East Midlands Congenital Heart Centre: Standards Self-Assessment Narrative

Introduction

This document provides a brief explanation of the evidence we have submitted with respect to compliance with the key congenital heart standards. It should be used in conjunction with the index sheet and evidence documents.

Requirement 1.1 - All paediatric cardiac and adult CHD surgery, planned therapeutic interventions and diagnostic catheter procedures to take place within a Specialist Surgical Centre.

HES data showing that Nottingham University Hospitals (NUH) is carrying out interventional procedures (Atrial Septal Defect and PFO closure procedures) in patients with Adult Congenital Heart Disease (ACHD) has been confirmed through conversations between the clinical teams. The patients with ASD are not currently discussed at the Network MDT and NUH does not currently meet the service specification for a L2 centre.

NUH have previously declared an intention to seek L2 status and it is our understanding that this remains the case. The NUH team are aware that to do so will require financial investment and staff recruitment as well as an increase in the numbers of procedures undertaken each year. As NUH has been commissioned to close PFOs and has an MDT framework for such cases, the Network does not require a second discussion at its own MDT for these cases.

We have no evidence that interventional or surgical procedures are being carried out in other the centres in the East Midlands Congenital cardiac Network (EMCHN). We will be working with all the centres to confirm that where this issue is flagged, it relates to a coding issue and can be eliminated in the future by improvements to coding practice.

The UHL and NUH teams will meet before April 2016 to clarify NUH's clinical and corporate aspirations around becoming a recognised L2 centre and the impact of this decision on their structural intervention programme and the sustainability of the EMCHN. It is likely that there will be two options under consideration:

1. UHL to undertake all Network ASD closures
2. NUH to work to L2 standards with arrangements in place to discuss all patients with ASD at the Network MDT (records of which will be made available)

We will aim to take the proposed future configuration through both Trusts' internal governance structures for approval by July 2016 with implementation in September 2016.

The attached draft pathway to mitigate current risks and ensure that all patients follow a common and safe pathway has been shared with the clinical team at NUH. Once signed off it, will be implemented as an interim measure and could form the basis of an on-going network arrangement according to the strategic decisions.

We understand that NHSE has asked NUH to validate the congenital cardiac surgery cases that appear to have been undertaken there (coded through HES). If there is confirmation that such cases have been undertaken, EMCHC will enter discussions with NUH to ensure that in the future all such cases are operated on in Leicester as per New Standards requirements.

<u>Requirement 1.2</u> - All rare, complex and innovative procedures and all cases where the best treatment plan is unclear will be discussed at the network MDT.

All potential interventional and surgical patients are discussed at the weekly East Midlands Congenital Heart Network (EMCHN) MDT which takes place every Wednesday morning from 08.00. Ad hoc MDTs are also held for urgent cases and these include a minimum of a surgeon, cardiologist and intensivist. All rare, complex and innovative procedures and all cases where the best treatment plan is unclear are discussed with colleagues from Birmingham Children's Hospital, Queen Elizabeth Hospital Birmingham and Great Ormond Street Hospital. Clinicians from the L1 centres in Birmingham and Leicester have attended each other's MDTs.

As part of our previous submission describing closer working relationships across the Pan-Midlands Region we described a more integrated MDT process for specific cases. With the arrangements described above in place and the uncertainty around the national solution to the configuration of CHD services this has not been progressed to date. We will work with the other L1 centres to put MDT arrangements in place to start from April 2016. At this point we will share evidence of the formalised process and subsequently records of the MDTs.

<u>Requirement 1.3</u> - 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.

The East Midlands Congenital Heart Centre (EMCHC) is situated at the Glenfield Hospital site within the University Hospitals of Leicester. The site itself is relatively modern, and we have provided some photographs of the age appropriate facilities currently utilised by the service.

A recent review of the EMCHC estate identified some shortfalls in outpatient and inpatient capacity and meeting the needs of adolescents during their stay.
A business case to address these issues has been signed off and building work at the Glenfield site commenced in February 2016.

The development of the inpatient ward (Ward 30) includes a new adolescent area, a copy of the business case and architects visualisations of the building are attached in the evidence pack for information.

