North West & North Wales Paediatric Critical Care Operational Delivery Network:
Nursing and AHP Sub-Group
Meeting 17th July 2024 10-4
Face to Face

Attendees

Lucy Alton (PCC ODN/ Co-Chair) Mica Hill (NWTS/Co-Chair) Nicola Longden (NWTS/Co-Chair) Anna Parry (Network Education Nurse) Janice Fauset-Jones (LTV Network Lead Nurse) Kim Beer (ODN Regional Educator) Cathy McGee (ODN Regional Educator) Jess Budden (ODN Regional Educator) Elizabeth Cotton (Lancaster) Carrie Bowen (Wrexham) Molly Ashton (Ormskirk) Sarah Salka (Ormskirk) Sarah Ashworth (Oldham)	Emily Heggie (Blackpool) Georgina Haddock (Warrington) Jess Berry (Warrington) Nicola Slilem (Ormskirk) Laura Reynolds (NMGH) Isabelle Cliffe (Warrington) Naomi Harrison (NMGH) Maisie Howarth (NMGH) Gail Parr (Wigan) Charlotte Nixon (Leighton) Trudie (Leighton)

Apologies: Jess Cohen (Tameside), Jill Tomlinson (Warrington), Kate Abberley (Macclesfield), Panisha Patel (Stepping Hill), Emily Coup (Stepping Hill), Eva McDermott (Chester), Cerys Cookson (YGC), Kirsty Fielding (Chester), Phoebe Urbaniak (Panda), Catherine Boone (Blackburn), Jill Flynn (Stepping Hill), Sophie McNeilly (Blackburn), Emma Isherwood (Blackburn), Claire Wilson (Wrexham), Danielle Leboutte (Wales), Sam Torkington (Preston), Liz Hooper (Wigan)

1. Welcome and housekeeping (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
Audit continues. 6 months of data has been presented to the Womens and Childrens Transformation board to show activity with level 1 and 2 patients. Interventions for status patients differ across	

the patch – differing interpretations with lots of patients that are being included in the audit not meeting the criteria. Would need to be on an antiepileptic infusion for > 4 hours. Audit will have "other" criteria added to it to enable free type text entry to identify interventions not picked up elsewhere on the form. Data cleanse underway. Crib sheets are being created to map interventions against inclusion and exclusion criteria. Final report to be written and will be circulated once happy data is all correct. Audit will be ongoing and going into trust contracts. Email will be circulated to confirm. National meeting tomorrow so no recent updates to bring to this meeting. On agenda will be Yorkshire & Humber pressures – bed closures impacting beds all over UK with Y&H having to move patients out of region. Martha's rule to be discussed – some NW sites are pilot sites. Network applied to be pilot network but were unsuccessful. Y&H were successful so we will learn lessons from them. Lundy Model training recently for ODN. Would like to have more involvement of parent and patient voice and feedback. Posters have been circulated and will be attached again with minutes. Educators now in post, regionally based. Opportunity to meet during the day as all in attendance. Workforce scoping document being completed – challenging process that will come out as part of the transformation programme. Self assessments nearly complete with just 4 more to be completed.	All subgroup members to ensure PPV poster displayed in their local areas

4b. Update from LTV Network – (JFJ)

Update	**Actions**
Numbers of LTV patients growing a lot. More patients going to tertiary centres. Study days this year oversubscribed massively so if people have been allocated a place and can't attend please let LTV network know ASAP. DGH staff have been prioritised over community staff for places to help get children back to DGHs. Showing need and demand for education regionally. Study days not long enough, considering running over 2 days next year with 1 theory and 1 practical. LTV competencies being shared. Lots of different ventilators out there in use which is making things more complicated.	

GIRFT meetings attended with minimum safe staffing levels and LTV pathways being looked at. Will be looking at West Midlands quality standards for benchmarking for LTV. NWTS transfers being requested because staff unhappy/unable to look after LTV Ventilators rather than uplift of care – NWTS not commissioned for this. Virtual ward rounds planned from tertiary centres for LTV patients who must stay in DGHs as no tertiary beds. Field Safety Alerts for tracheostomy and Phillips A40 ventilators discussed. LTV Nursing and AHP group runs alongside an LTV education group – if anyone would like to attend please contact Janice janice.fauset-jones@mft.nhs.uk	

4c. Update from Educators - (AP)

Update	**Actions**
Regional educators now in post and present at the meeting today. Educator forum taking place every 8 weeks to consider how best to support the region. PCCS competencies available from newly qualified through to experienced nurse. This is a portable document that can be taken from job to job to show sign off for critical care competencies and skills. Please use it or adapt it for your area if you think it could be useful. Bespoke teaching and education can be provided – team going to Macclesfield soon to upskill in HDU care.	**Mica to share competencies with minutes**

