



**Paediatric Critical Care, Surgery in Children,
Long Term Ventilation
Operational Delivery Network**

Annual Report 2024-2025

Organisation	North West Paediatric Critical Care, Surgery in Children and Long Term Ventilation Operational Delivery Network (NW PCC SiC LTV ODN)
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1.0 Foreword / Introduction

We are pleased to share the 2024/2025 Annual Report of the North West Paediatric Critical Care, Surgery in Children and Long Term Ventilation Operational Delivery Network (NW PCC SiC LTV ODN).

Since its launch in 2021, the Network has continued to make positive impacts on children and young people (CYP) in need of specialised care across the North West of England, North Wales, and the Isle of Man. This progress is founded on strong collaboration and shared objectives among key stakeholders: the two Children's Tertiary Centres at Alder Hey Children's Hospital (AHCH) and Royal Manchester Children's Hospital (RMCH); regional hospitals; children's hospices; community care providers; and the North West & North Wales Paediatric Transport Service (NWTs). The Network also maintains vital connections with:

- Regional Adult Critical Care Specialised Services Clinical Network (SSCN)
- North West Neonatal ODN
- North West Children's Major Trauma SSCN
- North West Children's Cancer ODN
- North West Congenital Heart ODN

Our strength lies in the active engagement of our members, who convene quarterly to review all aspects of paediatric critical care, surgical services, and long-term ventilation pathways. Attendance remains strong across the entire network, including participants from North Wales and the Isle of Man.

Despite operating with a lean structure, the Network Leadership Team achieved several key milestones against its workplan in 2024/25:

- Appointed our first Independent Network Chair
- Hosted the inaugural PCC SiC LTV Network Conference in March 2025
- Completed the regional Paediatric Critical Care Self-Assessments
- Advanced the development of regional guidelines and care pathways
- Established robust data collection processes for long-term ventilation and Level 1/2 paediatric critical care activity
- Expanded our regional education programme, delivering:
 - Preoperative Assessment Course
 - Long-Term Ventilation Study Days
 - Paediatric Critical Care Study Days, including dedicated sessions for adult critical care colleagues
- Continued enhancement of the Networks communication through the development of its communication strategy and virtual platforms

We look forward to the continued development of the ODN in 2025/26 ensuring that our strategy and workplans meet the needs of the region, valuing and supporting our stakeholders and ultimately the patients and families who use the services.



Joanna McBride
Network Director

Julie Flaherty (MBE)
Independent Chair

2.0 Executive Summary

This document provides a report on the activity of the NW PCC SiC LTV ODN within the period 2024–2025. The key achievements of the Network within this 12 month period are:

- **Conference** – the ODN held its first conference in March 2025 to celebrate its achievements during its first three years. 89 professionals attended from across the region with positive feedback received from participants.
- **Population & Deprivation** – the ODN has completed a significant piece of work around understanding the population, deprivation and health inequalities of CYP in the North West region. This has included examining the flow of PCC patients into the tertiary centres, with consideration of both the CYP population size and deprivation scores. There is also a review of the general & acute bed base for each ICB per population and resulting regional pressures. This work is essential to truly understanding the region and pressures within the system relating to paediatric critical care, surgery and long term ventilation, but also crucial to consider as part of any proposed transformation changes.
- **Recruitment to Core PCC SiC LTV ODN Senior Leadership Team (SLT)** - the ODN recruited its Education Team in 2024 (Fixed Term Contract for 12-months-end date May 2025) and an Independent Chair.
- **Stakeholder engagement** - the ODN continues to engage with providers within the region to gain a more comprehensive understanding of the children's services within the Local Hospitals and Tertiary providers. The core team continues to connect with all systems (operational and strategic parties) including National ODN meetings, NHSE NW Programme of Care and Transformation Teams, paediatric system level groups, and charities and partner organisations to demonstrate collaborative working to enable sharing of information. The ODN continues to recruit parent and public volunteers (PPV) to join the various forums within the ODN.
- **Communication** – the ODN developed a Communication and Engagement Strategy and has several virtual platforms to promote communication within the region including a website, X page and a quarterly newsletter. The core team have completed site visits to all hospitals within the North West region. This promotes communication and engagement with providers to strengthen relationships and visibility of the ODN. This allows the opportunity for providers to share areas of excellence and identifies areas where support is required.
- **Governance** – the framework for the ODN has been updated to outline the reporting processes and clear connection with other paediatric systems, including Integrated Care Boards (ICB), CYP Forums, NHSE and third-party organisations to ensure there are clear connections to form a 'network of networks'. The governance framework is fluid and reflects the current climate.
- **Paediatric Critical Care (PCC):**
 - The ODN continues to support the regional response during periods of surge through the creation of an annual surge plan including mutual aid planning and reviewing capacity / demand in connection with the paediatric North West and North Wales Transfer Service (NWTS), NHSE and the interdependencies (Neonatal and Adult services). The distribution of the pressure gauge (Monday – Friday) to stakeholders continues to inform all of capacity and pressure within the North West and wider northern / national regions.

- The ODN has strengthened its relationship with the wider Northern region with regular ODN meetings and surge / pressure monitoring and mutual aid.
- The self-assessment process utilising the Paediatric Critical Care (PCCS) Quality Standards (2021) continues, all sites have now completed their self-assessment review meeting. The review process will be completed once all actions plans have been approved by individual providers.
- Service Development Funding (Level 2 monies) – this was allocated to support capacity planning, surge planning and paediatric critical care transport services. Funding was allocated to support education and training for the region through the ODN education team, and to provide capacity to support the PCC Level 1 / 2 activity data collection and completion of the workforce audit.
- Level 1 / 2 activity data collection - the ODN commenced data collection for Level 1 / 2 PCC activity across the region in December 2023. This data has been crucial in the ODN gaining an understanding of the PCC activity, and interventions, taking place across the NW local hospitals. This data details the types of activity and has informed our understanding of capacity and system pressures, allowing us to consider workforce and education in those areas.

- **Surgery in Children (SiC):**

- The ODN has continued to work with the implementation managers on raising the awareness of the Getting it Right First Time (GIRFT) pathways and improvement initiatives, including Further Faster and participating in the development of the best practice pathways across the region.
- Work continues within the region with multi professional working groups and clinical network forums to develop best practice guidance for non-specialist and specialist services in both elective and emergency settings.
- Pre-assessment course: Two courses have been completed in the first year in collaboration with the West Midlands SiC ODN, there are plans to consolidate this work with future course delivery in 2025/2026.

- **Long Term Ventilation (LTV):**

- The ODN has collated data on the current LTV population, inpatient services (Tertiary and Regional Local Hospitals), Hospices and places offering respite care and community services. The ODN is working with the Tertiary centres to monitor discharge pathways through the NHSE dashboard.
- The ODN has developed several work streams and projects including equipment purchase, maintenance standardisation, an education strategy, and an escalation pathway for step up and down for admission and discharge of children on home ventilation.
- The ODN delivered four highly successful LTV study days during 2024 (Two for Non-Invasive Ventilation and two for Invasive Ventilation) in collaboration with the tertiary centre clinical teams.
- The ODN has commenced self-assessments for LTV services using the Midlands Children's LTV Quality Standards. The self-assessment benchmark tool has been adapted for use in the North West and piloted in Alder Hey Children's Hospital, with the intention to roll out across all services, including; Tertiary, Acute, Continuing Care and Step Down services in 2025.

- **Education:**

- The ODN education team have developed a 5-year education strategy to standardise education across the region and to improve the quality of care for patients requiring Level 1 / 2 PCC, LTV and surgery.
- The team have worked closely with the Midlands SiC ODN to develop and deliver the National Pre-assessment course.

- With the development of the ODN guidelines for the 'Care of a critically sick child / young person under 16 years outside of paediatric critical care level 3 environment in extreme and exceptional circumstances' the team have provided bespoke education courses to regional adult intensive care staff to support adult units to care of children in times of increased PCC pressures.
- The team have developed bespoke training for units to be able to utilise the new Hamilton ventilators, this includes some handy hint sheets for set up and troubleshooting.
- A regional nurse educator group has been developed to provide a networked approach to regional paediatric nurse education.
- Several bespoke study days have been created and delivered to meet the needs of the region.
- **Workplan** – the ODN has reviewed and updated its comprehensive annual workplan for 2025-2026 (see appendix 1). The work plan aligns with the NHSE Specialised Services Clinical Networks Service Specification highlights include:
 - Development of the Network Risk, Audit & Governance Committee (NRAG)
 - Completion of SiC and LTV self-assessments across the region
 - Continue to work with NHSE / ICBs Transformation ' Safe and Sustainable Specialised Services Programme' for PCC & SiC
 - Continue education programmes to support PCC SiC & LTV services as capacity allows.
 - Audit the ODN pathways. Any identified issues will be used to inform ongoing local education plans and support to resolve them.
 - Continued work within SiC workstreams to produce regional guidance and pathways.
 - Continue to support the implementation of GIRFT initiatives within the region for SiC.
 - Raise awareness of data and use within region.
 - Continue to work with specialist networks.

3.0 The Operational Delivery Network

The annual report for the NW PCC SiC LTV ODN will give an overview of the Networks exceptional achievements within the last year (2024-2025).

3.1 North West PCC SiC LTV Providers

The NW PCC SiC LTV ODN covers a large geographical area of 14,165km encompassing Cheshire and Mersey, Greater Manchester, Lancashire and South Cumbria, North Wales, and the Isle of Man. This includes 1,492,230 CYP aged 0-15 years old (2022 census), with 16/34 NW local authority areas ranked as in the highest level of deprivation (English Indices of Deprivation, 2019). Table 1 shows the location of the providers within the North West region. We service 25 hospitals, more recently three surgical hubs and six non-inpatient providers with CYP beds in the North West footprint.

