

# South Thames Paediatric Network

## 2020/21 Annual Report



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# From the STPN Clinical Director

The COVID-19 pandemic surges brought challenges on a scale that we could never have anticipated and mandated changes in the way that the NHS operated. It has been a privilege to support: collaboration, commitment and resilience from all of the paediatric teams and professionals across the whole South Thames region in 2020-21.

There are a few STPN successes that I would like to highlight in particular:

- Notification of the first cluster of Paediatric multisystem inflammatory syndrome temporally associated with COVID-19 (PIMS-TS) cases to NHSE/PHE, which led to the development of the RCPCH case definition and national management guidelines;
- Co-ordination of elective surgery and diagnostic recovery lists to ensure that all children were prioritised fairly and that capacity was used as efficiently as possible;
- Support of the adult services during the COVID-19 surges, redeploying staff and providing an additional 40 AICU beds across the network;
- Expansion of the STPN working groups: there are now 17 different groups across all the STP networks with a total of >250 colleagues collaborating to improve and standardise care across the region,
- Development and implementation of a Dashboard of Paediatric Capacity and Demand,
- Online teaching including:
  - Four pre-winter roadshows >120 attendees
  - Two PIMS-TS webinars with >1000 attendees
  - One CAMHS meets Acute Paediatrics Webinar with >700 attendees
- Development of the Pan-Thames Wellbeing Hub with a variety of resources available on a bespoke YouTube channel;
- In collaboration with WellChild, we increased parent engagement including coffee mornings, to support children with complex needs returning to school;
- Conducted surveys to gain a better understanding of the use of: high flow devices, emergency airway management and neurosurgical referral pathways in the region and ongoing analysis of data to review the variation in delivery of care across the region.

After such an incredibly busy year, it is hard to imagine that there could be more to come, but STPN has exciting plans for the year ahead including:

- Development of new guidance: procedural sedation and analgesia, management of airway emergencies, constipation management and discharge coordination of children who require long term ventilation;
- Planning for an unseasonal or exceptional bronchiolitis surge;
- Development of Paediatric level 1 and 2 critical care beyond the tertiary hospitals;
- Weekly Grand Rounds to share interesting cases and key learning points with colleagues throughout the region.

I would like to end by thanking the excellent STPN team for their ongoing commitment and enthusiasm and all my wonderful colleagues including doctors, nurses and AHPs for their continued support, without which there would be no STPN.

Dr Marilyn McDougall  
Clinical Director, South Thames Paediatric Network



## South Thames Paediatric Network (STPN)

The South Thames Paediatric Network was established in September 2018, bringing together people working in all areas of healthcare across South London, Kent, Surrey and Sussex. Our vision is to ensure that children in our region receive the highest-quality specialist care at the right time and in the right place.

As part of our 5 year plan, we want to ensure that:

- Children in the network have access to high-quality specialist paediatric care in the place most suitable to their needs, at the appropriate time.
- Care will be standardised across the network, governed by quality standards and agreed pathways.
- Network partners share learning on valuable aspects of service delivery and development, clinical best practice, service transformation, new models of care and workforce solutions.
- Economic benefits for both providers and commissioners are achieved through improved efficiency of services

## Why work as a Network?

Clinical networks are an NHS success story and have been responsible for some significant and sustained improvements in the quality of patient care and the outcomes of their treatment. Combining the experience of clinicians, the input of patients and the organisational vision of NHS staff they have supported and improved the way we deliver care to patients in distinct areas, delivering true integration across primary, secondary and tertiary care.

Paediatric services often work within networks, with multiple professionals across numerous organisations involved in meeting the needs of children. The South Thames retrieval service already recognised the importance of delivering networked critical care with a strong emphasis placed on education and guideline development. Establishing formal operational delivery networks for children in our region was therefore a natural step – and so the South Thames Paediatric Network was founded in Autumn 2018. Following the NHS England review of Paediatric Critical Care and Surgery in Children, which recommended the establishment of Operational Delivery Networks (ODNs) for Paediatric Critical Care and Surgery in Children, our network was funded by NHS England London Specialised Commissioning, and we began developing its work programme.

Recognising the need to address other areas of paediatric care, as well as taking an overarching view of the development of paediatric services in the region, the network team has taken on a broad remit to include additional clinical networks and work programmes.

This Annual Report summarises our work to-date across all these areas of paediatric care, highlights what we will be doing next, and how children and their families will experience improved care when they require it.



## Our Networks

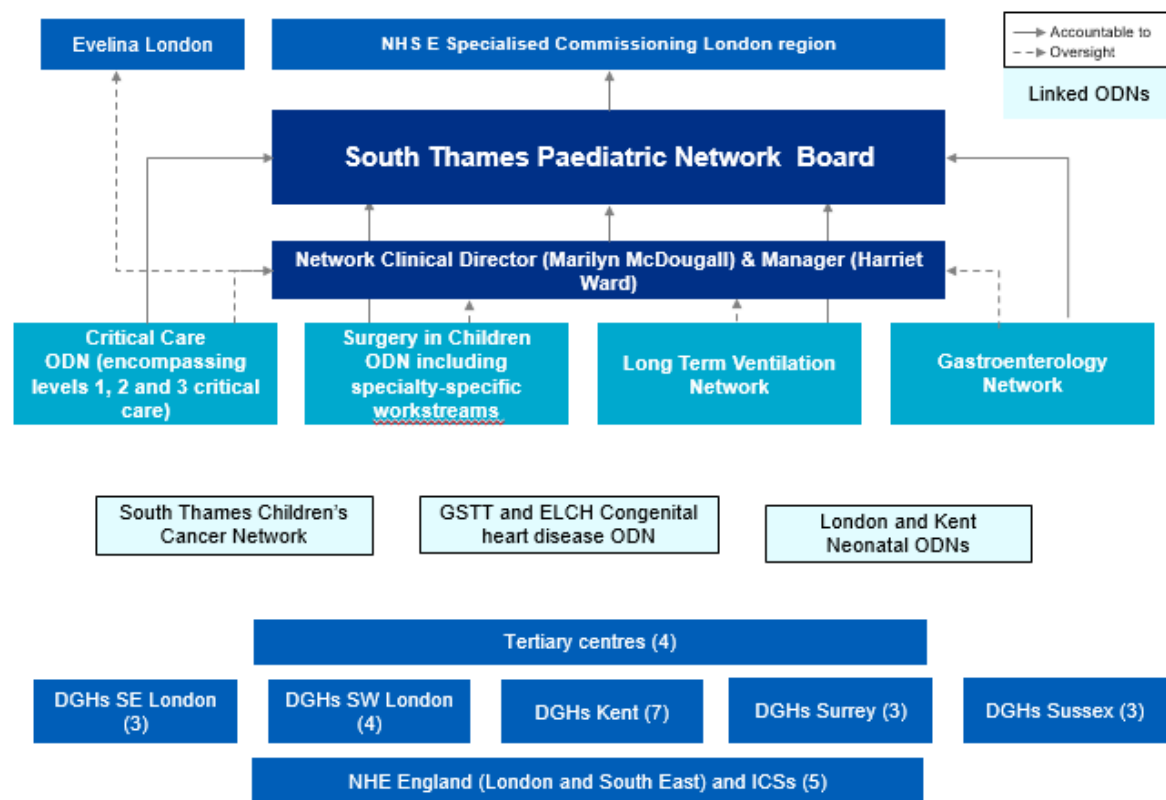
The South Thames Paediatric Network includes the **Paediatric Critical Care ODN**, **Surgery in Children ODN** and the **Gastroenterology ODN**. As well as managing ODNs, we also have responsibility for the strategic development of specialist paediatric services in the South Thames region.

## Our Funding

We are funded by NHS England & Improvement London. For the 2020/21 year, this was £470,000. This is used to fund our team as well as our workshops, educational events and regional resources and equipment.

# How we work

## Our governance



## Our Board is committed to:

- Placing children and their families at the centre of decision making
- Listening to and supporting providers within the network
- Acting independently of organisations, think as a network partner
- Sharing data, information, best practice and learnings to support network goals



# Who we are

## Our region

Population of c.2.2m  
<16 (20% national  
population);  
26 acute hospitals



## Our team



**Sally Watts**  
Interim Network  
Manager



**Harriet Ward**  
Network Manager  
(maternity leave)



**Marilyn McDougall**  
Clinical  
Director



**Miriam Cabib**  
Project  
Manager



**Teresa Davey**  
Network Coordinator



**David Taylor**  
Data Analyst

### Critical Care ODN including LTV



**Sachin Patil**  
Clinical Lead



**Akash Deep**  
Clinical Lead PICU



**Stacey Bedford**  
Nurse Lead



**Richard Chavasse**  
Clinical Lead LTV



**Jackie Agyekum**  
AHP Lead



**Feilim Murphy**  
Clinical Lead



**Mohamed Mutalib**  
Clinical Lead



**Sarmad Kalamchi**  
Clinical Lead

Clinical  
Leads are  
from  
Trusts  
across the  
region and  
all work  
part-time  
(eg. 1PA  
per week)

Whole  
time  
Education  
and PCC  
lead



# Our vision



## High-quality care

All children in the network will have access to comprehensive specialist paediatric care in the place most suitable to their needs. Oversight of specialist children services development



## Efficient service delivery

Care will be standardised across the network, governed by quality standards and agreed pathways  
There will be a reduction in unwarranted variation



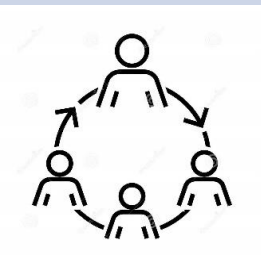
## Value for money

We will realise economic benefits across the healthcare system, achieved through improved efficiency of services



## Strategic goals

Deliver national and regional priorities including the NHS Long Term Plan, the National Review of Paediatric Critical Care and Surgery, and Getting It Right First Time



## Stakeholder engagement

Partners will share learning on valuable aspects of service delivery and development, clinical best practice, service transformation, new models of care and workforce solutions



# COVID-19: How STPN responded in 2020/21

The STPN, along with all parts of the NHS and our society, experienced the devastating impact of the COVID-19 pandemic. Many team members are frontline clinicians and were directly involved in treating acutely sick patients – both adults and children.

Aside from the team's clinical work, we delivered an exceptional amount of work to the supporting management of the pandemic – both an initial response to the demand for staff, equipment and bed capacity and then later on a programme of work to support restoration of paediatric work across the region.

