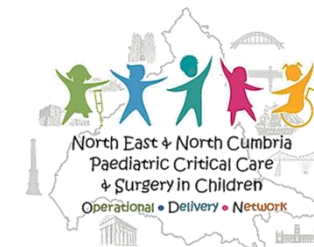


**Meeting:** NENC PCC & SIC ODN Board

**Date:** 11<sup>th</sup> July 2025 13:00 – 15:00

Via Microsoft Teams



## Minutes

### Attendees

Maria Willoughby Assistant Medical Director CDDFT **CHAIR**

Julie Bloomfield PCC & SIC Network Manager  
Laura Cassidy Network Delivery Manager CHWB Network  
Subhan Christudas Paediatric Clinical Director NTH NHS FT  
Maria Clement Network SIC Clinical Lead, Paediatric anaesthetist NuTH  
Eleanor Dawson Paediatric Clinical Director GHNHS FT  
Lesley Durham NOECCN Director  
Jonathan Grimbley Paediatrician South Tees Hospitals NHS FT  
Greg Johnston PPV representative CE Team Evie  
Yasmin Khan Service Specialist NHS England - North East and Yorkshire  
Marcin Kornatowski NEAS  
Victoria Moody NHS North East And North Cumbria ICB  
Joanne Mulholland PCC & SIC Network Lead Nurse  
Terry Phillips CHD Network Manager  
Karen Portas Major Trauma Network Manager  
Anne Watson PCC & SIC Network Project Support Officer

### Apologies

Anna Brough Network PCC Clinical Lead NuTH  
Heather Corlett CHWN Manager NENC ICB  
Louise Cullen PCC & SIC Network Educator  
Milan Gopal Network SIC Clinical Lead, Paediatric surgeon NuTH  
Aravind Kashyap PCC Clinical Lead , Intensivist NuTH  
Katherine Noble NEAS  
Karen Perring CYP Transformation Clinical Lead NHS England  
Neelmani Ramphul Paediatric Clinical Director GH NHS FT  
Punit Shah Paediatric Clinical Director CDDFT

1	<b>Welcome &amp; Apologies – Ria Willoughby</b>	
	<ul style="list-style-type: none"> <li>RW welcomed everyone to the meeting and apologies were noted</li> </ul>	
2	<b>Winter – Julie Bloomfield</b>	
	<p>JB gave a review and feedback from the Regional, Pan regional and National meetings</p> <ul style="list-style-type: none"> <li><b>Regional Winter Review Feedback 20<sup>th</sup> May</b> <p>The meeting was well attended with representation from across the region. The aim of the meeting was working better together as a region, communication and self-help, and covered the following topics:</p> <ul style="list-style-type: none"> <li>➤ The Family Perspective – Effective communication – Greg Johnston</li> <li>➤ Seasonal Infectious Disease Profiling - Dr Kevin Smith, Deputy Director for Healthcare NHS England, NE&amp;Y Presentation on infectious disease data modelling, showing peaks in activity</li> <li>➤ Good Practice – Dr Niall Mullen Clinical Lead Paediatric ED ST&amp;S Use of additional funding for extra consultant over winter and nurse navigator role</li> <li>➤ NECTAR – Raja Abouelella, Paediatric Lead Consultant The role and service of NECTAR and Transport Q&amp;A</li> <li>➤ Staff Wellbeing- Self Compassion Debby Whalen, Head of Leadership, NELA</li> </ul> </li> <li><b>Pan Regional Winter Review Feedback 22<sup>nd</sup> May</b> <p>The day was attended by Network teams from NENC, Y&amp;H and Northwest, with the aim of working in collaboration across the wider North. An action plan was developed for better system working.</p> </li> </ul>	

- **National**

An escalation framework similar to OPEL is being developed by the National team (PICLE)  
The template for winter plan not published yet, but the regional winter plan will be drafted and be presented at the September board and go through NHSE for approval.

Each Trust / Organisation will develop their own plan which will feed into the regional winter plan. This will also include Transport.

- **Winter tools – Joanne Mulholland gave an overview of the tools developed**

- Adult critical care mutual support document has been refreshed
- NENC Power BI bed dashboard developed from NECTAR bed board.

This updates from the NECTAR bed board and provides a good visual aid to understand capacity through a RAG rating

Green < 80% capacity  
Amber >80-90% capacity  
Red > 90% capacity

The dashboard also summarises L1 acute in-patient bed occupancy per unit, and a summary of Level 2 and Level 3 at Freeman and GNCH

It was noted that the aim of the next phase was to look at day case beds, and it would be good to understand where CYP are being cared for i.e. CYP ED.

The graphs showed a RAG rated visual of Level 3 occupancy patients. L1 and L2 patients identified green and amber (step downs to ward in GNCH difficult) shows challenges and flow issues

L2 activity: LTV is one of the largest number of L2 activities outside PICU

Level 3 staffing and specifically for Freeman ECMO and VADS as they are putting in a business case for further L2 beds to support their service.

The link for the region to be able to view the dashboard to be shared shortly.

