

Issue covered in Chief Executive's monthly Report to Trust Board 31.7.14

To:	Trust Board								
From:	Director of Strategy								
Date:	31st July 2014								
CQC regulation:									
Title:	Future provision of paediatric Congenital Cardiac Surgery at the University Hospitals of Leicester (UHL)								
Author/Responsible Director: Kate Shields									
Purpose of the Report: The purpose of this paper is to seek agreement on the next steps regarding the provision of Paediatric Congenital Cardiac Surgery at UHL, in light of the recent iteration of the draft Cardiac Review specifications									
The Report is provided to the Board for:									
<table border="1"> <tr> <td>Decision</td> <td>X</td> </tr> <tr> <td>Assurance</td> <td></td> </tr> </table>	Decision	X	Assurance		<table border="1"> <tr> <td>Discussion</td> <td>X</td> </tr> <tr> <td>Endorsement</td> <td></td> </tr> </table>	Discussion	X	Endorsement	
Decision	X								
Assurance									
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Endorsement									
Summary / Key Points: This report updates the Board on the latest review developments and proposes action in response.									
Recommendations:									
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Support the commissioning of an urgent assessment of the potential to alter our current reconfiguration plan to achieve co-location, including timelines and costs, • Support the Director of Strategy pursuing the existing dialogue with BCH with a view to agreeing a network approach as soon as possible • Agree a paper coming to a future meeting that sets out the implications of meeting the emerging standards and the implications of not meeting them (i.e. the future strategy for the service) • Support a communication being issued to staff immediately explaining the approach being taken and decision-making timescales 									
Previously considered at another corporate UHL Committee? Executive Team									
Board Assurance Framework: Responsive Services, Research	Performance KPIs year to date:								

Resource Implications (eg Financial, HR): Yes, TBC	
Assurance Implications:	
Patient and Public Involvement (PPI) Implications: Active engagement with support groups required	
Stakeholder Engagement Implications: National and local	
Equality Impact: Potential re accessibility	
Information exempt from Disclosure:	
Requirement for further review? Yes	

Future provision of paediatric Congenital Cardiac Surgery at the University Hospitals of Leicester (UHL)

Purpose:

1. The purpose of this paper is to seek agreement on the next steps regarding the provision of Paediatric Congenital Cardiac Surgery at UHL, in light of the recent iteration of the draft Cardiac Review specifications

Background

2. The NHS England New Congenital Heart Disease Review has produced draft standards highlighting key requirements expected of Specialist Surgical Centres within the Congenital Heart Network. Whilst it is yet to be agreed when these will be published for public consultation, it is expected that consultation will be more about how to implement the recommendations, rather than what the standards are.
3. Following the challenge to the Safe and Sustainable process, this review has demonstrated significant governance and involvement of necessary stakeholders, and as such the outcome of the review is likely to be upheld
4. The latest iteration has highlighted two key points that impact UHL
 - 4.1 Surgical teams require a minimum of 4 surgeons each delivering a minimum of 125 cases and a total of 500 cases per annum. This is based on clinical evidence that indicates such activity over a period of 3 years provides the necessary level of clinical quality needed to provide the service.
 - 4.2 All paediatric services need to be co-located on one site and not as previously indicated within 30 minutes contact time.
5. Current Cardiac surgery case load is 273 and predictions in activity growth from demographic and network expansion shows that 375 cases can be achieved within a 3 year period
6. The predications for reaching 500 cases show this will be more challenging requiring a minimum of 12 years to achieve
7. The review committee have indicated that there is some latitude in reaching the 500 caseload and they are not adverse to network partnerships. Early discussions with Birmingham indicate an appetite for UHL working with Birmingham Children's Hospital (BCH) to achieve this.
8. The review committee have also indicated that there are other opportunities on how specialist commissioned services are provided and there is an appetite for creativity and innovation in commissioning and contracting. This supports the partnerships conversations already in place with BCH.

9. With Congenital Cardiac Surgery currently delivered at Glenfield Hospital we do not meet the proposed standard in respect to co- location. **The Review Committee has made it clear that there is no latitude in respect to this standard.** Without co-located paediatric services, the Paediatric Congenital Cardiac service would no longer be viable.
10. The loss of Paediatric Congenital Cardiac Surgery would still require UHL to retain other elements of the pathway such as fetal screening and interventional cardiology. To note this would also need to be co-located with paediatric services.

Recommendations

The Board is asked to:

- Support the commissioning of an urgent assessment of the potential to alter our current reconfiguration plan to achieve co-location, including timelines and costs,
- Support the Director of Strategy pursuing the existing dialogue with BCH with a view to agreeing a network approach as soon as possible
- Agree a paper coming to a future meeting that sets out the implications of meeting the emerging standards and the implications of not meeting them
- Support a communication being issued to staff immediately explaining the approach being taken and timescales