Paediatric Cardiac and Adult Congenital Heart Disease: Standards Compliance Assessment

Hospital Trust: University Hospitals of Leicester NHS Trust

RAG RATING: Amber/Red

University Hospitals of Leicester does not meet all the April 2016 requirements 2016 standards (meeting 8 of the 14 requirements tested), and is unlikely to be able to do so.

Meeting the requirements

Measure	Requirement	Related standards	Compliance demonstrated? (Y/N)	Development plan required?	Mitigation required?
1. Ensuring that paediatric cardiac / ACHD care is given by appropriate practitioners in appropriate settings.	1.1 All paediatric cardiac and adult CHD surgery, planned therapeutic interventions and diagnostic catheter procedures to take place within a Specialist Surgical Centre (exceptions for interventional and diagnostic catheters in adults noted below).	A9(L1) Paediatric; B8(L1) Paediatric; B12(L1) Paediatric; A9(L1) Adult; B8(L1) Adult; B12(L1) Adult	N	Y – acceptable plan provided	N

Measure	Requirement	Related standards	Compliance demonstrated? (Y/N)	Development plan required?	Mitigation required?
	1.2 All rare, complex and innovative procedures and all cases where the best treatment plan is unclear will be discussed at the network MDT.	B2(L1) Paediatric; B2(L1) Adult	Y	N	N
	1.3 All children and young people must be seen and cared for in an age-appropriate environment , taking into account the particular needs of adolescents and those of children and young people with any learning or physical disability.	C2(L1) Paediatric	Y	N	N

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2. Ensuring that those undertaking specialist paediatric cardiac / ACHD procedures undertake sufficient practice to maintain their skills	2.1 Congenital cardiac surgeons must be the primary operator in a minimum of 125 congenital heart operations per year (in adults and/or paediatrics), averaged over a three-year period.	B10(L1)Paediatric; B10(L1) Adult	N	Y	Y
	2.2 Cardiologists performing therapeutic catheterisation in children/young people and in adults with congenital heart disease must be the primary operator in a minimum of 50 such procedures per year (a minimum of 100 such procedures for the Lead Interventional Cardiologist) averaged over a three-year	B17(L1)Paediatric; B17(L1) Adult	N	Y – acceptable plan provided	N

Measure	Requirement	Related standards	Compliance demonstrated? (Y/N)	Development plan required?	Mitigation required?
	period.				
3. Ensuring that there is 24/7 care and advice	3.1 Surgical rotas should be no more than 1 in 3.	B1(L1)Paediatric; B9(L1) Paediatric; B1(L1)Adult; B9(L1) Adult;	Y	N	N
	3.2 Interventional cardiologist rotas should be no more than 1 in 3.	B1(L1)Paediatric; B15(L1)Paediatric; B1(L1)Adult;	N	Y – acceptable plan provided	N
	3.3 Cardiologist rotas should be no more than 1 in 4.	B14(L1) Paediatric;	Y	N	N
	3.4 A consultant ward round occurs daily.	B1(L1)Paediatric; B1(L1)Adult;	Y	N	N
	3.5 Patients and their families can access support and advice at any time	B1(L1)Paediatric;	Y	N	N
	3.6 Medical staff throughout the network can access expert medical advice on the care of children with heart disease and adults with congenital heart disease at any	A10(L1) Paediatric; B14(L1) Paediatric; A10(L1) Adult;	Y	N	N

