

TRUST BOARD 2 MARCH 2017

Update on the New Congenital Heart Review Process

Author: Alison Poole

Sponsor: Mark Wightman

Trust Board paper H

Executive Summary

Context

This paper provides the Trust Board with an update on the Congenital Heart Disease (CHD) Review, the key actions for immediate attention, and associated risks.

Questions

1. **What has happened in the EMCHC campaign since the last Trust Board update**
 - 1.1. **Public Consultation launched** – NHS England launched the public consultation into its proposals for Congenital Heart Disease on the 9th February. The consultation will run until the 5th June 2017.
 - 1.2. **Overview and Scrutiny Committees** – The Trust has secured invitations to attend Health Overview and Scrutiny Committee (HOSC) meetings across the East Midlands Network. The events will also be attended by NHS England as part of their public consultation on Congenital Heart Disease.
 - 1.3. **All Party Parliamentary Group on cardiac health**–The proposed cross party initiative has not been progressed due to the launch of the public consultation. East Midlands MPs will remain a high priority in the communication strategy for the consultation period.
 - 1.4. **Stakeholder meetings** – meetings are planned monthly. A stakeholder working group has been established to help drive participation in the consultation process across the East Midlands.
 - 1.5. **Network engagement** – John Adler met with the CEO from Northampton and Peterborough Hospitals and agreement was made to progress discussions on expanding referral protocols to EMCHC. Dates for these meetings are in progress
 - 1.6. **Petition** –The joint off line and online petition with approximately 130,000 signatures was presented to No 10 Downing Street on January 9th. All those who responded online will be emailed with details of the public consultation questions.
2. **What is the planned over the next month?**
 - 2.1. A full and detailed response to the Consultation document will be prepared and will follow a strict governance and approval timeline. It will be presented to the Trust Board and sent to NHS England before the close of the public consultation on the 5th June.
 - 2.2. NHS England will be holding a ‘staff’ consultation event on the 9th March 14.00 at the Council Chamber, City Hall. Invitations will be made to nursing and clinical colleagues from across the network as well as to UHL staff.
 - 2.3. NHS England is holding a ‘public’ consultation event on the 9th March at 16.00 at Leicester Tigers stadium. This is a ticketed event and is already fully subscribed. Three

representatives from EMCHC as well as Mr Will Huxter, Prof Huon Gray, and Michael Wilson from NHS England will be on the panel to answer questions

- 2.4. UHL will attend HOSC meetings in Lincoln, Nottingham, Derby, Northampton and the Joint Leicester, Leicestershire and Rutland meeting and will continue to work closely with HOSC before the period of purdah (23rd March)
- 2.5. A reference document with key messages and facts will be launched on March 1st along with guidance on how to complete the consultation questions.
- 2.6. A communication strategy will be launched on March 1st to include regular social media updates with case study ' pictograms', promotion of key messages on local haulage lorries, and key media engagement across the East Midlands
- 2.7. Stakeholder sessions will be established in Leicester Royal Infirmary and Glenfield Hospitals as well as key local events to aid supporters to complete the consultation questions using the reference guide provided by the Trust
- 2.8. Meetings will be held with Executive and clinical teams in Northampton and Peterborough to develop the requirements for increasing the referral pathways to EMCHC

3. What are the risks to the campaign?

- 3.1. The consultation document does not reflect all of the information submitted by the Trust which indicates that NHS England still do not accept our growth proposals
- 3.2. The level of public access provided through the consultation process is very limited, it is therefore essential that we reach as many stakeholders as possible to complete the questions
- 3.3. The consultation is not a ballot, NHS England are able to proceed in any direction they feel to be appropriate
- 3.4. The public consultation process is being held across the period of Local Council purdah for the local elections on the 5th May. This limits the ability of the HOSC to monitor and comment on the consultation and refer to the Secretary of State should they feel appropriate. Despite the fact the length of the consultation has been increased to allow for this, there is a risk that the knowledge and understanding and the ability to appropriately challenge the consultation, may be lost if current HOSC members are not re-elected.

