University Hospital Southampton NHS
NHS Foundation Trust

Oxford University Hospitals NHS
NHS Trust

Children's Hospitals Network

Strategic Planning Report & Recommendations 2013-2016

Contents

Children's Hospitals Network

Providing a sustainable Clinical Network
Delivering healthcare to patients requiring specialist services

SUMMARY

This document provides an introduction to the strategic priorities and objectives for the **Children's Hospitals Network (CHN)** over the coming years, and has been produced in conjunction with Network Board Members at Oxford and Southampton Trusts (listed below).

It should be noted that formal business proposals are presented to relevant Trust Management Executive/Trust Boards, and follow the identical route for all services using the business planning process.

This report should be read in conjunction with the CHN portfolio, which demonstrates the significant strides which have been achieved. The CHN is still evolving and is the first Network of its kind, there is an opportunity to lead the way nationally. Commissioning services: Strategic Clinical Networks (SCNs) and Operational Delivery Networks (ODNs) have shown interest and fully support the CHN.

Recommendations are provided for Trust Management Board members to discuss resource and funding required which will enable the CHN to develop this pioneering Network.

Network Board Members
Alison Sims, Manager, Children's Hospitals Network, OUH/UHS
Alyson O'Donnell, Clinical Director, Child Health, UHS
Tony McDonald, General Manager, Children's & Women's, OUH
Liz Ward, Acting Director of Operations, Child Health, UHS
Peter Wilson, PICU Consultant & Care Group Clinical Lead, Child Health, UHS
Karen Steinhardt, Clinical Director, Children's, OUH
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INTRODUCTION

Since 2010, Oxford and Southampton Trusts have worked together to provide a joint Network of Children's Specialist Services. The collaboration has been developed to deliver Specialist Cardiac, Neurosciences and Critical Care services for Children.

The CHN was established at the point when children's congenital heart services were assessed nationally providing an opportunity for Oxford University Hospitals NHS Trust and University Hospital Southampton NHS Foundation Trust to work together in the context of the `safe and sustainable' principles. The CHN currently encompasses **Cardiac, Neurosciences and Critical Care** Services.

The Network is the first demonstration anywhere in the country in which two leading teaching hospitals are working together to network their tertiary services. It is an example of a model where concentrating the care of children into fewer, larger specialist centres seeks to provide better care and outcomes with access to vital services over a large geographical area.

Portfolio developments during 2013- 15

Board Members agreed the following services as priority objectives to be included in the Network portfolio. Planning has begun to ensure inclusion. It should be noted that in some cases the services can be improved by utilising the specialist staffing and resource in existence across the Network. By pooling expertise and streamlining communication, it is envisaged that a robust Multi-Disciplinary Team approach can be provided; this will improve waiting times, ensure preventative care, providing care closer to home where possible and resulting in overall improvement to the service that the patients receive. The services are discussed further within this report.

- **Neuro Rehabilitation (with a view to replicate across all Children's Services)**
- **Sarcoma**
- **Orthopaedics**
- **Spinal**
- **Neonatal Retrieval and bed finding Service**

CHILDREN'S CARDIAC

Southampton and Oxford provide specialist children's heart services for 23 district general hospitals covering an area that stretches from Northamptonshire to Cornwall and the Channel Islands. Over 15,000 children attend outpatient appointments for their congenital heart condition at the two hospitals each year. The centre has the expertise and facilities to provide a wide range of care and treatment for children, which is delivered from both hub sites by joint multi-disciplinary clinical teams, meaning that patients only have to travel to another centre when absolutely necessary.

Due to the deactivation of the National `Safe and Sustainable' (S&S) process, funding for the implementation of Specialist Cardiac Centres has been stalled. S&S has been superseded by the National Congenital Heart Review, which is expected to publish recommendations in summer 2014. During this hiatus the CHN continues to provide services with limited resource. It is still unclear what level of funding will be available to implement the recommendations to cardiac services in 2014.

