

# **January 2023 Network Update**

Welcome to our new look monthly Network Newsletter, which includes our latest information and updates, as well as resources available to support local planning and provision of clinical care. There is now an opportunity to click on links which will take you to the relevant page on our website. Don't forget to take a look at our website <a href="https://www.stpn.uk">www.stpn.uk</a> for more detailed information.

# **STPN Staff update**

This week we welcome Sarah Levitt to our team as our new Critical Care Lead Nurse. I am sure she is familiar to some of you as she moves from her Paediatric educator role in Medway Hospital following her time as a PICU nurse. Sarah replaces Stacey Bedford who has moved to a new role as Operational Lead for NHSE London BCYP Transformation team.

We have also said goodbye to Miriam Cabib, our Senior Project Manager who has moved to the SEL CYP Transformation. Miriam's replacement will join us in February.

We wish Stacey and Miriam all the best in their new roles, and thank them for all their hard work for the STPN. I expect many of you may come across them with their new 'hats' on! Please email <a href="mailto:england.stpn@nhs.net">england.stpn@nhs.net</a> if you have any queries.

# **STPN Dashboard and Data**

Thank you to everyone who regularly completes our Demand and Capacity Dashboard. The data is extremely useful for our reporting into regional and national systems and ensuring that we have the right capacity to support the care for children in the region.

**GOOD NEWS**: You will shortly be able to have access to monthly data summaries. This will enable teams to produce local reports, which in turn we hope will support business cases and local planning etc. It is our intention to issue a monthly download to each centre and ICB soon. Please contact <a href="mailto:David.Taylor@gstt.nhs.uk">David.Taylor@gstt.nhs.uk</a> if you would like to have access to your local data.

#### Information from the Dashboard

Dashboard data in Figure 1 below clearly shows the rise in children admitted with respiratory diagnosis from October 2022, reaching a peak around mid-November. We now have an algorithm to calculate a daily overall POPEL score for the STPN region, which reached POPEL 4 (the highest level) on 25<sup>th</sup> November, correlating with reports of high demand for services and limited capacity. Figure 2 below shows the related increased activity within the three Paediatric Critical Units in our region.

Figure 1: General Paediatric Beds occupied (January 2022–January 2023)

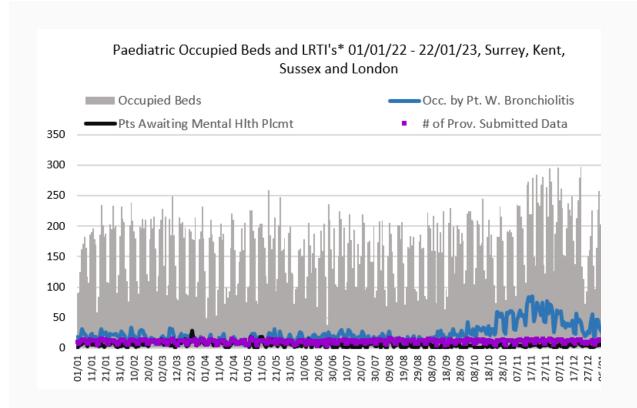
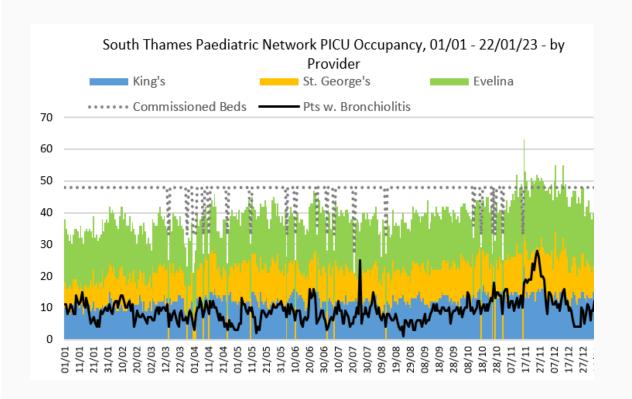


Figure 2: Paediatric Critical Care beds occupied (January 2022 – January 2023)



# Data from the UKHSA week 3 report (published 19th January 2023)

Swab positivity for **flu** has decreased to 6.0% in week 2, compared to 12.2% in week 1. The highest positivity is seen in 0 to 4 year olds at 8.9%. Hospital admission rates have decreased across all ages but hospitalisations among children under the age of 5 remain fairly high but have decreased (5.7 per 100,000 down from 14.3 last week). Vaccine uptake in 2 and 3 year olds (41.0% and 43.5% respectively) is below that seen

in the previous 2 seasons, but broadly comparable to the 2018 to 2019 pre-pandemic season. Immunisation is still available.

Surveillance indicators suggest that, at a national level, **coronavirus** (COVID-19) activity has decreased in most indicators in week 2 of 2023.

