

Meeting: NENC PCC & SIC ODN Board

Date: 31st March 2025 10:30 – 12:30

Venue: Via Microsoft Teams



Agenda		
	Present	Apologies
	<p>Maria Willoughby CHAIR Assistant Medical Director CDDFT CHAIR</p> <p>Julie Bloomfield Network Manager</p> <p>Danny Batten Deputy COO NCIC</p> <p>Subhan Christudas Paediatric Clinical Director NTH NHS FT</p> <p>Heather Corlett CHWN Manager NENC ICB</p> <p>Louise Cullen Network Educator</p> <p>Derek Curry Directorate Manager STS NHS F</p> <p>Lesley Durham NOECCN Director</p> <p>Ben Grant NHS Engand specialised commissioning team</p> <p>Carmen Howey Paediatric Clinical Director GH NHS FT</p> <p>Toni Hunt TYA Network Manager NuTH</p> <p>Greg Johnston PPV representative CE Team Evie</p> <p>Aravind Kashyap PCC Clinical Lead , Intensivist NuTH</p> <p>Marcin Kornatowski NEAS</p> <p>Jo Mulholland Network Lead Nurse</p> <p>Terry Phillips CHD Network Manager</p> <p>Punit Shah Paediatric Clinical Director CDDFT</p> <p>Anne Watson Network Project Support</p> <p>Robert Whittle Clinical Director NH NHS FT</p>	<p>Raja Abouelella Clinical Lead NECTAR</p> <p>Charlotte Bradford Neonatal Network Manager</p> <p>Anna Brough Network PCC Clinical Lead NuTH</p> <p>Maria Clement Network SIC Clinical Lead, Paediatric anaesthetist NuTH</p> <p>Eleanor Dawson Paediatric Clinical Director GH NHS FT</p> <p>Milan Gopal Network SIC Clinical Lead, Paediatric surgeon NuTH</p> <p>Johnathan Grimbley Network Link Paediatrician South Tees Hospitals NHS FT</p> <p>Yasmin Khan NHS England specialised commissioning</p> <p>Katie Martin NECTAR Lead Nurse</p> <p>Kat Noble NEAS</p> <p>Lucia Pareja-Cebrian Medical Director NuTH</p> <p>Karen Perring, CYP Transformation Clinical Lead NHS England</p> <p>Karen Portas Major Trauma Network Manager</p> <p>Neelmanee Ramphul Paediatric Clinical Director GH NHS FT</p> <p>Matt Wynne Care Group Director NTH NHS FT</p>
1	Welcome & Apologies – Maria Willoughby	
	<p>MW welcomed everyone to the Board and the new membership was acknowledged. Introductions and apologies were noted.</p> <p>There were no conflicts of interest declared.</p> <p>The meeting was quorate with representation from 7/8 providers</p>	MW

2	Changing Landscape – Julie Bloomfield	
	<p>JB highlighted the changes in NHS and what it means for our region.</p> <ul style="list-style-type: none"> • NHS England Recent announcement of changes at NHS England and reduction in workforce. Currently no detail about the implications of this . • Nested Collaboratives Great North Healthcare Alliance has identified CYP as a priority. Tees Valley Group model (North Tees and South Tees) meeting in February 2025 about potential models for acute in-patient paediatrics • Provider Collaborative Clinical Strategy and Vulnerable services meeting 11 March 2025. A date will be scheduled in Summer for a specific session for CYP 	JB
3	Workplans & Network Feedback- Julie Bloomfield	
	<p>JB shared a highlight slide of workplans for PCC & SIC from 2024/25 and current plan for 2025/2026.</p> <p>It was noted that NHSE Spec Comm require network work plans to be submitted by end April 2025</p> <p>Cross cutting themes</p> <ul style="list-style-type: none"> • Standards assessment: The quality framework was agreed with the National team, and there was an agreement from each Trust at the last board to complete the template. Each Trust to have a visit from core team with a tour of facilities and discussion around the standards action plan. The core team produce a report which informs the network workplan. There are a couple of Trust assessments still outstanding. • Patient advisory group: Trust visits helping to inform better engagement, catch up meetings scheduled. • Risk and governance: Clinical Advisory Group started, and risks and issues that are highlighted in Trust visits will be noted in action plan • Data: Access improving, and work ongoing with NECS for bespoke reports for Trusts <p>SIC Steering Group Chaired by Maria Clement and has been established over 1 year. The following Working groups feed into it.</p> <ul style="list-style-type: none"> • General surgery chaired by Milan Gopal - Torsion. National pathway agreed through GIRFT. Survey developed to establish how this can be implemented in our region. The need for promotion of scrotal pain exploration and examination highlighted prior to pathway implementation. 	JB

