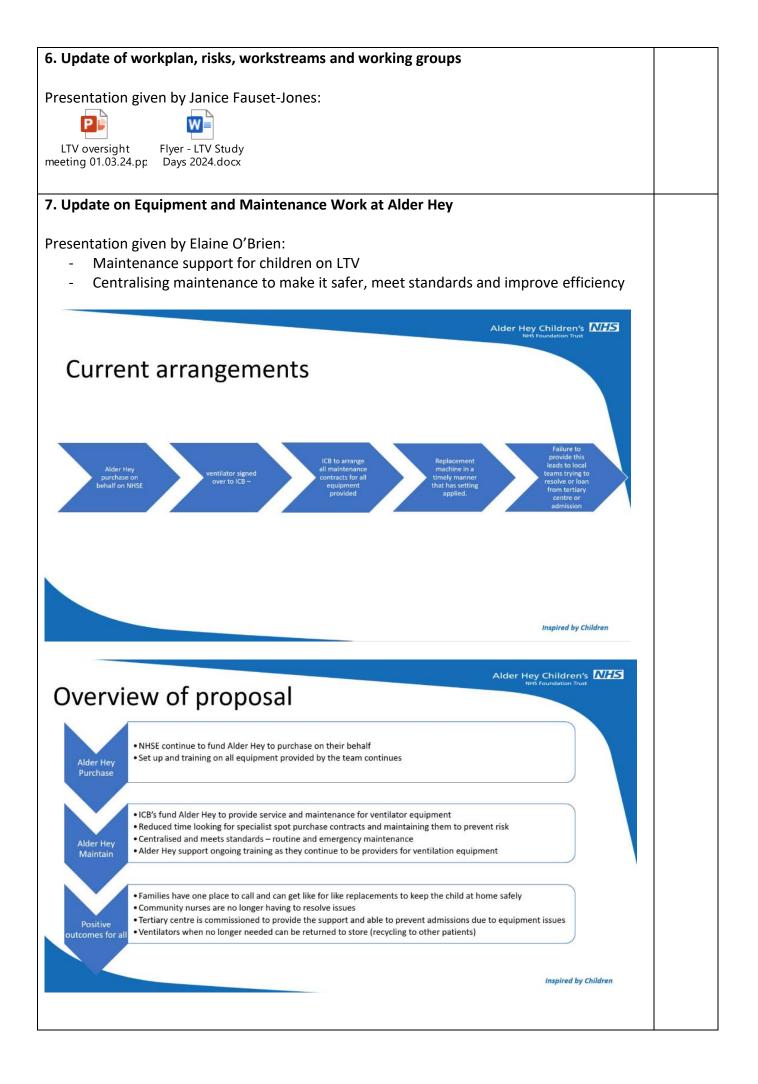


North West ODN Oversight Group for Paediatric Long Term Ventilation

1st March 2024 13:00-15:00 Via MS Teams

MINUTES

Item	Actions
1. Welcome and Introductions	
Joanna McBride welcomed attendees to the meeting.	
For attendance and apologies, pleased see appendix 1.	
2. Minutes of last meeting	
Previous minutes shared for information and agreed.	
3. Actions from last meeting	
 Midlands LTV Quality Standards - Please send any comments to 	
louise.king@mft.nhs.uk by 16 th February - No additional comments received	
WellChild new resources:	
 Links will be added to the ODN's website - Complete 	
 Catherine stated that she will contact Janice regarding promoting these 	
opportunities to parents – Complete	
4. CYP Conflict Management Champions	
Item deferred to next meeting.	
Link to Conflict Management webpage:	
https://www.e-lfh.org.uk/programmes/recognising-%20and-managing-conflict-between-	
childrens-families-%20and-healthcare-providers/	
5. Review of patient numbers	
Presentation from Stuart Wilkinson regarding RMCH patient numbers:	
Oversight LTV	
meeting - Stuart Wil	
Presentation from Elaine O'Brien regarding Alder Hey patient numbers:	
Long Term Ventilation - Patient	



Inspired by Children

IMPACT

+Standard approach across the region- Clear pathways that are equitable and not dependent on postcode.

+Efficient utilisation of equipment

+Reduced responsibility and pressures on families and community teams

+Timely access to life support/sustaining equipment, greatly improving safety.

+/- possibly a difference in cost for the enhanced service. This will depend on what contracts are currently held.

Comments:

- Concerns that community teams not aware that they are responsible for ventilators once patients out in the community.
- Are there plans that this could eventually be a regional service? At present this would be difficult as Manchester and Alder Hey use different ventilators. Also, data protection would be an issue as patient prescriptions would need to be shared. A regional service could be an aim for the future.

8. Service Development Money

Update given by Jo McBride re: Women's and Children's Transformation Programme:

- Have recently commenced engagement phase.
- Face-to-face event held 13th February and virtual event held 29th February.
- Both events had similar format. Went through case for change, data work around modelling, assumptions of how services currently work. Then attendees were split up into their areas of interest; cancer, PCC, neonatal, and surgery in children. Although there is not an LTV stream, LTV strongly links in with PCC.
- Report from both sessions will be shared when ready.
- The programme includes fixed points, meaning that the tertiary centres will not be moved, and there will be considerations to geography.
- Engagement with service users is also going to be key to the process.
- Will go into design phase after engagement. Will look at what the critical success factors look like.
- It is a large programme with a 10 year expectancy.
- If there is anyone who is interested in getting involved in this work, please contact Joanna.mcbride@mft.nhs.uk.
- Updates on the work will be shared with this group.