PRIORITIES IDENTIFIED

Clarifying pathways - It is fair to say that the National S&S process has caused much disruption and emotional stress not only to patients and families but also to the teams working within the units. This has had significant effects on patient pathways. Patient Choice is something that teams are aware of, however it is clear that further investigation is required to understand referral streams. In some cases we are unsure why patients are being referred elsewhere and this may be an area that Medical Directors are requested to support.

Cardiac Liaison Nursing - The CHN currently employs 4 x CLNs (2 per hub centre). National advice suggests that "each congenital Heart Network must have a minimum of 7 whole time equivalent Children's Cardiac Specialist Nurses working within a functioning cardiac liaison team. The number of required nurses will depend on a geography population and the Congenital Heart Network". (Children's Congenital Cardiac Services in England, service Standards 2011).

Lack of nursing resource equates to the following risks/gaps in service:

- Inability to fulfil standard remit
- Insufficient standard of support for patients and families
- Unable to attend outreach clinics
- Unable to attend MDTs
- No contingency planning for leave
- No pathway for development
- Inability to implement adequate transition pathways and clinics for young adults

It is unclear how many posts will be recommended within the final service specifications, although it is likely that the CHN will rate as highly understaffed and will require further resource.

British Heart Foundation - A submission for funding is currently being complied with a view to request 1-2 wte posts. This will build on the work already undertaken by Dr. Anne Banning (OUH) who has recently taken up a contract at UHS which has enabled cross-site working. This post has been a good demonstration of how Networks can share resource and learning.

CHILDREN'S NEUROSCIENCES

Neuroscience teams are working together across the Network to provide an integrated service for children who require complex care pathways for life-long conditions. Plans to improve and develop neuromuscular and rehabilitation services for children across the region are also underway.

CHN Subspecialty interests

Craniofacial	Oxford (Nationally designated & commissioned)
Epilepsy (over six years of age)	Oxford and Southampton
Complex hydrocephalus requiring endoscopy	Oxford and Southampton
Tumours	Oxford and Southampton
Complex spine (C spine instrumentation)	Oxford
Vascular	Oxford and Southampton
Spasticity	Oxford or Southampton
Dysraphism	Oxford and Southampton
Trauma	Oxford and Southampton

Neuro-muscular - In 2012, the CHN highlighted a gap in service within the Neurosciences speciality of provision and delivery for Neuro-muscular patients. Following discussion, the Trusts submitted dual Business Cases to Commissioners and were successful in receiving funding to support this service. Recruitment of relevant staff has begun and will continue throughout 2013. The CHN is working with the Muscular Dystrophy Campaign to share learning and improve services and patient care.

Neuro Rehabilitation is a broad area that is currently under-resourced across the UK presenting sub-optimal services for children.

- **Formally recognised rehabilitation service -** The CHN does not have a formally recognised rehabilitation service. Membership of the United Kingdom Rehabilitation Outcomes Collaborative (UKROC) is a commissioning requirement for all formal rehabilitation services. To join UKROC a service requires therapy, psychology and medical teams, designated activity, designated bed stock for rehabilitation and designated therapy equipment and space.
- **Continued paediatric major trauma centre status is dependent on rehabilitation service -** The continued designation of the partnership of Oxford and Southampton as a paediatric major trauma centre requires a functional paediatric rehabilitation service. The rehabilitation prescription is already a key performance indicator (KPI) for major trauma and future trauma KPIs will extend the scrutiny on rehabilitation services. Original designation included extensive rehabilitation specifications, which have yet to be realised. Rehabilitation is central to maintaining Oxford and Southampton's position as a paediatric trauma service serving the South of England.

Both Trusts have experience of patients who require intense rehabilitation waiting in hospital for weeks and sometimes months prior to being admitted to a dedicated rehabilitation unit (outside of South Central). This is an unacceptable level of service which hinders the patient's progress and often causes unnecessary stress and inconvenience to the patient and family members.

For most patients an intense form of rehabilitation with an aim of returning the patient to the community/home/school as soon as possible is the optimal solution. This allows normalisation for the patient and their family, having a positive impact on physical as well as mental health. The CHN envisages providing the best rehabilitative care to the patient as close to home as possible. In order to achieve this, additional resources are needed. A service proposal has been developed and is

based around clear patient pathways and four levels of clinical input. Discussions have progressed with specialist commissioners and the issue highlighted in commissioning intentions reports which have been submitted at both Trusts (September 2013).

