

Trust Board meeting 20 November 2008

TB2008.86

Subject	HCC - Cardiac follow up report October 2008			
Purpose of paper	<p>To present the action plan that takes account of the recommendations in the HCC's follow up report published in October 2008.</p> <p>The action plan will be monitored by the Governance Committee, the Trust Board and the SHA. It is anticipated that a final report will be made to the Trust Board in January 2009 following SHA sign-off.</p>			
Board lead	Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership			
Background papers (if any)	HCC Report on cardiothoracic services March 2007 ORH Action plan (last reviewed July 2008)			
Action/decision required	To review the HCC follow up report and agree the ORH action plan to complete outstanding areas of work. It should be noted that a number of actions impact across the Trust as a whole.			
Key purpose	Strategy	<u>Assurance</u>	Policy	<u>Performance</u>
Strategic Goal(s)	<p>To be hospitals of choice (SG1)</p> <p>To be world-leading teaching hospitals and an AHSC (SG2)</p>			
Strategic Objective(s)	SO1 - to consolidate and advance the international status of the Trust's defining services			
Links to Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	Yes: BAF 1.3 - failure to deliver action plan as agreed would compromise status of cardiac surgery as part of a defining service - referenced to Trust Risk Register and C7ac (sound systems for corporate and clinical governance)			
Also considered by	HCC Action plan steering group			
Resource and financial impact	Not applicable			
Consideration of legal/equality/diversity/engagement issues	Not applicable			

Acronyms and abbreviations used	HCC - Healthcare Commission; BAF - Board Assurance Framework
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## **Healthcare Commission Investigation into cardiothoracic surgical services at the ORH: HCC progress report October 2008 and updated action plan**

1. The HCC follow up visit took place on 6/7 May 2008 and the progress report was published on 27 October 2008. The HCC's Investigations Committee has considered the report and it is satisfied that sufficient progress has been made for any further monitoring to be undertaken by South Central Strategic Health Authority and that the regional team from the HCC will work with the SHA to ensure that the outstanding actions are completed.
2. Following discussions with the SHA, it has been agreed that the ORH internal monitoring meetings will continue (involving the SHA) with a view to complete outstanding actions by the end of December 2008. Evidence in support of completion will be reviewed by this group and submitted to the SHA. It should be noted that a number of outstanding actions impact across the Trust as a whole and are not specific to the cardiothoracic surgical services. In addition, many of the actions represent work and processes that will continue to be embedded across the work as a whole.
3. The action plan is given overleaf together with the progress report from the HCC.
4. A full report on the position will be presented to the Governance Committee on 23 December 2008 and subsequently, a report will be made to the Trust Board early in 2009.

Megan Turmezei  
Assistant Director of Governance  
November 2008

Progress by ORH against HCC recommendations on cardiothoracic surgery June 2008	Further actions to be addressed	Lead	Completion date and status
<b>Consent and information</b>			
<p>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>.</p>	<p><i><sup>1</sup>All patients within ORH to receive copies of their consent forms and that all stages of the consent process are documented clearly in the medical notes for all patients</i></p> <p>Impacts on all areas and not just within cardiac services. Divisions and directorates to action through clinical teams and follow in three months. Report to Governance Committee December 2008 with follow up report in March 2008</p>	Divisional Directors	31/12/08
<b>Clinical Governance and leadership - the cardiothoracic surgical service</b>			
<p>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.</p>	<p><i>The Trust needs to ensure that a formal evaluation of the management of high-risk patients is conducted to demonstrate that changes have led to improved and more consistent management</i></p> <p>Review and audit now underway on management of CTCC and high risk patients Strong links continue with other areas of adult intensive care across all professional groups. Further appointments (intensivist/clinical lead) now underway Note: preliminary review already undertaken by clinical director for adult intensive care) (links to HCC5 below)</p>	Divisional Chair and Director, Directorate chair and manager Clinical Director	31/12/08 and ongoing work
HCC3 The staff in the cardiothoracic unit must define	<b>No further actions required</b>	n/a	n/a

<sup>1</sup> Actions in italic are HCC recommendations for further action.

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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.	(process embedded within business planning and objective setting for the directorate and will continue through 08/09 and into 09/10) Members of the cardiac services directorate team attended two day workshop in November 2008 (funded through Vascular Network) - the course (rated as v effective by participants) focused on team building, safety, understanding of human factors and the use of tools including root cause analysis. A follow up will be held early in 2009		completed
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.	<i>An appraisal needs to be conducted with the remaining consultant who at the time of the follow-up had not completed their appraisal</i> 5 <sup>th</sup> consultant's appraisal completed prior to publication of process in line with service's agreed timetable Cardiac surgical team (clinical director, matron and deputy matron and directorate chair and manager) has undertaken 360 <sup>0</sup> . Assessment and process used within appraisal process	Clinical Director Medical Director	n/a completed
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.	<i>The Trust needs to evaluate the reviewed model of care for the provision of patient care in the CTCC unit</i> See above HCC2 Work to continued with Vascular Network through meetings between Chair of Network and Chair of Directorate and Clinical Director	Divisional Chair and Director, Directorate Chair and Manager; Clinical Director	31/12/08 and ongoing review of guidelines in line with agreed timetable
HCC6 The trust must review the effectiveness of the	No actions required	Clinical	n/a - work