Table 1: North West PCC SiC LTV Providers

Name of Hospital	Paediatric Inpatient Beds	Paediatric Surgical Beds
Tertiary Centre		
Royal Manchester Childrens Hospital (MFT)	Yes	Yes
Alder Hey Childrens Hospital	Yes	Yes
Cheshire and Mersey		
Arrowe Park Hospital	Yes	Yes
Countess of Chester Hospital	Yes	Yes

Leighton Hospital	Yes	Yes
Southport and Ormskirk Hospitals	Yes (Ormskirk site)	Yes (Ormskirk site)
Whiston Hospital	Yes	Yes
Warrington Hospital	Yes	Yes
Greater Manchester		
Fairfield General Hospital (NCA)	No	Yes
North Manchester General Hospital (MFT)	Yes	Yes
Royal Albert and Edward Infirmary (Wigan)	Yes	Yes
Royal Bolton Hospital	Yes	Yes
Royal Oldham Hospital (NCA)	Yes	Yes
Salford Royal Hospital (NCA)	No (short stay unit only)	Yes
Stockport NHS Trust	Yes	Yes
Tameside Hospital	Yes	Yes
Trafford Hospital (MFT)	No	Yes
Wythenshawe Hospital (MFT)	Yes	Yes
Lancashire and South Cumbria		
Blackburn Royal Infirmary	Yes	Yes
Blackpool Victoria Hospital	Yes	Yes
Burnley General Hospital	No	Yes
Chorley Hospital	No	Yes
Furness General Hospital, Barrow (UHMB)	Yes	Yes
Royal Lancaster Infirmary (UHMB)	Yes	Yes
Royal Preston Hospital (LTH)	Yes	Yes
North Wales		
Glan Clwyd	Yes	Yes
Wrexham Maelor	Yes	Yes
Ysbyty Gwynedd	Yes	Yes
Isle of Man		
Nobles Hospital	Yes	Yes

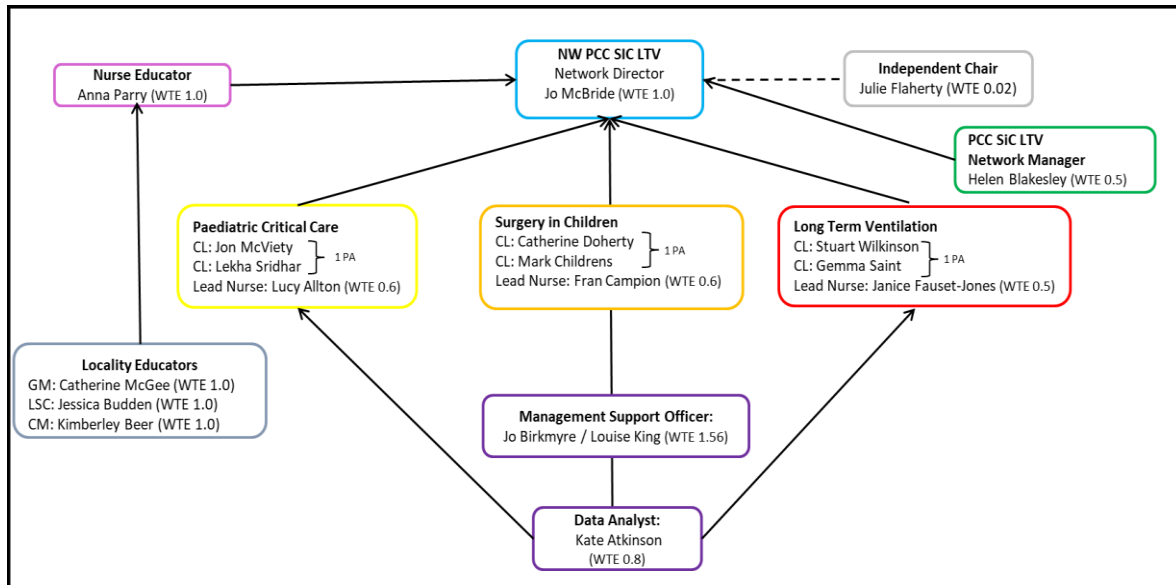
3.2 Hosting Arrangements

The PCC SiC LTV ODN remains jointly hosted by both Paediatric Tertiary Hospitals (Manchester University NHS Foundation Trust and Alder Hey Children's NHS Foundation Trust). The financial envelope is held within Manchester University NHS Foundation Trust who provides accounting services to enable the flow of financial activity and monitoring of budget and human resource support.

3.3 ODN Team

The PCC SiC LTV ODN is led by the Network Director, who is supported by a Network Manager, Lead Nurses and Clinical Leads for each speciality, a Data Analyst and two Project Support Team members as displayed in Chart 1. Utilising monies provided by the Paediatric Critical Care Level 2 / Non-Critical Care Transport service development fund (SDF), the ODN has recruited a Nurse Educator and three Locality Nurse Educators on a 12-month fixed term contract (3 x Locality Educator contracts ended May 2025) into the team to support the ODN education strategy across the region.

Chart 1: ODN Team Structure

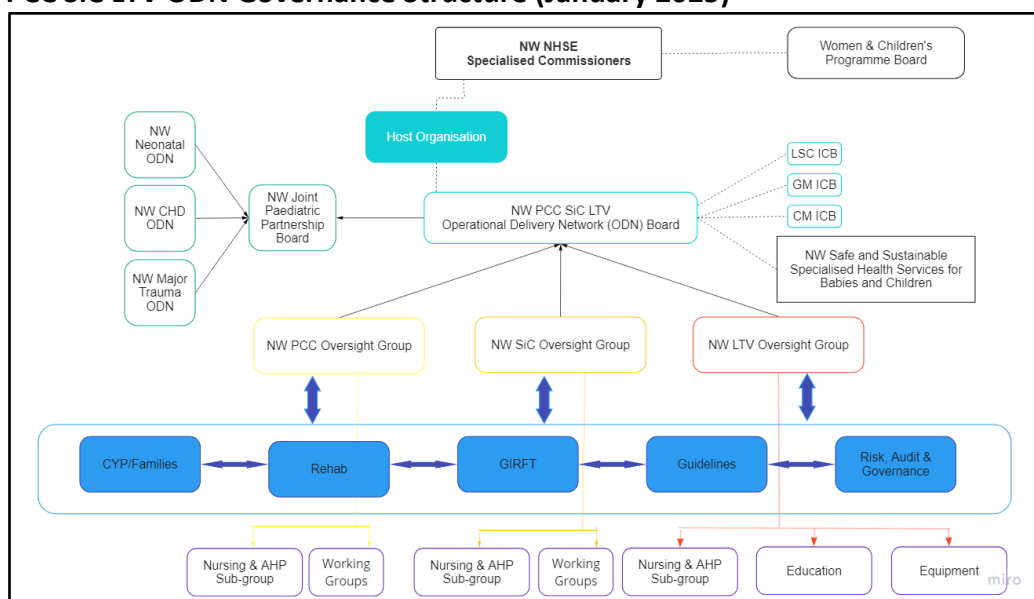


3.4 Governance Structure

The NW PCC SiC LTV ODN is overseen by the NW PCC SiC LTV ODN Board and is accountable to NW NHSE Specialised Commissioning (Chart 2). The governance structure has been formalised to ensure effective use of time, resources and regional stakeholder engagement through quarterly oversight meetings for each arm (PCC SiC LTV). The ODN Board has the strategic oversight to facilitate ODN activity through the development and delivery of the ODN annual workplan, evaluating progress and ensuring alignment to patient needs, national and regional priorities, and pressures. It will identify and monitor strategic aims, align service development to national and local priorities and ensure identification of future needs to maintain and improve patient access and equity of service delivery to the required standards.

The ODN has recently recruited an independent chair to join the Board. The ODN Board and Oversight membership includes operational and strategic provider representation including NHSE, providers, ICB and system wide connection representatives. The membership and terms of reference of the groups are reviewed annually to ensure this is appropriate in the current architecture.

Chart 2: NW PCC SiC LTV ODN Governance Structure (January 2025)



Within the last 12 months the ODN has engaged with the wider networks within the North West footprint. This is to facilitate learning and engagement across the region and to formalise the reporting structures, responsibilities, governance, and current commissioning arrangements from NHSE and to work collaboratively with the ICBs to maximise benefits in the consistently changing landscape. The wider networks from the region provide a series of assurance submissions to NHSE during the financial year. This includes a workplan, annual report, highlight report and a strategic overview slide deck with key priorities / objectives.

3.5 Maturity Matrix

Table 2 displays the Maturity Matrix for the ODN. All arms have increased scores within the last 12 months. All elements of each speciality have developed throughout this review period. With significant improvement in regional connections, integrity and vitality, learning and improvement through guideline development, audits and shared learning and education. However, it is anticipated that the 'Knowledge Capture & Reuse' and 'Learning & Improvement' sections will reduce in scores within the next 12 months due to the funding for the education team not continuing into 2025-2026.

Table 2: Maturity Matrix (March 2025)

	Purpose & Direction	Governance & Structure	Leadership & Facilitation	Knowledge Capture & Reuse	Integrity & Vitality	Learning & Improvement	Impact & Value	Sustainability & Renewal	Total
Date: March 2025									
PCC	3.5	4	4	4	4	4	4	4	31.5
SIC	3.5	4	4	3	4	4	4	4	30.5
LTV	3.5	3.5	4	3	4	4	4	4	30

3.6 Stakeholder Engagement

The core ODN SLT continues to perform annual site visits to all the provider hospitals within the region. This is to ensure there is a visual presence and ensure that there is an understanding of the challenges including geographical estates, changes to the bed base and service provision. There has been continued engagement with system leaders including, ICB's, Elective Recovery Programme, Children's Hospital Alliance, Commissioners, CYP Transformation Programme and partner organisations / charities to ensure there are connections and joined up working between all systems. The team has built on the foundations through engagement with the wider CYP system groups within the North West, at the critical care and surgery in children national meetings and sharing of information to the region. The ODN has advertised for parent and public voice representation on the groups / forums to ensure inclusivity and developed a website and X platform to promote communications.

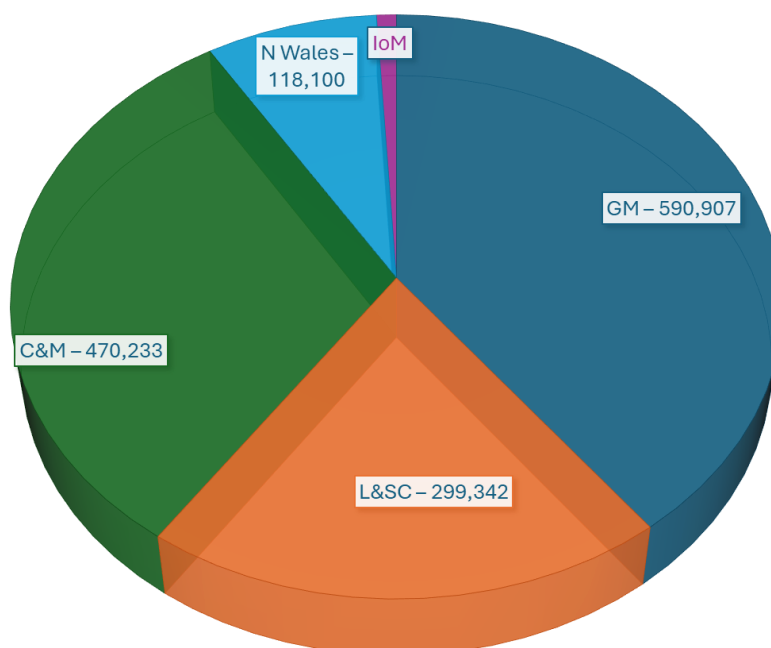
3.7 Population & Deprivation

The ODN has completed a significant piece of work around the population and deprivation of the North West region. The ODN has collated local authority population data from the 2022 census to enhance our understanding of the population for each ICB region and local hospital. We have correlated this with the local authority data from the English Indices of Deprivation (2019) to further understand the levels of deprivation and the impact this has on health inequalities for CYP in the North West. The English Indices of Deprivation ranks each small area in England from most (1) to least deprived (10) based on a combination of seven different factors including:

- Income
- Employment
- Education
- Health
- Crime
- Barriers to housing and services
- Living environment

Evidence shows that those living in the most deprived areas of England face the worst healthcare inequalities in relation to healthcare access, experience and outcomes. We have used the NWTs pathway for PCC referrals and applied the population and deprivation data to this flow to greater understand the potential number of CYP, but also the potential levels of deprivation flowing into the two tertiary PCC centres. We have compiled data for the general and acute bed base for the local hospitals in each ICB and examined the population for each area and reviewed this against the occupancy data, to better understand capacity issues across the ICBs. Reviewing population and deprivation data alongside occupancy and PCC activity data for the region has highlighted those areas with high numbers of CYP, with high levels of deprivation and corresponding high levels of activity. This piece of work has exacerbated the challenges in the North West and is crucial to the ODN team, but also the NW NHSE team to inform their Safe and Sustainable Babies and Children Programme.

