

Trust Board

TB2008.58

From: Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership
Date: July 2008
Subject: **HCC cardiac review update**
For: **Information**

Synopsis

The HCC carried out a follow-up visit to the Trust on 6 and 7 May. Their final report will be available in the Autumn. The SHA has monitored delivery of our action plan, and submitted assessments of our position to the HCC in April and June ¹.

The Governance Committee has reviewed the current position and noted that 11 of the 13 recommendations have been assessed by the SHA as completed, with the remaining two assessed as partially completed. The attached table includes the work being done by the ORH in relation both to the outstanding recommendations and to other ongoing work, such as in respect of the development of processes to ensure the sharing of learning.

The Trust Board is asked to note the continued excellent progress and the expectation of sign-off from both the SHA and the HCC in the late Autumn 2008.

Financial, legal and risk impact

Completion of the action plan and the continued development of good governance arrangements across the Trust as a whole are objectives for the ORH in 2008/09, and delivery will provide assurance to the Board across a number of the core standards.

¹ Copy appended at the end of this document

Healthcare Commission Investigation into cardiothoracic surgical services at the ORH: Update report

Note: The report shows the position on the HCC report's 13 recommendations. It shows both the SHA's assessment and takes account of the remaining items from the ORH's action plan.

Progress by ORH against HCC recommendations on cardiothoracic surgery June 2008
HCC Recommendations SHA have assessed as completed
Consent and information HCC1 The trust must ensure that staff in the cardiothoracic surgical unit obtain the consent of all patients to treatment in accordance with the Department of Health's guidelines, <i>Good practice in consent implementation guide: consent to examination or treatment</i> (2001), and guidance issued by the Health Service Ombudsman and the Society for Cardiothoracic Surgery, <i>Consent in cardiac surgery: a good practice guide to agreeing and recording consent</i> .
Clinical Governance and leadership - the cardiothoracic surgical service HCC3 The staff in the cardiothoracic unit must define the core objectives of the unit and agree how these fit in with the objectives of the trust as a whole and with the aspirations of the individual surgeons.
Clinical Governance and leadership - the cardiothoracic surgical service HCC4 The chief executive and medical director must manage the consultant cardiac surgeons more effectively and ensure that appraisals result in a full assessment of individual performance and any developmental needs.
Ongoing work Cardiac surgery team piloting 360 degree assessment and the consultant appraisal process for 2008/09 underway. Job plans review takes account of agreed business plan for the cardiothoracic surgical services.
Clinical Governance and leadership - the cardiothoracic surgical service HCC5 The model for the provision of care for patients in the cardiothoracic critical care unit must be reviewed to ensure that it provides continuity of care for patients and is in line with best practice in other cardiac units. The implementation of a new model of care must be supported by a policy, which must be monitored and evaluated with input from the multidisciplinary team. It must include clarity of roles and accountability.
Ongoing work

Progress by ORH against HCC recommendations on cardiothoracic surgery June 2008

Work continues on the development of the clinical leadership arrangements for the CTCC. Steps to be taken include the appointment of intensivist as the clinical lead for CTCC. Strong links continue with other areas of adult intensive care across all professional groups. Further work to be done with the Network (to be supported by the SHA) on the future review of guidelines. Discussion with Chair of Network in July 2008.

HCC to be asked re the work it proposed to do with the Society on the development of models of care.

Clinical Governance and leadership - the cardiothoracic surgical service

HCC6 The trust must review the effectiveness of the cardiothoracic mortality and morbidity meetings. In particular, the trust must be able to demonstrate that the multidisciplinary team considers the care and treatment given to patients, that lessons are learned from outcomes of surgery, and that developments and improvements to care and treatment result.

Ongoing work

The ORH will continue to ensure learning is shared and acted on across the organisation. Cardiac M&M meeting recognised as an excellent model and revised form of notes to highlight learning points. Root cause analysis to continue to be used as a support for learning (see also HCC8). NOTE: all action plans from SUIs make specific reference to points of learning. ICC committee minutes

Clinical Governance and leadership - the cardiothoracic surgical service

HCC7 The trust should reactivate the involvement of the Society for Cardiothoracic Surgery to help ensure that the necessary improvements are made in relation to the care and treatment of high-risk patients and that the trust uses its own data to help drive improvement.