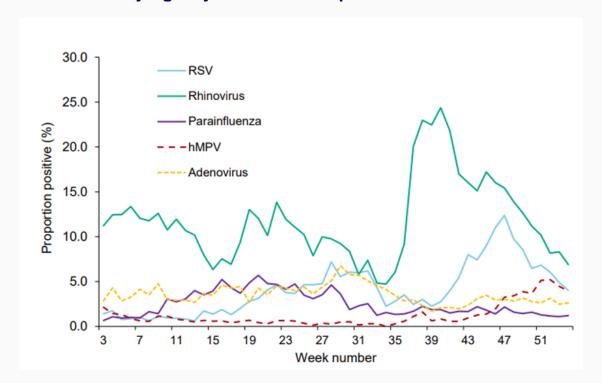
**RSV** overall swab positivity decreased to 4.0% with the hospitalisation rate decreased overall to 1.44 per 100,000. Emergency department attendances for acute bronchiolitis decreased nationally.

Laboratory reports of **norovirus** were 34% higher than the 5-season average pre-COVID-19 (2014/2015 to 2018/2019). The number of reported enteric virus (EV) outbreaks remained below pre-pandemic levels during weeks 52 and 1, with reports 58% lower than the 5-season average for the same 2-week period prior to the pandemic.

Following a significant rise in the winter viruses (including Influenza and RSV) during the last few months of 2022 there has been a fall in the positivity rate since the start of this year (Figure 3).

The full report is available on the UK Health Security Agency (UKHSA) website: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/a">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/a</a> ttachment\_data/file/1130497/Weekly\_Flu\_and\_COVID-19\_report\_w3\_correction.pdf

Figure 3:Weekly positive (%) for respiratory viruses from the UK Health Security Agency surveillance report



# **Surgery In Children**

# **Bone and Joint Infections Guideline**

The STPN Bone and joint infections guideline has been published, and it is available on our website, on the <u>surgery in children</u> <u>page</u> It was written by our orthopaedic speciality group.

It is for all tertiary specialist centre & District General Hospital (DGH) staff involved in the management of children with bone and joint infections. This includes all children with a diagnosis of osteomyelitis, septic arthritis, spinal discitis, pyomyositis, fasciitis, panniculitis and cellulitis, concurrent infections of adjacent tissue types.

Bone and joint infection in children can be life threatening or lead to long term disability, so necessitates prompt diagnosis and timely management. The document sets the STPN pathways which are essential for optimal patient outcomes.

Click here to access Guideline OR Image below.



#### Management of Bone and Joint Infections

BETTING South Thames Paedietric Network (STPN)

FOR STAFF All tertiary specialist centre & District General Hospital (DGH) staff microred in the

management of children with bone and joint infections.

PATIENTS Chitine ounder 167 with a diagnosis of osteomywitis, suptic arthritis, sonal discritis, pyonycella, fascilla, panniculta and celulita, concurrent infections of adjacent tissue.

"In certain circumstances this document can be used for complex children older than 16 years requiring admission to a specialist peedlabric caretie.

Bone and joint infection in children can be life threelesing or lead to long term disability, so necessitates pronpt diagnosa and timely management. A high-passity, agreed upon standard of care with minimal negional viriation is examined to optimal patient outcomes.

This document sets the framework in which specialist hospitals and supra-regional centres support district. general hospitals in managing children with bone and joint infections to ensure hospitals in the STPN tooking after children with bone and joint infections have formalised pothways and adequate infrastructure to manage the children, managed infrastructure.

The document should be viewed alongside the RSCOS Musculoskeletal Infection Consensus Group https://www.bscos.org.uk/consensus/consensus/mekinhotion.php and any locally agreed policies which should be followed at all times by local cinical teams.



- Local Hospital Responsibilities for local management

  1. All dritters suspected to have a bone and joint infliction should be considered for shared management
  by offscpeeds surgisors and psedetriciams, especially in cases of diagnostic uncertainty, with further
  egul from an inflictious diseases learn where regulated.
- 2. Admit all children with a suspected bone and joint infection for mittal management.

- A. Take and document a full finitory and systematic examination including the upper respiratory tract and ears.

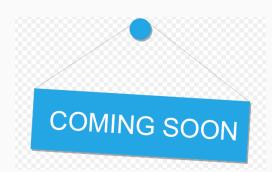
  Take the following baseline investigations of a minimum:

  Blood cultures

  FBC, CRP, ESR

- PRUC CROP, ISSM
   AP starm inatiographs of jointhone
   Start empirical for articleics in children who exet sepsis 6 orders
   these chepolated crain-freedenine-resources/circlei-locals
   Perform MRI with context. Ultrasound of the effected boundport should be considered when MRI is not possible.

- 3. Acute havenstoponous osteomyettis should be managed locally by shared management by an enthicyandic surgion and a pendidriciae by fullowing the steps in section 2 of the 85COS golds https://www.beco.go.uk/scoreamageoneonastrantefaction.php
  4. Climicians of Local Hospitals should have a tex threshold for discussing cases with the designated flagsesistal Hospital and the designated Super-regional Centre.
  5. Virtual MDTs should be set by amongst the Local Hospitals, the designated Specialist Hospital and the designated Super-regional Centre to ensure the local learn is supported and the patient managed locally safely, Bismisst more familiar to ensure the local learn is supported and the patient managed locally by the STPN team.
  6. For child used lenguage that dechappe, but cannot be converted to any extraction or manager learning.
- If a child is sell enough for discharge, but cannot be converted to oral antibiotics and requires long term.
   If a child is sell enough for discharge, but cannot be converted to oral antibiotics and requires long term. the community.



