Update on the New Congenital Heart Disease Review Process

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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. **Feedback from Public and Staff Consultation Meetings held in Leicester -** both meetings were very constructive, and NHS England clarified that the only standard remaining on which they require more clarification is the ability to meet the surgical caseload requirement by 2021. There appears to be a much more inclusive and encouraging position from NHS England and John Adler is meeting Mr Will Huxter informally on Friday 31st March 2017 to discuss the outstanding requirement in more detail.

1.2. **Overview and Scrutiny Committees** – UHL attended Health Overview and Scrutiny Committee (HOSC) meetings across the East Midlands. Significant support has been received from all committees, and in particular Lincolnshire HOSC, who have submitted their consultation response and recommendations to NHS England and Mr Will Huxter.

1.3. **Network engagement –** Significant progress has been made with key Network Hospitals who currently do not refer patients to EMCHC. Letters of support have been offered from Peterborough and Chesterfield. Dialogue continues with Northampton General Hospital and it is felt that a compromise supportive statement might be achievable, coherent with the revised growth plan, which can be included in our response to the consultation.

1.4. **EMCHC Growth plan –** a strategy has been agreed by the Chief Executive Task group to provide a detailed evidence based growth plan to submit to NHS England by the end of April 2017. All data will be referenced to that used in the NHS England consultation document.

1.5. **Senior Surgical consultant resignation** – Mr Simone Speggiorin has been offered a surgical consultant role at Evelina Hospital London. Timings for his departure will enable a sufficient overlap to induct Mr Ikenna Omeje , from Great Ormond St, who will join us by June; therefore maintaining our ability to deliver the 3 surgeons and 375 cases standard in the new Congenital Heart Review .

1.6. **Consultation responses –** drop in clinics have been established in addition to a marketing campaign to encourage as many stakeholders as possible to complete the consultation questionnaire

1.7. **Stakeholder meetings** – meetings are held monthly and well attended by staff and wider stakeholders

2. **What is the planned over the next month?**

2.1. A detailed growth plan will be completed by the end of April 2017 and presented to NHS England.

2.2. NHS England will be invited to meet with key members of the EMCHC team to review the growth plan and our strategy to deliver it

2.3. A detailed response to the Consultation document will be prepared to address the key themes of contention 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 2017.

2.4. Stakeholder sessions will continue at the 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

2.5. Further meetings will be held with clinical teams in Chesterfield 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.

3.5. The loss of a senior surgeon has a risk of destabilising the service further. Recruitment for a replacement may be challenging until some certainty surrounding the service can be established.

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 30th March 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. . **Feedback from Public and Staff Consultation Meetings held in Leicester -** both meetings were very constructive, with staff and stakeholders demonstrating knowledge and passion in the challenge of the NHS England proposals. NHS England clarified that the only standard remaining on which they require more clarification is standard 2.1 requiring 4 surgeons, each to be delivering 125 surgical procedures per annum by 2021. NHS England has expressed a desire for greater clarification on the growth plan to meet this standard. There appears to be a much more inclusive and encouraging position from NHS England and John Adler is meeting Mr Will Huxter informally on Friday 31st March to discuss this outstanding requirement in more detail.

2.2. **Overview and Scrutiny Committees** – UHL attended Health Overview and Scrutiny Committee (HOSC) meetings across the East Midlands. Significant support has been received from all committees, and in particular Lincolnshire HOSC, who have submitted a very robust and challenging consultation response with numerous recommendations to NHS England and Mr Will Huxter. Lincolnshire HOSC has also shared their response with all of the other HOSC in the East Midlands to help support responses from each. All the HOSC will enter a period of purdah ahead of the Local elections from the 28th March until after the elections on the 5th May 2017

2.3. **Network engagement –** Significant progress has been made with key Network Hospitals who currently do not refer patients to EMCHC. Letters supporting our growth assumptions have been offered from Peterborough and Chesterfield and clinical discussions are in place to establish firmer referral protocols and provide outreach services. A meeting, facilitated by both Chief Executives, was held between the clinical leads from EMCHC and Northampton General Hospital (NGH) where the positions of both organisations were clearly expressed and understood. A commitment to support the full development of the East Midlands Congenital Heart Network at NGH could not be secured. However, following the meeting the discussions have continued and it is felt that a compromise supportive statement might be achievable, coherent with the revised growth plan, which can be included in our response to the consultation.