Children's Rehabilitation Centre, South of England – in conjunction with the work already underway in the CHN, there may be an opportunity to provide a dedicated inpatient unit for the severe cases of children's rehabilitation. This has been raised for further discussion between the Trusts.

Supporting Specialist Neuro Services for Northern Ireland – in 2013 the CHN was approached by Belfast Hospital, who had experienced difficulty recruiting to their surgical team, and therefore requested CHN to provide neurosurgical and craniofacial intervention and support for patients. Recruitment has since been resolved locally with regards to neurosurgery. The CHN is however, providing additional support for craniofacial patients from Belfast requiring intervention and follow-up at the Oxford Craniofacial centre. This has been a positive demonstration of how sharing skills and experience across a geographical divide can be achieved. Liaison with Belfast will continue. CHN will provide further support / shared learning in the future.

Sarcoma/Neuro Oncology – both hub Trusts accept referrals through the Neuro Oncology service. Team members have shown interest in networking by sharing expertise to utilise resource and improve patient experience. Teams are due to implement joint MDT meetings (October 2013), which is the first of a number of objectives that will integrate the service. Further developments will be led through Network Board and Neurosciences Board Meetings.

Epilepsy – following the national review for epilepsy surgery for under six year olds, CHN patients are referred to a CESS centre. Although the CHN is not a designated centre, it does have a recently recruited neurosurgeon with specialist experience in this area, who would like to maintain this skill. During September 2013 joint discussions have taken place with neuroscience teams, commissioners and managers from Bristol, Oxford and Southampton with a view to improving the pathway across the Network. The Network has offered surgery support for patients less than six years of age at Bristol CESS centre, and await a response.

It is hoped that a firm foundation can be established between the services enabling the CHN to aid Bristol in supporting relevant patients requiring this complex surgery.

PRIORITIES IDENTIFIED

Neurosurgery Contingency and Succession Planning - The vision of further integration has been suggested by the neurosurgeon leads at Southampton and Oxford and has been discussed with the wider team.

Improvements will strengthen the Network by providing:

- a larger pool of patients
- broader peer review
- sustainable on-call commitments
- Providing patients with a collaboration of expertise and best practice
- Amalgamation of the paediatric neurosurgical departments will produce the 3rd largest unit in the country

Current working practice/ Manpower

UHS - 4 part time paediatric consultants

OUH - 4 full time paediatric consultants (3 half-time craniofacial)

Areas for stronger integration

- Joint MDTs/M&Ms (underway)
- Joint consultant appointments
- Joint on-call rota
- Joint management/governance structure

Numbers of operations

	Birmingham	Bristol	Cambridge	Cardiff	Dublin	Edinburgh	George's	Glasgow	GOSH	Kings	Leeds	Liverpool	Manchester	Newcastle	Nottingham	Oxford	Sheffield	Southampton	
2008	377	348	199	111	357	116	129	169	634	288	236	483	329	145	230	281	197	188	**4834**
2009	441	363	201	119	448	115	148	149	719	385	200	476	347	172	248	312	169	169	**5181**
2010	439	308	228	127	491	125	58	158	734	360	223	512	337	95	214	316	216	182	**5123**
2011	526		234	86	586		51	165	774	288	255	475	302		237	342	259	127	**4707**
2012	505	372	219	140	457		40	257	828	315	301	568	326		209	326	305	178	**5346**

Joint Consultant Appointments - One solution would be 2 x consultants based at Southampton, 2/3 consultants based at Oxford and 1/2 consultants with a joint appointment. This would be contingent on a mutually acceptable on-call commitment. OUH will be unable to enlist the current adult neurosurgeons into providing care for children, given the now well established split in care provisions. UHS is yet to formalise such provision.
Agreement on minimum staffing levels for each unit would be advisable.