Here are some highlights of the work the team delivered:

## Regular calls with all network partners:

- Understanding of regional pressures
- Communication of regional & national guidance
- Sharing of best practice and experiences
- Redeployment forum for nursing staff

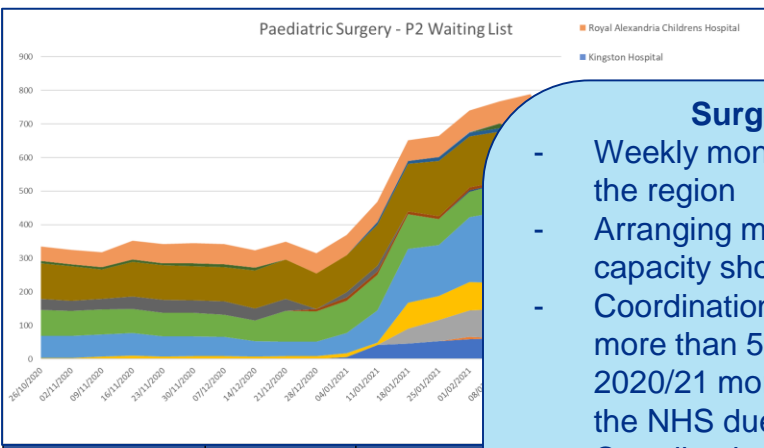
PIMS-TS – WHERE ARE WE NOW?		
Collaborative, multi-disciplinary review of PIMS-TS care and how it has evolved in the last year		
28 <sup>th</sup> January 2021, 12:30pm – 16:00pm		
Joining link: <a href="https://goosh.zoom.us/j/83757413281">https://goosh.zoom.us/j/83757413281</a>		
You will conclude with an expert panel answering your questions. Put your questions to the panel by using the following link: <a href="https://app.sil.dolevent/co-4dqtbs">https://app.sil.dolevent/co-4dqtbs</a>		
Topic	Session length	Facilitator
Welcome and introduction	5	Co-Host - Harriet Ward South Thames Paediatric Network Manager
11 questions	5	Co-Host - Kate Plunkett-Reed North Thames Network Manager
1st cases and managing a new disease in children	20	Dr Shelley Riphagen PICU and Renal Consultant, Evelina London Children's Hospital
Classification/RCPCH guidance – bringing it together nationally	20	Dr Hermione Lyall Cons Paediatric Int and co lead North Thames
1st CATS PIMS-TS Experience: presentations, red herrings, triage and transport considerations	20	Dr Emma Consultant Paed CATS
1340 ICU management, PIMS-TS	20	Dr Jon Lillie PICU Consultant

**Paediatric Multi-system Inflammatory Syndrome temporally associated with SARS-CoV-2:**  
**PIMS-TS**  
Thursday 7<sup>th</sup> May 2020

## PIMS-TS:

- Two webinars attended by international audience, each with 1,000+ attendees
- Network referral pathway

Paediatric Surgery - P2 Waiting List



## Surgery and diagnostic recovery:

- Weekly monitoring of waiting lists and capacity across the region
- Arranging mutual aid between Trusts to address capacity shortfalls across entire South Thames region
- Coordination of independent sector capacity with more than 500 CYP treated in private hospitals in 2020/21 more quickly than they would have been in the NHS due to reduced capacity
- Coordination of funding to support waiting list initiatives with c.£500k allocated to STPN Trusts as a result
- Network-wide peer-led validation of waiting lists to ensure all children prioritised appropriately according to their needs and capacity used as efficiently as possible

South Thames regions	Activity	B Activity
Region 1	109	3
Region 2	141	17
Region 3	61	82
Region 4	10	163
Region 5	25	56
Grand Total	346	766

45%	2,910	4,801	600	1,760	11,725
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# COVID-19: How STPN responded in 2020/21

## General Paediatric outpatients: principles for scheduling



**South Thames Paediatric Network**  
Paediatric Critical Care

### Specialist advice for LTV patients in relation to Covid-19

- PPE in the community for LTV children & young people
- PPE in the hospital for LTV children & young people
- Use of filters
- Decontaminating ventilators
- Changes with tracheostomies
- Changes with masks
- Cough assist devices

### Guidance documents as requested by network

- Outpatient scheduling principles
- Website and FAQs
- LTV guidance, including parental video, circuit change guidance
- Medical daycase procedures SOP

#### Appointments

al examination have never been / their GP or another

#### Virtual appointments

New patients:

- Where there is no change to the primary care diagnosis but management / treatment requires review.
- Referral refused, with advice and guidance for

pointment

: safeguarding / social interaction change to management plan

### PICU surge plan:

- Development of PICU surge plan and release of 40 PICU beds to support adult services
- Daily monitoring of PICU demand and capacity to ensure timely access for all CYP needing critical care
- Attend daily London critical care calls to monitor demand and request

Baseline Level 2 as per plan	Current and Two Week Forward Plan for PICU			Potential Scenarios with reduced care services and with / without	
	Unit Reported Daily Maximum Occupancy + 1 (Last 7 Days)	Projected Daily Capacity for Christmas Period W/C 21st December	Projected Daily Capacity for Christmas Period W/C 28th December	Scenario 1 ELCH	Scenario 2
	22	25	25	30	
	10	16	16	16	
	9	10	10	10	
	5	4	4	4	
	9	10	10	10	
	17	0	20	0	
	44	41	41	50	
	116	106	126	120	

### Long Term Ventilation:

- Coffee mornings for parents – back to school and Covid experiences
- Developed single point of contact for hospice access and to facilitate earlier discharge



### Pan Thames Paediatric Wellbeing Hub

125 subscribers

SUBSCRIBED



HOME

VIDEOS

PLAYLISTS

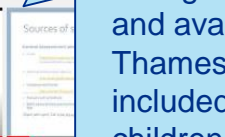
Uploads ▾ PLAY ALL



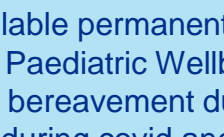
How to lead on children and young people's mental health...  
67 views • 1 week ago



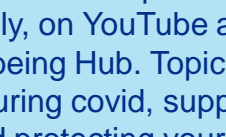
Supporting Children - a webinar from the Pan...  
429 views • 1 month ago



Webinar 3: What has Changed...  
263 views • 1 month ago



Sources of support...  
105 views • 2 months ago



Webinar 2: What has Changed...  
1.1K views • 2 months ago

### Wellbeing webinars:

Identified gaps in wellbeing support across network, and many paediatric teams struggling with stress of caring for COVID adults. Ran multiple webinars live, and available permanently, on YouTube at Pan Thames Paediatric Wellbeing Hub. Topics covered included bereavement during covid, supporting children during covid and protecting your wellbeing – each webinar watched by up to 1,000 people



# Paediatric SIC ODN: 2020/21 Year in review



**Mr Feilim Murphy**

**STPN Clinical Lead for the SIC ODN**



**Miriam Cabib**

**STPN Project Manager**

The SIC ODN would like to express  
particular thanks to the following  
individuals for their exceptional  
contributions

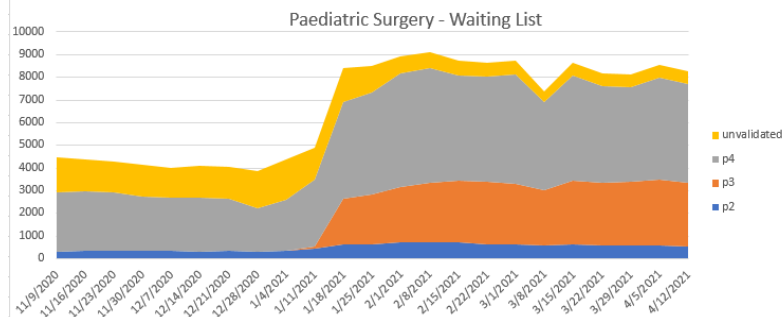
- **Miss Erica Makin**, Paediatric Surgeon (King's College London) for her commitment and contributions to the General Surgery Working group.
- **Dr Sally Renwick**, Anaesthetist (Epsom and St Helier), **Dr Samantha Black**, Anaesthetist (Medway Maritime Hospital), **Mr Bommayya Narayanaswamy**, Paediatric Surgeon (Royal Alexander Children's Hospital, Brighton) for their time and commitment to the development of an Inter-hospital Referral and Transfer Guide for Acutely Unwell Paediatric General Surgery Patients.
- **Miss Victoria Possomai**, Paediatric ENT Surgeon (Evelina London Children's Hospital), and **Miss Jo Dartnell**, Paediatric Orthopaedic Surgeon (Maidstone and Tunbridge Wells) for their invaluable contributions in driving the formation of the STPN ENT and Orthopaedics Working Groups.



# Introduction

## Why do we need a SIC ODN?

Need for coordination of COVID-19 surge and recovery planning for all paediatric surgical specialties, for both specialised and non-specialised activity



### Challenges in providing surgical services

Need for standardising specialty specific pathways e.g. Pathways for bone and joint infection in children, tonsillectomy and trauma

Lack of standardised policies on the commissioning of gynaecomastia and for bracing / wheelchairs

Lack of formalised inter-hospital referral and transfer pathways, including repatriation, for general surgery, ENT and orthopaedics

Lack of Trusts policies on the age threshold for emergency care for appendicitis, testicular torsion and tonsillectomies. This often leads to unnecessary transfers to Specialist centres

Outcomes for emergency care for appendicitis and testicular torsion are not audited regularly

