



**Minutes**  
**North West Surgery in Children ODN Oversight Group Meeting**  
**Friday 14<sup>th</sup> June 2024 10am – 12 noon via MS Teams**

<b>1.</b>	<p><b>Introductions and Apologies</b></p> <p>Joanna McBride, Network Director for North West PCC SiC LTV ODN's welcomed all to the meeting and thanked all for joining.</p> <p>For attendance and apologies, please see appendix 1.</p>	<b>JM</b>
<b>2.</b>	<p> Notes North West Surgery in Children</p> <p><b>Minutes agreed.</b></p> <p><b>Actions</b></p> <ol style="list-style-type: none"> <li>1. ODN will present data comparisons by speciality at the next meeting – action rolled over from December 2023. – Agenda item 6</li> <li>2. ODN to collate any comments received regarding emergency surgery for children in DGH's and the age limits that adult colleagues to see / operate on. – Questionnaire to be recirculated as poor response.</li> </ol>	<b>JM</b>
<b>3.</b>	<p><b>Update from National, Regional and ODN</b></p> <p><b>National Update</b></p> <p> 1 - National Update.pptx</p> <p>Joanna McBride gave a national update including the following headlines:</p> <ul style="list-style-type: none"> <li>– The increase in Pertussis which may impact admission levels nationally.</li> <li>– RSV vaccine rollout – the target group not yet confirmed, either maternal or neonatal.</li> <li>– Martha's Rule implementation – Launch event held in May, chaired by Aiden Fowler, who is the NHS Patient Safety Director and Senior Responsible Officer for Martha's Rule. 100 pilot sites confirmed covering all age. The ODN has also applied to be a test sight and are awaiting the decision.</li> <li>– Further Faster events – Next event will be held on 26<sup>th</sup> June – Surgical Pathways.</li> <li>– Elective Recovery Group - Last meeting held in March 2024, confirmed that paediatrics is not included in WL data. The CYP waiting list has increased by 734 this year. The outpatient strategy will be discussed at the next meeting.</li> <li>– SPaedIT webinars – Next webinar on 3<sup>rd</sup> July 2024 – Link for <a href="#">registration</a></li> </ul> <p>Joanna shared the list of pilot sites selected to trial Martha's Rule.</p> <p><b>Surgery in Children Lead Nurse Forum</b></p> <p>Fran Campion, NW SiC Lead Nurse updated from the national lead nurse forum:</p>	<b>JM/FC</b>

- Presentation given on the Post Anaesthetic Care course, which covers care in recovery areas for both children and adults. The course is made up of 3-day simulation and 1 day face to face. Fran added that the course will not be planned currently for the North West as the pre – assessment course is running currently, with a further intake in October. The October intake still has places available. Link to apply: [Pre-Assessment Practitioner Course Spring and Autumn 2024 \(office.com\)](#)
- Play Specialist Support – The support for play specialists was discussed, with the potential to start regional groups for peer support.
- Amy Norrington’s benchmarking tool has now been uploaded to NHS Futures platform, which is something the ODN would consider using once preop assessment services are established in the region.
- Soon to be available – Abdominal Pain Webinar series released on GIRFT; six videos on various topics.
- NW Nurses Working Group – next meeting 19<sup>th</sup> June 2024. Meetings are monthly, if anyone would like to attend, please contact [joanne.birkmyre@mft.nhs.uk](mailto:joanne.birkmyre@mft.nhs.uk)

#### ODN update:



2 - ODN  
Update.pptx

#### ODN Staff

Joanna McBride informed the group of recent changes to the ODN team:

- The appointment of 3 Locality Educators, who will be working alongside Anna Parry, Nurse Educator, NW PCC SiC LTV ODN.
  - o Jess Budden LSC [Jessica.Budden@mft.nhs.uk](mailto:Jessica.Budden@mft.nhs.uk)
  - o Kim Beer CM [Kimberley.Beer@mft.nhs.uk](mailto:Kimberley.Beer@mft.nhs.uk)
  - o Cath McGee GM [Catherine.Mcgee@mft.nhs.uk](mailto:Catherine.Mcgee@mft.nhs.uk)
- Ian Clegg, Co Clinical Lead will be stepping down from his role at the end of June 2024. Interviews have taken place this week.

