



PICS ATG Meeting
Great Ormond Street Hospital
York House
1st Floor
11:00-17:00

Minutes from Friday 14th March 2014

Present:-

<p>Padmanabhan Ramnarayan – CATS Michaela Dixon – SWAPTS Bristol Sanjay Revanna – KIDS Will Marriage – Bristol PICU Mandy Shields – Newcastle Sarah Santo – NWTS Lynn Shields – CATS Gareth Jones – SORT Andrew Nyman – STRS Eithne Polke – CATS Raghu Ramaiah – Leicester Laurie Hayes – CATS (Minutes)</p>	<p>Richard Paget – CATS Caroline Hobden – SWAPTS Bristol Mark Clement – CATS Lynn Scott – Newcastle Claire Harness – Embrace Kate Parkins – NWTS Daniel Lutman – CATS Marilyn McDougall – STRS Sam Ray- CATS Mary Montgomery – KIDS Simona Lampariello - Nottingham</p>
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Item	Action
<p>1 Apologies</p> <p>1.1 Malcolm Gajraj (Cardiff) Jill Thistlethwaite (SORT) Linda Patilla (Newcastle) Rachel Barber (NWTS) Anne Mc Cabe (Dublin) Dennis Kerr (Edinburgh) Rachel Bowyer (Nottingham) Fiona Bickell (STRS) Mark Terris (Belfast) Steve Hancock (Embrace) Ian Braithwaite (Embrace) David Rowney Chair Air Med Sub Group (Edinburgh)</p>	<p>Phil Wilson (KIDS) Kathryn Claydon Smith (NWTS) Iain Johnstone (Newcastle) Ann Bowden (Dublin) Sandra Stark (Glasgow) Alison Oliver (Cardiff) Karen Starkie (STRS) Shelley Riphagen (STRS) Sandra Walsh (CATS)</p>
<p>2 Introductions & contact details</p> <p>2.1 Eithne Polke welcomed attendees to the meeting. Introductions were made. Contact details updated. Updated group on Sandra Stark returning to her role as secretary, and delighted to have her back! Updated Group that Jill Thistlethwaite is stepping back from her retrieval coordinator role at SORT.</p>	



<p>3</p> <p>3.1</p> <p>3.2</p> <p>3.3</p>	<p>Minutes of the last meeting</p> <p>The minutes of the meeting held on 25th September 2013 were agreed as true and accurate record.</p> <p>Matters arising:</p> <p>Will Marriage queried who should represent PICS ATG on the ICTPICM steering group as normally it would be the ATG chair (if medical) Agreement reached that both Kate Parkins and Shelley Riphagen would take this forward and feedback to the ATG as they have been part of the team working on the transport competency document on behalf of the group.</p> <p>Winter Pressures</p> <ul style="list-style-type: none"> • The group discussed the usefulness of the weekly planning telephone call that had taken place throughout the winter months with NHS England. • The feeling from the group was that we were more visible than previously. • Question over how this information was translated to the district general hospital's in order for them to prepare appropriately, the feeling was that this did not happen in all regions. • Concern that we continue to fight fire with fire in relation to winter pressures funding and that this needs to be highlighted to the commissioners • It was agreed that additional winter pressure funding needs to get to services earlier in order to make an impact. • All of the ATG group were agreed that although winter status information was inputted effectively, it was not clear what consequences and benefits arose from this. • It was agreed that the larger decisions on this subject (i.e. the stopping of elective surgery) should be left to the commissioners to make • Any proposals from the PICU services on such issues must be robust. • Mary Montgomery stated that there is already a group who are looking at activity data for winter pressures nationally and that Jeff Perring is leading on this on behalf of PICS. • Snap shot data collection on possible surge triggers from this group to be presented this afternoon. • Eithne thanked Embrace, NWTs, KIDS and CATS for participating • Suggestion that PICS ATG link with Jeff Perring and report back. 	<p>EP</p>
<p>4</p> <p>4.1</p>	<p>Terms of Reference</p> <p>Eithne Polke introduced a draft for the new Terms of Reference for the PICS ATG Group. The group reviewed and discussed the document and agreed the following changes and additions:</p>	