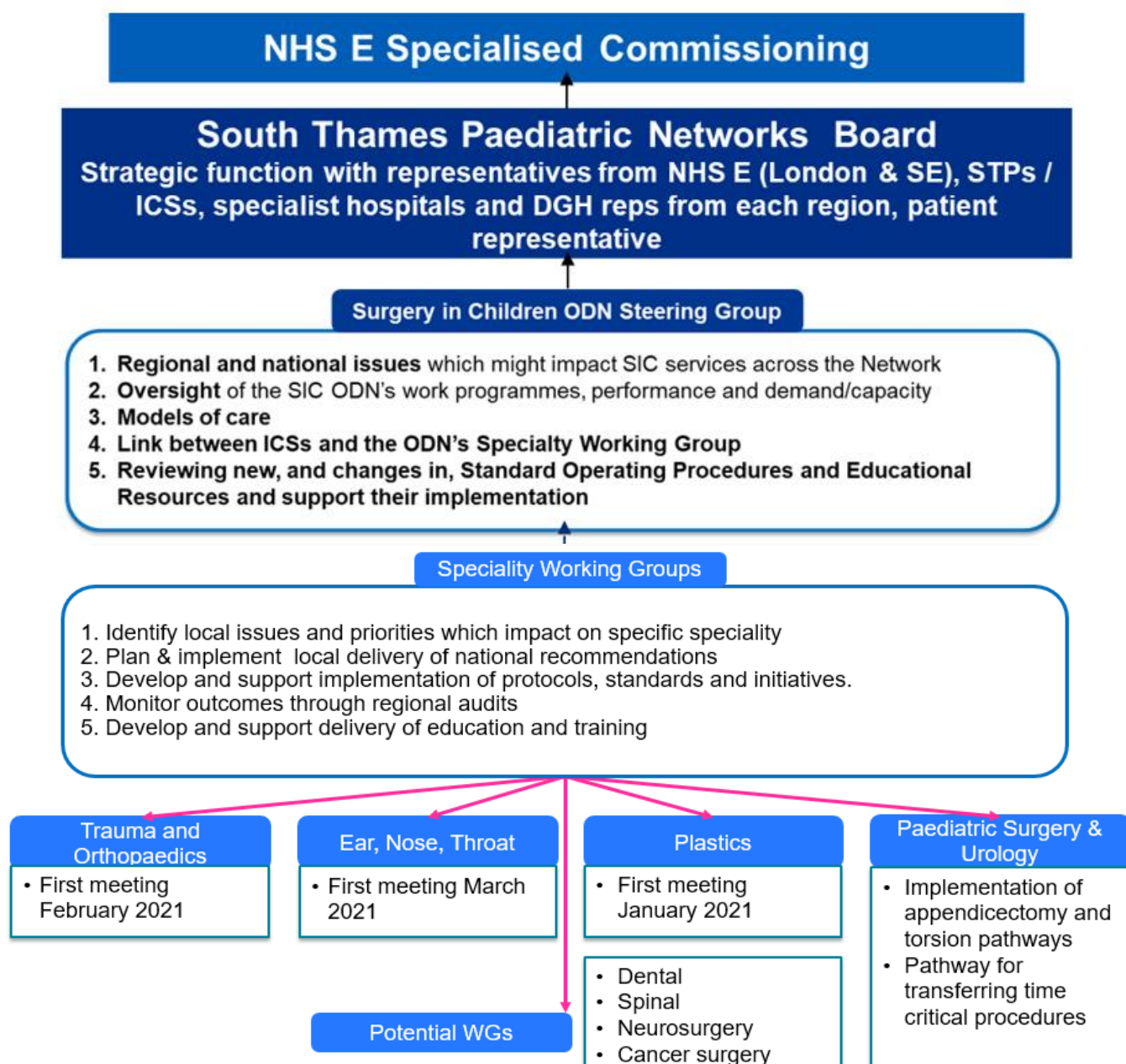


# What we have done so far (1/4)

## Governance

Since the CovidD-19 outbreak the Surgery in Children ODN has been tasked with coordinating the surge and recovery planning for all surgical specialties, for both specialised and non-specialised activity. The rapid changes that have happened across the ODN has highlighted the need for the Network team to establish stronger relationships with clinical and operational teams across the full range of the surgery in children services.

We therefore restructured our governance during 2020/21 so that we had the appropriate membership for each of the areas of focus.





# What we have done so far (2/4)

## Specialty Working Groups

The aims of the Surgery in Children ODN are to seek opportunities to achieve improved outcomes across all surgery in children specialties; tackle strategic issues across the Network which often affect more than one speciality; and to improve the patients and families experience across the region.

Building on the work started by the General Surgery Working Group, in the past six months we have established additional networks ENT, Orthopaedics and Plastics.

### Objectives of the individual surgical networks

- Keep oversight and facilitate arrangement of regional pathways so that patients can access the right care, at the right time, in the right place through collaborative work between tertiary centres, DGHs and commissioners.
- Keep oversight and facilitate mechanisms to review and improve clinical governance and patients' clinical outcomes.
- Encourage and support a culture that pools and shares educational resources to create efficiency, overcome hurdles and limitations and celebrates excellence.
- Create opportunities for parents and guardians of children to participate in the improvement of surgical services.

## General Surgery Working Group



Key Tasks	Status	Deadline
Facilitating arrangements for Trusts that cannot provide prompt assessment and treatment locally for children with non-complex appendicitis or suspected testicular torsion over 5 years of age	Ongoing	March 2022

Set up audit on appendicectomy and torsion	Trusts to nominate audit leads and register audits internally	April 2021
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Formalising inter-hospital referral and transfer pathways, including repatriation across the network.	Ongoing	September 2021
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Implementing GIRFT recommendations	In-progress	March 2022
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Carried out Grand Round to share learning around communication during surgical transfers	Completed	April 2021
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# What we have done so far (3/4)

## Specialty Working Groups

### Orthopaedics Working Group

In February the STPN team met with the South East Paediatric Orthopaedics Network to identify priorities the ODN could support the network with and to establish a working group to progress work on these identified priorities.

Priorities include:

- Developing a standardised pathway for bone and joint infection in children
- Reviewing commissioning arrangements for Trusts
- Formalising inter-hospital referral and transfer pathways, particularly for trauma patients and children under 2 years of age.
- Facilitating the process of reducing variation in the commissioning for bracing / wheelchairs standardised across the network.
- Implementing GIRFT recommendations



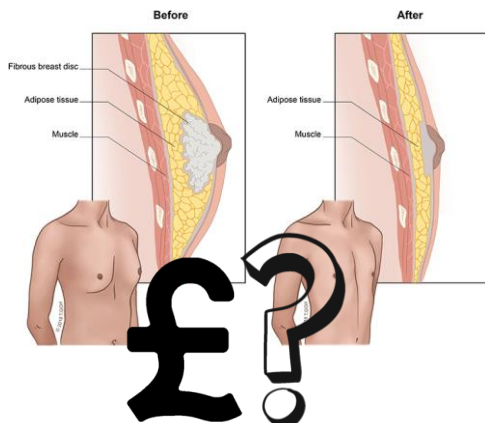
### ENT Working Group

The first meeting with the ENT working group was in March 2021. During this meeting ENT surgeons and anaesthetists from Trusts across the Network identified a number of priorities:

- Supporting the STPN Critical Care ODN in development of a pathway for difficult airway management
- Developing a tonsillectomy best practice pathway.
- Formalising inter-hospital referral and transfer pathways, including repatriation.

Waiting lists across the region for ENT are concerning. Strategies to support Trusts have been discussed as part of the Pan-London and Kent Elective Recovery Groups.

### Plastics Working Group



The first meeting with the Plastics working group was in January 2021. During this meeting Plastics surgeons and anaesthetists from Network hospitals identified the need for reducing the current variation in the commissioning of gynaecomastia and breast surgery as a priority. The group would like the network to facilitate endorsement of a regional policy for the commissioning of gynaecomastia.

A need for clarifying which type of plastic surgery each centre provides was also highlighted.

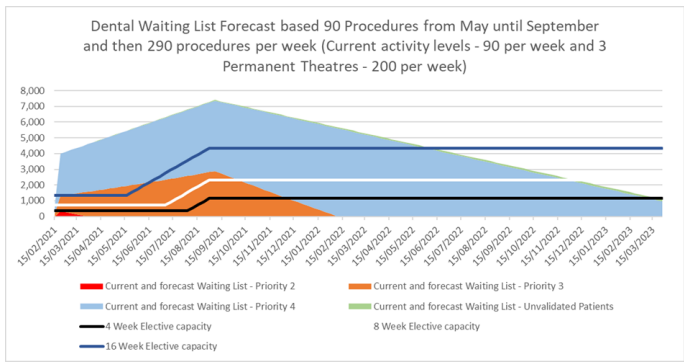


# What we have done so far (4/4)

## Project Tooth Fairy – in partnership with the North Thames Paediatric Network

In Autumn 2020, the Paediatric Networks began developing solutions for theatre capacity to treat the thousands of children in the region waiting for dental surgery as quickly as possible.

The networks gathered data from all Trusts and identified that the waiting list increased significantly during the Covid-19 pandemic from around 2,500 children waiting in March 2020 to around 7,000 by April 2021. 72% of these children have waited for more than 30 weeks for surgery and it is estimated 1,000+ have waited for more than 52 weeks.



	Pre Covid (w/c 3rd March)	Post Covid (w/c 30 Nov)
Waiting List	2,472	3,742
Total Capacity	153 procedures per week (approx 38 theatre sessions)	116 procedures per week (approx 18 theatre sessions)
No. of 52 week waits (admitted) RTT percentage (examples)	Evelina: 97% Kings: 88% RLH: 36%	Evelina: 40% Kings: 38% RLH: 42%

The Networks have led a collaborative recovery solution, working with the four main dental hospitals in London, the Dental Clinical Networks, NHS England and ICSs to identify capacity for a cost-effective option to treat these children. This has lead to the commissioning of a theatre suite in central London dedicated to paediatric dental surgery.

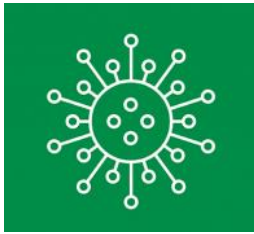
This will be staffed by Dentists (both hospital and community) and Anaesthetists from across the South East. It will increase capacity in London from 153 procedures per week currently to nearly 300 – as well as the remaining capacity in Trusts. Three procedure rooms will be available, all day, six days a week. It will open in late-Summer 2021.

We anticipate that the available capacity will mean that children will be treated in a far more timely manner within 1 year.





# What will we do next?

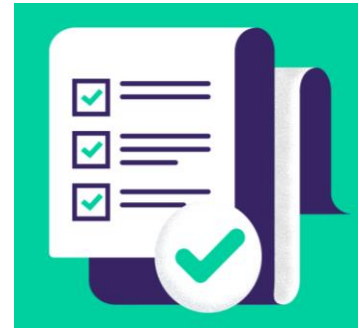


## 1. COVID-19

- Coordinate response during surge and recovery of waiting lists

## 2. Governance

- Support Trusts in the process of providing prompt assessment and treatment locally for children with non-complex appendicitis or suspected testicular torsion over 5 years of age
- Evaluation of the audits around appendicectomy and torsion on transfers of children above 5 years of age, incidence of testicular loss, and negative appendicectomy rate
- Evaluation of the implementation of the Safe Delivery of Paediatric ENT Surgery in the UK
- Implement recommendations from the GIRFT reports for Paediatric Surgery and Orthopaedic Surgery

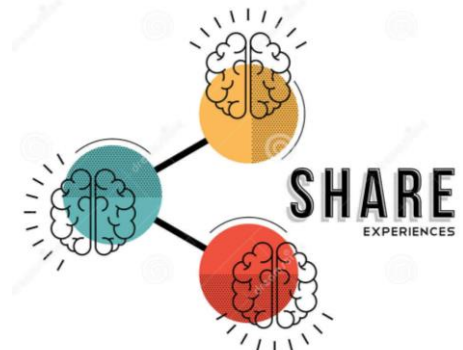


## 3. Pathways

- Formalise inter-hospital referral and transfer pathways for general surgery, ENT and orthopaedics
- Standardise pathways for bone and joint infection in children