#### SDF

The service development monies are being used to support the L1/L2 audit, which will influence where L2 sites will be planned outside of the tertiary centres. The ODN have started planning for the 2024/2025 SDF allocation. Joanna McBride confirmed that the ODN is working with NHSE on a position paper / options analysis, however no decisions have been confirmed yet. Sudipta Banerjee commented that the lack of an HDU bed is often the cause of referrals into tertiary.

#### PPV

Joanna reminded the group of the ODN’s public and patient voice recruitment for participation in the ODN oversight and working groups. Joanna McBride asked the group to display the poster in their clinical areas. Poster below for printing and display.





PPV Poster - 02 11  
2023.pdf

#### Working Groups/Workstreams



3 - Working  
Groups.pptx

Joanna McBride gave an overview of current working groups and workstream progress. Joanna highlighted the pre-assessment course, which has commenced and received good feedback so far.

	<p>The group discussed the completed abdominal pain pathway, including issues of general surgeons reluctant to engage in the care of children under a certain age or do not have capacity. Su De commented that a questionnaire had been circulated to Trusts to gain information on age limits in the NW, to help understand the reluctance. Su advised contacting the Surgical Lead within the hospitals who are reluctant, to understand the cause of the reluctance, for example lack of training. Ian Clegg commented that the spirit of the GIRFT guidance is that although DGH surgeons aren't expected to manage the patient under 5 they should be able to help with guidance or onwards referral.</p>	
4.	<p><b>NHSE Transformation Programme – Specialised Commissioning</b></p> <p>Joanna McBride informed the group that the programme had been paused due to the election, however there had been some engagement events in the last month. The programme is moving towards the next stage of developing the long list options.</p>	JM
5.	<p><b>Data – Activity Comparison</b></p>  <p>SIC Data 14 June 24.pptx</p> <p>Su De presented data from March 2020 – January 2024, for tonsillectomy, grommets, orchiectomy, appendicectomy, fractured femur and club foot, showing a general improvement in activity numbers. Su reported however that for grommets, the region is only performing at half the pre-pandemic number. Also noting the North West's high number of orchiectomies performed, Su added that the ODN is planning a Torsion Pathway Working Group. Su commented that it will be possible to gather more granular data, to include trust to trust comparisons; please contact the ODN for further details. Helen Blakesley, Network Manager for the ODN, informed the group that a Regional Club Foot Network had been established, and work was progressing on a standardised regional pathway. The next meeting will be held on 24<sup>th</sup> June 2024. Helen also asked that any club foot teams be shared with the ODN, so meeting invites could be shared. Helen also offered to present femoral fracture data at the next meeting, as this had recently been collated for a working group.</p>	SD
6.	<p><b>Surgery Questionnaire Results – Button Battery</b></p> <p>Joanna McBride informed the group that a Button Battery Questionnaire had been shared to the Matron of each of the 25 providers in the region, including North Wales and the Isle of Man, to audit and gain insight on the awareness of the NWTS Button Battery Guideline and to see which providers were using the guideline. There have been a number of button battery incidents in the last eight weeks, making this very topical. There were 12 responses to the questionnaire, including 2 from Chester, 4 from C&amp;M, 3 from GM, 3 from L&amp;SC and 1 from the Major Trauma Network. The full results are available below:</p>  <p>Button Battery Guideline Compliant</p> <p>Su De commented that to be compliant with the NWTS guideline, this may include arranging for the battery to be removed in a timely manner (ASAP). This may involve transferring the patient to a tertiary centre if it cannot be removed at DGH, the critical information is not to delay. The NWTS Guideline includes all necessary contact information. Su also added that there is a National Button Battery Guideline being drafted, which will include post removal information and should be available in the next few months. Once the document is complete, the local guideline can be reviewed and updated. The NWTS North West and North Wales Guideline for the Management of Suspected Button Battery Ingestion can be found <a href="#">here</a>.</p>	JM
7.	<p><b>Updates from Region - Activity, Recovery and Exception Reporting</b></p> <p><b>GM</b> <b>Stockport NHS FT (Stepping Hill)</b></p>	All

