



# Annual Report

## 2011/2012

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## 1.0 Background

Kids Intensive Care and Decision Support (KIDS) provides twenty four hour specialist intensive care support, advice and transport for critically ill babies, children and young people within the West Midlands. The service was commissioned in 2009 to serve the 20 West Midland District General Hospitals (DGHs) and the two regional Paediatric Intensive Care Units (PICUs) at Birmingham Children's Hospital NHS Foundation Trust (BCH) and University Hospital of North Staffordshire NHS Trust (UHNS). In October 2011, the 10 strategic health authorities in England merged to form four clusters which will manage the NHS until April 2013. NHS Midlands and East England cluster was formed from NHS West Midlands, NHS East Midlands and NHS East of England. The commissioning of PICU and PIC Transport is to be transferred to the National Commissioning Board beyond 2012/2013, with a nationally designated service specification for both disciplines expected to provide a framework for commissioners. KIDS' commissioning and geographical coverage was unchanged throughout 2011/2012.

KIDS entered its third full operational year during 2011/2012 with strengthening of its infrastructure and significant progress, in terms of service improvement and expansion. Key successes year include service rebranding, introduction of purpose built ambulances, launch of an advanced nurse practitioner programme and the acquisition of new premises.

### 1.1 KIDS Mission Statement

To provide the right solution for critically ill babies, children and young people, and their families, using the expertise of KIDS, including paediatric critical care advice and support, specialist paediatric intensive care transport, and sourcing of paediatric critical care beds.

The service will:

- Ensure there is sustained publicity available to all West Midland hospitals about how to access KIDS and make referrals.
- Ensure there is twenty four hour uninterrupted provision of the coordination centre function with the ability to connect a referring hospital clinician to a KIDS Consultant within 5 minutes.
- Ensure there is a suitably trained Transport Team and dedicated ambulance provision available twenty four hours per day to transport children from their local hospital to a centre with PICU.
- Provide education and outreach to departments which care for children in the 20 West Midland Hospitals, assisting them to improve their clinical capability and local infrastructure in resuscitating and stabilising children requiring higher dependency or intensive care support.
- To actively participate in the local community of the 2 lead centres and the 20 West Midland Hospitals; being sensitive to local paediatric service delivery, monitoring regional bed resource, management issues and contributing to any other relevant regional strategic developments (including involvement with other service providers who care for sick babies or children).

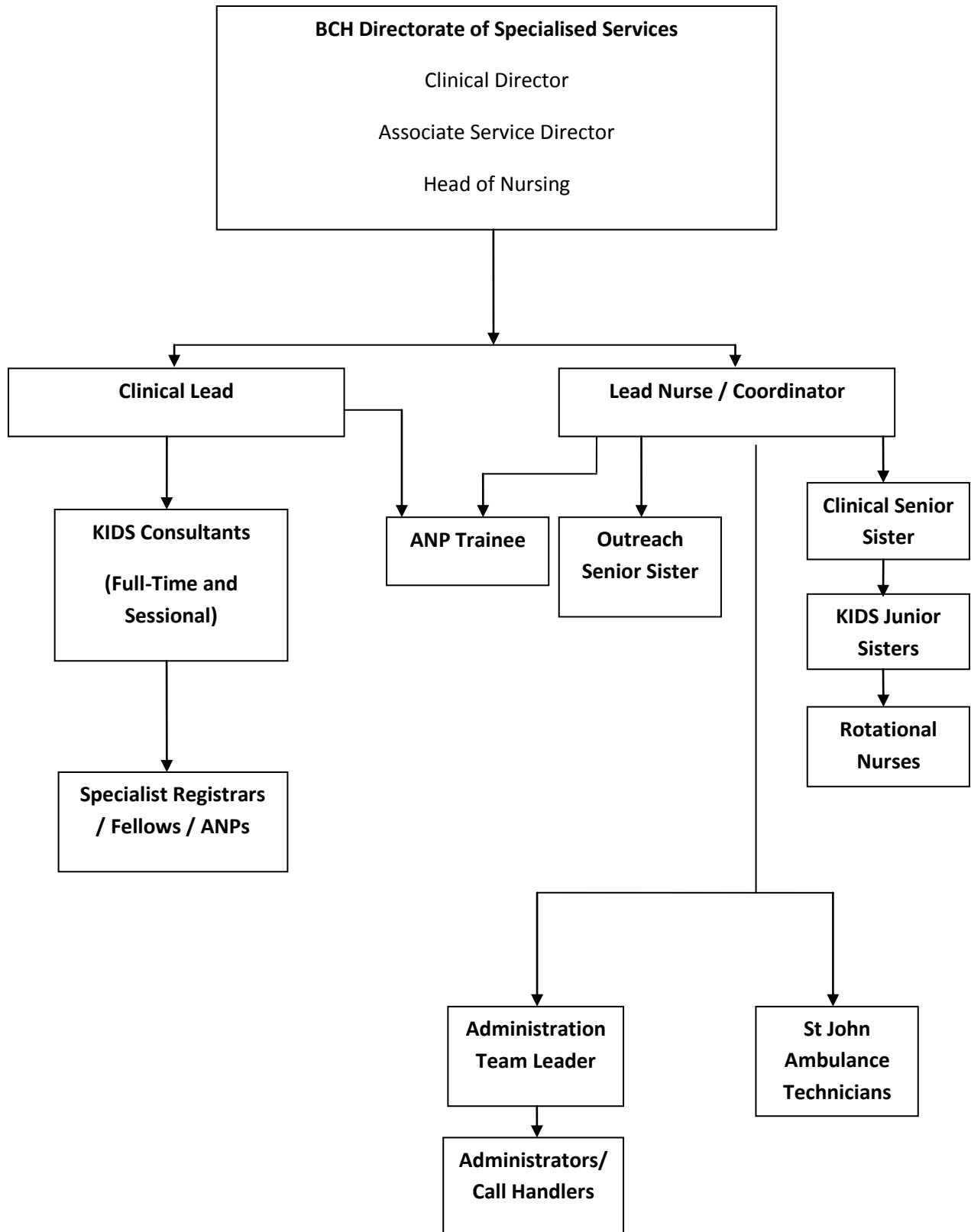
- Ensure that referring teams, as well as babies, children, young people and their families are provided with the opportunity to feedback to the service, and contribute to the direction of future service delivery.