4d. Update from NWTS – (NL)

Update	**Actions**
Nicola displayed a data presentation showing regional referrals and transfers NWTS undertook in the last financial year. Majority of patient transfers recently have been whooping cough/meningitis. Level 1 and 2 transfers for uplift of care continue to be available – ring NWTS to discuss team availability. We are unable to support transfers out for capacity issues. Winter pressures planning underway with an application for a winter nurse led surge team going in to allow us to repatriate patients to encourage flow through critical care. Outreach dates are available to book. Contact Nicola to arrange – liaise with medical & anaesthetic teams. Conference also available to book – see NWTS website.	

Grand round continues and will be back in September after a month off in August – recordings are available on the NWTS education website. www.nhseducation.nwts.nhs.uk username: education password: nwts2020	

4c. Update from Greater Manchester region (DGH perspective)

Hospital / Name / Department / Update	Actions
Bolton **Ward – no update** **A&E- no update**	
North Manchester **Ward-** Having some nice shifts recently. Link nurse is also PNA and happy to have the time recently to be able to support staff to have breaks and do some patient care. Running parent resus sessions for any parents who want to be trained in basic life support, prioritising patients who have presented with choking episodes/seizures but available to anyone. Teaching community ratio 30:2. Able to facilitate 4 away days with 20 staff on each going through sickle cell, pain, palliative care, skills stations, sepsis and more. Would like to run an in house HDU course but needs to be accredited as MFT require that for study days. APLS vs EPALS – more places available on EPALS but no trauma inclusion so less suitable for ED staff. Not funded for NIV patients at all. Had a local team transfer of a 3 month old on airvo. Not seeing much DKA but seeing wheeze, croup, pertussis. 1 patient with dystonia needing deep suction – nurses not trained so transferred to RMCH as no respiratory physio cover overnight and a junior nursing workforce. Sad case of a 2 year old with reflux who presented every 3 months with airway and respiratory symptoms eventually had MRI under sedation and found to have a brain tumour. Just started to use Hamiltons – staff confidence needs to be increased. Ward educator will educated ED staff. **ED –** Busy, seeing around 100 patients per day. Some sad cases recently with 2 deaths in the same week in ED, a 5 year old meningococcal who presented immediately after rash development and died within 3 hours. A 1 year old who was being supervised by 12 year old sibling found unresponsive. Helimed I&V and did CPR. A poorly DKA with deranged triglycerides stayed in ED >24 hours as no bed available in ward or RMCH. 2 year old AKI stage 3 with complex	

background needing bicarb infusions, had 2 cardiac arrests and now found to have a metabolic disorder. Sibling being investigated for same disorder. Seeing lots of knife attacks.	
Oldham **Ward & ED –** Not seen NWTS for a while. ED seeing more admissions. Most common presentations DKA, status and patients with complex needs. HDU patients often being on HDU for <24 hours before step down. Looking at Hamilton, already have a humidifier. HDU empty for a couple of weeks. Seeing some metabolic patients. Trialling local HDU course, not accredited, 4 nurses on it so far. Nurses were finding travel to AHCH too much. Running for 8 weeks 1 day a week with SIMS and skills based sessions.	
Salford **Panda**	
Stepping Hill **Ward**	
Tameside **Ward- No update** **ED- No update**	
Wigan **Ward & ED** – Ups and downs recently. No NWTS transfers recently. Increase in paeds deaths seen in ED including a 15 year old suicide by ligature, a house fire patient and a patient with a severe brain bleed following a kickboxing match who had treatment withdrawn at RMCH. HDU activity up and down. Some unusual cases. Chicken pox admission with an eventual diagnosis of leukaemia. Lots of CAMHS patients. Lots of staff sickness. Have a Hamilton – lots of complex needs patients who don't want to escalate further than CPAP so discussing with reps about NIV for >10kg patients. End of life treatment for a 14 year old on NIV using Hamilton set precedent for this to happen locally.	
Wythenshawe **Ward- No update** **ED – No update**	
Fairfield No update	

