

**Meeting of the PCCS Working Group held on Friday
15 February 2013 at 12.30 pm in the Function Room, RBHSC**

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| Present: | Dean Sullivan (Chair) | HSC Board |
| | Teresa Magirr | HSC Board |
| | Philip Moore | HSC Board |
| | Dr Nigel Campbell | Primary Care/SELCG |
| | Dr Miriam McCarthy | Public Health Agency |
| | Dr Joanne McClean | Public Health Agency |
| | Denise Boulter | Public Health Agency |
| | Dr Frank Casey | Belfast Trust |
| | Dr Brian Armstrong | Belfast Trust |
| | Dr David McManus | NIAS Trust |
| | Sarah Quinlan | Children's Heartbeat Trust |
| | Julie Greenaway | Children's Heartbeat Trust |
| | Irwyn McKibbin | Heartbeat NI |
| Observers: | Jackie Johnston | DHSSPS |
| | Dr Heather Livingstone | DHSSPS |

Item:

Action

1. **Apologies**

Pat Cullen, Public Health Agency
Dr Damien Armstrong, Western Trust
Rosie Byrne, Belfast Trust
Clare Caulfield, Heartbeat NI
Maeve Hully, Patient Client Council

2. **Minutes of Previous Meetings**

The minutes of the meeting held on Friday,
8 February 2013 were agreed as an accurate record.

3. **Matters Arising**

There were no matters arising from the minutes.

4. Update on work to analyse the current emergency and urgent transfer service for Northern Ireland sick children.

Teresa Magirr presented a detailed update on the work of the Paediatric and Neonatal transfer service Project Team. It was noted that the report from the Project Team was considered and approved by the HSCB Board at its meeting on Thursday, 14 February 2013.

In presenting, Teresa Magirr highlighted the following key areas:

Key Issues Identified:

Neonatal Road Transfers

- 28 (5%) of requests not able to be facilitated as specialist transfer team unavailable
- 96 (20%) of transfers carried out outside current hours of operation
- Proportion of transfers are being carried out by non specialist teams (staff from the referring unit)
- Difficulties for referring units when sending staff to accompany transfers – particularly an issue for staffing in smaller units
- Shortfall in capacity/availability of the specialist neonatal road transfer team to respond to all neonatal road transfer requests

Paediatric Road Transfers

- 83 (75%) of critical care transfers carried out by teams other than the specialist transfer team
- Evidence from PICANet over a 4 year period indicates significant clinical benefit from using a specialist transfer team
- Specialist team not available when the 8th PICU bed is full
- Difficulties for referring units when sending staff to accompany transfers – particularly an issue

- for staffing in smaller units
- Shortfall in capacity/availability of the specialist paediatric road transfer team to respond to paediatric road transfer requests

Air Transfer

- Present contract for air based transfers has been in place for a number of years and requires to be reviewed to ensure that it meets the standards for inter hospital road and air transfer service for children from Northern Ireland proposed by the Project Team

Organisational Issues

- There is a lack of co ordination across current road and air transfer services
- There are issues in respect of the current arrangements to ensure that information on all road and air transfers undertaken/requested is captured
- There are no formal protocols across the system on the process for requesting/co-ordinating a transfer
- There is no single organisational lead to ensure consistency of data capture, reporting and monitoring

Proposed Models of Care/Recommendations:

Neonatal Road Transfers

- As per pseudomonas review, the hours of operation are being increased from 62 to 84 hours a week. No further expansion is proposed at this time but the HSC Board and PHA will keep this position under review. The expanded hours are planned to be in place from 1 April 2013.

Paediatric Road Transfers

- The Project Team concluded that the proposed service model for the paediatric road based transfer service needed to be delivered on a

24/7 basis and that this should be linked to an increase in PICU staffing and an expansion in PICU beds

- In January 2013, the HSCB Board agreed an expansion in PICU capacity from 8 to 12 beds supported by an investment of £2.25m
- This investment will secure the medical infrastructure to support a 24/7 transfer service
- Recruitment of staff to open the additional 4 beds is underway and expected to be completed on a phased basis by early summer 2013

Air Transfers

- A process has commenced to put in place a new contract for the air transport services from June 2013. This process will utilise the standards proposed by the clinical and technical sub-group of the Project Team to update the service tender
- The new service contract to be in place by end of June/early July 2013

Organisational Issues

- It is proposed to establish a formal process led by the Northern Ireland Critical Care Network working closely with HSC Board / PHA and Trust colleagues, to introduce a system for the robust management, monitoring and co-ordination of road and air transfer services

It was agreed that a copy of the presentation would be shared with Working Group members.

5. Update from HSCB Board meeting on post consultation document.

Dean Sullivan advised that following agreement to the post consultation document by the Working Group at it's meeting on 8 February, the document was forwarded for consideration by the HSCB Board.

The document was presented to the HSCB Board meeting on Thursday, 14 February and following

detailed discussion and clarification on a number of areas was approved for submission to the DHSSPS and Minister.

6. Next steps.

Dean Sullivan noted that the HSC Board will be meeting with the DHSSPS to discuss the next steps and the timescales for utilising the agreed framework, subject to Ministerial approval, for taking forward the process for identifying a preferred service model option.

7. Any other business

There were no other items of business raised.

8. Date of future meetings

It was agreed that the next meeting would be held on Friday, 1 March 2013 in the 5th floor meeting room, HSC Board Headquarters. Meetings will be scheduled each week during March and April.