

COMMISSIONING SUMMARY OF CLINICAL CONCERNS – TERTIARY PAEDIATRICS

MASTER ACTION PLAN – 30TH JUNE 2009

1. The Tertiary Paediatric Clinical Performance Task Group was established by commissioners in November 2008 to oversee and performance manage the response to the clinical concerns raised regarding tertiary paediatric services provided at Birmingham Children’s Hospital NHS Foundation Trust [and supported in their delivery] by University Hospital’s of Birmingham NHS Trust.
2. Since November 2008 a single overarching action plan has been developed by the Task Group. This action plan has been regularly updated to incorporate additional actions identified by the Task Group itself during its review/external reports available to the Task Group.
3. The Action Plan references the following sources:
 - 3.1 OR – Original Report prepared by Diane Reeves, Medical Director South Birmingham PCT on behalf of commissioners 2008.
 - 3.2 TG – Updated recommendations requiring actions proposed by the Task Group.
 - 3.3 HR – Additional recommendations highlighted in the Healthcare Commission Summary of Interventions report dated March 2009.
 - 3.4 MR – Additional recommendations proposed from BCHFT/UHBFT in response to letter received from Bill Moyes on 9th March 2009.
4. BCHFT/UHBFT will use the commissioner led action plan as the basis for the plan overseen by Monitor. BCHFT has been requested to submit any additional actions they have jointly agreed between the two Trusts to the SCT [WM] for incorporation/sign off (These have been agreed and incorporated into the Master Plan) .
 - The SCT [WM] is responsible for updating the action plan and ensuring all progress is evidenced and logged against individual actions. A full audit/log of any additional actions is being kept by SCT(WM).The action plan will be audited against a colour coded assessment of progress by the Task Group

Red	Action not on target and/or significant risks identified.
Amber	Action on target but risks identified.
Green	Action on target and no risks identified.

Signed: Chief Executive BCHFT Chief Executive UHBFT Chair SCT Task Group

COMMISSIONING SUMMARY OF CLINICAL CONCERNS – Action Plan

SPECIALTY:	Liver Transplant
LEAD COMMISSIONER:	NCG

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current progress reported against Action Plan [10.08.09]	Evidence Provided To Task group	RAG
OR1	Review the Hospital at Night model	<p>The model has been fully risk assessed at every stage and signed off by the Clinical Risk Group/EMT and the Board. The only risks referred to are those on the risk register that are accepted and managed. Therefore the only action is re-communicate the risk register and that the organisation accepts, manages and monitors the risks.</p> <p>Access to IR will be available against an operational policy which is acceptable to BCH and UHB staff.</p>	<p>Model agreed</p> <p>SLA agreed with associated operational policies</p>	29 th September 2009	CMO	<p>Rationale for current rota structure has been extensively discussed with Liver Team by BCH Deputy Chief Medical Officer.</p> <p>The strengthened Surgical SpR team (see OR2 below) will also address some residual concerns.</p> <p>It has since been acknowledged that options for a Liver Hospital at Night service requires further examination. Liver speciality discussed options (14/5/09) and have produced an option appraisal to go to BCH Board in September.</p> <p>Independent external review to be commissioned – ToR</p>	<p>Letters and communication to consultants from Deputy CMO provided to Task Group May 09</p> <p>(OR1 to be rated Green once physical evidence provided to Task group and feedback from NSCT meeting on 29/4/09)</p> <p>Option appraisal to be presented to EMT BCHFT in July and Trust Board in September 2009.</p> <p>Risk Assessment completed.</p> <p>Terms of Reference for external review</p>	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current progress reported against Action Plan [10.08.09]	Evidence Provided To Task group	RAG
						<p>developed by Vin Diwakar and Prof Kelly 30th June.</p> <p>Path and timeline set out by Mo Hussain for completion of review. Further meetings held August 2009 to progress mitigating actions for the risk assessment.</p>	<p>Time line sent to SCT August 2009</p> <p>Risk assessment sent to SCT August 2009</p>	
OR2	Achieving a 48-hour compliant surgical rota by August 2009 (currently complies with 56 hours)	<p>Develop Hospital at Night Model for Surgery so juniors from all specialties cross cover</p> <p>Resolve EWTD working hours reduction</p>	48 hour compliant	By 31/01/09	CMO	<p>Option appraisal written by Deputy CMO. Full consultation with UHB surgeons. Preferred option requires 2 extra SpRs. Bid submitted to SHA and supported by HOB. NCG aware of submission.</p> <p>Additional rotational SpR post now to be provided by UHLeicester. Plan agreed 19th MarchBCH/NCG will fund 2nd additional post. Recruitment to occur in time for Aug rotation. Meeting took place on 27/3/09 to review options. Meeting scheduled NCG in July to present business case for additional SpR Post</p>	<p>SpR EWTD option appraisal paper provided to Task group May 09</p> <p>Record of discussions provided to Task Group May 09</p> <p>Funding for additional posts confirmed internally.</p> <p>NSCT meeting held on 29/4/09 and RAG score to be reviewed post meeting.</p>	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current progress reported against Action Plan [10.08.09]	Evidence Provided To Task group	RAG
		May require additional 1 or 2 SpRs (to be confirmed)	1 st August house changes In place	By 01/08/09	CMO	<p>Regular weekly update discussions with Clinical Lead and Lead Surgeon</p> <p>Trust to put business case to NCG to fund short fall in current service provision. This is to include funding of 2nd SPR post This will be discussed at a meeting in July with NCG. Business Case for funding to be developed for NCG by CFO BCH and Clinical Lead Indra Van Mourik NCG refused funding for 2nd post (July 2009) business case to go to BCH Board</p>		