UHL's 5 Year Strategic Plan is to co-locate all children's services onto the LRI site, the timeline for the relocation of paediatric cardiac services into phase one of the development is spring 2018. The outline business case is in development and scheduled for submission in June 2016, please see evidence pack for slide showing the project milestones.

Requirement 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.

As requested we have included our NICOR data submissions over the previous three years together with NICOR data for each surgeon and review of personnel changes over this time. A detailed action plan is also included in the evidence pack.

Requirement 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 period.

As requested we have included our NICOR data submissions over the previous three years together with NICOR data for each operator and review of personnel changes over this time. We will meet the total numbers required in 2015/16 and individual operator level in 2016/17.

Requirement 3.1 -Surgical rotas should be no more than 1 in 3.
A copy of the surgical on-call rota is included in the evidence pack.

Requirement 3.2 -Interventional cardiologist rotas should be no more than 1 in 3.

Requirement 3.3 -Cardiologist rotas should be no more than 1 in 4.

The consultant paediatric cardiology team consists of 6.5 WTE who work on a 1:6 on call rota out of hours providing emergency care for inpatients and specialist advice to the rest of the Children's Hospital and across the East Midlands Congenital Heart Network. This team includes 3 interventional cardiologists who account for 50% of the out of hours rota cover (the interventional consultants are highlighted in yellow on the on-call rota template in the evidence pack to demonstrate this).

The other paediatric cardiologists on the rota undertake pericardiocentesis and septostomy procedures. These two procedures make up the majority of urgent out of hours intervention cases. Situations where more complex interventions are required out of hours are extremely rare. There is a local agreement that one of the intervention team will be available at all times in order to provide cover for these cases. We also have a network arrangement for back up and 3 of the Interventional cardiologists from BCH have Honorary Contracts with UHL and provide expertise in an emergency. We will formalise this arrangement with a standard operating procedure and share with commissioners by May 2016.

Requirement 3.4 - A consultant ward round occurs daily.

During the normal working week (8-5 Monday-Friday), the paediatric service operates a "consultant of the week" system, where a named consultant is responsible for covering all in house cardiology issues and providing network wide advice. The Consultant of the Week (COW) does not carry out any elective activity during their hot week and works to the COW job plan during this period which includes a daily ward round, at the weekend the On-Call consultant job plan contains an element of predictable activity including daily ward rounds. The COW job plan is included in the evidence pack

Requirement 3.5- Patients and their families can access support and advice at any time.

Contact details for patients/parents and carers are distributed in a variety of formats. The 24/7 ward telephone number is shared with all patients/parents and carers on discharge. Out of hours the liaison nurse office advises callers to ring the ward number. If a caller elects to leave a message than the liaison team will call them back during the next working day.

In the evidence pack includes copies of Contact Cards and Information Leaflets.

Requirement 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 time.

There is a 1 in 6 Paediatric Cardiology Consultant of the week rota (in hours) and a 1:2 Consultant of the week rota (in hours) for ACHD. Members of both the ACHD and Paediatric Cardiology Consultant teams can be contacted during office hours on an individual basis via switchboard or directly for ad hoc information if required.

Out of hour's switchboard will divert all requests for urgent paediatric cardiology or ACHD advice to the On-Call Paediatric Cardiologist, including any network queries regarding acute ACHD admissions, and advice for paediatric or ACHD patients across the network requiring non-cardiac surgery / anaesthesia. This process is outlined on the copy of the On-Call rota that goes to switch board, which is included in the evidence pack.

Requirement 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).

Requirement 4.1a - Paediatric Cardiac Evidence of Co-Location:

The EMCH is located at the Glenfield Hospital site, which is part of the University Hospitals of Leicester. The service consists of an outpatient facility, an inpatient children's ward and a Paediatric Intensive Care Unit.

PICU accommodates both L3 and L2 patients. There is a building project underway at the moment which includes the development of two L2 HDU beds on the ward. The business case supporting this development and floor plans are included in the evidence pack. (See interim Business case provided in evidence for Standard 1.3).