Conclusion

4 The Trust Board are requested to :

- 4.1 Note the content of the paper and
- 4.2 Provide comments and guidance of any areas deemed appropriate

For Reference

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 [Not applicable]

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? E.g. Current Risk Rating is LOW

- b. Board Assurance Framework [Yes /No /Not applicable]

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. | There is a risk ... | | |

- 3. Related **Patient and Public Involvement** actions taken, or to be taken
- 4. Results of any **Equality Impact Assessment**, relating to this matter:
- 5. Scheduled date for the **next paper** on this topic: December
- 6. Executive Summaries should not exceed **1 page**. [My paper does not comply]
- 7. Papers should not exceed **7 pages**. [My paper does comply]

Update Paper on New Congenital Heart Disease Review

Prepared by Alison Poole

Date: 23rd February 2017

1. Context:

- 1.1. This paper provides the Trust Board with an update on the Congenital Heart Disease (CHD) Review, the key actions for immediate attention, and associated risks.

2. Questions: What has happened in the EMCHC campaign since the last Trust Board?

- 2.1. **Public Consultation launched** – NHS England launched the public consultation into its proposals for Congenital Heart Disease on the 9th February. The consultation will run until the 5th June.
- 2.2. The consultation documents can be found at <https://www.engage.england.nhs.uk/consultation/chd/>
- 2.3. The key events in the East Midlands are ;
 - **9th March 14.00** – UHL staff event – County Hall , Groby Rd, Glenfield
 - **9th March 16.00** – UHL public event – Tigers Stadium (ticketed event and fully subscribed)
 - **8th May 16.00** - Lincoln Public , patient and staff event – no details have been provided to register for this event , or details of the venue
- 2.4. **Overview and Scrutiny Committees** – The Trust has secured invitations to attend Health Overview and Scrutiny Committee (HOSC) meetings across the East Midlands Network. The events will also be attended by NHS England as part of their public consultation on Congenital Heart Disease as follows:
 - **6th March 10 .00** – Derbyshire HOSC
 - **14th March 10.00** – Nottingham/ Nottinghamshire HOSC
 - **14th March 14.00** - Joint Leicester. Leicestershire and Rutland HOSC
 - **15th March 10.00** – Lincolnshire HOSC
 - **28th March 14.00** – Rutland Health and Wellbeing Board
- 2.5. Each meeting will be attended by an Executive and Clinical/Nursing representative and the EMCHC Campaign manager. These meetings are public events, and stakeholders are being encouraged to attend.
- 2.6. **All Party Parliamentary Group on cardiac health**–The proposed cross party initiative has not been progressed due to the launch of the public consultation. East Midlands MPs will remain a high priority in the communication strategy for the consultation period.
- 2.7. **Stakeholder meetings** – External stakeholder and staff meetings are planned monthly. Informal staff meetings have been held on ward 30 and PICU. A stakeholder working group has been established to help drive participation in the consultation process across

the East Midlands. The focus for this group is to establish the widest reach possible to support and encourage completion of the consultation questions

- 2.8. **Network engagement** – John Adler met with the CEOs from Northampton and Peterborough Hospitals to discuss facilitating more patients from the East Midlands, where UHL is their nearest Cardiac Centre, to come to EMCHC for surgery in order to meet the 500 caseload target. It was emphasised this should increase the choice to the patient not replace existing referral pathways, and UHL are keen to explore what would be required for the referring clinicians to feel this is appropriate. A positive response was received from both hospitals and agreement was made to set up meetings with appropriate clinical representatives. Dates for these meetings will be made as soon as possible.
- 2.9. **Petition** –The joint off line and online petition with approximately 130,000 signatures was presented to No 10 Downing Street on January 9th. We received excellent media coverage of the event. Whilst the Houses of Parliament petitions committee will not release details of those people who signed the petition, they have agreed to follow up all those who signed the petition online, directing them to the NHS England consultation pages. This will ensure that over 48,000 engaged stakeholders will be made aware of, and provided access to, the consultation questions.

