

Meeting date 14th March 2018 – 09.45 - 15.45hrs
PICS Acute Transport Group

Seminar Room 1, teaching suite, Level 2, Children's hospital
Oxford John Radcliffe Headley Way, Headington,
Oxford OX3 9DU

Chair: Eithne Polke

Item		Action
1.0	Welcome & Coffee	
2.0	<p>Attendance/apologies</p> <p>Minutes of the last minute ratified and items carried forward</p> <p>Updated version of ATG passport document to be sent out as not actioned since previous meeting</p> <p>Once chair receives final version Shelley has agreed to take forward and transfer into a writable PDF</p>	<p>Kate Parkins</p> <p>Shelley Riphagen</p>
3.0	<p>Winter pressures open discussion</p> <p>Some services got additional funds but typically the money was made available too late to be able to do something useful with it.</p> <p>Challenging winter for some in relation to bed availability within respective regions.</p> <p>Embrace moved 23 children out of region (14 to Newcastle the rest mostly to Stoke/Nottingham) - down 4 PICU beds in Leeds & 2 Sheffield</p> <p>NWTS moved 93 children out of region 4-5 beds closed within region</p> <ul style="list-style-type: none"> - 20 for quaternary care - 37 to Stoke PICU - other units used were James Cook and Nottingham <p>SORT held within</p> <p>KIDS moved 30 children OOR due to bed capacity</p> <p>WATCh - Some moves out of region mainly to Oxford PICU - bed capacity.</p> <p>STRS managed within London region</p> <p>CATS moved 7 OOR 6 to Cambridge and 1 to Southampton</p> <p>NECTAR data not available</p> <p>COMET data not available</p> <p>Challenges are greater for cardiac beds especially quaternary cardiac services bed availability</p>	<p>All</p>

	<p>Challenges with repatriation when taken out of region</p> <p>Steve H asked about timing of repatriation- is it reasonable 24/48hr agreement?</p> <p>Dusan R asked about how we get children back in to their own region.</p> <p>ATG historical agreement is that if child taken out of region that the “home” team would facilitate the repatriation</p> <p>Discussion on discharge to DGH Oxford/SORT have a regional algorithm that has helped in getting children back out of PICU (Dee to share this with group)</p> <p>Some services can facilitate takebacks other can’t due to service work load</p>	
4.0	<p>Up and coming Peer Review</p> <p>Sense that this is a lot of work - but a very positive thing to do Slight frustration with PDF uploads as well as requests for hard copies Parent representative - availability of - discussed. All will have a senior exec available Will help with the national agenda going forward (we hope) All will get a report once agreed this report will be uploaded onto the QIS website of NHS England</p>	All
5.0	<p>Flight data</p> <p>All happy with previous format. Agree to send through activity to chair for collation into a report Continue to report on missed opportunities (out of hours included)</p> <p>Discussion on national standard and challenges pushing forward the 2 pilots up front for our secondary transport work when utilising EMERTS/HEMS set ups</p>	All
6.0	<p>Case presentation – learning from DKA teenager with sepsis Discussion on challenges faced when dealing with a teenager Challenges for the DGH in how they treat this teenager</p> <ul style="list-style-type: none"> - Adult DKA algorithm versus paediatric DKA algorithm - Started on adult DKA pathway then changed to paediatric DKA pathway - Teenager also had “sepsis” requiring intubation and ventilation and inotropic support - Very difficult ITU episode with rhabdomyolysis, liver failure and referral for liver transplant 	Oxford team Sandra Duncan Kate Swarbrick

	<p>Discussion by team on DKA plan - on ventilation strategies –Anything different to offer from the treatment plan instituted</p>	
7.0	<p>Open Mic</p> <p>Dusan R from COMET – Would it be worth collating data on children that get extubated in the DGH in order to highlight this issue for the DGH teams such as</p> <ul style="list-style-type: none"> - < 4 hours short term ventilation - How many DGH ventilated patient wasn't transfer and what was outcome of these. <p>Chris from SORT - Presented work they had undertaken on their checklist and adapting it to Google forms (electronic copy) easily accessed. With</p> <p>Steve H from EMBRACE – Update on GAMUT Steve is an AMPA member. Excellent cross platform database (NIC/PIC/AICU) Gives valuable data against KPI's about 35 subsets for PIC</p> <p>EP requested a copy of the KPI's relevant to PIC - Steve will forward</p> <p>Kate P from NWTS - Discussion on standard concentration infusions Potential problems going forward. May be an issue for NWTS and their crashcall.net regional calculator Discussion on legality of drug calculation on App feature and MHRA requirement on “medical device standalone software, including apps”. And the need for CE marking. If an app qualifies as a medical device and is placed on the market for a medical purpose it will still need to comply with the relevant directive.</p> <p>Decision support software is usually considered a medical device when it applies automated reasoning such as a simple calculation, an algorithm or a more complex series of calculations. For example, dose calculations. (Lifted from the MHRA website)</p> <p>If you are thinking of developing an app that will use patient data to either contribute to, or make a clinical decision then you should submit a registration for the app as a class I device with the MHRA.</p> <p>PICM-ISAC- reviewing the approach to external candidates at the GMC and an acceptable training pathway for consultants especially if they have not undertaken all their training in the UK - survey to go out regarding this.</p>	<p>Dusan from COMET & Kate from NWTS to take this project forward</p>

	<p>MIP Table Top Exercise</p> <p>For next meeting - consider writing guidance on how we will support each other when a major incident is declared in another region</p>	Eithne/All
8.0	<p>DEPICT Study Update</p> <p>Ram & Ruth presented an update on this study and progress so far. Majority of unit now up and running. Parent questionnaires gone out with excellent response rate. All services have suspended their feedback forms for parents so questioning when they might get some pertinent information back that they can provide for their trusts. Discussion on marrying local data with PICANet database</p>	Ram
9.0	<p>AOB</p> <p>PICANet – High Flow inclusion in dataset</p> <p>SARAH SANTO IS RETIRING! –THE ATG GROUP WISH HER ALL THE BEST FOR THE FUTURE AND A VERY HAPPY RETIREMENT.</p> <p>THANK YOU TO OXFORD FOR HOSTING THE MAKING AND KEEPING US ALL FED AND WATERED!</p>	All
13	<p>Date for Next Meeting:</p> <p>19th September 2018</p> <p>10.00 -15.00hrs</p> <p>Bristol PICS (venue TBC)</p>	