



**DIVISION OF URGENT CARE  
PAEDIATRIC SPECIALTY MEETING**


**Monday 15 February 2016  
Longhouse Conference Room B**


**NOTES**

**Present**

<b>Name</b>	<b>Initials</b>	<b>Attendance</b>	<b>Apologies</b>
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		I&S
Debbie Peacock	PEAD	✓	
Anne Martyn	MARA	✓	
Rebecca Lightfoot	LIGR	✓	
Dr John Gibbs	GIBJ		✓
Dr Liz Newby	NEWB		✓
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 Judith Baker			

	Item	Action
1.	<b>Apologies</b> Apologies received from those listed above.	
2.	<b>Performance (KPI's &amp; Dashboards)</b> Ian reported that overall referrals, activity and DNA rates in acute paediatrics and community are pretty static. The turnover for outpatient letters has greatly improved but the situation should be monitored so that action can be taken if levels drop off again. Emma-Jayne reported that she receives a weekly Assurance Report providing details of outpatient letters, etc. The waiting time for new appointments has increased. Emma-Jayne commented that she has not received a copy of the PTL for the last 6 weeks so has been unable to manage the waiting list. This is due to new software in the Appointments Department and the paediatric clerk not receiving training on this. The situation has been escalated. Gill also commented that staff in Appointments have been given priorities in logging letters and then answering phone calls, therefore they are not being given time for the PTL.  There are no problems in School Health or NNU. Full report attached.   2016-01 January Dashboard.pdf	
3.	<b>Finance</b> No information received.	
4.	<b>HR</b> Gill Mort reported that the level was 5.67% (above Trust target of 3.65%), this was mostly from Care Packages. The top cause for absence is musculoskeletal followed by anxiety/stress/depression. The Attendance Management Policy is under review but there aren't expected to any real changes. The Whistleblowing Policy has been updated. Variable pay showed an improvement in January but this is expected to jump up. The TOP service is leaving the Trust at the beginning of April after which it will be covered by the British Pregnancy Advisory Service. ESR does not appear to be correct in respect of appraisals. Full HR report attached   February 2016.doc	

<p><b>5.</b></p>	<p><b>Governance Issues Summary</b></p> <p>Debbie reported that there was nothing outstanding to report. There are no new level 1 or 2 incidents. There was one ‘never event’ reported in Obs &amp; Gynae with the main issue being that the incident was not reported for 9 days. The review of neonatal deaths will be shared once finalised.</p> <p><b>Risk Registers</b></p> <p>Two new NICE guidelines are not compliant - gastro-oesophageal reflux (Karen Blythe has done) and bronchiolitis (Ravi is working on). Action plans are in draft. Jan had told Debbie that she had had no response to CG28 - this is mainly not relevant but we are compliant with issues are deliberate self-harm. Eirian has reinstated the risks highlighted by NNU of staffing issues, transport issue, pseudomonas and gas analyser without an explanation.</p> <p><b>CQC</b></p> <p>All Trust guidelines and policies should be where they ought to be. Anne Murphy has been unable to find the Operational Policy for Ward 30. Debbie advised to wait until after the CQC visit.</p> <p>Gill asked what would happen with Governance following Debbie’s departure. This is being looked into as Nicky does not usually work on Mondays.</p> <p>Dr Jayaram thanked Debbie for all her work and advice that she has given the Department during her time here - she will be missed!</p> <div style="text-align: center;">         Quarter 3 trend analysis.docx     </div> <p>Full report is attached.</p>	
<p><b>6.</b></p>	<p><b>Quality</b></p> <p>There are no problems with CQUIN’s. No information has been received about CQUIN’s for next year.</p> <p><b>Service Specifications Exception Reporting</b></p> <ul style="list-style-type: none"> <li>• Paediatric Diabetes - approval has been given for a new consultant in diabetes to work with <span style="border: 1px dashed black; padding: 2px;">Doctor ZA</span></li> <li>• Paediatric Hospital @ Home - no exceptions to report</li> </ul> <p>Psychiatric input from CWP payment has not started although SLA has been agreed. Gill has been chasing this and it may be that CAMHS have not been able to recruit.</p>	
<p><b>7.</b></p>	<p><b>Audit</b></p> <p>Dr Mittal has updated the spreadsheet but there are no particular issues.</p>	

	 UC Audit programme 1516.xlsx	
8.	<b>Guideline Approval</b> There are no guidelines for approval.	
9.	<b>Assurance Framework Exceptions</b> CYCCP - no exceptions to report.  <i>Diabetes</i> - no exceptions to report  <i>Community Paeds</i> - no exceptions to report.  <i>Hospital @ Home</i> - no exceptions to report  NNU - Trust's Infection Control team have advised that a baby transferred from Liverpool should be in a single room, but the baby is being care for under standard precaution barrier. Eirian has logged this on the risk register.  <i>Children's Unit</i> - no exceptions to report	
10.	<b>Actions from Previous Minutes 16.11.2015</b> Minutes from January accepted.	
11.	<b>Any Other Business</b> <ul style="list-style-type: none"> <li>• Dr Jayaram reported that approval has been given for 2 additional consultants (one for diabetes and the other general paed). The consultants will moved onto a 1:9 rota. PaedOW will remain but there will also be a "2<sup>nd</sup> on-call" consultant who will have no clinic commitments, will cover NNU, see urgent patients (normally seen in POW clinics) and hold the bleep to deal with calls from GPs.</li> <li>• The new junior doctors start at the beginning of March. There is definitely one gap on the reg side and currently one 'medium-term' absence hence there will be 2 gaps at least until the end of March.</li> <li>• Eirian and Dr Brearey are meeting with Andrew on NNU this afternoon. He is an oncologist who is visiting the local neonatal units. His visit is not related to Vanguard.</li> <li>• Anne Murphy asked if the junior doctors are ready for the CQC visit. Dr Jayaram said that they had all be given information relating to the visit and they had been advised that all PCs should be logged off when not in use, handover sheets should not be left in view and the notes trolley will not be taken on the ward round.</li> <li>• Sarah Jackson reported that the team are working at overcapacity. The new band 6, Claire Hampson, who is coming from Claire House is due to start in April.</li> <li>• Dr Al-Wahab, Locum Consultant, is expected to be with</li> </ul>	