






Minutes

**North West & North Wales Paediatric Critical Care ODN Oversight Meeting  
Wednesday 28<sup>th</sup> February 2024 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 – investigation completed – Learning to be shared by Ashlea Norton at next meeting.</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>• Jo McBride requested that any ENT SOPs are sent to <a href="mailto:louise.king@mft.nhs.uk">louise.king@mft.nhs.uk</a> – Ashlea Norton commented that at NMGH there will be a new ENT service starting from April, so Ashlea will share the SOP when ready.</li> <li>• PEWS - invite someone from National PEWS team to attend next meeting – On today’s agenda</li> <li>• 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 – On today’s agenda</li> </ul>	<p align="center">KW AN</p>
3.	<p><b>Measles Update</b></p> <p>Presentation given by Paddy McMaster:</p>  <p>Measles NWTs 28.2.24 ppt share.ppt</p> <p>Comments:</p> <ul style="list-style-type: none"> <li>- Who is responsible for testing in an out of hours GP situation? By primary care, if secondary care interventions not required. GP needs to call health protection team. If possible, patient should stay in primary care, so as to not pose risk to patients in secondary care.</li> <li>- IVIG for measles contacts – Guidance at present for those immunocompromised etc. But this may change in an outbreak situation. Stocks would be quickly used up.</li> </ul>	

	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> dose of MMR is at 1 year old, 2<sup>nd</sup> dose is at 3 year 4 months old. In some countries 1<sup>st</sup> dose is as young as 6 months. However, the younger the child is the poorer the immunological response. In an outbreak situation the timings for both the 1<sup>st</sup> and 2<sup>nd</sup> dose may be brought forward.</li> <li>- Measles does not appear to have a seasonal pattern.</li> </ul> <p>Link to RCPCH webinar on Measles:  <a href="#">*NEW* RCPCH Webinar: Measles – an update (28/02/2024) – RCPCH Learning</a></p>	
4.	<p><b>ODN</b></p> <p>ODN update given by Jo McBride:</p>  <p>PCC oversight meeting 28.02.24 up</p> <p>Update on pressure gauge given by Lucy Allton:</p>  <p>Pressure Gauge Update February 24.</p>	
5.	<p><b>National Update</b></p> <p>Update given by Jo McBride:</p> <ul style="list-style-type: none"> <li>- Infections - Measles /flu / RSV / Mycoplasma <ul style="list-style-type: none"> <li>o flu / RSV stable</li> </ul> </li> <li>- DoS – record of infections <ul style="list-style-type: none"> <li>o remove PIMS-TS</li> </ul> </li> <li>- RSV vaccine - aiming for June 2024 - awaiting confirmation of delivery programme</li> <li>- Martha’s rule / law - 3 key points: <ul style="list-style-type: none"> <li><a href="https://www.england.nhs.uk/long-read/implementation-of-first-phase-of-marthas-rule/">https://www.england.nhs.uk/long-read/implementation-of-first-phase-of-marthas-rule/</a> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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)</li> </ol> </li> </ul> </li> <li>- Digital child record – new system <ul style="list-style-type: none"> <li>o proxy access (for parents / carers for CYP records) – in development</li> </ul> </li> <li>- Service Specifications: <ul style="list-style-type: none"> <li>o Transport – many comments – being reviewed (65 responses received)</li> <li>o Level 2 – new lead</li> <li>o EMCO – will be recirculated</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>- Working groups <ul style="list-style-type: none"> <li>o GIRFT benchmark/ workforce / LTV / DoS / clinical pathways / transport / L1 &amp; L2 education</li> </ul> </li> </ul>	
6.	<p><b>Update re: Women’s and Children’s Transformation Programme</b></p> <p>Update given by Phil Rigby:</p> <ul style="list-style-type: none"> <li>- Have recently commenced engagement phase</li> <li>- Face-to-face event held 13<sup>th</sup> February. Good turnout and engagement.</li> <li>- Virtual event to be held tomorrow – format similar to f2f event. Will go through case for change, data work around modelling, assumptions of how services currently work. Then attendees will be split up into their areas of interest; cancer, PCC, neonatal, and surgery in children. Interdependencies will also be discussed, along with workforce.</li> <li>- Report from both sessions will be shared when ready.</li> <li>- The fixed points of the programme will also be shared. Feedback and any challenges from the ODN will be very welcome. This is a clinically led process.</li> <li>- Engagement with service users is also going to be key to the process.</li> <li>- Will go into design phase after engagement. Will look at what the critical success factors look like.</li> </ul>	
7.	<p><b>PCC Level 1 &amp; 2 Activity Audit</b></p> <p>Presentation given by Lucy Allton on the audit data from the pilot sites:</p>  <p>PCC pilot audit oversight.pptx</p> <p>Comments:</p> <ul style="list-style-type: none"> <li>- Thanks to Lucy for coordinating this work and to the region for providing this data.</li> <li>- This data gets more powerful the longer the audit goes, and a clearer picture of level 1 and 2 activity across the region can be built.</li> <li>- Monies have the distributed across the region on the basis of data being submitted, so the money could be pulled if data is not submitted.</li> <li>- Maysara Aziz and Tracy McNeill confirmed Whiston’s desire to participate in the audit and provided their contact details to Lucy.</li> <li>- It was queried whether capacity can also be included (funded and unfunded beds)</li> </ul>	
8.	<p><b>Guidelines Update</b></p> <p>Update given by Nicola Longden:</p>  <p>NWTS Guidelines Update Feb 2024 fo</p> <p>Intubation/difficult airway guideline – Approved by group today to go forward for ratification:</p>	



Intubation and  
difficult airway guid

9. **NWTS Update**

Update given by Chris Walker:

- NWTS data slides



NWTS Update.pptx


- Activity this year so far similar to previous years (except covid years – when activity flattened)
- Demand on transport service has not exceeded what can be delivered. Although there has been a lot of pressure on PICU beds.
- Consultant team has been expanded, so consultant on retrieval no longer has to take the new retrieval/advice calls as there is generally also a consultant back at base.
- Another new consultant starting this month.
- The expanded team will also have more time for non-clinical activity.
- Winter pressures monies funded surge team (Nov-Feb) – Have been able to facilitate repatriations.

