

**DIVISION OF URGENT CARE
PAEDIATRIC SPECIALTY MEETING**

**Monday 18 January 2016
Longhouse Conference Room B**

NOTES

Present

Name	Initials	Attendance	Apologies
Dr Ravi Jayaram	JAYR (Chair)	✓	
Gill Mort	MORT	✓	
Emma-Jayne Punter	PUNE	✓	
Sarah Cooper	COOS		✓
Eirian Lloyd Powell	POWE	✓	
Ian Ornsby	ORNI	✓	
Lynne Lewandowski	LEWL	✓	
Anne Murphy	MURA	✓	
Sarah Jackson	JACS	✓	
Gemma Webster	WEBG		MAT LEAVE
Debbie Peacock	PEAD	✓	
Anne Martyn	MARA	✓	
Dr John Gibbs	GIBJ	✓	
Dr Liz Newby	NEWE	✓	
Dr Murthy Saladi	SALM	✓	
Doctor V	Doctor V	✓	
Dr Stephen Brearey	BRES	✓	
Dr Rajiv Mittal	MITR		
Doctor ZA	Doctor ZA		LEAVE
Dr Howie Isaac	ISAH		
Sian Williams attending - quarterly			
Linda Guatella to receive notes only			
Notes taken by Lissa Starr			

	Item	Action
1.	<p>Apologies Apologies received from those listed above.</p>	
2.	<p>Performance (KPI's & Dashboards) Ian reported that referrals into acute paediatrics have been steady and that community referrals have increased following earlier drop in number. No trends identified. NNU activity has been up in December, as is annually in December. Mean Length of Stay fluctuates but averages at 1.5 days/patient. Number is higher at the moment due to a couple of long stay patients. There has been a major improvement in the number of outpatient letters being done within targets set. The current wait time for new patients in Community Paediatrics is at 13/52. School Health DNA rate is showing a decreasing trend.</p> <p>NNU - Badger system is filtering through babies due for screening as patients overdue. Breast milk on discharge continues to be a random number and is dependent on parent choice; however, anecdotally it is similar to other units in the region.</p>	
3.	<p>Finance</p> <div data-bbox="367 919 1133 1268" style="border: 1px dashed black; text-align: center; padding: 20px;"> <h1>I&S</h1> </div> <p>PbR Year to Date shows that we are over-achieving in non-elective admissions and are down on outpatient follow ups, which is in line with trying to reduce referrals from GP's, and for children to be seen and discharged where possible. Underachieving on NNU figures, possibly due to long stay patients.</p> <div data-bbox="358 1514 1122 1717" style="border: 1px dashed black; text-align: center; padding: 20px;"> <h1>I&S</h1> </div>	
4.	<p>HR Gill Mort reported that for December the level had increased to 4.25% (above Trust target of 3.65%) but this is not unexpected for December. In speciality there are 29 staff on long term sick (more than 28 days) with the top cause being anxiety, stress,</p>	

	<p>depression, next being musculoskeletal. The OH department report that there are a large number of staff not attending their OH appointments without a genuine reason - staff were phoned and many said they had forgotten. There are a number of repeat DNA staff members.</p> <p>Policies up for review and being ratified in February are the Attendance Management Policy (change in compassionate leave of up to 8 weeks for spouse or child) and the Whistleblowing Policy.</p> <p>Problem highlighted in junior doctors signing off local induction forms late - breakdown will be requested to see which doctors need to sign.</p> <p>ALL staff need to do the Safeguarding Adults session.</p>	
<p>5.</p>	<p>Governance Issues Summary</p> <p>Debbie reported that there were no incidents to report. She said that the Care of Deceased Patients policy has been updated to ensure patients are correctly identified before porters remove them. There was an episode of a child being given HIV drugs longer than necessary, which has resulted in pharmacy procedures being updated.</p> <p>Risk Registers</p> <p>The Urgent Care Board rejected the addition of the risks highlighted by NNU of staffing issues, transport issue, pseudomonas and gas analyser without an explanation. A representative of NNU will attend the next session to explain the additions.</p> <p>CQC</p> <p>Overdue policies are being looked at and updated. Dr Jayaram is meeting with Michael Spry later this week. As new policies are added it seems old ones that have been updated are not being removed from the list. Jo Donnelly has been appointed to post to work on SharePoint.</p> <p>Emma-Jayne Punter reported that work is being done on Consents and that there is not a specific consent policy for paediatrics. The national consent guidelines from the Department of Health have not been updated since 2001 but are still pertinent, so the Children's Consent guideline is valid but in 2003 a ruling was made that fathers who have their name on a child's birth certificate have Parental Responsibility, so the Seeking Consent guideline needs updating.</p>	
<p>6.</p>	<p>Quality</p> <p>Neonatal CQUIN's are fine. Question raised whether two year follow up was for 30 or 31 weeks gestation. Two year follow ups are for 30 weeks or less gestation.</p> <p>Issue with neonates ventilated 48+ hours, transfer to a tertiary centre and transport. It was felt that an on-call system between Liverpool Women's and Arrowe Park would be useful so clinicians would know who to contact for advice.</p>	