and medications on their charts
- Chris stated that once some work has been done regarding these issues, a regional meeting can be held for a wider discussion

Update from Vicky Webster:

- Have got busier 3 weeks earlier than usual (which fits in with RSV surge)
- Are seeing differing needs for the emotional health and wellbeing patients

#### C&M

Update from Kim Williams:

- Seeing a lot of patients with RSV, many with high acuity, including older children
- Loss of 10 cubicles from Whiston is having an impact. More patients being transferred across the patch. Seeing delays with ambulance transfers.
- High occupancy. Ormskirk regularly surging 5 extra beds.
- More level 1 patients in DGHs
- Have had an alert around measles

Wirral:

- Since September are seeing lots of mycoplasma, resulting in sick children with long stays

Whiston:

- Due to reconfiguration have lost 10 cubicles from Whiston
- Transferring out patients to nearby buddy hospitals
- Trust looking into increasing opening hours of observation ward to 24/7

#### GM

Bolton:

- Very busy, seeing large volumes of patients
- Capacity and staffing issues
- Elective work being cancelled
- Seeing a lot of RSV

Tameside:

- Lot of respiratory/RSV
- Have set up virtual ward with community nursing team; running well so far

Wigan:

- Busy, lot of RSV
- Have had a lot of the complex patients in with respiratory and bacterial issues, many needing optiflow
- Have just got 2 Hamilton T1's, and one Hamilton C3 for A&E (although roll out delayed whilst cleaning regime confirmed)

Oldham:

- Seeing high volume of patients, although acuity has not been too high
- Have had to use escalation beds and also assessment ward to keep patients on
- Not many transfers out
- Use virtual ward and find it useful for getting respiratory patients out



	<p>Stockport:</p> <ul style="list-style-type: none"> <li>- Increase in RSV, co-horting patients in bays</li> <li>- Have had a few high acuity patients</li> <li>- Rolled out virtual ward about a year ago, and has been successful</li> </ul>	
13.	<p><b>Any Other Business</b></p> <p>PEWS:</p> <ul style="list-style-type: none"> <li>- National PEWS Launch of a Systemwide Paediatric Observation Tracking (SPOT) process – Delayed</li> <li>- Can look to invite someone from National PEWS team to attend next meeting</li> </ul> <p>Hamilton C3 Ventilators – Feedback on Trial:</p> <ul style="list-style-type: none"> <li>- The ODN have purchased 15 Hamilton C3 ventilators which are currently being trialled across the region by various units</li> <li>- Following feedback, it appears that the ventilators ordered do not deliver what was anticipated i.e. they can't do trigger BiPaP for patients under 10kgs</li> <li>- Email to go out to the region regarding halting the rollout</li> <li>- The ODN will arrange to meet with Hamilton to discuss the issue</li> </ul>	<p><b>HB</b></p> <p><b>JM/HB</b></p>
14.	<p><b>Date of Next Meeting:</b></p> <ul style="list-style-type: none"> <li>- 14<sup>th</sup> February 2024, 10am-12pm, Via MS Teams</li> </ul>	

Summary of Actions:

- 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
- Kim Williams will report back to this group on the virtual ward developments within the community nursing teams in C&M when this report is ready.
- Jo McBride requested that any ENT SOPs are sent to [louise.king@mft.nhs.uk](mailto:louise.king@mft.nhs.uk)
- PEWS - invite someone from National PEWS team to attend next meeting – Helen Blakesley
- Hamilton C3 Ventilators – Following feedback, it appears that the ventilators ordered do not deliver what was anticipated i.e. they can't do trigger BiPaP for patients under 10kgs. Email to go out to the region regarding halting the rollout. The ODN will arrange to meet with Hamilton to discuss the issue.

## APPENDIX 1

### Attendees:

#### ODN

Name	Job Title	Organisation
Joanna McBride	Network Director	NW PCC, SiC & LTV ODN
Ben Lakin	Joint Clinical Lead	NW PCC ODN / AHCH
Jon McViety	Joint Clinical Lead	NW PCC ODN / AHCH
Lucy Allton	Lead Nurse	NW PCC & SiC ODN
Helen Blakesley	Network Manager	NW PCC, SiC & LTV ODN
Janice Fauset-Jones	Lead Nurse	NW LTV ODN
Fran Campion	Lead Nurse	NW SiC ODN
Anna Parry	Nurse Educator	NW PCC, SiC & LTV ODN
Louise King	ODN Management Support Officer	NW PCC, SiC & LTV ODN

#### Regional

Name	Job Title	Organisation
Abigail Pepperman		BCUHB
Adrian Hughes	Clinical Lead	Women's & Children's Programme
Amica Davey	Nurse	NWTS
Andrew Loughlin	APNP	Wirral
Angela McDonald	Associate Director of Nursing	Wirral
Annabel Simmonds	Matron	Wythenshawe
Archana Prasad	Consultant	Whiston
Bron Robinson	Matron	Alder Hey
Charlotte Nixon	Practice Educator	Leighton
Chin Kien Eyton-Chong	Consultant	Alder Hey
Christopher Walker	Lead Nurse	NWTS
Claudia Spalding		ELHT
Corinne Roe		Warrington
Cordelia Lieb-Corkish		
Elaine Kenyon	ACP HDU	Alder Hey
Elaine O'Brien	Nurse Consultant	Alder Hey
Emily Thomas	Ward Manager	Wirral
Emma Hogg		Wirral
Helen Campbell	Assistant DoN	Blackburn
Helen Coutts	Consultant Paeditrician	ELHT
Helen Purves	Clinical Lead	Tameside
Isabel Wardach	Consultant	Warrington
Janette Platt		
Jennifer Kelly	Paediatric Practice Educator	Oldham
John Hoban	Ward Manager	Lancaster
John Horley	ACP Paediatrics	Wigan Hospital
Katie Ceraldi	Ward Manager	ELHT
Kerry Little		
Kim Williams		Southport & Ormskirk
Laura Armitstead	Associate Director	MFT

Lauren Edwards		Wirral
Lisa Pritchard	NWTS Consultant	NWTS
Marie Bailey		ELHT
Michael Perkin	Consultant Paediatrician	Oldham
Michelle Lee-Jones		Wirral
Phil Rigby	W&Cs Service Specialist	NW NHSE
Philippa Hamblett		
Ruth Whitehouse	Ward Manager	Stockport
Samar Sen	Clinical Lead for Paediatrics	Furness
Sarah Ashworth		
Sharon Jackson		Leighton
Stephen Playfor	PICU Consultant	RMCH
Vicki Simmonds		
Vicky Webster		NHS Lancashire & South Cumbria ICB

**Apologies:**

Suzanne Southward, Claire Finley, Michael Marsden, Jo Morgan, Georgina Haddock, Kerry Taylor, Jill Tomlinson, Kelly Bennett, Manohar Joishy, Jo Connolly, Linda Thompson, Karen Wilson, Adam Brown, Laura Norton, Ashlea Norton