

North West & North Wales Paediatric Critical Care Operational Delivery Network:
Nursing and AHP Sub-Group
Meeting 18th April 11am – 1pm via Teams

Attendees

<p>Lucy Alton (PCC ODN/ Co-Chair) Mica Davey (NWTS/Co-Chair) Anna Parry (Network Education Nurse) Saadia Rizvi (Salford PANDA) Samantha Torkington (Preston) Charlotte Nixon (Leighton) Rhiannon Evans (Macclesfield) Kayleigh Yates (Macclesfield) Janice Fauset-Jones (LTV Network Lead Nurse) Georgina Haddock (Warrington) Leonie Hardman (Warrington) Jess Berry (Warrington) Vanessa Cooke (Oldham) John Horley (Wigan)</p>	<p>Katie Higgins (NWTS) Abbie Roberts Elizabeth Cotton (Lancaster) Nicola Howard (Blackpool) Emily Coup – Stepping Hill Katie Ceraldi (Blackburn) Rachel Davies (Wrexham) Ceri Donovan (Leighton) Victoria Gate (Blackpool) Sioned Griffith (Bangor) Jill Flynn (Stepping Hill) Charlotte Bennett (Oldham) Michael Sheffield (Warrington) Sophie Graves (NWTS) Charlotte Robinson (NWTS) Kate Alman (Chester)</p>
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Apologies: Naomi Harrison (NMGH), Helen Gray (Whiston), Isabelle Cliffe (Warrington), Jill Tomlinson (Warrington) Jade Holman (Stepping Hill), Nicola Longden (NWTS), Sara Salka (Ormskirk)

1. Welcome (AD)
2. Introductions & Apologies (AD)
Apologies as above
3. Minutes shared from last meeting (AD)
No amendments/discrepancies noted
4. Update from the region

4a. Network – (LA)

Update	Actions
National oversight meetings reduced in frequency. Biggest update is concerning Martha's Rule and how it will roll out. There have been	Any outstanding HDU audit data to

expressions of interest to be one of the 100 pilot sites, the closing date has passed. Learning across these sites will be shared.

There will be a wider rollout in the future, lots of unknowns related to this. Network is trying to gather information about how this will affect people on the ground. Next meeting in a couple of weeks might provide more information.

RSV vaccine still on the way.

Still busy locally and nationally in certain areas. Y&H had 4 critical care patients that had to move out of region for bed capacity recently. They had to be kept on AICU until a bed could be located. Midlands is the same this week. Still feels like winter in terms of patient workload.

Three new Network Regional Educators have been recruited to start in May. They'll be working with Anna and it will be fantastic to have them on board. They will be in touch and aiming to come out and meet everyone and getting to know their different areas.

The ongoing HDU audit was originally a 4 month period to finish at the end of March but is ongoing to ensure we can work to best capture data and streamline the processes. Currently extended another 4 months but will likely carry on for a year.

Spreadsheet has been updated to capture data for patients after they finish receiving critical care interventions. This concerns whether they stay in the DGH or get moved to tertiary centre.

We've had some data of of Level 2 activities. But what we can't then determine is so for instance, we've had one site that had said they'd had patients with arterial lines in. We think that those are probably patients that have had an arterial line sighted and been intubated and waiting for NWTS to come and collect them and transfer them out. But we can't see that. All we can see is that that activity took place. So the follow on care data is really important because we'll be able to filter the intervention alongside what happened to that patient. So there's other ones like status epilepticus, continuous infusion of sedatives where we need to determine whether the patient stayed or got transferred.

So that's been a key change really that we're moving forward now for the next four months will really be able to analyse that data. The March data I've had nearly everybody's submission. There are still some outstanding sites that haven't submitted. So just if anybody that hasn't submitted, they know they haven't submitted the data if we can get that in because what we want to do then is collate the full four months of data to be able to present that at the Critical Care oversight Board meeting in May.

Working with the Cancer in Children Network on a scoping document that is linked with NHS transformation programme. Hoping to get it out over

be submitted ASAP please.

Feedback on surge planning prior to oversight board in May.

<p>the summer. Huge document covering children's areas, theatres, ED, looking at the entire workforce and what the challenges and problems are. Amending currently to ensure we can send out one tool to cover the workforce for all networks including surgery, cancer, etc. Might have some pilot sites for this to review the document and feedback any issues.</p> <p>Lastly is the surge review that is reviewed each year. At the next oversight board we are asking for feedback in relationship to the surge plan. If you have any feedback please let us know so we can move forward next winter. Going to link with Yorkshire and Humber and the North East to try and understand the wider impact of patients being transferred in and out of region for capacity.</p>	
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4b. Update from LTV Network – (JFJ)