Rachel Stoeter, Consultant Anaesthetist – Planning for ICU care of paediatric patients on adult ICU - Stockport have a policy agreed that adult ICU would take a short stay/overnight stay patient in the 13 / 14 year age range. However, there have been a few incidents where nurses are refusing to engage with this as they say they are not covered by insurance. Rachel asked if anyone could provide any guidance or clarify. Helen Blakesley, who has been working on the Care of a Child Outside of a Tertiary Centre in Extreme Circumstances, informed the group that this guideline should be released in the next few weeks but will only cover extreme circumstances such as if a transfer is not available. The guideline has been approved by the Adult Critical Care ODN. Anna Parry, ODN Educator added that there are plans to offer education for adult nurses once the guideline is released. The group discussed and concluded that there are no barriers to adult nurses working on children if they have had the correct DBS checks. Rishi Diwan, Consultant Paediatric Anaesthetist & Pain Lead from Alder Hey added that guidance from the ODN would be both useful and beneficial in reducing anxiety and encouraging staff to act outside their normal parameters in extreme circumstances. Su De added that although it would be expected in the case of extremists it must remain a judgement call. Clare Peckham, Consultant Paediatrician Royal Lancaster Infirmary commented that in Lancaster, a statement had been added to the emergency surgical guideline which specified that in the event of a life-threatening situation, a non-paediatric anaesthetist and an adult surgeon would be supported by the Trust to do whatever was necessary. Su De asked if the wording used could be shared with the ODN.

Rachel Stoeter asked to be updated on Martha's Rule – Joanna McBride informed the group that the successful Trusts from the expression of interest applications had been selected. 17 of those are from the North West region but are all age, not just paediatric. The North West ODN have also applied to be involved but no decision has been made as to which ODN's have been selected.

Ruth Whitehouse, Stockport NHS foundation Trust - Stepping Hill Hospital, commented that following staff leaving the Trust, who were trained in traction and able to deliver traction training, there are now no staff who are trained or able to train. Ruth asked the group if anyone was aware of any training provider contacts within the region. Helen Blakesley informed the group that there is a Femoral Fracture Working Group, which is looking at the development of training resources, both face to face and online, as the lack of trained staff is common across the region. Helen will ensure Ruth is invited to the next working group meeting.

## **L&SC**

### **Lancashire Teaching Hospitals (Royal Preston Hospital)**

Sudipta Banerjee, Consultant ENT Surgeon and Paediatric Lead for ENT Surgery reported:

- Surgery is going well at Chorley for all specialities and there is a planned meeting with the L&SC ICB to discuss paediatric hub status in the future.
- The waiting list for grommets is essentially zero, however this has resulted in some underutilisation on the list, in particular ENT.
- Now started intracapsular plasma tonsillectomies at Chorley.

Sudipta requested ENT surgeons and ODN meet and discuss creating guidelines for glue ear and acute otitis media – advice for GP's. Su De suggested this work come through the ENT networks in GM, C&M and L&SC rather than the ODN; Su will follow up in an email. Clare Peckham, Consultant Paediatrician (RLI) Clinical Director for Babies & CYP (UHMBT), added that it would be useful to meet with Sudipta and Su De to discuss ENT referral pathways as there had been a few issues in UHMBT.

### **University Hospitals of Morecambe Bay NHS FT (Royal Lancaster Infirmary)**

Clare Peckham, Consultant Paediatrician (RLI) Clinical Director for Babies & CYP (UHMBT), informed the group that there are current staff shortages in UHMBT, currently only one acute Matron and no Deputy Associate Director of Nursing. Clare added that any lack of engagement was caused by the staff shortages and not a

