



Meeting: NENC PCC & SIC ODN Exec Board


Date: 7th December 2023 9.30-12.00



Venue: Evolve Business Centre, Houghton le Spring



Minutes	
Present	Apologies Received
<p>Lyn Simpson Chief Executive North Cumbria Integrated Health NHS FT (Chair) Rachel Agbeko PCC ODN Clinic Lead, Paediatric Intensivist NUTH Julie Bloomfield PCC SIC ODN Manager Subhan Christudas Clinical Director North Tees NHS FT Heather Corlett CHWB Programme Lead Alison Crozier Paediatric Matron County Durham and Darlington NHS FT Louise Cullen PCC SIC ODN Educator Derek Curry Business Manager Paediatrics South Tyneside & Sunderland NHS FT Catherine Horn Portfolio Lead CYP Gateshead ICB Marie Huscroft Head of Nursing CYP NUTH Greg Johnston CEO Team Evie Aravind Kashyap Paediatric Intensivist NUTH NECTAR Clinical Lead Yasmin Khan NHSE Specialised Commissioning Catherine El Zerbi Research Fellow NIHR Jo Mulholland PCC SIC ODN Lead Nurse Karen Perring Clinical Lead NE&Y CYP Transformation Programme Terri Phillips CHD Network Manager Lynda Pittilla Lead Nurse NECTAR Karen Portas Trauma Network Manager Emma Riley Head of School of Paediatrics HEE Fiona Smith PCC ODN Clinic Lead, Paediatric Anaesthetist JCUH Julie Southern General Manager Paediatrics County Durham and Darlington NHS FT Neil Stephenson Senior Transformation and Programme Manager NENC PCLB Anna Telfer Associate Director of Nursing CYP NUTH Stella Wilson Director of Operations Family Health NUTH</p>	<p>Mark Anderson Clinical Director NUTH Sarah Earl Senior Project Manager NECS Gareth Hosie SIC ODN Clinical Lead Paediatric Surgeon NUTH Grace Williamson Paediatric Intensivist Clinical Lead PICU NUTH Judith Wilson Surgical Matron Gateshead Health NHS FT Matt Wynne Service Manager North Tees & Hartlepool FT</p>


1	Standing Items	Attachments
	Welcome & Apologies	
	Previous Minutes <ul style="list-style-type: none"> Minutes from 22nd March Exec Board were agreed upon 	 Exec Board Minutes 22 March 23 Final JB
	Matters Arising <ul style="list-style-type: none"> No matters arising. No declaration of interests 	
2	Agenda Items	
	Provider Collaborative Board Update – Jo Mulholland <ul style="list-style-type: none"> JM described the background and gave an overview of the paper. During surge an Adult mutual aid agreement was reached. This raised concerns about capacity of L3 beds in region and paediatric provision. ODN presented the issues to PCLB in April 2023 and were asked by board to produce a paper. The scope of the paper is to have a collective understanding of the provision for CYP in the region. <p>Overview of the paper: Reconfiguration over the years has reduced bed capacity and a lean towards centralisation for surgery at tertiary. The paper to include L0/L1/L2 and L3, ED, PSSAU, surgery, and transport. Initial themes show pressure at tertiary operating at 95% capacity all year round and WL for kids 30-40% behind Adults in our region.</p> <p>Included in paper recommendations from stakeholder engagement meeting on 30th June which included senior leadership representation from all providers. Exec summary will be shared with board/stakeholders for comments before PCLB on 2nd February 2024</p> <ul style="list-style-type: none"> HC noted that Liz Lingard, who is coordinating restoration and recovery work in NE&Y, commented she was impressed with the leadership work to close gap on WL. 	 Lead Nurse Board update.pptx

