

Update on the New Congenital Heart Review process

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Trust Board paper F

Executive Summary

Context

This paper provides the Trust Board with an update on the campaign to retain the East Midlands Congenital Heart Centre, (EMCHC) at UHL. The paper also invites the Board to comment on our proposed next actions in respect to the NHS England consultation on CHD services in England

Questions

1. What has happened since the last Trust Board update?
2. What is planned with the campaign over the next month?
3. What plans are in place to manage the outcome of the NHS England Board decision on the 30th November?

Conclusion

1. On the 16th October John Adler received a response from John Stewart to the update on the progress of the growth plan sent on the 15th September. In this letter Mr Stewart requested that the Trust provide any further communication and progress from the network hospitals that had not responded when we submitted the update. Over the last month significant network conversations have taken place and the Trust has had dialogue or letters of response from every Network Hospital that forms part of the EMCHC network, and from whom we have anticipated surgical referrals as part of our growth plan. A letter updating NHS England on this was sent on the 26th October.

The current level of referrals, MDT confirmations for surgery, and surgical caseload is the highest the service has ever seen. The service continues to work collaboratively with other CMG's to facilitate the most efficient pathway for this increased activity, and activity is on track to meet the 2018 target of 375 cases, and the 2021 target of 500 cases.

The advert for the new lead consultant surgeon to replace Mr Mimic is live and it is anticipated that interviews will be held week commencing Monday 11th December and the new surgeon would therefore be able to start by 1 April 2018.

2. Network meetings and discussions will continue over the next month to progress the conversations currently in place and establish the most beneficial referral pathways.
The service will continue to focus on the operational delivery of the surgical caseload within the current theatre capacity.

The new Consultant Surgeon Mr Imran Saeed arrives on the 18th November which enables him to have a full induction to the service before Mr Mimic leaves.

3. A communications strategy is being prepared ahead of the NHS England decision on the 30th November focussing on the needs of the EMCHC patients, staff and stakeholders. Due to the clinical priorities on the day of the decision no media access to the EMCHC wards or staff will be permitted, and all initial reaction will be provided by John Adler. Further access and information will be provided once the Trust has had time to consider the decision.

In the case of a positive decision a robust media and marketing campaign is being planned to communicate the good news and encourage patients to choose EMCHC for their treatment and attract specialist staff to join the team.

Once we have clarity on the decision on the 30th a full report of the intended actions will be presented to the Trust Board on the 7th December.

4. For Reference

Edit as appropriate:

1.The following **objectives** were considered when preparing this report:

- Safe, high quality, patient centred healthcare [Yes]
- Effective, integrated emergency care [Yes]
- Consistently meeting national access standards [Yes]
- Integrated care in partnership with others [Yes]
- Enhanced delivery in research, innovation & ed' [Yes]
- A caring, professional, engaged workforce [Yes]
- Clinically sustainable services with excellent facilities [Yes]
- Financially sustainable NHS organisation [Yes]
- Enabled by excellent IM&T [Yes]

2.This matter relates to the following **governance** initiatives:

- a.Organisational Risk Register [Yes]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
2940	There is a risk that paediatric cardiac surgery will cease to be commissioned in Leicester with consequences for intensive care and other specialist paediatric services	15	0	Women's and Children

If NO, why not? Eg. Current Risk Rating is LOW

- b.Board Assurance Framework [No]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	...		

3.Related **Patient and Public Involvement** actions taken, or to be taken: [Insert here]

4.Results of any **Equality Impact Assessment**, relating to this matter: [Insert here]

5.Scheduled date for the **next paper** on this topic: December 2017

6.Executive Summaries should not exceed **4 pages**. [My paper does comply]

7.Papers should not exceed **7 pages**. [My paper does comply]