## **1.2 Service Delivery Standards**

These standards were drawn up in 2009 and form part of the Service Level Agreement (SLA) between the West Midland Specialised Commissioning Team (WMSCT) and Birmingham Children's Hospital NHS Foundation Trust. They may be subject to review 2012/2013.

1. The KIDS Coordination Centre Office will be staffed at all times.
2. All KIDS referral telephone calls will be promptly answered and recorded.
3. Incoming referrals will be connected with the KIDS Consultant within 5 minutes.
4. Destination PICU will be determined by referring centre preference unless clinical need dictates otherwise
5. For patients with no preferred destination, the destination will be determined in accordance with the re-direction policy.
6. The duty KIDS Consultant will be involved with all referrals.
7. The KIDS Transport Team will be available at least 95% of the time
8. Specific acceptance or refusal of patients referred to PIC by the KIDS consultant will only be made by the duty PIC Consultant
9. Medical history and basic observations supplied by referring hospital will be recorded in all cases.
10. Advice given by KIDS staff taking the referral will be recorded and signed in all cases.
11. Referral information will be recorded and entered on the database within 24 hours of transport.
12. All delays and critical incidents will be recorded. Summary reports will be submitted to the monthly KIDS Business Meeting and incidents will be reported to the BCH Clinical Governance Department, as per BCH critical incident reporting policy.

### 1.3 KIDS Organisational Structure 2011/12



## 1.4 Directorate of Specialised Services 2011/12

### **Clinical Director**

Dr. Gill Derrick

### **Associate Service Director**

Amanda Baugh

### **Head of Nursing**

Helen Watson

### **KIDS Clinical Lead**

Dr. Mary Montgomery

### **KIDS Consultant**

Dr. Sanjay Revanna

### **Consultants with Sessional KIDS Commitments**

Dr. Reinout Mildner

Dr. Richard Neal

Dr. Linda Edwards

Dr. Heather Duncan

Dr. Kevin Morris

Dr. Gale Pearson

Dr. Mark Bebbington

Dr. Tina Newton

Dr. Fiona Reynolds

Dr. Pavanasam Ramesh

Dr. Phil Hyde

Dr. Afeda Mohammed-Ali

### **Lead Nurse / Coordinator**

Phil Wilson

### **Senior Sister**

Emma Bull

### **Advanced Nurse Practitioner Trainee**

Anneke Gyles

### **Outreach Education Sister**

Sophie Jones

### **Junior Sisters/Charge Nurses**

Joanne Shaw

Jacqueline Somerfield

Sharon Hale

Arwen Jobbins

Tracey Waterston

Michael Newton

Sarah Webb

**Coordination Centre Team Leader**

Katie Allen

**Coordination Centre Administrators**

Richard Murphy

Lorraine Rooker

Sarah Casey

Edward Flower

Hannah Toovey

Yasmin Powell

**St John Ambulance Service – Ops Manager**

Dave Belcher

**St John Ambulance Technicians**

Darren Elgerton

Dawn Rossitor

Gemma Mellor

Jayne Wilson

Robert Bytheway

Phil Bone

Christian May

Phil Sprigg

Alan Jinks

**BCH Rotational Nursing Staff**

Carrie Stokes

Rachel Hancock

Ruth Phillips

Kate Theophilus

Bricilla Saroja-Selva

Kamlesh Jaiswar

Jackie Nesbitt

Donna Smith

Rachel Toogood

Jennis Ottey

Richella Treston

**UHNS Rotational Nursing Staff**

Sarne Rushton

Rachel Skinner

Claire Sidley



## 1.5 Service Management Meetings

KIDS has a programme of meetings to review practice, governance and operational issues

**Morning Meeting** Every weekday at 8am

Purpose: Clarify KIDS operational issues for next 24 hours and review patient activity from previous 24 hours. All clinical notes are reviewed in detail and matters which need to be taken forward are allocated to an appropriate member of staff. All rotas for administration, nursing, medical and ambulance staff are checked. Regional weather and traffic activity is monitored.

**Clinical Practice Meeting** Bi-Monthly

Purpose: Provide forum to review existing clinical practice and new proposals. Relationship established with BCH PICU clinical practice meeting and UHNS PICU management to ensure relevant information is exchanged.

**KIDS Team Meeting** Bi-Monthly

Purpose: Monthly operational meeting to review activity, matters arising, updates and operational issues.

**KIDS Coordination Centre Administration Team Update** 3 Times per year

Purpose: Review coordination centre function; introduce new practice involving coordination centre team, feedback examples of good practice and areas for improvement. Update team with relevant changes in service. Provide training – eg new patients groups, service changes or switchboard training

**KIDS Core Nursing Team Meeting** Quarterly

Purpose: Review clinical nursing issues and the rotational programmes from PICU at BCH or UHNS. Provide educational and training updates. Provides a forum for the nurses from the various sources that serve KIDS to meet and exchange thoughts and ideas.

**Ambulance Contract Review Meeting** Quarterly

Purpose: To meet contracted ambulance service management team to review activity, incidents and issues which may affect KIDS ambulance provision.

**KIDS Steering Group Meeting** Quarterly

Purpose: to act as a forum for regional clinical teams, commissioners and managers to have an overview of the service and provide support and strategic direction for the development of the service

**KIDS Winter Planning Meetings** Monthly (Sept to March)

Purpose: To prepare the service's workforce, resources and operations for the winter months, and to plan for the impact of this period of high activity.