# **Preassessment Webpage**

A resource rich webpage on preassessment covering:

- Regional Guidance
- Preassessment pathway
- Template documents
- Triage questionnaire
- Nursing assessment proforma
- Consultant preassessment criteria
- Support with service design
- Family and patient preparation resources



# **Neonatal Surgery Course 27<sup>th</sup> April, 2023**

A collaboration between the North and South Thames Paediatric, and the Neonatal Networks to deliver a course designed for paediatric and neonatal nurses and allied health professionals, to cover some principle concepts in the management of babies presenting with a surgical diagnosis. The course will cover the presentation, stabilisation, surgical intervention, and post op care of a baby undergoing a laparotomy. **Please look out for further details soon.** 



# **STOPP TOOL Leads**

We would like updated contact details for **STOPP TOOL leads** in the following Trusts. Please send details to <a href="mailto:england.stpn@nhs.net">england.stpn@nhs.net</a>

- King's College Hospital
- Queen Elizabeth Hospital
- Kingston Hospital
- St George's Hospital
- Croydon University Hospital
- St Helier Hospital
- East Surrey Hospital
- Ashford and St. Peter's Hospitals
- East Sussex Healthcare Trust
- The Royal Marsden NHS Foundation Trust
- Eastbourne District General Hospital
- Queen Elizabeth The Queen Mother Hospital

# **STPN Education**



https://stpn.uk/education-alwayslearningtogether/

## **Long Term Ventilation – Study Days**

As part of the skills implementation role the STPN is able to support and provide LTV education across the network's acute hospitals, both DGHs and Tertiary Centres.

The training has no charge and will be delivered by LTV experts directly in your hospital through skills workshops & scenarios, complimented

with resources for ongoing education.

We have run the first two dates with Lewisham and Greenwich Trust, with fantastic feedback and improved confidence. We are looking forward to returning for day two in October, and our first dates with Croydon Healthcare, Kingston Hospital and East Kent Hospitals in the coming months.

Please email emma.whitcombe@gstt.nhs.uk for further information and to book training days.

See the link below for LTV training and resources, including the most recent version of the **LTV Hub**, a poster with quick links for LTV and Ventilator specific training:

https://stpn.uk/ltvedandresources/

## **Transition**

The Burdett Trust and STPN are collaboratively hosting a series of webinars, using a QI process to enable providers and services to implement processes and programmes to improve pathways for CYP transitioning to adult services. Please do forward this invite to Adult Services too!

The introductory session was held on the 29<sup>th</sup> Nov. For further info click here.

## To register please <u>click here</u> or email <u>sara.mahjabin@gstt.nhs.uk</u>

You can also join us by clicking on sessions below.

Key Documents & The Project Plan	Wed 25 <sup>th</sup> January 15:30 – 17:00
Stakeholder Analysis	Tues 21 <sup>st</sup> February 15:30 – 17:00
Diagnostic / Solution Design	Wed 22 <sup>nd</sup> March 15:30 – 17:00
<u>Implementation</u>	Tues 25 <sup>th</sup> April 15:30 – 17:00
Sustainability	Wed 17 <sup>th</sup> May 15:30 – 17:00

The <u>STPN</u> plan to host a series of support sessions for teams so please let us know what you would like help with.



# **Pioneer Programme Share the Learning Events**

We would like to invite you to join the National **All-age Continuing Care (AACC) Programme** team for two great events showcasing learning, products, and outcomes from AACC Pioneers Projects.

Share the Learning PART 1 – 26/01/2023

<u>Click here</u> for <u>All-age Continuing Care Pioneer Programme 'Share the Learning' Event **Part 1** on Thursday 26th January 2023 from 2pm to 3.30pm.</u>

- North Central London: Best Practice Transition Guidance
- South East London: Digital Capability Assessment Tool
- South West London: PA PHB Capability Skills

### **Plus Special Guests:**

• IEG4

... with more to be announced

#### Share the Learning PART 2 – 09/02/2023

<u>Click here</u> for <u>All-age Continuing Care Pioneer Programme 'Share the Learning' Event **Part 2** on Thursday 9th February 2023 from 2pm to 3.30pm.</u>

Frimley: Crisis Accommodation for CYP

Mid and South Essex: Transformation Transition

Greater Manchester: Digital Referral Portal

### **Plus Special Guests:**

• UB Healthcare: PHB Clarity System

Coventry and Warwickshire: Interactive Capability Tool



Want an easy way to keep up to date with STPN events and news but without all of the chit chat? Then join our whatsapp group by clicking this link - <a href="https://chat.whatsapp.com/FjbGTLWoTWp0hv7JXZSjRZ">https://chat.whatsapp.com/FjbGTLWoTWp0hv7JXZSjRZ</a>







### Our mailing address is:

england.stpn@nhs.net

#### **Network Managers:**

Sally Watts and Harriet Ward 07918 338799 and 07342 068632

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