

# Update on the New Congenital Heart Review process

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Trust Board paper F

## Executive Summary

### Context

This paper provides the Trust Board with an update on the campaign to retain the East Midlands Congenital Heart Centre, (EMCHC) at UHL. The paper also invites the Board to comment on our proposed next actions in respect to the NHS England consultation on CHD services in England

### Questions

1. What has happened since the last Trust Board update?
2. What is planned with the campaign over the next month?
3. What is the current situation with surgical workforce?

### Conclusion

1. As requested by NHS England we wrote to each Hospital within the East Midlands network and asked them to confirm that they agreed with the referral assumptions for their hospital made in the EMCHC growth plan. An excellent response was received in the very short timeframe available including very encouraging support from Northampton Hospital. Only four hospitals were still to reply when we submitted an update on the growth plan with the supporting letters to NHS England on the 14<sup>th</sup> September.  
On 20<sup>th</sup> September we received notification from John Stewart Interim Director of Specialised Commissioning NHS England that it was not possible for a recommendation to be made to the NHS England Board by the 28<sup>th</sup> September. He advised that the revised date was now the 30<sup>th</sup> November.
2. In the next month the service will continue to explore the most efficient way to accommodate the additional surgical capacity needed to meet the growth plan projections. A task group chaired by John Adler will review the revised process and performance weekly. In the first two weeks of the new process 19 surgical cases have been delivered.  
Discussions with network hospitals are planned to support the increased referral pathways to EMCHC.  
Regular support and communication of the campaign strategy and progress is essential to reassure the EMCHC patients, families and staff who are obviously very disappointed that the decision has been deferred till November.
3. Mr Mimic our lead surgeon has accepted a role as a Locum Consultant CHD surgeon at Leeds General Infirmary.

The advert for a new senior lead surgeon will go live by the 29th September 2017 and we are planning to hold interviews week commencing the 4th December 2017. This gives us the benefit of knowing the outcome of the NHS England Board meeting on the 30th November. We have no doubts of our ability to attract suitable senior candidates, and the advert, although mentioning the review, will assume the service will continue to be commissioned.

Our new CHD consultant surgeon Mr Imran Saeed arrives on the 13th November. There will be a 5 week overlap where we will have 4 surgeons.

From the 18th December (once Mr Mimic has left) our surgical team will be as follows;

- Prof Tony Corno
- Mr Ikenna Omeje
- Mr Imran Saeed

**4. 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 [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? Eg. 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: [Insert here]
- 4. Results of any **Equality Impact Assessment**, relating to this matter: [Insert here]
- 5. Scheduled date for the **next paper** on this topic: TB 2.11.17
- 6. Executive Summaries should not exceed **2 pages**. My paper does comply
- 7. Papers should not exceed **7 pages**. My paper does comply