	<p>reflection of enthusiasm. Joanna McBride offered to share from the ODN any vacancies on behalf of UHMBT. Clare thanked Joanna for the offer and added that there will be 4 consultant posts advertised in the next week or so for UHMBT.</p> <p><b>C&amp;M</b>  <b>Wirral University Teaching Hospital NHS Foundation Trust</b>  Annette Cooper, Consultant Anaesthetist and Paediatric Lead for Anaesthesia noted, regarding Martha's Rule that there has been some concern as to where the second opinion would come from, as not the staff to provide this. Joanna McBride agreed that it will be difficult in some Trusts, and there is no one size fits all solution to the Martha's Rule second opinion. Clare Peckham commented that this had been discussed within the CYP Board and ICB level, adding that East Lancashire are planning to seek second opinion from paediatric colleagues the following morning, if out of hours. Clare added that paediatric numbers requiring a second opinion will likely be very small and agreed to share email conversations for information, from various sources regarding the implementation of Martha's Rule within paediatrics. Please see <b>appendix 2</b>.</p> <b>East Lancs Hospitals NHS Trust (Royal Blackburn Hospital)</b> Stephanie Bowler, Consultant Anaesthetist / Lead - Paediatric Anaesthesia, informed the group that the first super Saturday had taken place, opening the day case ward with 2 theatre lists, general and ENT. There were 3 anaesthetists. The day was very successful, more efficient than the weekday. The next one is planned for July.	
8.	<p><b>Any other Business</b>  Joanna McBride informed the group that there would be a North West PCC SiC and LTV ODN conference next year, and invited the group to contact the ODN with any ideas of hot topics that would be of interest for presentations. The conference is still in the planning stage, so there is opportunity to have a say on what is included in the agenda, any ideas can be emailed to <a href="mailto:joanne.birkmyre@mft.nhs.uk">joanne.birkmyre@mft.nhs.uk</a>.</p>	
9.	<p><b>Actions</b></p> <ol style="list-style-type: none"> <li>1. Helen Blakesley, Network Manager, to present Femoral Fracture and club foot data at the next meeting.</li> <li>2. Clare Peckham to share wording from Royal Lancaster Infirmary's emergency surgical guideline, regarding non paediatric anaesthetist and adult surgeons.</li> <li>3. Su De to link with Sudipta Banerjee, to investigate acute otitis media and glue ear guideline.</li> <li>4. Clare Peckham to share email discussions on plans to implement Martha's Rule. – Appendix 2</li> <li>5. Helen Blakesley to add Ruth Whitehouse to the invite list for Femoral Fracture Working Group.</li> </ol>	
10.	<p><b>Date of Next Meeting</b>  13<sup>th</sup> September 2024</p>	

## APPENDIX 1

### Attendees

#### Network

Joanna McBride, Network Director, NW PCC SiC LTV ODN  
Helen Blakesley, Network Manager, NW PCC SiC LTV MT ODN  
Su De, Co Clinical Lead, NW Surgery in Children ODN  
Ian Clegg, Co Clinical Lead, NW Surgery in Children ODN  
Fran Campion, Lead Nurse, NW Surgery in Children ODN

Anna Parry, Nurse Educator, NW PIC SIC & LTV ODN  
Kimberley Beer, Nurse Educator, NW PIC SIC & LTV ODN  
Jessica Budden, Nurse Educator, NW PIC SIC & LTV ODN  
Catherine Mcgee, Nurse Educator, NW PIC SIC & LTV ODN

#### Royal Manchester Children's Hospital NHS FT

William McIntyre, Divisional Director for Surgery & Theatres, Royal Manchester Children's Hospital NHS FT  
Rachel Barber, Consultant - Paediatric Intensive Care/Medical Director, Royal Manchester Children's Hospital NHS FT

#### Alder Hey Children's NHS FT

Rishi Diwan, Consultant Paediatric Anaesthetist & Pain Lead (Acute) Alder Hey Children's NHS FT  
Louise Weaver-Lowe, Ass Director of Strategy and Partnerships, Alder Hey Children's NHS FT

#### Cheshire and Mersey

Andrea Davies, Deputy Ward Manager/Team Leader, Warrington & Halton Teaching Hospital  
Victoria Hills, Matron, Countess of Chester Hospital NHS Foundation Trust  
Sarah Jackson, Paediatric Nurse Consultant. Warrington & Halton Teaching Hospital  
Annette Cooper, Consultant Anaesthetist/Lead – Anaesthesia Wirral University NHS Foundation Trust  
Emily Thomas, Children's Ward Manager, Wirral University Teaching Hospitals NHS Foundation Trust  
Denise Tokely-McNicholas, Service Manager, Mid Cheshire Hospitals NHS FT  
Susan Thong, Interim Directorate Manager (Paediatrics), Mersey and West Lancs TH NHS Trust

