

**RESPONSE TO THE ANALYSIS OF MORTALITY DATA OF NHS TRUSTS IN ENGLAND
PROVIDING PAEDIATRIC CARDIAC SURGERY 2000-2008**

1. In May and June 2010 the Safe and Sustainable review team undertook an assessment of each of the current 11 providers of paediatric cardiac surgery in England. The on-site assessments were carried out by an independent expert panel chaired by Professor Sir Ian Kennedy.
2. On the advice of the Safe and Sustainable expert steering group the panel did not take account of outcome data. The steering group's view was that a meaningful analysis of outcome data was not possible due to the low volume of surgical procedures nationally and within centres, and because it would not adjust for risk factors that can have a bearing on outcomes such as the severity of the clinical condition of individual children.
3. On 14 September 2010 the Safe and Sustainable team received an analysis of outcome data that was undertaken by Professor David Spiegelhalter for the separate review of paediatric cardiac surgery at the John Radcliffe Hospital in Oxford (this review reported in July 2010).
4. The analysis of mortality data for the period 2000 to 2008 identified three centres (in addition to the John Radcliffe) where the difference between expected mortality and observed mortality was statistically significant. The centres are at Leeds Teaching Hospitals NHS Trust, University Hospitals Leicester NHS Trust and Guy's and St Thomas' NHS Foundation Trust.
5. The national review team asked Professor Spiegelhalter to undertake a further analysis of the same data by three cohorts (2000-2002, 2003-2005, 2006-2008) which was received on 15 September.
6. The analysis does not suggest that there are immediate safety concerns about any centres currently operating.
7. The analysis itself is limited in how far it can enable the Safe and Sustainable review team to compare the quality of services across the centres for the reasons above. In addition, the data is based on outcomes to 2008 whereas the national review is assessing the quality of services in 2010.

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8. Whilst accepting the previous advice of the steering group – that an analysis of outcome data cannot in itself allow a meaningful comparison across centres - the independent expert panel recognises that in line with good governance protocols an appropriate response to the analysis by NHS commissioners would be to undertake an investigation at the each of the three centres.
9. There will therefore be a further review of practice within the centres for the period 2000-2009 to establish reasons for the higher than expected mortality that was reported. This will involve the submission by the centres of written summaries of 'Morbidity and Mortality Meetings' between 2000 and 2009 for review by an independent panel of expert (whose members are separate to Sir Ian Kennedy's panel). Terms of reference are attached.
10. The outcome of this review will be presented to Sir Ian Kennedy's review panel by December 2010. Sir Ian Kennedy's review panel will be asked whether it is appropriate to revise its assessment of any of the three centres in light of any new evidence presented to it, and if so, to present a revised assessment to the Joint Committee of PCTs (JCPCT).
11. The JCPCT will aim to consider the revised assessments (if any) by December 2010 as part of the process for identifying viable options for consultation.
12. The further review of these centres will mean an extension to the project timeline, and this is appropriate as the JCPCT is assessing extremely complex information. It is important that enough time is taken to ensure the eventual recommended options would produce the best possible care for children and their families. As such, it is likely that formal consultation will start in early 2011.
13. A further review of the service at the John Radcliffe Hospital is not necessary in view of the separate independent investigation commissioned by South Central Strategic Health Authority and which reported in July 2010. This review was in response to four deaths after paediatric cardiac surgery between December 2009 and February 2010. The review concluded that arrangements for clinical governance within the Trust were less than adequate and recommended the continued suspension of paediatric cardiac surgery.

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