## 4. Education and Training

- Regular Grand Rounds
- Endorse existing education programmes across the STPN
- M&M across the network
- Buddy-up scheme between tertiary and secondary care surgeons and anaesthetists



## 5. Commissioning

- Reduce variation in the commissioning for bracing / wheelchairs across the network
- Facilitate endorsement of a regional policy for the commissioning of gynaecomastia



# What will change?



## High-quality care: reduce unwarranted variation

- Ensure consistent age for emergency procedures performed outside tertiary centres
- Regular audit and review of surgical procedures in children throughout the network



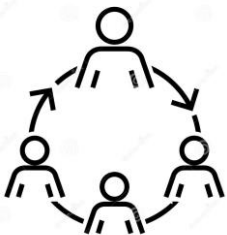
## Efficient service delivery

- Clear referral pathways
- Safe transfer arrangements and documentation with audit of pathways
- Children's services more joined up with children's needs at the heart of regional planning



## Value for money

- Reduction of unnecessary surgical transfers to Tertiary Centres
- Optimal access for children with complex conditions/ co-morbidities to specialist services /tertiary centres with appropriately co-located facilities



## Workforce

- Workforce gaps addressed through better collaboration
- Standardised competency framework for all network staff
- Network passport in place
- Rotation programmes to enable cross-site working and experiential learning



# Paediatric Critical Care ODN: 2020/21 Year in review



**South Thames  
Paediatric Network**  
Paediatric Critical Care

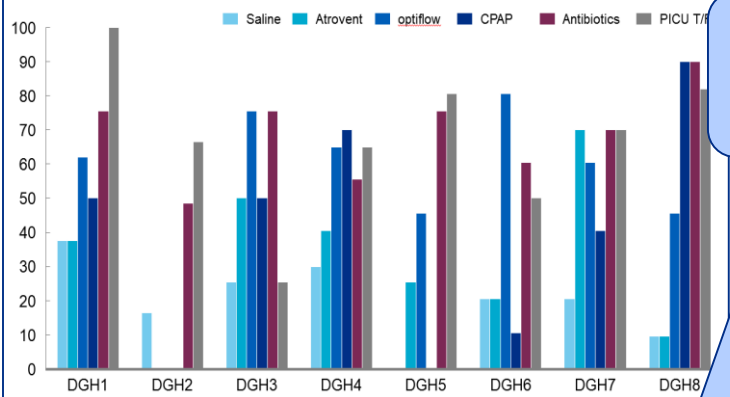
The Critical Care ODN would like to  
express particular thanks to the  
following individuals for their exceptional  
contributions

- **Dr Bengisu Bassoy** (Dartford and Gravesham NHS Trust) for her role in co-chairing the Sedation Task and Finish Group and her significant contribution to the development of the STPN Sedation Guidelines.
- **Dr Darren Ranasinghe** (Croydon Health Services NHS Trust) for his role in co-chairing the Sedation Task and Finish Group and in the development of the Patient Transfer Audit which will be implemented in the coming months.
- **Dr Mohammed (Oli) Rahman** (UH Sussex NHS Foundation Trust) for his contribution to the implementation of the STOPP Tool within the network and his role in the development of the Patient Transfer Audit which will be implemented in the coming months.
- **Dr Richard Newton** (UH Sussex NHS Foundation Trust) and **Dr Joanne Perkins** (Evelina Children's Hospital) for their invaluable contributions to the Emergency Airways Working Group.
- **Natalie Oliver Hendy** and **Lizzie Worthen** (East Kent Hospitals University NHS Foundation Trust) for their continued engagement in multiple aspects of STPN activity including support in establishing the PCC working group
- The **education faculty** from both PANiCC (Level 1 and 2) and KHP Children's Critical Care course (L3) for continued efforts to ensure that progress in course delivery and PCC skills across the Network and beyond remain a priority despite the challenges of social distancing



## Why do we need a Paediatric Critical Care ODN?

% of bronchiolitis patients referred from each DGH who received specific types of treatment, 2015/16



Lack of standardised guidelines, leading to variations in care and inefficient service delivery

Insufficient information on care currently being provided outside PICUs

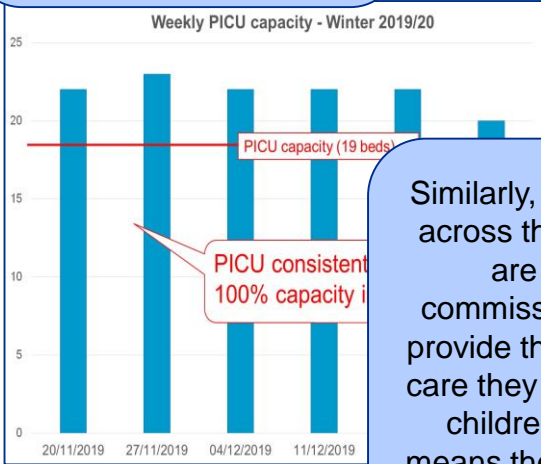
Variation in the care provided by units across the region, results in inequity of access

Challenges in providing critical care for children in our region

Increasing demand: children are surviving longer with complex conditions, and requiring increased specialist input

Access to education, and training delivered, varies across the region

During busy winters our Intensive Care Units often operate above 100% capacity – this is partly because there are not the beds to discharge patients to



Similarly, hospitals across the region are not commissioned to provide the level of care they deliver to children. This means they cannot invest in service development, education and resources

	Nurses with tracheostomy care competence	Nurses with CPAP <sup>4</sup> training	Nurses with HHFO <sup>5</sup> training
Trust 1	23%	26%	29%
Trust 2	100%	100%	100%
Trust 3	100%	No data	100%
Trust 4	56%	56%	56%
Trust 5	100%	100%	100%
Trust 6	38%	19%	38%
Trust 7	0%	0%	100%
Trust 8	50%	88%	94%
Trust 9	90%	0%	75%
Trust 10	0%	100%	100%
Trust 11	38%	0%	100%
Trust 12	100%	0%	100%
Trust 13	36%	0%	100%
Trust 14	100%	No data	No data
Trust 15	59%	91%	91%



# Our Clinical Leads

## Dr Sachin Patil, Clinical Lead for Levels 1 and 2 Critical Care

As Clinical lead for Level 1 and Level 2 Critical Care delivery in DGHs, I am constantly amazed by the high quality of care already being delivered within the network. Though there is still scope to reduce variation and inefficiency whilst building on individual good practice through data sharing, education etc.

This is achievable, as amply demonstrated by the enthusiastic collaboration amongst network members whilst developing guidelines, their enthusiasm in submitting data and in responding to audits! The ODN has also shown that sharing of education and skills can be bi-directional. The ODN is breaking new ground in bringing together a patient experience group for Level 1 and Level 2 Critical care.

We aim to maintain this enthusiasm and momentum in preparation for the next stage in the evolution of our network – integrating with central educational bodies and other similar-minded ODNs.



## Dr Akash Deep, Clinical Lead for Level 3 Critical Care

The Paediatric Critical Care ODN gives us an exciting opportunity to streamline pathways for common themes and to work collectively on multi-specialty pathways like neurosurgery and oncology.

We will liaise closely with STRS to enable a smooth and seamless journey for our patients from local hospitals to the 3 PICUs, working with colleagues to plan, test and implement new ways of working based on good practice and to develop plans for performance and service improvement.

Education and sharing of knowledge from diverse specialties provided by the 3 PICUs and STRS will ensure safe, high quality and financially sustainable services for the future.



## Stacey Bedford, Nursing Lead

### Why do we need a Critical Care ODN?

Essentially, we strive for all infants, children and young people to have access to excellent Critical Care when and where they need it, that it is never compromised by a lack of education, training, staffing, equipment and clinical guidance.

At the moment, the ability of paediatric ward areas and EDs within network centres to provide consistently high quality Level 1 care, stabilisation and, where appropriate, Level 2 care is inconsistent. It depends on fluctuating variables such as competence, training, confidence, equipment and capacity. Sustained, collaborative attention to these elements will enhance the consistency of delivery leading to improved quality, efficiency and capacity.

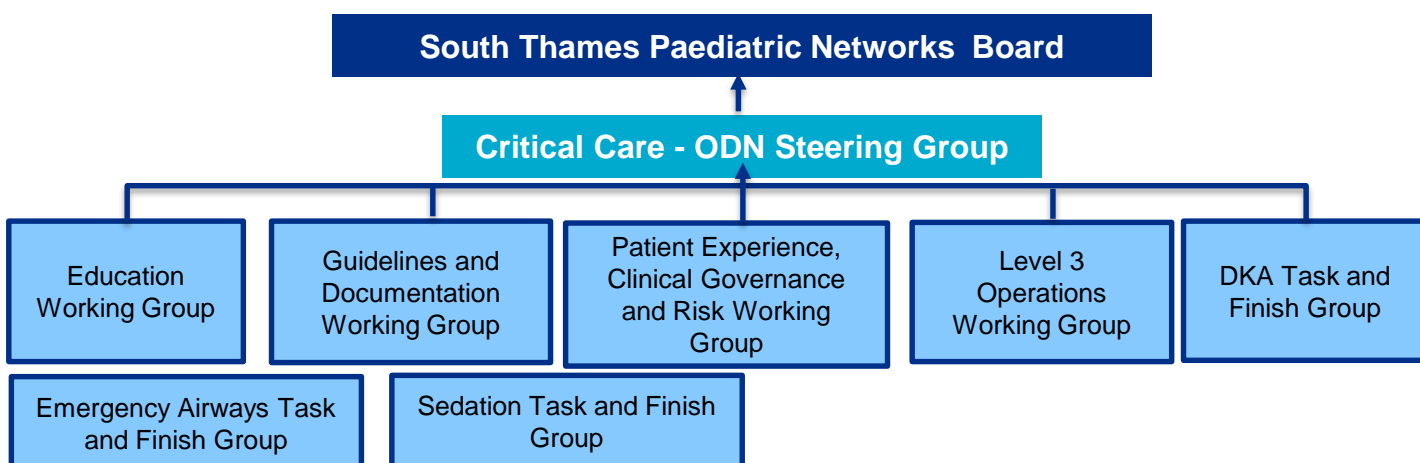
In a facilitative role we will encourage collaboration and partnership between the Level 3 centres to enhance patient outcomes and experience for the whole region.



# What we have done so far (1/4)

## STPN Governance

We restructured our governance during 2020/21 so that we had the right membership for each of the areas of work we are doing. In addition, by establishing a Steering Group, we have ensured representation from every centre at a key decision-making meeting. Each Working Group includes multidisciplinary members from network hospitals across the region.



