

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	<b>Director of Strategy</b>
<b>Date:</b>	<b>1 December 2011</b>
<b>CQC regulation:</b>	As appropriate

<b>Title:</b>	<b>Safe and Sustainable Children's Cardiac Services Review; Position Statement</b>		
<b>Author/Responsible Director: Mrs E Aryeetey, Dr Abigail Tierney</b>			
<b>Purpose of the Report:</b>			
<ul style="list-style-type: none"> <li>• <b>To update the Trust Board</b></li> </ul>			
<b>The Report is provided to the Board for:</b>			
	Decision	<input type="checkbox"/>	
	Discussion	<input type="checkbox"/>	
	Assurance	<input type="checkbox"/>	
	Endorsement	<input checked="" type="checkbox"/>	√
<b>Summary / Key Points:</b>			
<p>The purpose of this paper is to update the Trust Board and key stakeholders on the progress of the Children's Cardiac Services Review, in particular the impact on paediatric cardiac services in Leicester and the East Midlands.</p> <p>The paper includes:</p> <p>Recent Developments</p> <ol style="list-style-type: none"> <li>1. Judicial Review process</li> <li>2. Re-submission of research and innovation data</li> </ol> <p>Strengthening UHL's position</p> <ol style="list-style-type: none"> <li>1. Research</li> <li>2. Co-Location of Paediatric ENT services</li> <li>3. Clinical Network</li> <li>4. Clinical Psychologist</li> </ol> <p>Business case for EMCHC development</p> <p>Continued support for Option A</p>			
<b>Recommendations:</b>			
<p>The Trust Board is asked to re-affirm its support for the strategic development of the EMCHC and note that the shortfalls identified as part of the Safe and Sustainable Review have been positively addressed. In particular the Board is asked to endorse the proposed outline plan for the re-location of paediatric ENT (and some adult) out-patient activity to the Glenfield Hospital site.</p>			

**Trust Board paper E**

<b>Previously considered at another corporate UHL Committee ?</b> N/A	
<b>Strategic Risk Register</b> Divisional Risk Register	<b>Performance KPIs year to date</b> N/A
<b>Resource Implications (eg Financial, HR)</b> N/A	
<b>Assurance Implications</b> N/A	
<b>Patient and Public Involvement (PPI) Implications</b> There has been extensive Public and Patient Involvement through the National Consultation Process.	
<b>Equality Impact</b> A health impact assessment was undertaken as part of the National Consultation Process	
<b>Information exempt from Disclosure</b> No	
<b>Requirement for further review ?</b> To be confirmed	

# University Hospitals of Leicester NHS Trust

## Trust Board Paper

### *Safe and Sustainable Children's Cardiac Services Review*

Position Statement, February 2012

#### Introduction

The purpose of this paper is to update the Trust Board and key stakeholders on the progress of the Children's Cardiac Services Review, in particular the impact on paediatric cardiac services in Leicester and the East Midlands. It follows on from the update presented to the December 2011 Trust Board Meeting.

#### Recent Developments

Mr Justice Owen's High Court ruling in November 2011 found the Joint Committee of Primary Care Trusts' (JCPCT) scoring for 'research and innovation' was unlawful. The JCPCT lodged an application to appeal the ruling by the High Court.

In November 2011, the JCPCT invited all 11 centres providing children's congenital heart services to submit new evidence demonstrating their compliance with the national quality standards relating to 'innovation and research'. Eight Trusts, including UHL, chose to submit new evidence. A panel of independent experts, led by Professor Sir Ian Kennedy, assessed all the information carefully. Only two Trusts have seen a change to their score for research and innovation with Oxford Radcliffe Hospitals NHS Trust moving from 1 (inadequate) to 2 (poor) and the Royal Brompton and Harefield NHS Foundation Trust moving from 2 (poor) to 3 (adequate). The scores for all the hospitals are set out below. A full report including the new scores will be submitted to the JCPCT in January 2012 which will also be available publicly.