Graph 1: NW Population by ICS - Total NW population- 1,478,582 (+ 13,648 IOM)



The above chart shows population by ICB region. AHCH takes 40.3% of NW CYP population from C&M, North Wales & IoM. RMCH takes 59.6% of NW CYP population from GM and L&SC

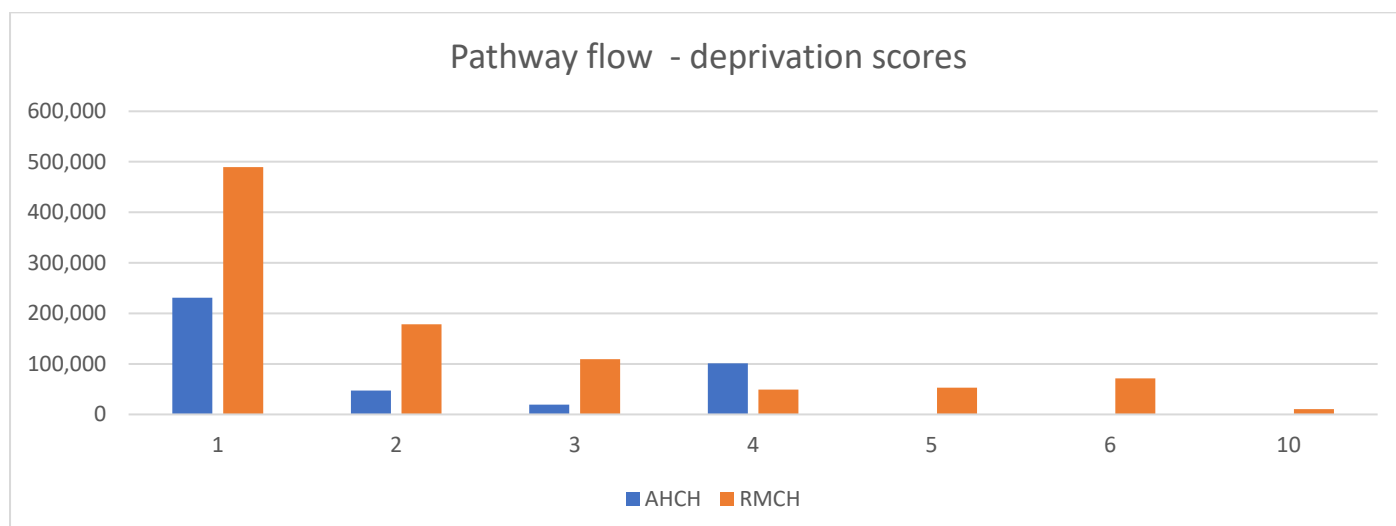
Table 3: NW local authority areas with population and deprivation score

Local Authority	Population of CYP 0-15yrs	Deprivation score	Total number of CYP 0-15yrs in deprivation score	% of whole NW CYP 0-15yrs population
Manchester	114,635	1	720,532	52.96%
Liverpool	84,655			
Bolton	64,453			
Wirral	58,177			
Oldham	55,295			
Salford	54,311			
Rochdale	49,593			
Blackburn	35,384			
Westmorland & Furness	34,168			
St Helens	32,798			
Knowsley	31,047			
Blackpool	25,001			
Halton	24,344			
Pendle	20,460			
Burnley	19,517			
Hyndburn	16,694			
Wigan	61,577	2	226,152	16.62%
Sefton	47,445			
Tameside	46,120			
Preston	29,947			
Lancaster	23,184			
Wyre	17,879			
Bury	38,950	3	128,675	9.46%
Stockport	56,650			
West Lancashire	19,509			
Rossendale	13,566			
Cheshire West	62,521	4	150,450	11.06%
Trafford	49,323			
Warrington	38,606			
Chorley	21,235	5	53,137	3.91%
South ribble	19,628			
Fylde	12,274	6	71,131	5.23%
Cheshire East	71,131			
Ribble valley	10,405	10	10,405	0.76%

The English Indices of Deprivation, 2019 (Excludes Welsh data due to different scoring system)

The above table reflects the number of CYP living in the local authority areas with the overall classified level of indices of deprivation for that area.

Graph 2: PCC tertiary flow numbers with deprivation score



4.0 Paediatric Critical Care

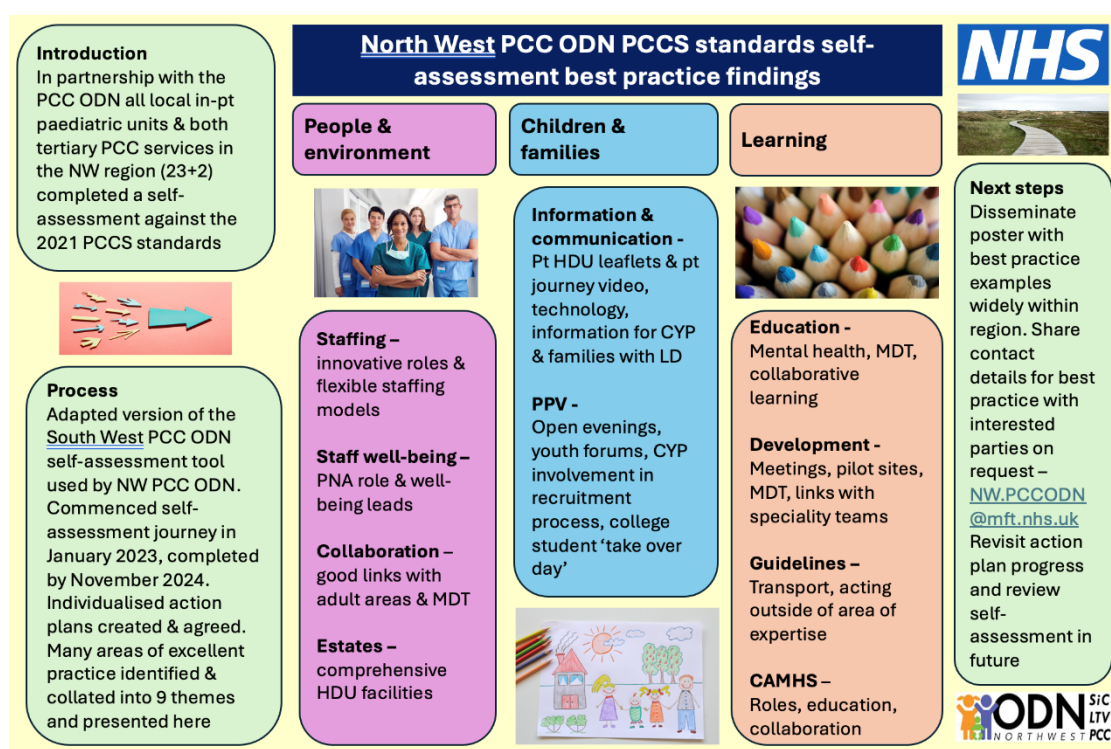
4.1 North West Pressure Gauge and Surge Planning

The PCC ODN remains actively involved in all aspects of surge planning, including the updating of the NW regional surge plan 2024 / 2025. The PCC ODN collates data on capacity and communicates the situation to the region through the updated North West Pressure Gauge, coordinating operational surge management through hosting surge meetings when required due to pressure, with escalation to NHSE as necessary. The PCC ODN has maintained strong links with key representation from all relevant stakeholders including NWTS, Tertiary centres PCCs, ICB representation and NHSE NW for surge management. The PCC ODN has retained the established effective communication with the wider NW ODNs, including LTV, SiC, Neonates and Adult Critical Care. There are excellent links with wider northern PCC ODN's (Yorkshire & Humber and the North East) with year-round weekly meetings, but also this year a weekly capacity meeting with EPRR and regional medical directors to ensure a comprehensive oversight of the northern PCC pressures. This year there will be the first wider northern winter debrief meeting to examine winter 2024 / 25 and begin plans for 2025 / 26 with shared learning. There are also strong links with adjoining PCC ODN's (the West Midlands), and also nationally, to ensure a comprehensive understanding of increasing bed pressures that may impact on NW capacity and demand.

4.2 PCCS Self-Assessment

Following the release of the PCCS standards in 2021 the South West PCC ODN created a tool for areas to self-assess themselves against the standards for Level 1, Level 2, or Level 3 PCC provision. The PCC ODN have adopted an adapted version of this tool, along with the other national PCC ODNs. All 23 local hospitals and 2 tertiary centres have now completed the self-assessment document and attended a review meeting. There are six sites for whom their action plan is still being agreed, which once complete will formally close the process. Examples of best practice have been shared regionally at the ODN conference via a poster (see below). Once all action plans are completed a report of the process and outcomes will be created for the region. The self-assessment process will help to inform the aims for the service development funding (2025 / 2026) and discussion around Level 2 bed capacity and funding outside the tertiary centres.

Chart 3: North West PCC ODN Paediatric Critical Care Standards Self-Assessment Best Practice Findings.



4.3 HDU Regional Education

The ODN Educators have worked with the education teams from both Tertiary PCC areas to look at the current provision of the HDU module provided by AHCH, in conjunction with Edge Hill University and examine the potential for the development of a regional HDU course. Due to the end of the contracts for the locality educators this work has been discontinued due to limited capacity within the ODN team to continue this workstream. The PCC ODN continues to work closely with NWTS, assisting with the planning and delivery of the NWTS / PCC ODN HDU education days.

4.4 Service Development Funding (SDF)

The North West region received funding from the National Specialised Commissioning team for Level 2 PCC capacity planning, surge planning and paediatric transport services (£2,615.000 million, of which £1,264.000K for PCC / NWTS transport). Funds were allocated to providers to enable completion of the PCC Level 1 / 2 activity data collection and completion of the workforce audit. The fund supported the recruitment of the ODN education team alongside study days.

