

Meeting Minutes

Board Meeting 18th May 2022 11.30-1.30



Present	Apologies Received
<p>Lyn Simpson Chief Executive North Cumbria Integrated Health NHS FT (CHAIR) Rachel Agbeko PCC ODN Clinic Lead, Paediatric Intensivist NUTH Sheshagiri Bengeri ODN Trust Link CDDFT Julie Bloomfield PCC SIC ODN Manager Jazz Bradley PCC SIC ODN Data Analyst Maria Clement ODN Trust Link Newcastle Upon Tyne Hospitals FT Heather Corlett CHWB Programme Lead Lesley Durham ACC Network Lead Jenny Ellis Newcastle & Gateshead CCG Gareth Hosie SIC ODN Clinical Lead Paediatric Surgeon Yasmin Khan NHSE Specialised Commissioning Jo Mulholland PCC SIC ODN Lead Nurse Terry Phillips CHD ODN Manager Karen Portas Trauma Network Manager Emma Riley Head of School of Paediatrics HEE Alison Smith CYP Network Fiona Smith ODN Clinical Lead Paediatric Anaesthetist Rebecca Tate ODN Trust Link South Tees FT Anne Watson PCC SIC ODN Administrator Matthew Wynne Service Manager North Tees & Hartlepool FT</p>	<p>Mark Lambert Medical Director NHSE Lynda Pittilla Transport Director NECTAR Mike McKean CHWB Clinical Lead Andrew Fletcher Deputy Directorate Manager GNCH Lisa Daniels ODN Trust Link Newcastle Upon Tyne Hospitals FT Catherine Horn Gateshead & Newcastle CCG</p>

Item 1	Introduction & Welcome	Actions
	LS Welcomed attendees and opened the board meeting	
2	Matters Arising	
	<ul style="list-style-type: none"> ● Membership of board: The group discussed whether service managers be included as members or for specific agenda items MW from North Tees welcomed being part of conversation and having input into the board as he felt they could influence direction of travel LD from Adult Critical Care advised on their board they had representation from each Trust at a senior enough level to make decisions, which included service managers and senior clinicians. She felt it was most important that people wanted to engage RA felt it was helpful to hear views from CD and for Trusts to have a conversation out with the board as to who might represent those views LS felt that each Trust should make suggestion who is on board, rather than being prescriptive and it should have diversity, engagement, and ability to make decisions ● Data sharing agreement JB updated that Martin Boyd ODN Manager Neonatal network had linked us with IG group which is chaired by Jim Carroll. The data sharing agreement has been updated onto regional template and had been taken forward to this group. The agreement has already been signed by South Tees NHS Foundation Trust. It was noted that Jazz Bradley has an honorary contract with NUTH which has enabled data sharing 	
3	Progress Report- Trust Visits	

JB shared a presentation of the progress to date

- Engagement with each Trust and scoping what we have across the region
Trust visits – JB highlighted the key points from each Trust visit to date.
GH advised that the visits have been useful to introduce ideas from other Trusts. GH has offered general surgical support to the Trusts to update skills and he is currently working with colleagues at South Tees.
JB explained that the information from each visit combined with the data collection will provide a baseline/inventory of the critical care and surgical services for CYP across the region and an understanding of the challenges for each Trust
LS requested the ODN to compile an overview report of the Trust visits for the ODN Board.



Presentation JB.pptx

4

Progress Report - Events

JB gave an update on recent Engagement Events held

- **PCC Event 7th April via Teams**

This was attended by a range of 44 staff, and representation from all Trusts except NCIC due to pressures. The informal feedback received was positive


Attendees asked to vote on Mentimeter for the top 3 pathways & workstreams

- Top 3 Pathways: (Bronchiolitis and HFNCO, Transport, Advanced care planning)
- Top 3 Workstreams (Winter planning, Level 3 capacity and co-location, Pathways)

Attendees were asked for their Hopes and fears via Mentimeter, and the results shared





