Trust Board Paper I

To:	**Trust Board**
From:	Kate Shields – Director of Strategy
Date:	**28 August 2014**
CQC regulation:	As applicable

Title:	Meeting the new Cardiac Review standards

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Purpose of the Report:

- To confirm the latest iteration of the Cardiac Review standards expected to be released for public consultation in September 2014
- To highlight the financial and clinical implications/ opportunities of supporting the changes for the delivery of Paediatric Congenital Heart Surgery and Paediatric ECMO services at University Hospitals of Leicester (UHL)
- Identify the implications of not having Paediatric Congenital Cardiac Services in Leicester
- To note the Trust Board to support a clear strategic direction

The Report is provided to the Board for:

Decision	x	Discussion	X
Assurance		Endorsement	

Summary / Key Points:

Recommendations:

The Trust Board is asked to:

- support the retention of congenital heart services at UHL

The Trust Board is further asked to support the following actions being taken forward:

- a service review of current and future requirements
- Support a service review of current and future requirements
- Full options appraisal
- Production of operational policy, workforce requirements, and schedule of required accommodation
- Feasibility study to provide the estate solutions in line with the Trust 5 year estate strategy and Design Control Plan
- Full financial analysis of costs including transition and the estimated impact of not meeting the specifications
- Production of business case to support the recommendations

Previously considered at another corporate UHL Committee? Executive Strategy Board	
Board Assurance Framework:	**Performance KPIs year to date:**
Resource Implications (eg Financial, HR): Yes	
Assurance Implications: Yes	
Patient and Public Involvement (PPI) Implications: Yes	
Stakeholder Engagement Implications: Yes	
Equality Impact:	
Information exempt from Disclosure:	
Requirement for further review?	

Meeting the new Cardiac Review standards

Background

1. In June 2013, following on from the 'Safe and Sustainable' review of Children's Cardiac surgery, the Secretary of State for Health announced that he accepted the advice of the Independent Reconfiguration Panel, that "the [Safe and Sustainable] proposals cannot go ahead in their current form".

2. He instructed NHS England to develop a new process to improve services for children and adults with congenital heart disease within a year, addressing the concerns raised by the Independent Reconfiguration Panel and others.

3. The 'New Cardiac Review' has adopted strict governance, engaged in an open and transparent manner, and included input from clinicians, provider trusts, patients and patient charities. UHL has been represented in all these groups.

4. Rather than determining how many Cardiac units there should be in England and Wales, the Review has produced draft standards highlighting key requirements expected of Specialist Surgical Centres within the Congenital Heart Network. The draft standards are expected to be released for consultation in September. Appendix A summarises the impact of these standards on the delivery of Paediatric congenital heart services.

5. Whilst some of the standards are different to what was expected, they have widespread support within the consultation group and it is not expected that the standards agreed following consultation will be appreciably different from the proposals. Our focus now is on how UHL can implement the recommendations.

Key points that impact UHL

6. The latest iteration has highlighted two key points that impact UHL;

7. Surgical teams require a minimum of 4 surgeons each delivering a minimum of 125 cases and a total of 500 cases per annum. We expected this standard to be included.

    a. Current Cardiac surgery case load is 273 and predictions in activity growth from demographic and network expansion shows that 375 cases can be achieved within a 3 year period

    b. The predictions for reaching 500 cases in the East Midlands show this will be more challenging requiring a minimum of 12 years to achieve

    c. The review committee have indicated that there is some latitude in reaching the 500 caseload. This is very helpful for UHL. They are not adverse to network partnerships which may allow centres to grow across a network. Early discussions with Birmingham indicate an appetite for UHL working with BCH. There may also be potential for derogation in the timescales required for achieving this.

8. All Paediatric services need to be co-located on one site and not as previously indicated within 30 minutes contact time. This is a material challenge for UHL.

    a. The current provision of Paediatric Congenital Cardiac services at Glenfield Hospital will not meet this standard. The review committee have made it clear that there is no latitude for derogation on this requirement

    b. The Congenital Cardiac team have recognised that co-location of services is critical to meeting the standards and are supportive of which ever location is deemed the most appropriate.

9. It should be noted that there remains a number of specifications that need to be achieved which currently are not met at UHL; these will not change as a result of the shift in the requirement for co-location and are also subject to the current service development for Children's services that will not change. These changes would need to be assessed in a business case.

10. By bringing Children's services together on one site, co-located, there will be an opportunity to minimise the additional resources required and maximise the benefits of investment for the whole of the Children's Hospital. This is an important feature as we are currently not compliant with other aspects of local and specialised paediatric care.