Clinical Governance and leadership - the trust

HCC8 The trust must continue to develop its arrangements for clinical governance and ensure that these arrangements are rigorously monitored, assessed and evaluated.

Clinical governance and leadership - the trust

HCC10 The trust must ensure that it has a robust system for reviewing, updating and distributing its policies and procedures. The implementation of policies and procedures must be monitored.

Ongoing work

Comprehensive list of trust policies prepared and being reviewed across all areas to ensure proper and consistent programme for

Progress by ORH against HCC recommendations on cardiothoracic surgery June 2008

review, impact assessments and approval processes. This will link into work aimed at achieving NHSLA and support the developing governance arrangements.

The Governance Committee will continue to seek assurances on compliance across core standards particularly in relation to clinical governance, clinical audit and effectiveness. Regular reports provided to the Trust Board on compliance with both core standards and the new indicators.

Clinical governance and leadership - the trust

HCC11 The trust's board must ensure that the data on outcomes following CABG are closely monitored and that action is taken wherever necessary.

The collection and use of data on the outcomes following cardiac surgery

HCC12 The trust must ensure that the cardiothoracic consultants work with the staff responsible for coding for the patient administration system (PAS), to ensure that the data fed to HES are accurate. Regular and rigorous cross checks between the PAS and the cardiothoracic unit's own data collection system must be put in place.

HCC13 The trust must introduce rigorous systems for internally validating cardiac data against patients' medical records. The trust must use its cardiac data to inform clinical practice in the unit and improve the quality of care for patients.

HCC Recommendations SHA assessed as partially completed

Management of patients assessed as high-risk

HCC2 The trust must ensure that staff in the cardiothoracic surgical unit assess and meet the needs of patients categorised as high-risk in an agreed and consistent way. This must include assessing and planning the care and treatment provided prior to, during and following surgery. The system must be effectively monitored and evaluated.

Further work

ORH to finalise plans for audit of proactive assessment of high risk patients and their subsequent treatment course (particularly in relation to use of guidelines. In addition (applicable also to HCC5) work continues on developing an audit on PAC process for a group of patients linking outcomes in terms of length of stay and complications and link back correlation with PAC and patient feedback. Prospective audit has now been agreed on high risk patients - to be completed in the Autumn.

Detailed algorithm produced for elective and non-elective patient pathways showing how patients, including high risk patients,

Progress by ORH against HCC recommendations on cardiothoracic surgery June 2008

proceed through their pathway and how specific protocols/guidelines are effected. Copies provided to HCC and to the Network.

Clinical governance and leadership - the trust

HCC9 The trust must ensure that healthcare professionals have access to the necessary time, facilities, advice and expertise in order to conduct clinical audits effectively.

Further work

Strong multidisciplinary audit programme to be maintained with cardiac services - members of the cardiac team presented at 2008 Society Annual meeting. ORH to continue development of its audit arrangements across the Trust and to ensure evidence is available to demonstrate this at ground level. This work will be progressed as part of the continuing development of governance arrangements. Recruitment currently taking place for clinical audit support posts. (see also above on prospective audit). Directorate has appointed an audit co-ordinator to support multi-professional and multi-disciplinary audit work.

Megan Turmezei
Assistant Director of Governance

Position statement for the Healthcare Commission on Oxford Radcliffe Hospitals Trust's achievement against the Cardiothoracic Surgical Services recommendations (received by ORH June 2008)

Recommendation	South Central Strategic Health Authority Comment	Progress
<p>1. The Trust must ensure that staff in the cardiothoracic unit obtain consent of all patients in accordance with DH guidance</p>	<p>The Trust has a consent policy, based on the Department of Health guidance, a consent patient pathway and consent is part of the induction programme. There needs to be further detail in relation to consent within the induction programme. An internal audit was undertaken in August – September 07 and found from the sample of 40 that 1 had been taken by a consultant (for a private patient), 2 by Specialist Registrars, 25 by Senior House Officers and 12 by F2s. All doctors within cardiothoracic have been trained in the consent process. The consent policy for cardiothoracic surgery clearly describes consenting as being a multi-stage process involving several, and sometimes repeated contact with, clinical staff. It specifically does not describe a policy where consultants sign the consent form. This has been debated within the Trust and accepted.</p>	<p>Completed</p>
<p>2. The Trust must ensure that it meets the needs of patients assessed as high-risk</p>	<p>The Trust have agreed and updated their operational policy and high risks cases are reviewed at the Morbidity and Mortality (M&M) and MDT meetings. Updated clinical protocols in place which cover specific clinical conditions.</p>	<p>Partially Completed Proactive assessments of high risk patients undertaken in accordance with the guidelines needs to be undertaken and audited</p>
<p>3. The staff must define core objectives of the cardiothoracic unit</p>	<p>The Trust has agreed their business plan for the ORH and more specifically for the Cardiothoracic unit. The unit have an agreed set of objectives as well as up to date operational plans and job plans.</p>	<p>Completed</p>

