

Update on the New Congenital Heart Review process

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Trust Board paper xxx

Executive Summary

Context

This paper provides the Trust Board with an update on the outcome of 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 following the NHS England decision on CHD services in England.

Questions

1. What was the outcome of the consultation on Congenital Heart Disease Services in England made at the NHS England Board meeting on the 30th November 2017?
2. What are the milestones required to comply with the CHD standards?
3. What are the next steps for the service?

Conclusion

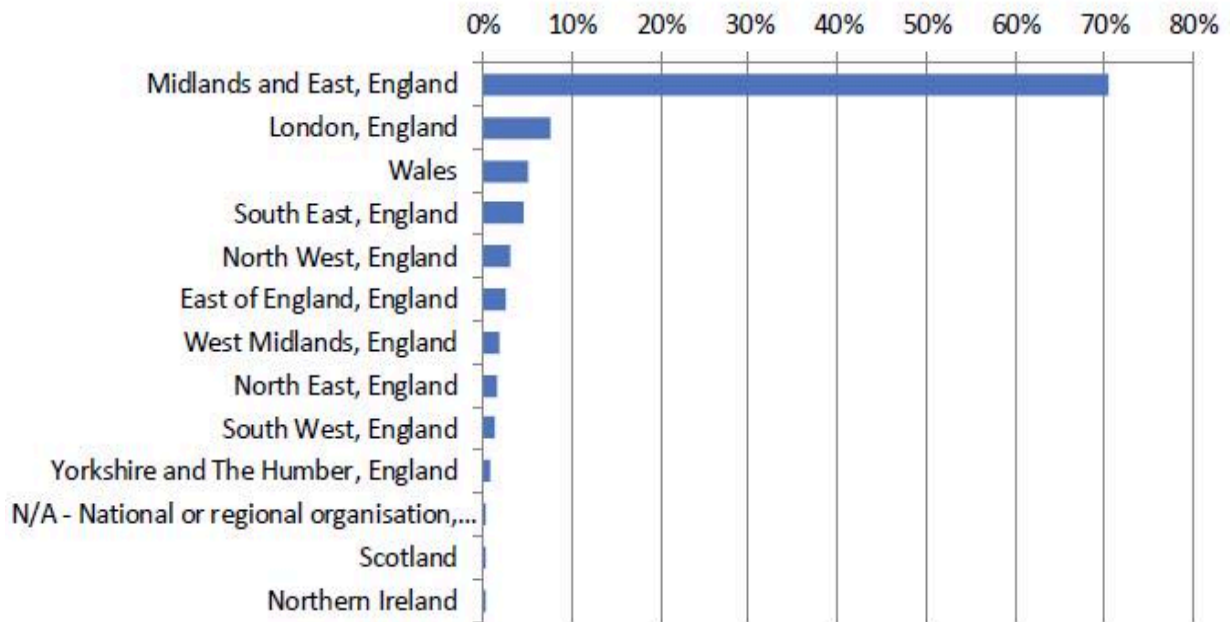
1. The NHS England Board approved the recommendation from the NHS England CHD review team to continue to commission University Hospital of Leicester NHS Trust to provide level 1 CHD services, conditional on achieving full compliance with the standards in line with our own plan to do so, and demonstrating convincing progress along the way. Full details of the Board papers can be found on <https://www.england.nhs.uk/wp-content/uploads/2017/11/06-pb-30-11-2017-congenital-heart-disease-services.pdf>

The consultation received 7673 responses of which 70 % were from the Midlands and East region. This overwhelming response from our region equalled that received in the Safe and Sustainable review (2012) and clearly demonstrated the continued strength of public opinion in support of EMCHC retaining Level 1 commissioning. The findings can be found in full at

<https://www.england.nhs.uk/wp-content/uploads/2017/11/06-pb-30-11-2017-annex-a-congenital-heart-disease-consultation-report.pdf>

2. University Hospitals of Leicester NHS Trust are required to achieve full compliance with the standards within the detailed implementation schedule (Appendix B). This is based on the UHL growth plan and includes achieving full co-location for all inpatient paediatric CHD care by April 2020 and increasing surgical activity so that we have a team of at least four surgeons, each undertaking at least 125 operations per year, from April 2021. These are no different from all other Level 1 centres and are in our own gift to achieve.

