

To:	Trust Board
From:	Abigail Tierney – Director of Strategy
Date:	26 th July 2012
CQC regulation:	As applicable

Title:	Update on Safe and Sustainable Review						
Responsible Director/Author: Abi Tierney / Luci Blackwell, CBU Manager							
Purpose of the Report: To update Trust Board the outcome of the Safe and Sustainable Review, the actions taken to date and the next steps.							
The Report is provided to the Board for:							
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Summary / Key Points:

On 4th July 2012 the Joint Committee Primary Care Trust (JCPCT) announced the outcome of the Safe and Sustainable review into children's heart surgery. The UHL service, based at Glenfield Hospital was not one of the seven designated centres. We are now carefully reviewing the decision and considering carefully the next steps, including securing legal advice and a clinical review of the recommendations.

Recommendations:

The Trust Board is asked to note the actions to date and the next steps.

Strategic Risk Register

Links to risks 2, 4 and 8.

Resource Implications (e.g. Financial, HR)

There are costs involved in providing the legal advice, and the Clinical Team are also requesting some support to enable them to undertake the clinical review.

Assurance Implications**Patient and Public Involvement (PPI) Implications**

Public Consultation took place as part of the Safe and Sustainable Review.

Equality Impact and Due Regard

An Equality Impact Assessment has been completed as part of the Safe and Sustainable Review.

Information exempt from Disclosure

None.

Requirement for further review?

August 2012 Trust Board.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: PUBLIC TRUST BOARD

DATE: 26th JULY 2012

REPORT FROM: ABIGAIL TIERNEY - DIRECTOR OF STRATEGY AND INNOVATION

SUBJECT: Update on Safe and Sustainable Review

1. Introduction

On 4th July 2012 the Joint Committee Primary Care Trust (JCPCT) announced the outcome of the Safe and Sustainable review into children's heart surgery. The UHL service, based at Glenfield Hospital was not one of the seven designated centres. This clearly isn't the news we wanted. The team over at Glenfield, the parents, the stakeholders and all members of the public who have fought so hard and for so long are dreadfully disappointed and we are now carefully reviewing the decision and considering carefully the next steps.

In the event that this decision stands the children's heart surgery service will be transferred to Birmingham Childrens Hospital (BCH) in 2014. On 13th July Andrew Lansley, Secretary of State for Health endorsed designating Birmingham Childrens Hospital (BCH) for the paediatric respiratory ECMO.

The purpose of this paper is to inform the Trust Board of the actions that have been taken since the decision and to identify the next steps.

2. Actions since 4th July 2012

2.1. A paper was presented to the Executive Team meeting on 10th July summarising the Acute Divisions initial thoughts on the potential issues regarding the decision. These include:

- Not taking into sufficient consideration the overwhelming support for the Glenfield service in the public consultation response.
- Clinical risk of transferring the respiratory ECMO service to Birmingham Children's Hospital. International experts have written expressing their misgivings about the potential relocation of this service.
- Insufficient recognition of the sustainability of PICU.
- Methodology applied to the scoring the options.
- Inconsistent consideration of emerging evidence across centres.

The Executive Team supported the request for legal advice to be sought on the merits of a formal challenge and the establishment of four clinical working groups to review the evidence. The findings of both of these streams of work will be brought to the Trust Board in August for careful consideration.

- 2.2. Building on the monthly programme board, a weekly strategy group has been formed, chaired by Dr Aidan Bolger (Consultant Congenital Cardiologist). This includes representation from the Executive Team, PICU Intensivists, Congenital Cardiac Surgery, Nursing and senior management.
- 2.3. It is recognised that while the work is being reviewed and the designation decision is a priority, there is also a responsibility to prepare for the possibility that congenital cardiac surgery and paediatric and neonate ECMO transfers to BCH in accordance with the national transition plans. The distress and insecurity that the current situation brings for staff has been recognised and a number of initiatives designed to inform and support staff have been implemented including:
 - Daily written staff briefings for the first ten days post decision, now in place on a weekly basis.
 - Daily senior manager / executive presence on PICU and Ward 30 at Glenfield.
 - Staff poll to understand individual staff member's intentions in the event that the current decisions stand.

The principles underpinning all communication with staff promote "business as usual" with an explicit message that staff will be looked after and protected irrespective of the final outcome.

3. External support

- 3.1. We are maintaining close contact with both County Councils and appreciate their interest and support. We will be presenting to the County Council Overview and Scrutiny Committee on 4th September covering the following topics:
 - grounds and mechanism for challenging the decision;
 - implications of the decision;
 - timescales for change;
 - the scope of services that will remain at UHL.
- 3.2. Local MPs have continued to show their support and on July 17th 2012 there was a live Parliamentary debate about children's heart surgery and the JCPCT decision. Prior to this Liz Kendall, Jon Ashworth and Nicky Morgan met privately with Health Minister Simon Burns to raise their concerns.
- 3.3. Charities Keep the Beat and Heartlink have continued with their unwavering support. Keep the Beat have launched a public e-petition

with the aim of gathering 100,000 signatures (at the time of writing this it has over 45,000 signatures). Heartlink held a protest to help raise awareness. MPs from across the country have asked for a further parliamentary debate in the autumn following the summer recess.

4. Media Interest

- 4.1. Local and national media interest in our reaction to the decision remains ongoing. We have continued with the messages that we have a legal and clinical team reviewing the 2000 page document and that we will continue to see and treat our patients. Patient case studies continue to come forward and we will use these as we can to promote our service.
- 4.2. We expect more interest once the findings of our own review are made public in our August 2012 Trust Board.

5. Next steps

- 5.1. The focus for the next month will be on reviewing the decision, and carefully considering whether we have legal or clinical grounds for challenging the decision. The outcome of these reviews will be presented to the Trust Board in August 2012, including recommendations on next steps.