Update	Actions
<p>First time presenting feedback to this meeting. Welcome Janice. Janice has been in post since August last year.</p> <p>Running 4 free to attend LTV and Invasive Ventilation study days this year. The dates have been circulated and are oversubscribed. As a network trying to be able to deliver more education for the region on LTV care. The more demand for these courses the better to enable more funding and facilitating more dates. Aiming to be able to deliver this education to help get children out of the tertiary centres and closer to home wherever possible.</p> <p>Aiming to establish a 2-3 day LTV course similar to HDU course in the future for those with an interest.</p> <p>National competencies have just been adopted so these should be up on the website soon,</p> <p>LTV Nursing and AHP group runs – if anyone would like to attend please contact Janice janice.fauset-jones@mft.nhs.uk</p>	

4c. Update from NWTS – (AD)

Update	Actions
<p>Still busy. Multiple transfers usually most 24 hour periods.</p> <p>No specific overarching diagnosis, seeing lots of cardiac patients, lots of respiratory, still seeing some patients with Bronchiolitis needing transfer.</p> <p>Still have 2 teams all year round, day shift, late shift and night shift.</p> <p>Contact us for any level 1&2 patients needing transfer for uplift of care, unfortunately we are not commissioned for moves for capacity.</p>	

<p>Managing to keep most patients in region at RMCH or AHCH recently.</p> <p>Outreach dates are available to book. Contact Nicola to arrange – liaise with medical & anaesthetic teams.</p> <p>Grand round continues – recordings are available on the NWTS education website.</p> <p>www.nhseducation.nwts.nhs.uk</p> <p>username: education</p> <p>password: nwts2020</p>	
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4c. Update from Greater Manchester region (DGH perspective)

Hospital / Name / Department / Update	Actions
<p>Bolton</p> <p>Ward – no update</p> <p>A&E- no update</p>	
<p>North Manchester</p> <p>Ward- no update</p> <p>ED – no update</p>	
<p>Oldham</p> <p>Ward – Consistently busy, at capacity if not over with patients waiting in ED. Some COVID, RSV, rhino and enterovirus. HDU patients mainly respiratory needing CPAP. Kept a few babies on non-invasive instead of transferring out. Feels like winter is all round – winter planning still ongoing despite this. No major issues except capacity which has been managed in house.</p> <p>ED –</p>	
<p>Salford</p> <p>Panda- Confirmed maximum patient stay is 23 hours 59 minutes once admitted. If having triage/obs etc, this clock doesn't start until decision to admit. This can be exceeded if no beds anywhere or exceptional circumstances but not the rule. Due to no AP cover overnight so no Paediatric cover, adult medics reluctant to see paediatric patients overnight. CAMHS patients – struggling to find places for them.</p> <p>Had a cardiac arrest in a 15 year old recently needed shocked.</p> <p>Greater Manchester Major Trauma Centre for adults opening 8th May, may see some children occasionally.</p>	
<p>Stepping Hill</p> <p>Ward Calmer April. Generally lower acuity with some pockets of seeing very sick patients. Biggest issue recently has been trying to</p>	

<p>repatriate children from asylum seeker/migrant families to ensure a safe discharge to their new home. Some issues with taxis refusing to pick up patients. Some safeguarding issues and social issues with housing causing problems in discharge. Otherwise quite a nice winter..</p>	
<p>Tameside Ward- No update ED- No update</p>	
<p>Wigan Ward & ED Mainly seeing respiratory patients. Some asthmatic patients needing HDU. One unusual patient with a metabolic problem who presented with a CK of 34,000. Needed hyperhydration and some Keppra. Some deaths in ED. Reviewing access to Paeds ED after some issues with bringing in a patient in active resuscitation through the busy waiting room. Highlighted importance of staff debrief after difficult situations. Some issues with portability of C3 vent within ED and scan. Have T1 on ward but different funding of this equipment.</p>	
<p>Wythenshawe Ward- No update ED – No update</p>	
<p>Fairfield No update</p>	

4d. Update from Cheshire & Mersey (DGH perspective)

Hospital / Name / Department / Update	Actions
<p>Arrowe Park Ward- No update ED- No update</p>	
<p>Chester Ward- ED-</p>	
<p>Leighton Ward – Acuity remains high in April. HDU patients tailed off a little bit. Still having a lot of transfers out. Lots of patients in HDU not meeting audit criteria. Rolled out national PEWS, going well, scoring number changed though so a 5 would seem like a high PEWS on previous chart is actually lesser acuity now for the same number. Doing lots of education around it. Lots of CAMHS patients.</p>	<p>If anyone has any advice regarding staffing PED areas, please email Mica to be disseminated.</p> <p>Keep an eye out for workforce audit from</p>