<p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p>	<p><u>Purpose</u></p> <ul style="list-style-type: none"> • “Implementation” – no capital “I”. ☺ To be amended! • The group agreed to the addition of a term ensuring that a transport service representative sits on the ICTPICM group • Will Marriage stated that he would like the group to be used as a forum for exchanging good practice and governance. • The group agreed that there should 3 ATG meetings a year instead of 2 and that one meeting which links to the PICS 2 day event could potentially be mainly be a “education” meeting. <p><u>Membership</u></p> <ul style="list-style-type: none"> • The group agreed that the minimum term that the nominated Chair will sit for should be brought in to line with the rest of the society and increased to a 3 year term. • The group agreed the addition of a term ensuring that all voting members of the group must also hold PICS membership. <p><u>Functions</u></p> <ul style="list-style-type: none"> • Feedback from representatives on various groups such as <ul style="list-style-type: none"> ○ Addition of ICTPICM ○ Addition of link between ATG group and other Neonatal Transport Groups. <p><u>Quorum</u></p> <ul style="list-style-type: none"> • The group would like a separate list of all the groups that other PICS ATG group members sit on. <p>Terms of reference ratified with above changes included</p>	
<p>5</p>	<p>A3 Proposal (key points)</p> <p>Kate Parkins introduced an A3 proposal that had been submitted at very short notice from a request from NHS England. It covers the whole paediatric patient pathway across level 1-2-3 care. Kate described it as a “blue sky thinking” document.</p> <ul style="list-style-type: none"> • She proposal included a provision for the transfer of ward to ward patients by the retrieval teams. • There was an honest and open discussion about the proposal. • There were concerns from the group that much of the A3 proposal was not within the remit of the PIC Transport services. • That many of the issues that have arisen come from the closure of paediatric inpatient wards at a number of district hospitals.. • The group was in support of much of the proposal, but some members felt they could not support the transfer of ward to ward patients. • MM highlighted the RCPCH document called Facing the Future Together for Child Health which looks at the whole urgent care pathway and how we can improve paediatric care and health outcomes for children and young people with acute illness To deal 	



	<p>with the challenges facing the service, the College calls for urgent service reconfiguration and that this may well include us as a group having to find a solution in relation to some aspects of the A3 proposal even if we disagree with the overall model</p> <ul style="list-style-type: none"> • It was proposed by many of the group that it would be better to support district general hospitals to manage their caseload locally than provide ward to ward transfer services. <p>Eithne Polke reminded the group that we have the reassurance of the service specification document for PIC transport which is specific in its statement “There will be local commissioning arrangements as to categories of transfer and scope of care provided by the regional PCC Transport service”</p> <p>Will await the outcome of this proposal from NHS England and then agree a response. It may be that there will be a need for specific regional responses to whatever comes out of the above proposal</p>	
<p>6 6.1</p>	<p>Feedback from Unfortunately EP did not receive an invite to the council meeting so asked the Ram update the group.</p> <p><u>PICS Council</u></p> <ul style="list-style-type: none"> • Ram provided an update from the PICS council. <ul style="list-style-type: none"> ○ A PICS website survey took place that concluded that there was not adequate information about sub group discussions. A way of sub groups updating their activity online was suggested ○ The main PICS website has been deemed not professional enough and is being redesigned. ○ The group discussed the possibility of creating a logo for the ATG group. Raghu Ramaiah and Will Marriage agreed to arrange this. <p><u>Cardiac Safe and Sustainable</u></p> <ul style="list-style-type: none"> • EP represented the ATG and briefly outlined this group’s activities and proposals. • Direction of travel of the group now “Cradle to Grave” • 2 meetings so far all minutes of all groups are on the safe and sustainable website • There is a dedicated website where a blog and family input can be viewed. • Transport has been highlighted but not discussed in detail so far. <p><u>Aeromedical Group update</u></p> <ul style="list-style-type: none"> • Mark Clement provided an update from the Paediatric and Perinatal Air Transport Group, which was attended by both the AAA and TCAA. 	<p>RR and WM</p> <p>EP</p> <p>SH/DR</p>



