Safe and Sustainable

Children's Heart Surgery in England

REPORT OF SIR IAN KENNEDY'S PANEL IN RESPONSE TO QUESTIONS MADE BY THE JOINT COMMITTEE OF PRIMARY CARE TRUSTS

17 OCTOBER 2011

Introduction

1. The panel presents this report to the Joint Committee of Primary Care Trusts (JCPCT) in response to questions put to the panel by the JCPCT in August 2011 about the panel's previous report on the outcome of the assessment of all current providers of paediatric cardiac surgical services[1].

2. In August 2011 the panel was asked to respond to:

   i. Alleged factual inaccuracies in the panel's assessment of two centres (University Hospitals of Leicester NHS Trust and Leeds Teaching Hospital NHS Trust) including advice on whether the panel's previous scoring should be adjusted for these centres

   ii. Suggestions made by some respondents during public consultation that the panel had incorrectly applied the definition of 'co-location' as set out in the critical interdependencies framework[2]

   iii. The following questions in respect of three named centres (Newcastle-upon-Tyne Hospitals NHS Foundation Trust, University Hospitals of Leicester NHS Trust and Royal Brompton & Harefield NHS Foundation Trust):

      a. Considering each one separately, do these surgical centres meet the definition of co-location applied by the panel?
      b. If yes, what mitigating factors led the panel to make this conclusion despite the absence of co-location of services on one site?
      c. If no, what factors led the panel to make this conclusion?

[1] 'Report of the Independent Expert Panel Chaired by Professor Sir Ian Kennedy', Safe and Sustainable, December 2010

[2] 'Commissioning Safe and Sustainable Specialised Paediatric Services: A Framework of Critical Interdependencies', Department of Health, 2008

3. The panel's terms of reference state that the panel was not being asked to consider the merits or implications of statements made during public consultation that purport to demonstrate how the situation in individual centres has changed since the time of the assessment visits in 2010.

4. The panel met on 12 September 2011 and 17 October 2011 and this report sets out the unanimous conclusions and recommendations of panel members.

5. Panel members and declarations of interest are set out in Appendix A.

6. Evidence that was considered by the panel is described in Appendix B.

Summary of panel's report

Factual accuracy

7. The panel rejects suggestions that factual inaccuracies are present in its assessment of University Hospitals of Leicester NHS Trust; the panel does not advise the JCPCT to re-visit the scoring of this centre.

8. The panel reiterates that it has serious concerns about the viability of the paediatric intensive care unit at Glenfield Hospital (Leicester).

9. The panel rejects suggestions that factual inaccuracies are present in its assessment of Leeds Teaching Hospitals NHS Trust; the panel does not advise the JCPCT to re-visit the scoring of this centre.

Interpretation of the term 'co-location'

10. The panel is content that it has correctly applied the term 'co-location' as it appears in the framework of critical interdependencies.

Application of the requirements of co-location

11. The panel reiterates that the University Hospitals of Leicester NHS Trust does not meet the requirements of co-location of the *Safe and Sustainable* standards nor the requirements of the critical interdependencies framework on which the standards are based.

12. The panel considers that Newcastle-upon-Tyne Hospitals NHS Foundation Trust and the Royal Brompton & Harefield NHS Foundation Trust do meet the requirements of co-location.

Factual accuracy: University Hospitals of Leicester NHS Trust

13. The panel was provided with a full copy of the Trust's formal response to consultation, which was sent to the secretariat by the Trust's Chief Executive on 1 July 2011.

14. The panel noted that in this document the Trust had suggested that errors of fact had been made by the panel in its previous report and that the Trust had been 'under-scored' by the panel on some elements of the assessment, including on the standards relating to the co-location of interdependent services[3]. The panel considered the relevant sections of the consultation response including a summary of the Trust's concerns set out in Appendix 1 of the document, headed '*Detailed Responses to the Kennedy Panel Assessment'*.

15. The panel's response to each relevant concern is set out below. In accordance with the panel's terms of reference the panel did not consider statements made by the Trust which purport to demonstrate how the ability of the Trust to meet the *Safe and Sustainable* standards has changed since the panel's assessment on 26 May 2010.

Transition

16. The Trust wrote '*we were under-scored for our transitional arrangements which we hope can be corrected by recognition of the following:*

A designated cardiac liaison nurse dedicated to transition across the network

Protocols which were presented as evidence to the expert panel

Paediatric and adult cardiac liaison nurses who share office accommodation and work closely together both at the centre and in the network hospitals

[3] The panel noted that on page 2 of the document the Trust refers to concerns of alleged inaccuracies previously submitted to the secretariat; the panel members were not aware of these concerns when it met in December 2010 to finalise its report.