- Abdominal pain regional pathway. It was noted that NENC is an outlier nationally for appendectomy rates. An audit has started with a plan to link with ED and PEM teams.

- **Perioperative working group:** Nurse pre-assessment course delivered successfully November 2024 and well evaluated. Next cohort planned for May/ June 2025.

Support and training for anaesthetists' confidence and competence at local providers was a theme highlighted from standards assessments.

- **Trauma & Orthopaedics:** Implementation of fractured forearm pathway ongoing. Other areas of work include infected joint pathway, Ponseti (non-surgical correction of clubfoot) and exploring removal of metalwork at local providers
- **Dental:** Work closely with the established managed network to help identify additional theatre time
- **ENT:** Regional alliance established chaired by Mr Banerjee from South Tees. It was noted ENT has the highest number on WL
- **Education:** Scope surgical training and education requirement for nurses.

PCC

- **Surge planning:** Regional winter review to be held May 20th. Guidelines taken to CAG for approval (STOPP tool, Bronchiolitis and Status Epilepticus pathways) and ACC mutual aid pathway updated.
- **ACC joint work:** Transition work underway, and resources developed for ACC caring for CYP.
- **Education:** Plans to deliver accredited L1 course in September. Aim is to increase confidence and competence in local units and prevent transfers out.
- **PCC steering group:** not implemented yet
- **L2:** LTV network implemented (to be reviewed 1st May) and funding for two L2 beds at GNCH which are now mobilised after recruitment challenges. Work underway developing an integrated Level 2 model across GNCH, Freeman and JCUH.

The full workplan will be circulated with the minutes, however the board was asked for any immediate feedback.

HC noted CHWBN and PCC & SIC Networks work closely together and support and complement one another.

PS thought the workplans were achievable with a supporting education plan and would make a difference to patient care in the region.

The workplan for 2025/2026 was approved by the Board ,

4	Trust Visit / Standards Assessment Update – Jo Mulholland	
	<p>JM shared a presentation updating the Board on the Standards Assessments</p> <ul style="list-style-type: none"> The standard assessment process was agreed at last year's Board and endorsed by the Trust Chief Executives. The purpose is to benchmark PCC and SIC services across NENC against Nationally agreed standards using a self-assessment framework. The self-assessment is followed up with a visit from the network core team to discuss the self-assessment, highlight and share good practice, identify opportunities and challenges and develop an action plan. <p>There has been positive engagement so far, with only two Trusts still to return the assessment template. Completed visits: North Tees; Northumbria and Gateshead Next Trusts planned: 26th June CDDFT and 11th September South Tyneside and Sunderland</p> <p>Themes</p> <ul style="list-style-type: none"> ➤ Data collection - organisation having an overview of CYP activity ➤ Pathways & Guidelines – work within CAG to address this ➤ Lack of CYP hospital wide group reporting to Trust board ➤ Staff training and education ➤ Paediatric Anaesthetic training ➤ Paediatric Surgical training and competency (emergency surgery abdominal pain and torsion pathways) ➤ 24/7 imaging <p>Feedback from the Trusts</p> <ul style="list-style-type: none"> Overall, a positive experience Opportunity to connect paediatric services in organisations i.e. surgery / medicine. Urgent and emergency care with other staff within their organisation. The template was repetitive and could be improved to be more user friendly Patient and parent engagement need to be stronger. <p>Next steps</p> <ul style="list-style-type: none"> Another Trust visit to be scheduled in Autumn/Winter and then to complete the outstanding Trusts early 2026. Once all 8 Trusts have been completed the network plan to hold an event next year to share results, feedback and common themes. <p>The attendees on the board from Trusts who received a visit confirmed that it was a positive exercise and found it useful to understand their position against other providers in the region</p>	JM