	<p>She also noted that to help reduce winter pressure demand in ED it would be useful to reference the Healthier Together work in paper.</p> <ul style="list-style-type: none"> The board agreed the paper should include timeframes. <p>Lyn Simpson thanked JM for the work on the paper so far.</p>	
	<p>Standards Update – Jo Mulholland</p> <ul style="list-style-type: none"> JM explained that at the last board in March it was agreed to carry out an audit of SIC and PCC standards across the region. <p>The initial pilot has been completed, and from July 2023 all Trusts across the region had been sent standards templates to complete. First meetings scheduled in January 2024 with provider to go through completed template, and reports to be completed of the other templates received so far. JM confirmed she had received completed templates from South Tees, Gateshead, and CD&D, and thanked the Trusts for the work done so far and explained the ODN happy to help support the Trusts.</p> <ul style="list-style-type: none"> It was noted that North Tees and ST&S had both completed the standards and it was going through Trust governance groups. 	
	<p>Winter planning – Julie Bloomfield</p> <ul style="list-style-type: none"> JB explained that the regional service protection plan has been shared with stakeholders and signed off by NHSE in November but asked the board to accept it. Links to Trusts individual plans included, but the regional plan is for the region to work together as one system. Key points of the plan include: <ul style="list-style-type: none"> ➢ Communication (Bed board, Daily system calls, weekly PRU, pan regional calls) ➢ Managing demand (Additional beds, LTV, primary care) ➢ Tools and resources (AMA, Decompression pathway, exception reporting, education) JM noted the development of a L3 sitrep which is completed daily by PICU with details of type of patients and staffing ratios. Feedback from staff was that it was helpful. 	 <p>winter planning exx Board 7 dec JB.pptx</p>

	<ul style="list-style-type: none"> LS suggested a monthly outcomes report of exception forms could be produced and shared. <p>The board agreed to retrospectively approve the winter plan.</p>	
3	Standing Agenda Items	
	<p>PCC Update – Rachel Agbeko</p> <ul style="list-style-type: none"> Key points of the update included: <ul style="list-style-type: none"> ➤ Level 2: Mobilisation of 2 L2 beds at GNCH, but challenges in recruitment ➤ LTV: Pathways developed between GNCH & JCUH and recruitment complete. ➤ Level 3: Colocation of GNCH PICU & FH paused. ➤ Increased collaboration & engagement North Tees seconded the collaboration and noted the increased dialogue and exchange of information. It was noted the ODP roles in relation to L2 is not something currently being done but it is being scoped. 	 <p>PCC update 7 December 2023 .pptx</p>
	<p>Education Update – Louise Cullen</p> <ul style="list-style-type: none"> LC provided a background to her role and the work done so far which included: <ul style="list-style-type: none"> ➤ Scoping survey which showed <50% Trusts have a dedicated clinical educator. ➤ Website providing accessible online training resources, collaboration on webinars focusing on requests from Trusts. ➤ Face to face training days i.e. ROCSI, multi-agency study days and joint teaching with NECTAR ➤ Vision: To support Trusts, PCC course development, SIC education pre assessment course, supporting GIRFT implementation, and National nursing competencies pilot 	 <p>ODN Exec Board- Education Summary 7</p>
	<p>CYP Update – Karen Perring</p> <ul style="list-style-type: none"> KP gave an update on the key points: <ul style="list-style-type: none"> ➤ National workforce strategy. RCPCH paper drafted around workforce need. Numbers of staff entering training looks healthy, but attrition not considered. ➤ Regional perspective. Mike McKean 1PA to look at medical workforce, Jenny McIntosh 1PA understanding gaps in AHP workforce, Karen Perring leading on Nursing workforce, working closely with public health. Nationally 5 key areas for nursing 	

	<ul style="list-style-type: none"> ➤ Data ➤ Domestic supply ➤ Retention ➤ International recruitment ➤ PEWS and Mental Health champions <ul style="list-style-type: none"> • YK put forward a query from NCIC regarding implementation of PEWS and whether it would mean a contract variation with Spec com. KP advised that PEWS is not mandated but will pick up the query offline. HC informed the group that the CHWB looking at commissioning intent process. 	
	<p>CHWB Update – Heather Corlett</p> <ul style="list-style-type: none"> • Remit of the network is to focus on partnership working across the region to enable more people to thrive. ➤ Assurance CHWB actively work in partnership with ODN. ➤ Noted the network gave a presentation to ICB board to raise profile of CYP, thanks to colleagues who contributed to the clinical priority process that the ICB are driving forward and the CHWB facilitating those meetings. ➤ CYP Alliance being developed, event scheduled for 29th Feb 24 ➤ Healthier together winter campaign toolkit shared to cascade in local organisations. 	
	<p>Transport Update – Lynda Pittilla</p> <ul style="list-style-type: none"> • LP gave an update from NECTAR. The key points included: <ul style="list-style-type: none"> ➤ Education/outreach delivered to every DGH this year. ➤ Paediatric acute transfers < this year at 200, compared to 250 last year. ➤ Paediatric non acute transfers remain the same at >1000. ➤ Pressure point is PSSAU. ➤ Adult service transfers doubled this year, and from January 2024 it will be 24/7 which gives non acute paediatrics resilience. • AK highlighted the non-commissioned work undertaken by NECTAR which includes supporting the Assist service. It was also noted the ongoing work to disaggregate the NECTAR rota with PICU. 	
	<p>NHSE Update – Yasmin Khan</p> <ul style="list-style-type: none"> • Key points of the update include: 	