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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.	<p>Comment from HCC as follows (p17)  <i>However, consideration needs to be given to the numbers attending these meetings and how it can be ensured that all disciplines contribute to the discussion.</i></p> <p>Review of M&amp;M meetings by Medical Director confirmed that these meetings are a model of their kind; very well attended by all professional groups and range of grades. Outcome data for previous month presented and reviewed. Discussions were comprehensive, challenging, free and wide ranging; learning points taken forward through directorate and divisional structure</p> <p>Note: effectiveness of these meetings is not monitored through the Governance Committee but reports will continue to be made to Governance Committee and Trust Board on outcomes for CABG and AVR. Next report is due to December 2008 Governance Committee and then to Trust Board in January 2009</p>	Director, Directorate Chair and Manager	ongoing
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.	<p><b>No actions required</b></p> <p>ORH consultants continue to be active in the work of the Society and president-elect is Professor Taggart. Clinical Director is on audit group.</p>	Clinical Director	n/a and ongoing
<b>Clinical Governance and leadership - the trust</b>			
HCC8 The trust must continue to develop its arrangements for clinical governance and ensure that these arrangements are rigorously monitored, assessed and evaluated.	<p>HCC considered 8 and 9 together</p> <p><i>i) The planned developments for the resourcing and support of audit work need to be completed.</i></p> <p><i>ii) While progress has been made in developing a clinical governance framework, the reporting</i></p>	Director of Nursing and Clinical Leadership; Divisional	Ongoing
HCC9 The trust must ensure that healthcare			

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professionals have access to the necessary time, facilities, advice and expertise in order to conduct clinical audits effectively.	<p><i>structure is still developing and needs to become more assurance focused</i></p> <p><i>i)</i> Cardiac has v robust and developed audit structure with dedicated audit co-ordinator to ensure that recommendations and action plans are implemented. Considerable resource put back into clinical audit in the Quality &amp; Risk department. Team appointed, (3 facilitators, linked to one of the three Divisions) overseen by an acting clinical audit manager. The team is working with clinical leads and directorates on 2009/2010 audit plans.</p> <p><i>ii)</i> Work continues to develop the assurance-based approach to all aspects of governance. Links to other work on assurance and governance arrangements.</p>	Directors	
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.	<p><i>The Trust needs to demonstrate that there is effective monitoring of the implementation of policies and procedures</i></p> <p>Comprehensive list of policies in place and reviewed regularly and working group in place to ensure process</p> <p>The business case to support achievement of NHSLA level 2 (general) and level 3 (maternity) in being prepared. Evidence of implementation and monitoring is key part of NHLSA level 2.</p> <p>Many examples of effective monitoring and review across the ORH and good practice being shared.</p>	Director of Nursing and Clinical Leadership	Ongoing
HCC11 The trust's board must ensure that the data on outcomes following CABG are closely monitored and that action is taken wherever necessary.	<p><b>No actions required</b></p> <p>Process in place since July 2007 to review outcomes for both CAGB and AVR (data prepared to take account of EuroScore to indicate risk)</p>	Director of Nursing and Clinical Leadership	On going

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	Outcome report to be prepared for December 2008 Governance Committee and subsequently to Trust Board		
The collection and use of data on the outcomes following cardiac surgery			
<p>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.</p>	<p><i>The trust needs to improve the system used to ensure the accuracy of coding, including creating better links between clinicians and the staff responsible for coding the PAS system</i></p> <p>Evidence of the processes in place to link between PAS and Datacam was provided to HCC.</p> <p>Additional work now in hand to ensure accuracy of links between Datacam and PAS involving clinical validation and cross checks. Continued development of links between service providers and coders. Cardiac Information Team to continue its work on data validation (linking also with CCAD - Central Cardiac Audit Database)</p>	<p>Directorate Manager Clinical Director</p>	<p>31/12/08</p>
<p>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.</p>	<p><i>Further work with Dr Foster Intelligence will help to ensure that HES data is accurate</i></p> <p>Regular review of the outcome data (M&amp;M meetings, consultant meetings and reports to Governance Committee and Trust Board (not EB as indicated by HCC) demonstrated continued commitment to improving the quality of patient care</p> <p>Links with Dr Foster Intelligence continue (including monthly meetings with clinical governance co-ordinators) and opportunities are taken to ensure continued accuracy and quality of HES data</p>	<p>Director of Nursing and Clinical Leadership Director of Planning and Information</p>	<p>On going</p>