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current progress reported against Action Plan [10.08.09]	Evidence Provided To Task group	RAG
OR3	Concerns about physical capacity/ability to admit patients given growing demand for services	Increase general bed capacity across the Trust to maximum physical capacity (delivering an additional 10 beds)	10 beds open	By 31/01/09	COO	Shifts to cover additional beds out of the Nurse Bank pending recruitment of additional staff. At present this is being used Flexibly depending on operational priorities. Bank staff utilised to maximise use of existing bed stock as required. All Liver beds open – wider risk to overall bed availability	Beds confirmed as open using a range of staffing resources (including bank staff) BCHFT to confirm long term plan for the beds and their use to the next Task group meeting – IMAS work commenced to support demand and capacity review	Yellow
		Liver Bed management and admission procedures to be reviewed.	Review completed and decision taken regarding bed management	By 01/12/08	COO	Waiting list management and bed management procedures for Liver Service now being harmonised with rest of Trust. Audit required by 31/03/09 and now completed. Meeting with David Eltringham/Chris Emerton and Karen Helliwell 20/4/09	Copy of review provided to Task Group May 09 Feedback from NSCT meeting on 29/4/09	Green
OR3 Contd								

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current progress reported against Action Plan [10.08.09]	Evidence Provided To Task group	RAG
		To develop a robust long term plan to deliver a sustainable service across the city			SCT WM /COO	Process to be discussed and timeframe to be agreed with Task Group at the next meeting	Strategic event planned for October 2009	

SPECIALTY:	Renal Transplant
LEAD COMMISSIONER:	SCG

New Issues Raised/Added to Commissioner Led Action Plan Post November 2008 – Renal Transplant