- PICU Sitrep for Level 3 (GNCH & Freeman and NECTAR)  
Staff meet daily to complete. The report includes OPEL levels and helps collaboration and understanding activity and patient acuity to help inform staffing requirements.

The data collected so far is from March – July and the dashboard can provide further reports on request.  
The process has been helpful and includes NECTAR to inform of CYP transferred in and out of region and CYP nursed on ACC.



Next phase to develop a Level 2 unit Sitrep

- Discussion

The group discussed the importance of the data and understanding capacity to manage the flow across the region better from the point of referral.

It was noted the next step is to get NECS involved with real time data, and to include CYP waiting in ED



3	<b>Trust visits update – Jo Mulholland</b>	
	<ul style="list-style-type: none"> <li>• JM gave an update of the PCC and SIC Network standard assessments and Trust visits</li> </ul> <p>The standards template was developed from the PCC standards 2021 and National standards developed by South West SIC network. Each ODN across the country has followed the same process.</p> <p>The NENC network has completed 4 joint PCC &amp; SIC Trust visits so far: Northumbria, North Tees, Gateshead &amp; CD&amp;D.</p> <p>The next scheduled for 2025 are ST&amp;S, Freeman &amp; NECTAR, with the remaining 3 Trusts NUTH, South Tees and NCIC to be completed early 2026.</p> <p>Once all visits have been completed the network plan to invite all organisations to a face-to-face event to share feedback and themes.</p> <p>The themes highlighted so far include:</p> <ul style="list-style-type: none"> <li>➤ Anaesthetic training (The network has linked in with NEPAN, NECTAR and ACC network to look at provision of SAFE airway and READI courses)</li> <li>➤ Policy, guidelines and clinical pathways, looking at what has been developed and can be shared</li> <li>➤ Information for parents and families, linking in with CHWBN and Healthier Together website to signpost resources</li> </ul> <p>Discussion</p> <p>It was noted that the issue highlighted around anaesthetic training is not a training issue in isolation but some of it is around confidence and competence and maintaining skills and numbers with regular caseloads.</p> <p>Currently there are informal conversations had with tertiary centres around recognition of appropriate patients to be dealt with in DGHS. The Network can provide additional value to this informal process by guidance on patient triaging.</p>	
4	<b>SACS – NENC Paediatric Clinical Leaders’ Strategy Development Summit – Julie Bloomfield</b>	
	<ul style="list-style-type: none"> <li>• JB gave feedback from 8<sup>th</sup> July</li> </ul> <p>It was well attended and positive. The information from the event is being compiled and will be shared hopefully by August.</p>	

	<p>A link to provide feedback is still live if you were unable to attend the event <a href="https://www.menti.com/alqx2nxwm9ws">https://www.menti.com/alqx2nxwm9ws</a></p> <p>It was noted that primary care, Mental Health and patients voice were not involved in discussions, however it was anticipated that they will come into pathway groups as they are set up</p>	
5.	<b>Network Update – Julie Bloomfield</b>	
	<ul style="list-style-type: none"> <li>• <b>Feedback Survey</b></li> </ul> <p>JB gave an overview of the results of the Network evaluation multi source feedback survey (see attached)</p> <p>32 responses received</p> <ul style="list-style-type: none"> <li>➤ Frequency of contact with the Network: 81% about right</li> <li>➤ Rating of helpfulness of each workstream – Newsletter, Website, Guidance &amp; sharing of information and Education &amp; training were the highest rated areas.</li> <li>➤ Comments on what the Network could do differently</li> <li>➤ Has the Network raised the profile of CYP: 69% agree</li> <li>➤ Has the Network enabled collaborative working: 78% agree</li> <li>➤ Overall rating was 4.25 / 5</li> </ul> <ul style="list-style-type: none"> <li>• <b>NHSE / ICB Changes</b></li> </ul> <p>JB updated the group on the changing landscape</p> <p>The PCC &amp; SIC Network is currently commissioned by NHSE specialised commissioning Ian Galton deputy director at NHSE for NENC and Y&amp;H has responsibility for mandated networks and has done a piece of work to inform ICB of the work the networks do following informal interviews with all network managers. A summary of the findings is attached.</p> <p>It was acknowledged that networks are a valuable and cost effect part of system. All networks work to NHSE service specification however there is variation between the different networks. IG felt that overall networks provide good value for money.</p>	<div>  <p>Survey results multi source feedback.pdf</p> </div> <div>  <p>NEY SSCN overview - June 2025.pdf</p> </div>

