LEEDS CHILDREN'S HEART UNIT REPUTATION UPHELD BY INDEPENDENT REPORTS

The final two reports reviewing the suspension of surgery at Leeds Children's Heart Unit and complaints received from Newcastle Foundation Hospitals Trust confirm that the Leeds Unit is safe and provides excellent standards of clinical care. They support all that we have said that many of the claims and accusations that led to the suspension of surgery and the subsequent scrutiny of the Leeds unit were unfounded and some were based on a desire to see the Leeds unit closed. A summary of the key points is below.

The Unit can now go forward with its reputation enhanced.

Cases Set In Context

- The reports urge that the concerns about 14 cases set out in letters from Sir Leonard Fenwick, Chief Executive of The Newcastle upon Tyne Hospitals Foundation NHS Trust, to NHS England in April 2013 need to be placed in context. These were 14 complaints spread over 10 years from 2003-2013, this is out of an estimated 100,000 cases handled by Leeds during this period.

- The number of complaints is extremely small relative to the overall number of cases. It is impossible to imagine that any other Unit would not also have similar complaints had they undergone the same level of scrutiny as Leeds.

- The reports agree with the accuracy of the Newcastle case summaries in only two cases. In the other cases it considered that the summary did not present the full picture, or it disagreed with some of the assertions in the summary.

- The **14** cases were split into four assessment categories and findings showed:

  - In **2** out of the **14** cases there was evidence of the risk assessment not being satisfactory

  - In **2** cases had there been problems with seeking second opinions or making referrals

  - In **1** case was there an unnecessary delay

  - In **5** cases there had been breakdowns in communication

- There is no evidence, as alleged, that Leeds was unwilling to make referrals to centres outside Yorkshire, nor that it was unwilling to refer to Newcastle in certain circumstances.

- Some of the situations described by families and by Newcastle were not supported by the balance of the evidence. In other cases the situations were unusual and did not accord with good practice, but Leeds had no control over the circumstances.

- The report has found significant factual inaccuracies in some of the complaints and concerns of families, such that it disagrees with their views about what happened.

Questions Over Motives

- There is vindication for CHSF's long stated claim that some of the complaints were unfortunately made by people who had a grudge against Leeds and wanted it closed. This is highlighted by the report's comment that:

  "For instance, we saw online correspondence between a member of one patient's family and the mother of another child with heart problems who was treated at Newcastle. This mother makes

diagnostic and prognostic suggestions as well as abusive derogatory and hostile comments about Leeds. There is no evidence that the author of the comments had personal experience of the service provided at Leeds."

- The report suggests that not enough care was taken to consider the motives of some of those making complaints. It states that the ways in which some of the parental concerns were expressed and communicated were clearly intended to affect decisions about the reconfiguration process and the future of children's heart surgery at Leeds.

- "Campaigning is legitimate, but must be treated separately from specific concerns about safety. Those receiving the concerns and acting on them should have distinguished between concerns to which parents wanted answers and those being communicated for political purposes."

- "All the concerns should have been looked at promptly. Leeds should have been asked to respond in the normal way to all the matters reported. The failure to do this not only left clinicians at Leeds dealing for many months with the burden of unproven allegations of serious professional misconduct, but it also left families in the unsatisfactory position of not having a detailed response to their concerns."

- "Reporting the unchecked allegations of others is not whistleblowing, and Newcastle should have made the status of their concerns clearer when they reported them." The impression given was that these were the concerns of clinicians, not of families.

2nd Stage Review Gave A Distorted View

- There is vindication for CHSF's view at the time that that 2nd stage review, published in March, presented a distorted view of standards at Leeds.

- The report states that the terms of reference made it inevitable that the 2nd Stage review would be one sided. It says that this does not invalidate the report's findings and recommendations but they need to be understood in context and are not a general critique of the way in which Leeds offers support to patients and families. It accepts that the report did not allow those about whom concerns had been expressed to comment on the concerns.

- The report finds that the Safe and Sustainable process put centres in competition with each other and damaged the trust and confidence of patients and between practitioners.

- The report finds that the main trigger for suspending surgery in March 2013 was the disclosure of unvalidated and incomplete figures from Sir Roger Boyle to Sir Bruce Keogh which showed that Leeds had many more baby and child deaths within 30 days of heart surgery than average. It states that Sir Roger Boyle was aware of the fact that the figures were preliminary.

Going Forward

- Only one of the 17 recommendations in the overarching report refers specifically to Leeds, the rest are for all units and NHSE.

- The families and patients that we hear from who have been overwhelmed with the care they receive from Leeds have not had a voice in this process. They tell us that care and medical treatment at Leeds is exemplary, and these reports support their experience. Success rates in this speciality stand at 98.2%, an incredible statistic when dealing with such a complex speciality. Leeds is now performing more than 380 children's heart procedures per year. These reports give us closure – let's now move on for the sake of our families and clinicians.

The full report can be accessed from
http://www.england.nhs.uk/2014/10/28/child-heart-surgery/

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