Paediatric and adult congenital cardiologists who share facilities, M&M meetings, MDT meetings and collaborate in the transition of individual patients / families'

17. The panel's report in December 2010 concluded that the Trust partly complied with the *Safe and Sustainable* standards in that it had '*a dedicated transition nurse'* but that '*there is no transition nurse within the network*[4]'.

18. In considering the Trust's concerns the panel referred to the Trust's original submission which referred to a '*nominated*' transition nurse who, it was said, '*works with her paediatric and adult liaison colleagues and the cardiology consultant to ensure individually appropriate transition arrangements'*[5]. The panel also noted that the Trust had not submitted a job description for a 'designated' transition nurse working in the 'network' as required by the standards.

19. The panel is mindful that it was not persuaded in 2010 that the 'East Midlands Congenital Heart Network' was sufficiently well established; the panel concluded in its report in 2010 that the Trust had adopted a top-down 'hub and spoke' model to networking instead of a collaborative approach[6]. It therefore follows that, in the opinion of the panel, the Trust had not sufficiently demonstrated that there was an appropriate level of cover by a dedicated transition nurse for the network as required by the standards.

20. Based on this evidence and on discussions on the day of the visit the panel remains of the view that the Trust is not fully compliant with the standards[7] which calls for a 'designated' transition nurse working in the 'network'.

[4] Page 46 of the panel's report

[5] Page 31 of the Trust's submission

[6] Page 41 of the panel's report

[7] Standard D3

Follow-up

21. The Trust wrote '*The Trust believes that there was a misunderstanding regarding patients being brought back to Glenfield for out-patient appointments. We run a substantial number of peripheral clinics in Nottingham, Derby, Mansfield, Kettering, Grantham, Peterborough and Lincoln'.*

22. In its previous report the panel concluded that '*patients are generally brought back to Glenfield Hospital instead of having outpatient appointments in the network*[8]*'*. On 12 September 2011 the panel had regard to the Trust's original submission and to evidence submitted on 26 May 2010, specifically a presentation slide titled 'Outreach Network' which reported 9,037 outpatient attendances at Glenfield Hospital and 2,199 outpatient attendances in outreach clinics.

23. This evidence did not persuade the panel at the time that patients are generally seen in the network and the panel, while acknowledging the location of peripheral clinics, is not persuaded that the Trust has demonstrated that the panel's previous conclusions are incorrect.

Clinical Psychology

24. The Trust wrote '*The review reported that there was no clinical psychology support. We would like to reassure the review that EMCHC has a long-standing arrangement with the clinical psychology consultants within the dedicated paediatric service based at the Leicester Royal Infirmary'.*

25. On 26 May 2010 the panel had noted that provision was made for access to a clinical psychologist but that the clinical psychologist was not based at Glenfield Hospital; the panel also noted that there was a long waiting list and that the service was provided on what appeared to be an 'ad hoc' basis.

[8] Page 41 of the panel's report

The panel also took account of the Trust's original submission which reads '*All patients / parents can access a clinical psychologist, but we do not currently have dedicated provision. However, we have funding for a dedicated post, and we are in the process of recruiting to this*[9]*'*.

26. In view of this evidence the panel has concluded that its previous findings were correct at the time.

Registrar cover for Paediatric Intensive Care Unit (PICU)

27. The Trust wrote '*The review reported that there was insufficient registrar cover for PICU. We would like to reassure the review that PICU has had an 8 person specialist registrar rota for several years, which rarely has any gaps'*.

28. In its previous report the panel had stated that '*it felt that PICU may not be sustainable because consultants had to cover both PICUs' and 'there is no sufficient throughput of SpRs'*. The panel members had '*serious concerns over the long-term sustainability of the PICU as there were no robust plans to recruit more PICU consultants*[10]*'*.

29. On 26 May 2010 Trust clinicians and managers had acknowledged to the panel that the split-site arrangement was not ideal and that running an emergency retrieval team from within the PICU added to pressures in the intensive care system. The panel had also noted that the PICU at Glenfield Hospital was not designated as a training unit and that this could create pressure if, for example, a registrar or consultant was on a retrieval or elsewhere.