3. Activity planned over the next month;

- 3.1. The Trust will begin to prepare a full and detailed response to the consultation document, which will include advice from our legal representatives. The final document will be presented at the Trust Board meeting before June 2017.
- 3.2. NHS England is holding a 'staff' consultation event on the 9th March 14.00 at the Council Chamber, City Hall. The venue has been kindly donated by Leicestershire County Council and is ideal for the event. The format will be 'Question Time' style and there will be a panel answering questions. The event will be recorded and made available to all staff via UHL desktop. Invitations will be made to nursing and clinical colleagues from across the network as well as to UHL staff in order to ensure the full impact of the proposals to patients from the whole network is debated. Due to the restricted numbers in the evening event staff are being encouraged to attend in the afternoon and where possible, non-urgent clinics are being re arranged to allow staff to come.
- 3.3. NHS England is holding a 'public' consultation event on the 9th March at 16.00 at Leicester Tigers stadium. Mr Will Huxter, Prof Huon Gray, and Michael Wilson from NHS England will be on the panel to answer questions. UHL will be represented by John Adler, Dr Aidan Bolger, and Dr Frances Bu'Lock. This is a ticketed event and is already fully subscribed. Supporters will be meeting outside the venue to demonstrate the level of support and object to the fact there were only 120 places available. This event will be webcast live and available after the event. Details of how to access the webcast are yet to be provided by NHS England
- 3.4. UHL will attend HOSC as detailed above and will continue to work closely with each committee. It is within the power of the HOSC to review the public consultation process and if felt appropriate refer to the Secretary of State for Health. In the case where the County Council have local elections (Lincolnshire, Leicestershire, Nottinghamshire, Northamptonshire, and Derbyshire) the HOSC will enter a period of purdah for 6 weeks prior to the elections. This will restrict their ability to comment on the consultation process

during this period. NHS England has sought permission from the Department of Health to proceed with the consultation during this period, but have extended the timeline by 4 weeks to enable the HOSC to review post elections. There is a risk that those councillors who have knowledge and understanding of the consultation process may not be re-elected, and could mean that new councillors and HOSC only have four weeks to meet to review and comment or potentially refer.

- 3.5. A reference document with key messages and facts relating to the consultation documents will be launched on March 1st along with guidance on how to complete the consultation questions. This document will be a short reference guide for stakeholders with key points provided to aid the completion of the consultation questions. This will be made available through all communication channels and will be on the home page of the EMCHC website. All marketing and communication material will drive stakeholders to the EMCHC website and provide this reference document prior to linking to the consultation questions. It is hoped that this will be a useful resource to help stakeholders, as the consultation questions are not purely multiple choice, and offer the opportunity for free text.
- 3.6. A communication strategy will be launched on March 1st to include regular social media updates with case study 'pictograms', promotion of key messages on local haulage lorries, and key media engagement across the East Midlands.
- 3.7. Stakeholder sessions will be established in Leicester Royal Infirmary and Glenfield Hospitals as well as key local and network events. A team of patients, families, charities and volunteers will provide supporters with printed questionnaires from the consultation process, direct them online where appropriate, and provide advice on how to complete the questions using the reference document provided by the Trust.
- 3.8. All staff will be encouraged to participate in the consultation and the reference document will be made available through the UHL desktop. Details of the public consultation will be sent to all current and previous patients encouraging them to participate.
- 3.9. Meetings will be held with Executive and clinical teams in Northampton and Peterborough to develop the requirements for increasing the referral pathways to EMCHC. These will be attended by John Adler, Mr Andrew Furlong and Dr Aidan Bolger. The aim of these meetings is to establish what actions are needed to demonstrate that EMCHC can meet the current service offered to patients referred from these two hospitals. The EMCHC growth plan assumes a conservative increase in referrals from Peterborough and Northampton from 2017/18 onwards but does not assume that every patient will choose to come to EMCHC.

4. The key issues and risks associated with this;

- 4.1. The consultation document does not reflect all of the information submitted by the Trust which indicates that NHS England still do not accept our growth proposals
- 4.2. The level of public access provided through the consultation process is very limited, it is therefore essential that we reach as many stakeholders as possible to complete the questions
- 4.3. The consultation is not a ballot, NHS England are able to proceed in any direction they feel to be appropriate
- 4.4. The public consultation process is being held across the period of Local Council purdah for the local elections on the 5th May. This limits the ability of the HOSC to monitor and comment on the consultation and refer to the Secretary of State should they feel appropriate. Despite the fact the length of the consultation has been increased to allow for this, there is a risk that the knowledge and understanding and the ability to appropriately challenge the consultation, may be lost if current HOSC members are not re-elected.

5. Conclusion The Trust Board are asked to;

- 5.1. Note the content of the paper

Provide comments and guidance of any areas deemed appropriate