## Emergency Airway Management

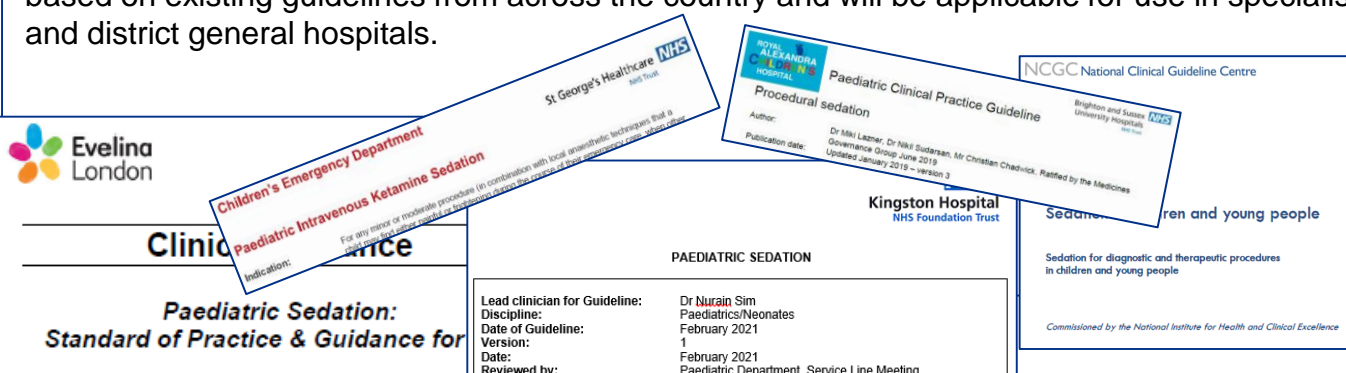
STPN was alerted to concerns across the region around children requiring emergency airway support and the lack of a standardised guideline to support units in managing these situations.

STPN completed a mapping of the region to understand the delivery of airway management in each centre. Following this the Emergency Airways Task and Finish Group was established to develop a network-wide guideline for use by all centres along with a training programme to ensure a consistent level of competence and confidence.

An audit on Emergency Airways Intubation is running from January – May 2021 across all trusts to assess the safety of current service delivery and to inform this work.

## Procedural Sedation Guideline

Network hospitals told STPN that they would appreciate a standardised guideline for use when they need to sedate children prior to procedures. STPN has formed the Sedation Task and Finish Group to develop standardised sedation guidelines for the region. The guidelines will be based on existing guidelines from across the country and will be applicable for use in specialist and district general hospitals.



**Evelina London**

**St George's Healthcare NHS Trust**

**Children's Emergency Department**

**Paediatric Intravenous Ketamine Sedation**

**Procedural sedation**

**Paediatric Clinical Practice Guideline**

**NCGC National Clinical Guideline Centre**

**Brighton and Sussex University Hospitals NHS Trust**

**Kingston Hospital NHS Foundation Trust**

**Paediatric Sedation**

**Standard of Practice & Guidance for**

**Lead clinician for Guideline:** Dr Nurain Sim

**Discipline:** Paediatrics/Neonates

**Date of Guideline:** February 2021

**Version:** 1

**Date:** February 2021

**Reviewed by:** Paediatric Department, Service Line Meeting

**Author:** Dr Mini Lazar, Dr Nikil Sudanan, Mr Christian Chadwick, Ratified by the Medicines Governance Group June 2019

**Publication date:** Updated January 2019 – version 3

**Sedation for children and young people**

**Sedation for diagnostic and therapeutic procedures in children and young people**

**Commissioned by the National Institute for Health and Clinical Excellence**



# What we have done so far (2/4)

## Education

The COVID pandemic meant we needed to dramatically change the way we deliver education across the region. Vital teaching could no longer be face-to-face and we had to find new ways of working in order to meet the needs of network partners. So the STPN redesigned its educational programme in order to provide it virtually.

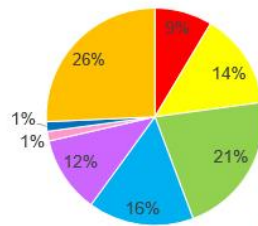
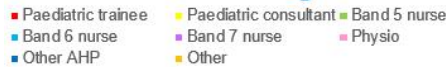
### Pre-winter Education roadshow

Four workshops were run focusing on common winter admissions. Pre-course e-learning materials were developed, videos were filmed to demonstrate scenarios and then presented in the webinars with accompanying guidelines, questions and polls to engage the audience and prompt discussion. Over 120 healthcare professionals across the region attended the four sessions and feedback was excellent with participants asking for more sessions annually.

#### What was the most useful part of the roadshow?



#### Attendees designation



#### South Thames Paediatric Network



### Nursing education

STPN co-delivers nursing education across multiple areas (Paediatric Intensive Care, Levels 1 and 2 Critical Care, and knowledge refreshers have commenced) with network partners. Due to Covid-19, courses were redesigned to a more accessible format during the pandemic to enable them to continue. 28 Nurses gained the PCCS Level 3 qualification and 90 gained their Level 1 & 2 qualification despite the challenges of Covid. This is the largest number per year to-date.

Courses were designed with the focus moved from designated study days and placed on blocks of time where knowledge is grown through **engagement** with E-learning, **reading** supportive texts, **listening** to relevant podcasts, **watching** recorded webinars and **joining** live activities to enhance learning and share experiences. Feedback from students is that they appreciated the variety of approaches and the flexible approach to time commitment. The faculty experienced a steep learning curve in their teaching methods and cross site collaboration has grown exponentially during delivery.

The biggest wins for all the education programmes:

- The collaborative cross site delivery which has given strength and substance to our networking.
- The integration of virtual simulation within all programmes
- The loss of geographical challenges in education delivery



# What we have done so far (3/4)

## Analysis of regional data to understand current resources, pressures and issues and make regional recommendations

- Critical care questionnaire for each unit, to gather information on staffing, competencies, equipment and activity
- All Trusts took part in Getting it Right First Time review which has made recommendations for the network to address, including the number of level 2 beds commissioned

**Data Collection**

South Thames Paediatric Network

1. How many paediatric admissions were accommodated in the paediatric ward areas in the financial year 2019/20? Please provide the split if possible:

a. Acute Admissions

b. Planned/Booked admissions

c. Total admissions

2. How many beds are funded to be open in your paediatric area?

a. Number of funded beds

b. Number of open beds

c. Explanation for difference

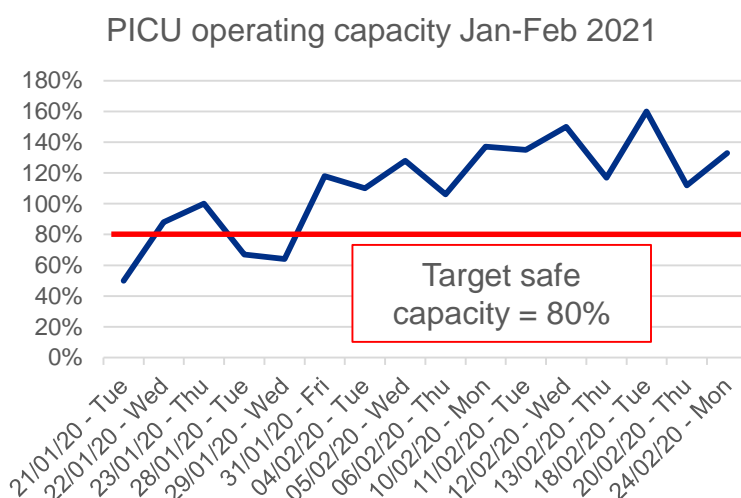
3. How is admission date captured?

4. Is any record currently kept on the level of critical care?

a. The admissions



## Daily PICU demand & capacity monitoring



The three STPN PICUs (King's, St George's and Evelina London) and the transport service, the South Thames Retrieval Service, all submit data on a daily basis so that demand and capacity can be monitored.

Although there were fewer paediatric admissions than usual in Winter 2020/21, all units looked after adults throughout December, January and February in order to support adult critical care units with the extremely large number of Covid patients requiring critical care. The PICUs were often looking after more patients than they are commissioned for.

## Neurosurgery time-critical transfers

Following feedback from the Network, STPN has begun a project to review the referral process for neurosurgery time-critical transfers. Hospitals have told us that transfers do not go as smoothly as they should and that they would like more support from specialist teams prior to transfer. Current referral processes will be reviewed and improved.



# What we have done so far (4/4)

## STOPP Tool

The Safe Transfer of the Paediatric Patient tool was originally created in the Wessex and Thames Valley region, and STPN have adapted the tool for use in our region. We know that transferring children between hospitals can cause stress for staff and families, so the tool aims to address this.

The STOPP Tool was launched in October 2020 during the STPN Pre-winter Education roadshow. We provided the background on the need for the tool and filmed video demonstrations for how it should be used.

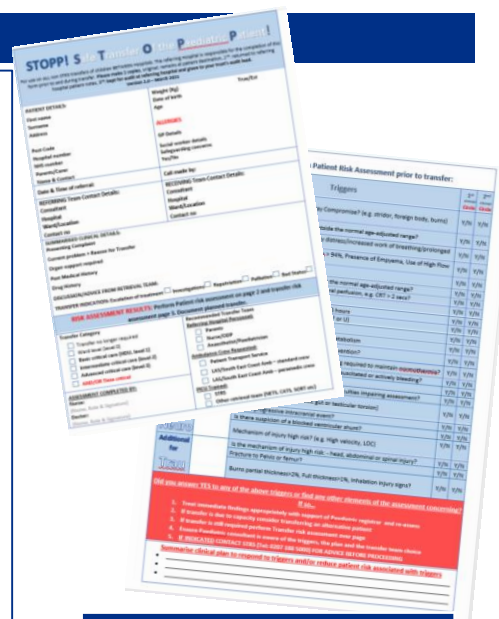
STOPP Tool Leads were identified for each trust. They are leading the implementation of the tool at their trusts, promoting the use of the tool and also providing data to the STPN on the tools they have received.

The STPN has been auditing completed STOPP tool forms since its implementation to see how it is being used and if it is resulting in the safer transfer of children between hospitals.

We have begun the development of an additional audit of hospitals that are receiving transferred patients to further inform our understanding of the effectiveness of the tool.

The STPN has received the data on 86 completed STOPP transfers to-date, which is helpful in understanding patient movement in the region:

- 49 of these were for surgical transfers and 32 non-surgical transfers.
- 58 tools reported no clinical triggers for transfer, 28 reported triggers.
- The majority of transfer categories were for Ward-level (transfers)



The image shows a STOPP Tool form, which is a structured assessment tool for paediatric patients. It includes sections for patient details, clinical assessment, and transfer triggers. The form is designed to be completed by healthcare professionals to ensure safe transfers between hospitals.

