



PICS ATG Meeting
"Trent Simulation Centre
Education Centre
Queen's Medical Centre Campus
Nottingham

10.00-16.00hrs
Wednesday 25th February 2015

Item		Action assigned
1.0	Attendance/Apologies (See separate sheet)	
2.0	Introductions & contact details	
2.1	Eithne Polke (chair) welcomed attendees to the meeting. Introductions were made. Contact details updated.	
3.0	Minutes of the last meeting	
3.1	The minutes of the meeting held at the PICS Meeting Newcastle in October 2014 were agreed as true and accurate record.	
4.0	Transport Competency Document (Passport)	
4.1	Update Agree on "lockdown" generic sections (specific PDF section), with the ability to add service specific (word document) RCPCH happy that this valuable piece of work is seen as a "passport" rather than another competency document	Kate Perkins (Completed)
4.2	Services using document: CATS next cohort Newcastle will start to use once they become stand-alone service STRS aim for February/March intake Nottingham planning on using Birmingham intend to implement NWTS already in use SORT used with 2 of their medics – a bit time consuming but useful Dublin has started using the document	
4.3	Challenges: I. Potential to be "seen" as time consuming II. Discussion re Nottingham overcoming the trust requirements in relation to nurse training and lead nurses reluctance to use	
4.4	Positives: I. Trainees seem to like it as see how it fits with their portfolio II. Potential to be useful when it comes to revalidation for nursing	



<p>5.0</p>	<p>PICS Standard Document (PIC Transport): Short presentation on most recent work.</p> <ol style="list-style-type: none"> I. Completed set of Standards due December 2015 II. June 2015 draft set to review by wider group (Aim review and to formalise response at next ATG) III. Standards for PIC Transport should have a generic section within each standard. IV. Be able to evidence against peer review (Benchmarking to be introduced) V. Challenge agreeing small realistic list for aero medical section but agree that focus should be on CRM and gaining of provider accreditation. VI. Discussion on network arrangements and need for section to outline VII. Non specialist transport service (ad hoc delivery e.g. head injury) <p>Lots of discussion on 16-18yr old cohort and confusion with some national documents regarding age cut off. (Possible transitional standards to be set for neonate to paediatric and paediatric to adult services)</p> <p>Discussion also on HDU development</p>	<p>For next ATG</p>
<p>5.1</p>	<p>Aeromedical Specific Agree Daniel Lutman to write to Kevin Morris with our core aeromedical suggestions</p> <p>For a PIC transport service which includes aeromedical transfers within its scope of care:</p> <ol style="list-style-type: none"> 1) Core transport standards apply (are not exempted by mode of transport) 2) NHS Trust supports aeromedical activity/scope of care 3) There are specific policies relating to aeromedical activity / approval process / reviewed annually 4) Staff receive aeromedical induction and recurrent training relevant to scope of care 5) There is joint initial and recurrent training with each aircraft operator used (Aeromedical crew resource management/Human Factors) 6) A risk assessment is made for each journey/sector 7) Each transport is debriefed by those involved (direct contact with the aircraft crew/communications/medical team) 8) Each service has a 'Safety Management System' – including at least: Post-accident or incident plan, Post-accident or incident drill annually, Incident reporting/tracking/change management system 	<p>See email attached (completed)</p>



	<p>9) A service undertaking aeromedical transfers would be expected to be substantially compliant with either CAMTS or EURAMI standards</p>	
<p>6.0 Winter Pressures</p> <p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p> <p>7.0</p> <p>7.1</p>	<p>Discussion on how successful the weekly call was and whether the structure needs to change regarding information shared? Steve H suggested providing NHS England with a framework with regards to workload, calls, repatriation, out of region work agreed to formulate a proforma! Concern that not all units were represented on the weekly call.</p> <p>Winter pressures money received a bit earlier this year which was useful but still not timely enough for definitive planning</p> <p>Report on winter pressures was to be written by NHS England once they had collated the national information. ATG chair EP to write to NHS England requesting copy of report to distribute to ATG</p> <p>Discussion on Repatriation responsibility and whether the parental post code could be applied to which team should undertake transfer.</p> <p>Varied response from group on strictly applying the above but agreement reached on “transfer in” team to undertake the take back if out of their region</p> <p>Feedback from</p> <p><u>PICS Council</u></p> <p>EP attending the council meeting in March and will take the passport document for review Also will take forward the 3 suggested candidate names to chair the new aeromedical group.</p> <p><u>Discussion on national paediatric early warning scoring system</u></p> <p>Due to previous discussion with Jayne Wheway, Head of Patient Safety – Children & Young People and Maternity Patient Safety Domain NHS England. Discussion on a possible section 28 (prevention of future deaths) which related to the transfer of clinical information</p> <p>RCPCH are working on a nationally agreed scoring system (awaiting outcome of epoch study coordinated by Toronto) EP to close loop and put JW in touch with RCPCH if not already</p>	<p>Steve Hancock</p> <p>Eithne Polke</p> <p>Eithne Polke</p> <p>Eithne Polke</p>