	<ul style="list-style-type: none"> ➤ PCC winter surge plans have been submitted to the National team in November. Specialised commissioning across NE&Y have established an escalation process and engaged with stakeholders. Nationally PCC weekly surge meetings stood up. ➤ Spec com working with NUTH regarding an action plan for mobilisation of the Level 2 beds. ➤ Delegation of specialised services to ICB in NE&Y recommended to be postponed until April 2025. This will include Paediatric Critical Care and will be formally approved at the NHSE board today. In the meantime, NHSE specialised services will continue to work through the joint commissioning arrangements with ICB. <ul style="list-style-type: none"> • YK informed the board that the delay was due to a few areas not ready to be delegated after the Pre-Delegation Assessment Framework toolkit had been completed. Decision making will remain with Spec Com <p>The ODN board requested a formal response, as to whether there will be any additional risks to decision making that may impact the PCC ODN due to the postponement of delegation of spec comm services to ICB. YK to escalate concerns.</p> <p>➤</p>	
4.	Patient participation & User involvement	
	<p>EQUIPS Update – Catherine El Zerbi</p> <ul style="list-style-type: none"> • C EZ gave an update on the research study <ul style="list-style-type: none"> ➤ Pilot research study commissioned by ODN looking at inequities around provision of care. The study ran for 17mths and finished 13th August 2023. ➤ Small sample size (16 participants) and report has not been reviewed by public advisors or ODN for validity so draft recommendations are preliminary. ➤ Study limitations were noted. ➤ Themes: Communication, System Barriers, Economic, Physical Barriers, Impact on Mental Health • The board suggested collaboration with Trust patient engagement teams (PALS). There was also a comment on the ongoing work to provide in hospital nutritional meals for parents. <p>Greg Johnston – CEO Team Evie</p> <ul style="list-style-type: none"> • GJ gave an update on his role for parent engagement. <ul style="list-style-type: none"> ➤ Greg spent 6/12 in hospital with his daughter Evie and is now proud to be able to advocate for parents. 	

	<ul style="list-style-type: none"> ➤ Worked with CHIPS in developing training videos. ➤ Joined PCC CRG for NHSE. In his role he will be able to raise the profile of the region at a national level and to feedback to the ODN from the CRG <p>Conflict management</p> <ul style="list-style-type: none"> • It was noted that Khurram Mustafa has been appointed the conflict management champion for NE&Y. He can be contacted at khurram.mustafa@nhs.net 	
5.	ODN Exec Board Structure	
	<p>ODN Proposed structure – Julie Bloomfield</p> <ul style="list-style-type: none"> • JB explained as the ODN has been operational for 2 years it would be timely to review governance arrangements and have a more formal reporting structure. The proposed structure was discussed. ➤ Surgical Steering Group To focus on services for CYP, using data resources as evidence. The proposal for the steering group was outlined and the draft TOR shared. This included having standing agenda items for each working group. JB requested permission from the board to start the steering group in January. This will be able to provide an overarching update report for the Exec board. The board discussed whether the Provision and capacity workstream would be overarching which the other workstreams would feed into. It was also noted that it would be useful to link with cardiac surgery. SIC Steering group approved by the board to start January 2024. ➤ PCC Steering Group JB outlined the same format for the PCC steering group. It was noted that spec com is not L1 care and therefore the ICB would need to be part of the PCC steering group. ➤ Clinical Advisory Group As part of the new structure the ODN to develop a CAG to formalise and ratify pathways and guidelines. This would also be a forum for shared learning. • Clinical leadership The original model for the ODN clinical lead PA's was outlined. 	 <p>Board Structure Dec 23.pptx</p>

	<p>The tenure for the CL roles ends in March 2024, JB asked the board to agree to change the model to: PCC – 1PA Intensivist and 1 PA Paediatrician SIC – 1PA Surgeon and 1 PA Anaesthetist</p> <p>The timeline would be for expressions of interest out in January 2024, interview end February 2024</p>	
6.	AOB	
	<ul style="list-style-type: none"> Trauma network have appointed Clare O'Connell from NCIC as the Paediatric trauma clinical lead to start in January 2024. 	
7.	Meeting Close 12.30	