

To:	Trust Board
From:	CHIEF EXECUTIVE
Date:	28 MAY 2012
CQC regulation:	ALL

Title:	MONTHLY UPDATE REPORT – MAY 2012		
Author/Responsible Director: Chief Executive			
Purpose of the Report: To update the Trust Board on topical issues.			
The Report is provided to the Board for:			
Decision			Discussion
Assurance		√	Endorsement
Summary / Key Points:			
<ul style="list-style-type: none"> • Month 1 performance – Quality and Performance report for April 2012 • Safe and Sustainable/Review of Adult Congenital Heart Disease 			
Recommendations:			
The Trust Board is invited to receive and note this report.			
Previously considered at another UHL corporate Committee ? N/A			
Strategic Risk Register		Performance KPIs year to date	
N/A		N/A	
Resource Implications (eg Financial, HR)			
N/A			
Assurance Implications			
The report aims to assure the Trust Board on a number of topical issues.			
Patient and Public Involvement (PPI) Implications			
N/A			
Equality Impact			
N/A			
Information exempt from Disclosure			
N/A			
Requirement for further review ? Monthly report to each Trust Board meeting.			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 28 MAY 2012

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – MAY 2012

1. KEY ISSUES

1.1 The key issues to draw to the attention of the Trust Board at this meeting are set out in the April 2012 Quality and Performance report (Month 1) which features elsewhere on this agenda and which (ahead of the Trust Board) is to be considered by the Governance and Risk Management Committee and Finance and Performance Committee, respectively on 21st May and 23rd May 2012.

2. SAFE AND SUSTAINABLE/REVIEW OF ADULT CONGENITAL HEART DISEASE

2.1 Attached to this report is an exchange of correspondence in May 2012 with Sir Neil McKay, Chair of the Joint Committee of Primary Care Trusts, the contents of which are self-explanatory.

2.2 It is worth noting that, during May 2012, the NHS has launched the next phase of a review into Adult Congenital Heart Disease (ACHD) Services, initiating a period of engagement to gather the views of patients and their families, NHS staff, clinicians and other groups to help shape services in the future.

2.3 Over the last few months, an expert Advisory Group of clinicians, commissioners and patient representatives has been working together to explore potential improvements to the service. The Advisory Group has developed a proposed network model for delivering specialist ACHD care and draft national designation standards that specialist centres would need to meet in the future. Stakeholders are now being invited to comment on the proposed designation standards and the draft model of care.

2.4 This period of engagement will close on Friday 27th July 2012. There will be a public consultation on options for designation in 2013.

2.5 The Trust Board will be appraised of developments in respect of this review, as appropriate.

3. RECOMMENDATION

3.1 The Trust Board is invited to receive and note this report.

Malcolm Lowe-Lauri
Chief Executive

22nd May 2012

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Our ref: MLL/mj

Date: 15 May 2012

Sir Neil McKay
Chief Executive
NHS Midlands and East
Victoria House
Capital Park
Fulbourn
Cambridge CB21 5XB

Dear Sir Neil

I would like to inform the Committee of a number of significant service developments at the East Midlands Congenital Heart Centre (EMCHC) that will provide major advances to the scale and scope of the care we give to the region. These changes substantially address not only the gaps in compliance identified by the Safe and Sustainable team during the consultation process but will also put our service on very strong footing to manage the expanded care pathways that would result from designation.

The three principal areas of service development that we would like to bring to the attention of the Committee are:-

- (i) the realisation of **co-location of ENT services** on the Glenfield site,
- (ii) the completion of the **expansion to our paediatric ICU** from 8 to 12 beds and
- (iii) a revised **specialist recruitment strategy** that includes two surgeons, a specialist congenital cardiac anaesthetist, two paediatric intensivists and a clinical psychologist.

We will submit a more detailed report on these developments for your consideration at the JCPCT meeting in June but felt it would be instructive to the Committee to be briefed at this earlier stage to help inform discussions.

Co-location of ENT services on the Glenfield site

From the outset we have acknowledged the critical dependence of paediatric cardiac surgery and intensive care on co-location with paediatric ENT services. As you will know we have previously argued that the travel time and distance from ENT services at the Leicester Royal Infirmary site fulfils the Baker definition of co-location. However, we now acknowledge that the existing ENT model in Leicester is inferior to true co-location on the same site. To avoid any doubt about our commitment to providing safe airways management, the Trust will have completed a project to co-locate ENT services on the Glenfield site by June 2012. A timeline for these developments is appended to this letter and further detailed evidence will be submitted next month.

