

# Update on the development of EMCHC

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Trust Board paper L

## Executive Summary

### Context

This paper provides the Trust Board with an update on the progress made over the last 6 months in meeting the national standards since the decision was made by NHSE to retain the East Midlands Congenital Heart Centre, (EMCHC) at UHL.

### Questions

1. What progress has been made against the milestones required to comply with the Congenital Heart Disease (CHD) standards?
2. What are the next steps for the service?

### Conclusion

University Hospitals of Leicester NHS Trust are required to achieve full compliance with the standards within the detailed implementation schedule. This is based on the UHL growth plan and includes achieving full co-location for all inpatient paediatric CHD care by April 2020 and increasing surgical activity so that we have a team of at least four surgeons, each undertaking at least 125 operations per year, from April 2021. These are no different from all other Level 1 centres.

1. Progress against key milestones are as follows:
  - a. The Strategy Directorate are working closely with the W&C's CMG to develop the preferred colocation option as per the Trust Board paper from Alex Morrell and Nicky Topham. This then informs the business case for the move of children's congenital heart services to the LRI site.
  - b. EMCHC achieved the level of surgical activity required in 2017/18, which was 357 NICOR recognised cases (Appendix A). This was a significant achievement made possible through the formation of the EMCHC Sustainability Group following the LiA event. The Group continues to meet with all service stakeholders focusing on the development of improved ways of working to maximise surgical numbers.
  - c. Continuing to achieve our surgical numbers in line with our own growth plan is essential. The plan for 2018/19 is 405, although it should be noted that NHSE will not require a recovery plan unless activity drops below 382. Activity for the start of this financial year has been challenging however there is flex in the surgical plan to recover this position (Appendix B).
  - d. The service continues to drive forward the recruitment plans as per expansion business case, promoting our success and plans for the future to attract and retain the key staff we need for our growth. As part of this plan we have welcomed an external company to visit the service and produce

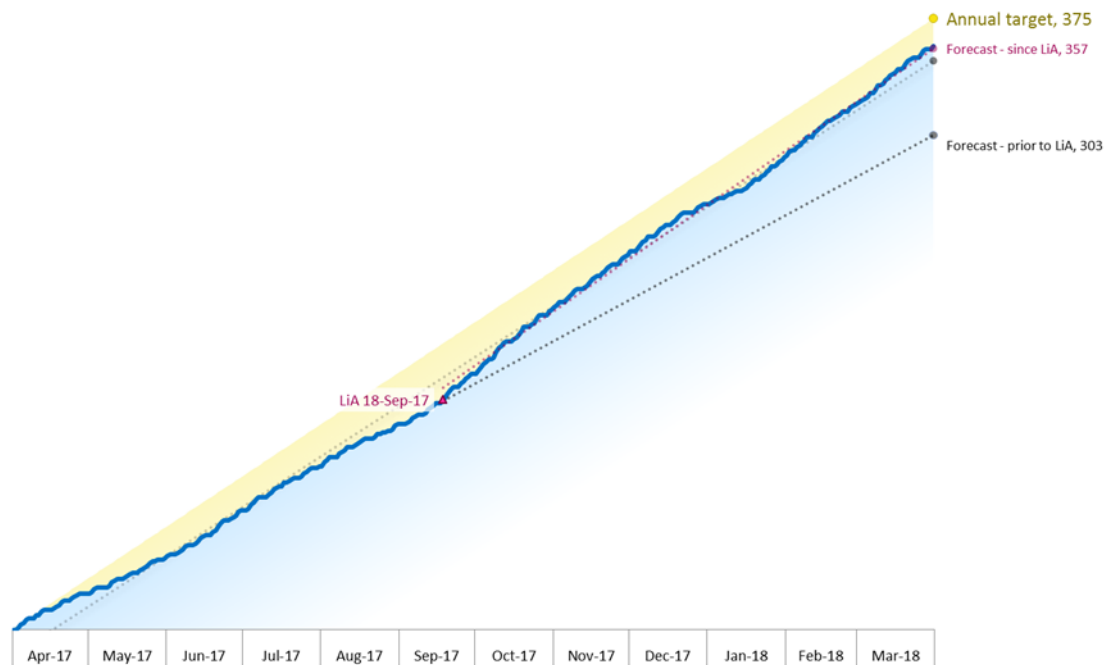
a recruitment video following the patient journey from birth to adulthood which showcases the many staff groups involved. There have been recruitment successes with senior medical staffing being up to establishment; however nurse recruitment remains extremely challenging with significant vacancies across the service. Nurse recruitment remains a priority for the service. Once received, the recruitment video will be linked to our new updated website which with the continued support from Heartlink has helped fund. [www.eastmidlandscongenitalheart.nhs.uk](http://www.eastmidlandscongenitalheart.nhs.uk).