9. National update

Update given by Janice Fauset-Jones:

- Infections Measles /flu / RSV
 - o flu / RSV stable

 Link to RCPCH webinar on Measles: <u>*NEW* RCPCH Webinar: Measles – an</u> 	
update (28/02/2024) – RCPCH Learning	
- RSV vaccine - aiming for June 2024 - awaiting confirmation of delivery programme	
- Martha's rule / law - 3 key points:	
https://www.england.nhs.uk/long-read/implementation-of-first-phase-of-marthas-	
<u>rule/</u>	
1. All staff in NHS trusts must have 24/7 access to a rapid review from a critical	
care outreach team, which they can contact should they have concerns about	
a patient.	
2. All patients, their families, carers and advocates must also have access to the	
same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital and more widely if	
they are worried about the patient's condition.	
3. The NHS must implement a structured approach to obtain information	
relating to a patient's condition directly from patients and their families at	
least daily. In the first instance, this will cover all inpatients in acute and	
specialist trusts. Eol pilot providers (100 sites)	
 Digital child record – new system 	
 proxy access (for parents / carers for CYP records) – in development 	
- Service Specifications:	
 Transport – many comments – being reviewed (65 responses received) 	
 Level 2 – new lead 	
- Working groups	
 GIRFT benchmark/ workforce / LTV / DoS / clinical pathways / transport / L1 	
& L2 education	
National LTV Meeting Feedback:	
- Please see slides at item 6.	
10. Updates – Local teams and linked networks – By exception	
Countess of Chester:	
- Fairly quiet	
 NIV patients doing well, no concerns 	
Wirral continuing care:	
Wirral continuing care:	
- Quiet, no concerns	
Burnley:	
 Physiotherapy colleagues have been very supportive with a number of trachy 	
patients who have been struggling with viral illnesses predominantly. Have had a few	
attendances and admissions.	
- Team support families out in the community to try and keep patients at home.	
Training:	
- Arrowe Park – Alder Hey colleagues planning to give training to support with keeping	

- patients locally. Grand round planned for 6th June.
 Barrow Alder Hey will be providing ventilation training
- Hospices Flo Bergquist and Gemma Williams have recently been to Brian House to provide training. Have training coming up with Zoe's Place and Claire House.

L1. An	y other business
Patien	t and public voice:
-	The ODN would be very grateful if this PPV poster could be printed off and displayed in patient areas. The Womens and Childrens Programme are keen to get engagement from service users through the ODN.
	PPV Poster - 02 11 2023.pdf
Staffin	g crisis:
-	There is a risk that some hospice respite stays may need to be cancelled in future due to lack of staff.
-	There are struggles with recruitment and retention of staff for care packages. This is a National issue.
-	Package staff in some areas are banded as a 3 and in other areas as a 4. In Chester staff are on a band 4 and retention is generally much better.
-	Exit interviews as to why staff are leaving can be very helpful.
-	The nights can be very hard for care staff due to loneliness etc.
-	Some of the private agencies are offering cash incentives, and are also including a picture of the child (with parent's permission) in adverts.
12. Ne	xt meeting
/" Jun	e 2024 13:00-15:00 - Teams

Appendix 1 – Attendance & Apologies:

Attendees:

Network Joanna McBride, Network Director, NW PCC/SIC/LTV ODN's Stuart Wilkinson, Co-Clinical Lead, NW LTV ODN Janice Fauset-Jones, Lead Nurse, NW LTV ODN Helen Blakesley, Network Manager, NW PCC/SIC/LTV ODN's Anna Parry, Nurse Educator, NW PCC/SIC/LTV ODN's Louise King, ODN Management Support Officer, NW PCC/SIC/LTV ODN's Alison O'Leary, WellChild LTV Nurse Specialist, Alder Hey Amiee Wilde, Bolton

Amiee Wilde, Bolton Anna Oddy, Complex and Palliative Specialist Nurse, Heywood, Middleton and Rochdale Community Team Anna Sibley, Consultant Paediatrician, ELHT Catherine Davies, WellChild Family Engagement Manager Elaine O'Brien, LTV Nurse Consultant, Alder Hey Elizabeth Tahsin, LTV Specialist Nurse, RMCH Emma Anderton, LTV Discharge Coordinator, RMCH Florence Bergquist, Wellchild Parent Educator Nurse Specialist, Alder Hey Gemma Williams, LTV Educator, Alder Hey Helen Beard, Bridgewater Community Healthcare NHS Foundation Trust Helen Templeton, Senior Team Leader, Continuing Care Team Wirral Jane Enright, LTV Nurse, Derian House Katie Farrow, Philips Lauren Walker Leanne Davies, CYP Clinical Lead at Scale, MLCSU Lisa Flannery, Alder Hey Meg Ruecroft, LTV Physiotherapist, Alder Hey Paul Maines, Philips Sally Owen, Childrens and Young Person's Complex Care Packages, Countess of Chester Sinead Phillips, Occupational Therapist, RMCH

Apologies:

Gabi Lipshen, Tracy Drew, Clare Halfhide, Phil Rigby