ENT provides an onsite outpatient service and the SOP for the paediatric airway team is included in the evidence pack.

A screen shot of the Paediatric Cardiac Anaesthetic rota is included in the evidence pack.

UHL is a nationally designated centre for extracorporeal membrane oxygenation (ECMO).

Photographs and a site map have been included for your information in the evidence pack.

<u>Requirement 4.1b</u> - Paediatric consultants from the following services must be able to provide emergency bedside care (call to bedside within 30 minutes).

Airway Team: SOP included in the evidence pack.

ECMO: Nationally designated centre.

Paediatric Surgery: Job description and on-call rota included in the evidence pack.

Paediatric Nephrology/Renal Replacement Therapy: The current arrangement for paediatric nephrology consultant on-call cover is:

- 24/7 telephone advice to intensivists provided by the Nottingham based EMEESY (East Midlands, East of England and South Yorkshire) children's kidney network specialist paediatric renal team.

We are in the process of recruiting an EMEESY network consultant paediatric nephrologist who will be predominantly based in Leicester. This will allow for daytime consultant nephrologist on-site cover. The on-call will remain part of the network arrangement.

The network renal nurse specialist provides training to our nurses in renal replacement therapy – see renal replacement document in the evidence pack.

Emergency renal replacement therapy is provided on Glenfield PICU by an experienced team of nurses and intensivists with 24/7 expert advice from EMEESY.

Paediatric Gastroenterology: Emergency cover for paediatric gastroenterology is provided by the general surgical team (see above).

<u>Requirement 4.1c</u> -Adult Cardiac Evidence of Co-Location:

The **Adult Intensive Care Unit** on the Glenfield Site consists of 18 L3 beds (14 L3 cardiothoracic surgery and **ECMO** beds and 4 general L3 beds) capacity for 22 physical beds. UHL is a nationally designated centre for ECMO.

The **Coronary Care Unit** is a 19-bedded unit providing tertiary level care including IABP (balloon pump) support.

The **Adult Thoracic Surgical Service** is co-located on the Glenfield site.

Specialised Congenital Cardiac Anaesthesia is provided by the paediatric anaesthesia team (see above).

Vascular surgery is currently located at the LRI site which is approximately 3 miles away from Glenfield Hospital. A business case has been approved for the relocation of vascular services to Glenfield Hospital. Construction work is in progress and the move will take place in Summer 2016. The business case includes provision for continued access to vascular expertise at the LRI post-transfer. This will also apply to CHC services once they transfer to the LRI to achieve co-location with other paediatric services. The business case is included in the evidence pack.

Photographs and a site map have been included for your information in the evidence pack.

Requirement 4.1d-Adult consultants from the following services must be able to provide emergency bedside care (call to bedside within 30 minutes).

Adult Cardiology: Job Description and on-call rota in the evidence pack.

Adult Thoracic Surgical Service: Job Description and on-call rota in the evidence pack.

ECMO: Nationally designated centre.

Cardiac Surgery: Job Description and on-call rota in the evidence pack.

Vascular surgery: Job Description and on-call rota in the evidence pack.

Requirement 4.2a -Key specialties must function as part of the multidisciplinary team.

A copy of the most recent MDT attendance log has been included, when clinicians from other network centres have attended, they are highlighted for clarity. A more robust sign-in process is being designed currently and will be implemented by the 1st March 2016; evidence of this improved process will be available for verification at subsequent peer review.

A description of the current MDT process and example outcome letters have been included in the evidence pack.

Requirement 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.

EMCHC submits all clinical data to NICOR, the national audit programme and evidence of the last 3 years submissions are included in the evidence pack. Since the development of the National Standards commenced EMCHC has submitted transitional dashboard data on a monthly basis and has met with the local NHSE team to discuss the submission. The Transitional dashboards are included in the evidence pack.

The local audit M&M format has developed over the last six months and a description of why and how this has happened is included in the evidence pack. Within EMCHC we have been working to develop the learning culture both from what goes well and any adverse

events. Through this learning, we are developing a proactive culture where risks are mitigated rather than a reactive one in response to previous events.