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress reported Against Action Plan (As at 10/08/09)	Evidence Provided to Task group	RAG
TG9	Trained Scrub Nurses	<p>Agree minimum number of trained BCH scrub nurses that are required to sustain a viable service and ensure that there are always the required number available to cover the service</p> <p>Develop a programme of continuing education to strengthen resilience across the theatre team which ensures that competent staff in scrub and support roles during Renal Transplant work available</p>	<p>The number confirmed and identified individuals who will fulfil that compliment, and the dates by which they will be fully trained.</p> <p>Programme in place</p>	<p>05/03/09</p> <p>September 09</p>	Directors of Nursing	<p>Scrub team currently covering renal to ensure safe operation of the service.</p> <p>2 trained renal scrub nurses providing cover for all transplant under a 12 month agreement with UHBFT</p> <p>DE/CE/KH meeting held on 20th April 2009 HW meeting held with MM 5th May re future requirements</p> <p>OOH cover as per OR4 RAG reviewed Karen Helliwell and Chris Emerton 19th June remains amber until confirmation of</p>	<p>Confirmation of long term plans to be provided</p> <p>Copy of documented agreement to be provided</p> <p>Training plan provided to SCT May 09.</p> <p>Clear timeline agreed by Directorate to develop a theatre workforce plan by the end of September 09.</p> <p>Renal Scrub Nurse competencies sent to SCT July 2009</p>	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress reported Against Action Plan (As at 10/08/09)	Evidence Provided to Task group	RAG
						arrangements post 12 month contract expiring. First draft workforce plan has been completed to be discussed at Directorate 3 meeting August 2009.		
			Funded secured daily reviews happening		CMO UHBFT	Agreement on longer term plans required October 2009 Strategic event planned by SCT		
TG29	Sustainable levels of support to be provided.	Immediate review of capacity.	Agreed capacity plan with SCG.	30/5/09	COO / SCT[WM]	Meeting with Daphne Austin 30/03/09. Full business case to be developed to create jointly agreed robust long term plans for future developments. Capacity and Demand work commenced with IMAS support 18 th May.	IMAS brief sent to Task group May 09 October 2009 event planned by SCT	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress reported Against Action Plan (As at 10/08/09)	Evidence Provided to Task group	RAG