Next event planned 11th July Durham centre face to face with a focus on the pathway development and a workshop to understand how we can provide a high-quality in-patient service 365 24/7 (winter planning)

	<ul style="list-style-type: none"> SIC Event 6th May Durham Cricket Club This had good attendance of 25 colleagues with representation from all Trusts. The feedback was mainly positive, The event had an Emergency Surgery focus, with Testicular Torsion and Appendicitis as two key areas, and an acknowledgment of the need to gather further data around Orthopaedic work Actions included: Pathway development with a National Abdominal Pain Pathway being developed, coding work, discussions around age and model of care discussions, whether DGH able to deliver time critical surgery with correct investment and workforce. The attendees were asked for their Hopes and Fears via Mentimeter which were shared. They were similar to the PCC Event 	
5	Progress report- working groups	
	<p>JB gave a brief update on each of the working groups set up</p> <ul style="list-style-type: none"> Level 2 working group-Chaired by Dr Punit Shah (Paediatrician at CDDFT) JB explained that the purpose of the group is to understand what the region needs in terms of level 2 care. The group has been looking at definitions, data gathering where L2 care being delivered outside tertiary/specialist centres. The aim of the working group is to develop a paper with recommendations for the business case for specialised commissioning team. LS requested that the Network must ensure the senior leadership teams within Trusts are cited on the work and that it is evidence based 	

	<ul style="list-style-type: none"> ● Orthopaedics Working Group- Chaired by Rebecca Tate There are a range of challenges within the region including anaesthetic support and nursing workforce issues. The working group is looking at mapping, exploring new models of care and data collection. ● Education Working Group- Chaired by Fiona Smith The Purpose of the group is to coordinate the delivery of training and education. The network has been able to utilize underspend to appoint Louise Cullen (ST&S) as Nurse Educator on a 12month secondment from July 2022. ● Dental working group, The purpose of the group is to explore the regional waiting list issues. Key points and challenges are waiting lists for GA (regional variance from 8wks-18mth) and accessing theatre time. MC highlighted the health inequalities work she is starting in <5 accessing dental care HC highlighted a health inequalities event on Friday on behalf of Health Inequalities advisory group 	<p>To schedule a meeting with Emma Riley HEE</p>  <p>Regional GA access Part 3_ (1).pptx</p>
6.	Progress report – Research project	
	<p>EQUIPS Partnership with Newcastle University- Research fellow Catherine El Zerbi</p> <ul style="list-style-type: none"> ● Equitable access to Paediatric Critical Care and Surgery in Children <p>The aim of the research is to improve access by gaining representation from CYP from diverse communities. There are two parts to the research:</p> <ol style="list-style-type: none"> 1) Understand barriers (interviews with health care, CYP and care givers) 	<p>catherine.el-zerbi@newcastle.ac.uk</p>

	<p>2) Develop a set of priorities for service improvement</p> <p>CEZ asked for help in raising the profile of the project and asked for named study partners from each Trust</p>	
7.	Progress report - Website	
	<ul style="list-style-type: none"> • Website development <p>The network hope to have the website up and running by the end of June 2022. The network thanked the Neonatal network and Major Trauma network for introducing them to the website developers</p>	
8	Progress Report- ROCSI	
	<ul style="list-style-type: none"> • Recognition of children who are seriously ill <p>Purpose of the group was early recognition of deteriorating child using PEWS, improving escalation and pathways. A sepsis screening tool has been developed and the group hope to have educational resources in one place, A sepsis webinar is being held in June with NECTAR and a knowledge survey has been developed.</p> <p>There have been delays in the National PEWS, which is being piloted in GNCH, James Cook and Sunderland.</p>	
9	Overview of workplan and KPIs	
	<ul style="list-style-type: none"> • JB gave a brief overview of the ODN Workplan which included the following areas <p>SIC: Orthopaedic, PTUG, Dental, Pre-assessment and Perioperative care, Pathways PCC: L3 co- location working group not developed but link in with L2 group, LTV</p>	To create a document of the workplan timelines