	<ul style="list-style-type: none"> <li>• <b>Financial remodelling options</b></li> </ul> <p>The advice the networks have received from provider collaborative and NHSE has been different, however Stacey Hunter CEO at South Tees who is the provider collaborative lead for networks, suggested Networks should explore financial remodelling options if they had to make financial cuts.</p> <p>Possible options for cost improvement:</p> <ul style="list-style-type: none"> <li>➤ Reduce non staff budget for face-to-face meetings</li> <li>➤ Consolidate Admin and Data support to cover more than one network</li> <li>➤ Consolidate Network manager position to cover more than one network</li> <li>➤ Reduce PA's of the Clinical Leads</li> </ul> <p>Discussion</p> <p>The board recognised the financial climate, but felt there was an obligation to highlight the need for clinical leadership and do a risk assessment against workplans when looking at cost reductions.</p> <p>Yasmin Khan explained that mandated networks shouldn't have been part of the scope of the cost reduction exercise with the ICB, and Ian Galton has written to all networks to give that assurance. Specialised commissioning hasn't had any further update from the national team to say what changes if any will happen for the networks and the baseline funding for 2025/2026 has gone to host organisations.</p>	
3	<b>SIC Update – Maria Clement</b>	
	<ul style="list-style-type: none"> <li>• Feedback from the SIC Steering Group</li> <li>➤ <b>Perioperative Medicine Working Group</b> Two cohorts of the Pre-Assessment Practitioner course have been run with a third planned for May 2026. Awareness raised of 'Pre assessment in a box' resource</li> </ul>	

	<ul style="list-style-type: none"> <li>➤ <b>Trauma and Orthopaedics Working Group</b> Workstreams include fractured forearm and femur pathways, and an infected joint webinar has been run.</li> <li>➤ <b>Dental MCN</b> The MCN has been scoping waiting lists and possible mutual support in surgical hubs. Dental extraction in CYP is a public health crisis, 40% of GA in CYP are for dental extractions, however hospitals have the least capacity dedicated to dental service provision.</li> <li>➤ <b>General surgery</b> Testicular torsion/scrotal pain pathway scoping. There has been a change in direction regarding wet lab training. After conversations with surgical colleagues in DGH, there was a decision that responsibility shouldn't rest with general surgeons for scrotal exploration, as it was a urologist issue.  Scrotal assessment workshop being held 25<sup>th</sup> September and wet lab with Y&amp;H 7<sup>th</sup> October  Appendicitis QI work looking at LOS and readmissions as NENC is an outlier in GIRFT. Working group looking at accuracy of codes, as there should only be 3 categories (normal, simple or complex)</li> <li>➤ <b>ENT Alliance</b> The group looks at guidelines, mutual support and improved theatre utilisation. NUTH, doing HIT lists and capacity has increased from 8-9 cases per day to 15. The regional ENT WL should start decreasing consequently, and there appears to be ongoing funding.</li> <li>➤ NENC Network hosting the National Surgery in Children Networks conference 12<sup>th</sup> November in Newcastle.</li> </ul>	
4	<b>PCC Update – Julie Bloomfield</b>	
	<ul style="list-style-type: none"> <li>• <b>Clinical Advisory Group</b>  Guidelines &amp; Pathways update <ul style="list-style-type: none"> <li>○ Bronchiolitis guideline due to be published</li> <li>○ STOPP guideline launched – pilot being done in NCIC</li> <li>○ Status Epilepticus Local Extubation pathway finalising with ACC input</li> </ul> </li> </ul>	



	<p>Next CAG 30<sup>th</sup> September</p> <ul style="list-style-type: none"> <li>○ DKA: After meeting with diabetes network, a scoping survey developed mapping how DKA is managed across the region and a case study will be presented at the CAG looking at the approach of different units.</li> <li>○ Difficult airway: guideline drafted and taken to POND</li> <li>○ Paediatric stroke: guidelines written and out for consultation, looking to sign off.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Transition</b> Anna Brough leading, working in collaboration with ACC and a clinical lead has been identified at PICU GNCH</li> <li>• <b>ROCSI (Recognition of Children with Serious Illness)</b> Group to be re-established, which will be an umbrella group to include Martha's rule and PEWS</li> <li>• <b>Education</b> <ul style="list-style-type: none"> <li>○ PCC Nursing Strategy approved at the last Board and has now been taken to Directors of Nursing meeting. It was well received; however, the idea of each provider having a dedicated paediatric educator was challenged, and it was suggested the terminology should be 'access to appropriate education'</li> <li>○ Level 1 course has been accredited by PCCs society. The first cohort of 20 staff starts in September 2025.</li> <li>○ SAFE course – paediatric anaesthesia education, potentially this will be available at the tertiary centre NUTH and specialist centre JCUH</li> <li>○ Winter workshop being held in September for senior staff from GNCH, Freeman and NECTAR</li> </ul> </li> </ul>	
5	<b>Updates from Stakeholder Networks</b>	
	<p>Formal updates received from CHD Network, CYP Programme and Spec Comm (see attached)</p> <p>Other stakeholders present were given the opportunity to give a verbal update</p> <ul style="list-style-type: none"> <li>• <b>Parent &amp; Family Representative – Greg Johnston</b> Discussions at last CRG meeting about PICLE escalation tool and possible name change</li> </ul>	 Board Updates July 2025 - CHD Network.pdf   Board Updates KP CYP July 2025.pdf



	<ul style="list-style-type: none"><li>• Next Meeting 4<sup>th</sup> September 13:30</li></ul>	
7.	<b>Meeting Close</b>	

DRAFT