## 2.0 Activity

### 2.1 Referring Hospitals 2011/2012

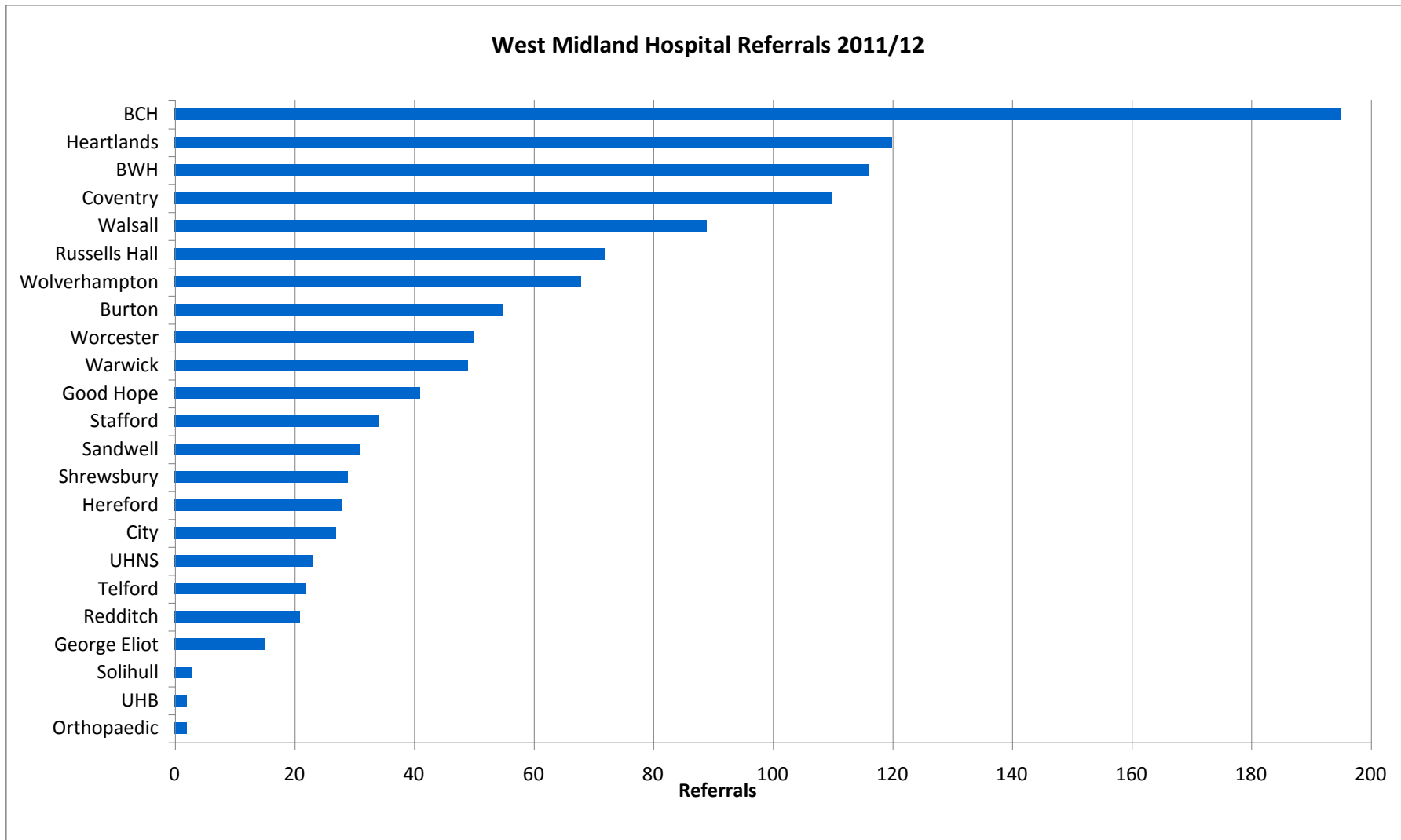
	Number
West Midland	1204
Out of Region	110
<b>Total Referrals</b>	<b>1314</b>

Crude Mortality at 48hrs post referral = 3.2%

### 2.2 KIDS Response to Referrals 2011/2012

	No.
KIDS Team Mobilised	736
NTS Mobilised	142
Primary Transport	66
Central Newborn Network Mobilised	16
UHNS Mobilised	3
QMC Mobilised	2
UHL Mobilised	3
Transported by Other OOR Team	30
Team not mobilised/Resolved with Advice	314
<b>Total</b>	<b>1314</b>

