

# **UPDATE REPORT OF THE TERTIARY PAEDIATRIC CLINICAL PERFORMANCE TASK GROUP IN RELATION TO SPECIALISED SERVICES AT BIRMINGHAM CHILDREN'S HOSPITAL NHS FOUNDATION TRUST: MARCH 2009**

## **1. Purpose**

This report updates national and local commissioners on work completed and in progress in relation to the Birmingham Children's Hospital NHS Foundation Trust. It provides commissioners with a position statement and outline of future work.

## **2. Background**

The Tertiary Paediatric Clinical Performance Task Group (TPCPTG) was established in November 2008 to address the issues raised by clinicians in relation to Birmingham Children's Hospital NHS Foundation Trust (BCHFT). It is a formal sub-group of both the WMSCG and NSCG. It has taken forward a range of work and initiatives and is continuing its work. During November 2008 we identified 10 key issues for immediate action and assurance and developed an action plan which responded to the full range of issues raised in the four specialities of renal transplantation, neurosurgery, liver transplantation, craniofacial services and interventional radiology which provides support to these services.

Progress reports have been made to Specialised Commissioning Group (SCG) at its December 2008 and January 2009 meetings as well as the National Specialised Commissioning Group (NSCG) at its December 2008 meeting. Further briefings have been made directly to PCTs and SCGs during this period. The group has initiated and overseen progress on the action plan parallel to the preliminary enquiry by the Health Care Commission.

## **3. Current Position**

### **3.1. Healthcare Commission (HCC)**

The Healthcare Commission initiated a preliminary inquiry at Birmingham Children's Hospital NHS Foundation Trust (BCHFT) and University Hospitals Birmingham NHS Foundation Trust (UHBFT) in December 2008 at the request of the Secretary of State for Health. Production of their report was delayed pending a further visit in February 2009 in response to further issues raised in neurosurgery and renal transplant during this period.

As part of their inquiry the HCC also interviewed commissioners of services at Birmingham Children's Hospital (Heart of Birmingham Teaching PCT, Specialised Commissioning Team (West Midlands) and National Specialised Commissioning Group) in January 2009.

The final report is not yet available although a draft version has been sent in confidence to check for accuracy to the two Trusts and commissioners w/c 2<sup>nd</sup> March 2009. It is expected that the final Healthcare Commission Report will be published by the end of March 2009.

### **3.2. Tertiary Paediatric Clinical Performance Task Group and Joint Commissioners Action Plan.**

Further to earlier progress reports the TPCPTG has continued to meet and take forward the Joint Commissioner Action Plan to address the issues raised in relation to BCHFT, with regular discussion with members of the Executive team at BCHFT. We have also shared the

Action Plan with management and clinical staff at University Hospitals Birmingham Foundation Trust.

In addition, the Chair of the TPCPTG, the SCT(WM) Director and Public Health Consultant have variously participated in meetings with the following clinical staff groups to discuss and understand the broader context and background to the specific issues raised:

- UHBFT clinicians with sessional commitment at BCHFT.
- UHBFT and BCHFT renal transplant clinical staff.
- UHBFT and BCHFT neurosurgery clinical and managerial staff.

Further to these most recent discussions, TPCPRG identified a range of concerns about leadership, management capacity, management – clinical relationships and absence of multi-disciplinary clinical teams with the Chief Executive of BCHFT and subsequently, the Chair of BCHFT. The Chair of the Task Group has written to the Chair of BCHFT summarising these concerns and offering to meet to discuss these further. (See section 4.1. below)

Monitor has been kept informed of the role and work of the Task Group and its findings to date. Monitor called a meeting of Chairs, CEOs and Medical Directors of both BCHFT and UHBFT on 4<sup>th</sup> March 2009.

As a result of this process the TPCPTG has re-confirmed their risk assessment of the services in question as low, subject to early mitigating action to be taken both in renal transplant, and as a priority in neurosurgery. TPCPTG will continue to support both Trusts in developing service models for this range of specialist activity which are resilient, safe and will enable children to be treated as far as possible in the region.

#### **4. Continuing Work**

In carrying out this detailed assessment of services provided by BCHFT the TPCPTG has become aware of a number of themes which need to be addressed and resolved in order to ensure increased resilience, sustainability and capacity within the system to underpin the provision of these services. An outline summary of these themes is provided below. A number of these have been highlighted to commissioners before as part of the ongoing work of the TPCPTG; others have been identified more recently via the meetings with clinical staff referred to above. These are split into organisational and operational issues.

##### **4.1. Organisational Issues**

The organisational issues can be broadly categorised as falling into the following areas:

- Board level leadership
- Management – clinical relationships
- Core management capacity
- Effective multi-disciplinary clinical team working

As described above, the TPCPTG has written to the Chair of BCHFT providing a detailed paper setting out the context and specific issues involved and offering to meet to discuss this further.

##### **4.2. Operational Issues**

The TPCPTG requires early action on a range of issues relating to theatre management; as follows:

- Increased availability of scrub nurses with relevant skills and experience in key specialities

- Increased availability of theatres at specific times.
- Improved demand and capacity planning to adequately schedule and support specialist surgical cases.