11. The options for consideration:

    1. The UHL Board supports the delivery of Paediatric Congenital Cardiac Surgery at UHL, recognising that co-location is imperative, and will identify the implications and opportunities of doing so both clinically and financially.

    2. The UHL Board does not support the commissioning of Paediatric Congenital Cardiac Surgery at UHL and will identify the implications and opportunities of not doing so both clinically and financially.

High level summary of a SWOT analysis of the two options

Option 1

12. This option provides UHL the opportunity to achieve its vision of co-located Children's and relevant Adult services, whilst benefitting from the economies of scale created from more efficient use of staff, lack of duplication, and a single, larger PICU. Co-location of all Paediatric services enables UHL to remain as a Specialist Cardiac Surgical Centre and provides the opportunity for better Cardiac and Paediatric Intensive Care support to other areas of the Children's Hospital and Paediatric ED.

13. It offers the opportunity for a specific Women's and Children's service to be offered at UHL raising the profile of the Leicester Children's Hospital , and potentially offers the opportunity for the commissioning of further National Specialised services such as Severe Tracheal Stenosis, or Paediatric Cardiac Transplant.

14. It is however important that the cost of colocation is assessed and robust clinical pathways and service development are prepared to ensure this opportunity is used to enhance patient outcomes as efficiently as possible.

15. There is a requirement for protection and creation of efficient pathways for Adult Congenital Cardiac services which currently offers a unique service due to its co-location with Paediatric Congenital Cardiac services, which will be lost through this option; and Adult and Mobile ECMO to mitigate the potential risk caused by separation of Adult and Paediatric ECMO, to what is an Internationally recognised and profitable service. This would need to be done in partnership with (RRC) CMG and offers an opportunity to really shape cardiothoracic vascular services

Option 2

16. This option will result in UHL losing its status of a Specialised Cardiac Surgery Centre, which will result in a significant loss of income for the Trust, but also loss of Paediatric ECMO, Paediatric Renal replacement therapy and loss of critical mass for Paediatric Critical Care provision. Adult ECMO would be at risk as would Adult Congenital Heart services.

17. Staff recruitment and retention is likely to worsen especially in respect to junior doctors and nurses to UHL Paediatrics, due to the lack of specialised services and training opportunities.

18. There may be an opportunity to achieve the standards for Specialist Children's Cardiology Service (level 2) but this is not a significantly profitable service and will still require co-location with other Paediatric services which is not without additional cost to achieve. It should be noted that the level 2 service may not be sustainable over time.

19. UHL and East Midlands Congenital Heart Centre has received significant stakeholder support in its quest to retain the service for the children of Leicester and the East Midlands, and this option will mean their efforts and financial investment will have been wasted.

Risks associated with the loss of Congenital Cardiac Surgery on associated clinical services

20. The risk associated with the loss of Congenital Cardiac Surgery on associated clinical services can be summarised as follows;

21. **Immediate:**
    - Children's Cardiac surgery and Interventional Cardiology
    - Infant and Paediatric ECMO
    - Mobile ECMO
    - A large proportion of Children's Cardiology activity
    - A large proportion of Children's ICU activity

22. **Services that will be threatened:**
    - Children's ICU (risk of being downgraded)

- Paediatric Respiratory medicine
- Plans for the development of other specialist Paediatric services