<b>Trust</b>	<b>Score</b>
Leeds Teaching Hospital NHS Trust	2 (no change)
Alder Hey Children's NHS Foundation Trust	2 (no change)
University Hospitals of Leicester NHS Trust	2 (no change)
Oxford Radcliffe Hospital NHS Trust	From 1 to 2
Newcastle Upon Tyne Hospitals NHS Foundation Trust	3 (no change)
Royal Brompton and Harefield NHS Foundation Trust	From 2 to 3
Birmingham Children's Hospital NHS Foundation Trust	4 (no change)
University Hospitals Bristol NHS Foundation Trust	4 (no change)
Southampton University Hospital NHS Trust	4 (no change)
Great Ormond Street Hospital for Children NHS Trust	5 (no change)
Guy's and St. Thomas' NHS Foundation Trust	5 (no change)

- 1 Inadequate** – no evidence to assure panel members
- 2 Poor** – limited evidence supplied
- 3 Acceptable** – evidence supplied is adequate but some questions remain unanswered or incomplete
- 4 Good** – evidence supplied is good and the panel are assured that the centre has a good grasp of the issues

## 5 Excellent – evidence is exemplary

The Court of Appeal has granted the Joint Committee of PCTs leave to appeal the response to the Judicial Review by the Royal Brompton and Harefield NHS Foundation Trust. A full hearing will be held on either the 19 or 20 March 2012.

Jeremy Glyde, *Safe and Sustainable* Programme Director, said:

“Members of the Joint Committee of Primary Care Trusts, professional associations and parent groups have highlighted the importance of reaching decisions urgently. We are pleased the Court of Appeal has acknowledged the urgency of this case by scheduling the hearing as soon as possible. We recognise that further delay is undesirable particularly for families and NHS staff. Assuming a successful outcome at appeal, the Joint Committee of PCTs remains committed to making a decision on the future of children’s congenital heart services in the spring.”

In January the Yorkshire and Humber Joint HOSC referred the *Safe and Sustainable* review process to the Secretary of State, claiming that the JCPCT displayed “a level of public contempt for the democratic process that the Joint HOSC have rarely experienced”. In addition to the Royal Brompton and Harefield NHS Foundation Trust’s Judicial review, the first of its kind in the NHS, the landscape for implementing the Review’s final decision appears increasingly difficult. The potential for a further full-scale public consultation, should the JCPCT appeal not be upheld, is a daunting prospect for all stakeholders. It is clear that further delay is not in the interests of either patients or the staff working within the existing 10 paediatric cardiac surgical centres.

### UHL’s response to recent developments

#### Research

UHL was extremely disappointed at the re-evaluation of its research and innovation score, having taken note of the original comments and addressed those in terms of developing and submitting a formal research strategy, a research portfolio and integrating the East Midlands Congenital Heart Centre research strategy into the bio-medical research units within UHL. These concerns have been formally submitted to the Panel.

The Trust and University are investing heavily in cardiovascular R&D at Glenfield and the plans to build a new £9.5m Cardiovascular Research Centre at Glenfield Hospital is underway. We believe that this is strong evidence that the research strategy is ‘robust’ and is clearly working.

#### Co-location

A key determinant of quality identified within the S&S Standards is co-location of paediatric cardiac surgery with other specialist paediatric services. It was clearly identified by the Kennedy Panel that they considered the absence of paediatric ENT services on the Glenfield site as detrimental to the quality of care offered to paediatric cardiac surgical patients and presented an unacceptable risk to patients. The Trust has therefore taken the decision to relocate Paediatric ENT out-patient services to the Glenfield site and to evaluate a longer term plan to undertake Paediatric ENT day-case surgery at Glenfield Hospital.

The Planned Care and Acute Divisions have agreed a first stage of moving paediatric ENT out-patient services and some adult ENT clinics to the Glenfield site.

This will provide a Paediatric ENT consultant-led service and presence Monday-Friday to support the paediatric cardiac surgical and interventional catheter procedures thus enhancing the existing 24/7 on-call cover provided by the eight ENT surgeons with paediatric expertise. A further analysis is being undertaken to move Paediatric ENT day-case operating to the Glenfield site as part of the Trust's service re-configuration strategy.

The outline plan with costs for the relocation is attached (Appendix 1). The Glenfield Estates Management has given reassurance that the costs of the capital work will be incorporated into the 2012 budget and will not affect any pre-authorized schemes. Approximately £7,000-8,000 of specialist equipment has been identified with a further estimate of the equipment required for the specialist ENT clinic room to be confirmed by February 6, 2012. The Cardiac, Renal and Critical Care CBU are exploring charitable funds to meet the cost of the additional equipment.

In addition to co-location, the EMCHC and Children's Services at the Leicester Royal Infirmary continue to develop new ways of ensuring corporate governance of all Children's services through forums whose terms of reference are development of protocols, guidelines and best practice. These include;

- PICU Clinical Practice Group
- Children's Medicines Management Group
- Joint Management of Adverse Clinical Incidents & Complaints
  - A senior nursing representative from EMCHC attends the weekly forum within the Children's Hospital
  - The Lead Nurse for Children's Services at the LRI oversees all incidents that affect children throughout the Trust and meets monthly with the Matron and Lead Nurse for the EMCHC to discuss and advice.