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

Hospital / Name / Department / Update	Actions

Arrowe Park **Ward- No update** **ED- No update**	
Chester **Ward-** **ED-**	
Leighton **Ward –** Busy, doesn't feel like summer. Lower acuity for the last 2 weeks. HDU numbers lower even though it has been busier with less respiratory illnesses. Lots in HDU that don't meet HDU criteria. Some weird and wonderful diagnoses. 1 x encephalitis ?cause who later passed away on AHCH PICU. 1 x OD patient who received Parvolax and was initially GCS 15 then had seizures, was I&V and transferred to Leeds and later passed away. Another patient with trisomy 21 with AKI was transferred by NWTS, hypotensive and oedematous, was in AHCH for 3-4 weeks and now has an oncology diagnosis. Staffing problems continue with only 1 nurse available for 4 bedded HDU. 10 new nurses have been recruited and will be in the process of induction soon. **ED**- No update	
Ormskirk **Ward and ED –** Peaceful recently – short period of 0 patients admitted. Feels like Summer. Busier since merging with Whiston. 2 x SUDIC cases recently, 1 x 4 weeks old, non English speaking family, lessons learned locally as unable to provide leaflets/information in family's native language. 1 x 15 year old OD, didn't understand the implications, then passed away. Staff found this difficult. Sibling has presented with OD since. Seeing lots of trauma, RTCs and trampoline injuries. ?NWAS redirecting to more appropriate centre. Will be running trauma sims to upskill staff. Recent orthopaedic case with severe autism needing paediatric learning difficulty support but finding this hard to access. Attempting to learn how this patient understands what is happening and the best ways to support through the admission. Have a mental health champion who is also an educator so applying for funding to backfill the MH time for a second educator 2 days a week.	

Seeing lots of neonates transitioning to paeds needing discharge planning. 1 x patient recently with status dystonicus. Internal staffing review ongoing, being led by Whiston. Also running an internal HDU course 1 day/month encompassing A-E assessment. Pilot course for 6 months but likely to continue going forwards.	
Macclesfield **Ward –** **ED-**	
Warrington **Ward –** Busy – no summer. Whooping cough and COVID prevalent, no routine swabbing unless indicated. 1 long term patient on airvo at home presented admitted for a month, found to have an issue with airvo machine. Transfers out recently for HDU and ICU care. 9 month old bronch intubated, returned 2 weeks later intubated again, ? cause, happy it is just a bronchiolitis. Staffing audit underway May – November, hoping to be able to recruit more staff. Lots of vacancies and lots of preceptees. In house HDU study days being ran. Switching vapotherm to airvo, teaching in progress for this, Hamilton C3 available, not used much yet but 80% of staff trained up now. **ED**- Seeing lots of D&V! Some sad cases recently one baby who had cardiac arrest in car seat, has hypoxic changes and is now back on the ward for establishment of NG feeding. One patient presented to ED with coryzal symptoms discharged home then represented septic and found to have invasive group A strep and died in ED. Family wanted to bury before sundown but ?whether PM needed. 4 x SUDICS last few months, staff needing support for morale. Wellbeing staff in ED to support and help prevent staff going off with stress. Twilight shift helping relieve the pressure and helping with this.	
Whiston **ED – No update** **Ward – No update**	

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

Hospital / Name / Department / Update	Actions
Barrow-In-Furness **Ward – No update** **ED- No update**	

Blackburn **Ward – no update** **ED –** 2 recent transfers, 1 undiagnosed cardiac attended peri arrest, transferred by NWTS. 1 child fitting, was I&V and attempted to extubate locally but continued to seize. Introduced new acuity tool introduced by NHS England to allow patients who score low to go home and come back for a pre-booked appointment between 10am and 10pm. Helping with overcrowding and waiting times. A couple of patients have passed away recently, safeguarding related. Difficult case of child who sustained NAI in care of childminder, transferred to RMCH. Unfilled 2 posts for band 5s, have been out for advert twice but struggling to fill to relying on staff picking up bank.	
Blackpool **Ward –** Lots of HDU patients, some needing NWTS support and transfers. Twins being moved alternately which was difficult for family and both ended up in different PICUs. Trauma patient stayed locally with head injury and dropped GCS. Seeing patients needing optiflow into April/May. Seeing DKAs, metabolic and seizures. Lots of croup in last 2 weeks. Seeing lots of CAMHS patients still. 1 very challenging case recently where a member of staff was assaulted by a CAMHS patient and remains off sick as a result. 1 x 12 year old needed to be sectioned and have the rapid tranquilisation policy used. Lots of debriefing for staff required. Recruiting actively for junior staff. **ED- No update**	
Lancaster **Ward – No update** **ED**- Multiple NWTS transfers – post cardiac arrest, complex patient with respiratory infection, undiagnosed Tetralogy of Fallot. Also had a time critical traumatic pneumothorax and a time critical head injury. Still seeing lots of respiratory patients with Rhino/Enterovirus, some seizures and vomiting. Difficult case – cardiac arrest 5 month old ?drowning, mum arrested in ED. Struggling to stabilise respiratory patients. Seeing CAMHS patients being served notice and brought to	

ED. Staffing issues – sometimes no Paediatric nurse on shift which has led to incidents.	
Preston **Ward – No update** **ED-** No NWTS transfers from ED. Seeing patients with post tonsillectomy bleeds, D&V, Croup and COVID. Some difficult cases involving safeguarding, trafficking and refugees. Long term sickness among band 6s continues, recruited 2 permanent band 5s. Short listing for band 3 HCAs.	