### Transfer Category

Ward Level (O)	54
Basic Critical Care	16
Intermediate critical care	3
Advanced Critical Care	
Time Critical	2
Time Critical	11

### Transfer Indications

Investigations	24
Escalation of Treatment	63
Not Recorded	3
Bed Status	2
Escalation of treatment and Investigation	13
De-escalation of treatment	1

## Nursing Workforce report for PCC Level 3

In collaboration with Paediatric Intensive Care Unit Matrons and the North Thames Paediatric Network, STPN has completed Nursing Workforce Scoping for the three STPN PICUs. This has resulted in a series of initiatives to improve the resilience of the workforce. This includes, for example, a risk assessment tool for adjusting staff to patient ratios on PICU and annualised hours contracts for staff in order to maximise resources during surge periods.



# What will we do next?

## 1. Education

- Continue delivery of nursing education in partnership with network.
- Paediatric Emergency Nurse training course to commence.
- Evaluate first Level 1/2 refresher course and scope future requirements.
- Develop educational training resources for senior paediatric medical staff.
- Ensure all guidelines and documentation have accompanying educational material to support implementation.
- Develop competency frameworks for key roles and teams.
- Encourage and support a culture that pools and shares educational resources to create efficiency, overcome hurdles and limitations and celebrates excellence.
- Explore the need and impact of a regional NIV course.
- Explore Nurse Associate education in the region.
- Standardise and quality assure current education offers.

## 2. Governance

- Finalise and implement Sedation guideline
- Close Emergency airway management audit, analyse results and use to develop guideline and education programme to support implementation
- Develop guideline for management of 16-18 year olds as well as supporting guidance for Adult Critical Care looking after young people
- Support roll-out of national PEWS pilot
- Continue to use the STOPP tool to promote safe transfer practices of Level 1 & 2 children between units. Work with other clinical areas to expand usage.
- Review and re-design neurosurgery referral pathways to improve patient transfers and experience of referrers
- Develop quality assurance dashboard to assess care delivery and identify areas for intervention

## 3. Future models of care

- Implement GIRFT recommendations in partnership with commissioners and providers.
- Use network-submitted data to assess and develop future level 2 model of care.
- Implement new data collection process for all Trusts, with Network oversight, to understand regional delivery of critical care.
- Use Level 3 data to assess current capacity and work with providers and commissioners to improve capacity and resource utilisation.

## 4. Workforce

- Use network data and engage with providers to understand workforce gaps across the region
- Develop new roles and expand existing innovative roles such as Advanced Nurse Practitioners
- Continue STPN Nursing Forum to encourage shared learning, development of best practice and joint working
- Collaborate further with PICU Matrons and NTPN to progress implementation of the workforce report initiatives
- Explore growth of rotational and experiential learning network staff

## 5. Surge Planning

- Develop 2021 surge plan to ensure sufficient capacity – to include transport requirements, resources such as staffing and equipment, training needs and clinical guidance



# What will change?



## High-quality care

- Reductions in current variations in care quality with standardised treatment guidelines and regular audit of implementation and outcomes.
- Children seen closer to home if appropriate, improving patient and family experience of care.



## Efficient service delivery

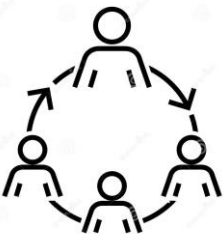
- Improved sustainability of services and equity of access across the network
- Children's services more joined up with children's needs at the core of regional planning



## Value for money

- Children only treated in specialised centres when absolutely necessary, optimising the use of level 3 critical care for children with the highest need
- Personalised care according to children's needs, meaning funding is better spent

## Workforce



- Workforce gaps addressed through opportunities to expand the workforce (such as by adopting new roles)
- Standardised competency framework for all network staff, along with curriculum covering core critical care delivery
- Network passport in place alongside rotation programmes to enable cross-site working and experiential learning
- Workforce modelling report will provide a framework by which units can ensure they maximise the use of their workforce to improve agility and ability to respond to surge
- Support teams to integrate patient facing clinical support workers and Nurse associates



# Paediatric LTV ODN: 2020/21 Year in review

It has been a busy year for the LTV Network.

Covid-19 has impacted everyone's work and many team members were seconded to use their skills to support adult services, whilst trying to ensure the safety and anxieties of their own patients at the same time. A regular catch-up meeting involving all the STPN specialist teams helped share information and tips on coping with the additional difficulties: shielding, remote appointments, urgent testing, home monitoring and so on. We were also able to look at changing practices to conserve resources such as less frequent circuit changes. All in all, the best initiative was to **talk more**.

Behind the scenes, the work programme continued. We are close to signing off an ethical and operational framework to help optimise initial care and decision making around LTV initiation. The equipment group is working to streamline equipment use, procurement and servicing with the hope this will save time, improve training and knowledge beyond hospital and potentially offer a cost benefit. A third initiative is to develop shared documentation and competencies which will help improve communication and care after discharge. The next phase is to implement these plans.

There are still challenges to come: to standardise commissioning of care packages, housing, welfare support, home physio support and more housing ... but, despite the ravages of Covid-19, we should celebrate the progress we have made.



**Dr Richard Chavasse**

**STPN Clinical Lead for  
the Paediatric LTV ODN**



**Jacqueline Agyekum**

**STPN AHP and  
Community Lead**



**Miriam Cabib**

**STPN Project Manager**



# Introduction

## Why do we need a Paediatric LTV ODN?

**Delays in  
discharge from  
Tertiary Centres**

**Days spent waiting** **Average**

• Referral to Community	Up to 98	18.2
• Complete Health Needs Assessment	Up to 67	19.5
• Inform Family of Funding Panel Decision	Up to 100	35.9
• Agree Home Care Provider	Up to 47	1.6
• Identify Suitable Property	Up to 295	34.3
• Identify Care Provider Staff Available	Up to 115	31.1

Lack of standardised ethical approaches to initiation

Lack of a regional database

Variation in procurement, provision and maintenance of LTV equipment and consumables creates sub-optimal experience for healthcare professionals in both tertiary centres and DGHs, and families in the community.

Lack of standardised approach to discharge, and variation in commissioning for health, education and social care packages

**Challenges in providing tracheostomy and non-invasive LTV for children in our region**

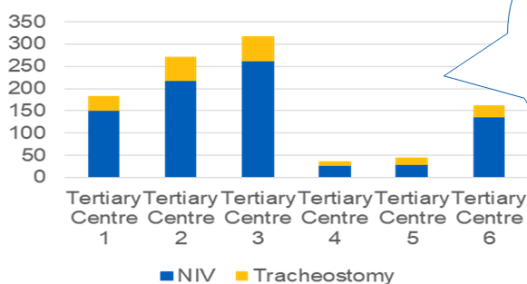
Lack of standardised approach to education, training and competency for parents / carers of children requiring NIV / LTV / Tracheostomy care and

Lack of clear referral, step down, step up and transition pathways

Increasing number and complexity of children and lack of standardised resources to manage these children in Tertiary Centres, DGHs and in the community.

Lack of standardised approach to education, training and competency offering for staff in the DGH setting where this cohort of children are often cared for when they become acutely unwell and the community/ home setting is no longer adequate to support their medical care needs.

Tertiary Centres' caseload of CYP on LTV across London and South East England split by type of ventilation at 31st March 2019



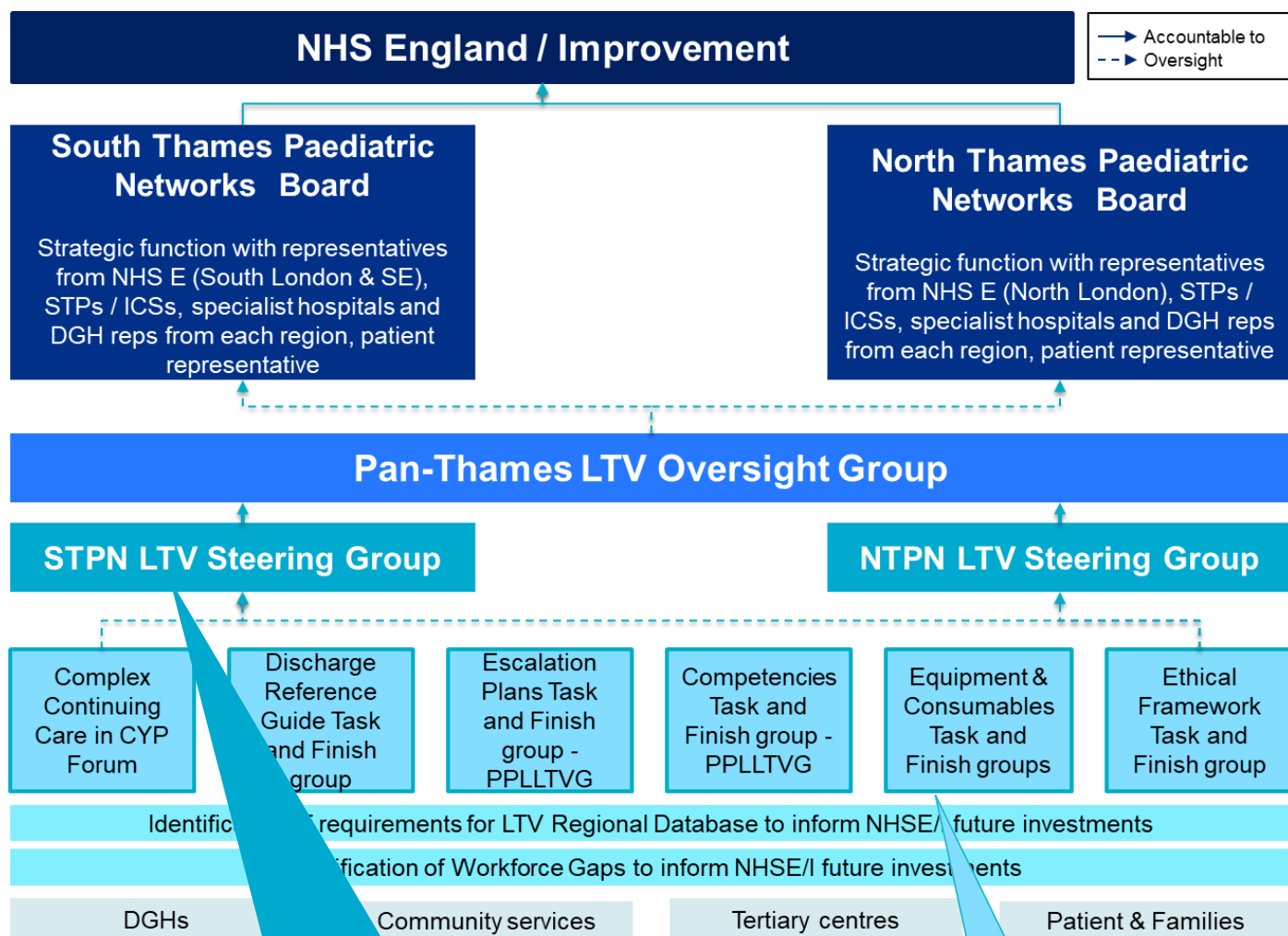
**>1000 CYP on LTV across STPN & NTPN. Numbers increase year-on-year, with more patients on LTV requiring intensive support**



# What we have done so far (1/5)

## Governance

We restructured our governance during 2020/21 so that we had the right membership for each of the areas of work we are doing. In addition, by establishing a Steering Group, we have ensured representation from every centre at a key decision-making meeting. Each group includes multidisciplinary members from network hospitals across the region.