	<p><u>Aeromedical Group update</u></p> <p>7.2 This group has not met for some time now and the feeling was that it had lost its direction/purpose.</p> <p>ATG agree that</p> <p>7.3</p> <ol style="list-style-type: none"> I. New Chair required to steer the sub group to be discussed a closing meeting II. Terms of reference need to be written/revised and updated III. To close the group to the clinical team initially until on firmer footing <p>Suggestions from the ATG for new chair were Gareth Davies, Bob Winter, Dushi Kumar Names also to be taken to PICS council.</p> <p>Letter to be written to David asking for one last meeting to formally close old group.</p> <p>7.4 Steve Hancock brought for discussion the GAMUT data collection tool (it's free!) supported by AMPAR and AAP. Level of commitment is to quality and safety, with discussion on how this could link to PICANet,</p> <p>7.5 There is a data request in place from Ian Jenkins who will write to all the service leads to seek permission to use transport dataset</p> <p>PICANet data can pick up road journeys greater than 2 hours as well as missed opportunity for flight data.</p> <p>8.0 <u>PICANet Dataset for PIC Transport Update</u></p> <p>PR short presentation on new dataset (agreed by the group) which went live in August 2014</p> <p>Deadline is 31st March 2015 for 2014 data.</p> <p>Transport dataset is still not complete despite agreement from services to submit therefore must be used with caution. (3 years in to collation)</p> <p>Agreement by all that we will push this vital piece of work forward to full engagement.</p> <p>Further discussion on previous agreement by ATG that transport services will declare refusals on behalf of all PICUs when a referral has been refused.</p> <p>Consensus remains that this vital piece of data is captured by the PIC transport services.</p>	<p>Eithne Polke</p> <p>Steve to bring for discussion at meeting in June</p> <p>All data collection</p> <p>All data collection</p>
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	<p>Additional new PIMS3 now part of the dataset</p> <p>Request from group that we consider the following Acuity/dependency, air transport minimum dataset, out of region activity, mobilisation/stabilisation times, interventions.</p> <p>PICANet quality control visits to happen, it is worthwhile having a team member available for questions.</p>	
<p>9.0 Work Streams Sharing new/best practice in transport</p> <p>9.1 Learning from Event, presentation by Dr Claire Westrope “iNO Cylinder Accidental Discharge on ECMO Transfer” Excellent presentation on the challenges faced and how they were overcome with lessons learned.</p> <p>10.0 Transport Equipment review</p> <p>10.1 Nitric oxide delivery system Challenges faced by all services in the delivery of a robust, portable mobile nitric oxide system for transport. Challenges with the intermittent flow of some of the transport ventilators INOX system can be used in intermittent flow systems</p> <p>There was query as to whether the portable cylinders needed to be stored upright. Since the meeting clarification was sought and can confirm that this is not the case the cylinder can be laid flat for storage/delivery.</p> <p>10.2 ITU trolleys Discussion on servicing of ITU trolleys (for those that use them) all agreed that this must be a requirement. CATS shared an issue they had with the wheels and because of it have implemented a monthly trolley check.</p> <p>10.3 Zoll integrated monitor/defibrillator STRS feedback on the above regarding a number of incidents they had with their new monitors in relation to BP cycling and screen freezing. Had excellent response from company and did require additional training but now resolved.</p> <p>10.4 B Braun Pumps Latest version of the pumps has caused some problems with the lubricant and the plunger arm getting stuck. Reported to company and awaiting resolution</p> <p>11.0 MHRA Alerts MRX All units identified and software upgraded</p>	<p>Take to next meeting</p>	



	<p>Nitric oxide cylinders</p> <p>When using nitric oxide cylinders, reminder that: valve defect might stop gas delivery early in some cylinders</p> <ul style="list-style-type: none"> • to always have a full spare cylinder loaded on the delivery device so the cylinders can be switched without delay • to take extra care during patient transfer - always have back-up cylinders available, even for a short transfer • report any suspected defective cylinder valves on a Yellow Card: 	
<p>12.0</p>	<p><u>Work Streams</u></p> <p>For next meeting PICS standards ratification Report back from sub groups Learning from Events GAMUT summary INOX PICANet CATS Feedback from CQC visit</p>	
<p>13.0</p> <p>13.1</p> <p>13.2</p> <p>13.3</p>	<p>ANY OTHER BUSINESS</p> <p><u>Incident forms</u> Nothing has been reported though using the form to report across the services</p> <p><u>New ATG Logo</u> We live in hope! Aim for possible samples for next meeting EP to email ram and Will.</p> <p><u>Electronic Calculators</u> and many trust changing over to standard infusion concentrations. The ATG believe that this is not something that could be implemented in the transport environment</p>	<p>Will/Ram</p>
<p>DATE AND TIME OF NEXT MEETING</p> <p>SOUTHAMPTON 25th June 2015</p>		