Opportunities for contingency and succession planning - UHS has a post available from August 2014 – it is suggested that this could be a paediatric/skull based appointment. Outreach clinics to 2 large DGHs to the east of Southampton would be part of the job plan. Currently set up for Portsmouth and in the process of being set up in Chichester. 10 PAs need to be identified for funding this post in August 2014. The alternative is to combine the appointment of full time paediatric neurosurgery with the current adult component in UHS as a separate post.

OUH will be required to consider 1 x wte succession for retirement in 1-3 years. This could be the first joint appointment across the CHN. The post would be available at alternate sides bi-weekly, with operating lists and on-call at the beginning of the week.

Vascular – it is suggested that discussions with adult vascular team should take place to provide a model of joint operating.

Further integration with adult services - It is suggested that further links should be made with adult colleagues at Southampton and Oxford to assist in the event of a child requiring emergency surgery when the consultant is 1-1.5 hours away. This has been discussed during a consultant meeting on

23/8/2013 and requires further input with agreed objectives/ timeline. As a result of this discussion, adult neurosurgeons at OUH have stated that they are unable to provide care for children.

Spinal – as a vital part of the neurosciences service, this specialty is an area that the CHN would like to strengthen during 2014. Expertise at both Trusts is extremely high, but it is felt that by combining forces services can be greatly improved for this cohort of patients.

Spasticity -It has been recently confirmed that NHS England will be open for tenders on a number of services/treatments over the coming year. One of these will be:

- Selective dorsal rhizotomy (SDR), a procedure aimed at reducing spasticity in children with cerebral palsy

OUH have previously been involved in a number of SDR procedures. It would be pertinent to share the learning and experience across the Network and to include UHS in a joint tender.

CHILDREN'S CRITICAL CARE

Southampton and Oxford Retrieval Team (SORT) - The partnership between the Trusts has enabled children's critical care teams to launch the Southampton and Oxford Retrieval Team (SORT). The team provides a 24/7 retrieval team working across the Thames Valley and Wessex regions.

PRIORITIES IDENTIFIED

Expansion of trauma retrieval at OUH – since implementation of SORT the Southampton side of the network has been responsible for the majority of retrievals. Recruitment of a further appointment will allow the OUH side of the Network to progress with expansion of cover from 8am – 8pm. Improvements such as this will help strengthen the opportunities within SORT including Neonatal retrieval.

Neonatal Retrieval Service – The current OUH Transport Tender is due to expire in April 2015. This provides an opportunity to assess options for proposal submissions in 2015.

With the expansion of the neonatal department at OUH combined with capacity at Southampton, it is proposed that SORT should be expanded to include this patient cohort. Discussions are currently taking place to consider the option of providing a neonatal retrieval, repatriation and bed finding service.

Succession planning at OUH – difficulties in recruitment have highlighted the need for succession strategy. It is suggested that joint appointments could be considered across the CH N.

Replication of Wessex PIC Forum in Thames Valley – Wessex has a well-established forum which has been proactive in improving and developing PIC services across the region. It is felt that the Thames Valley group could replicate this model. Thames Valley team members have recently been invited to attend this regular meeting and share learning where possible.

Outreach Nursing Training Day – this is a recommendation that has been discussed during the Critical Care board meeting during the past year. UHS have implemented regular training across the Wessex region, as a cyclical project. Replicating this in Thames Valley will ensure much needed parity across the Network.

CHN DEVELOPMENT OPPORTUNITIES

Services that form the CHN have numerous interdependencies and objectives. In conjunction to recommendations listed previously, the following areas indicate themes that should be considered in further planning to ensure capacity requirements across the region.

- **Bed capacity -** taking on further services will require adequate bed capacity and contingency.
- **Paediatric anaesthesia -** adequate planning and contingency is required at OUH to ensure support of CHN services.
- **Job planning –** A number of areas will require on-going job planning discussions to take Network requirements into account i.e. on-call/joint positions etc.
- **Psychology** – this is an area that appears to be low in resource throughout children's services.
- **Transitional model** – mentioned below is an area that requires implementation across all of Children's services.

