

TRUST BOARD 4 MAY 2017

# 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 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. **General Election announced** – we have had informal confirmation that due to the purdah period required for public sector organisations prior to a General Election, the consultation period will be extended by six weeks to mid-July 2017. All public events from the 22<sup>nd</sup> April to the 9<sup>th</sup> June will be cancelled and rearranged.
- 1.2. **Network engagement** – We have received written letters of support from the Chief Executives of North West Anglia NHS Foundation Trust (the new name for the merged Peterborough and Stamford/Hinchingbrooke Hospitals), Chesterfield Royal Hospital NHS Foundation Trust, and Northampton General Hospital NHS Trust all of whom support the provision of EMCHC as a centre of excellence and the Level 1 provider of Congenital Heart Disease Surgical services in the East Midlands. All three have agreed to develop mutually beneficial working relationships with the aim of increasing surgical referrals to EMCHC.
- 1.3. **EMCHC Growth plan** – The EMCHC 2017-2021 Growth plan is subject to a final review by the team and will be sent to NHS England on the 3<sup>rd</sup> of May 2017.
- 1.4. **Consultant recruitment** – The initial phases of the recruitment process for a replacement for Mr Speggorin has commenced. It will be launched once Mr Speggorin formally resigns.
- 1.5. **Consultation responses** – We continue to have fantastic support from stakeholder groups in facilitating consultation responses from all those who wish to participate, especially those with no internet access. NHS England confirmed that responses to date from the East Midlands accounted for approximately 70% of the national responses.
- 1.6. **Stakeholder meetings** – meetings are held monthly and well attended by staff and wider stakeholders, these will continue over the consultation period

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

- 2.1. **Growth Plan** - NHS England are visiting the Trust on the 18<sup>th</sup> May 2017 to meet with key members of the EMCHC team and review the growth plan and our strategy to deliver it.
- 2.2. **Consultation response**- A detailed response to the Consultation document will be prepared to address the key themes of contention. Due to the extension of the

consultation process this will now be presented to the Trust Board in July and sent to NHS England before the close of the public consultation mid-July.

- 2.3. **Stakeholder engagement** - sessions will continue at the Leicester Royal Infirmary and Glenfield Hospitals but will be restricted in line with the NHS Providers Purdah briefing April 2017.
- 2.4. **Surgical caseload** - A full assessment of the EMCHC theatre capacity, requirements and future allocation is in progress to ensure the EMCHC surgical caseload outlined in the growth plan is facilitated.
- 2.5. **Network**- discussions will continue to understand the needs of all the new partnerships identified and ensure the necessary resource and support is provided to meet the assumptions in the growth plan.

### 3. What are the risks to the campaign?

- 3.1. Despite using NHS England's data, and providing significant evidence and detail there is a risk that the EMCHC Growth plan may not be approved by NHS England.
- 3.2. The extension due to the purdah period for the General Election period has a risk that the final recommendation and decision by the NHS England board will be delayed until December 2017 or January 2018. This not only extends the uncertainty surrounding the service, but also delays the approval of further capital spends to progress designs for the move of EMCHC to LRI. NHS England is aware of this dependency and has agreed that any delay due to this will be accommodated in the deadline for co-location.
- 3.3. The further extension of the public consultation process has a risk of the campaign losing momentum – a communication strategy has been agreed to ensure it remains in the public and media eye and staff and stakeholder morale is maintained.
- 3.4. The further extension of the public consultation process has a risk of impacting recruitment for a replacement consultant surgeon. Whilst the field for the previous consultant surgical role was significant, this may be challenging until some certainty surrounding the service can be established.

### Conclusion

- 4 The Trust Board is 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]