### 2.3 West Midland Hospital Referrals 2011/2012 (n=1202)

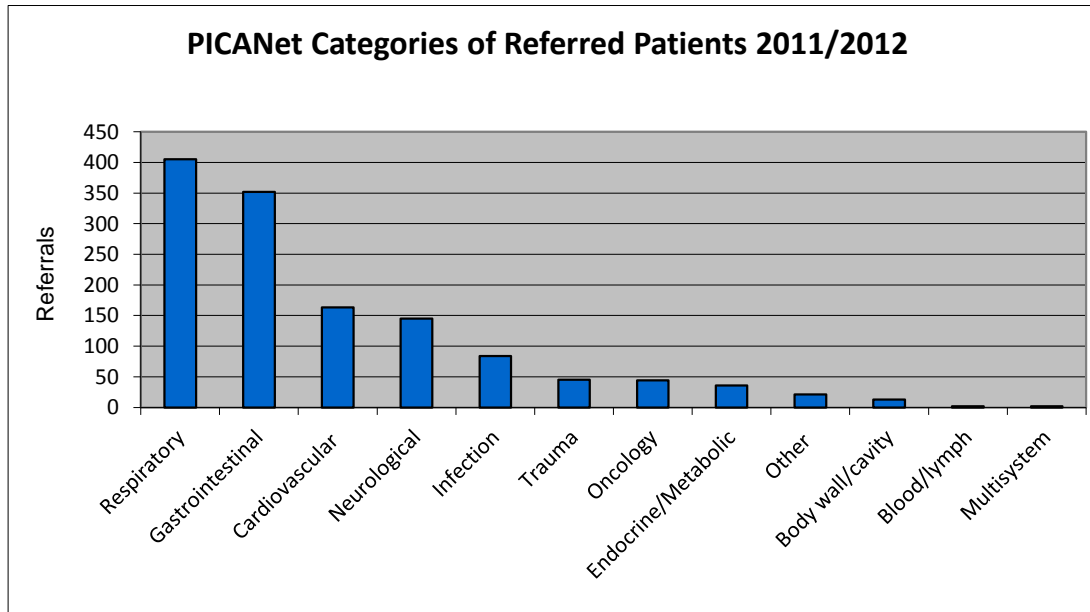


## 2.4 Out of Region Referrals to KIDS 2011/12

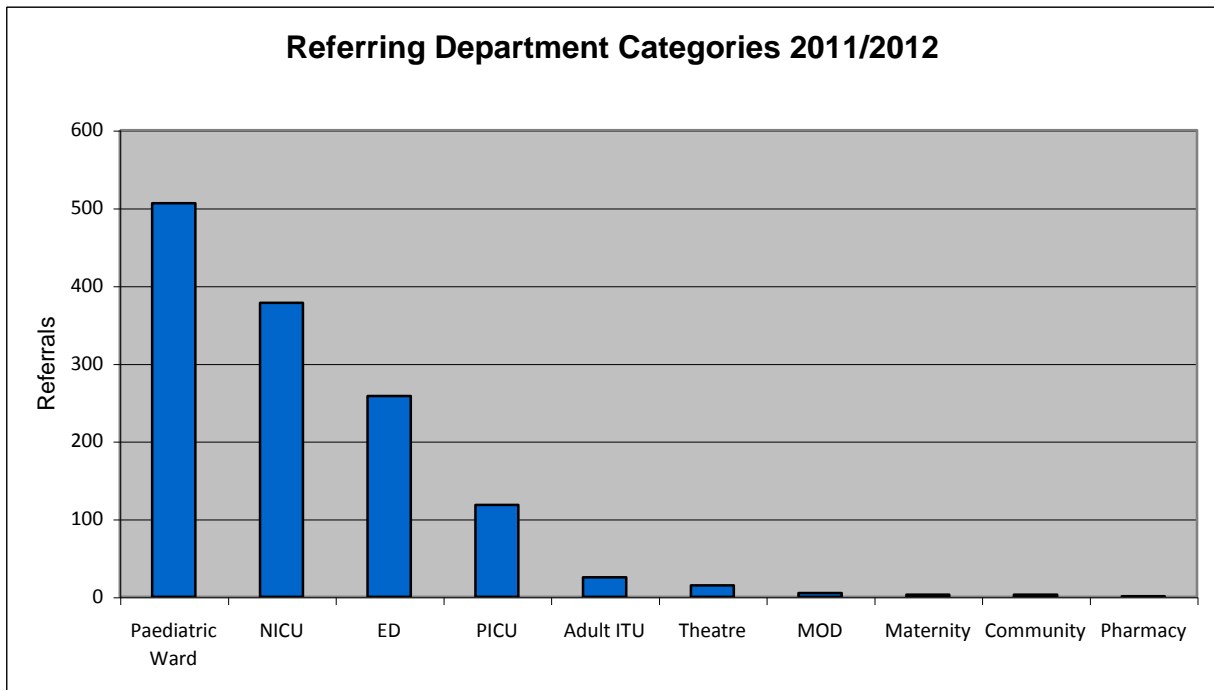
	Number		Number
UHL	17	Barnstaple	1
Gloucester	11	Boston	1
Bristol	8	Carmarthen	1
Kettering	7	Colchester	1
Afghanistan	6	Gibraltar	1
Alder Hey	4	Horton	1
Cardiff	4	James Paget	1
GOSH	4	Leeds	1
Lincoln	4	Leighton	1
Nottingham	4	Poole	1
Belfast	3	Luton	1
Manchester	3	Milton Keynes	1
Sheffield	3	Peterborough	1
Derby	2	Rotherham	1
Newcastle	2	Isle of Wight	1
Hichingbrooke	2	Kings Mill	1
Oxford	2	Wise	1
Northampton	2	Wycombe	1
Newport	2	Swansea	1
Bangor	1		

Total = 110

## 2.5 PICANet Categories of Referred Patients 2011/2012



## 2.6 Referring Department Categories 2011/2012



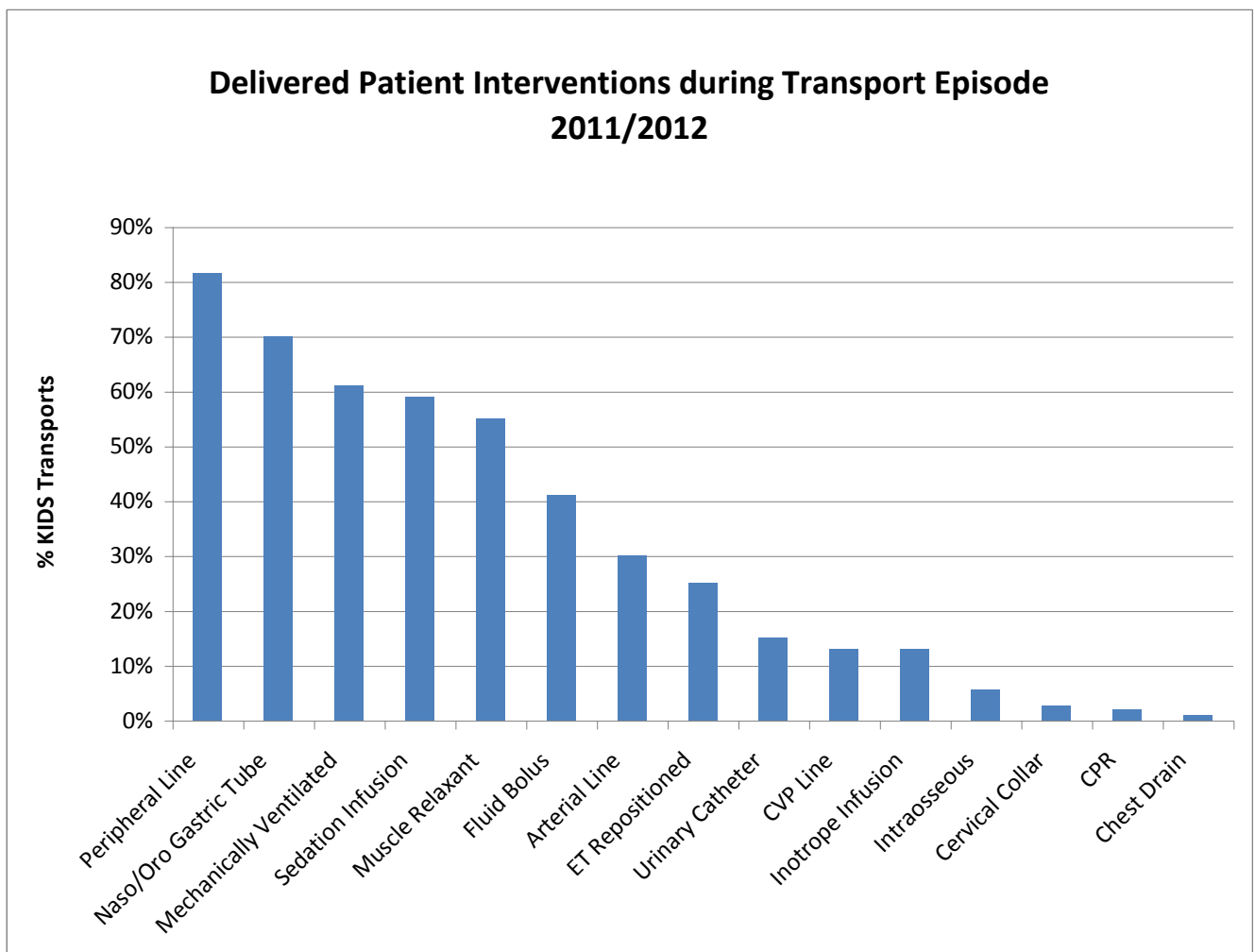
## 2.7 Preference and Destination of KIDS Referrals 2011/2012