Transition from Children's to Adult services - In conjunction with the vital role of the Clinical Liaison Nurse, Transition from Children's to Adult services is an area that requires further resource and development across the Network (in all children's services).

Thames Valley Strategic Clinical Network (TVSCN) have supported a bid to recruit a full time Transition nurse in the CHN for a year. This dedicated team member will be recruited to implement a programme supporting children moving towards adult care. This pilot post will work in conjunction with the well-established teams to deliver a seamless pathway. It is recommended that this post should be linked with UHS to ensure that the CHN can build on the nationally and internationally acclaimed Ready, Steady Go programme model implemented by Dr. Arvind Nagra. The success of this project is vital to ensure that transition models can be replicated across all children's services.

Further joint working - Joint working has made a significant improvement across services and has highlighted benefits in shared learning. A good example of this is the contract that has been agreed at UHS to allow Anne Banning a Physiologist (OUH) to attend UHS 1 day per week. Utilising this member of the team within the clinic environment at UHS has built bridges between the units and presented some opportunities for development. This work has led to suggestions of a British Heart Foundation bid (as discussed previously) which could build on this work as well as linking into the Transition project.

INCREASING THE PORTFOLIO

A number of services have shown interest in joining the CHN, with a view to sharing resource and expertise across the Network.

Cleft Lip and Palate – The Spires is a well-established CLP network between Oxford and Salisbury Trusts. The CHN would like to investigate how it can support the service by enabling *ad hoc* operating at Southampton. This has come about due to a number of cleft patients with related cardiac complexities. On two recent occasions Southampton patients have been referred to GOS. This has come about due to the following reasons:

- Salisbury has no PICU facility, so cannot support complex cases which would previously have come to Oxford

- At Oxford there is no cardiac back-up if this were required
- The Salisbury cleft surgeon could not operate at UHS without some changes and additional kit required in theatre

The CHN would like to offer CLP opportunities to support operating at Southampton Hospital. It would be pertinent for patients to stay within the Network with their designated MDT team without long waits (currently experienced at GOS) and to receive the relevant level of post-operative MDT care required. This option would also benefit patients with Pierre Robin/Micrognathia who require retrieval services (provided by the CHN). Discussions are underway to progress and improve this service (October 2013).

Orthopaedics – The departments at OUH and UHS have an established working relationship. This expert team of physicians, therapists, orthotists and nurses specialise in treating babies and children with congenital, developmental and acquired musculoskeletal conditions. The Nuffield Orthopaedic Centre, part of the Oxford University Hospitals NHS Trust, is renowned for its specialist services with an orthopaedics team that has been trained in both national and international fellowships and specialist units.

By joining forces OUH and UHS would be able to combine expertise to ensure that all patients can receive relevant care closer to home (within the CHN).

Specialty areas are listed as follows:

- growth, including limb-length discrepancy
- feet, including clubfoot and flat foot
- knees, including osteochondral defects and meniscal injuries
- hips, including development dysplasia and Legg-Calvé-Perthes disease
- the spine, including scoliosis, kyphosis and spondylolisthesis
- upper limbs, including syndactyly and brachial plexus palsy
- skeletal dysplasias, including achondroplasia and osteogenesis imperfecta
- syndromes, including Marfan's, neurofibromatosis and Down's
- bone and joint infections
- musculoskeletal tumours
- neuromuscular disorders, including cerebral palsy and myelodysplasia.

Extensive outpatient and rehabilitation services for children with congenital developmental musculoskeletal conditions are also provided.

It is felt that referral numbers are continually increasing from the community/DGHs (where specialist input has decreased over time i.e. retirement and difficulty recruiting to smaller services. There may be an opportunity to improve capacity options and regional referral pathways.

INFRASTRUCTURE AND SUPPORT RECOMMENDATIONS

A strong infrastructure to ensure support and development is a fundamental requirement of a successful regional Network. The following section clarifies the current structure and indicates the areas that require discussion and development.

Management - The CHN Manager is 1wte working across two sites more than 60 miles apart. Currently this is the only joint-trust post in the Network and has no contingency or succession hierarchy.