5	Data Journey – Jo Mulholland	
	<p>JM shared a presentation updating the board</p> <ul style="list-style-type: none"> • The network has access to a 0.2 WTE data analyst via an SLA with South Tees NHS FT. There have been challenges with accessibility to regional data, however this is improving. The Network data sharing agreement (previously approved by the Board) has been updated and needs to be approved by the regional IG group . • JM highlighted the different data platforms used <ul style="list-style-type: none"> ➤ PICANET: looking at L2 and L3 units. ➤ HED: hospital admission data based on coding. ➤ RAIDR: surgical waiting list ➤ Model Health: developed in relation to GIRFT recommendations. • Network data collection <ul style="list-style-type: none"> ➤ PCCMDS, submit business case to NHSE to support collecting this data (L1 and L2 activities outside of critical care units) ➤ NECTAR bed dashboard (L1, L2 and L3 beds in region) submitted to DOS to inform national team of bed capacity ➤ PCC sit rep ➤ SIC monthly elective recovery report from NECS, per trust per speciality • Next steps <p>The Network plan to collect PCCMDS data, to share a link to a regional power BI dashboard with each provider by end of April, to extend PICU sit rep to L2 units and to share surgical regional waiting list data.</p> <p>The group discussed the bed dashboard and were asked for feedback for improvements. It was noted that it was useful when it came to winter planning to see what is happening across the region, where the pressures are and why it's important to work together and support.</p> 	JM

6	Education Strategy – Louise Cullen	
	<p>LC shared a presentation updating the Board on the proposal</p> <ul style="list-style-type: none"> • Background Initially 3/8 Trusts had a paediatric educator in post, this has improved with educators in post at 6/8 Trusts. One Trust is currently in the process of recruiting a paediatric educator and the remaining Trust has developed a business case to attract funding to enable a paediatric educator to be appointed. • PCC Nursing Education Strategy The scope of the strategy is currently limited to nursing staff <i>Recommendations</i> <ul style="list-style-type: none"> ➢ For every Trust to have access to a dedicated paediatric educator ➢ Regional access to accredited Level 1 Training with the aim to achieve regional compliance with PCCS standards (1 member of staff per shift to have completed a level 1 accredited course) LC has developed a course which has been accredited by PCCS. The first cohort will run in September 2025 YH have previously released training places on their level 1 course for NENC paediatric Nursing staff. ➢ Units delivering Level 2 Care should provide accredited regional level 2 training ➢ L3 training. - National scoping demonstrates that tertiary centres advise that in-house level 3 training is more effective than utilising higher education organisation provision (Northumbria University course is no longer available). • Following discussion around the strategy and considering if it is achievable - the Board formally approved the strategy. It was noted that it has been circulated through the Educators forum, and regional matrons' meetings and will be presented to Regional Directors of Nursing Group for information. 	LC
7	SIC Update	
	<p>Previously mentioned in workplan</p> <p>Presentation will be shared with minutes</p>	JB
8	PCC Update	
	<p>Previously mentioned in workplan</p> <p>Presentation will be shared with minutes</p>	AK