3. It is vital that we maintain the current momentum within the service and the next steps are clear ;
- a. Maintain the very high quality of our care and the robust review and audit processes which are key to maintaining that quality
 - b. Achieve our surgical numbers in line with our own growth plan
 - c. Continue to develop our ways of working and internal cooperation as clearly demonstrated through the recent LiA process
 - d. Extend our recruitment plans , promoting our success and plans for the future to attract and retain the key staff we need for our growth
 - e. Continue to develop and nurture our relationships with the hospitals in our network to help make EMCHC the centre of choice for their patients
 - f. Achieve our plans to co-locate EMCHC within the Children's Hospital at LRI.

Appendix A**Q2. In what region are you based?**

In terms of feedback from the Midlands and East region, the main themes from the 70.6% of respondents were:

- It is felt that Glenfield (UHL) is not being treated fairly or consistently in comparison to other sites
- That the standards do not 'make sense' clinically or for patients
- In the long term Glenfield (UHL) is set to 'meet the standards' in the future

Appendix B

University Hospitals of Leicester NHS Trust

- University Hospitals of Leicester NHS Trust will be required to achieve full compliance with the standards within the required timeframes and specified milestones. This includes achieving full co-location for all inpatient paediatric CHD care by April 2020 and increasing surgical activity so that it has a team of at least four surgeons, each undertaking at least 125 operations per year from April 2021.
- NHS England will monitor UHL's progress towards meeting the standards and take commissioning action if it becomes clear that the standards will not be met according to the timescale set out in the implementation schedule. These timescales are informed by the Trust's own plans and the original timetable set out in the standards.

Milestone- no later than	Deliverable	Commissioner action if not delivered	
		Trust required producing, and agreeing with NHS England, a recovery plan.	Referral to Specialised Services Commissioning Committee for decision whether to terminate the contract to provide level 1 CHD services.
April 2018	Surgical activity for the year 2017/18 at least 375 operations.	Surgical activity less than 356.	Surgical activity is less than 337.
	Surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2018/19.	Fewer than three surgeons in post; no appointment made for replacement(s).
April 2019	Surgical activity for the year 2018/19 at least 403 operations.	Surgical activity less than 382.	Surgical activity is less than 362.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2018/19.	Fewer than three surgeons in post; no appointment made for replacement(s).
April 2020	Surgical activity for the year 2019/20 at least 435 operations.	Surgical activity less than 418.	Surgical activity is less than 402.

	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2019/20	Fewer than three surgeons in post: no appointment made for replacement(s). One or more surgeons undertook fewer than 125 operations a year averaged across 2018/19 or 2019/20
	Full co- location achieved for all inpatient paediatric CHD care.		Full co-location not achieved for all inpatient paediatric CHD care.
April 2021	Surgical activity for the year 2020/21 at least 471 operations.	Surgical activity less than 453.	Surgical activity is less than 435.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2020/21.	Fewer than three surgeons in post. One or more surgeons undertook fewer than 125 operations a year on average across the years 2018/19, 2019/20 and 2020/21.
	Fourth surgeon appointed and in post.		No appointment made for fourth surgeon.
April 2022	Surgical activity for the year 2021/22 at least 500 operations.	Surgical activity less than 487.	Surgical activity is less than 475.
	Four surgeons undertaking at least 125 operations per year.	Fewer than four surgeons in post. One or more surgeon undertook fewer than 125 operations in 2021/22	Fewer than three surgeons in post.

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	<p>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</p> <p>This risk will now be revised and reduced , in accordance with the plans to meet the milestones set in the UHL growth plan</p>	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: January 2018

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

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