

**DIVISION OF URGENT CARE  
PAEDIATRIC SPECIALTY MEETING**

**Monday 20 July 2015  
Longhouse Conference Room B**

**NOTES**

**Present**

<b>Name</b>	<b>Initials</b>	<b>Attendance</b>	<b>Apologies</b>
Dr Ravi Jayaram	JAYR	✓	
Habeeb Braimo	BRAH	✓	
Emma-Jayne Punter	PUNE	✓	
Sarah Cooper	COOS	✓	
Eirian Lloyd Powell	POWE		✓
Ian Ornsby	ORNI	✓	
Yvonne Griffiths	GRIY		
Lynne Lewandowski	LEWL	✓	
Anne Murphy	MURA	✓	
Sarah Jackson	JACS	✓	
Gemma Webster	WEBG		✓
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	✓	
Dr Howie Isaac	ISAH		
Sian Williams attending - quarterly			
Linda Guatella to receive notes only			
Notes taken by Lissa Starr			

4.	<b>Business Planning 2015 / 16 Capital Bids</b> <div style="border: 1px dashed black; text-align: center; padding: 20px;"> <h1 style="margin: 0;">I&amp;S</h1> </div>	
5.	<b>HR</b> No representative present. Report available on S drive - the vacancy control panel now considers non-clinical posts up to Band 8 (previously only to Band4/5). Paper based exit interviews have been reintroduced. The ongoing Business Case for increased consultant hours is being taken to the Starting Well Board (Mark Brandreth).	
6.	<b>Governance Issues Summary</b> No representative present. <i>Risk Registers -</i> <ul style="list-style-type: none"> <li>- Paediatric - no risks added</li> <li>- NNU - following QSpec, ROP will be added as currently there is only one clinician able to assess this on the Unit - there are implications to consider such as utilising other units, other clinicians, etc.</li> <li>- Care Packages - no risks added</li> </ul> <p><i>NHSLA</i> - the CQC will visit later in the year, looking at paediatrics. Dr Jayaram, Anne Murphy and Sally Goode will liaise regarding this.</p> <p><i>NICE Guidelines</i> - Dr Jayaram will look these over and delegate appropriately.</p> <p><i>New Guidelines</i> - approved</p> <p>Service Development Plan to be removed from Agenda.</p>	<p>JAYR MURA</p> <p>JAYR</p>
7.	<b>Quality</b> <b>CQUIN Reporting</b> <ul style="list-style-type: none"> <li>- NNU has a CQUIN (regarding Term Admissions) this year. The rest of the CQUIN reports are obstetrics</li> <li>-</li> </ul> <b>Service Specifications Exception Reporting</b>  <i>CYCCP</i> - no exceptions to report  <i>Diabetes</i> -not meeting targets set due to expansion of age range of patients. Negotiations regarding targets are being held with Faye Quinlan, regarding Out of Hours cover and a draft SLA with the other three partner Trusts.	<div style="border: 1px dashed black; padding: 2px; display: inline-block;">Doctor ZA</div>

the issue has been escalated as a High Risk to Divisional Board. The number of patient complaints has increased. The volume of patient and GP phone calls remains high. Clinicians asked to set realistic expectations for patients in clinic - they will not receive clinic letters for some time.

- [Doctor V] reported that she had attended a NNU simulation day and brought back a template for scenario setting - she will discuss this with Yvonne.
- Anne Murphy reported that the Behavioural Specialist Nurse post has now been set as a Band 7 and is with HR for ratification. Funding is in place but anyone appointed to this level will need to give two months' notice to their current employer so it could be November before anyone is in post.
- Dr Jayaram reported that Dr Lokko had been doing audiology clinics in place of Dr Dalzell on Thursday mornings but now has the capacity to do extra clinics in OPD.
- Dr Brearey reported on feedback from the QSpec meeting, that COCH paediatrics NNU is strategically well placed. Still waiting for the outcome of the proposed Business Case for extra Consultant hours. Looking at NNU staffing, with natural wastage as Band 4's leave, being replaced by Band 5 - 11 B5's needed. Two ANNP's could relieve daytime pressure and fill junior clinician gaps. The medical staffing issues are known by Lorraine Kelly and being discussed at Divisional Board Meeting. General discussion regarding Divisional Board - that it now has more clinician input and that it would be advantageous to have paediatrics discussed on the Agenda. General consensus that paediatrics is left to its own devices and is not considered in financial matters. Agreed that a paediatric representative needs to attend (need not be the same person every time and does not have to attend the entire meeting), that Paediatrics is added to the Agenda.
- Dr Jayaram reported that there is a multicentre study regarding resuscitation fluids. Dr Newby is attending a meeting and will liaise with Caroline Burchett about this. There are various vacant posts; a ½ time SHO post, which Dr Newby and [ ] [Doctor ZA] have shortlisted candidates for and the Locum Registrar post which closes at the end of the week, to start in August. GP direct access to Hospital @ Home has started, with forms completed for each patient by a Registrar. GP's are receptive to the scheme. There is a problem with issuing prescriptions - cannot be done via e-prescribing.