30. The panel had not been persuaded in May 2010 that the PICU was sustainable given the split-site arrangement. There was not, in the panel's opinion, a sufficient number of consultants to provide an appropriate level

[9] Page 31 of the Trust's submission

[10] Page 42 of the panel's report

of cover, taking into account the need to cover the retrieval service. The panel had also expressed concerns that the Trust had not demonstrated sufficiently robust plans to recruit more consultants.

31. On 12 September 2011 the panel members reiterated their concerns that the PICU at Glenfield Hospital may not be sustainable.

Nursing staffing and recruitment

32. The Trust wrote '*There have been no nursing vacancies within the paediatric cardiac nursing establishments for more than 3 months in the last 5 years. There are a mix of full and part-time staff working in PICU; many of the latter chose to augment their hours when the unit is busy rather than commit to a full-time contract. We believe that this may have been mistaken as the Trust being reliant on over-time'.*

33. In May 2010 the panel had concluded that 'the Trust was over-confident in its ability to meet the challenge of recruiting the large numbers of nursing staff required to meet the current capacity requirements' and that the Trust 'appeared dependent on over-time to sustain an appropriate level of nursing cover'[11].

34. From the Trust's submission and evidence presented on the day of the visit the panel members were not persuaded that the level of nursing support in PICU was sufficient to provide a sustainable service, nor were they persuaded that the Trust had robust plans that would suggest an appropriate solution in the short-term. The panel had substantial concerns about the extent to which over-time was relied upon to provide nursing cover for the paediatric cardiac surgical service at Glenfield Hospital.

35. The panel members recall that in May 2010 Trust clinical and managerial staff accepted that there was a need for the paediatric cardiac surgical

[11] Page 42 of the panel's report

service to recruit more trained nurses; the panel were not persuaded at the time that the plans for recruitment were sufficiently realistic or achievable.

36. In considering the Trust's recent evidence the panel members are mindful that having no current vacancies merely speaks to the Trust's establishment; it does not suggest nor prove that the establishment itself is appropriate.

37. When considering the evidence on 12 September 2011 the panel members reiterated that they were not at the time – and are not currently – seeking to compare centres against each other. Each centre was separately assessed based on a consideration of its ability to comply with the *Safe and Sustainable* standards. However, in responding to the concerns set out by University Hospital of Leicester NHS Trust about the panel's approach to Newcastle-upon-Tyne Hospitals NHS Foundation Trust, the panel wish to record that they were persuaded at the time that Newcastle's analysis of what was required to meet the challenges of recruiting and retaining nurses – including efforts already made - was much more robust than that described by Leicester. Newcastle had sufficiently demonstrated a record of having successfully increased its nursing establishment in the past, including a description of how the Trust had worked innovatively with its university partner to forge links with potential recruits before they had graduated from training.

Stakeholder groups

38. The Trust wrote '*We were surprised by the impression [that the Trust did not demonstrate a strong relationship with its commissioners]. The Trust has received considerable support and has an excellent relationship with the East Midlands Specialist (sic) Commissioning Group'*.

39. The panel reiterate that their findings relate only to how the Trust has engaged with commissioners in respect of how the Trust can meet the *Safe and Sustainable* standards for paediatric cardiac surgical services.

40. Although there was good evidence of relationships with clinicians, the panel were not persuaded that the Trust had described coherent arrangements or plans to meet the challenge of achieving and maintaining - on a sustainable basis - an increased caseload nor that the Trust had demonstrated that it had effectively engaged with the Specialised Commissioning Group on this issue.

Summary of panel's response to University Hospitals Leicester NHS Trust

41. The panel advises the JCPCT that the suggestions of factual inaccuracies in the assessment of the Leicester centre are without merit; the panel does not advise the JCPCT that it wishes to re-visit the scoring of this centre.

Factual accuracy: Leeds Teaching Hospitals NHS Trust

42. The panel was provided with a copy of the Trust's formal response to consultation dated 1 July 2011, and with a copy of correspondence that had passed between the Chair of the JCPCT and the Chief Executive of the Trust in April 2011.

43. The panel noted that in its 'response to consultation' the Trust was suggesting that errors of fact had been made by the panel in its previous report; that the Trust had been 'under-scored' by the panel on some elements of the assessment; and that the Trust has not been afforded 'an opportunity to correct the final report' before its release to the JCPCT in December 2010.

44. The panel rejects the suggestion that the Trust had not been afforded an opportunity to correct alleged factual inaccuracies. The panel had met in December 2010 to consider the Trust's concerns. Panel members had concluded that the Trust's concerns about factual accuracy – including those relating to PICU configuration and specialist nurse posts - were without merit, though the panel agreed to change some wording in the final report to clarify the position with regard to PICU provision.