# What we have done so far (2/6)

## Ethical Framework

Each year, an increased number of children are initiated on Long Term Ventilation. It has become clear that a standardised, network approach to initiation is required – one that takes in to account the ethical approaches to ongoing treatment. Pressures on paediatric services around high-profile, appropriateness-to-treat cases reinforce this need.



Dr Joe Brierley, GOSH,  
Consultant Critical Care & Director  
of Paediatric Bioethics Centre  
**Co-chair of the Ethical  
Framework Group**



Dr Richard Chavasse, St  
George's Hospital, Consultant  
Paediatric Respiratory  
**Clinical Lead of the STPN LTV  
ODN & Co-chair of the Ethical  
Framework Group**

The Pan-London Ethical Framework Group is a multi-disciplinary and multi-agency group that aims to develop an ethical framework for LTV initiation that occurs in a multi-disciplinary team approach with all stakeholders engaged, and in a child and family-centred manner.

The framework will be used by the full MDT LTV team which includes Respiratory Consultants and Nurses, Physiotherapy, PICU and NICU teams, Community Nursing and Physiotherapy teams, Psychologists, Speech and Language Therapists, Dietitians, Social Services, Palliative Care teams, Commissioners, local ethics teams, parents, carers and families.

### The objectives of the framework are:

- All ethical deliberation to initiate children who require LTV via a tracheostomy or non-invasive interface for at least 16 continuous hours per day occurs in a structured, multi-disciplinary team approach with all stakeholders engaged.
- To ensure that the best interest decision is made for the child and that the family are fully aware and involved in the decision making process.
- To develop a formal consent process.
- To define processes when agreement is not initially apparent.

Key Deliverables	Status	Deadline for development
Ethical framework	Finalised	April 2021
Operational Pathway	Finalised	April 2021
Bioethics group	Finalised	April 2021
Consent process	In-progress	May 2021
Database to review impact	Scoping feasibility	TBC



# What we have done so far (3/6)

## Discharge Reference Guide

Discharge is often a complex time for both hospitals and children and young people and their families.

Across the STPN each centre and team has their own approach to discharge.

This results in variation in clinician involvement, documentation completed and wider engagement of the MDT around the child. This variation often impacts both patient flow and the experience of care for children and their families.

STPN have therefore been developing an exemplar discharge reference guide.

The aim is to streamline and encourage a consistent approach to discharge, and enhance the patient and family experience of the journey from hospital to home.

The pack includes a Guide to the 10 Principles of Discharge Guide and various tools to support implementation such as discharge planning meeting templates, discharge checklists, home assessment templates and a Patient passport which includes regional respiratory action plans and a hospital admission protocol.

### The objective of the pack is to:

Increase the consistency, safety and child and family-centred discharge pathway from hospital to home for children with complex needs

### Benefits:

- To define a level of quality for the delivery of planning and care when supporting a child and family through their discharge journey.
- To improve the transition from hospital to home for children, young people and their families.
- To provide a measure against which teams and organisations can benchmark and audit their current discharge practices.
- To provide a tool to guide service development and improvement.
- To improve equity and reduce variation, ensuring complex discharges follow the same processes and pathways no matter where they happen.
- To clarify roles and help manage expectations for all involved in the discharge process.
- To support professionals to keep children and their families informed of what lies ahead and their achievements as they progress.



Jacqueline Agyekum  
Southwark and Lambeth  
Community Services, OT  
AHP Lead for the STPN



Tara Parker, WellChild,  
Director of Programmes



Emilie Maughan, GOSH,  
WellChild Nurse and  
Chair of the Paediatric Pan-  
London LTV Group



April 2021	May 2021	June 2021	October 2021	November 2021
Documents finalised	Launch	Pilot	Review impact	Roll out



# What we have done so far (4/6)

## Competencies



Currently, education and training that is delivered to parents, carers and healthcare staff varies across the region, with little quality assurance to the standard and content of the education / training being delivered and on-going competence review processes.

STPN has focused on a streamlined approach to education, training and competency for parents / carers of children requiring NIV/LTV/Tracheostomy care.

The second element to this project is to standardise the current education training and competency offering for staff in DGHs where children are often cared for when they become acutely unwell and cannot stay at home.

The project has involved specialists and key stakeholders from across the network including Respiratory and LTV CNSs.

### In 2020/21 the team has developed:

#### Parent/ Carer competencies

- Competency framework for NIV completed
- Trachy competency framework & guidance notes in progress
- Training plan developed
- Videos for emergency trachy change and NIV for parent & carers are complete

#### DGH Competencies and standardised education:

- Education teaching slides have been standardised for both NIV & LTV/Trachy
- Adjustments to NIV competencies – in progress
- Adjustments to Trachy LTV Competencies – in progress
- Videos for Trachy LTV and NIV being worked on via GOSH team – in progress
- Discussions with developers for eLearning module development

## Complex Continuing Care (CCC) Forum

Established in 2020 by NHSE/I, the CCC Forum provides a forum to collaborate on CYP complex continuing care needs. The Forum provides a link between regional and national discussions and enables the sharing of best practice.

The forum meets bi-monthly and has representation from continuing care teams across the network.

## Requirements for a regional database and Identification of workforce gaps

The Pan-Thames LTV in C&YP Network carried out surveys with a view to identifying requirements for a regional database and pin pointing gaps in workforce particularly in Tertiary Centres, but also across the entire patient pathway, to inform decision making on future investments by NHSE/I. Results were sent to NHSE/I and awaiting outcome.



# What have we done so far (5/6)



## Equipment and consumables

Parents and families have told us that equipment and its maintenance is a major source of concern.

There is great variation in the arrangements for purchasing equipment across primary care and social care teams, DGHs, and individual LTV teams in Tertiary Centres.

Sometime arrangements vary between clinical commissioning groups meaning adding to the purchasing and supply differences.

Furthermore, inconsistent and unclear funding arrangements are unhelpful when families are dealing with the consumables required on a day-to-day basis.

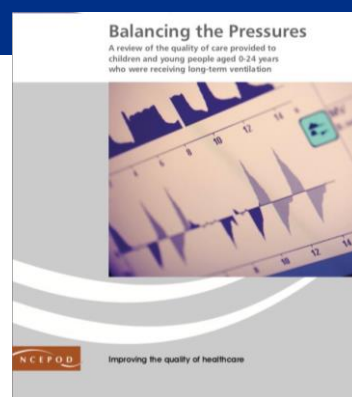
Finally, the variation makes it difficult for emergency services to provide adequate equipment and the relevant staff training / competences to enable them to confidently transfer all children on LTV.

These issues have all highlighted the importance of reviewing arrangements for the provision of equipment in the STPN.

### LTV Network's vision

STPN therefore plans to develop a standardised, streamlined and financially sustainable process for the procurement and access to service equipment and consumables for children and young people with LTV requirements. This will:

- Reduce inequities in access
- Improve experience for patients, their families and healthcare professionals
- Reduce delays in discharge
- Reduce cost variation
- Reduce inefficiencies across the system
- Improve safety through greater confidence for staff in DGHs



Key Deliverables	Status	Deadline
Consensus on the model to procure, provide and maintain Ventilator, Humidifier, Filters, Tubing (non-invasive only)	Ongoing	May 2021
Pathway for specialist cots	Ongoing	June 2021
Scoping of buy in from Tertiary Centres and commissioners	Not started	June 2021
Business Case to be presented to STPN and NTPN Boards, Tertiary Centres and ICSs	Not started	TBC



# What have we done so far (5/6)

## Webinars & Educational Resources



North Thames  
Paediatric Network  
Connecting paediatric services

NHS England and NHS Improvement



South Thames  
Paediatric Network  
Paediatric Critical Care

Aerogen®  
Pioneering Aerosol Drug Delivery

## #LTVinCYP webinars

Sharing best practice & service development in delivering Long Term Ventilation in children & young people

Every Wednesday and Thursday throughout September we presented you with webinars from key speakers including NCEPOD, Respiratory Specialist Centres and the Pan-London Ethical Framework to provide you with key information and best practice around the current and future delivery of LTV in CYP.

If you were unable to join us on the day or would just like a refresh your memory, recordings of the webinars are available for you to view below.

[The LTV in CYP London & South East England Collaborative: who we are](#)

[Lessons from COVID-19](#)

[The Pan-London Ethical Framework](#)

[Balancing the pressures. A webinar from NCEPOD](#)

[Best practice presentations on improving the experience for patients and their families](#)

[Neonates, LTV and the heart](#)

[A peek into the future of LTV in CYP](#)

[Practical skills for the LTV in CYP community](#)

## ... and we developed educational resources



- [Respiratory Assessment of LTV patient entering hospital](#)
- [Masking fitting for NIV](#)



- [Nasopharyngeal & Oropharyngeal suctioning](#)
- [Suctioning a tracheostomy](#)



- [Partially blocked tracheostomy: Emergency tracheostomy change in the clinical setting](#)
- [Blocked Tracheostomy: Emergency tracheostomy change in the clinical setting](#)
- [Displaced tracheostomy: Emergency tracheostomy change in the clinical setting](#)
- [Emergency tracheostomy change for a single care giver](#)

## As well as a return to school event aimed at parents, carers and professionals

The event was arranged due to feedback received around children with complex needs returning to school, specifically children and young people who require Aerosol Generating Procedures.

Vicky Ford MP, the Parliamentary Under Secretary of State for Children and Families at the Department of Education, provided an overview of government guidance. This was followed by an expert panel discussion and a coffee morning for parents to ask questions. The event was attended around by over 150 people in total. There have also been over 600 views on the WellChild youtube channel.





# What will we do next?

## 1. LTV Pathway

- Implementation of the ethical framework and monitoring its use.
- Implementation of the discharge reference guide and monitoring its effectiveness.
- Development of principles / pathway for transition to adult services.
- Development of principles for referral pathways and identification of L2 centres to support step down and acute re-admission of LTV patients.



## 2. Education and training

- Implementation of the competencies for carers and monitoring of effectiveness.
- Implementation of the competencies for DGHs.
- Development of educational resources and of the plan to provide training.