3.6. **EMCHC Growth plan –** a strategy has been agreed by the Chief Executive Task group to provide a detailed evidence based growth plan to submit to NHS England by the end of April 2017. All data will be referenced to that used in the NHS England consultation document

3.7. **Senior Surgical consultant resignation** – Mr Simone Speggiorin has been offered a surgical consultant role at Evelina Hospital London. Timings for his departure will enable

a sufficient overlap to induct Mr Ikenna Omeje, from Great Ormond St, who will join us by June 2017 therefore maintaining our ability to deliver the 3 surgeons and 375 cases standard in the new Congenital Heart Review. It is necessary that recruitment for an additional senior surgeon is commenced immediately, to allow the academic role of Surgeon Emeritus to be continued as planned, however, Mr Antonio Corno will continue to provide a consultant surgical role until a replacement is appointed. John Adler will be outlining this strategy to Mr Huxter in his meeting on the 31st March, and reassuring NHS England that our consultant surgical cover meets the expectations of the NHS standards for CHD services

3.8. **Consultation responses –**drop in clinics have been established in addition to a marketing campaign to encourage as many stakeholders as possible to complete the consultation questionnaire. This is not a simple process and significant support is required to ensure stakeholders fully understand the proposals and the key issues. As always we have a strong group of volunteers who are helping to provide this service and help those without internet access to understand the proposals and respond accordingly.

3.9. **Stakeholder meetings** – meetings are held monthly and well attended by staff and wider stakeholders, ad hoc meetings are being made available for smaller staff groups to raise any questions and to keep all staff updated.

4. **What is the planned over the next month?**

4.1. A detailed growth plan will be completed by the end of April and presented to NHS England. The plan will include:

- A detailed analysis of the current CHD surgical requirement in the East Midlands (using the catchment area and data detailed in the consultation document)
- A demonstration of our recent growth and how we achieved it, compare it to the other level 1 centres
- Clarity on the network development plan to deliver an increase in referrals from Peterborough , Chesterfield and Northampton hospitals- all of which will be individual and specific to the needs of the hospitals
- Application of the anticipated growth from the adoption of the new referrals on our existing caseload
- Identify the areas of seepage from the East Midlands and the strategy to reduce this
- Detail the anticipated increase in caseload from mobile ECMO referrals from out of region, the revised NICOR applicable procedures from April 2017 , and anticipated overseas patients
- Demonstrate the final position from all of the above

4.2. Further meetings will be held with clinical teams in Chesterfield and Peterborough to develop the requirements for increasing the referral pathways to EMCHC. Discussions in relation to a longer term strategy with Northampton General Hospital will continue

4.3. NHS England will be invited to meet with key members of the EMCHC team to review the growth plan and our strategy to deliver it

4.4. A detailed response to the Consultation document will be prepared to address the key themes of contention 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.

4.5. Stakeholder sessions will continue at the 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. Information regarding the consultation and how to respond is being included in the payslips of all staff in April, being sent to all members of HeartLink charity (who have kindly donated all the campaign literature), and all employees at Leicester and Leicestershire County Council. The EMCHC website has all information needed and provides access to all campaign materials. A strong social media campaign is in progress with pictograms of EMCHC patients being tweeted and posted to Facebook and Instagram regularly. The campaign is being advertised via a fleet of local Lorries and a detailed media response is being planned with the Leicester Mercury.

4.6. Recruitment will commence for a senior surgical consultant

3. The key issues and risks associated with this;

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.

3.5. The loss of a senior surgeon has a risk of destabilising the service further. Recruitment for a replacement may be challenging until some certainty surrounding the service can be established.

4. Conclusion The Trust Board are asked to;

4.1. Note the content of the paper

Provide comments and guidance on any areas deemed appropriate