

Minutes

**North West & North Wales Paediatric Critical Care ODN Oversight Meeting
Wednesday 14th August 2024 10.00am-12.30pm Via MS Teams**

	Item	Actions
1.	<p>Welcome and apologies</p> <p>Joanna McBride welcomed everyone to the North West & North Wales Paediatric Critical Care ODN Oversight meeting.</p> <p>For attendance and apologies, please see appendix 1.</p>	
2.	<p>Notes of last meeting</p> <p>Minutes from last meeting agreed as an accurate record.</p> <p>Summary of actions from last meeting:</p> <p>Martha's Rule:</p> <ul style="list-style-type: none"> • Jo will take the points raised at the meeting back to the National Team – On today's agenda. • Vicky Webster has some words from the Royal College as to their stance on Martha's Rule that she will share – complete. <p>PCC Level 1 & 2 Activity Audit:</p> <ul style="list-style-type: none"> • Lucy will be finalising the data and then writing a final report on the audit and will share this with all areas when ready – In progress. • Ashlea Norton asked for clarification about the continuous infusions, to ensure that NMGH have interpreted this correctly and are not missing out on capturing data. Lucy will look into this across the board and confirm – Document to be shared when ready to support with providing clarification. <p>TRiM training:</p> <ul style="list-style-type: none"> • The possibility of courses being run for staff is being looked into. A central host would be needed, but individual trusts could fund the places – The ODN and NWTS will jointly look at this. <p>HONK Case Review/Lessons Learned:</p> <ul style="list-style-type: none"> • With regards to the list of equipment being developed with PICU for having on an adult ICU, Lucy Allton suggested that this could be included as an appendix for the guideline that is soon to be ratified for level 3 care of a child outside of a level 3 PCC unit. Kate Parkins agreed with this and asked that Ashlea send her the list when ready – In progress. <p>Group to feedback regarding their winter pressures experience:</p> <ul style="list-style-type: none"> • What went well/what were the challenges/what changes have been made – Some responses received. To be discussed in ODN update. 	ODN/ NWTS
3.	<p>Progress update on National PEWS</p> <p>Update given by Damian Roland (Clinical Lead for SPOT Programme, Lead for Deteriorating Child, NHSE)</p> <ul style="list-style-type: none"> - Martha's Rule – Concerns recognised re DGHs without an ICU. Looking at what is the role of adult critical care teams in the management of a child, what is the role of 	

upskilling staff and what is the communications cascade. Pilot will be used as a learning opportunity.

- Martha's Rule is strongly linked to National PEWS Programme - SPOT (system-wide paediatric observations tracking).
- PEWS Chart launched November 2023.
- Going through programme of implementation.
- Community of practice meeting held each month. This is well attended and going through implementation problems both with paper-based chart and digital chart.
- Issues with digital translation at present.
- Working with digital providers to move things forward.
- Scoring links into banding of concerns for child (low/medium/high/emergency). This relates to the appropriate escalation. e.g. score 5-8 = escalate to medium response. If score changes, but stay in same band, don't need to re-escalate.
- Listening to parent/carer concerns embedded (this should mean in time will not need a separate pathway for Martha's Rule).
- A medium response (score 5-8) would include sepsis review, but not stipulate a response with an action in 3 hours.
- A score of 9-13, would mean a senior consultant review and antibiotics within an hour, if appropriate, for sepsis.
- The National PEWS approach to sepsis, is aligned with the Academy of Medical Royal Colleges.
- However, the National PEWS sepsis screening approach differs to NICE sepsis approach. Evidence from National PEWS to be collated and presented to NICE to change guidance.
- Any queries or concerns re Martha's Rule or National PEWS can be directed to Damian dr98@leicester.ac.uk
- Kim Williams noted that there are also local forums which meet to discuss National PEWS. There is a C&M implementers group, which is replicated across L&SC and GM. Digital implementation is the main issue at present.

4. ODN Update

ODN update given by Jo McBride:

- Winter pressures feedback (4 providers / 5 replies). In summary:
 - o Went well - teamwork / use of Hamilton vents / CAMHS have increased hours of service.
 - o Challenges - staffing challenges.
 - o Changes - Increase in acuity and older age children who required interventions.
- Surge Plan - almost complete.
- Wider North bed pressures (Y&H):
 - o Y&H - bed base reduction Leeds L3 x2 & L2 (6 not opened) / Sheffield L3 x2 & L2 x1 = L3 x5 & L2 x7 (support wider North as we are able) Link - transfer teams.
- Level 2 audit - extended.
- Self-assessment process - on to last cluster of units.
- SDF 2024-2025 - NHSE meeting this week - awaiting formal response.





