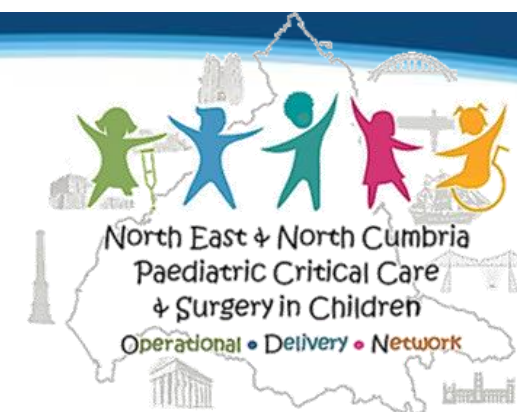




**Meeting:** NENC PCC & SIC ODN Exec Board

**Date:** 22<sup>nd</sup> March 11.30-1.00 pm


Via Microsoft Teams





Minutes	
Present	Apologies Received
<p><b>Mark Anderson</b> Clinical Director NUTH <b>Rachel Agbeko</b> PCC ODN Clinic Lead, Paediatric Intensivist NUTH <b>Andrew Bright</b> ODN Trust Link Gateshead Health NHS FT <b>Julie Bloomfield</b> PCC SIC ODN Manager <b>Katarina Berankova</b> ODN Trust Link North Cumbria Integrated Health NHS FT <b>Heather Corlett</b> CHWB Programme Lead <b>Louise Cullen</b> PCC SIC ODN Educator <b>Alison Crozier</b> Matron County Durham and Darlington NHS FT <b>Lesley Durham</b> ACC Network Lead <b>Aimee Foster</b> Consultant Paediatric Intensivist NUTH <b>Andrew Fletcher</b> Deputy Directorate Manager NUTH <b>Hany Gabra</b> Consultant Paediatric Surgeon NUTH <b>Jonathan Grimbley</b> ODN Trust Link South Tees NHS FT <b>Gareth Hosie</b> SIC ODN Clinical Lead Paediatric Surgeon NUTH <b>Kate Hewitson</b> Directorate Manager Gateshead Health NHS FT <b>Greg Johnston</b> CEO Team Evie <b>Aravind Kashyap</b> NECTAR Clinical Lead <b>Yasmin Khan</b> NHSE Specialised Commissioning <b>Joanne Mulholland</b> PCC SIC ODN Lead Nurse <b>Karen Portas</b> Trauma Network Manager <b>Terry Phillips</b> CHD Network Manager <b>Emma Riley</b> Head of School of Paediatrics HEE</p>	<p><b>Maria Clement</b> ODN Trust Link NUTH <b>Lisa Daniels</b> ODN Trust Link NUTH <b>Elaine Gouk</b> Deputy Medical Director North Tees &amp; Hartlepool FT <b>Rashmi Kuttysankaran</b> ODN Trust Link NSECH <b>Karen Perring</b> Clinical Lead NE&amp;Y CYP Transformation Programme <b>Lyn Simpson</b> Chief Executive North Cumbria Integrated Health NHS FT (Chair) <b>Julie Southern</b> General Manager County Durham and Darlington NHS FT <b>Rebecca Tate</b> ODN Trust Link South Tees NHS FT <b>Anna Telfer</b> Associate Director of Nursing NUTH <b>Anne Watson</b> ODN Administrator <b>Matt Wynne</b> Service Manager North Tees &amp; Hartlepool FT</p>


<b>Fiona Smith</b> ODN Clinical Lead Paediatric Anaesthetist <b>Grace Williamson</b> Consultant Paediatric Intensivist NUTH <b>Judith Wilson</b> Matron Gateshead Health NHS FT <b>Susanne Wolny</b> Clinical Lead Gateshead Health NHS FT <b>Victoria Whitfield</b> Matron North Tees and Hartlepool NHS FT		
1	<b>Standing Items</b>	<b>Actions</b>
	<b>Welcome &amp; Apologies – Fiona Smith (Chair)</b> FS welcomed attendees and apologies noted.	
	<b>Previous Minutes</b> The minutes from the last board were approved and agreed to be a true reflection.	 Exec Board Minutes Final approved 30th N
	<b>Matters Arising</b> None	
2	<b>Agenda Items</b>	
	<b>Interim Educator Evaluation – Julie Bloomfield / Louise Cullen</b> <ul style="list-style-type: none"> <li>• Background: <ul style="list-style-type: none"> <li>➤ Recurring theme from 6/8 Trust visits highlighted nurse education a priority.</li> <li>➤ Importance of nurse educators referenced in quality standards &amp; GIRFT review.</li> <li>➤ No scope within ODN budget to include educator role but underspend used for a seconded 12-month role, starting July 2022. Key objectives: Scoping, Training needs analysis, delivering coordinating training.</li> </ul> </li> </ul>	 ODN Exec Board- Education Summary F