Measure	Requirement	Related standards	Compliance demonstrated? (Y/N)	Development plan required?	Mitigation required?
	time.				
4. Ensuring that there is effective and timely care for co-morbidities	4.1 Specialist Surgical Centres must have key specialties or facilities located on the same hospital site. Consultants from the following services must be able to provide emergency bedside care (call to bedside within 30 minutes).	A21(L1)Paediatric; D1(L1) Paediatric; D2(L1) Paediatric; D3(L1) Paediatric; D4(L1) Paediatric; D5(L1)Paediatric; D6(L1) Paediatric; D7(L1) Paediatric; D8(L1) Paediatric; A21(L1)Adult; D1(L1) Adult; D2(L1) Adult; D3(L1) Adult; D4(L1) Adult; D5(L1) Adult; D6(L1) Adult; D7(L1) Adult;	N	Y	Y
	4.2 Key specialties must function as part of the multidisciplinary team.	A21(L1)Paediatric; D1(L1) Paediatric; D2(L1) Paediatric; D3(L1) Paediatric; D4(L1) Paediatric; D5(L1)Paediatric; D6(L1) Paediatric; D7(L1) Paediatric; D8(L1) Paediatric; A21(L1)Adult; D1(L1) Adult; D2(L1) Adult; D3(L1) Adult; D4(L1) Adult;	N	TBC – see below	TBC – see below

Measure	Requirement	Related standards	Compliance demonstrated? (Y/N)	Development plan required?	Mitigation required?
		D5(L1) Adult; D6(L1) Adult; D7(L1) Adult;			
5. Assuring quality and safety through audit.	5.1 Specialist Surgical Centres must participate in national audit programmes, use current risk adjustment tools where available and report and learn from adverse incidents.	A21(L1)Paediatric; F4(L1) Paediatric; F7(L1) Paediatric; F9(L1) Paediatric; A21(L1)Adult; F4(L1) Adult; F7(L1) Adult; F9(L1) Adult;	Y	N	N

Development plan and mitigation requirements

2.1 University Hospitals of Leicester reported a caseload of 331 procedures for 2015-16, an increase of 55 procedures compared with 2014-15. This is insufficient for three surgeons to meet the activity requirement. They currently have three surgeons who were not projected to achieve the required 125 operations in 2015/16 (122, 95, 43[1] projected procedures).

University Hospitals of Leicester is predicting that growth will continue as a result of:

- continuing to develop relationships with level 3 hospitals such as Kettering General Hospital, Peterborough City Hospital and Northampton General Hospital;
- delivering new outreach clinics; and
- expanding their estate, specifically expanding their outpatient department, moving and increasing accommodation for parents and carers, increasing office space for staff and increasing the paediatric cardiology bed provision to provide a short-stay area, cardiac high dependency beds and a separate facility for adolescents (this work is scheduled for completion in August 2016).

University Hospitals of Leicester also described the mitigation it currently has in place including:

- seeking support and advice in complex or unusual cases, particularly from colleagues at Birmingham Children's Hospital; and
- following MDT discussion they have been supported by one of the senior surgeons at Birmingham Children's Hospital on four occasions in the last year.

The panel was concerned about whether these plans were realistic as it is not possible to know if the recent growth will continue. University Hospitals of Leicester must develop a more detailed plan to ensure that all surgeons meet the required numbers during 16/17.

University Hospitals of Leicester must demonstrate that where its plan is based on changes in patient flows this includes agreements with the referring hospitals and the hospitals currently providing a service to that hospital. University

[1] Surgeon started operating in November 2015. A previous surgeon had also performed 61 procedures in 15/16 prior to stopping operating in October 2015.

Hospitals of Leicester must also monitor surgeon activity during 2016/17 and inform regional commissioners if at any point they consider it likely that one or more of their surgeons will not meet the requirement.

While the predicted growth may in time ensure that the 2016 requirement for a team of three surgeons can be supported, NHS England activity projections suggest that University Hospitals of Leicester will not achieve sufficient activity levels to meet the 2021 requirement for a team of four surgeons.

2.2 University Hospitals of Leicester reported that they had performed 257 procedures in 2014-15; however, NICOR reported overall activity of 239 procedures (once all procedures which did not qualify had been removed). University Hospitals of Leicester therefore has sufficient activity to meet the requirements to have a lead interventionist who performs a minimum of 100 procedures and all interventionists to perform a minimum of 50 procedures for their proposed three interventionists.