4f. Update from North Wales (DGH perspective)

Hospital / Name / Department / Update	Actions
Bangor **Ward-** **ED-**	
Glan Clwyd **Ward and ED:** Busy recently, feels like winter. Mixed bag of patients. 1 x DKA with delayed presentation due to ambulance/transport issues. A cardiac patient 17 days old on high flow for 18 hours, noted to have gallop rhythm, started Prostin and was transferred by NWTS. A 6/12 patient transferred from NICU. Home CPAP being discussed for a patient and there are already some community patients on nocturnal NIV at home. Local withdrawal recently which was upsetting for staff. Seeing some ODs through ED, the ward will admit patients up to 18 years old.	.
Wrexham **Ward-** Busy. No specific diagnoses, not really needing HDU care. 1 x teenager was hypotensive, later found to be due to drug ingestion. 14 year old treated for cellulitis, found to have AKI, peri arrest in bathroom and found to be septic. Was intubated and needed inotropes and took a long time to stabilise with NWTS prior to transfer. Too unstable for CT scan, found to have toxic shock syndrome. Local RCA/investigation into this case. Has now been found to have predisposition to AML so will be on treatment to prevent progression. 5 year old died in ED, looked after by Aunty, had bulging fontanelle ?meningitis ?NAI withdrawn treatment at AHCH	

after a time critical transfer. Another patient with pineal blastoma who had normal observations but was behaving abnormally, missed behaviour by ED. Lots of COVID and lots of cardiac babies presenting. **ED – no update**	

10. Terms of reference

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

7. Education Section

We had an afternoon of face to face education from NWTS Lead Constultant Suzy Emsden talking about Leadership, Katie Higgins (NWTS) and Rachel Nicholls (RMCH) talking about the role of the PNA, Anna Parry (ODN) talking about a career in education and Kate Dear (Fairfield) talking about a career in advanced practice.

8. Education update

Mica displayed a short presentation on feedback from the education we have delivered in 2024 so far. Summary:

- Pre-reading not being done so attendees coming with less knowledge of things especially blood gases than we would like
- Should we run a 3-4 hour Teams pre-read lecture session that is mandatory to attend to ensure attendees have the knowledge needed?
- Timing of study day – a lot to fit into 6 hours. Should we extend the study day to be an 8 hour day with 30 minutes for lunch, then the study day plus pre-read lectures totals 1 x 11.5 hour shift?
- Topics requested to be included:
    - DKA
    - Asthma
    - Local extubation process and what to expect (?put this into status session)
    - How to prepare for NWTS transfer
    - Equipment needed for paediatric stabilisation
    - Blood gas analysis (already part of pre-read)
    - Drawing up emergency drugs (practical session)

Mica, Nicola, Lucy and Anna will get together to formulate a plan for next year. Any feedback please let us know!

Education left in 2024 is the Specialist Day in September which still has spaces left. NWTS are running the annual conference also in September. See website to book on.

9. Future Meeting date & Education Plans

Dates for 2024:

Thursday 17th October (Virtual only) – Education will be delivered by Nicola

Dates for 2025 will be agreed at October meeting

10. AOB

1. **Regional/ODN accredited HDU course**
   We discussed the need for DGHs to have a HDU course that they could adapt for their local use to make it specific to their area. Could we as a network take this on as a project now we have a robust education team?
   Lucy, Nicola, Mica and Anna will meet in the next couple of weeks to discuss the feasibility of this and will discuss at the oversight board if feasible.
2. **NHS Futures**
   We now have a dedicated NHS Futures workspace where we can share documents privately between members of the group. Mica will work on getting this up and running and will then invite all sub group members to be contributors.
   Information shared can include SOPs, Guidelines, Meeting minutes, etc. and this will evolve over time. Look out for an invite to this!
3. **Deputy Chair – Greater Manchester**
   Emily Coup is on Maternity Leave – Laura Reynolds has volunteered to cover Emily's deputy chair role during her leave. If anyone else would like to volunteer, we can have a vote. Nominations to be received by 26th July please.
4. **Deputy Chair Meeting Update Sheet**
   Lizzie has developed a document that can be sent out by deputy chairs to their link nurses/AHPs prior to the meeting to be completed if they cannot attend to allow updates from each region. This will be attached to the email, please feel free to use!