- LC explained education strategy:
  - Survey sent out to all providers to scope what training and education already delivered (received 10 responses across 6 providers) This helped to identify priorities and gaps.  
Themes highlighted from the survey included training on recognition of the sick child, sepsis and PEWS, availability of online resources and standardisation.
  - Two education working groups set up to help establish links between the educators within each Trust.
    - Strategic: for senior staff involved in nursing leadership and delivering education.
    - Operational: to share good practice and support for providers that don't have dedicated paediatric educators in post.
  - Resources
    - Collaboration with NECTAR on education resources already delivered: webinars launched include recognition sick child and time critical transfer.
    - Website: continue to build on content for accessible resources, events including NECTAR REDDI days
    - Able to help facilitate advanced life support compliance in Trusts with no clinical nurse educator.
    - Continue to build on resources to help standardise practice across L1 care.
    - Supported delivery of APLS and PILS courses and bespoke courses for ACC to support mutual aid pathway (10 staff trained at North Tees)
    - Webinars attended by 100 + staff with a subsequent 160 views on the website.
    - Face to face training mainly respiratory care (HFNCO) and developed links with Fisher & Paykel to support training on AIRVO and supporting competency frameworks.
- JB made a recommendation to the board to keep the post of educator post within the ODN team. To enable this, identify funding stream as a priority, either realign existing budget or develop business case with NHSE.

	<ul style="list-style-type: none"> <li>• <b>Comments</b> <ul style="list-style-type: none"> <li>➤ HC informed the board of potential funding for future initiatives from CYP transformation team for the importance of mental health champions in acute trusts. She highlighted the opportunity of the educator role being one of Trusts mental health champions.</li> </ul> </li> </ul>	
	<p><b>Trust Link Evaluation – Julie Bloomfield</b></p> <ul style="list-style-type: none"> <li>• <b>JB thanked Trust link colleagues for their support and engagement with the development of the ODN. She advised that a full report has been completed and approved with Trust Links colleagues. The purpose of the evaluation was to assess whether the Trust Link Role has met its original objectives and to explore if the role is value for money for the network. She presented the high-level findings from the evaluation report to the Board.</b></li> <li>➤ <b>Background:</b> <p>South Tees hosting bid included 0.25 PA funding for trust link role to gain engagement across the region. Costs of this are £35k per yr. (10% of budget) and no other ODN has this model. In April 2023, the links will have been in post for 2 years and therefore it is timely to evaluate whether the role had achieved its original objectives and represents value for money.</p> </li> <li>➤ <b>Evaluation process</b> <p>Recruitment approach of link roles was varied, and the tenure was unclear. Methodology of the evaluation included informal catch-up conversations and a review of activity. It was noted that there has been good engagement, however it was felt the role was vague with some link colleagues not being able to protect time to undertake the role.</p> <p>The report highlighted if funding was not available 4/8 of the Trust links would still be able to contribute to ODN activities. The report has been shared with all Trust links for feedback and it was felt to be fair.</p> </li> </ul>	 <p>ODN link presentaton for exec t</p>