Referring Clinician Preferred Destination	Actual Destination							Total
	West Midland			East Midland		Other		
	BCH	UHNS	Other WM	UHL	QMC	Taken OOR	Not transferred	Total
<b>BCH</b>	479	26	5	6	3	13	22	554
<b>No Preference</b>	96	91	15	9	9	8	300	528
<b>UHNS</b>	1	29	0	2		1	4	37
<b>UHL</b>	1	1	0	10	0	0	1	13
<b>QMC</b>	1	0	0	0	3	0	0	4
<b>Other WM</b>	6	0	145	0	0	2	3	156
<b>OOR</b>	0	1	0	0	0	19	0	20
<b>Total</b>	<b>584</b>	<b>148</b>	<b>165</b>	<b>27</b>	<b>15</b>	<b>43</b>	<b>330</b>	<b>1312</b>

## 2.8 Mobilisation and Stabilisation Times 2011/12

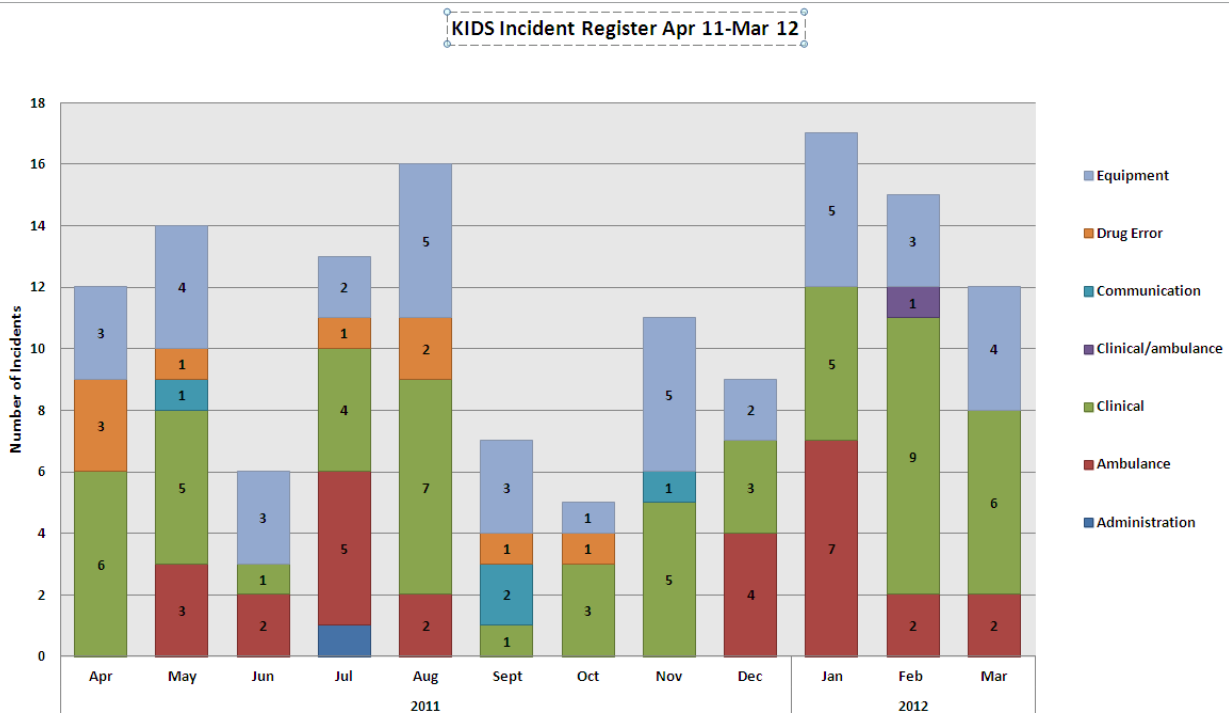
Times	Lower IQR	Median	Upper IQR
Referral to Acceptance	00:11	00:19	00:52
Acceptance to Mobilisation	00:14	00:25	00:32
Acceptance to Arrive DGH	01:00	01:26	02:05
Stabilisation	01:02	01:30	02:15
Total Episode	03:02	04:11	05:45

## 2.9 Delivered Patient Interventions during Transport Episode 2011/12



### 3.0 Clinical Governance and Risk

KIDS pursues the aim of an open and honest governance structure, with a high level of reporting of incidents independent of clinical sequelae. This results in the service being amongst one of the highest incident reporters in BCH Trust. There is a wealth of evidence that this reflects a healthy system when associated with a high rate of low risk incident reporting, effective and rapid interventions by all staff to improve process and systems, and a just culture in the organisation which recognises responsibility attributable to system and process failures as well as individuals. It is likely therefore that the rate of incident reporting will remain high (see table).



The current systems used for reporting are being improved in order to increase utility, allow easier reporting to other organisations, ensure appropriate labelling of risks with respect to other organisations as distinct from that within KIDS, and visualise closure of incidents.

The current system includes feedback by telephone to referrers of cases referred, with the Outreach Education Senior Sister delivering assistance with process and system improvements at referring centres resulting from incidents reported by the KIDS team. Outreach education and feedback is also performed by the multidisciplinary KIDS team to referring hospitals, with specific cases used to assist in improvements to patient care.

Within KIDS, incidents are reported and actioned quickly, resulting from a responsive and empowered workforce.

Higher risk incidents are reviewed by the Clinical Lead and Senior Sister, with oversight from the Directorate Team and Clinical Governance Department at BCH. These are also brought to the BCH PIC M&M for review. The KIDS Steering Group and Steering Group Chair provide further oversight. Serious incident reviews are run by the BCH Governance Department. KIDS attends Serious Incident Reviews at other organisation as requested.



