

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 12 NOVEMBER 2014**REPORT OF THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MEETING THE REQUIREMENTS OF THE CONGENITAL HEART REVIEW AT
UNIVERSITY HOSPITALS OF LEICESTER****Purpose of the Report**

1. The purpose of the report is to provide the Health Overview and Scrutiny Committee with an overview of the requirements of the Cardiac Heart Review and University Hospital of Leicester's (UHL) progress in meeting these.

Summary / Key Points

- New national standards for the provision of congenital heart services have been published for consultation by NHS England
- The draft standards provide development requirements for UHL on two fronts, a minimum case load of 500 patients delivered by 4 consultant surgeons and the co-location of children's activity in a single site children's unit
- There is confidence that UHL is well placed to meet the other standards set out in the draft standards
- UHL is committed to retaining congenital heart services and has short, medium and long term plans in place to ensure that it does.

Recommendations

2. The Health Overview and Scrutiny Committee is asked to receive the update paper and to be assured that UHL is planning to retain the service and to endorse this.

Background

3. NHS England launched their twelve week consultation on the proposed Congenital Heart Disease standards and service specifications in September 2014.
4. The UHL Trust Board has confirmed its continued support for Congenital Heart Services at UHL and has put plans in place to address the requirements indicated in the draft standards.

Current position

5. The revised draft standards for Paediatric Congenital Cardiac Surgical units highlight two particular standards which are problematic for UHL at present
 - a. 4 surgeons performing a minimum of 125 surgical cases each per annum
 - b. All children's services being co-located on one site
6. These two key challenges need to be addressed within the proposed five year timeframe as dictated by the Cardiac review process. (Appendix A)
7. Surgical teams require a minimum of 4 surgeons each delivering a minimum of 125 cases and a total of 500 cases per annum. Current cardiac surgery case load is 299

and predictions in activity growth from demographic and network expansion shows that 375 cases can be achieved within a 3 year period with 3 surgeons.

8. Co-location with other paediatric services is essential; this will require the Paediatric Congenital Heart service to move from Glenfield Hospital to join the rest of paediatric services on the LRI site.

Growing Activity

9. The review committee have indicated that there is some latitude in how the 500 caseload with 4 surgeons is reached. They are not adverse to network partnerships which may allow centres to grow across a network and have said they will support new and innovative approaches.
10. Early discussions at Executive level with Birmingham Children's Hospital (BCH) indicate an appetite for UHL working with BCH to achieve this.
11. Additionally UHL clinicians and managers have started discussions with a range of hospitals outside of UHL about what would encourage referrals to Leicester and how new partnerships could grow.
12. We are confident that we can address the standard around numbers over time.

Co- Location of all Children's services

13. Paediatric Congenital Heart services are currently co-located with Adult Congenital Heart services and Adult Cardiac services at Glenfield Hospital and there is a significant degree of co- dependency.
14. NHS England's intentions to ensure that all children's services are provided in a fit for purpose children's environment are challenging but are the right direction of travel for truly excellent children's services.
15. The clinical teams are all committed and focussed on bringing children's services together on one site and the initial scoping and discussions have commenced. This indicates a three stage approach will be required to deliver the revised objective.
16. The three stages are:

Stage one – 6-9 months

17. Work towards the uncoupling of Paediatric Congenital Heart Service at Glenfield Hospital from the adult services with the appropriate governance and resource.

Stage two – 18-24 months (if required)

18. Commissioners may require the Trust to co-locate all paediatric services before a Children's Hospital entity can be developed at the Leicester Royal Infirmary (LRI) i.e. within 3-5 years from now.

19. During the period of the current national commissioning standards consultation the Trust will test time lines for a single site compliance with our national commissioners. Our preference would be for a single move into a permanent Children's Hospital as this would minimise disruption and would ensure excellent standards of care can be guaranteed. A single children's service will be in place virtually and all other standards would be met.
20. If NHS England requires physical location faster the Trust will manage an interim move to the LRI. The clinical teams are committed to this approach.
21. Developing a Children's Hospital at the LRI campus may require a degree of fundraising to make it possible. We know that other providers of children's services raise considerable amounts of funds through charitable donations with Birmingham Children's Hospital, Sheffield Children's Hospital and Bristol Children's Hospital all running recent local campaigns.
22. We would want support from our public sector colleagues in developing a high profile fund raising campaign for Leicester Children's Hospital.
23. Once the Strategic Outline Case has been developed (Feb 2015) we will be taking advice on how to structure our campaign.
24. The Better Care Together programme and the 5 year plan for UHL reflects our intention to develop a Children's Hospital at the LRI site

Stage three – 5 years

25. An integrated Children's Hospital delivering excellence in care and service at the LRI.

Next Steps

26. To deliver the immediate requirements for the East Midlands Congenital Heart Centre to operate independently and meet the minimum standard requirements of 375 surgical cases by three consultants.
27. To establish a network development strategy and governance process for collaborative working with Birmingham Children's Hospital.
28. To develop a strategic outline case for the delivery of a children's hospital that is within the financial constraints.
29. Establish the strategy for fund raising.