The remit currently includes:

- Strategic and financial planning
- Business and income generation
- Implementation of new business at hub trusts
- Overall Network project management
- PR/Marketing/Comms
- Patient & Public Involvement projects
- Networking - Link and liaison between Trusts, Commissioning services, SCNs and ODNs
- IT Analysis, solution and implementation
- Facilitating Board Member of Network and Speciality Boards
- The remit is extensive and therefore requires Operational Service Manager (OSM) support at both Trust site.

NHS Management Trainees – The CHN Manager has connected with the Thames Valley and Wessex NHS Management Trainee Board in view of enticing relevant candidates to work within the Network. The theory would be to take on 1 – 2 second year candidates and allocate specific projects that will fulfil the educational syllabus. This would be a good demonstration of joint learning. With an MA in Leadership in Health and Social Care, and a Diploma in Coaching and Mentoring the CHN Manager would be a relevant host. It is believed that much could be achieved through this project. It is hoped that Trainee/s will be in place in September 2014.

Administration - The CHN has no dedicated administration resource. This is an essential area required to support the Manager and allow delegation of tasks which could be better utilised by supporting posts. It is recommended that 1wte is required if the Network is to continue development.

Budget - Existing funds for the Network historically sit between the Trusts in various divisional budgets; this has supported the provision of the CHN Manager who has been fundamental in the implementation of the Network. As yet, there are no dedicated funds for support services or non-pay resource associated with this. It is unclear how further funding will be introduced into the Network and where it will be held.

Accommodation - This is a challenging issue at both Trust sites and will require some consideration as the Network develops.

Network-wide Contract and Constitution - Whilst Network members hold contracts with their base Trusts, honorary contracts are required at the adjoined Trust (Oxford or Southampton). The process

of application is extremely time-consuming and unreliable. It is suggested that Trust HR departments devise a system that will ensure all networked staff are incorporated. This would save considerable time and current duplication of information.

A constitution document should also be implemented which collates Trusts values and expectations. This would be agreed by new team members in view of contractual working and expectations when working across a regional Network.

Data Sharing and Quality - The CHN Manager, has highlighted concerns with regards to sharing and quality of data across the CHN. The challenges are historic due to individual services and Trusts collating data within numerous software packages. None of the systems are connected, therefore duplication is possible and room for error is inevitable.

The CHNM has begun discussions across the Network, however solutions will require significant time and funding to ensure short and long term options are implemented.

Long term solution

In 2012 The CHN Manager presented a **Health Information Exchange (HIE)** option to the Network Board. This would enable all relevant information from existing software at OUH and UHS to be displayed in an Electronic patient record format. The benefit of using such a system would be to use existing information and reduce duplication across the region, ensuring that team members could view shared patient information from any site (web access). This would also incorporate a reporting system using the existing data at both hub sites. The Network Board are supportive of this option, however implementing a system at both Trust sites is a time consuming and expensive project, requiring a dedicated budget and full time project manager. Discussions will continue in order to progress the project. It would be pertinent for IT Directors at both Trusts to connect and discuss options and agree further parity across the region.

NOTE: The CHN Manager has submitted a number of bids through various funding streams in hope of gaining resource to support this project.

Short term solution

Data Manager – Network Board Members previously discussed the option of a cross-site Data Manager (band 7), who would be responsible for ensuring a robust pathway of collation, validation and accessibility for reporting. This option should be considered depending on implementation of the HIE project. If the project is not implemented it would be advisable to implement a data manager as a full time post to ensure clinical governance element of this Network are robust.

Patient & Public Involvement across the Network - It is suggested that designated PPI involvements should be implemented across the Network. This will require resource input from both Trusts.

PR/Comms/Marketing – Nationally NHS services have become more aware of the benefits of promoting services. This plays an extremely important role in the success of a Network and it should be noted that this is a resource intense area. Promotion should include producing a website, announcements and briefs, an Annual Report, Newsletters and other media items which are distributed to all stakeholders.