SPECIALTY:	Cranio-facial
LEAD COMMISSIONER:	NCG

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress reported against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
OR6	Insufficient management input into the service to allow it to develop and execute a clear strategy	COO to provide personal leadership until the strategy is clear and agreed	COO meeting with Clinical Lead on strategic issues and attending NCG Reviews	On-going. COO attended last NCG session on 09/10/09	COO	<p>Several meetings have taken place with the Clinical Lead and wider team and commitment to attend all NCG meetings met to date</p> <p>The action continues with COO committed to attending meetings and providing leadership as appropriate/</p> <p>Weekly face to face meetings with management lead and surgeon.</p> <p>Meeting with KH/DE/CE</p> <p>Special measures introduced by COO to</p>	<p>Feedback from NSCT required on leadership changes (RAG to be reviewed post feedback).</p> <p>COO and CFO attending NCG meetings to provided leadership assurance.</p> <p>Substantive Service Manager post appointed 6th July 2009.</p>	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress reported against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
						mainstream performance management of the service from July 2009.		
		Assess current waiting list to determine actual numbers and waits Plan to deliver a backlog of 18 patients via waiting list initiative sessions. Workforce and capacity plan to be developed in line with commissioner requirements A Service Level Agreement underpinned by clear and agreed operational policies will be in place and regularly reviewed.	Waiting lists assessed Agreed plan in place Agreed plan in place SLA	Achieved 17 th May 2009 6/4/09	COO	Assessment completed including number of additional sessions required to treat backlog. No patients actually meet the scientific definition of 18 weeks but should be treated once ready. NCG have agreed to fund 17 additional patients identified as 'long waiters' as at January 2009. 5 patients treated as at 30 th June. Revised plan and trajectory developed and will be performance managed through directorate reviews. Following waiting list validation in April there remain 15 patients to be scheduled over the next 2 months to clear the backlog. Meeting held on 20/4/09 with Karen Helliwell, David Eltringham and Chris Emerton	Updated position to red following a meeting held on 17 th April Revised plans required on both the short term and long term position NCG to discuss urgently with BCHFT to agree rectification plan SLA signed and additional sessions commenced Total of 5 of the 18 backlog patients will be treated by end of July 2009. 6 squint patients scheduled for theatre by end of August 2009. Locum consultant commences in post	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress reported against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
						<p>Meeting held with ASD Directorate 4 and Mr Nishikawa 21st April and outline action plan agreed. To include transfer of plastics list to Cranio Facial, additional locum sessions and additional ophthalmology session to clear "squint" patients. At risk appointment to additional consultant post.</p> <p>A plan to develop a sustainable and resilient position for the service was developed for presentation to NCG end of March 2009. Further meeting scheduled 12th May.</p> <p>Interim additional Band 7 management support being secured to provide additional capacity for Directorate 4.</p> <p>Craniofacial surgeon identified for additional sessions, need to recruit locum maxillofacial Consultant for 5 sessions. Talks in progress with</p>	15 th July 2009.	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress reported against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
						<p>UHB re joint appointment for additional sessions to make post more attractive. Potentially may need to make this a substantive post</p> <p>Review of waiting list in April identified the backlog as 18 patients</p> <p>Further review of waiting list completed June 09</p> <p>27 patients waiting including reduction in the age from 18 months to 12 months</p> <p>Agreement to risk appoint a substantive plastics consultant gained at EMT 16/6/09. Commenced in post 15th July 2009.</p> <p>List now down to 11 from the original 18(August 2009)</p>		
OR7	Lack of demand/capacity work undertaken leading to the build up of perceived 18-week waiting list	Assess on-going capacity needs and how these will be delivered.	Capacity Plan determined.	By 19/12/08	COO	<p>Draft document completed by Clinical Lead. Currently being validated by Clinical Director for presentation to COO and EMT.</p> <p>The draft document here has been used to reach the interim agreement to fund short-term additional capacity with the NCG and to create the brief for</p>	<p>NCG to pick up rectification plan</p> <p>Letter from NSCT approved business case with £414K additional non-recurrent funding As at 11th August</p>	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress reported against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
						a longer-term demand and capacity planning exercise. Clinical Team pleased with commitment to resolve the issues and are 'signed up' to the short term plan but remain concerned until recurrent capacity is commissioned/in place Agreement on business case with NSCT in August 2009		
		Bid to NCG for recurrent funding	Bid submitted	19/12/08	COO	Revised bid underway	Approved non recurrent funding in August 2009 (as crainiofacial will have national tariff from 2010/11 that will take account of levels of activity	

New Issues Raised/Added to Commissioner Led Action Plan Post November 2008 – Cranio-Facial

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress Against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
TG11	Treatment of patients	BCHFT to confirm treatment of 18 identified patients to NCG	Waiting list reduction/list of treated patients	By 31/03/09	COO	Refer to comments at OR 7. Consultant plastics list to be dropped and transferred allocation to Craniofacial 31/3/09 Business case developed submitted to EMT for approval 15/6/09- further work requested Additional internal monitoring arrangements started in July. Further meeting with Task Group and Monitor August 2009	Not completed Rectification plan now agreed with NCG BCHFT now on target to complete by April 2010 .Current position list reduced from 18 waiting to 11 (ahead of rectification plan to date).	
TG12	Commissioner engagement	BCHFT to review communication/engagement with NCG to ensure consistency in approach across managers and clinicians	Feedback from NCG on responsiveness and consistency	By 31/03/09	COO	Meeting held 24/3/09 Further meeting planned 12 th May. Weekly face to face meetings being held with Clinical Leads and surgeons	Feedback required from NCG on responsiveness	

SPECIALTY:	Interventional Radiology
LEAD COMMISSIONER:	SCG/NCG

New Issues Raised/Added to Commissioner Led Action Plan Post November 2008 – Interventional Radiology (Renal)