### **3.1 Telecommunication**

KIDS fitted a second Siemens Hi-Path DX 'AC Win' Console to the Coordination Centre in May 2011. This was a direct response to the high activity of the previous winter period, and to provide additional capacity for further service expansion.

The coordination centre team received two days of on-site telecommunication training provided by Siemens-Enterprise during August 2011 to expand the functionality usage of the machines and to respond to technical training issues which had arisen in the previous year.

KIDS maintains a telecommunication 'fault book', which is reviewed every morning. Any discrepancies in the performance of telecommunication systems are reviewed and action was taken. During 2011/12 there were 54 reports, where appropriate a critical incident form was completed.

### **3.2 Health Record Management**

KIDS continues to record all patient activity onto the Lorenzo iPM system allowing full access and tractability of all patient activity across the NHS. This includes very accurate and contemporaneous admission, discharge and mortality information. KIDS is working with Trust and commercial partners to develop an electronic patients record system which would allow multi-interface access from clinicians in different locations.

## **4.0 KIDS Education Programmes**

KIDS operates and contributes to a number of education programmes concerning paediatric transport and critical care provision.

The following was provided in 2011/12

- Transport training days for all team members
- Student/observer booking system, training pack, induction material and mentoring system
- Continued In-service provision of education and training to new doctors and nurses
- In-service provision for ambulance technicians about the transport process, safety standards and their role in working with the transport team
- Training for PICU staff about preparing patients for KIDS Team arrival
- Placement opportunities for medical students and student nurses
- Placement opportunities for work experience students
- Update training for the coordination centre administration team quarterly

### **4.1 KIDS Nursing Staff Training**

KIDS is actively ensuring that the highest standards of professional nursing are delivered and maintained. KIDS sends senior representation to all professional nursing meetings within BCH which pertain to clinical care, infection control, child protection and quality improvement. National professional nursing developments are received from the Senior Operational and Band 7 Forums, and KIDS implements all of the updates and requirements of the Trust in a timely and sustainable manner.

KIDS compliance with Trust Mandatory Training and Appraisals exceeds the key performance indicator of the Trust.

## **4.2 Outreach Education**

KIDS continued to provide an Outreach Education programme led by a Band 7 Senior Sister (Sophie Jones) who previously worked for over ten years upon PICU at BCH. This post was a two year fixed term post from April 2010 to April 2012 funded by the Locality Stakeholder Board.

Provision of mobile education to the region's hospitals expanded during 2011/2012 as the profile of this service increased. The outreach nurse has provided numerous sessions to nursing and medical staff about paediatric critical care skills such as the fixation of endotracheal tubes, preparation of intravenous infusions, management of invasive monitoring and preparation for the transport team's arrival. The popular 'Stabilisation of the Sick Child' course was run at Birmingham Children's Hospital upon 3 occasions, and was attended by doctors and nurses from across the Midlands. Simulation training days were provided during 2011/12 using the KIDS Laerdal SimBaby which took place at both Birmingham Children's Hospital and at other local hospitals.

Work to source funding to continue this post commenced in April 2011, once it was confirmed that continued funding from the Locality Stakeholder board was not available. Some outreach education provision will continue to be supported by the KIDS nursing team whilst simultaneous work to create a regional governance and education platform, with DGH stakeholder purchasing of the service is pursued.

## **4.3 Research and Audit**

KIDS is committed to research and audit of transport, mobile paediatric intensive care, coordination of critical care resources, regional outreach, management and cost improvement.

During 2010/2011 KIDS staff presented work at national and international conferences, as well as undertaking internal audit of service delivery.

### **Audits Undertaken in 2011/2012**

1. Management of neonatal end tidal carbon dioxide levels
2. Infection control care bundle compliance during transport
3. Audit of 'Blue Light' usage
4. Audit of Paediatric Infant and Mortality (PIM2)
5. Documentation Audit
6. Compliance with equipment checking
7. Ambient temperature of ambulance cabin during transport

### **Research Continued in 2011/2012**

SHINE Young Lives; Remote Telemedicine – McLaren Formula 1 and Vodafone:

To evaluate if remote telemetry from continuous patient monitoring systems can be transmitted via the mobile phone network to a Consultant in real time.

### **Presentations at Paediatric Intensive Care Society Scientific Meeting – September 2011**

ALURKAR, S; Krishnan-Kanthimathinathan; Revanna, S and Montgomery, M  
Time Critical Surgical Neonates – Do they arrive in time?

KRISHNAN KANTHIMATHINATHAN, H; Revanna, S and Montgomery, M  
THE 'X-FACTOR' impact of interventions on stabilisation times

BULL, E and Gyles, A  
Infection Control: Good practice can be adhered to on retrieval

MEEDIMALE, VR; Revanna, S; Cole, R; Bagshaw, O; Gyles, A; and Montgomery  
Wasting Blood Products on Transport – How Not To!

WILSON, P and Montgomery, M  
'Stand Alone' Regional Paediatric Critical Care Transport Teams – An Expensive Luxury or a vital and efficient regional resource?

## **4.4 Child and Family Participation**

KIDS gives feedback cards to parents whose children have been transported to PICU or ward areas. Parents are asked to complete a card before they leave hospital; they are given out and collected by nursing staff. 86 feedback cards were received, representing 12% of the transported patients. Allowing parents to accompany their child following the inception of the new ambulances has evaluated favourably, as well as the professionalism and timeliness of the team. KIDS has also received letters and emails via the website in the last year. KIDS contributes information to the new BCH Patient Experience Database (PED) which was recently introduced. This ensures the parental feedback card comments are peer reviewed by the Patient Experience Department, and allows trends or concerns to be analysed in relation to other experiences within the Trust.

## **5.0 Rebranding and Renamed of Service**

A senior team away day in July 2011 considered that the forthcoming new premises and new ambulances provided an opportunity to review the name and logo of the service. A desire to identify a more appealing name coupled with recognition that the service provided much more than only transport and retrieval was a driving force for the review. The merger of the West, East and East England Strategic Health Authorities also rendered the NHS West Midland identification obsolete.

Close working with the BCH Communications Department and Quantum Creative Limited provided a range of options. A consultation involving all KIDS Staff proposed the new name: 'KIDS Intensive Care and Decision Support' to the KIDS Steering Group on the 12<sup>th</sup> September 2012. The proposal was accepted with a recommendation to the BCH Executive Management Team for the service to be renamed. This recommendation was approved. BCH Communications department managed the publicity of the new brand, with the making of a new promotional film and a new website. The new ambulances were liveried with the new logo and the formal press launch for the renaming of the

service took place on 1<sup>st</sup> November 2011. Reception of the service's new brand has been extremely positive.

