

Specialised Commissioning
London Region
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John Adler
Chief Executive
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Dear John

CHD: Standards for future implementation

Thank you for your engagement so far in relation to the relevant Standards enclosed with our letter of 11 January 2016 that have to be implemented by a future date. In order to ensure that we have evaluated the Trust's full self-assessment of its proposals to meet those Standards, we want to give you a further, formal opportunity to submit your self-assessment in relation to them.

I have listed all of those Standards in the appendix to this letter, and you are welcome to provide information relating to as many of them as you wish. Our particular focus in respect of the Trust is of course on the parts of requirement 4.1 that must be implemented by April 2019 and the part of requirement 2.1 that must be implemented by April 2021, as these are the Standards for future implementation that the Trust has so far been evaluated as not likely to meet.

In respect of requirement 2.1, we request evidence that the Trust's congenital cardiac surgeons will work in a team of at least four surgeons, each of whom is the primary operator in a minimum of 125 congenital heart operations per year (in adults and/or paediatrics), averaged over a three year period ending April 2021.

In respect of requirement 4.1, we request evidence of co-location (or plans to co-locate by or before April 2019) (i.e. location on the same site as the paediatric cardiac specialist surgical centre) of the following specialties/facilities:

- Paediatric Surgery (D6(L1))

- Paediatric Gastroenterology (D8(L1))

Please provide us with your submission no later than Monday 7 November. It will initially be evaluated at a regional level by the NHS England specialised commissioning team, followed by a national panel review, which will decide whether or not to amend the Trust's overall compliance assessment. The national panel will be same panel that reviewed submissions in July 2016, bringing together NHS England staff from its national and regional teams with representatives from the Women and Children's Programme of Care Board and the Congenital Heart Services Clinical Reference Group to provide wide ranging and senior clinical advice and patient and public perspectives. You will be given a short opportunity to comment on the factual accuracy of any amendments to the compliance assessment before they are finalised. Following this assessment, NHS England will consider whether or not to revise its proposal for commissioning level 1 CHD services from the Trust, before the planned formal public consultation exercise scheduled to start later this year.

We have always been clear that the Standards for implementation by a date in the future are relevant now. This was set out expressly in paragraph 19 of the NHS England Board paper dated 23 July 2015:

19. *Each standard has an associated implementation timeline. This shows the maximum amount of time, from the go-live date, allowed for hospitals to meet the standard. It does not mean they must wait this long before they meet the standard, indeed it will always be preferable to meet the standard sooner. But it does recognise that some standards will be hard for some hospitals to achieve. Neither does it mean that NHS England will not consider whether the standard has been met until this time. On the contrary, NHS England will require hospitals either to show that they meet the required standards at the go-live date or that they have robust plans in place to do so, where necessary supported by appropriate mitigations to deal the shortfall in the interim.*

It is consistent with this approach that these requirements should be evaluated now; it is also consistent with sensible commissioning.

Yours sincerely



Will Huxter
Regional Director of Specialised Commissioning (London)
SRO, CHD Programme Implementation

Appendix: Relevant Paediatric Standards for implementation by a future date

Requirement 1.1 – Standard A9(L1);

Requirement 2.1 – Standard B10(L1))

Requirement 3.1 – Standard B9(L1)

Requirement 3.2 – Standard B15(L1)

Requirement 3.4 – Standard B1(L1)

Requirement 3.5 – Standard B1(L1)

Requirement 4.1 – Standards D6(L1); D7(L1); D8(L1)