PCC oversight
meeting 14.08.24.pp


Guidelines update given by Kate Parkins:



NWTS Guidelines
Update August 2024

<p>5.</p>	<p>National Update</p> <p>National update given by Jo McBride:</p> <ul style="list-style-type: none"> - National PEWS - soft launch. England.pews@nhs.net - Winter prediction - no seasonal variation / specific guidance. DoS being reviewed re: additional column the 'bug of the week' (infection column). - RSV vaccination - Commencing 1st September 2024. Same vaccination for adults and children. Focus will be women 28 weeks pregnant and for newborn babies (Pfizer). Palivizumab (for high risk CYP). - UKHSA - other infections Pertussis / Measles / Flu: <ul style="list-style-type: none"> o Pertussis vaccination – pregnant women. o Measles – less but still around. o Flu vaccination for CYP. - Field Safety Notice - Bivona tracheostomy (flange), Philips Respironics ventilators 'high internal oxygen' alarm. Risk assessments taking place. NW LTV ODN sighted on this. - Martha's Rule: NW ODN not successful as pilot (successful ODNs are Yorkshire & Humber, West Midlands & North Thames). For the Pilot, for paed: 2 x RMCH / AHCH, and for adults & paed: Walton, Preston, Bolton. - PICANET - to get access for ODNs / wider groups. - PCC Competencies - Foundation, Levels 1/2/3 (passport). - Regional PCC pressure - Y&H (closed PCC beds). 	
<p>6.</p>	<p>Update re: Women's and Children's Transformation Programme</p> <p>Update shared for information (post the meeting)</p>  <p>PCC Oversight 14.08.24 WC Transfc</p> <p>For any Transformation queries: england.wcyptransformation@nhs.net</p>	
<p>7.</p>	<p>PCC Level 1 & 2 Activity Audit</p> <p>Audit update given by Lucy Allton:</p>  <p>PCC audit Oversight Aug 24 sh</p> <p>Comments:</p> <ul style="list-style-type: none"> - For the data submitted, clinical diagnosis is requested in free text (as well as the interventions given), however this does not show in the reports at present. - For patients who went from DGH to tertiary centre and back to DGH, they will be re-captured by audit if they require level 1 or level 2 care, but it would be captured as a new event, rather than a transfer in. This is something that can be looked at. - Lucy requests transfer data from NWTs to include in the audit, but can't marry up the patients, as no patient identifiable data is included. - It was noted that it would be helpful to see which interventions are creating the most activity across the region. - Lucy noted that she is happy to attend internal unit meetings to present data, if requested. 	

8.	<p>NWTS Update</p> <p>Update given by Chris Walker:</p> <ul style="list-style-type: none"> - Lower activity this month. Slight return to seasonal activity. - Full complement of consultants at present. One consultant leaving the team soon, but 2 new consultants have been recruited and will be starting soon. - No issues with ambulances at present. - Full complement of nursing staff. - Teams consistently available and managing workload. - Crash call is due to expire in January 2025. Project re replacement commencing well, and this group will be updated in due course. On track for completion in February 2025. This will be a new product. A pre-populated sheet will be able to be printed off, with calculations for a wide range of weights already made. It will remain as a fixed rate format to mirror the current format and align to what the vast majority of centres are familiar with. 	
9.	<p>Nurse Group Update</p> <p>Update given by Amicia Hill:</p> <ul style="list-style-type: none"> - Group last met in July, for a face-to face meeting (first F2F meeting since covid). - Very good meeting. Consisted of a lot of discussion/networking between attendees and clinical supervision. Problems discussed, including that there has been high acuity this summer. Debrief and staff support discussed. TRIM training will be very supportive. - Meeting included ODN representation from Lucy, Janice, Anna and regional educators, Cathy, Jess and Kim. - HDU course - possibility of network course being developed to be considered, for individual trusts to run. - Re: education, currently 80 regional nurses trained so far this year. - A further 35 booked on to be educated in September. - Now planning for education in 2025. - Re: future meetings, plan to have 3 virtual meeting plus one F2F meeting per year. 	
10.	<p>Winter Surge Plan</p> <p>Surge plan almost complete. Will be circulated when ready.</p>	
11.	<p>Updates by area – By exception</p> <p>C&M:</p> <ul style="list-style-type: none"> - Re: emergency ambulance (non-critical care), don't get a lot of use out of it, so will be useful to consider if can get any other use out of it. - Debriefs following the Southport incident taking place. Incident was very distressing for staff and communities. Support for staff very valuable. Clinical case review meeting taking place at the end of August that Medical Directors and Trauma Leads have been invited to, along with National Leads to look at learning. EPPR also being looked at for each organisation. AHCH has held debrief, which C&M were invited to. RMCH doing a separate debrief. - Julie Bourke stated that she was a manager on duty at Ormskirk on the day of the incident. Julie highlighted how proud they were of the 4 nurses that were sent over from Ormskirk to Southport to support with the incident. A few children also came to Ormskirk from the incident. EPPR plans were implemented and worked well. The teamwork between both sites has been amazing. The community has been very supportive of the hospital staff. - NWTS sent a team to Southport. Chris thanked the Southport team and the 4 Ormskirk nurses for the support given to the NWTS team. 	