## **5.1 Partnership with Coventry City Football Club**

BCH Communications secured a charitable relationship with Coventry City Football Club which allowed KIDS to hold charity events at the Ricoh Arena. This coincided with the rebranding of the service and the introduction of the new ambulances and therefore a timely celebration of the KIDS achievements in 2011/12.

Publicity photographs were taken at the Coventry City training ground and BCH during October 2011, and a charity bucket-collection was held before a home game against West Ham United on the 19<sup>th</sup> November 2011. The collection was undertaken by staff and families of KIDS and BCH Communications department. On March 17<sup>th</sup> 2012 a prestigious sponsored 'Zip Wire' charity event took place at the Ricoh Arena, organised by the BCH Funding Raising Department. This was corporately promoted by both BCH and Coventry City's communications department. The day was extremely successful and Coventry City subsequently devoted a page of their internet website to KIDS.

## **5.2 Ambulance Contract**

2011/2012 was the first full year of ambulance provision from St John Ambulance Service, under the contract awarded in March 2011. Suitable vehicles were initially selected from the existing St John Ambulance fleet. KIDS and St John Ambulance began designing 3 new bespoke Mercedes vehicles. These vehicles were built in Germany (by WAS) with the specifications for the external and internal layout designed to be fit for purpose for KIDS equipment and function. Patient compartment specifications included 4 full seats, allowing provision for at least one parent to accompany the team and their child. The vehicles were signed-off on a site visit to Germany in September 2011 by senior KIDS staff, and introduced to service in November 2011. Both St John Ambulance and KIDS have been delighted with the new vehicles.

The KIDS Ambulance and driver are based at BCH during all 'out of hours' periods, allowing rapid mobilisation. Limited parking capacity at BCH prevents the vehicles being present during office hours, although this will be resolved with the move to new premises. All the drivers have been given BCH Honorary contracts to both reflect KIDS' commitment to embedding the ambulance crews into the team, and to allow them full access to the Trust's educational and staff resources.

2 training days for the ambulance technicians were led by the KIDS Senior Sister, and further training days are planning for 2012/13. The provision of clinical skills training, allowing the technicians to assist the KIDS team in extended roles will be introduced into the programmes for the coming year.

St John Ambulance have an accessible management structure and the relationship with KIDS is progressive, responsive and allows a very functional partnership for delivering and improving the service. Further work around inter-facility driving and the use of exemptions will be explored in 2012/2013.

## **6.0 Service Workforce and Facilities Progression**

### **6.1 Advanced Nursing Practice**

An opportunity was sought during the Summer of 2011 for KIDS to create a position on the September 2011 intake for PICU ANP Training at BCH. Recruitment took place in August 2011 and Anneke Gyles (KIDS Senior Sister) was appointed into an ANP training position. This is a 2 year course, with the MSc academic content provided by Birmingham City University. Consultant supervision is being jointly provided by PICU and the KIDS Clinical Lead. An ANP strategy is to be prepared in 2012/13 which will identify specifically the role of the ANP in KIDS, with an expectation that this will be an expanding and complementary picture of workforce delivery, supporting KIDS into the future.

### **6.2 Service Level Agreement with UHNS PICU for Nursing Staff**

KIDS successfully renegotiated the SLA with UHNS for the continued provision of nurses from UHNS PICU, continuing through to 2013/2014. The relationship with UHNS has been critical to the success of the KIDS and has allowed excellent working to flourish between the service and both regional PICUs.

### **6.3 Nursing Staff Appointments in 2011/12**

A further Band 6 50/50 appointment was made in June 2011, and a further 2 Full Time Band 6 posts appointed in December 2011. The appointment of the first ANP Trainee created a vacancy for the Senior Sister post (Band 7) which was filled in November 2011 from an internal candidate. A rolling Band 5 secondment programme with BCH PICU was established which has proved popular; these secondment opportunities will be further expanded in 2012/13.

## **6.4 KIDS Estate and Facilities Provision**

Close working with the BCH Directorate of Specialised Services and the Capital Projects department in 2011/12 secured KIDS new accommodation providing increased floorspace and improved facilities. A number of options were explored during the Autumn of 2011, however the impending winter period caused the process to be postponed until Spring 2012. In Spring 2012, BCH Capital Projects Team informed KIDS that the Trust was set to acquire the building known as 1 Printing House Street. This 6 storey building opposite the hospital's main car park would be available from April 2012 to provide accommodation for KIDS and other BCH departments. The ground and first floor were made available to KIDS. The buildings' interior was a basic shell in January 2012 and required intensive refurbishment.

Throughout the Spring of 2012 intensive collaboration between KIDS, Capital Projects, Information Technology and the Facilities Department took place, with a target of beginning KIDS operations from the new building in May 2012 (one month after handover of the refurbished building). By March 31<sup>st</sup> 2012 a robust timetable project managed by KIDS had approved a floor plan, a new Telecommunication system (built in collaboration with Siemens-Enterprise), the creation of 'off road' ambulance parking bays and the sourcing and ordering of all furniture and fittings which would be required.

Work awaiting completion includes the sinking of a cable trench across Whittle Street from the main hospital building to provide telephone and internet connections. At the 31<sup>st</sup> March 2012 KIDS can report that the scheduled relocation date of May 2012 appears realistic.

## **7.0 Service Innovations**

### **7.1 Telemedicine**

KIDS is part of an innovative research project McLaren Electronics, who provide data transmission and AI systems to the Formula 1 racing industry. This work is linked to research taking place in BCH PICU around electronic PEWS. The KIDS component of this research is examining the feasibility of data transmission over the mobile phone network data from the KIDS trolley and ambulance to a server in BCH. This work is currently in proof of concept.

The main KIDS mobile intensive care trolley has been fitted with a small computer transmitter, with a booster transmitter allowing increased transmission on one of the ambulances.