Initial headway has been made with highlighting the CHN at both Trusts with a cyclical programme of events including Trust announcements, inclusion in OUH News and UHS Connect, the production and distribution of the CHN Portfolio Brochure. A CHN website is underway and due to be launched in spring 2014. This will be a portal that is linked to both Trust websites to reduce duplication and ensure that the CHN will reach all audiences.

The following elements should be considered for implementation. It should be noted that this would require a regular number of dedicated hours from Communications teams per week in conjunction with CHN team members.

The following supplementing plans would be developed to support this strategy:

- Stakeholder Mapping - to determine Stakeholder engagement priorities
- Market Analysis – to determine relationship marketing and business generation priorities
- Relationship Marketing
    - Advertising – raising the profile through publications i.e. HSJ
    - CHN prospectus – updating and reprinting where necessary
    - Leaflets, Newsletters and other forms of media to inform stakeholders of developments
    - CHN Annual Report
- Marketing communications
- PPI Support

*see Appendix II for further information

Recommended infrastructure support

It is clear that a dedicated team is required to support the Manager in order to fulfil the objectives of the CHN. It is suggested that the Network Board discuss and agree a final organisational structure. The following information and Appendix III demonstrate requirements, although implementation may require remit to be more flexible.

That UHS and OUH jointly agree a Network budget to provide:

- 1 x WTE Manager (in post)
- 1 x WTE Band 7 Deputy (to take ownership of specific project objectives)
- 1 x Management Trainee (cost neutral to Trust – from September 2014)
- 1 x WTE Band 4 Admin
- 1 x WTE Band 6 Data/IT Manager
- Non pay budget – to support capital expenditure items, marketing and promotional projects etc.

CONCLUSION

The CHN has made great strides but is still evolving. The teams within the Network have demonstrated how combining expertise to provide specialist services across a large region can be successful and provide a better pathway for patients and their families. The teams are proactive and enthusiastic to continue with the development of the Network.

Team members have been proactive in seeking out additional funding streams to support the implementation of projects which benefit not only the CHN but wider services across both Trusts and linked DGHs. Although this is commended, it is not a realistic or feasible way to ensure the continuation of such a large Network.

Therefore, in order to maintain this leading National Network, it would be pertinent for Trusts to support the on-going work and consider the recommendations discussed in this document.

As the first Network of its kind, the CHN would like to continue with leading the way nationally.

Abbreviations

BHF	British Heart Foundation
CESS	Children's Epilepsy Surgery Service
CHN	Children's Hospitals Network
CLN	Cardiac Liaison Nurse
CLP	Cleft Lip and Palate
CLT	Cardiac Liaison Team
DGH	District General Hospital
HIE	Health Information Exchange
ME/CFS	Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
ODN	Operational Delivery Network
OMEGA	Oxfordshire ME Group for Action
OSM	Operational Service Manager
OUH	Oxford University Hospitals NHS Trust
S&S	Safe and Sustainable
SCN	Strategic Clinical Network
SDR	Selective Dorsal Rhizotomy
SORT	Southampton & Oxford Retrieval Team
UHS	University Hospital Southampton NHS Foundation Trust

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Transition: getting it right for young people (DoH, 2006)
NHSCB/E9a Specialised Paediatric Neurosurgery (NHSCB, 2012)
NHSCB/E9b Paediatric Neurosciences: Neurology (NHSCB, 2012)
NHSCB/E9c Paediatric Neurosciences: Neuro disability (NHSCB, 2012)
NHSCB/E9d Paediatric Neuro rehabilitation (NHSCB, 2012)
Acquired Brain Injury. Change for Children – Every Child Matters (DoH, 2004)
Acquired Brain Injury pathway for Children & Young People. Regional Acquired Brain Injury Implementation Group (RABIIG)
Child Health Reviews UK
Clinical Outcome Review Programmes (Sept 13) – Royal College of Paediatrics and Child Health
www.rcpch.ac.uk/child-health-reviews-uk/programme-findings/programme-findings
Implementing Transition, Ready Steady Go - http://www.slideshare.net/NHSIQ/implementing-transition-ready-steady-go-dr-arvind-nagra