Cont'd

In summary this process includes:

- £70K investment from charitable donation and the Trusts Capital Building Fund;
- expansion of the paediatric cardiology outpatient department to include a dedicated and fully equipped ENT clinic room;
- the commissioning of a separate audio booth in the same clinic area;
- building works and equipping of the facilities will be completed to allow paediatric ENT outpatient services to start by the first week of June 2012;
- phase two of the process will see bronchoscopy and ENT day case theatre commence in January 2013.

Expansion of the Paediatric Intensive Care Unit

The Committee will be aware of our plan to expand the cardiac PICU at Glenfield. We now are proud to announce that after a £1m investment and many months of planning and hard work the new PICU opened on 18th April. It now boasts 12 beds with state of the art facilities including four side rooms. Carers facilities have also been upgraded and include a kitchen/lounge and counselling/quiet room. The official opening will take place on May 25th, with our principal sponsors, the Thomas Cook Children's Charity, cutting the ribbon.

The scale of this project has been modelled to allow the EMCHC to accommodate the 420+ annual cardiac surgical cases we would see if designated as well as continue our established ECMO programme. Now that the ICU project has been completed our attention will now be focussed on the £1.6m expansion of the ward facilities scheduled for completion by the end of the year.

Staffing and recruitment

Since the inception of the Safe and Sustainable process, changes to the consultant workforce at EMCHC have seen the appointment of two paediatric cardiologists, a congenital cardiac surgeon, a paediatric cardiac intensivist, a paediatric cardiac anaesthetist and an adult congenital cardiologist to substantive posts. We have assembled a team of highly motivated and highly skilled experts who share the vision of developing a world class congenital cardiac programme for the East Midlands. In order to complete a truly safe and sustainable service the Trust has committed to the following specialist recruitment strategy:

- the appointment of two congenital cardiac surgeons (one new, one replacement to bring the total to four). The posts will be advertised this month;
- the appointment of an additional paediatric cardiac anaesthetist. This is a new post for the service and will be advertised this month;
- the expansion of the clinical psychology service to include dedicated sessions in a new psychology consulting room in the paediatric outpatient department starting early June 2012.

Thank you for considering the above information in your ongoing discussions to determine the future configuration of paediatric cardiac surgery. I would be most grateful if you could acknowledge presentation of this letter at your meeting and I would also, of course, welcome any feedback that you can give.

Yours sincerely



Malcolm Lowe-Lauri
Chief Executive

University Hospitals of Leicester NHS Trust includes Glenfield Hospital, Leicester General Hospital and Leicester Royal Infirmary.

Website: www.uhl-tr.nhs.uk

Chairman: Mr Martin Hindle Chief Executive: Mr Malcolm Lowe-Lauri

Specialised Services

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21 May 2012

Dear Malcolm

Thank you for your letter of 15 May which was discussed at the JCPCT meeting on that day (incidentally, the appendix to which you refer in your letter was not included in the email to me).

You have brought to our attention a plan to locate paediatric ENT services at the Glenfield site, the development of paediatric intensive care services and a revised recruitment strategy.

Can I please refer to two previous pieces of correspondence as being relevant to the JCPCT's response.

The first was a letter to you from Jeremy Glyde dated 12 May 2011 in which he invited the Trust to specifically address in its response to consultation the issue of compliance with the co-location requirements in view of concerns expressed by some respondents about the arrangements at Glenfield Hospital. The Trust was therefore provided with the opportunity in the consultation process to address this issue as it saw fit, either in response to the concerns that were being expressed by respondents at the time or which had been made known by Sir Ian Kennedy's panel in its report of December 2010.

The second letter was also from Jeremy Glyde dated 26 October 2011 in which he explained why the JCPCT will not consider evidence relating to changes in service delivery that have been implemented since the Kennedy assessments in 2010. The assessment of each centre's compliance was an assessment at a point in time that was consistent to all centres. It was explicitly stated at the start of the process that the Kennedy scores would not change during the process and it is worth highlighting in this regard that the assessments were of

current and *future* compliance with the standards as planned and reported by the centres at the time.

I hope that this letter is helpful in clarifying the process that we are following to reach a final decision.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Neil McKay', with a large, stylized flourish at the end.

Sir Neil McKay

Chair of the Joint Committee of PCTs