### **7.2 Babypod Warming Solution Innovation**

KIDS has been working closely with Ferno Limited and Inditherm to devise an electrical heating solution for the Babypod. A device capable of running from the Ambulance Power Supply with up to an additional 4 hours residual battery life has achieved electrical safety approval and partial CEN compliance approval. The safety testing approval for the electrical warming insert is currently being explored. This innovation was showcased by BCH as part of NHS Sustainability Day on the 28<sup>th</sup> March 2012. Successful implementation of this device would result in an annual cost saving of up to £30,000 and may reduce the environmental impact arising from keeping babies warm during transport.

## **7.3 KIDS Telecommunication Coordination and Siemens-Enterprise**

KIDS is working closely with the BCH IT department and Siemens-Enterprise towards the development of a 'Voice Over IP' telecommunication and call recording solution to provide a flexible platform for intensive care transport and decision support. It is anticipated this system will be fitted to the new premises and ultimately replace the Hi Path DX 'AC Win' system.

## **8.0 Service Collaboration and Network Participation**

### **8.1 Safe and Sustainable Congenital Cardiac Surgery**

In February 2011 the Joint Committee of Primary Care Trusts (JCPCT) laid out four options determining which centres in England would continue to provide congenital cardiac surgery. There followed a Judicial Review on the 7<sup>th</sup> November 2011 in which a single point concerning the scoring of research and innovation raised by the Royal Brompton was upheld. The JCPCT is awaiting the outcome of an appeal against this judgement.

KIDS continues to engage in the preparation for potential reconfiguration and the impact this may have on operational aspects and logistics, with a review of retrospective activity information and forecasted activity increases which may result from the final outcome of the review. Provisional planning for meeting this additional demand has been undertaken. KIDS remains sighted on specialty activity with a view to ensuring access for acutely critically ill babies, children and young people from around the region.

### **8.2 Extra Corporeal Membrane Oxygenation (ECMO) at BCH PICU**

KIDS coordination centre provides the central point for access to surge ECMO at BCH. An SOP for managing referrals requesting potential ECMO is in place.

### **8.3 High Dependency Care**

The organisation of provision of high dependency care within the West Midlands continues to be a matter of considerable debate. Whilst not formally commissioned to provide high dependency transfers, KIDS provides clinical advice where requested, and, when capacity allows, inter-facility transfers of children being moved for ongoing high dependency care. The Specialised Commissioning Group is continuing to explore the commissioning of high dependency care with the objective of identifying an appropriate definition set and resource-utilisation based tariff. KIDS attended the regional meeting led by Kevin Morris and Nicola Holdback of BCH PIC where the findings of a multi-hospital site observational study of high dependency care took place during the winter of 2010/11.

## **8.4 WM Newborn Transport Service**

Close working with the WM Newborn Transport Service continued in 2011/2012. Regular meetings and improved communication pathways has allowed both services to operate together and provide the most appropriate solution for children requiring access to specialised services. Further work to explore closer collaboration is being explored.

## **8.5 BCH PICU Expansion and UHNS PICU Relocation**

BCH PICU increased its capacity to 22 beds in 2011/12 and at during winter months flexed up to operate 24 beds. A capital building programme has now commenced to increase the bed capacity to 26 by the Summer of 2012. KIDS is working closely with BCH to ensure KIDS capacity to meet increased demand.

UHNS PICU relocated to a new Private Finance Initiative (PFI) building in March 2012. The new hospital is built at the City General site in Stoke-On-Trent and brings the entire paediatric department together on one site. The 'Children's Centre' has paediatric wards, a paediatric emergency department, a paediatric assessment unit and PICU. The PICU has 8 beds, with excellent parental facilities including 8 bedrooms within the PICU complex itself.

## **8.6 Non Ventilated Surgical Neonates (NVSN)**

In August 2011 the KIDS coordination centre began receiving referral calls for patients who required transporting from West Midland Neonatal Units to BCH for neonatal surgical management, including those not requiring PIC. This followed two years of preparation closely allied with the regional 'Neonatal Surgical Project Board', which since 2008 has been improving service access and care quality for newborn babies requiring acute surgical management within the region. NVSN referrals for babies requiring admission to the Neonatal Surgical Ward (NSW) at BCH allow application of KIDS coordination to maximise bed utilisation and aim to reduce the numbers of babies being taken out of region. Reduction in referrer time on the telephone to access neonatal surgical beds was a further priority. The referral process is subject to regular reviews with members of the Neonatal Surgical Project Board. The number of referrals and the time required by KIDS consultants and administrators to find solutions for these babies has been found to be higher than anticipated. The analysis of this work is continuing in 2012/13.

## **8.7 Regional Trauma Network**

Throughout 2011/12 each English region reviewed the management of Trauma Patients, as part of a national programme. Considerable work to review Trauma care both in the pre-hospital and in-hospital setting has been undertaken across the West Midlands during 2011/2012. The designation of 4 trauma centres in the West Midlands declared that BCH would be the nominated centre for major paediatric trauma. KIDS was closely involved in the development of Trauma Pathways for children, and hosted a facilitated simulation review of regional trauma in 2011 for BCH and the region.



The West Midland Trauma network system launched in late March 2012 with KIDS receiving notification from the West Midland Ambulance Service Trauma Desk for patients below 16 years old classified as a potentially major trauma case by pre-hospital teams. These calls will be managed as per normal KIDS process, with direct involvement of the KIDS Consultant.

## **8.8 Ministry of Defence; Paediatric/Neonatal & Obstetric Contract Bid**

In July 2011 KIDS made an expression of interest for the MOD contract for providing paediatric, neonatal and obstetric evacuation to service personnel. KIDS was invited to submit a tender. During September and October 2011 a comprehensive document was prepared outlining how KIDS, in partnership with Birmingham Women's Hospital NHS Trust would provide this worldwide service. Following consultation with WM Specialised Commissioning Team and the KIDS Steering Group, the bid was approved by BCH Executive Management Team. KIDS was shortlisted but was unsuccessful in being awarded this contract. Feedback has been received from the MOD and this has been reviewed and digested for future tender bids.

## **9.0 Plans for 2012/13**

Relocation of Service into 1 Printing House Street

Complete Telecommunication Innovation with Siemens-Enterprise

Continue collaboration with WM Newborn Transport Service

Explore effect of new SHA cluster 'Midland and East England' with BCH and SCT

Improve Neonatal Surgical Pathway

Explore Cardiology Referral Pathway

Begin CAMTS Accreditation Process

Introduce 2<sup>nd</sup> new trolley and transport incubator

Productive KIDS

Complete Babypod Warming Solution Innovation