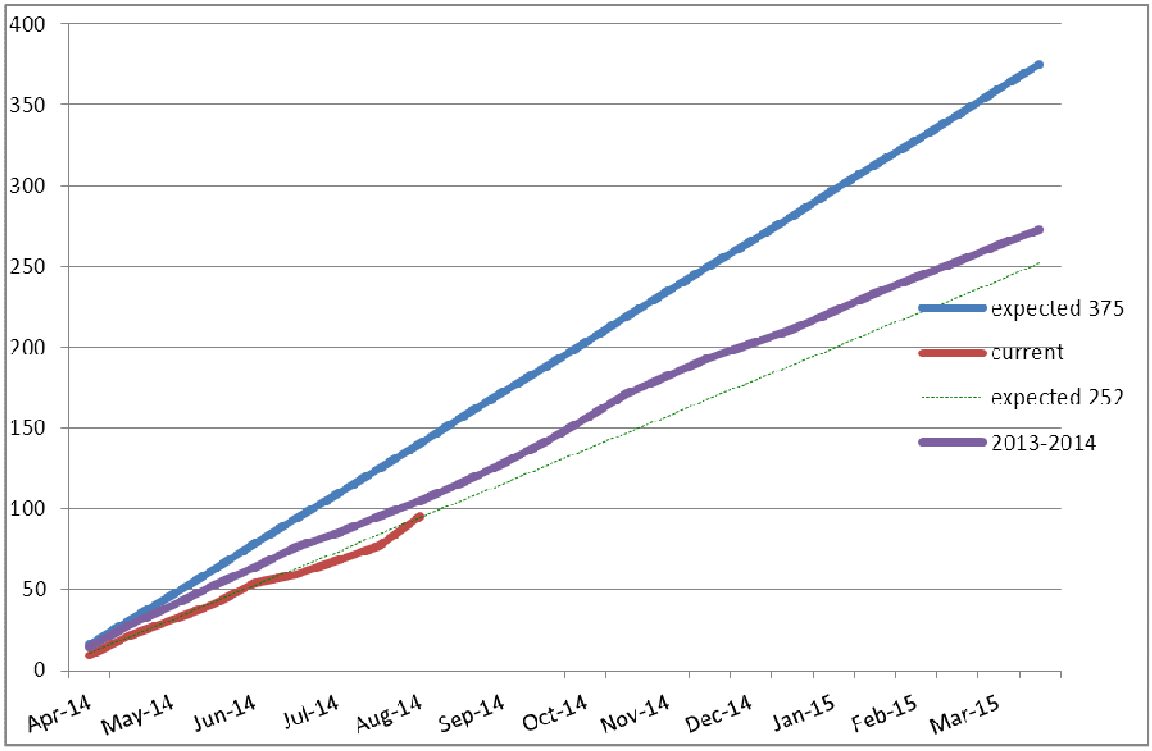
23. **If Children's ICU is downgraded, the following services/activities are threatened:**
    - Paediatric ED training
    - Sleep medicine
    - Long term ventilation
    - Paediatric oncology
    - All other acute specialist paediatric activity.

24. Retaining Leicester as a provider of specialist Paediatric services depends on having a critical mass of these sub specialties. Leicester has very few and therefore cannot afford to lose Congenital Cardiac services without potentially affecting other services.

25. A Children's service that only provides general Paediatric care to the local population will be very different from a regional centre that provides specialist Paediatric care in terms of income, reputation, and ability to attract staff.

Current situation

26. The current projection of caseload vs. expectation is below previous year's activity, as illustrated in the chart below. The proposed service review will address the reasons for this and provide a strategy for bringing the numbers in line with expectation.



Communications

28. A communication was released by the Chief Exec on the 4th August 2014 summarising the situation and the immediate next steps. Once agreed the decisions, actions and associated timeline for the project must be shared with all stakeholders to reduce concern and speculation with regard to the future of the service.

29. This impacts significantly on staff retention and recruitment and the ability of the service to attract clinical activity and stakeholder support

The preferred option for all stakeholders is;

30. The UHL Board supports the retention of Paediatric Congenital Cardiac Surgery at UHL, recognising that co-location is imperative. Co-location will have clinical and financial implications.

31. The opportunity to bring all Paediatric services on to one site affords a significant step forward in achieving the Trusts vision and clinical strategy for Women's and Children's Services. It is important to identify, and wherever possible quantify: the clinical benefits; the improvements to patients experience and perception; the economies of scale of co-location; and the business opportunities. This will all make a significant contribution to UHL's strategic positioning as one of the major specialist centre in England.

Next Steps

32. Subject to the Trust Board supporting the proposal to retain paediatric congenital heart services at UHL, an action plan, described in Appendix B will be developed and taken forward.

The options for consideration

33. The UHL Board supports the commissioning of Paediatric Congenital Cardiac Surgery at UHL, recognising that co-location is imperative, and will identify the implications and opportunities of doing so both clinically and financially.

34. The UHL Board does not support the commissioning of Paediatric Congenital Cardiac Surgery at UHL and will identify the implications and opportunities of not doing so both clinically and financially.

Summary

35. Congenital heart services are an important component of UHLs future strategy

36. In order to stay in this market immediate and long term actions are required Clinical colleagues and key stakeholder are very supportive and working together to achieve the new standards and to ensure East Midlands Congenital Heart Services thrive and develop in line with commissioner expectations

Recommendations:

37. The Trust Board is asked to:

- support the retention of congenital heart services at UHL

38. The Trust Board is further asked to support the following actions being taken forward:

- a service review of current and future requirements
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Appendix A

Review of Proposed Congenital Heart Disease Standards

Following their review of congenital heart services, NHS England has proposed the following standards for such services. In introducing these, they say:

'The standards are based on having three levels of congenital heart disease services for children and adults working as part of networks. These are:

- *specialist children's surgical centres and specialist adult congenital heart disease centres (level 1)*
- *specialist children's cardiology and specialist adult congenital heart disease centres (level 2)*
- *local children's cardiology centres and local adult congenital heart disease centres (level 3)*

The standards set out the different requirements for each level of the service and the way in which they need to work together in a network relationship.'

