

To:	Trust Board
From:	Director of Strategy
Date:	1 December 2011
CQC regulation:	As appropriate

Title:	Safe and Sustainable Children's Cardiac Services Review; Position Statement		
Author/Responsible Director: Mrs E Aryeetey, Dr Abigail Tierney			
Purpose of the Report:			
<ul style="list-style-type: none"> To update the Trust Board 			
The Report is provided to the Board for:			
	Decision		
	Discussion		√
	Assurance		
	Endorsement		√
Summary / Key Points:			
<ul style="list-style-type: none"> The paper summarises the review process and UHL's response, including key developments undertaken to address shortfalls against the standards for designation and improve the service's profitability. <ol style="list-style-type: none"> Physical Capacity to undertake 400 surgical cases. 24/7 Intensive Care Consultant cover Co-location of Interdependent Specialist Children's Services Clinical Psychology Transition Nurse Business case – strengthening I&E position Network development Research 			
Recommendations:			
<p>The Trust Board is asked to re-affirm its support for the strategic development of the EMCHC and note that all the shortfalls identified as part of the Safe and Sustainable Review have been addressed, particularly in relation to Research and co-location of Paediatric ENT services.</p>			
Previously considered at another corporate UHL Committee ?			
N/A			
Strategic Risk Register		Performance KPIs year to date	
Divisional Risk Register		N/A	

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Resource Implications (eg Financial, HR)	
N/A	
Assurance Implications	
N/A	
Patient and Public Involvement (PPI) Implications	
There has been extensive Public and Patient Involvement through the National Consultation Process.	
Equality Impact	
A health impact assessment was undertaken as part of the National Consultation Process	
Information exempt from Disclosure	
No	
Requirement for further review ?	
To be confirmed	

University Hospitals of Leicester NHS Trust

Acute Care Division

Report to: Trust Board – 1 December 2011

Report From: Elizabeth Aryeetey, Service Manager

Subject: Safe and Sustainable Children’s Cardiac Services Review; Position Statement

Background

The national “Safe and Sustainable Children’s Cardiac Services Review” is nearing the conclusion of a three year process which has

- a) defined the standards of care required for future sustainable children’s cardiac surgical centres and
- b) proposed models to deliver that service in a reduced number of centres.

UHL has consistently supported the principles behind the review of fewer, larger centres with the capacity and capability of delivering high quality and sustainable services for the future.

The East Midlands Congenital Heart Centre (EMCHC) began the review process alongside Oxford, Newcastle and Southampton as one of the smaller centres performing well below the minimum 400 cases per year required for designation. Oxford, with significantly less cases than any other centre and an infrastructure well below the development standards, was not considered by the review team to be part of any proposed model. Of the 10 remaining centres, it was proposed that 6-7 would be designated with London reducing from 3 to 2.

Trust Board support for the East Midlands Congenital Heart Centre Business Case

UHL has placed designation of children’s cardiac surgery as a key strategic priority in the Trust’s Business Plan. This reflects the tertiary and quaternary profile of the service and its potential for expansion into a high-performing and profitable centre. With excellent clinical outcomes and an infrastructure that meets the majority of the essential criteria the service is well placed for designation. The interdependence of the EMCHC with the Extra-Corporeal Membrane Oxygenation (ECMO) service and specialist children’s services is a further driver in the Trust’s support for retaining children’s cardiac surgery.

The business case for expansion to accommodate 400 surgical cases per year and service developments required to meet designation standards have been reviewed, revised and endorsed by the Trust Board throughout the Safe and Sustainable review process, most recently on 21 June, 2011.

Safe and Sustainable Review Process

All centres were required to complete a lengthy self-assessment document which was scored and further tested by the visit of an expert panel, chaired by Sir Ian Kennedy, (Chair of the enquiry into the care of children at Bristol Royal Infirmary, resulting in 2001, landmark, 'Kennedy Report', the progenitor for the Safe and Sustainable review)

The outcome of the assessment was a ranking of the centres in terms of current and future compliance with the designation standards. EMCHC was ranked 9th with a score of 421 out of a possible 600.

Several centres expressed their disappointment with the lack of clarity regarding individual scoring and on occasions conflicting comments in the feedback. In particular, the definition of quality was perceived as subjective and inconsistently applied.

UHL was praised for its leadership and strategic vision but was assessed as falling short of the standards on co-location of interdependent children's services and innovation. EMCHC was also assessed as not demonstrating a collaborative network model with its partners in non-specialist cardiac centres.

UHL's Response

UHL has formally communicated its concerns to the Safe and Sustainable Review Team with regard to discrepancies in the assessment process and asked for consideration of the improvements that have made to the service over the last twelve months to be taken into consideration when a final decision is reached on designation. There has been no positive response from the Safe and Sustainable Team to indicate that UHL's concerns have been accepted.

These concerns have been echoed by the local Overview and Scrutiny Committees (OSCs) and also formally fed back to the review panel and Joint Committee of Primary Care Trusts (JCPCT) responsible for determining the final designation model.

Configuration Options

Following the centres' assessment process, work was undertaken by the Review Team to consider configuration options which would be put forward for public consultation. These were presented by the JCPCT at the launch of its four month Public Consultation process in February 2011. Leicester featured in only one of the four options; Option A.