<p>ED- Struggling a lot with staffing. Patient missed in waiting room when department very busy, was fitting ended up I&V and transferred. High level incident. Discussion around staffing models in ED and ratios especially since PED opened 2 years ago. Minimal safe staffing ratios identified for PED and nowhere appears to be meeting criteria.</p> <p>Also mentioned seeing a lot of patients in status who are extubated locally. NW region best in UK for this – well done everyone!</p>	<p>ODN – assessing staffing data will be crucial to allow us to push this forward.</p> <p>Lucy – liaise with Helen from major trauma network re staffing.</p>
<p>Ormskirk Ward and ED – no update</p>	
<p>Macclesfield Ward – Busy, lots of respiratory patients, not moving too many out. One death recently, NWTS withdrew treatment locally. ED- Opened children’s ED on 2nd April. Staffing 1 trained, no HCA, not always a Paeds nurse. Trying to use BEST tool to increase staffing. Not many high acuity children but seeing increasing numbers since opening. Attempting to purchase Hamilton T1, looking into funding sources.</p>	
<p>Warrington Ward – Very similar to everywhere else. Seeing lots of Mycoplasma and older children with an oxygen requirement. Stopped routinely swabbing all children, now only on consultant decision so back to pre-COVID times with swabs. Asked opinion from group – very varied practice across region regarding this with swabbing/isolating. Staffing intermittently a challenge and quite a junior skill mix but local HDU course in place now to help train up staff. ED- Nothing to report</p>	
<p>Whiston ED – No update Ward – No update</p>	

4e. Update from Lancashire and South Cumbria (DGH perspective)

Hospital / Name / Department / Update	Actions
<p>Barrow-In-Furness Ward – No update ED- No update</p>	
<p>Blackburn Ward and ED – No update</p>	
<p>Blackpool</p>	

<p>Ward Staffing fine currently. A couple of resus cases recently but don't have the full details for these. Nothing major to report.</p> <p>ED- No update</p>	
<p>Lancaster</p> <p>Ward – No update</p> <p>ED- Very similar to everywhere else. Fighting for more staff. Some days no paediatric nurse on at all. A few incidents raised with management about this. Quite a few respiratory and seizure patients. One death from a patient who had followed a tiktok trend with an aerosol who couldn't be resuscitated.</p>	
<p>Preston</p> <p>Ward – No update</p> <p>ED- Similar to everyone else. Some Mycoplasma cases. 5 confirmed measles cases. Gone home but public health informed. Nasty empyema needing chest drain – done locally. Lots of CAMHS patients presenting after being given notice to leave care placements. Adults wont see these children overnight. Staffing issues, lots of junior staff, if resus then band 6 pulled away leaving junior workforce. Audit of acuity/attendances to try and get more funding.</p>	

4f. Update from North Wales (DGH perspective)

Hospital / Name / Department / Update	Actions
<p>Bangor</p> <p>Ward- Similar, lots of respiratory patients. Higher patient volume, acuity the same but more numbers. A few nasty Mycoplasma. Some patients needing NIV. A couple of deaths, a 14 year old seizure and a 5 month old E Coli Sepsis. Finding debriefs really useful especially for the junior staff. Putting together kits for SUDIC processes so it's easier. Aiming to increase numbers but this will mean opening to more beds. Using 2Wish for support too.</p> <p>ED-</p> <p>Theatre: We are in the process replacing all the MLT tubes to Avenos and kimberly clark and removing Welleads following the SBAR.</p> <p>There's been no anaesthetic assisted transfers out from our side recently to mention.</p>	

Glan Clwyd Ward and ED- No update	.
Wrexham Ward- Seeing a lot of bronchiolitis, high patient numbers, pre-COVID activity levels. A lot of junior staff finding it a bit of a shock. Lots of local extubations for seizures. Lots of respiratory patients, some whooping cough and some mycoplasma. Mentioned TRIM training – this would be really beneficial. ED – no update	Mica – discuss with NWTS whether we are looking to run any further TRIM courses.

6. Terms of reference

Lucy will continue to look at these and will ratify in the next meeting if no objections.

7. Education Section

Emily Coup delivered a case based presentation on a patient presenting with Pneumococcus. Discussed importance of debrief, triage and repeat attenders.

8. Education update

Dates for HDU Days – 1st May, 12th June, 18th September. Bookings for 1st May close today. The bookings will remain open until 2 weeks before each date to allow us to confirm numbers. Fully staffed for faculty now – thanks so much to all those who have volunteered.

9. Future Meeting date & Education Plans

Dates for 2024:

Wednesday 17th July (Face to face only at Engine Rooms Warrington 10am – 4pm. Sub group meeting followed by lunch and an afternoon of education and networking for sub group members – save the date and book study leave now! The event will be free for sub group members as a thank you for your hard work and commitment to the group.)

Thursday 17th October (Virtual only) – Volunteer for education needed please!

10. AOB

1. Chest Drain issues – size 8 not available any more. Any stock/supply issues?
None reported. NWTS use ThalQuick chest drains, supply has been slow but no issues with manufacture.
2. Document hosting for sharing of policies etc – to investigate Teams channel/hosting on NWTS website behind password protected page. Mica/Lucy to work on this.