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress Against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
TG17	On call IR rota	As per MR17 a robust longer term service plan to be developed which include appropriate on call arrangements	Strategic Plan for IR	December 09	CMO's	Process and timelines to be agreed with Task Group at next meeting RAG reviewed Karen Helliwell and Chris Emerton 19 th June	October 2009 event planned by SCT Risk assessment sent to SCT August 2009 (If approved will go green)	
OR 10	Lack of facilities and equipment to carry out procedures.	Develop access to second suite within imaging –	Business case for second suite completed	Spring 2009	COO	Business case underway for 2 nd fluoroscopy suite. Radiology Strategy paper completed. Capital approved by BCH Capital Planning Group June 2009. Scoping whether lease/rental arrangements.	Discussion held with commissioners on 11 th June and timescale for review to be agreed (see comment below)	
		Internal development plan for increased access needed by end July 2009 showing timeline, staffing and process for completion.	Second suite ready for use	Late 2009	COO	Raised health economy wide issues with CPG/OWG and SCT as longer term solutions to meet demand for the	Demand and capacity plan to be provided when completed.	

						<p>service are needed. Staff recruitment and training plans required.</p> <p>Assessment of future demand established through meeting with IR and Liver, Renal, Craniofacial,Neuro and Plastics completed.</p>	<p>Development plan sent to SCT August 2009-If approved will go green.</p>	
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SPECIALTY:	Neurosurgery
LEAD COMMISSIONER:	SCG

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress Against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
OR11	Concerns about staffing levels/competencies on Ward 10	Fully implement Paediatric Early Warning Scoring System (only ward in the hospital remaining)	Compliance audit completed and available	Initial audit already achieved	COO	Recent audit demonstrates compliance amongst nursing staff, Need to agree escalation process for Junior Medical Staff as part of agreeing overall objectives with the Clinical Lead outlined below. Confirmed that escalation process is as per generic PEWS policy. Medical staff education has taken place. RAG reviewed Karen Helliwell and Chris Emerton 19 th June Remains amber pending a report on staffing levels	Completed audit and compliance with nurses Clarity over PEWS/Glasgow score system to be used to be agreed with consultants RAG to be reviewed following SCT review 16/6/09 SCT require a short report on staffing levels as evidence before GREEN rating Report included in update summary for Task Group on 21 st July .	
		Improve Nursing capacity/leadership	Recruit to vacant posts, reduce turnover. Bring high performing Ward Manager into this area.	3 months to recruit. Ward Manager in place.	CNO	Recruitment complete to key nursing posts continues. May 09 Ward Manager Ward 10 has now commenced in post May 2009	Confirmation required re increased numbers /vacancies /turnover to Task group Recruitment complete	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress Against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
							RAG to be reviewed following SCT meeting 16/6/09 – report on staffing levels needed as evidence for SCT before GREEN rating. Report included in Task Group summary paper for meeting 21 st July. Agreed green in July 2009.	
		<p>Improve medical capacity/leadership</p> <p>The neurosurgical team to be fully established with agreed model of care in place .Agreed with UHBFT and commissioners</p>	Recruit to vacant post. Be clear about expectations of clinical lead.	Post out to advert in advance of College approval to expedite. Agree objectives with clinical lead by 19/12/08	CMO	<p>Meeting arranged for 3.3.09 involving commissioners, UHB and BCH teams to discuss concerns</p> <p>SHO recruited, commenced in post 30/03/09</p> <p>1 SpR appointed Marcelo Volpan - GMC registration received awaiting work permit (expected within next 3 weeks).</p> <p>Further SpR appointed awaiting GMC registration.</p> <p>One Consultant post recruited to(Desi Rodrigues) - discussions to provide second post as a locum pending outcome</p>	<p>Confirmation of appointment of one consultant</p> <p>To discuss additional clinical recruitment with UHBFT and commissioners to meet model of care</p> <p>External review commissioned by SCT (Prof Alan Crockard).</p> <p>OOH activity sent to Task Group August 2009</p>	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress Against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
						of external review by Prof Alan Crockard. ToR agreed by SCT for review – commenced 23 rd July 2009.		
		Document care and process protocols	Care and process protocols in document available for use by all the clinical team	31/01/09	CMO	<p>Clinical Director meeting with Clinical Lead on 26/11/08 to start process of agreeing objectives. The longer term solution to be implemented following appointment of new Consultant Neurosurgeons. In the interim Clinical Director meeting with Clinical Lead in March 2009</p> <p>Review of neurosurgery planned with additional external support being commissioned</p> <p>A meeting to be held on 16/6/09 with clinical leads to review progress. Process and protocols development being led by Guirish Solanki</p> <p>RAG reviewed Karen Helliwell and Chris Emerton 19th June.</p>	<p>To agree as apart of external review</p> <p>Meeting held with SCT and CMO BCH and CMO UHB on 15th May</p>	