45. In summary, the panel advises the JCPCT that the suggestions of factual inaccuracies in the assessment of the Leeds centre are without merit; the panel does not advise the JCPCT that it wishes to re-visit the scoring of this centre.

46. The panel members have also expressed surprise that the Trust has continued to raise these concerns given that the Chair of the JCPCT had clearly and accurately described to the Chief Executive of the Trust in April 2011 how the panel had previously considered and responded to the Trust's concerns.

Co-Location of Interdependent Services

Meaning and application of co-location

47. The panel has taken account of representations put to the JCPCT during consultation about the meaning of 'co-location' as set out in the critical interdependencies framework, including those from the British Congenital Cardiac Association, the Paediatric Intensive Care Society, the Royal College of Paediatrics and Child Health and Professor Edward Baker, the chair of the working group responsible for the critical inter-dependencies framework.

48. The panel notes that the critical inter-dependencies framework[12] defines co-location as:

> *Co-location in this context was defined as meaning either location on the same hospital site or location in other neighbouring hospitals if specialist opinion and intervention were available within the same parameters as if services were on the same site. These would be reinforced through formal links such as consultant job plans and consultant on-call rotas.*

[12] Page 8

49. Although the panel members have previously advised the JCPCT that co-location on the same site is the optimal arrangement – and that the panel has reflected that advice in the scoring of individual centres - they did not see it as meaning that the relevant interdependent service was always required to be on the same site as the paediatric cardiac surgical service but, rather, sufficiently close by to be deemed to be '*within the same parameters*'.

50. In response to the representations made to the JCPCT during consultation to the effect that the intention of the critical inter-dependencies framework was to define 'co-location' as meaning 'immediately adjacent' (or such equivalent) the panel members note that the critical inter-dependencies framework does not state this either explicitly nor sufficiently through the context and by implication. In the panel's opinion the use of the words 'neighbouring' and 'within the same parameters' and references to 'job plans and on-call rotas' invites a subjective consideration of the meaning of 'co-location' that encourages an interpretation not limited to that which is 'immediately adjacent'.

51. As regards the application of the panel's interpretation of the definition of 'co-location' the panel has previously advised the JCPCT that it is open to JCPCT members – if they so wish - to adopt a different interpretation to that applied by the panel.

Application of the term 'co-location' to the three centres

52. In respect of the interpretation applied by the panel, members sought to apply the term consistently as regards the Newcastle, Leicester and Royal Brompton centres, at which the following services are not located on the same site as paediatric cardiac surgery:

Provider	Location of paediatric cardiac surgical services	Location of specialised paediatric surgical services	Location of Ear Nose Throat (Airway) services
Newcastle upon Tyne NHS Foundation Trust	Freeman Hospital	Royal Victoria Infirmary	Freeman Hospital
University Hospitals of Leicester NHS Trust	Glenfield Hospital	Leicester Royal Infirmary	Leicester Royal Infirmary
Royal Brompton & Harefield NHS Foundation Trust	Royal Brompton Hospital	Chelsea & Westminster Hospital	Chelsea & Westminster Hospital

53. The panel members considered the three questions put to them about these three centres:

Considering each one separately, do these surgical centres meet the definition of co-location as applied by the panel?

54. In the opinion of the panel, all relevant interdependent services at the Newcastle-upon-Tyne NHS Foundation Trust and the Royal Brompton & Harefield NHS Foundation Trust meet the co-location requirements of the critical inter-dependencies framework.

55. In respect of the University Hospitals of Leicester NHS Trust, while the panel is of the opinion that the specialised paediatric surgical service at the Leicester Royal Infirmary meets the co-location requirements, the panel advises that the ENT service cannot be regarded as being co-located with

the paediatric cardiac surgical service in compliance with either the *Safe and Sustainable* standards nor with the critical interdependencies framework on which the standards are based.

If yes, what mitigating factors led the panel to make this conclusion despite the absence of physical co-location of services on one-site?

56. The panel advises that it did not consider 'mitigating factors' as it did not apply an interpretation that required co-location of services on a single site. The 'test' applied by the panel was whether the services met the definition of co-location as set out in the critical inter-dependencies framework.

If no, what factors led the panel to make this conclusion?