Table 4: SDF Allocation of resources 2024 / 2025

Provider	PCC Level 1 / 2 activity data collection and completion of the workforce audit
All DGHs	£28,000
Tertiary hospital	£28,000 (+ workforce posts LTV Educator & OT)
ODN (for the region)	Education Team / regional Study days

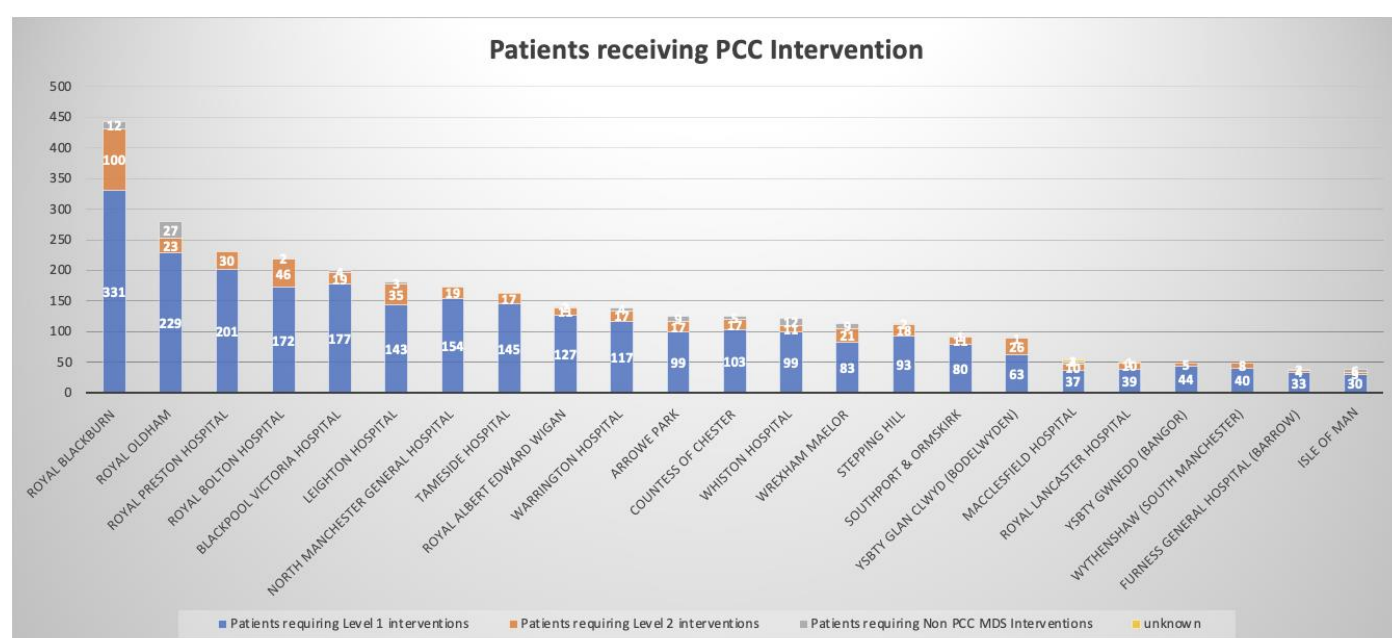
The ODN has continued to work with NW NHSE to look at the long-term utilisation of the SDF fund to increase level 2 PCC capacity across the region. Through the utilisation of the PCC Level 1/ 2 activity data collection, regional pressure gauge and population / deprivation data the PCC ODN Senior Leadership Team have

developed a short list options paper options for service development to support Level 2 capacity across the region.

4.5 PCC Level 1 & Level 2 Audit

The PCC ODN has worked with the NECS team to commence a modified version of the Yorkshire & Humber PCC Level 1 & Level 2 data collection tool. The process has been adapted to allow data entry and capture through electronic systems which then facilitates data analysis and creation of reports. The PCC data collection commenced in December 2023, initially as an audit with 6 pilot sites starting 1 week earlier than all other sites, with a plan to complete the audit for a 4-month period (11th Dec 2023 – 31st March 2024). The data collection was successful but needed further time to refine the process, therefore it was agreed this would continue. Monthly data submissions have been captured and a report for the first 12 month of activity (Dec 2023 – Nov 2024) created and shared with relevant stakeholders. A first full financial year report will now be created facilitating comparison of activity year on year, allowing for themes to be identified.

Graph 3: Activity data for 2024 / 25 showing number of patients receiving L1 and L2 PCC interventions form April 2024 – March 2025.



5.0 Surgery in Children

5.1 GIRFT

The ODN has continued to work on raising awareness of the GIRFT pathways throughout the region as well as the 'Closing the Gap' and 'Further Faster' initiatives to support the elective recovery programme sharing information regarding surgical hubs, access to data and theatre utilisation. Data shared at the monthly further faster meetings demonstrates a month-on-month improvement in 52 week waits in 19 of the 20 providers reported. For further information re: data for 2024/25 please look at the Further Faster Paediatric section of [FutureNHS Collaboration Platform - FutureNHS Collaboration Platform](#)

Following publication of the GIRFT CYP; Testicular Torsion pathway the SiC ODN has created a NW working group to look at the service provision for Testicular Torsion. An audit of the current service provision has been undertaken to benchmark the time critical service and referral pathways. Engagement has also been made with the regional school nurses to promote awareness within schools, young people and families utilising posters and teaching resources.

5.2 Surgery Working Groups / Clinical Networks

The SiC ODN has continued to support the establishment of regional multi professional working groups and clinical networks to develop NW regional best practice guidelines for all areas to use including pre-operative assessment and the Testicular Torsion working group. Following on from the development of the first working group to develop the Northwest, North Wales and Isle of Man Adenotonsillectomy Pathway / Best Practice Guidance, the initial pathway document has been audited locally demonstrating some variation in regional adherence. Work is being undertaken to reconvene the clinical working group to update the pathway in line with recent changes to national guidance to support this practice regionally. Future work is planned to audit and review the Northwest, North Wales and Isle of Man Abdominal Pain in Children Pathway/ Best Practice Guidance following a similar process.

Work has continued to develop a fractured forearm pathway with plans to complete this work in 2025 / 2026.

The NW Club Foot Network has been developed and supported by the SiC ODN. This Network has continued to mature over the past 12 months with an established meeting programme of both virtual and face to face forums. They are well attended from across the region with strong leadership, and offer the opportunity to share and discuss data, information and hands on training. This group feeds into the National Club Foot Network.

The ODN has continued to work within specialised surgery groups to embed working partnerships through the development of collaboratives within specialisms such as spinal surgery and cleft lip and palate.

Work has also continued with the Tracheoesophageal Atresia (OA) and Tracheoesophageal Fistula (TOF) Speciality Group. This Group has representation from surgeons and anaesthetists to develop communication and understanding of each other's data, practice and challenges, and to review processes on both Tertiary sites, the first face to face meeting is planned for June 2025 with ODN support.

Staff from the SiC ODN attended the 2nd National SiC Conference in Birmingham, the focus was on elective care with presentations from across the country and plans to continue with future work collaborations.

The nurse's forum has continued with varying attendance due to clinical demands. Information is shared in this forum as well as in the Oversight Group, sharing and improving working relationships are encouraged. Feedback has been positive.

5.3 Pre-Operative Assessment Course (POA)

The SiC ODN has delivered two Pre-Operative Assessment Practitioner Course' collaborating with the West Midlands SiC ODN in 2024/2025, two more are planned for 2025/2026. The initial feedback has been very positive from both candidates and speakers with high demand for the course within region. From feedback we are being informed that staff who have attended the course are implementing changes within established POA services and standardising practice to the national standards. The benefits of paediatric POA implementation are being reported in relation to patient experience, quality, safety and efficiency. The course is also supporting the development of preoperative services where there had previously been none for CYP.

The course continues to be delivered virtually over 3 days with the candidates having 6 months to complete their competency document with support from the education team and the use of the Moodle platform. Whilst the ODN has committed to delivering a course in spring 2025 with candidate support for 6 months post course attendance, due to the potential loss of the ODN education team we may not be able to deliver

the planned course in Autumn 2025 if the band 7 educator post is not continued. This has the potential to affect areas that do not currently have a paediatric pre operative assessment service, or those that are in the infancy having not benefitted from sending staff on the course resulting in limited services which would not support the quality, experience and efficiency benefits that the course strives to support delivery of in line with GIRFT recommendations and paediatric surgical hub requirements.

Table 5: Table of providers accessing the Regional Pre Operative Assessment Course

NW ODN SiC Region Preoperative Assessment Course Attendees by Providers	
Provider	Accessed Course
Cheshire and Mersey	
Alder Hey Childrens Hospital	Yes
Arrowe Park Hospital	Yes
Countess of Chester Hospital	Yes
Leighton Hospital	Yes
Macclesfield Hospital	No
Southport and Ormskirk Hospitals	No
Whiston Hospital	No
Warrington Hospital	No
Greater Manchester	
Fairfield General Hospital (NCA)	No
North Manchester General Hospital (MFT)	No
Royal Albert and Edward Infirmary (Wigan)	No
Royal Bolton Hospital	No
Royal Oldham Hospital (NCA)	Yes
Royal Manchester Childrens Hospital (MFT)	Yes
Salford Royal Hospital (NCA)	No
Stockport NHS Trust	Yes
Tameside Hospital	No
Trafford Hospital (MFT)	Yes
Wythenshawe Hospital (MFT)	Yes
Lancashire and South Cumbria	
Blackburn Royal Infirmary	Yes
Blackpool Victoria Hospital	Yes
Burnley General Hospital	No
Chorley Hospital	Yes
Furness General Hospital, Barrow (UHMB)	No
Royal Lancaster Infirmary (UHMB)	No
Royal Preston Hospital (LTH)	Yes
North Wales	
Glan Clwyd	Yes
Wrexham Maelor	Yes
Ysbyty Gwynedd	Yes
Isle of Man	
Nobles Hospital	Yes
Out of Area	
West Midlands SiC Candidates	Yes
South Tees	Yes

5.4 Surgical Hubs

The use of surgical hubs and dedicated day case areas within the region continues to be embedded demonstrating a reduction in waiting lists for day case surgery on model hospital. The Chorley Hub has received GIRFT Paediatric Hub Accreditation with the NW ODN participating in the process, the first paediatric hub in the region to gain accreditation. A presentation was delivered at the first ODN conference in March on the benefits of hubs and how they can be enhanced when a POA service is in use. This has also been shared within region and information provided for areas where there is the potential to create a paediatric hub.

Whilst some areas do not have dedicated hubs they have day case areas, take over days or walk in walk out units which support the principles of dedicated paediatric lists with minimal risk of cancellation, supporting high volume low complexity cases. The GIRFT principles are transferrable and can also be utilised in these areas.

5.5 Collaborative Working

The SiC ODN has continued to work collaboratively when regional incidents require support from more than one network, particularly the Children's Major Trauma Network (CMTN) to look at care and management of young people attending with fractured femurs. The first fractured femur study day was held in March 2025 hosted by the CMTN to educate members of the multi-disciplinary team in decision making regarding planning care delivery, location, pain management, immobilisation and rehabilitation. The day was well attended at AHCH with positive feedback and plans to offer future dates. The aim of the day was to reduce inappropriate transfers and ensure care is delivered closer to home for CYP and their families.

Work was also undertaken with the CMTN regarding the management of button battery ingestion following identification of difficulty in accessing emergency treatment. An audit was undertaken across the region to benchmark the emergency surgery provision with CMTN auditing the regions emergency departments. The results have been fed back with providers encouraged to review their button battery guidance to ensure appropriate pathways, training and equipment are available. This ingestion management is also being undertaken nationally with the ODN able to provide their audit information; new guidance is planned nationally which will be rolled out within region.

5.6 Bench Marking / Information Sharing.

Bench marking has been undertaken within the region with the results presented at the NW SiC ODN Oversight Committee. This includes review of the Adenotonsillectomy pathway, button battery ingestion and testicular torsion as previously mentioned as well as the following:

- **Fasting:** Some variation in practice across the region with some units fasting to the standard 6-4-2 hours, some offering clear fluids up to 1 hour pre op with the most recent practice of Sip-Til-Send in some areas. Following the presentation and awareness raising within region, many areas have implemented this policy identifying the benefits of improved patient experience with the reduction in distress pre op and a reduction in post operative nausea and vomiting reducing length of stay and facilitating, smooth, time appropriate discharge. A presentation was also provided by a Tertiary centre anaesthetist on Sip-Til-Send at the ODN conference. The ODN plans to develop this further with the production of guidance to share regionally.
- **Play provision:** Meetings have been held with the regional hospital play team, all units in the area were offered the opportunity to provide data regarding their play provision. This was collated and presented at the SiC Oversight Committee. There was variation across the region. Information has been shared to help improve hospital play staff provision by utilising:

- the government hospital play specialist (HPS) apprenticeship scheme.
- developing local play teams by supporting attendance at the hospital play specialist (HPS) course at Leeds Beckett.
- regional play staff participating in the regional HPS meetings for support and information sharing and networking.
- sharing information from across the country regarding how play staff can support procedures, reduce anxiety and the need for sedation/ GA which promotes good patient experience, safety, quality and cost benefits.
- ODN engagement as well as raising awareness of the Starlight charity which has many resources and support for all areas where children attend hospital.