	<ul style="list-style-type: none"> <li>➤ Summary <p>The Trust link role had enabled good engagement with all providers; however, the brief of the role is no longer appropriate or value for money. JB recommended to the board to support the decision that from 1<sup>st</sup> April the 2023 the Network stop funding 0.25 PA for role.</p> </li> <li>• <b>Comments</b> <ul style="list-style-type: none"> <li>➤ KP advised that the major trauma network had specific clinical leads as part of core team, but the leads in each Trust were part of job planning within the trust.</li> <li>➤ AF supported the recommendation if the proposal allows funding to secure the educator role.</li> <li>➤ FS noted that 6 weeks' notice was required for job plans. JB advised that discussions had started in January but wanted the decision made at this board.</li> </ul> </li> </ul> <p><i>FS welcomed Greg Johnstone CEO of the charity team Evie, who will be representing parent and patient voice on the board.</i></p>	
	<p><b>Standards benchmarking programme – Jo Mulholland</b></p> <ul style="list-style-type: none"> <li>• JM explained the evaluation programme is part of the ODN workstream to measure against national standards. The programme was piloted at CD&amp;D in February and the network would like the board to endorse the role out across the region. <ul style="list-style-type: none"> <li>➤ Aims: <p>The network will use Paediatric Critical Care and Surgical standards to highlight areas of good practice and identify those that need support. This will also highlight areas for potential funding streams.</p> </li> </ul> </li> </ul>	 <p>Standard Evaluation Programme.pptx</p>

	<p>➤ Scope of standards:</p> <p>JM noted which standards were applicable to which providers and explained the PCCS evaluation tool, part of the national programme, is a RAG rating system and self-populates an action plan. It is expected the standards evaluation timetable to be a 10–12-week turnaround. The completed tool to be returned within 4-6 weeks, and the ODN to summarise an action plan and meet up with Trusts within 8 weeks.</p> <p>JM advised the action plan was for the units to develop depending on what the priorities are within the Trust. The network has already had approval from clinical teams and managers within each Trust.</p>	
	<p><b>L2 Service Development – Julie Bloomfield / Jo Mulholland</b></p> <ul style="list-style-type: none"> <li>• <b>JB gave an update on L2 service development.</b> <ul style="list-style-type: none"> <li>➤ Background:           <p>L2 working group set up in Jan 22 to understand what the region requires for L2 care. Nationally NENC is an outlier for L2 beds. A comparison of the number of Level 2 beds within the Northern footprint shows NENC has 1.9 L2 beds per 100,000 population.</p> <p>National funding to develop L2 (£1mill recurring) received 1<sup>st</sup> April. The working group decided how best to utilise funding.               <ul style="list-style-type: none"> <li>▪ Mobilise 2 L2 beds at GNCH.</li> <li>▪ Implement regional LTV hub and spoke model between GNCH and JCUH</li> </ul> </p> <p>Further recommendations were to continue to build L2 capacity at GNCH to provide a minimum of 6 L2 beds. The network is continuing to have conversations with the Provider Collaboratives, Specialised Commissioning, and the National team.</p> </li> <li>➤ Audit           <p>JM reviewed the results of the audit. The data was collected by units between 21/11/22 – 31/12/22. It showed what L2 activity was undertaken outside of PICU during the winter season, but compliance differed across 5 providers.</p> </li> </ul> </li> </ul>	 <p>Exec Board Level 2 Update JB.pptx</p>