- e. EMCHC continues to develop and nurture their relationships with the hospitals in their network to help make EMCHC the centre of choice for their patients. Alison Poole has been seconded to the role of Network Manager until December 2018. With support from Charlotte King, General Manager, informal visits to level 2 and 3 centres have commenced to strengthen relationships. NHSE have launched a Network CQUIN to provide a framework for Level 1 centres to follow that will help compliance with the necessary standards in support of their level 2 and 3 centres. All centres will be asked to self-assess against the service specifications and where possible EMCHC will support the centre in ensuring compliance.

**Appendix A**

Below shows the success of the LiA and the drive by all stakeholder to achieve the surgical activity.

NICOR surgeries to date and year-end forecasts  
(forecasts based on whole year to date, prior to LiA and activity since LiA)



**Appendix B**

**EMCHC surgical activity plan as agreed with NHS England**

NHS England will monitor UHL's progress towards meeting the standards and take commissioning action if it becomes clear that the standards will not be met according to the timescale set out in the implementation schedule. These timescales are informed by the Trust's own plans and the original timetable set out in the standards.

Milestone- no later than	Deliverable	Commissioner action if not delivered	
		<b>Trust required producing, and agreeing with NHS England, a recovery plan.</b>	<b>Referral to Specialised Services Commissioning Committee for decision whether to terminate the contract to provide level 1 CHD services.</b>
April 2018	Surgical activity for the year 2017/18 at least 375 operations.	Surgical activity less than 356.	Surgical activity is less than 337.
	Surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2018/19.	Fewer than three surgeons in post; no appointment made for replacement(s).

April 2019	Surgical activity for the year 2018/19 at least 403 operations.	Surgical activity less than 382.	Surgical activity is less than 362.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2018/19.	Fewer than three surgeons in post; no appointment made for replacement(s).
April 2020	Surgical activity for the year 2019/20 at least 435 operations.	Surgical activity less than 418.	Surgical activity is less than 402.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2019/20	Fewer than three surgeons in post; no appointment made for replacement(s). One or more surgeons undertook fewer than 125 operations a year averaged across 2018/19 or 2019/20
	Full co- location achieved for all inpatient paediatric CHD care.		Full co-location not achieved for all inpatient paediatric CHD care.
April 2021	Surgical activity for the year 2020/21 at least 471 operations.	Surgical activity less than 453.	Surgical activity is less than 435.
	Three surgeons undertaking at least 125 operations per year.	One or more surgeons undertook fewer than 125 operations in 2020/21.	Fewer than three surgeons in post. One or more surgeons undertook fewer than 125 operations a year on average across the years 2018/19, 2019/20 and 2020/21.
	Fourth surgeon appointed and in post.		No appointment made for fourth surgeon.
April 2022	Surgical activity for the year 2021/22 at least 500 operations.	Surgical activity less than 487.	Surgical activity is less than 475.
	Four surgeons undertaking at least 125 operations per year.	Fewer than four surgeons in post.  One or more surgeon undertook fewer than 125 operations in 2021/22	Fewer than three surgeons in post.

For Reference

Edit as appropriate:

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 [Yes]

2.This matter relates to the following **governance** initiatives:

- a.Organisational Risk Register [No]

**If YES please give details of risk ID, risk title and current / target risk ratings.**

**If NO, why not?**

Current Risk Rating is LOW

- b.Board Assurance Framework [No]

**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.	...		

3.Related **Patient and Public Involvement** actions taken, or to be taken:

EMCHC continue to have a close working relationship with their two main charities who have continued to engage in the sustainability agenda.

4.Results of any **Equality Impact Assessment**, relating to this matter: NA

5.Scheduled date for the **next paper** on this topic: December 2018

6.Executive Summaries should not exceed **4 pages**. [My paper does comply]

7.Papers should not exceed **7 pages**. [My paper does comply]