5.7 SiC Self-Assessment

The SiC ODN has worked with all providers to complete self-assessment reviews for the PCC element. This work has been expanded by the ODN to develop a self-assessment tool to complete reviews of the region's paediatric surgical services. The document is based upon the Southwest tool, which was focused on elective surgery, the tool to be piloted in 2025/ 2026 contains reviews of both elective and emergency surgery services. It was initially planned to complete the pilot in 2024/2025, this was not achieved due to the high levels of clinical activity in the trusts and requests from other organisations for data and information. Dates have been arranged for these units for 2025/2026, with further roll out to follow to more units.

6.0 Long Term Ventilation

6.1 North West Paediatric LTV Activity

The LTV ODN has reviewed the number of children requiring LTV within the North West and demonstrated that this is reflective of the significant national increase since the 1990's. Regionally there has been the development of paediatric sleep disordered breathing services and specialist multidisciplinary teams to meet this demand. Table 6 shows a patient count completed by the North West LTV ODN from December 2022.

Table 6: North West LTV Paediatric Activity December 2022

Mode of Ventilation	RMCH	AHFT	NW Total	National (2018)	NW%
Invasive (Tracheostomy)	34	27	61	445	13%
Non-Invasive (Mask)	90	137	227	2108	10%
Overall Total	124	164	288	2553 / 3016**	11%

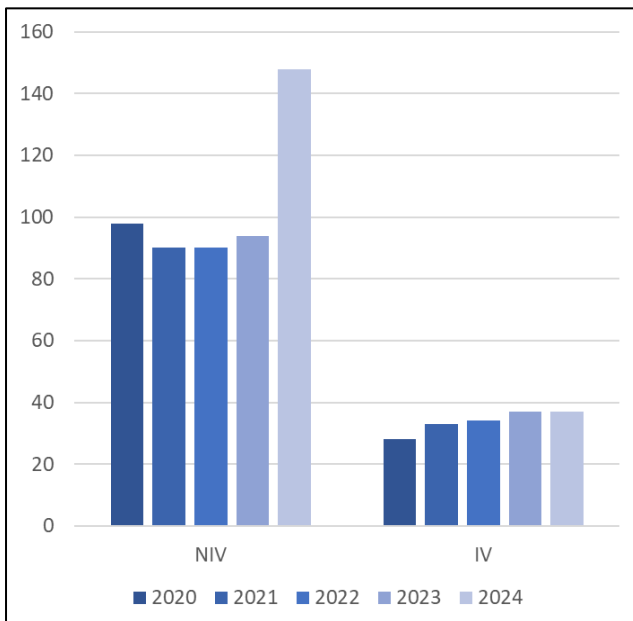
** 508 patients identified as requiring LTV in the study were identified as other or data was not included.

Table 7 shows how the LTV patient count within the North West have significantly increased over a 3 year period, however, the number of commissioned LTV beds has not increased to reflect this.

Table 7: North West LTV Paediatric Activity March 2025

Mode of Ventilation	RMCH	AHFT	NW Total	National 2023	NW%
Invasive (Tracheostomy)	39	21	60	-	-
Non-Invasive (Mask)	149	149	298	-	-
Overall Total	188	170	358	2383	15%

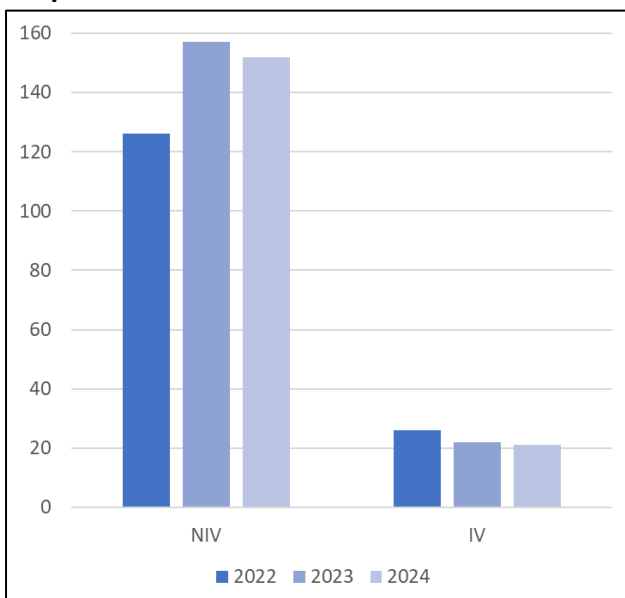
Graph 4: RMCH LTV Patient Numbers



RMCH LTV Patient Numbers

- 53 new set ups in 2024: 5 x IV & 48 x NIV
- 38 patients left the service in 2024
 - 11 Transferred to adult services
 - 20 Weaned and discharged
 - 7 Died

Graph 5: AHCH LTV Patient Numbers



AHCH LTV Patient Numbers

- 59 new set ups in 2024: 3 x IV & 56 x NIV
- 66 patients left the service in 2024
 - 20 Transferred to adult services
 - 39 Weaned and discharged
 - 2 Transfers of care elsewhere
 - 5 Died

6.2 Tertiary Centres

In 2007 the North West transitional care units were set up and running in both Tertiary centres funded by specialised commissioning. The aim of these services was to provide specialist transitional support to CYP requiring LTV to be discharged home and reduce the pressures on critical care beds. Both RMCH and AHCH have established LTV teams and inpatient services. RMCH is presently open to 6 funded beds, plus 1 surge and AHCH open to 4 funded beds plus Non-Invasive Ventilation (NIV) set up. Both centres run a sleep service embedded into the LTV service. Acute patient care for LTV will occur within the wards if staffing and bed capacity allows or within paediatric critical care. Both sites allow community care staff to attend for acute care episodes, as well as transitional care.

6.3 DGHs, Hospices and Children's Homes

Some DGHs within the region do not provide direct staffing to children on LTV but some will allow the children's usual care packages to provide ventilation support whilst they care for the acute issue impacting the CYP. These DGHs are often linked with an NHS team or private agency that are commissioned to provide the care

package and have packages that are large, or agreements with parents that they will support the ventilation (24/7) in the short term. There are some instances when care packages do not follow the child from community into hospital due to the potential costs of double funding for staffing or insurance purposes and carers only being trained to work to a child's care plan when they are well. This can then cause issues in local hospitals if staff do not feel competent or confident to carry out the child's usual LTV or medical complexity care.

There are 5 hospices in region that support children on LTV, Claire House, Derian House, Francis House (outreach only), Zoe's Place and more recently Brian House. These hospices are Care Quality Commission (CQC) registered for community care and can support end of life and short break stays of up to 28 days. Often due to staffing requirements and the increased resource needed to support a child on LTV, stays are often short, infrequent and require advanced planning.

There are three children's homes within the North West that can support children on LTV, managed by the Courtyard Care Group. They have 4 beds in each location based in Liverpool, Warrington and Manchester. In addition, there is a unit in Bury run by the Priory Group (Torrance House).

6.4 The National Pathway (Hospital to Home)

National Pathway (Hospital to Home) was commissioned alongside the Service Specification; this was managed by the Royal Brompton Hospital in London. The pathway collected significant reportable details and created dashboards for monitoring and reporting. The ODN is working with the Tertiary Centre teams to monitor the data through the 'Data Landing Portal' around the discharge pathway, some of which would have previously been captured within the National LTV pathway dashboard, however this remains work in progress. The ODN through the SDF has supported the recruitment of an Occupational Therapist in RMCH and a Nurse Educator in AHCH LTV Teams and both are proving invaluable in supporting and expediting the discharge of CYP home from the transitional care units.

The ODN have been working on a clear escalation pathway for this highly specialised group of children, to ensure a clear process for stepping up and down (to facilitate discharges and admission for acute illness). This pathway will be audited in 2025/26. Admission elements of pathways, including ward destination, step up / step down options, minimum staffing requirements and competencies, monitoring and documentation and the role of the community / continuing care team when the CYP is in hospital is also being considered as part of a national GIRFT workstream and Level 2 centre developments.

6.5 Established Projects and Workstreams

The ODN has developed an education scoping and strategy program to improve access and quality of education across the region for all involved in the LTV pathways. Four LTV study days were delivered in 2024. The days covered both invasive and non-invasive training. All four study days were hugely oversubscribed. A total of 260 people applied for the 2024 study days with 128 delegates offered a place and 112 final attendees, demonstrating a high need for LTV education across the region. Four more study days were planned for 2025, and the first in April was again oversubscribed with 84 people applying for 32 places. Unfortunately, the remaining three LTV study days in 2025/26 have been cancelled due to the loss of the ODN education team. Delegates for the LTV Study Days were required to complete some pre reading on Moodle prior to attending face to face study days. There have also been bespoke LTV training days arranged for several Hospices and several DGH's across the region during this period.

The ODN has ensured that equipment shortages and safety alerts have been communicated across the regional stakeholders, it has been involved in national risk stratification and supporting mutual aid.

The ODN has been working on an equipment and maintenance review and case for change to improve equipment safety and prevent admissions due to faults. (Standards and National Confidential Enquiry into Patient Outcome and Death (NCEPOD) recommendations).

6.6 LTV Self Assessments

The ODN has commenced self-assessments for LTV services using the Midlands Children's LTV Quality Standards. The self-assessment benchmark tool has been adapted for use in the North West and has so far been piloted in Alder Hey Children's Hospital, with the intention to roll out across all services in 2025/26, including Tertiary, Acute, Continuing Care and Step Down services.

7.0 Education

7.1 Education Strategy

An education strategy has been written with identified key measurables which will ensure a standardised sustainable quality assured approach to education occurs, supporting the identified gaps and targeting a wide range of professionals across the region. This includes the following key elements for the team.

- Set up Bi-monthly forum meetings for the regional educators to share practice and offer a space for clinical supervision creating a community of practice. Designing resources that can be reviewed with the education team and then be available regionally to ensure all DGH educators can use their time productively reducing duplication and silo working and ensuring standardised education across the region.
- Secure Learning Management System Moodle Workplace capturing education data real time monitoring of learner progress and enabling equitable access to learning and development.
- Audit education team activity to identify local area themes and issues that can be reviewed regionally and nationally and addressed in a timely manner.
- Work in partnership with NWTS to develop regional guidelines, identifying education and training opportunities.
- Work with national teams regarding implementation of national work: PCCS national children and young people nursing competencies.
- Design and deliver mutual aid training for Adult Critical Care staff to support paediatric patients outside of a L3 centre, including annual updates.
- Design, develop and deliver bespoke L1/L2 PCC training and refresher days for local hospitals, collaborating with local hospital educators regarding content.
- Provide education quality assurance to NWTS introduction and advanced PCC days, ensuring they meet the ever-evolving needs of the region. Create learning outcomes for the days to align with PCCS standards and ensure safe effective standardised care is delivered maintaining care close to home.
- Develop and deliver a 5-year rolling programme for the jointly hosted ODN and NWTS Specialist PCC study day.