	<ul style="list-style-type: none"> ○ This group would like to consider having both retrospective and prospective data from the transport teams. But would like to prioritise the prospective data, which was supposed to commence ASAP (March 2014) ○ This data would include an assessment from transport clinicians about retrievals and whether they would have used an aircraft if one had been available (the ATG group as a whole agreed this kind of data would be useful). ○ The group was happy and willing to provide this data. It was agreed though that the Air medical group would need to specify the criteria. ○ All groups will need to be collecting the same data and it would be beneficial to collate it in one place. ○ Raghu to present the webpage that he designed for the air transport group and the simple data collection tool he is proposing <p><u>Most important point to be taken back to David Rowney as chair of this group is that the data must be owned by PICS ATG but can be shared with those attempting to provide a charitable service</u></p> <p><u>PIC Transport Service Specification NHS England 14-15</u></p> <p>Now out for wider and final consultation. Link sent to all from PICS so if further comments are required please respond within the time frame.</p> <p><u>PICANet</u></p> <ul style="list-style-type: none"> • Ram updated the group on the changes to the transport minimum data set • There was discussion on PICANet requesting refusal data from each PICU where the PICU are required to fill out a refusal form for each patient referred from the transport service. In some cases this would mean multiple referral forms being completed for patients that are referred to multiple ICU's. • The ATG group felt that this initiative was destined to fail and was not an efficient way of collecting this data. • It was felt that this data is already being collected by the various transport groups and that the best way to collate it is through the transport services, not through individual ICU's. • The minimum data set was discussed and some changes to the wording was requested and agreed. 	<p>ALL: Data collection from March 2014</p> <p>RR</p> <p>EP</p>
7	<p>Work streams</p> <p><u>Benchmarking</u></p> <ul style="list-style-type: none"> • EP presented the benchmarking data collated on behalf of the group and asked how the group might like to move forward with the data received from all the services in England and Wales • Only one service was fully compliant. 	



<ul style="list-style-type: none"> • It must be emphasised that the sharing of this data is to be used to improve services and practices. • There was discussion on what background information was required to support compliance (The evidence) • MM Outlined a review tool used in by West Midlands in relation to documentary evidence to back up the data submitted and whether they could be used by the ATG. MM happy to forward document to EP who will circulate the document for review. 	<p>EP</p> <p>EP/MM</p>
<p><u>Quality Metrics</u></p> <ul style="list-style-type: none"> • Sam Ray presented the candidate surge data collated by a number of services from November 2013 to Jan 2014 to see if there were any identifiable markers that could be used to “inform” when we are about to hit surge capacity • There was no obvious correlation across services other than a weak correlation in relation to cross region talk • This led CATS to review 5 years’ worth of their data which showed a significant increase in activity from week 46 to week 2 (calendar year) that represented the start of the surge in winter pressure. So mid-November to mid-January. <ul style="list-style-type: none"> ○ Mary Montgomery asked that this data be shared with the commissioners (i.e. strong argument for reducing elective surgery). ○ Will Marriage asked that this data be presented at the next PICS meeting as a presentation. ○ He also discussed whether further data analysis would look at temperature correlation. It was queried whether the data would be taken to the main PICS group. 	
<p><u>Critical Incidents</u></p> <ul style="list-style-type: none"> • EP introduced this as a new topic that would be included as an agenda item at future meetings • To kick start the process Daniel Lutman presented the case of a critical incident within CATS where an ambulance had crashed during very bad snow. • The dynamics (human factors) involved • The communication as it happened • Failure of reassessment (back to back transfer) 	<p>DL</p>
<p>The group as a whole discussed what can be learned from such examples. It was agreed that there is a question over who has authority about “decision to transfer” in questionable weather conditions (i.e. the Consultant in charge) and the potential impact this might have on the child requiring transfer to PICU.</p> <p>It was agreed that a culture of empowering members of staff to communicate concerns that they may have, must be encouraged.</p>	<p>EP</p>
<p>Key points Human factors training (CRM) Importance of undertaking a risk assessment brief prior to any transfer.</p>	<p>ALL</p>