UHL was reassured by the ranking of the four options with Option A scoring significantly higher than the other three options. The inclusion of Option B was of concern as it was introduced late in the process following pressure to provide an option which included Southampton as the 2nd highest scoring centre. This option was presented as the “quality” option inferring that Option A provided a lower quality configuration.

UHL was further concerned that in the analysis of options the impact of non-designation on the national ECMO service and PICU provision in Leicester was not accurately assessed.

Public Consultation

The result of the public consultation was an overwhelming endorsement of Option A.. (The public in 6 out of the 10 regions chose option A; patients chose option A; people in the West Midlands and the North East of England chose option A... and overall Option A, was chosen by about 60% of the public taking part).

The interpretation of the results announced in a press statement had a different emphasis saying that more organisations supported Option B and that once the respondents from the East Midlands and South Central regions were stripped out, Option B was the most popular; this became the subject of further concern by UHL, the Local Involvement Networks, (LINKs) and the OSCs.

Current Position

As a result of not being included in any of the configuration options the Royal Brompton Hospital (RBH) requested a Judicial Review of the process. This was granted and the case heard in September 2011. At the beginning of November the verdict was announced with a ruling in favour of the RBH on the grounds that the assessment of RBH’s Research and Innovation portfolio was incorrect. The response from the Review Team was a statement of intent to challenge the ruling with the possibility of a delay in the final outcome of the Review until Spring 2012 to accommodate this and a potential re-scoring of all centres’ Research and Innovation portfolios.

EMCHC has continued to implement its development plans to meet the designation standards:

1. Physical Capacity to undertake 400 surgical cases.

Work has commenced on Phase 2 of the capital build to expand PICU provision with the project on target for completion by April 2012.

2. 24/7 Intensive Care Consultant cover

Two additional PICU consultant posts have been approved. A split site rota has been in place providing 24/7 cover for the EMCHC PICU since August 2011.

- 3. Co-location of Interdependent Specialist Children's Services**

The Review Team rejected UHL's submission of out-of-hours ENT cover and day-time split site working as meeting essential co-location standards. Subsequently, Dale Travis (CBU Manager for Specialised Surgical Services) and Mr Peter Conboy (Head of ENT services) have agreed in principle to a movement of Paediatric ENT out-patient services and some adult ENT clinics to the Glenfield site to provide day-time airway management support for EMCHC patients. The detail of that proposal with resource implications will be worked up and presented to the January Trust Board with an implementation time-line of three months.
- 4. Clinical Psychology**

The 0.5 wte senior Clinical Psychology post outlined in the EMCHC Business Plan will be advertised at the end of November, funded for the first six months by Heartlink (Congenital Cardiac and ECMO charity). The post holder will work with, and be supported by, the existing Paediatric Clinical Psychology team within the Children's Services at the LRI and governance provided by the employing body and partner organisation, Leicestershire Partnership Trust.
- 5. Transition Nurse**

A new job description complying with the standards and framework developed by the Royal College of Nursing specialist group has been developed and the current liaison nurse supporting transition across the network is working to those standards.
- 6. Business case – strengthening I&E position**

The EMCHC, in line with all specialties, is working to improve efficiency and maximise its profitability going forward. CIP initiatives are being developed, focusing on redesigning the provision of services to the network, streamlining administration and clerical processes and containing non-pay costs. An initial scoping of coding and income has resulted in plans to implement consultant-led coding which is projected to significantly improve income. Clinicians propose to work with other centres with the aim of influencing future tariff proposals.
- 7. Network development**

The 2nd EMCH Network event, including a half-day educational programme, was hosted by Derby in October 2011. Further agreement was reached on how the network should develop with key work streams and responsible clinicians identified. The 3rd Network event is scheduled for January 2012, hosted by Nottingham. It is worth noting that during the June 16th public meeting hosted by the S&S team, the UHL network approach was praised as a model which other centres might wish to learn from.
- 8. Research**

The inaugural EMCHC Research Board meeting was held at the beginning of November, 2011 with excellent attendance and

presentations. Attilio Lotto, as Research Director, has developed a Research Strategy with support from David Rowbotham and the existing UHL and BRU Research teams.

Next Steps

1. Influencing

UHL will continue to promote the case for designation of the EMCHC as a paediatric cardiac surgical centre with partner organisations and key stakeholders.

2. Resubmission of Research Portfolio

EMCHC, through Attilio Lotto, is preparing a re-submission of the centre's research portfolio in the event that the Safe and Sustainable Review Team allowing the Judicial ruling to be implemented.

3. Legal Challenge

On numerous occasions over the last six months the Trust has been asked by stakeholders whether we are considering our own legal challenge. The view thus far has been that whatever the possibilities are concerning such a challenge, we would prefer to make our case for designation through established channels. In essence we believe the evidence to support the continuation of surgery in Leicester is compelling and as such we will continue to make that case.

Conclusion

The Trust Board is asked to re-affirm its support for the strategic development of the EMCHC and note that all the shortfalls identified as part of the Safe and Sustainable Review have been addressed, particularly in relation to Research and co-location of Paediatric ENT services.

ENDS