57. The panel was not persuaded that the ENT service at the Leicester Royal Infirmary is sufficiently close to the paediatric cardiac surgical service at Glenfield Hospital to ensure that service delivery would not be impaired by being on a different site. The panel therefore reiterates that University Hospitals of Leicester NHS Trust does not meet the co-location requirements and notes with some concern that the Trust saw no reason to remedy this situation.

58. The interdependent services that serve the Freeman Hospital in Newcastle and the Royal Brompton Hospital do, in the panel's opinion, meet the co-location standards as they are sufficiently close to the paediatric cardiac surgical services to fall 'within the same parameters' required by the critical interdependencies framework.

59. The panel wishes to emphasise that their conclusions in this respect are not based solely on a consideration of distance and travel times. Where services were not on the same site the panel also took account of staff rotas and job plans and the extent to which there is a need for an immediate response from the relevant clinical service. In the panel's opinion a differentiating factor between the centres is that ENT services are considered by the panel to be more 'time critical' than other relevant interdependent services. Taking all of this evidence into account, the panel concluded that the ENT service in Leicester cannot be regarded as being 'co-located' despite the fact that the services which are not on the same site are roughly the same distance away in both Leicester and Newcastle. The Royal Brompton Hospital's ENT service is much closer to the paediatric cardiac surgical service than it is in Leicester, and as such it does, in the panel's opinion, meet the co-location requirements of the critical interdependencies framework.

60. The panel further advises the JCPCT that the scores awarded to individual centres under the heading 'Interdependent Services' also reflected an assessment of other elements of the services as set out in the *Safe and Sustainable* standards[13]. As such the panel's score for each centre under this heading was a cumulative judgment taking into account other clinical services, staffing establishments and theatre and bed capacity. The lower score for Glenfield Hospital therefore reflects a consideration of all of these issues by the panel in the round.

END

[13] Standards C12 – C21, C64 and C65

Appendix A

Panel members

Professor Sir Ian Kennedy (Chair)

Dr Michael Godman, Consultant Paediatric Cardiologist, Royal Hospital for Sick Children Edinburgh (retired) nominated by the British Congenital Cardiac Association

Maria von Hildebrand, lay representative

Dr David Mabin, Consultant Paediatrician with Expertise in Cardiology, Royal Devon & Exeter NHS Foundation Trust, nominated by the Royal College of Paediatrics and Child Health

Dr Neil Morton, Consultant in Paediatric Anaesthesia and Pain Management, Royal Hospital for Sick Children in Glasgow, nominated by the Paediatric Intensive Care Society

Sally Ramsay, independent adviser in children's nursing, nominated by the Royal College of Nursing.

Julia Stallibrass MBE, former Deputy Director of National Specialised Commissioning

Apologies and Declarations of Interests

Sir Ian Kennedy explained to panel members who were present on 12 September 2011 that he had advised Mr James Monro (nominated by the Society for Cardiothoracic Surgery of Great Britain and Ireland) to send apologies for this meeting in view of recent public statements that Mr Monro had made in support of one of the centres. While Sir Ian had no doubts that Mr Monro had discharged his responsibilities in this process with objectivity and without bias, he said that Mr Monro had accepted the need to avoid any risk of perceived bias at this stage of the process. Mr Monro also gave apologies for the meeting on 17 October.

Declarations of interest are as set out in the panel's report of December 2010. The only addition was that in September 2011 Julia Stallibrass was a member of the panel that was chaired by Adrian Pollitt and which had explored the relationship of paediatric interdependent services at the Royal Brompton & Harefield NHS Foundation Trust.

APPENDIX B

EVIDENCE CONSIDERED BY THE PANEL

1. Response to consultation by the Oxford Radcliffe Hospitals NHS Trust dated 28 June 2011
2. Response to consultation by University Hospitals of Leicester NHS Trust
3. Response to consultation by Leeds Teaching Hospitals NHS Trust
4. Correspondence between Sir Neil McKay and Leeds Teaching Hospitals NHS Trust in April 2011
5. Response to consultation by the Royal College of Paediatrics and Child Health dated June 2011
6. Statement by the British Congenital Cardiac Association dated 18 February 2011
7. Response to consultation by the Paediatric Intensive Care Society dated 23 June 2011 and attached letter from Professor Edward Baker dated 1 June 2011
8. The self assessment submissions of Leeds Teaching Hospitals NHS Trust and University Hospitals of Leicester NHS Trust and supporting documentation submitted by the centres
9. Presentations made, and materials submitted by the centres on the day of the assessment visits