### **Clinical Network**

The third East Midlands Congenital Heart Network meeting was held in Nottingham on January 19<sup>th</sup> with a morning's educational programme dedicated to management of children with Hypoplastic Left Heart Syndrome. Attendance was good with representation from foetal medicine, obstetrics, neonatology and paediatricians.

The strategy meeting in the afternoon agreed key principles for the development of specialist interest groups and identified the further work streams required to take forward image sharing and telemedicine across the network.

Protocols and guidelines are currently being uploaded onto the East Midlands' Congenital Heart Centre website through members' only portal. A review of available patient information literature is being undertaken with additions to the British Heart Foundation literature to provide a more comprehensive local resource accessible via the website.

The UHL communications team are supporting the EMCHC in the development of a quarterly newsletter to be circulated across the network with input and ownership from the members of the Network Strategy Board. Nominations for the Chair and Co-Chair of the Network Strategy Board will be proposed at the Annual General Meeting in October 2012. It was agreed that one position will be held by a clinician from EMCHC and the other by a clinician from the wider network.

## **Clinical Psychologist**

A dedicated paediatric cardiac Clinical Psychology post is being advertised at the beginning of February. The post-holder will be based at the Glenfield Hospital but working within the supervisory network of the Child and Adolescent Mental Health Service.

## **Business case – strengthening Income & Expenditure position**

The EMCHC, in line with all specialities, is looking to improve efficiency and maximise profitability going forward. CIP initiatives are being developed to ensure that the service makes an appropriate contribution to the Trust's challenging financial situation. Consultant-led coding is being implemented to improve income, and clinicians propose to work with other centres with the aim to influence future tariff proposals. In addition, negotiations are being led with partner Trusts to ensure that the current pricing for out-reach activity reflects the cost of that service. These measures are aimed to bring the I&E position into balance for 2012 and realise a cost reduction of 6%.

## **Continued Support for Option A**

As the Safe and Sustainable Review process has been at a virtual standstill since December the Trust has had the opportunity to review all the available evidence and the continued progress that the EMCHC has made towards meeting the review standards in key areas. It is the Trust's view that Option A continues to present the only configuration presented by the Review Team that delivers

1. Good access
2. Sustainability and deliverability
3. Affordability

In addition Option A received the widest public support and carries a lower implementation risk, given that it keeps the disruption to national specialised services to a minimum. Option B, which scored second highest, provides significant risk to the children of the Midlands by the significant increase in demand placed on the PICU at Birmingham Children's Hospital and the reduction in PICU provision for the children of the East Midlands.

## **Conclusion**

The Trust Board is asked to re-affirm its support for the strategic development of the EMCHC and note that the shortfalls identified as part of the Safe and Sustainable Review have been positively addressed. In particular the Board is asked to endorse the proposed outline plan for the re-location of paediatric ENT (and some adult) out-patient activity to the Glenfield Hospital site.

## Appendix 1: Relocation of Paediatric ENT out-patient services to the Glenfield Hospital Site

The timeline for completion of the project is May 1<sup>st</sup> 2012. Critical factors affecting the timeline are:

1. Relocation of X-ray equipment from the current paediatric imaging room (scheduled to be complete by April 1, 2012)
2. Purchase and delivery of specialist equipment
3. Scheduling of work streams to take into account existing projects

WORK STREAM	ISSUES	TIMESCALE	PROGRESS TO DATE	LEAD
Identifying the model	All day outpatient clinics	February 2012		Peter Conboy
Consultant job plans	52 week cover	February 2012		Peter Conboy
	10 sessions per week (7 direct clinical sessions, + 2 SPA + 1 admin & travel)			
	Job plan review, identify team & make changes			
Junior medical staff	Registrar cover	February 2012		Peter Conboy
Audiology	Specialist equipment required	February 2012	<b>Equipment &amp; Costs Identified:</b> Audiology booth £20,000 Diagnostic Audiometer £5,00.00 Tympanometer £2,00.00 Otoscope - £100.00 Annual cost of calibration of Tympanometer and audiometer = £300.00	Liz Morgan-Jones
Review of estates	Outpatient rooms	February 2012		Elizabeth Aryeetey
	Vacant imaging booth (Glenfield OPD)			
Equipment	Identify equipment & associated costs for an ENT outpatient room	February 2012		Val Baker
Capital Works (Glenfield)	Identify costs and incorporate into work streams	February 2012		Elizabeth Aryeetey