	<p>The data presented showed episodes of L2 activity per provider (highest activity being on ward 2 in GNCH), and the differing types of interventions (LTV via tracheostomy and NIV CPAP were the most frequent type of L2 activity)</p> <p>➤ <b>Summary</b></p> <p>The audit demonstrated L2 activity outside PICU but also possible under reporting of activity as compliance was 20-84%. Compliance issues possibly due to winter pressures, annual leave, and user familiarity.</p> <p>JM confirmed the audit will continue twice yearly as per national recommendations and reviewed for ease of use and inclusion of an acute CPAP option. <i>(JM to follow up query of NSECH activity re 14 episodes maintenance Bolus fluids)</i></p> <p>It was also noted the National L2 audit via PICANET is being completed by FH, GNCH and JCUH</p> <ul style="list-style-type: none"> <li>• <b>Comments</b> <ul style="list-style-type: none"> <li>➤ HG suggested it was a good start, however he agreed there was under reporting of activity, for instance care of scoliosis patients average 2-3 cases per week. He agreed with re auditing and tightening criteria and definitions.</li> <li>➤ JG noted PICANET data will only collect data from commissioned standalone L2 units, not capture L2 activity on wards.</li> </ul> </li> </ul>	 <p>Level 2 Audit.pptx</p>
3	<b>Standing Agenda Items</b>	
	<p><b>PCC Update – Rachel Agbeko</b></p> <ul style="list-style-type: none"> <li>• <b>Level 3 Working Group</b> To identify if enough capacity</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Interface with the Adult Critical Care Network</b> Highlight adjacency and impact between ACC and PCC with an expectation all units receive and stabilise all critical care CYP until transferred. A paper of recommendations to be presented at provider collaborative board regarding capacity.</li> <li>• <b>Event 21st June</b> RA highlighted the PCC ODN conference at Durham Cricket Club. To be part of a small working group to help develop the agenda to contact the ODN.</li> </ul>	 PCC and ACC Interface Rachel Agbr
	<p><b>SIC Update – Gareth Hosie</b></p> <ul style="list-style-type: none"> <li>• <b>GIRFT Deep Dive 9 December 22</b>  The review highlighted high-volume surgery such as hernia’s, hydrocele, and the number of circumcisions &lt; 5 all well within what we should be doing and adherent to guidelines.  The report noted anomalies in the high proportion of grommets compared to other regions. It was suggested one of the reasons could be due to local factors such as grommets more common in deprived communities and there being no private practice in NE.  GH noted there were opportunities for day case tonsillectomies and supporting local DGH’s to avoid general surgical provision being diverted to the tertiary centre.</li> <li>• <b>Elective Recovery</b>  Nationally elective recovery for paediatrics worse than adults. In the northeast the specialities with long waiting lists are ENT and dental. The elective recovery group is looking at surgical hubs being set up for the high-volume procedures i.e., tonsillectomies, however the limiting factor is availability of nurses.  Pre assessment initiatives being rolled out.</li> </ul>	 SIC update 22 March 2023 .pptx



	<p><b>Transport</b></p> <ul style="list-style-type: none"> <li>No update</li> </ul>	
	<p><b>CYP Update</b></p> <ul style="list-style-type: none"> <li>No update</li> </ul>	
	<p><b>Spec Com Update – Yasmin Khan (provided in Teams chat)</b></p> <ul style="list-style-type: none"> <li>Specialised Services will be jointly commissioned by NHSE and ICBs from 1 April 2023 (full delegation to ICB's from April 2024)</li> <li>There are 3 groups of specialised services: <ul style="list-style-type: none"> <li>a) Ready for delegation (This includes PCC)</li> <li>b) Not yet ready</li> <li>c) Will remain with NHSE</li> </ul> </li> <li>NHSE will remain responsible and accountable for ODN's (will soon be called Clinical Networks). Reporting from ODN's e.g., Annual Reports, Work priorities will go through the system i.e., joint committee (with NHSE &amp; ICB)</li> </ul>	 <p>FCMP stakeholder update slides for all at</p>
	<p><b>Financial Update</b></p> <ul style="list-style-type: none"> <li>JM confirmed the business case for the Educator role and advised the financial report to be shared.</li> </ul>	 <p>Exec Board Finance Update JB.pptx</p>
	<p><b>Annual Report</b></p> <ul style="list-style-type: none"> <li>To be shared</li> </ul>	

4	AOB	
	<ul style="list-style-type: none"> <li>• JM advised the board of the progress of the Regional Pathways group. 3 pathways developed in collaboration with NECTAR (acute, non-acute referrals and decompression pathway) JM discussed developing a ratification process.</li> <li>• FS discussed a review of the PCC &amp; SIC Board. As it is a joint network it was suggested to have separate boards and one joint annual board. The next scheduled board is 25<sup>th</sup> May however this will be realigned after the review.</li> <li>• HC advised the board of the joint forward plan across ICB's. CHWB coordinating a CYP thematic submission and a feedback request for inclusion noting low acute paediatric bed base and critical care staffing had been received on behalf of the ODN. There will be a 2/12 opportunity to engage in plans.</li> <li>• FS highlighted the Freeman introduction to services YouTube video. To be signposted to patients and carers.</li> <li>• LC requested sign off from the board of the ACC training grid. This has been reviewed by ACC network with input from NECTAR.</li> </ul>	
	<b>Meeting Close</b>	