	<p>Cross cutting themes: Workforce, Training and Education, User Engagement, QI, Data and Coding</p> <p>It was agreed that it would be useful to have the workplan timelines in a document including progress and outcomes</p> <ul style="list-style-type: none"> NHSE Toolkit. JB gave a brief overview of the KPIs which were RAG rated <ul style="list-style-type: none"> Q1: (Oct 21-Jan 22) – Identify host, ODN footprint, Clinical Leads in post Q2: (Feb 22- May 22) – Core team in post, Baseline data, Governance, Workshops to understand case for change, Develop CYP strategic forum Q3 (June 22- Sept 22) - Agree workplan, Support surge management, Patient and public engagement, Pathways mapped Q4 (Oct 22-Jan 23) - Workforce gap analysis, Transport gap analysis, Workplan drafted, Clinical governance, Training programme, Annual report 	
	<ul style="list-style-type: none"> The group discussed developing a children’s strategic forum <p>HC and AS discussed CYP engagement and how to work collectively bringing together ODN with Y&H. Discussions with Mike McKean are ongoing.</p> <p>HC explained the timescales involved in ICB and ICS coming into force on 1st July. The exec nurse post should be this week and a meeting next week about governance</p>	
10	Data Presentation	
	<ul style="list-style-type: none"> JM shared a presentation showing what data the ODN has so far and what it is telling us. It covered the following points: <p>Map, showing what happens where in region</p>	

	<p>Number of in-patient beds (all levels) in region and populations in the region Deprivation data. NENC most deprived nationally and how this translates into emergency admissions A&E conversion rate to admissions, and how patients attend Length of stay re emergency admissions PCC admissions to critical care unit, levels of critical care per Freeman, GNCH & James Cook SIC delivery, what each area does, specifically torsion and appendicitis which is aligned with GIRFT Surgery provision in region who does what, baseline of what happens to child in region, understanding the codes for procedure, and age 16-18 activity National work done on torsion, which was highlighted in GIRFT recommendations, where it happens and anomaly of codes, help to inform us and understand pathways to mitigate risks and better outcomes Nectar transport brings region together, referrals and advice over last 2 years, highest number nurse practitioner and where they come from. Helping to understand patient flow</p>	 Board PCC & SIC data JM 2.pptx  PaediatricSurgeryReport-Sept21w.pdf  Paed Critical Care GIRFT report_final_Ap
11	<p>Update from Spec com- Yasmin Khan</p>	
	<ul style="list-style-type: none"> National Update Yasmin Khan spec com <p>Priority areas, L2 and transport Key priorities confirm bed plans and model (hub and spoke) and investment required to deliver safe service, and how it fits in with GIRFT recommendation. YK confirmed she is working closely with ODN National spec com finance team are developing a framework for funding</p>	 YK presentation to NENC PCC SIC EXEC E

	<p>Picanet data collection pilot coming in June 2022, full data set collection from L2 centres April 2023. To support this National team going out to stakeholder testing around service spec for L2 starting in June for feedback before it is officially published Service spec being developed around Paediatric surgery and neonates reviewed at moment</p> <p>Surge plan 22-23: PCC occupancy monitored on daily basis by national team and current national PCC surge plan reviewed and signed off end of June</p> <p>YK highlighted the NEY 5th May networking event. The key message for the future of networks was accountability and responsibility remain with NHSE& I but closely work with ICB (joint commissioning) coming in to place in July</p> <p>Greater focus on Health Inequalities</p>	
12	Next steps	
	<p>The next two network events were highlighted for colleagues to share for representation</p> <ul style="list-style-type: none"> ● PCC 11th July at The Durham Centre ● SIC 23rd September at Durham Cricket Club 	
13	AOB	
	<p>LS Thanked the network and to continue with the progress. She requested the Board to consider the format for future meetings and how best to receive network updates.</p> <p>Next Board meeting 14th September 11.30-1.30</p>	
	Thanks & Close	

DRAFT