9	Guidelines & Policy Ratifications – Aravind Kashyap	
	<p>AK updated the Board on guidelines which were presented at the recent Clinical Advisory Group (CAG) and sent out with pack for approval.</p> <ul style="list-style-type: none"> STOPP tool (pending CAG discussion) Agreed in principle at the CAG and adjustments in response to feedback are being actioned. STOPP is currently used in other regions and will make some of the assessments / pathways more formal when NECTAR is not available and make transfers safe. Pilot agreed with NCIC ACC Paediatric Training Resource Pack (re-ratify) Document has been updated and circulated with NOECCN . LC to contact LD how to publicise resource with ACC Educators. Board asked to ratify. Status Epilepticus Local Extubation It was agreed at CAG that implementation would need to be discussed within provider Trusts for local adaptation. The pathway formalises practice and provides safeguards to local Trusts. Adjustments and clarification have been made for SSAU. Rob Whittle noted that SSAU don't directly fit the pathway they but are able to articulate a clear pathway, and it is up to each unit to work with that process and any specific issues should be directed to NECTAR. The group discussed concerns from anaesthetic teams and reservations about the appropriate place for CYP to be cared for once the patient is extubated, local hospitals will need to develop their own recovery pathway. It was noted the document has been discussed at the NOECCN joint clinical forum. The Board was asked for agreement in principle, once adjustments have been made this will be shared at next board for final approval. Bronchiolitis Pathway Agreed in principle at the CAG, no major disagreement re content, adjustments requested for signposting for vulnerable CYP and incorporating national recommendations while allowing some local modifications around staffing ratios. The Board were asked for agreement in principle. The group discussed how the documents and guidelines are implemented and launched. These documents will be on ODN and NECTAR websites, and in terms of sharing for clinical staff it would be distributed through the link DGH paediatric clinicians and cascaded with CD and Matrons. The need to also link in with adult anaesthetists was acknowledged. 	
10	Updates from Stakeholder Networks	
	Parent & Family Representative No exceptions to report	GJ

	<p>Spec Com Update</p> <p>BG summarised the update sent by Yasmin Khan</p> <p>NHS England is being subsumed into Department for Health and Social Care which will take 2 years. Delegation of several specialised services into ICB which will have oversight of these services through a joint commissioning board. Staff transferring to South Yorks ICB through a hosting arrangement.</p> <p>Nothing clarified yet re network funding.</p>	BG
	<p>NECTAR</p> <p>Staffing has improved in last 12 months</p> <p>No exceptions to report</p>	AK
	<p>Child Health and Well being Network</p> <p>HC welcomed close links with the network.</p> <p>The CHWBN TUPE into ICB in March with Yasmin Carr the representative at strategic oversight group Alliance working principles adopted. Assurance and best start in life dashboard developed.</p> <p>The loss of financial ringfence on SDF funding highlighted as a risk</p> <p>New deliverables released on Friday, with a focus on Neighbourhood MDT</p> <p>Crossover topics include PEWS, mental health in acute settings, communication around education with Healthier together platform highlighted.</p>	HC
	<p>CYP Transformation</p> <p>JB summarised the update sent by Karen Perring</p> <p>PEWS implementation going well in Trusts.</p> <p>CYP transformation programme meetings taken place with each ICB SRO around the strategy and vision.</p> <p>Key areas of focus are</p> <ul style="list-style-type: none"> ○ National transformation (neighbourhood health, complication from excess weight clinics, and deterioration and early warning scores) ○ National performance priorities: Elective and urgent care, dashboards, tools and best practise ○ Quality improvement and reducing clinical variation, including long term conditions and core 20 + 5 ○ Locally determined priorities. How children young people's programme can support best practice. 	
	<p>NOECCN Network</p> <p>LD acknowledged the close working relationship ACC have with the PCC & SIC network.</p> <p>The cross-cutting themes have already been discussed.</p> <p>It was noted that Birju Bartoli (CE from Northumbria Healthcare) has been appointed the chair of the NOECCN network.</p>	LD

	<p>CHD Network</p> <p>TP summarised the update.</p> <p>The CHD network to formalise clinical governance structure this year.</p> <p>Clinical Advisory Groups for neonatal and paediatrics already set up, with an Adult CAG just starting. Clinical guidelines to be signed off including murmur guideline, chest pain, follow up into transition age and precordial catch.</p> <p>National Reviews: Peer reviews for CHD in June/ July this year; the network has already been part of a national workforce review; and cardiac transplant reviews underway for both adults and paediatrics, Freeman hospital to be visited this week.</p> <p>Patient and family engagement groups: CPR event planned, half day events in September and November re ECG and arrhythmia and CHUFF charity supporting a psychologist in post</p> <p>Education: Survey has been circulated to ask what type of education training might be required for non-cardiac paediatricians. CHD Network Education survey link</p>	TP
	<p>NEAS</p> <p>No exceptions to report</p>	
11	AOB	
	<ul style="list-style-type: none"> JB noted the network feedback survey QR code in chat Multisource Feedback Link TOR had been agreed at previous Boards and were distributed to each CEO for representative on board. These to be circulated with the minutes. 	
	Meeting Close	