

**Royal College of Nursing
Paediatric Intensive Care Society
Nurses Managers Community**

**Notes of the Paediatric Intensive Care Nurse Managers meeting on 20th and 21st April 2017
Kings College Hospital**

Present		
Members	Job Title	Trust
Louise Dewsbury (Chair)	Matron	Evelina London
Kathy Brennan (Deputy Chair)	Matron PICU/HDU	Kings College Hospital
Claire Buckle	Matron	Royal Brompton
Eithne Polke	Service Coordinator	CATS
Mark Clements	Deputy Coordinator	CATS
William Booth	Matron	PICU Bristol Children's
Lynda Kitchen	Sister	Oxford
Elizabeth Aryeetey	Deputy HON	Leicester
Jo Ennis	Matron	Leicester
Rachel Upton	Interim Matron	St Georges
Diane Sanderson	Matron	Addenbrookes
Catherine Hewitt	Education Sister	St Mary's
Becky Tripp	Senior Sister	St Mary's
Gill Campbell	Clinical Lead Nurse	Birmingham Children's
Kim Tait	Nurse Manager	Birmingham Children's
Heather Wardle	Matron	Leeds Children's
Sharron Frost	Ward Manager	Leeds Children's
Angela Hughes	Lead Nurse	Sheffield Children's
Suzanne Palmer	Lead Nurse	Sheffield Children's
Carol Purcell	Matron	Southampton General
Alison Taberner-Stokes	Matron PICU	GOSH
Karen Perring	Lead Nurse	Yorks and Humber Network
Alison Greene	Lead Nurse	Royal London
Apologies		
Lynda Pittilla	Fiona Bickell	Claire Riddell
Angie Martin	Laura Reilly	

Day 1		
1	Apologies, welcome and contact list updated As above	LD
2	Notes agreed and from the last meeting, held in October 2016 at BCH ECH	LD
3	Actions from previous minutes HW to feedback from PICANet on data set updates The group discussed further actions on Enfit oral syringes. Some units have now received new syringes which have no phlange's and won't damage the oral mucosa of children and babies. CR fed back that you need to use the right sized stopper and quill to eliminate the 0.2ml overdose error. The group also discussed the up and coming critical care review and requested a list of names for the nursing representatives.	HW to feedback at next meeting KB to ask Rachel Lundy
4	Discussion on the role of the ANP across the PICS Community	KB to email other

	<p>KB presented the information from SS which involved a full review of the number of ANPs across all units, their roles regarding intubation, non-medical prescribing and how they maintain competence.</p> <p>There was a healthy discussion and sharing of information between the group and the particular challenges and barriers to the role in practice. The importance of medical and executive team understanding, support and commitment to the ANP programme was recognised. There has been a significant increase in the number of ANPs recruited and employed across all 27 PICUs involved in the audit. Some units had not responded. KB updated the data with those present.</p>	units for ANP data and feedback to SS.
5	<p>The role of the WellChild nurse in critical care</p> <p>Catherine Jones the new WellChild Nurse Specialist for children's critical care at Kings presented her role to the group. She presented a key case study which highlighted how her role was already making a difference in supporting complex discharges and ensuring care is delivered in a holistic "Team around the child" manner. There was an interesting discussion about the challenges of longer term patients and families and how this role would benefit other PICUs across the community.</p>	WB to send to PICS
6	Tour of children's critical care and the Helipad	
	Day 2	
1	<p>Operational Delivery Networks</p> <p>KP provided a fascinating presentation on the implementation of Yorkshire & Humber ODN. The ODN covers 18 DGH's and 2 PICUs. KR shared the skills passport competency document that has been adapted for DGHs. Guidance on High Flow oxygen delivery was also presented. The group discussed the need for formally recognised ODNs for each region</p> <p>The group found this particularly useful. Full presentation available on the PICS website.</p>	
2	<p>Critical Care Review</p> <p>RL link commissioner for PICS NHSE provided feedback followed by an interesting discussion with the group. The Review is being led by a Strategy Group. There have been some operational difficulties with the review which means it is difficult to provide an update on a clear timeframe. The review was linked with specialist surgery and the end of last year.</p> <p>The changing population with increased complex health care needs, increased number of beds and bed days utilised by a smaller number of children was discussed. Aims are to manage children more locally particularly with increased occupancy demands. Planning ahead for winter and sustainability and the challenges of maintaining a seamless service was discussed by the group. Huge pressures to balance elective and planned work with the needs of emergency services. The review is looking at units with higher percentages of elective work specifically planned cardiac surgery. In addition variations in care provision were discussed for example; invasive ventilation rates. The group fed back that lower invasive ventilation rates can be indicative of good practice particularly in avoiding unnecessary intubations.</p> <p>Access to ECMO and exploring complex questions around the provision of respiratory</p>	RL to provide an update at our next meeting if possible