	<p>RMCH:</p> <ul style="list-style-type: none"> - Took one patient from Southport incident. Very traumatic incident. Participating in debrief and learning. - In general, activity lower at present, and have beds available. - On track for Winter, have had a recruitment drive. - Having winter planning meetings. - 34 new nurses starting between September and January. Will have lot of very junior staff, so looking at training. <p>NMGH:</p> <ul style="list-style-type: none"> - Seeing less HDU activity this Summer compared to last. - However, experiencing more NWTS transfers out compared to last year. - 6 deaths in last 2 months which is unusual. - Several meningococcal cases, some of which have died. <p>No further updates.</p>	
12.	<p>Any Other Business</p> <p>No items raised.</p>	
13.	<p>Case Reviews & Lessons Learned</p> <p><i>Shared for information:</i> Independent Learning Review following the death of a child at a London tertiary referral centre</p>  <p>Lessons Learned Bulletin AVH - Final</p>	
14.	<p>Date of Next Meeting</p> <p>13th November 2024, 10am-12pm, Via MS Teams</p>	

Summary of Actions:

Item	Lead/s
<p>TRiM training:</p> <ul style="list-style-type: none"> • The possibility of courses being run for staff is being looked into. A central host would be needed, but individual trusts could fund the places – The ODN and NWTS will jointly look at this. 	<p>ODN/ NWTS</p>

APPENDIX 1

Attendees:

ODN

Name	Job title / Organisation
Joanna McBride	Network Director, NW PCC, SiC & LTV ODN
Lekha Sridhar	Joint Clinical Lead, NW PCC ODN / AHCH
Helen Blakesley	Network Manager, NW PCC, SiC & LTV ODN
Lucy Allton	Lead Nurse, NW PCC & SiC ODN
Janice Fauset-Jones	Lead Nurse, NW LTV ODN
Fran Champion	Lead Nurse, NW SiC ODN
Anna Parry	Nurse Educator, NW PCC, SiC & LTV ODN

Regional

Name	Job title / Organisation
Abigail Pepperman	Consultant Paediatrician, BCUHB - Child & Adolescent Health
Adrian Hughes	Alder Hey
Amicia Hill	Transport Sister, NWTS
Angela McDonald	Wirral
Ashlea Norton	Consultant Paediatrician, North Manchester
Beth Mackay	NHSE
Christian Longley	Leighton
Christopher Walker	Lead Nurse, NWTS
Damian Roland	Lead for Deteriorating Child, NHSE
Donna Dodd	NHSE
Eleanor Aston	RMCH
Elizabeth Cotton	MBHT
Emma Hogg	Wirral
Eva McDermott	Chester
Georgina Haddock	Clinical Educator, Warrington
Helen Campbell	Consultant Paediatrician, ELHT
Helen Coutts	Consultant Paediatrician, ELHT
Jennifer Harrison	Bolton
Jennifer Lynam	Wigan
John Hoban	Ward Manager, MBHT
John Horley	ACP Paediatrics, Wigan
Julie Bourke	Mersey West Lancs
Karen Smith	Isle of Man
Karen Wilson	The Walton Centre
Kate Parkins	Consultant, NWTS
Kathryn Wood	Consultant, NWTS
Kim Williams	Cheshire & Mersey
Kimberley Beer	RMCH
Laura Norton	MBHT
Lisa Daly	Bolton

Megan Gillick	Blackpool
Melanie Fry	Leighton
Michelle Lee-Jones	Wirral
Nicola Bie	Wirral
Nikki Childs	NHSE
Paula Garlick	Tameside
Rachael Deans	Alder Hey
Ruth Whitehouse	Ward Manager, Stockport
Sadha Punniyakodi	Consultant Paediatrician, Isle of Man
Sian Carline	RMCH
Tracy McNeill	Whiston
Vicki Simmonds	RMCH
Vicky Webster	NHS Lancashire and South Cumbria ICB

Apologies:

Jon McViety, Louise King, Kelly Taylor, Mike Marsden, Sarah Salka, Manohar Joishy, Steve Playfor, Jill Tomlinson, Rachel Stoeter, Clare Peckham, Jo Connolly, Rachael Pennington, Laura Reynolds, Nicola Slilem, Suzy Emsden