University Hospitals of Leicester plan to reduce the number of interventional cardiologists from seven to three with a fourth cardiologist focussing on EP and implants. The panel considered this an acceptable plan.

University Hospitals of Leicester also report an average of 32 procedures each year performed by other staff and trainees for 2013/16. This would appear to be in breach of standard A2(L1) which requires that all congenital cardiac care including investigation, cardiology and surgery, is carried out only by congenital cardiac specialists and standard B12(L1) which requires that all paediatric congenital cardiology must be carried out by specialist paediatric cardiologists (and the equivalent adult standard). The plan described above should address this issue.

University Hospitals of Leicester must take steps to manage interventional workload to ensure that all interventional is undertaken only by congenital cardiac specialists, that all interventional cardiologists meet the required numbers during 16/17 and to monitor interventional activity and inform regional commissioners if at any point they consider it likely that one or more of their interventionists will not meet the requirement.

3.2 University Hospitals of Leicester has not demonstrated that they have implemented a 1 in 3 interventional cardiologist rota. They must provide further evidence to demonstrate that this standard is met or develop plans to meet the

requirement. NHS England's regional commissioning team will review and agree the plans and monitor implementation of the plan.

University Hospitals of Leicester must also develop plans to meet the 1 in 4 rota requirement from April 2017

4.1 University Hospitals of Leicester does not have access to 24/7 bedside paediatric gastroenterology.

The panel was concerned about whether the proposed mitigations (24/7 support from general paediatrics and paediatric surgery based at Leicester Royal Infirmary to provide first line care for gastroenterological emergencies with next day advice from a paediatric gastroenterologist) were acceptable. It noted that a business case has been developed for the recruitment of three gastroenterologists which would enable an out of hours rota to be established.

4.1 University Hospitals of Leicester does not have access to 24/7 bedside paediatric nephrology.

The panel was concerned about whether the proposed mitigations (24/7 on-site support from PICU nurses and intensivists with 24/7 telephone advice from an on-call paediatric nephrologist) were acceptable. It noted that the East Midlands, East of England and South Yorkshire are currently trying to recruit a network consultant paediatric nephrologist who will be predominantly based in Leicester.

4.1 University Hospitals of Leicester does not have vascular and interventional radiology services on site as required by Standard D7(L1)Adult.

The service is provided by Leicester Royal Infirmary with a site to site journey time under 30 minutes but evidence was not provided to demonstrate that this service is available 24/7 or of a commitment to 30 minute call to bedside care) were acceptable. The panel noted that this service is due to be moved to Glenfield Hospital in early 2017.

University Hospitals of Leicester must provide further evidence to demonstrate that this standard is met or that effective mitigations are in place. NHS England's regional commissioning team will review and agree the plans and monitor implementation of the plan.

4.2 University Hospitals of Leicester did not demonstrate the attendance of all required specialties at MDT meetings or explain clearly how the relevant specialties are involved in decision making. They will need either to provide further evidence demonstrating how this is achieved, or if this does not exist,

develop and submit plans to meet the requirement to NHS England's regional commissioning team. This should include taking steps to improve record keeping for MDT meetings.

Other requirements

1.1 Nottingham University Hospital is proposing a Level 2 centre and has reached an in principle agreement with University Hospitals of Leicester that it will provide oversight will be given by University Hospitals of Leicester. A decision regarding Nottingham's continuation as a Level 2 centre is required prior to any decisions being made regarding the University Hospitals of Leicester proposals regarding its role in providing supervision. If this arrangement proceeds, University Hospitals of Leicester will need to provide additional information on their arrangements for overseeing ASD closures at Nottingham University Hospitals following their meeting which was held during April 2016. Regional commissioners would then determine whether any further plans or mitigations were required.

5.1 University Hospitals of Leicester working with Birmingham Children's and University Hospital Birmingham will also continue to develop their wider pan-midlands network in line with commissioner requirements due to be confirmed during 16/17.