There are a number of areas where further work is needed by EMCHC and the Trust to comply with the standards whatever the final site of children's congenital heart services. These are RAG rated in detail in an accompanying document (available on request), along with NHS England's proposals for consultation.

The proposed Standards are divided into thirteen sections:

- **Section A: The network approach**
  The standards in this section that we currently do not meet are unaffected by the location of children's congenital heart services in UHL. With or without the single site location we need to address standards relating to a retrieval/transfer service; the development of patient held records; some clinical protocols, including the possibility of a patent ductus arteriosus remote ligation service; and improving our telemedicine facilities

- **Section B: Staffing and skills**
  The standards in this section that we currently do not meet are unaffected by the location of children's congenital heart services in UHL. Our deficiencies relate mainly to the number of surgeons required (4 doing 125 cases per year); the number of Cardiologists in paediatric and adult CHD; and in the numbers of PIC nurses and cardiac liaison nurses.

- **Section C: Facilities**
  The standard affected by a move to the LRI site is the need for a helipad ('centres should ideally have landing facilities for a helicopter'), which we meet at the Glenfield site but not at the LRI. The wording of this standard makes it 'ideal' but not mandatory. Other standards to be addressed whatever the final site include the need for an adolescents and young adults clinical area.

- **Section D: Interdependencies**
  This is the section that describes the requirement for children's congenital heart surgery to be co-located with other specialist children's services. This requirement has been strengthened in the later stages of standard setting, and constitutes one of the biggest challenges to keeping the service in UHL.

The remaining proposed standards include:

- **Section E: Training and education**
- **Section F: Organisation, governance and audit**
- **Section G: Research**
- **Section H: Communication with patients**
- **Section I: Transition**
- **Section J: Pregnancy and contraception**
- **Section K: Fetal diagnosis**
- **Section L: Palliative care and bereavement**
- **Section M: Dental**

  Apart from the need for a strengthened education team and improved facilities for adolescents and young people, EMCHC already complies with these standards or could do so with a moderate amount of additional work. The standards in these sections are not affected by the location of congenital cardiac services.

Action plan - (assuming the UHL Board supports the recommendation in this paper)

1. It is essential that UHL are seen to be actively addressing their ability to comply with the standards, and have a viable plan for communication by the end of the consultation process. As such it is recommended that the following action plan be implemented;

Immediate - (within 6 weeks)

2. Conduct a Service review to address current service requirements to ensure the most efficient and safe delivery of care now with especial reference to:

    a. Waiting times
    b. Meeting demand
    c. Maximising income

3. Scope and cost independent service provision within UHL in conjunction with other relevant CMG's in preparation for co-location with paediatric services, identifying any additional resource requirements.

4. Prepare and approve a Communication strategy for all stakeholders that address concerns regarding the future provision of Congenital Cardiac services at UHL. Communicate and engage all stakeholders the next steps and timeline for delivery of the 'Vision 'for Children (including investigating a charitable campaign)

5. This is essential to ensure that the current staff feel that they fully understand the benefits, have a voice in the process and feel motivated to remain within the service. This degree of clarity will aid the recruitment of any necessary new staff needed to deliver the relocated services.

6. Advance the network development conversations with Birmingham Children's Hospital ensuring an equal partnership and mutual respect.

7. Provide more detailed analysis of the clinical and financial implications of not meeting the standards for the purpose of governance and evidence in the future business case.

Short term - (within 6 months)

8. Identify the clinical model and operational policy for Congenital Cardiac Services and Paediatric and Adult ECMO co-located with Children's services on a single site, that ensures all relevant and inter related service specifications are met – consult and engage with all relevant stakeholders. Identify the schedule of accommodation necessary to meet operational models.

9. Implement the independent service provision at UHL as identified to ensure the service is appropriately prepared for co-location.

10. Produce a brief for a feasibility study into how Paediatric services can be co-located at UHL (using the clinical model, and operational policy as above) in conjunction with the Trust 5 year strategy and Design Control Plan.

11. Appraise and agree the options and timescales required for delivery of Paediatric Congenital Cardiac services with the ability to deliver >500 cases per annum co-located on a single site

Medium term

12. Prepare a business case and seek approval from Trust Board and NTDA

13. Provide interim co-located service on agreed site within derogated time period as directed

14. Agree the plan for sustainable long-term delivery of Children's services at UHL