#### Lancs & South Cumbria

Sudipta Banerjee, Consultant ENT Surgeon/Paediatric Lead - ENT Surgery, Lancashire TH NHS FT  
Clare Swallow, Ward Manager, Blackpool Teaching Hospitals NHS Foundation Trust  
Ileana Anderco, ENT Consultant, Blackpool Teaching Hospitals NHS Foundation Trust  
Angela Mason, Matron, Blackpool Teaching Hospitals NHS Foundation Trust  
Tina Ainsworth, Ward Manager, East Lancashire Hospital Trust (Royal Blackburn)  
Stephanie Bowler, Consultant Anaesthetist/Lead - Paediatric Anaesthesia, East Lancs Hospitals NHS Trust  
Kelly Fairclough, Performance Manager, East Lancs Hospitals NHS Trust  
Mark Children, Consultant Anaesthetist/Lead Paediatric Anaesthetics, Blackpool Teaching Hospitals FT

#### Greater Manchester

Marie Armstrong, Lead Nurse, Trafford Elective Surgical Hub - WTWA  
Sarah Ashworth - Paediatric Ambulatory Care Manager, Royal Oldham Hospital, NCA Trust  
Simone Gorman, Ass Director of Nursing (Neonates & Paediatrics), Royal Oldham Hospital, NCA Trust  
Nnamdi Okolie, Directorate Manager - General Surgery & Gastro, Stockport NHS FT  
Rachel Stoeter, Consultant Anaesthetist, Stockport NHS FT  
Ruth Whitehouse, Ward Manager, Stockport NHS FT  
Paula Garlick, Paediatric Matron, Tameside & Glossop Integrated Care NHS FT (Tameside Hospital)

#### NHS England/Commissioning/Other

Donna Dodd, Implementation Manager (Cheshire and Merseyside), GIRFT, NHS England  
Usman Darsot, System Improvement Manager, GIRFT, NHS England  
Kelly Taylor, Head of CYP Transformation Programme, NHS England – North West

#### **Apologies:**

Dr Christian Longley  
Elaine McNally  
Jill Tomlinson  
Kerry Taylor  
Laura James  
Laura Wilkinson  
Michael Marsden  
Michelle Lee-Jones  
Phil Nee  
Sarah Salka

## Appendix 2

Information from L&SC, provided by Clare Peckham.

From Damian Rowland

*"While the concept of Martha's law has been agreed [RCPCH responds to Patient Safety Commissioner's recommendations on Martha's Rule | RCPCH](#) the specifics of its delivery have not. While there is the expectation of a critical care response available it's not been determined who or what this will be (there is a pilot programme starting imminently [NHS England » Martha's Rule expression of interest regulation](#) The purpose of this is to determine the art of the possible (and there is going to be a separate specific paediatric workstream)*

*While there are many processes to escalate concerns about CYP (and the national PEWS work will start to standardise these) Martha's parents were very clear that Martha died in a hospital with a PEWS and a CCOT team. This wasn't about the resource it was about it being deployed. The direction of travel is that not only will there be escalation pathways that are health care professional led there should (and will be) routes where parents can raise concerns directly. While many professions are anxious this pathway will be abused or just be about minor concerns the evidence doesn't bear this out ([But I told you she was ill! The role of families in preventing avoidable harm in children | BMJ Quality & Safety](#)).*

*Having said all that I do really hear the voices of the paediatric community who are worried this is just another workload that will be piled on them. I hope I can assure you nothing has been confirmed, we have time to pilot and develop and that there is no intention of not working on things together through consensus."*

from Jo Connolly in Preston

"We have implemented a call for concern campaign, calls are answered by the critical care outreach team or hospital at night team. They can review adults but not children however will support the family by working with the team to check appropriate escalation etc is place. I have asked to be informed of all calls so I can check and follow up with the family the next day and we are going to monitor call numbers quarterly at the Divisional Always Safety First meeting which I chair. I've told the team we are aiming for no calls as we should ideally already know who is concerned about their children and be communicating with them? "

from Vanessa Holme in Blackburn

### "5.3 Activation from Paediatrics

- If a call is received regarding a paediatric patient with a suspected acute clinical deterioration, the CSM will contact the Paediatric Co-ordinator on 85033, who will take details of the Call for Concern activation.

-Reviews will be conducted as per the paediatric call for concern flow chart in appendix XXX.

- The reviewing clinician must document their assessment in the patient's EPR and *update the Call for Concern SharePoint Site accordingly (this is likely changing to datix). "*