7.2 PCC

In collaboration with NWTS the education team were core faculty for the introduction, and advanced study days. The team were pivotal in the development and delivery of the new speciality study day; a five-year rotating study day to allow staff within the NW a quality assured staff development programme with mapping to relevant standards and educational theory providing a high-quality experience. In 2024, 158 staff attended these study days (Bands 5-7, nursing and allied healthcare professionals). This has enabled staff to increase confidence and competence in caring for Level 2 CYP in the local DGHs.

Following the ratified guideline of the 'Care of the under 16-year-old CYP needing PCC Level 3 care outside PCC Level 3 unit' the team have delivered four training days to Adult Critical Care (ACC) teams and a further seven days are planned in line with the North West Surge Plan. Feedback from these days has been received and it is evidence of effective cross-organisational wider ODN learning and preparation of workforce to keep CYP within the NW region.

The team has developed and delivered provider specific bespoke PCC training days supporting Level 2 care across the region covering a broad range of topics and clinical skills including: managing the deteriorating child, ventilation principles and utilising simulation to consolidate learning. The team has also supported training on the Hamilton c3 ventilators across the region and in conjunction with Hamilton developed resources and cheat sheets to support its use in practice. Qualitative feedback from all these days has been received.







7.3 SiC

In collaboration with the West Midland SiC ODN two pre-operative assessment course were delivered in 2024. There have been 45 staff trained within the NW ranging from Bands 5-7. This course comprises of three online study days and a completion of a comprehensive competency document with dedicated anaesthetic mentorship sign off within 6 months of completing the online element. This will facilitate staff to set up pre-operative assessment services in DGHs providers ensuring a standardised pre-operative assessment for all CYP reducing inappropriate hospital admissions, streamlined scheduling reducing on the day cancellations.

7.4 LTV

In collaboration with LTV tertiary centres, two non-invasive and two invasive study days have been delivered. 112 candidates from the region attended from a wide professional workforce. In addition, 3 bespoke study days have been held in hospice providers to enable respite care and 2 study afternoons have been provided to a DGH to prevent admissions to Level 2 centres. The impact of the LTV education is to facilitate DGHs providers being able to keep LTV children for care closer to home supported by the ODN LTV Escalation pathway. Given both tertiary centres have demonstrated an increase in LTV CYP requiring Non-Invasive ventilation within the last 12 months, thus the ability for DGHs to be able to manage these LTV patients closer to home, or this will have a significant impact on tertiary centre admissions and PCC flow. Evidence of the qualitative feedback from the education and training delivered from the study days has been received.

Picture 1: LTV Study Day Flyer, Programme and Feedback:

  	  
Paediatric Long Term Ventilation NIV Study Day Tuesday 17 th September 2024, 9am-5.00pm Engine Rooms, Birchwood, Warrington	Paediatric Long Term Ventilation Invasive Ventilation Study Day Tuesday 12 th November 2024, 9am-5.00pm Engine Rooms, Birchwood, Warrington
<p>PROGRAMME</p> <p>9.00am Registration</p> <p>9.15 am Welcome & Introduction to the day Janice Fausset-Jones; Lead Nurse LTV North West Operational Delivery Network</p> <p>9.30am Pre-learning Quiz (Slide) Cathy McDer ODN Educator</p> <p>9.45am Choosing and fitting Masks & Ventilator Circuits: Presentation and Practical session Meg Hancock; Specialist Physiotherapist in LTV & Liso Flowway; Physiotherapy Assistant; AHCH</p> <p>10.30am Break</p> <p>10.45am Aerogen Nebuliser & Humidification Helen Goodhousey; Aerogen</p> <p>11.15am Respiratoric Ventilators: Practical session; A40 pro & Dreamstation AHCH Ventilator Teams</p> <p>12.15pm Lunch</p> <p>1.00pm Breas Ventilators: Practical Session; Nippy & VVO RMCH Ventilator Team</p> <p>2.00pm 4 x Practical Workstations x 25 min each: SIMS x 2 Spot the Problem / Troubleshooting Ventilators / Circuits Humidification / Aerogen</p> <p>4.00pm Sleep Hygiene AHCH Physio Team</p> <p>4.30pm Feedback and Evaluation</p> <p>4.45pm Closing Session & Evaluations</p>	<p>PROGRAMME</p> <p>9.00am Registration</p> <p>9.10am Welcome & Introduction to the day Janice Fausset-Jones; Lead Nurse LTV North West Operational Delivery Network</p> <p>9.15am Pre-learning Quiz (Slide) Educators</p> <p>9.30am Wet and Dry Ventilator Circuits: Presentation and Practical session RMCH & AHCH Teams</p> <p>10.00am Ventilator Prescriptions, Respiratory Action Plans & Hand Ventilation Natalie Wilkinson</p> <p>10.30am Discharge Planning for Invasively Ventilated CYP Emma Anderson & Sinead Philips</p> <p>11.15am Break</p> <p>11.30am Palliation in Invasively Ventilated Patients Claire Halford</p> <p>12.30pm Aerogen Nebuliser & Humidification Flo Bergquist; AHCH</p> <p>12.45pm Lunch</p> <p>1.30pm Respiratoric & Breas Ventilators: Practical session; EVOs & Nippy 4 plus AHCH / RMCH Ventilator Teams & Respiratorics</p> <p>2.30pm 5 x Practical Workstations: SIMS in 2 groups (Energy) Ventilators (Fusion) Tracheostomies / Suction (SparkPlug) Spot the Problem / Troubleshooting (SparkPlug) Circuits / Humidification / Aerogen (SparkPlug)</p> <p>4.30pm Feedback, Evaluation & Closing Session</p>



Feedback from LTV Study Days:

Non-Invasive:

- Enthusiastic faculty
- Troubleshooting with colleagues and faculty
- Good balance of lectures and practical sessions
- The learning and networking
- Overview of the different vents
- Simulations, able to put learning into practice
- Opportunity to wear a mask and experience what treatment feels like for the patient

Invasive:

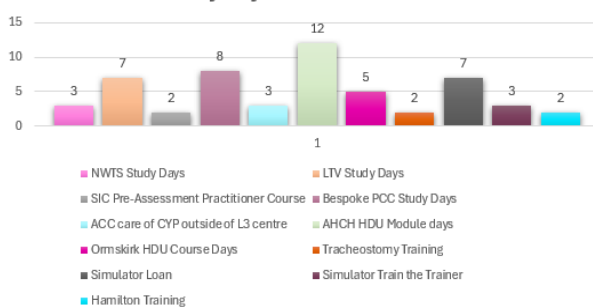
- Parents experience of life with LTV and palliation
- Great to have both tertiary centres in one room
- Presenters experienced, knowledgeable and friendly
- Discharge planning
- All the practical workshops & SIM sessions
- Group working & networking
- Setting up Ventilators & Aerogen
- Opportunity for hands on practice with equipment

7.5 Education Summary 24/25

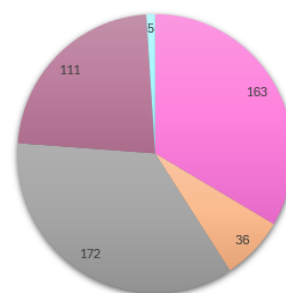
ODN Activity Data

Band 7 commenced September 2023 focus was conducting GAP analysis, visiting local educators and confirming who is in post where. Supporting HDU module at AHCH and Ormskirk, Organising and delivering Pre-Assessment Practitioner Course, Faculty for NWTs study days, Supporting in organisation of LTV NIV and IV study days, setting up Educator Forum, writing education strategy for region. Band 6 educators commenced in post May 2024 initial priorities connecting with their region educators organising and delivering bespoke study days, creating regional resources, development of e-learning platform, website and futures page and newsletter.

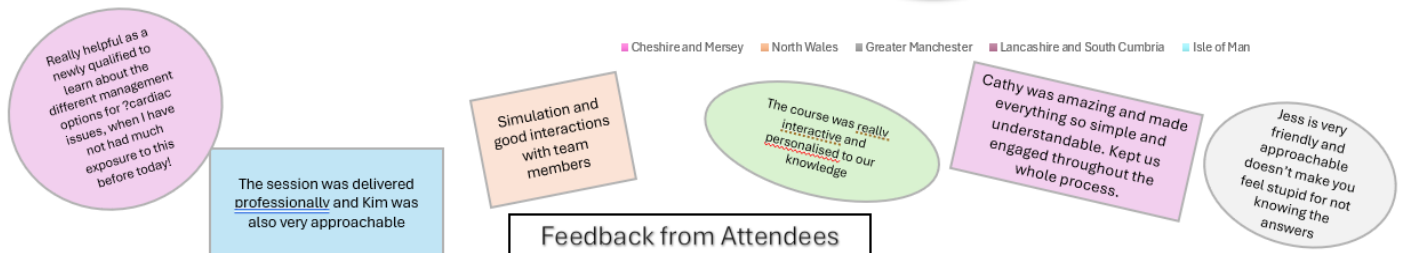
Study Days and Courses 2024



Total Number of Professionals Trained by Region 2024



A further 120 Candidates have been supported by the ODN team Attending module workshops for the AHCH HDU module – data on students' specific location unavailable



8.0 Governance

8.1 Guidelines

To ensure standardisation of care pathways across the region a key function of the ODN is to develop and review regional guidelines, policies, pathways and procedures to aid clinical and operational practice across the North West, North Wales and Isle of Man. To support this process the ODN adheres to the Guidelines, Protocol, Pathway and Policy Ratification Standard Operational Procedure. This document supports the ODN to ensure that it meets its governance responsibilities and conforms to risk management standards.

Utilising the service development fund monies for Level 2 the ODN has recruited a pharmacist to support the medicine management of new / updated ODN guidelines to support paediatric critical care pathways and management of patients across the region.

The ODN in collaboration with NWTs have developed and ratified a number of new / updated guidelines for the region.

- Standard operating pathway for the care of a critically ill child / young person under 16 years outside of the paediatric critical care level 3 environment in extreme and exceptional circumstances
- Care of a critically sick child / young person under 16 years outside of paediatric critical care level 3 environment in extreme and exceptional circumstances
- Intubation (acute paediatric) including Management of Difficult Airway Guideline
- NW Paediatric Abdominal Pain Pathway
- Management of Neonatal and Paediatric Hyperammonaemia
- Paediatric Arterial Ischaemic Stroke (AIS) Clinical Guideline
- Intraosseous Needle Insertion— Paediatric Guideline
- NW Pre-operative Assessment Best Practice Guidance
- LTV Escalation of Care Pathway

These have been shared with stakeholders and uploaded onto the NWTs and ODN websites to support the regions PCC SiC LTV pathways and support patient safety and access to equitable care and pathways.

8.2 Risk Register

The ODN has updated its processes to review and report risks. A standard operational policy will be developed in 25/26. The new process includes:

- The Networks autonomy to manage their own risks and establishment of governance processes to support risk management.
- Provider risks should be managed by providers and the Network should, maintain awareness of these risks and work with providers where necessary to support mitigating actions.
- Risks will be recorded on the ODN shared drive.
- The Network risks will be reviewed by the senior leadership team monthly or at an appropriate frequency in line with the severity and mitigations in place.
- Risks scoring <12, or those requiring escalation, input or support, should be presented at regular ODN Board meetings.
- Any risks requiring further escalation will be referred to the relevant NHSE Service Specialist or Programme of Care (PoC) group.