## 3. Governance

- Formalise governance and membership for the Steering Group.
- Formalise governance and membership for the Complex Continuing Care Forum and identify tasks to be taken on by sub-groups to streamline the patient and family journey from hospital to home e.g. standardisation of decision making tools.
- Work with NHSE/I on progressing regional database and address workforce gaps.



Parents  
Coffee  
Mornings

## 4. Patient and family

Capture the experience of care for patients and families along the journey and identify together further areas for improvement.



# What will change?



## High-quality care

Reductions in current variations in:

- Accessing and providing care packages
- Carrying out home visits
- Paid carers' skills and confidence
- Initiating children on LTV
- Transitioning young people to adult services



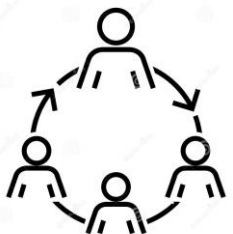
## Efficient service delivery

- Improved sustainability of services through a training model for the region
- Coordinated and networked children's services, with children's needs at the heart of regional planning



## Value for money

- Children only treated in specialised centres when absolutely necessary, optimising the use of level 3 critical care for children with the greatest need
- Joined-up procurement across the region through bulk purchasing of standardised equipment list



## Workforce

- Workforce gaps addressed through opportunities to work collaboratively with the regional central team and expanded workforce (such as by adopting new roles for specific tasks)
- Standardised competency framework for all network staff, including parents and paid carers



# **Paediatric Gastroenterology ODN: 2020/21 Year in review**



**South Thames  
Paediatric Network**



# Introduction

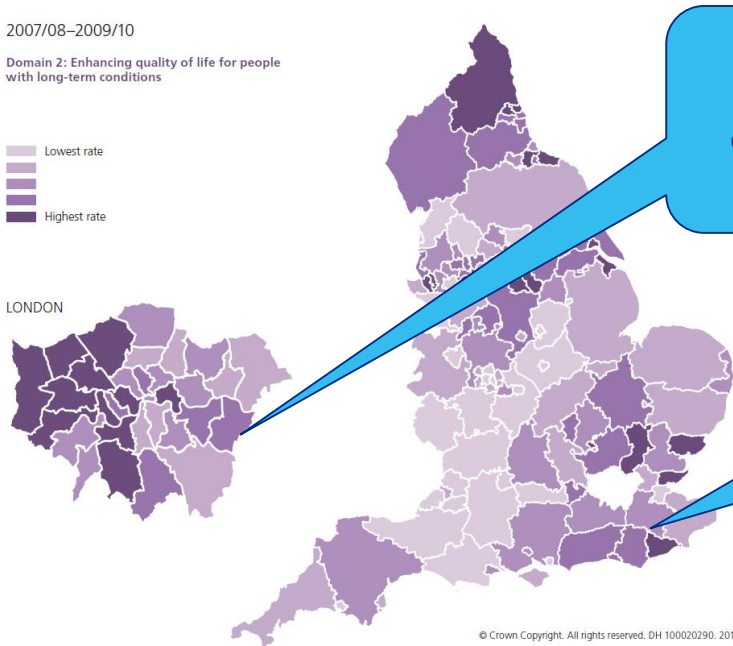
## Why do we need a Paediatric Gastroenterology ODN?

2007/08–2009/10

Domain 2: Enhancing quality of life for people with long-term conditions

Lowest rate  
Highest rate

LONDON



Large variation in  
Gastrointestinal (GI)  
endoscopy procedure  
rates by region

Variation cannot be  
explained solely by  
population health-  
seeking behaviour or  
distribution of  
specialist centres

Guidelines &  
Quality  
Standards

- Lack of data on the performance against Quality Standards across the region

- There are not clear referral pathways in the region – children are referred out-of-region and between Tertiary Centres

Referral  
Pathways

- Lack of standardised guidelines for management of conditions such as Constipation

- Patients have to travel for high-cost drugs even when network relationships exist.



# What we have done so far

## Recruited two Clinical Leads



**Dr Mohamed Mutalib**  
(Evelina Children's Hospital)

- Consultant and Head of Service for Paediatric Gastroenterology at Evelina London.
- Mohamed previously held the position of chair of the motility working group of the British Society of Paediatric Gastroenterology, Hepatology and Nutrition.



**Dr Sarmad Kalamchi**  
(Lewisham and Greenwich Trust)

- Lead Clinician for Paediatric Gastroenterology
- Associate Director for Quality and Safety for the children's and young people division at the University Hospital of Lewisham.

## Gastroenterology ODN launched January 2021

### Gastroenterology Working Group – Activity

- We have mapped activity across the region and assessed the current issues
- We held the First Working Group, with network-wide representation, on 12<sup>th</sup> February. The Gastroenterology Working Group will meet every 2 months.
- We have drafted a proposal of the group's priorities to be agreed at the next Working Group.
- We have undertaken analysis of endoscopy waiting lists to identify potential solutions to help trusts across the region treat patients as quickly as possible.
- We have drafted and will implement an STPN Quality Standards Audit (based on the RCPCH 2021 Audit) to identify any regional issues that need addressing
- We are working with network colleagues to deliver a series of Gastroenterology Education Sessions



# What will we do next?

## 1. Education

- Build on education provision already underway – for example sessions facilitated by St George's:
  - The programme of sessions for these to be formalised and supported by STPN
  - Sessions will be led by Dr Nkem Onyeador and will be held quarterly with a different trust running each session
- Standardise and quality assure current education offers
- Encourage and support a culture that pools and shares educational resources to create efficiency, overcome hurdles and limitations and celebrates excellence

## 2. Oversight of Clinical Governance

- Gather data on Quality Standards in the region through the introduction of an STPN audit (based on the RCPCH 2021 Audit)
- Utilise Audit outcomes and existing reports to drive the direction of the Group
- Identify if any improvements in the variation in Gastrointestinal (GI) endoscopy procedure rates is required to optimise clinical outcomes



## 3. Coordinating regional COVID-19 Response

- Analyse endoscopy waiting lists to identify potential solutions to help trusts across the region treat their patients as quickly as possible



Key:

## 4. Oversight and facilitating arrangement of regional pathways

- Assess the need for development of regional guidelines for the management of certain conditions such as Constipation and Inflammatory Bowel Diseases
- Engage primary care clinicians in guideline development to ensure smooth referrals across the entire system
- Address issues with access to high-cost drugs through shared care arrangements so that patients do not have to travel long distances when network relationships exist



# What will change?



## High-quality care

- Reductions in current variations in care quality with standardised treatment guidelines and regular audit of implementation and outcomes
- Children seen closer to home if appropriate, improving patient and family experience of care



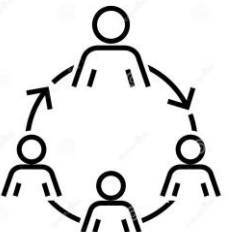
## Efficient service delivery

- Improved sustainability of services and equity of access across the network
- Children's services more joined up with children's needs at the core of regional planning



## Value for money

- Children only treated in specialised centres when absolutely necessary, avoiding unnecessary travel
- Personalised care according to children's needs, meaning funding is better spent



## Workforce

- Workforce gaps addressed through opportunities to expand the workforce (such as by adopting new roles)
- Network passport in place alongside rotation programmes to enable cross-site working and experiential learning
- Support teams to integrate MDT workforce including Psychologists, Dietitians and more



# **South Thames Paediatric Network Central work programme**



As well as our clinical network work programmes, we have a central work programme with pieces of work that span all areas. These include:

## Network dashboard

In November 2020 we launched a network-wide demand and capacity dashboard to help us understand activity across the region.

Centres submit data on a daily basis showing us the number of patients in each bed or cubicle, patients waiting for transfer to another hospital, patients waiting for a CAMHS bed and more.

In May 2021 we will expand this to include our PICUs.



## CAMHS support

There are an increasing number of children attending paediatric departments with significant mental health needs and Trusts have varying access to CAMHS resources. Clinicians have told us they feel they can't provide the care they want to in order to support their patients' needs.

Although CAMHS does not sit within our current remit, we are trying to support Trusts where we can:

- We completed a training needs analysis of the region and used this to access funding from NHS England to access bespoke training courses for all hospitals on areas such as de-escalation and restraint
- We ran a webinar attended by 750 people on common areas of CAMHS
- We will map service availability across the region and flag gaps to NHS England
- We will support work to implement 'CAMHS Hubs' in acute Trusts



## STPN Nursing Forum

We launched our Nursing Forum in January 2021 in response to requests from unit to support them in managing the great pressure they were facing during the winter Covid-19 surge.

The Forum meets every two months to discuss issues affecting Nursing practice and service delivery. This may include accessing education, revalidation, nursing-specific guidelines and workforce development.

## Network engagement

We meet with paediatric teams from Trusts across the region every month. This enables STPN to share any important information with the region, but also enables centres to raise issues they'd like to discuss with colleagues across the region.

The meetings are an excellent opportunity for colleagues from across the network to share best practice, areas of concern and to highlight initiatives in their own centre.

Work delivered from these calls include Outpatient clinic SOPs, contribution to the development of a new 111 service for Paediatrics and the beginnings of our work on CAMHS.



# Looking forwards to 2021/22

We have a busy work programme planned for 2021/22, and are particularly excited by the following highlights and the impact they will have on patient care:

## **Guidelines to be developed:**

- Neurosurgery referral pathway
- Procedural Sedation and analgesia
- Constipation and Inflammatory Bowel Disease

## **Education to be delivered:**

- Child & Adolescent Mental Health Services (CAMHS) roadshows, June 21
- Critical care nursing courses throughout the year in collaboration with all three PICUs, STRS and Brighton & Sussex University Hospital
- General Paediatrician Critical Care education course
- Education to support implementation of LTV ethical framework, discharge pack and competency frameworks
- STPN Grand Rounds in collaboration with all our partners including STRS

## **Patient engagement:**

- LTV coffee mornings
- Feedback from LTV patients and those in level 1 & 2 critical care
- Understanding experiences of non-critical care inter-hospital transfers

## **Service delivery improvements:**

- LTV equipment procurement
- Implement LTV ethical framework and discharge pack

## **Collaborating with partner organisations**

- Support implementation of Children and Young Persons (CYP) cancer network in South Thames region
- Work with the five integrated care systems (ICS) in the region and NHSE/I to ensure that children's needs are prioritised and national CYP transformation programmes are implemented locally
- Represent the STPN at the London region CYP's strategic forum and London clinical advisory group to review and implement appropriate transformation programmes



**Keep in touch through the  
following STPN resources :**

**YouTube channels:**

**South Thames Paediatric Network  
Pan Thames Paediatric Wellbeing Hub**

**Twitter:**

**@thames\_south**

**If you would like to subscribe to our  
newsletter or mailing list please email  
us at  
[england.stpn@nhs.net](mailto:england.stpn@nhs.net)**