	<p>and cardiac ECMO was discussed. Mark Davidson is leading the work-stream. Variation in transport provision and gaps in HDU level transport services, flight transport and repatriation are also being explored as part of the review. Scope and geography of transport and response times is being assessed against the standards.</p> <p>Training and Outreach: provision of training and outreach across the country is also being reviewed.</p> <p>PICS standards: currently 12 % of units are meeting the PICS staffing standards. The group discussed the relative risks and what could be done pragmatically in meeting varying acuity levels for example long term ventilated patient. Staffing level and “doubling-up” patients was discussed. In winter in particular some unit frequently “double-up” whereas others do not.</p> <p>A CQUIN has been developed on HDU in acute setting (DGH). Care pathways are being explored for step-downs in winter. The review will not be looking at PICU units and their configuration but is aiming to work out if patients are currently cared for in the right place/right time/close to home. Families should be involved in care for the whole duration and the holistic needs of children should be central.</p> <p>There is an expert stakeholder panel on the NHSE website. RL will circulates the Terms of Reference</p> <p>4 key work-streams:</p> <ul style="list-style-type: none"> 1 Models of care – Gail Person 2 Transport group – need a Chair 3 ECMO group – 4 Workforce group – LD <p>RL will circulate information regarding how to get on the groups. There is a link to the review process and Consultations.</p> <p>Other aspects of the review include exploring regional pressures and children being moved out of their local region. The number of beds required locally will be reviewed. Are children travelling inappropriate distances to receive care? How do we manage winter?</p> <p>Emergency preparedness and resilience group is looking for volunteers.</p> <p>There is also an expert working group led by Kevin Morris looking at commissioning and tariffs.</p> <p>How do we engage the CCGs in HDU commissioning?</p>	<p>RL to circulate TOR for NHSE stakeholder website and information on how to join one of the working groups.</p>
3	<p>Ethical Issues in CYP</p> <p>Dr Rachel Burman provided a fascinating presentation on the ethical issues for children and young people. The group discussed a number of case scenarios and shared learning. The presentation is available on the PICS website with case scenarios removed for confidentiality.</p>	<p>KB to place presentation on PICS website</p>
4	<p>AOB and group discussion topics including:</p>	

- **PICS**
- **Workforce**
- **updates on in-house PICU course & education**
- **associate nurse & apprenticeships**
- **update from PICAnet Heather Wardle**

PICS

Review of PICS membership within the PICS managers group identified only 14 members at the meeting. Agreed we would all set an example and join!

Huge thanks and farewell to Kim and William they will both be sadly missed.

Big thank you to Louise for all of her hard work as Chair.

Workforce:

KT shared difficulties with activity and occupancy at BCH. Yorkshire has been having difficulties with recruitment and retention. NQNs have been employed and then are leaving very quickly in some units. GOS identified problems retaining staff mainly due to travelling difficulties and staff moving out of London due to cost of living. Other staff giving the reason for leaving as salary e.g. additional bank rates available in other hospitals. Some leaving to work in the community. Others leave to work in DGHs so they can live in an area with affordable housing.

Bristol: NQNs: working with local University. Have delivered two cohorts. One to qualify in September the other will qualify in March. Discussed the need to approach London Universities to create a spring intake so there is a steadier stream of nurses qualifying across the year.

St Mary's have recruited a number of adult nurses at band 6. GOS will be taking in adult nurses at band 7.

Associate Nurse:

GOS is a pilot site. Excellent feedback on how they are performing. Very motivated. Good academic support. Using national framework and competencies. Birmingham are training 8. Leicester are training 10.

Update from HW to be carried forward to our next meeting.

AOB:

LD discussed rolling rosters with the group.

5	<p>Identification of new deputy chair</p> <p>Alison Taberner-Stokes unanimously supported as new deputy chair</p>	
6	<p>KB was thanked for hosting the meeting at Kings.</p>	
7	<p>Dates and venue of next meeting: 23rd and 24th October at Leeds: Dates updated after the meeting</p>	

Hosts for recent meetings:

	Spring	Autumn
2012	Sheffield	GOSH
2013	Birmingham	Evelina
2014	Leeds	Oxford
2015	Newcastle	GOSH
2016	Liverpool	Birmingham
2017	Kings	Leeds 23rd and 24 th October
2018	Cambridge	