	<p>EMBRACE have such a document that they have made available to the group. All members present agreed that some form of risk assessment prior to each transfer should be undertaken.</p> <p>There was a request for the report on the RTA to be released to the group. DL to seek consent from all interested parties. May have to be an edited version.</p> <p>Daniel (DL) is happy to release a draft for comment on the “Standard Reporting Structure” he used when undertaking the RTA at CATS as it might be a useful tool for all transport services to use in guiding their process.</p> <p><u>Transport training and competences</u></p> <ul style="list-style-type: none"> • Paper circulated too late for any meaningful discussion • Agreement on standardisation of core training competencies • This would then allow for free movement between services. • Once group ratify document it will be taken to PICS council as well as ICPICM (education group) <ul style="list-style-type: none"> ○ Eithne will circulate the draft for the group to feedback on. ○ Owners of this work stream are Lynn Shields, Kate Parkins and Shelley Riphagen, please comments and feedback to them (6 weeks from date of email 12/05/2014) so that they can take all comments into consideration prior to presenting the final draft in July 	<p>For Update in July 2014</p> <p>SR/KP/LS Completion July 2014</p>
<p>8</p>	<p>ANY OTHER BUSINESS</p> <p>Discussion on the paediatric intensive care surge escalation SOP previously circulated by NHS England, all agreed not fit for purpose, and needs revision and clear direction. MM mentioned that this was being looked at by Julia Grace in her region.</p> <p>Eithne briefly outlined a draft of the incident form that Karen Starkie had been working on, on behalf of the group. Members ratified the form and are happy to use it to report incidents that may be relevant to all services from learning perspective. This form is to be uploaded onto the ATG website.</p> <p>Incident forms to be sent to the chair/secretary to collate and present at the ATG meetings. And/or services will have an opportunity to present their own incident with the key learning points.</p> <p>Sharing good practice proposals “Learning from” events will become a standard slot on the ATG agenda</p>	<p>Karen Starkie Completed March 2014</p>



	<p><u>Other ideas to consider taking forward</u></p> <ul style="list-style-type: none"> ○ <u>Road Transport Benchmarking</u> ○ <u>Retrieval Equipment</u> <p>Raghu briefly presented the electronic data collection form “Missed air transports” which can be found on www.ChildrensAirTransport.com All services agree to collect the missed opportunity data and enter it on this form. This data can then be distributed to the TCAA and other air transport services. The Air med group will own this data on behalf of the ATG.</p> <p>Many of you will have been collating this data already for TCAA but as we wish to own the data and then share it with TCAA etc., can we please record this centrally on the above website for the air med group to collate and disseminate.</p> <p>Kate Parkins informed the group about some very useful work undertaken by the adult sector in relation to tracheostomy care information pack for district general hospitals. On the back of this work one of the paediatric anaesthetists from RMCH is endeavoring to bring as many paediatric centres on board to drive a national safety agenda (letter attached) Please take time to read the letter and possibly support this piece of work. Please contact the person leading this project directly. There is an email address in the letter.</p>	<p>Raghu Commence April 2014</p> <p>David R & Raghu R</p>
<p>9</p>	<p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> ● PICS ATG - Friday 4th July 2014 – Birmingham ● General PICS – October 2014 - Newcastle 	