The risk register has been presented to the PCC SiC LTV ODN Governance Board. The top 5 risks identified by the ODN are in appendix 2.

8.3 Virtual Platforms – Website / X / YouTube

The ODN website has continued to be developed over the past 12 months:

<https://northwestchildrensodnhub.nhs.uk/>

The website has been designed for both stakeholders, and patients, carers and families across the region. The website contains the following information:

- ODN team members
- Stakeholders
- Education and learning
- Guidelines and pathways
- Patient and carer information including charities and information leaflets.

Stakeholders are encouraged to share information with the ODN to upload on the website so that best practice and learning can be shared across the region and is easily accessible.

To widen its reach and engagement on a regional and national level the ODN has created an X account. The account is in its infancy currently, being used to advertise study days and sharing research, webinars and appropriate PCC SiC LTV content:

https://twitter.com/NW_PccSiCltvODN

A YouTube channel has also been created to securely store and access educational content and in the future share appropriate PCC SiC LTV webinars and resources:

www.youtube.com/@NorthWestPCCSiCandLTVODN

In 2025 the ODN will explore the use of other social media platforms such as Instagram, Facebook and LinkedIn to strengthen its profile nationally.

8.4 Safe & Sustainable Health Services for Babies & Children programme. (Previously known as the NHSE Transformation programme)

The four workstreams of the Safe & Sustainable Health Services for Babies & Children programmes have been separated. As a result of this the paediatric critical care and surgery in children workstreams is no longer required to follow the major service change process. The ODN is highly engaged and supportive with the task and finish groups: methodology, estates, workforce, business intelligence, patient engagement, and elective recovery.

8.5 Budget - Month 12 (year end 2024-2025)

The PCC SiC LTV ODN has adhered to the allocated budget for 2024-2025. There is an underspend of £18,000 due to cancellation of planned study days due to unable to renew contracts for the education team pivotal to their delivery.

Table 8: Budget Summary year end 2024/2025

PCC SiC 2024/25 Month 11	£			£		
	YTD			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
Income from NHSE	407,651	407,651	-	407,651	407,651	-
Income from other sources (recurrent)		2,200	- 2,200		2,200	- 2,200
Income from other sources (non-recurrent) SDF monies agreed	184,868	184,868	-	184,868	184,868	-
Underspend from previous financial year (if applicable)			-			-
Total income	592,519	594,719	- 2,200	592,519	594,719	- 2,200
Costs - pay (please detail in the following slide)	591,219	537,461	53,758	591,219	537,461	53,758
Costs - non-pay	1,300	39,530	- 38,230	1,300	39,530	- 38,230
Total costs	592,519	576,991	15,528	592,519	576,991	15,528
Income less costs (overspend shown as negative, underspend as positive)	-	17,728	- 17,728	-	17,728	- 17,728
Narrative - Income						
Narrative - Costs						
UNDERSPEND £18k						
<i>Pay: £102k education team; £100k network director; £62k consultant input; £96k admin support; £171k senior nursing</i>						
<i>Non-pay: £18k training; £19k study days/events</i>						

8.6 Work Plan

The ODN have developed a comprehensive work plan for 2025-26 which aligns to the key domains linked to the ODN service specifications (see appendix 1). The key 2025-26 work programme of the ODN will:

- Continue to support the development and implementation of standardised pathways of care across the region flexing and targeting resources.
- Develop and implement network protocols to reduce variation in service delivery.
- Continue to engage with the local 'Safe & Sustainable Programme' and NW NHSE Specialised Commissioning.
- Continue the self-assessment process for the LTV and SiC providers across the region.
- Development of robust Surge Plan. Pan regional working across the wider North supported through Mutual Aid & clear escalation processes using 'Wider North' platform.
- Support collection analysis, report key indicators of outcomes, quality of care & patient & family experience.
- Continue to provide a comprehensive education programme to support PCC, SiC and LTV care across the region ensuring national competencies are utilised and standardising training material across the region to support patient care. It must be noted that this part of the workplan is at risk due to the end of fixed term contracts for the Band 6 nurse educators (May 2025) and Band 7 nurse educator (September 2025).

Joanna McBride
PCC SiC LTV ODN – Network Director
05.06.2025

9.0 Appendices

9.1 Appendix 1

Table 9: Work Plan 2025-2026

PCC	Core Functions	Objectives
Service Delivery - plan & manage capacity & demand	Develop, agree, and implement a collaborative approach to best practice pathways / models across the network that support improved patient flow (PCC capacity)	Clear understanding of commissioned bed base. Monitor occupancy through Pressure Gauge.
	Service Development Fund (provision for increase PCC)	Increase L2 service provision (non-tertiary centres). Clear process with Specialised Commissioning for 2025-2026
	Develop an approach to managing capacity and demand when services are under pressure (including Neonate / Adults when necessary).	Development of robust Surge Plan. Pan regional working across the wider North supported through Mutual Aid & clear escalation processes using 'Wider North' platform. Monitor caring for CYP outside PCC L3 unit in Extreme situation guideline in use.
	Work with ICB / Specialised Commissioning NHSE (L1 / 2 PCC) to understand the commissioned bed base within the NW region.	Monitor activity - clear understanding L1 / L2 provision. All local providers to submit to L1/L2 data collection activity.
	Work with commissioners to ensure adequate PCC transport provision.	Ensure necessary critical care transport systems are in place. Monitor critical care transfers - out of region transfers.
Stewardship of resources	Improve PCC flow. Improve effectiveness & appropriateness of use of high cost treatment & consumables.	Support the implementation of standardised pathways of care. Build confidence in local services to support early discharge. Work with other related network, flexing use of resources, targeting resources. Sharing best effect, insight & experiences.
		Monitoring of cancelled operations requiring a PCC bed admission.
Workforce	Work with CYP Transformation programme & regional workforce leads.	Engage with local 'Safe & Sustainable Programme' NW NHSE Specialised Commissioning. Complete workforce data collection tool where CYP services are provided. (Awaiting decision pending BI funding)
	Development of an education plan for PCC *	Facilitate beginner & advanced, specialist study days (with NWTs) (Specialist Study Day at risk as no education team)
		Development of a regional L2 critical care course. (At risk as no education team)
		Adult & neonatal critical staff to ensure mutual aid arrangements are in place in the event of a paediatric surge. (At risk as no education team)
Quality	Create a culture of Service Improvement, ensuring best practice models are embedded.	Complete a report following Self-Assessment of all providers. Share best practice models across the region. Monitor actions of Self Assessments. Timetable a programme for review of actions through planned meetings with providers.
	Support collection analysis, report key indicators of outcomes, quality of care & patient & family experience including use of PICANET / SUS	Continue to input data through the 'data collection' tool to monitor activity within the region. Access to PICANET /SUS data set for PCC units submitting to PICANET. Expand number of providers submitting to PICANET to not just tertiary centres.

Transformation	Plan, sustainable services that meet the needs of all patients. Co-design services with stakeholders	Work with NHSE / ICBs Transformation ' Safe and Sustainable Specialised Services Programme'. Appropriate network configuration – to ensure that spoke hospitals sit within the most appropriate network. L3 bed distribution – to ensure capacity in each hub is appropriate to demand, including unmet demand. L1/L2 bed distribution across the network, within both tertiary & local hospitals. Ensure that providers of L1, L2 and L3 services meet appropriate agreed standards.
		Equity of access for planned & unplanned care & appropriate escalation plans.
Population Health	Assessing need, improving inequalities in health, access, experience and outcomes	Develop and implement network pathways & protocols to reduce variation in service delivery, identifying those aspects of care that should be delivered at home or in spoke hospitals (L1, 2), and criteria for referral to L3, in line with national service specifications.
		Utilise data to identify geographical trends within region and work with ICB's to support better health and wellbeing for all CYP.

SiC	Core Functions	Objectives
Service Delivery - plan & manage capacity & demand	Reduce variation in clinical practice and improve treatment outcomes. Ensure care is delivered by appropriate clinicians & in appropriate settings.	Working towards standardisation of pathways. Clear models of care to improve CYP and families experience. Encouraging collaborative work with providers, other regions and ODNs. Regular sharing of information, audit, and development of forums.
	Cohorting surgical babies & CYP with rarest & more complex surgical conditions into the appropriate specialist trust.	Work with neonatal colleagues. Support TA / TOF network forum that is set up. Work with specialist networks and groups to support care delivery.
	Ensure that arrangements are in place to ensure urgent surgical conditions and emergencies can be managed promptly, as close to home as is safe, practical and appropriate, with clear pathways for referral and safe transfer to specialist centres when required.	Clear pathways / referral process are identified. Support the region through working groups, network forums, to support local guidelines / policies. GIRFT reports to prioritise pathways for development. Focus for 2025-2026 is Testicular Torsion / forearm fracture & revisiting Adenotonsillectomy pathway (with update guidance).
	Increase the use of day case surgery. GIRFT HVLC documents.	Focus on elective recovery: ENT. Support hubs /development. Engage with Elective recovery systems. Raise awareness of GIRFT and resources.
	Reduce unnecessary surgical procedures by applying evidence based surgical decision making. Reduce unwarranted variation in pathways and processes that lead to inefficiencies.	Development of pathways to support the region. Response to the data / evidence to determine priority of working groups pathway developments. Link with C7 as limited resources / specified Working groups identified.
	Develop an approach to managing capacity and demand.	Support mutual aid arrangements in place. Support region through pre-assessment / patient initiated follow up/ theatre utilisation tools / Evidence based interventions/ prioritisation tools. (At risk as no education team)
Stewardship of resources	Work with other ODNs to share resources to find efficiencies & target resources & share insight & experiences.	Work with pan regional / national teams. Develop working groups / course (pre-assessment) Looking at a post anaesthetic course / fractured femur course. (At risk as no education team)
Workforce	Work with CYP Transformation programme & regional workforce leads.	Engage with local 'Safe & Sustainable Programme' NW NHSE Specialised Commissioning. Complete workforce audit where CYP services are provided.

	Development of an education plan for SiC * cross reference Education section in this workplan.	Pre-assessment course (bi-annual) jointly delivered with West Midlands ODN. (At risk as no education team)
		Torsion Wetlab development with next 12 months. (At risk as no education team)
	Enable movement of staff through implementation of staff passports.	NHSE digital passports developing regional online version / provider collaborative portability agreement
Quality	Create a culture of Service Improvement, ensuring best practice models are embedded.	Complete self-assessment against national standards (GIRFT / NHSE). Share best practice models across the region.
	Information & involvement from CYP & families / carers is used effectively to drive improvement.	Identify outliers of KPIs for surgery.
	Establish & maintain systems for the collection, analysis & reporting of key indicators of outcomes, quality of care and patient and family experience and ensure data is submitted as required.	PPV guidance on ODN website. Continue to promote engagement with all region network forums & working groups.
Collaboration	Working together with individuals and organisation at local, system & national level.	Work with NHSE Bi Team. Monitor data using metrics on Model Hospital / SPeaDIT / SiC NHSE Dashboard / RADAR.
		Develop partnership arrangements with all relevant partners including national & local commissioners, providers, patients & families to plan services as a system rather than individual organisations. Include CYP locality network forums - Core20+5.
		Work with other networks within the region supporting care of the CYP through a Clinical Strategic Forum (North West Paediatric Partnership Board) - opportunities for shared solutions / resources.
		Share best practice (Regionally / Northern footprint / Nationally).
Transformation	Plan, sustainable services that meet the needs of all patients. Co-design services with stakeholders.	Actively participate in & support the national network meetings.
		Work with NHSE / ICBs Transformation ' Safe and Sustainable Specialised Services Programme'.
Population Health	Assessing need, improving inequalities in health, access, experience and outcomes	Equity of access for planned & unplanned care & appropriate escalation plans.
		Identify health service needs of children and young people in the population needing surgery.