Recommendation	South Central Strategic Health Authority Comment	Progress
4. Consultant Cardiac Surgeons must have a full assessment of their individual performance & development need	Chief Executive and Medical Director held meetings with Surgeons during 03/07. Appraisal is mentioned in job description for Division A Medical Director, Clinical Director and the Directorate Chair. The appraisal process is established and the cardiothoracic unit are piloting 360 degree feedback.	Completed
5. Model of care in cardiothoracic critical care needs reviewing	The Trust has developed practice guidelines. They have also made contact with South Central's vascular network and asked them to assist in the peer review of their guidance. The SHA has agreed to support the Trust with this longer term piece of work.	Completed
6. The Trust must review the effectiveness of the cardiothoracic mortality and morbidity meetings	The Trust hold regular M&M meetings and whilst the cases are discussed the minutes demonstrate a lack of lessons learnt. The Trust has assured the SHA that lessons learnt are discussed in the meetings so will reflect that in their minutes from now on. The Trust has sent through information on attendance of the M&M meetings and these look widely attended but it is not clear from the attendees which roles relate specifically to the unit.	Completed Although future minutes to be reviewed to ensure lessons learned appropriately captured
7. The Trust should reactive the involvement of the Society for cardiothoracic surgery	The Trust have written to the Society but had no response, However, their Clinical Director does attend the Societies audit leads meeting and they have chased the Society for a response twice.	Completed
8. The Trust must develop the Trusts' arrangements for clinical governance	The Trust has agreed their Governance, Quality and Risk framework. This includes newly established Directorate and Divisional governance meetings. The Divisional Governance committee reports to the Trust Governance Committee. The Trust has an ICC meeting (incidents, complaints and claims) where all three are discussed. The minutes do not demonstrate Root Cause Analysis (RCA) from incidents, lessons learned, audit or the patient experience. The Division review the top 10 risks on their risk register. The Trust has recently updated their Serious Untoward Incident procedures and report SUIs routinely to the SHA. The HHC recommendations from the investigation were contained in the Trust Assurance Framework	Completed Although need to ensure the Trust demonstrates it's learning from RCA

Oxford Radcliffe Hospitals

Recommendation	South Central Strategic Health Authority Comment	Progress
9. The Trust must ensure healthcare professionals have access to necessary time in order to conduct clinical audits	The Trust has audit plans in place for Cardiothoracic surgery. Audit is included in the Matrons' job description and other job plans but there is little evidence, at present, to demonstrate continuous learning at ground level?	Partially completed
10. The Trust must ensure they have a robust system for reviewing and updating policies	The Trust has an excellent policy in place to ensure they review and update their policies on a regular basis. The Trust achieved Level1 NHSLA assessment in September 2007. The NHSLA assessed the Trusts' process for developing organisation-wide procedural documents.	Completed
11. The Trust must ensure the data on outcomes following CABG are closely monitored and action taken where necessary.	The outcome reports demonstrate that data on outcomes is closely monitored and action taken.	Completed
12. The Trust must ensure that the Consultants work with the staff responsible for PAS to ensure data is correct	The Trust Clinical Director reviews the outcome data and prepares regular reports for the M&M meetings. Each patient episode is reviewed and updated in PAS	Completed
13. The Trust must introduce rigorous systems for internally validating cardiac data against patient medical records	There are reports from the Data Quality Board to the information governance group and the Cardiac Information Manager is part of the Data Quality Board. Coding is validated for accuracy and data completeness	Completed

Note: The SHA have carried out a paper review of ORH's evidence in relation to these recommendations. Please note that we have not reviewed how these have been implemented within the organisation.