

Minutes
Paediatric LTV Education Group
2nd March 2023 10.30am via Teams

	<u>Agenda Item</u>	<u>Actions</u>
1	<p>Welcome & Introduction</p> <p>As Chair, Linda Partridge opened the meeting and welcomed attendees.</p> <p>In attendance: Alison O’Leary, LTV Nurse Specialist, AHCH Amanda Reed, Lead NIV Physio, AHCH Elaine O’Brien, Lead Nurse, LTV ODN Joanne Hill, Practice Educator, Claire House Linda Partridge, Independent Member Lisa Harvey, Lead Nurse for Technology Dependent Children, BCUHB Nicola Hunter, Practice Educator, Claire House Russell Ashworth, Lead for Technology Enhanced Learning, AHCH Sam Collins, Parent Educator, RMCH Sarah Ashworth, Oldham Soraya Begum, Head of Service, MFT Tracy Drew, Parent Educator, RMCH</p> <p>Apologies: Louise King, Flo Bergquist, Stuart Wilkinson, Clare Halfhide</p>	
2	<p>Aims</p> <p>Presentation from Elaine O’Brien, on the aims of the LTV Education Sub-group:</p> <div style="background-color: #e0e0e0; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">ODN</p> <ul style="list-style-type: none"> ◦ Operational Delivery Network ◦ Key outcomes; <ul style="list-style-type: none"> ◦ Improved access and egress to/from services at the right time ◦ Improved operating consistency ◦ Improved outcomes ◦ Increased productivity </div>	

Current Related Docs

- **NCEPOD- Balancing the pressures**
- Clear pathways and local standardisation of care
- Good ventilation care when admitted to hospital
- Provide a structured training programme the prepares –
 - Parents and carers for care at home
 - Community providers for routine care
 - Non- specialised clinicians for hospital admissions
- **PCC GIRF report – LTV ODN should;**
- Clear Pathways for LTV- including delivering care in spoke DGH hospitals
- Deliver and Education programme and resources for L1 and L2 care
- Develop guidelines and policies for consistency of care across the ODN
- Only care on PCC if critically ill

Cont..

- West Midlands Quality Standards 2023 - Network standards
- Involve families in the network and ensure adequate information is available to them
- To review what education is available across the region and review and make recommendations to fill any gaps
- To have an agreed list of competences expected for staff providing care for children on Long Term Ventilation across the region
- To work as part of the network in supporting the ODN to provide a range of opportunities for the staff from services within the region to achieve the expected competences.
- Agree on CPD training and refresher training to support staff to maintain their competences.
- At least annual LTV learning /training event to include a multi disciplinary case review to help improve services

Aim of this sub group

- To review what education is available across the region and review and make recommendations to fill any gaps
- To agree a list of competences expected for staff providing care for children on Long Term Ventilation across the region
- To work as part of the network in supporting the ODN to provide a range of opportunities for the staff from services within the region to achieve the expected competences.
- Agree on CPD training and refresher training to support staff to maintain their competences.

Competencies

- **NorthWest ODN Regional Competency Expectation for any professional providing health care to children on Long Term Ventilation**
- A training needs analysis should be completed along side each child's/YP care plan and be reviewed regularly. This should be used to inform the training requirements to provide safe care. Anyone overseeing the care of a child/YP on LTV should have up to date competencies on those highlighted in the child's personal care plan and training needs analysis.
- **Anyone with caring responsibilities for children and young people on long-term ventilation (West Midlands QS PP-202) should have, and should maintain, competencies appropriate to their role in, at least:**
 - a. Ventilation (including mask/ interface placement for Non Invasive Ventilation (NIV))
 - b. Basic Life Support including paediatric tracheostomy resuscitation
 - c. Transporting ventilated children
 - d. Professional boundaries
 - e. Child and adult safeguarding
 - f. Working in the home environment* (where applicable)
 - g. Infection control and disposal of clinical waste
 - h. Use of relevant medical devices

- **Where appropriate for the needs of the child:**
 - i. Paediatric tracheostomy care
 - j. Oxygen administration
 - k. Humidification*
 - l. Nebulisation
 - m. Oxygen saturation monitoring
 - n. Transcutaneous carbon dioxide monitoring*
 - o. Postural care
 - p. Respiratory physiotherapy management including use of equipment
 - q. Tracheostomy valve (speaking valve)
 - r. Suction of natural and artificial airways
 - s. Other child/ young person specific healthcare needs (for example, Urinary catheterisation, Spinal care*)
 - Enteral/ oral feeding, tissue viability and Neuro-physiotherapy management including techniques and use of equipment)

A competence framework should show the competences expected for different roles within the service and how competences will be assessed. A training plan should cover achievement and maintenance of these competences.

It was suggested that the following is also included:

- Fitting of masks as a separate point; this would include care, fitting, ordering, supplies, alternatives and risk assessments
- Bag valve mask training (this would go with resus) (all IV patients on a care package have an Ambu bag)
- Medication administration competencies on essential list
- Documentation of observations, handovers
- Following appropriate plans

In terms of staff resource, the ODN is to appoint a band 7 educator, and there will be three band 6 posts, one in each ICB. The educators will support the training in the level 2 centres. In addition, there are also the tertiary centres educators. The ODN is purchasing a high-fidelity sim doll to support with the training. The training of the competencies will be provided to all the different areas, and then we will see where the gaps are, such as NWAS, DGHs and A&E's. Families should be able to expect a similar level of care wherever they present.

	<p>A literature review has been carried out looking at education and simulation. The review has shown that simulation is helpful in building confidence and simulating rare events for staff to become competent at managing CYP.</p> <p>Professional boundaries training is an area that could be developed further in the region. We could initially look to see what other regions are doing in this respect.</p> <p>Elaine will update the list with the suggestions made today and will then circulate to the group for comments.</p> <p>To accompany the list, the aim is to have exemplars to accompany each item to show good practice examples happening in different areas and what is expected.</p>	EO
4	<p>Next steps</p> <ul style="list-style-type: none"> - Finalise list of competencies <ul style="list-style-type: none"> o To include who, what, where, when o Who does each competency apply to o At what level, e.g. awareness or fully competent o When we know what we need to deliver, look at how we use the resources to provide this - Consider different learning styles - Always ensure that we are not repeating any work that is already out there - Families to be involved in finalising the competencies, once some groundwork has been completed - Would be also useful to involve a private care agency in the work - Need to reflect on each part of the project as to whether the right people are ‘in the room’ - To keep the momentum going for the project, it was agreed that the group will meet on a regular basis <ul style="list-style-type: none"> o Monthly o Thursdays – alternating between mornings and afternoons - To communicate between meetings, it was agreed that a Teams channel will be set up for the group 	