New Issues Raised/Added to Commissioner Led Action Plan Post November 2008 - Neurosurgery

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress Against Action Plan (As at (10/08/09))	Evidence Provided to Task Group	RAG
TG23	Emergency policies and protocols.	No acute neurosurgical conditions requiring urgent surgery such as intracranial haematoma, acute cranial shunt blockage or infection, leaking or infected meningocele should be refused admission.	Emergency policy agreed. This should be subject to SUI reporting	With immediate effect	CMO	<p>A prospective audit of refusals has been established by Guirish Solanki</p> <p>CMO BCHFT facilitated an initial meeting with the Neurosurgeons and regular monthly meetings are now in place.</p> <p>As a first phase measurement the length of time from referral to admission for blocked shunts is monitored.</p> <p>RAG reviewed Karen Helliwell and Chris Emerton 19th June Remains amber until outputs reviewed by Daphne Austin.</p> <p>Protocol now to be presented to the Clinical Access Team and</p>	<p>Evidence of emergency policy provided to Task Group May 09</p> <p>Current progress to be reported</p> <p>RAG to be reviewed following SCT meeting 16/6/09</p> <p>Revised emergency admission protocol for block shunt shared with Daphne Austin SCT 26th June and approval received via email</p>	

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress Against Action Plan (As at (10/08/09))	Evidence Provided to Task Group	RAG
						adopted as a Trust wide admission policy. Further protocols to be drafted by Guirish Solanki by mid August 2009.	Refused admission protocol sent to SCT August 2009	

SPECIALTY:	Birmingham Children's Hospital – Formal Communication with UHB Consultants
LEAD COMMISSIONER:	SCT [WM]

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress Against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
HR1	Formal communication with UHB consultants	To developed improved formal communication with UHB consultants and evidence of monitoring its success. [In particular now concerns are identified and views of consultants are formally incorporated into trust's governance arrangements.	Communication plan produced by BCHFT. Monitoring mechanism in place. Revised Trust governance arrangements.		DGT+E	Daily telecom with lead commissioner/risk manager to raise concerns. RAG reviewed Karen Helliwell and Chris Emerton 19 th June	Being undertaken Email reporting of incidents /issues Evidence of action plan with UHBFT on formal communications completed and forwarded to commissioners as part of SLA sign off. Meeting to be scheduled between Sophia Christie CEO's UHB and BCH and clinical leads to review position before GREEN status agreed	
HR2	Job Plans	Agreement of job plans incorporating time for clinical governance and management involvement.	Signed job plans.			CMO BCHFT and CMO UHBFT have met and agreed to review all job plans for joint appointments. Commencing post SLA sign off – completion by October 2009	SLAs signed off 30 th June 2009	

SPECIALTY:	Birmingham Children's Hospital – Capacity and Demand
LEAD COMMISSIONER:	All Commissioners

Ref	Core Issue	Actions Required	KPI	Timescale	Lead Officer	Current Progress Against Action Plan (As at 10/08/09)	Evidence Provided to Task Group	RAG
HR5	Management of admissions and beds	To provide evidence of agreed process for reviewing strategies and policies for BCHFT to improve management of admissions and beds.	Revised strategy. Evidence of communication with clinicians and on-going review.	TBC	DCMO BCHFT	TBC with SCGs links to longer term review.	To discuss with Commissioners re actions /timescales October 2009 event confirmed	