Appendix I - Objectives

Speciality	Objective	Lead	
Cardiac	Write plan, recruit required resource - Cardiac Liaison Nursing	AH/CP	Summer 2014
Cardiac	Submit bid to BHF	AB/KT/AS	Spring 2014
Cardiac	National review implementation plans	AS/Board	2015
Cardiac	Organise educational day at OUH	KL/GS	2014
Neurosciences	Muscular Dystrophy service implementation	AS/KS	On-going by 2014
Neurosciences	Joint on call – in discussion	JJ/AC	By 2015
Neurosciences	Implement Neuro-rehabilitation service	PG/DLK	During 2014
Oncology	Sarcoma – establish network	SW/Board	2013/2014
Neurosciences	Epilepsy – establish clear pathway for under six year olds	CESS/Board	By June 2014
Neurosciences	Succession planning – plan in place	JJ/AC	2014-2016
Neurosciences	Joint Network appointments	Board	August 2014
Neurosciences	Integrate hubs to provide a specialist spinal centre – in discussion	Await steer	2014
Neurosciences	Spasticity – awaiting commissioning tender dates	On hold	2014
Neurosciences	Vascular – discussions with teams	PW	2014
Rehabilitation	UKRoc application	PG/SM	2014 (submitted at UHS)
Critical Care	Improve SORT retrieval cover at OUH (8am-8pm)	TA	ASAP 2014
Critical Care	Agree succession planning strategy	TA/Board	ASAP
Critical Care	OUH re-apply for Transport Tender	EA	April 2015
Critical Care	Implement neonatal retrieval service – discussions on-going	EA/AO	2015
Critical Care	Replication of Wessex PIC forum in Thames Valley	TA/IM	ASAP 2014
Critical Care	OUH – Implement outreach training (in parity with UHS)	SB	2014
CHN	Agree dedicated space requirements for CHN support team	PG	2014
CHN	Recruit Network Data Manager	AS/DLK	Summer 2014
CHN	Recruit administration support	AS	Spring 2014
CHN	Recruit NHS Management Trainee/s	AS	Autumn 2014
CHN	Implement PPI systems across the Network	AA/MP	2015
CHN	Agree CHN budget and systems	MDs	ASAP
CHN	Data sharing & quality improvements	ALL	On-going
CHN	Psychology resource	KS	ASAP
CHN	IT Infrastructure	ALL	ASAP

Appendix II – Stakeholder Mapping and Groups

	Keep Informed	Influence	Maintain Satisfaction	Manage Closely
Patients/Families	√	√	√	
Public	√	√	√	
Media	√	√	√	√
Voluntary/Community Support Groups	√			
GPs	√	√	√	
NHS England	√	√	√	
Commissioners :				
Thames Valley Strategic Clinical Network	√	√	√	
South of England Specialised Commissioning Group	√	√	√	
Wessex Strategic Clinical Network	√	√	√	
Other Networks:				
Thames Valley Trauma Network	√	√	√	
Wessex Paediatric Critical Care Network	√	√	√	
Children's Network Belfast	√	√	√	
Maternity and Children's Clinical Strategic Networks	√	√	√	
Trust staff	√	√	√	√
Trust Executives and Board Members	√	√	√	
Council Health and Wellbeing Boards	√			
District General Hospitals c.23 interlinking to OUH & UHS	√	√	√	
Lead Consultants that link into the Network	√	√	√	√
MPs	√	√	√	

Appendix III – Recommended funding requirements

Infrastructure support

That UHS and OUH jointly agree a Network budget to provide:

- 1 x WTE Manager (in post)
- 1 x WTE Band 7 Deputy (to take ownership of specific project objectives)
- 1 x Management Trainee (cost neutral to Trust – from September 2014)
- 1 x WTE Band 6/7 Data Manager
- 1 x WTE Band 4 Admin
- Non pay budget – to support capital expenditure items, marketing and promotional projects etc.

Total = To be discussed with CHNB

Non-pay £10,000

Communications/Marketing strategy £10,000

To include:

- Stakeholder Mapping
- CHN prospectus
- CHN Annual Report
- Market Analysis
- Relationship Meeting support
- PPI Support
- Leaflets
- Advertising