LTV	Quality Standard	Objective
Service Delivery - plan & manage capacity & demand	Standardise models of care and patient pathways for patients requiring long term ventilation.	Standardise equipment provision across the region: purchase / maintenance / replacement.
		Adopt the MCLTVQS & GIRFT best practise pathways to improve patient experience and standardise care across the region
	Review models of care to support LTV patients to be cared closer to home & ensure equitable access to healthcare.	Ensure complex discharge processes are standardised: carer training / care package provision / housing / access to education & social care.
	Access to tertiary centres	Hub & spoke models. Access to third sector organisations (hospices). Local hospitals provision.
Staffing	Development of an education plan for LTV * cross reference Education section in this workplan.	Review escalation pathway & audit the process.
workforce		Facilitate Invasive / non-invasive regional study days. (At risk as no education team)

	Develop an education & training strategy to support LTV across the region.	Competences for staff providing care for children needing long term ventilation adopting the National Collaborative LTV and Tracheostomy Competencies. Access to comprehensive and standardised training materials for DGH, Community & respite staff. Development of a LTV course (At risk as no education team)
Quality	Create a culture of Service Improvement, high-quality practice and culture of continuous quality improvement, ensuring best practice models are embedded.	
	Information & involvement from CYP & families / carer is used effectively to drive improvement.	PPV guidance on ODN website. Continue to promote engagement with the region of forums.
	Establish and maintain systems for the collection, analysis and reporting of key indicators of outcomes, quality of care and patient & family experience & ensure data is submitted as required.	Submit data to the DLP NHSE Specialised Commissioning. Ensure accurate coding. Completion of the L1 /2 data collection set. Monitor admissions to tertiary & non-tertiary providers.
Collaboration	Working together with individuals and organisation at local, system & national level.	Work with third party / independent sector organisations to support respite / upskill training of staff.
		Share best practice (Regionally / Northern footprint / Nationally).
		Actively participate in & support the national network meetings.
Transformation	Plan, sustainable services that meet the needs of all patients. Co-design services with stakeholders.	Build solid relationships with ICBs in the delegation of services.
	Advise commissioners on the reconfiguration of services in line with national requirements including the impact of proposals on both patients and providers.	Equity of access for planned & unplanned care & appropriate escalation plans.
Population Health	Assessing need, improving inequalities in health, access, experience & outcomes.	Utilise data to identify geographical trends within region & work with ICB's to support better health and wellbeing for ill children.

Governance / Communication	Core Functions	Objectives
Governance	Host responsibility: Finance / HR support.	Monthly meeting with link colleague from specific departments.
	ODN Architecture: formally agreed constituted Board & governance structure clearly outlined.	Board bi-annual meetings.
		Oversight meetings - quarterly.
		Annual workplan agreed by formal board.
		Working group meetings to complete PCC SiC LTV workplan as required.
		Complete Annual report.
	Risk & audit governance committee (RAG).	Set up group & terms of reference.
		Continue robust guideline development & ratification process.
		Develop incident reporting framework.
		Risk register - aligned to host organisation / NHSE Specialist Commissioning register.
		Annual Audit programme developed & monitored.
	Audit pathways / regional position against local / national standards:	Closing the Gap
	PCC	Data collection (L1/L2 activity all providers) - local providers.
	SiC	TA / Abdominal - GIRFT / national documents.

	LTV	Escalation pathway - local.
	Workforce of Core ODN Team.	Business cases escalated to expand the core ODN team: Education Team Permanent (B7 x1 / B6 x3 locality Educator). CYP Engagement Lead. Increased Clinical Lead PAs (additional work for NHSE safe & sustainable programme). BAU / NHSE work paper submitted.
	Public & Parent Voice (PPV).	Promote PPV engagement via website / QR codes to join all forums. Support stakeholder events.
	Leadership & development support for the team.	Team meetings. Annual appraisal for each team member.
Education (At risk no education team)	Education Strategy for PCC SiC LTV ODN.	Monitor / review impact of education.
	Training Needs Analysis (TNA).	Regional educator (s) TNA baseline for workforce.
	Training Plan to support the delivery of care & function of the network: PCC.	Beginner Study Day PCC.
		Advanced Study Day PCC.
		Care of CYP outside L3 non-tertiary centre.
		Bespoke Days (meet demands of the region).
	Training Plan to support the delivery of care & function of the network: SiC.	Pre-assessment course (2 x course a year) jointly delivered with West Midlands ODN.
		Torsion Wet Lab development.
	Training Plan to support the delivery of care & function of the network: LTV.	Invasive study day.
		Non-Invasive study day.
		Regional competencies for staff.
Communication	Digital platforms - further develop & maintain content.	Website
		X
		Instagram
	Newsletter.	Quarterly (At risk no education team)
	Annual conference.	Showcase regional work / ODN collaboration

9.2 Appendix 2

Table 10: Top 5 ODN risks

Risk	Risk Score	Controls
The ODN is funded by NHSE with the news that NHSE will be abolished this leaves the Networks ongoing funding at risk, If the Networks do not receive ongoing support and funding as NHS structures change then this may result in fragmented care pathways across the system, inequity in access to specialised services for children and families, national standards not being implemented across the region, and poor communication between providers.	12	<ul style="list-style-type: none"> Network seeking assurance from National NHSE teams Network to link with ICBs around its function
If the ODN does not receive ongoing funding for the ODN Nurse Education Team this will result in: <ul style="list-style-type: none"> Financial cost pressure for the host organisation as fixed term contracts May & September Cancellation of planned regional ODN education days (NIV, IV LTV study days, PCC study days) Cancellation of bespoke training sessions focussing on individual provider needs including tracheostomy training, ventilator training to reduce education gaps. 	15	<ul style="list-style-type: none"> Education team business paper submitted to NW NHSE Senior Leadership Team proposing recurrent funding of ODN Education team-this has not been supported Education Strategy developed – rejected by NHSE

<ul style="list-style-type: none"> • ODN work programme will be severely impacted due to lack of capacity to complete education within the current core team. • The NW Women's and Children's Safe and Sustainable Programme being delayed affecting patient flow. • Inequity of care closer to home for PCC & LTV patients. • Training for Adult Critical Care teams who care for children requiring L3 care outside of a tertiary centre during surge will no longer be provided adding increased pressure on adult critical care teams and pressure in the system around demand and capacity for L2 & L3 PCC beds in times of surge, mass casualty, major incident events. • Regional Pre-Operative Assessment Course will be stopped due to capacity of the team providing the training and qualifications of remaining team members. This will have a major impact on the NW and Midlands region for preoperative assessment in local provider organisations and quality and safety and equitable care for children and young people across the region. • The lack of the preoperative assessment course will impact elective recovery and theatre utilisation across the region. Closing the Gap- actions to reduce waiting times for children and young people-recommendations is to ensure all children go through preoperative assessments as a standard. • Increased pressure on already stretched local Education Teams. • Lack of clinical supervision for local educators • Increased pressure on Level 3 PCC beds as CYP not able to remain in local DGH closer to home. Patient safety risk to transfer unstable CYP. This will impact on surgical cancellations within the tertiary centres. • Minimal training / education and competence to support CYP closer to home. • No consistency in the delivery of the education and training across the region. The ODN Education Team gives quality assurance in the standard of the education provided to the DGHs. • The ODN would be an outlier nationally without an education team and this would not adhere to PCC / GIRFT standards and the PCC and SiC Network Service Specification. • The ODN will not have representation on the National PCC SiC Nurse Educator Groups. This will mean the voice of the NW region will not be represented and the region will not receive updates around national standards and resources for education. The ODN will also not be able to work collaboratively with other ODNs due to lack of educator resource in region. 		
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<ul style="list-style-type: none"> • The ODN will struggle to recruit into future education roles as the region will have lost confidence in ODN roles and sustainability of the Network. • Increased pressure on core ODN team resulting in poor retention and job satisfaction. • Maintenance of Moodle education platform and Website Education Pages will no longer be viable in the current core ODN team. 		
<p>Following the Covid Pandemic the surgical waiting lists for children in the North West region have not returned to pre covid baseline. If the ODN does not support the locality and national recovery plans, then there is risk that children will not be assessed and treated in a timely manner and there is a potential for adverse patient outcomes due to delay in assessment and treatment of medical conditions.</p>	12	<ul style="list-style-type: none"> • Ensure utilisation across the region of the Elective Recovery Fund: <ul style="list-style-type: none"> ○ Super Saturday additional session. ○ Hub/temporary sites (HVLC surgery). ○ Link in with the SiC National ODN. ○ Link in with locality surgical recovery plans. ○ Support mutual aid plan for recovery. • Ensure the ODN has access to data across the region on: <ul style="list-style-type: none"> ○ Waiting lists ○ Theatre capacity ○ Surgical procedures across sites ○ Workforce, education, training ○ P levels of patients ○ Referrals processes ○ Evidence based interventions ○ Advice and guidance. • Regional ICB's and providers to ensure efficient patient flow through the surgical patient pathway to include: <ul style="list-style-type: none"> ○ Preoperative assessment ○ Effective theatre list planning ○ Utilisation of surgical day case hubs ○ Right patient, right place ○ Participation in the ODN work programmes to support the implementation of GiRFT pathways • The ODN to engage with the Further Faster workstreams. • To complete SiC self-assessments across the region to identify gap and best practices in service delivery.
<p>If children requiring LTV are unable to be cared for close to home during an acute medical episode or as part of the discharge planning process in their local DGH due to L2 beds, there is a risk that this will impact:</p> <ul style="list-style-type: none"> • The psychosocial needs of the children and their family • Patient flow will be impacted within the critical system 	12	<ul style="list-style-type: none"> • Facilitate education packages across the Network • Review of L2 beds across the North West as part of the NW Women's and Children's Safe and Sustainable Programme • To develop pathway for care package support to continue when child admitted to a L2 centre. • To ensure LTV pathways are considered as part of the NW NHSE Women and Children's Safe and Sustainable Programme • Ensure the L2 centres have access to the appropriate AHP and rehabilitation services required by the patient cohort.

There are increasing all year demands on L2 and L3 paediatric critical care beds across the Network. To ensure patient flow across the system there needs to be a review of the L2/L3 capacity across the Network to ensure it meets the demands of the local population. If capacity is not reviewed across the Network there is a risk that children will not receive the right care, at the right place at the right time.	12	<ul style="list-style-type: none"> • Flex bed capacity in DGHs to accommodate HDU/L2 children. • To collect regional bed data across the Network (Pressure Gauge). • Review pressure gauge data quarterly. • To complete the L1/L2 PCC data collection
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