Crash Call:

- Crash Call is a product from RMCH. It was adopted by NWTS.
- MHRA are now classifying all such drug calculators as medical devices. There are great challenges to transport teams relating to this.
- One of the other transport teams have developed a drugs calculator that has been approved by MHRA. This has required significant IT input and cost, estimated at 20-40K including man hours.
- In this region, one of the tertiary centres is looking at moving over to standardised concentrations for delivering drugs. This would negate the need for a drugs calculator. Guidance would be produced for delivering standardised concentrations. However, programable pumps would be needed and the proper infrastructure of support, and the pumps used across the region is very variable. But this option can be considered.
- Another option is to look at how we can make our Crash Call MHRA compatible. Chris is liaising with Southampton about the work they did. Need to ascertain what support and funding can be accessed.
- Chris will work with the ODN to address this going forward.
- Significant pharmacy time will be required. The ODN do now have dedicated pharmacist support, although more time would likely be required.
- As a backup plan, if there is a time lag with this work, can develop PDFs with calculations for 2kg, 3kg and so on.

10. **Nurse Group Update**

Item deferred.

11.	<p><b>National PEWS Launch of a Systemwide Paediatric Observation Tracking (SPOT) process</b></p> <p>Presentation given by Anna Rajakumar (slides to follow).</p> <p>Comments re Martha's rule:</p> <ul style="list-style-type: none"> <li>- Expressions of interest to come out soon for pilot sites</li> <li>- More information to come out soon regarding the criteria for pilot sites</li> </ul> <p>Anna to be invited to next meeting to give a further update.</p>	
12.	<p><b>Updates by area – Reports by exception / Issues with equipment</b></p> <p>Item deferred. If you have any exception updates and/or winter pressure feedback that you would like to share, please send to <a href="mailto:louise.king@mft.nhs.uk">louise.king@mft.nhs.uk</a> by the 31<sup>st</sup> March 2024.</p>	
13.	<p><b>Any Other Business</b></p> <p>The ODN would be very grateful if this PPV poster could be printed off and displayed in patient areas:</p> <div style="text-align: center;">  <p>PPV Poster - 02 11 2023.pdf</p> </div>	
14.	<p><b>Date of Next Meeting</b></p> <p>8<sup>th</sup> May 2024, 10am-12pm, Via MS Teams</p>	

Summary of Actions:

- 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) – Ashlea Norton commented that at NMGH there will be a new ENT service starting from April, so Ashlea will share the SOP when ready.
- Exception updates from the areas & any feedback from winter to [louise.king@mft.nhs.uk](mailto:louise.king@mft.nhs.uk) by 31<sup>st</sup> March 2024

## APPENDIX 1

### Attendees:

#### ODN

Name	Job Title	Organisation
Joanna McBride	Network Director	NW PCC, SiC & LTV ODN
Jon McViety	Joint Clinical Lead	NW PCC ODN / AHCH
Lucy Allton	Lead Nurse	NW PCC & SiC 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
Abby Prendergast		Alder Hey
Abigail Pepperman		BCUHB
Adelle Lees		
Adrian Hughes	Clinical Lead	Women's & Children's Programme
Anna Rajakumar	CYP Policy Lead	NHSE
Ashlea Norton	Consultant	North Manchester General Hospital
Carrie Bowen		
Chin Kien Eyton-Chong	Consultant	Alder Hey
Christopher Walker	Lead Nurse	NWTS
Clare Swallow		Blackpool
Claudia Spalding		ELHT
Eleanor Aston		RMCH
Emma Hogg		Wirral
Emma Roach		NWTS
Georgina Haddock		Warrington
Helen Coutts	Consultant Paediatrician	ELHT
Isabel Spencer		Blackpool
Jemima Sharp	Consultant	Wythenshawe
Jennifer Kelly	Paediatric Practice Educator	Oldham
John Horley	ACP Paediatrics	Wigan Hospital
Karen Flewitt		Chester
Katie Ceraldi	Ward Manager	ELHT
Kelly Whitfield	Consultant Paediatrician	TGH
Laura Armitstead	Associate Director	MFT
Lekha Sridhar	Consultant	Alder Hey
Maysara Aziz	CD	Whiston
Melanie Fry		Leighton
Nicola Longden	Clinical Nurse Specialist	NWTS
Paddy McMaster	Consultant in Paediatric Infectious Diseases	North Manchester General Hospital
Paula Garlick		

Phil Rigby	W&Cs Service Specialist	NW NHSE
Ruth Whitehouse	Ward Manager	Stockport
Sadha Punniyakodi		Nobles, Isle of Man
Sharon Jackson		Leighton
Sian Carline		RMCH
Sophie Graves		NWTS
Stephanie Bowler		
Stephanie Holmes		
Stephen Playfor	PICU Consultant	RMCH
Tracy McNeill		Whiston
Vicki Simmonds		

**Apologies:**

Madalitso Kubwalo, Clare Peckham, Jo Connolly, Jo Morgan, Jo Shippey, Kate Parkins, Narinder Saini, Rachel Stoeter, Sarah Salka, Mike Marsden, Karen Wilson, Laura Reynolds, Helen Blakesley, Archana Prasad