A full review of theatre capacity, workforce and specialist equipment is now required, particularly given the increasing diversion of core secondary care surgery into BCHFT and the risk of displacement of specialist work. This work will be addressed within the broader region-wide strategic review of paediatric surgery, but will require a dedicated sub-group, which will also report back to TPCPTG.

### **4.3. Wider Issues Identified by the Task Group**

#### **4.3.1. Interventional Radiology**

A range of issues have been raised in relation to capacity and availability of interventional radiology (IR) to support specialist surgery at BCHFT, and more routine work, including siting of central lines. As previously reported IR is a new and developing speciality which, experience in adult services suggests, has the potential to improve the provision of a wide range of existing services for children.

The Chair of the TPCPTG has identified the need to horizon scan, plan for and prepare for the possible wider introduction of IR into mainstream healthcare services on a national basis. This will cover equipment, standards, workforce and training. Following communications by Sophia Christie with Sheila Shribman, National Clinical Director for Children, Families and Maternity, and Dame Carol Black, President of the Royal College of Physicians the Task Group has contacted the newly established National Imaging Working Group requesting that it give particular attention to the requirements for the safe and resilient development of IR through a dedicated sub-group, which would maintain explicit links to National Specialised Commissioning Group (NSCG) and the TPCPTG.

#### **4.3.2. Cochlear Implants**

In the context of existing pressure on theatre capacity at BCHFT, ENT surgeons have expressed particular concern that the recent publication of revised NICE Technology Appraisal Guidance, "*Cochlear Implants for children and adults with severe to profound deafness*" (NICE TAG 166, 28<sup>th</sup> January 2009) will place significant additional demand, which the current provision is not in a position to meet. Given that the guidance would require significant increases in workforce in already scarce specialities (e.g. audiology) as well as significant additional theatre time, commissioners are concerned that this is a national issue, in which the majority of local health economies across the country will not be able to meet the usual 3 month implementation deadline, in the context of new responsibilities under the NHS Constitution which place us at risk of public opprobrium and significant legal costs, when we are unable to comply. This issue has been raised with colleagues at NSCG and is subject to a separate NSCG agenda item requiring a national resolution.

Initial estimates for BCHFT is that c.250 children would be immediately eligible for consideration although it is anticipated that rather less will wish to opt for second implant. Despite their relative rarity and cost, cochlear implants for both children and adults are currently commissioned individually by each PCT. As local co-ordinating commissioner for BCHFT, HoBtPCT has agreed to lead on developing the approach regionally with the support of SCT(WM). Given the implications of the guidance it is essential the West Midlands achieves a co-ordinated approach to implementation across the region.

#### **4.3.3. Reporting of Serious Untoward Incidents (SUIs)**

Developmental work is in progress with BCHFT to improve the SUI reporting system and clinical understanding of the process. A workshop was held on 20<sup>th</sup> February 2009 attended by staff from SCT(WM), BEN PCT, HoBtPCT, BCHFT and UHBFT to facilitate training arrangements and root cause analysis and investigation. This was very constructive and the

findings will be incorporated into revised SUI reporting arrangements in Section 12 of local NHS acute contracts. A summary of this will be produced for the West Midlands PCT Chief Executives meeting to facilitate consistency across the Region.

#### **4.4. Review of Demand and Capacity for Specialist Paediatric Services in West Midlands**

PCTs and WMSCG had previously agreed in September 2008 the need to conduct a significant demand and capacity analysis to understand the impact of changing epidemiology and service capacity in all paediatric surgical activity, both secondary and specialist. Initial consideration and scoping of this has confirmed that both in the light of the themes emerging from the TPCPTG in terms of capacity for specialised paediatric services, and also in order to fully understand and exploit the potential opportunities for service re-design and maximisation across all paediatrics it is essential that this considers activity as a whole across the region, and in neighbouring units..

A paper will be produced on this by the existing Task Group which further develops the Project Initiation Document signed off by WMSCG in December 2008 for discussion at the West Midlands PCT CEOs meeting. In outline it will need to address the impact/opportunities of the following as a minimum:

- Changing need for services; (Epidemiology, changing treatments and thresholds, improving survival rates).
- Guidelines published in the last 2 years on: Paediatric anaesthesia, paediatric surgery, Children in A and E, Reconfiguration Framework (RCPCH), Commissioning Safe and Sustainable Specialised Paediatric Services, IOG for Children with Cancer.
- Paediatric cardiac congenital / paediatric neurosurgery national work programme.
- Designation; Emerging SCG Designation Frameworks, new standards for PICU - others to follow.
- EWTD/Reconfiguration Vulnerable Services.
- Multiplicity/interaction of commissioners (national, regional, LCCB, PCT,PBC)
- Multiplicity/interaction of providers (specialist, larger DGH, local DGH, outreach, networking).
- CPG Pathway and workstream.

#### **6. Summary**

National and local commissioners are asked to **NOTE** this report for information.