

## **Update to Health Overview and Scrutiny Committee (OSC)**

**November 2015**

### **The Congenital Heart Centre at University Hospitals of Leicester NHS Trust**

#### **Introduction**

1. The East Midlands Congenital Heart Centre (EMCHC) at the Glenfield Hospital (GH) provides comprehensive care including heart surgery for patients of all ages. It is one of only ten centres in England and Wales offering heart surgery to children.
2. Children's Congenital Heart services in England have been subject to continued national scrutiny since the Kennedy Report (2001) into unexpected deaths after heart surgery at the Bristol Royal Infirmary. The most notable of these was the Safe and Sustainable Review into Children's Heart Services (2012). The report produced service standards and a configuration of services which would ultimately lead to the closure of congenital heart surgical services at centres at the Brompton Hospital London, Leeds and Leicester.
3. Following legal challenge to this decision, an Independent Reconfiguration Panel Review (2013) was established which recommended to the Secretary of State that the decisions made by the Safe and Sustainable Review should not be accepted and that a judicial review found certain aspects of the decision making process unlawful.

#### **New Congenital Cardiac Review**

4. NHS England took over responsibility for commissioning congenital cardiac services from 1<sup>st</sup> April 2013 and launched the New Congenital Cardiac Review. The New Review produced a service specification and standards for children's and adults' services which were accepted by the NHS England Board in July 2015.
5. NHS Providers, an organisation which represents NHS hospitals, has worked with NHS England to coordinate a number of national meetings to bring congenital heart teams together to explore how the standards might be best met in reasonable timescales through collaboration between surgical centres.
6. Collaborative proposals were invited to be submitted to NHS England on the 9<sup>th</sup> October 2015. The appraisal of these will conclude on 24<sup>th</sup> November 2015 with a CEO teleconference. A national Engagement and Advisory stakeholder event is also planned for the 9<sup>th</sup> December 2015 to discuss and support the progression of the commissioning strategy.
7. If a solution is not found at this time it is likely that a competitive bidding process will be considered for some or all congenital heart services across England.

## **The Midlands Network Model**

8. Teams from UHL, Birmingham Children's Hospital, University Hospitals of Birmingham (the providers of adult and children's congenital heart surgery in the Midlands) and other units across the region have agreed to the concept of a Midlands Congenital Heart Network (MCHN).
9. The development of the MCHN proposal has been built on a number of key principles including:
  - a model based on an integrated network of care;
  - a single governance structure across the network;
  - a financially viable model of care;
  - a model which meets the capacity requirements; and
  - a model which is built around patient need and expectations.
10. The proposal describes surgery continuing at all the current recognised sites and local care being supported across the region wherever this is safe and the right thing to do.
11. The proposal was submitted in line with the national timescales.

## **Compliance with Standards**

12. The service at EMCHC is compliant, or will be compliant with all of the published standards with the exception of the following:

### **Paediatric Transfer**

- Standard: There must be an appropriate mechanism for arranging retrieval and timely repatriation of patients from April 2016.
- A joint business case is in development between UHL and Nottingham University Hospitals to provide a critical care transport service for all children requiring this service with a planned start of autumn 2016.
- Until that time the mitigation is to continue to support an ad-hoc service and to use local neonatal and adjacent paediatric transport services where this is appropriate.

### **Cardiac Clinical Nurse Educators**

- Specialist Children's Surgical Centres must provide sufficient Cardiac Clinical Nurse Educators to deliver standardised training and competency-based education programmes across the Congenital Heart Network including linked neonatal units from April 2016.
- UHL is developing a business case for investment in this area but recruitment will take longer than the timescales required. We will explore how we can work with the West Midlands' team to use their resource to support the network in the East Midlands.

## **Colocation and capacity**

- A range of specialties or facilities must be located on the same hospital site as Specialist Children's Surgical Centres from 2018 and sufficient capacity is required to deliver 375 cases from April 2016 and 500 cases by 2020.
- In order to meet these standards, two major reconfiguration projects have been identified:

## **Interim East Midlands Congenital Heart Centre Project at the Glenfield Hospital**

13. In order to support the required caseload the immediate physical expansion of the EMCHC at the GH is required to be delivered by August 2016. The Interim EMCHC project includes:
  - the provision of four additional inpatient beds (taking the total from 13 to 17);
  - the refurbishment of nine bedrooms (currently used by the University), situated adjacent to the ward and to be used as parent accommodation – this is a requirement as the current parent facility will be displaced by the additional inpatient beds;
  - the refurbishment of eight bedrooms at Glenfield Flats, to be used as parent accommodation;
  - the remodelling of some outpatient and office space; and
  - increase in workforce to reflect the increase in activity.
14. The Full Business Case (FBC) is now complete, has passed the Capital Monitoring and Investment Committee (CMIC) and is awaiting Executive Performance Board (EPB) and Integrated Finance Performance and Investment Committee (IFPIC) approval.

## **Children's Hospital Project**

15. Children's Hospital Project, which includes the relocation of paediatric CHD patients from the GH to be co-located with other paediatric services at the Leicester Royal Infirmary (LRI), will allow the further expansion of the service, providing clinical space for four surgeons to perform the required 500 cases per year by 2020. The Outline Business Case (OBC) for the Children's Hospital Project is due for submission to the UHL and NHS Trust Development Agency (NTDA) approval boards in January 2016. The Full Business Case (FBC) is due for submission to the UHL and NTDA approval boards in September 2016.
16. The Children's Hospital Project Board agreed a vision for the Project as follows:

“Our vision for the Leicester Children's Hospital is to provide an age-appropriate service for children and young people with a focus on outstanding, compassionate clinical care. We strive to:

  - Provide safe, high quality, patient-centred care, working in a joined up way with our community and regional stakeholders
  - Be at the forefront of research and education to improve the care we provide and retain and attract the best workforce
  - Ensure patients are treated in fit-for-purpose, age appropriate facilities, that our patients and staff can be proud of.

- Our integrated Children’s Hospital will allow us to grow into a nationally renowned centre, with expertise and facilities shared between specialties.”

### **Minimum Surgical Numbers**

17. The new standards require a minimum of a 1:4 surgical on call rota by 2020 and for each surgeon to carry out a minimum of 125 cases a year. The EMCHC currently has three surgeons and NICOR data indicates that 289 surgical cases (children and adults) were carried out in 2014/15. We are predicting an outturn of 349 cases in 2015/16 and will reach 496 patients in 2020/21.
18. The assumptions of activity growth at the EMCHC are broadly based on two principles: the predicted population growth from the Office for National Statistics (ONS) for the regions served and that patients receive care at the nearest surgical centre to where they live.
19. We have no influence over the delivery of the first principle and will need to monitor Office of National Statistics (ONS) data over time to confirm our assumptions. The second principle requires two approaches:
  - we stop patients leaking out from centres where we already have relationships in place (for example by supporting the increase in antenatal diagnoses through the newly formed fetal network; increasing our outreach presence; improving our processes and looking to joint appointments); and
  - to secure new flows of patients by setting up new relationships with units where we have historically had little contact (Bedford, King’s Lynn, Milton Keynes, Northampton).

### **Recommendation**

20. The Trust would like the OSC’s on-going support with this plan to continue providing congenital heart services in Leicester.