Oxford Radcliffe Hospitals NHS
NHS Trust

Board of Directors Meeting: Thursday 29 January 2009

BD2009.15

Subject	Healthcare Commission Investigation into adult cardiothoracic surgical services at the John Radcliffe Hospital

Purpose of paper	To report to the Trust Board the completion of all actions required to meet the recommendations contained in the HCC report published in March 2007.
Board Lead(s)	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership
Background papers (if any)	HCC Report March 2007 and HCC Follow up report October 2008

Action/decision required	The Board is asked to note that actions have now been taken to meet the thirteen recommendations of the report supported by evidence submitted for assurance to both the SHA and the HCC. The Board is asked to note that the Governance Committee has reviewed the action throughout its life and that it has also reviewed regular and full updates on progress. The Board is asked to recommend final sign-off of the ORH Action Plan to the SHA and, through it, the HCC. (Note: it has been agreed with the SHA that it will consider the recommendation from the ORH Board at its March 2009 meeting)			
Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
Strategic Goal(s)	All			
Strategic Objective(s)	SO1 - To consolidate and advance the international status of the Trust's defining services. SO6 - To provide demonstrably excellent clinical outcomes and indicators of patient safety			
Links to Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	S4BH: C7ac – good corporate and clinical governance in place			
Also considered by	Meeting with SHA Director of Clinical Standards and Head of Patient Safety and SHA Executive Board			

Resource and financial impact	Not applicable
Consideration of legal/equality/diversity/engagement issues	Not applicable
Acronyms and abbreviations used	HCC - Healthcare Commission; SHA - South Central Strategic Health Authority
Author	Mrs Megan Turmezei, Assistant Director of Governance

Healthcare Commission investigation into adult cardiothoracic surgical services

1. The HCC published its follow up report in October 2008 on the progress made by the ORH on its action plan to meet the recommendations in its report published in March 2007. The action plan was agreed with both the HCC and the SHA and has been monitored regularly since its agreement.
2. The recommendations covered a number of areas and following the visit of the HCC in May 2008 and the publication of its report in October 2008, work has continued within the cardiac services directorate, and across the Trust as a whole, to ensure that the final actions could be achieved for the SHA to be able to sign- off the work.
3. Evidence to assure the ORH, the SHA and the HCC has been collected since the agreement of the action plan and submitted to both the SHA and the HCC. In particular, additional documents were provided to the SHA in December 2008 in advance of a meeting between the Director of Clinical Standards and the Head of Patient Safety and the Director of Nursing and the Assistant Director of Governance at the end of December.
4. The outcome of the meeting indicated that the SHA felt able to proceed towards sign off. A paper was subsequently prepared and presented to the SHA Executive in early January. The sign-off process was then finalised; the SHA then asked that the ORH Board consider the outcome of the action plan and then ask the SHA to approve its completion. In addition, the SHA has agreed to send its findings, based on the attached paper, to the HCC in January indicating its position of support for completion of the recommendations.
5. The attached paper, Appendix 1, prepared jointly with the SHA, provides details on each recommendation and refers to evidence considered by the SHA to evidence the ORH's actions.

Recommendation

6. The Trust Board is asked to consider the attached paper and:
   - 6.1. to sign off the actions in respect of each recommendation; and
   - 6.2. to seek final sign off from the SHA at its Board meeting in March 2009.

Megan Turmezei
Assistant Director of Governance

Progress by ORH against HCC recommendations on cardiothoracic surgery	SHA Commentary	Assurance /Evidence [1]
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, *Good practice in consent implementation guide: consent to examination or treatment* (2001), and guidance issued by the Health Service Ombudsman and the Society for Cardiothoracic Surgery, *Consent in cardiac surgery: a good practice guide to agreeing and recording consent*	The Trust has a consent policy and a local consent procedure for cardiac surgery. There is evidence of local induction and training sessions and audit is undertaken on consent compliance. Consent is also reviewed at the Board's Governance Committee.	• Cardiac Services directorate review and updating of its consent procedures in line with Trust policy as updated to take account of Mental Capacity Act (Note formal DH Guidance pending) (ref **081217_SHA Evidence Final**) • ORH's internal auditors review on taking and recording of consent (Ref File **07/ORH/27)** provided significant assurance • Cardiothoracic surgical services local induction/training sessions on consent (Ref **File CT3.1 Jan 2008** and **File Induction and Consent April 2008**) • Regular Governance Committee review with next report due March 2009 (Ref **File Agenda and Minutes Jan 2008**)
Clinical Governance and Leadership – the cardiothoracic surgical service		
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.	The Trust has an operational policy for cardiothoracic surgery and has mapped out the integrated patient pathway, which includes protocols for high-risk patients. There is evidence of proactive assessment of high-risk patients undertaken in accordance of guidelines and discussion of assessment of patients at the multidisciplinary meetings and learning from mortality and morbidity meetings. The integrated care pathway is audited for compliance.	• Regular minuted multidisciplinary team (MDT) meetings to agree treatments for individual patients. Risks assessed and recorded (Ref **File MDT meetings April 2008**) • Detailed and comprehensive Integrated care pathway for the care and treatment of cardiothoracic surgical patients in place with embedded links to agreed protocols and guidelines to cover all aspects of treatment and variations from pathway (Ref **File Integrated Care Pathway April 2008 and Jan 2009**) • Cardiothoracic critical care unit reviewed (Ref **CTCC Salmon Report April 2007**) and implementation of recommendations (e.g. timetabled ward rounds, identification of additional intensivist and anaesthetics input and lead clinician identified). Further review by Head of Adult Intensive Care Services in 2008 provided assurance on improvements put in place, particularly in relation to continuity of care and clarity of roles and responsibilities as outlined in

[1] Evidence and detailed assurances provided to SHA in January 2008, to HCC in March, April, May and June 2008 and to SHA in December 2008 and January 2009

Progress by ORH against HCC recommendations on cardiothoracic surgery	SHA Commentary	Assurance /Evidence [1]
		Operational Policy (Ref **CTCC Cardiothoracic Critical Care Medical Roles and Responsibilities Nov 2007** and **Operational Policy for Cardiothoracic Critical Care Nov 2007and CTCC Report Final May 2008)** • Further links developed between all areas providing adult critical care – cardiothoracic critical care, neurosciences critical care and adult intensive care unit with rotations programmes, joint protocol/guidelines development. Links/protocols/policies being developed across Vascular Network (as above) • Informal audits on nature and number of interventions by multidisciplinary teams by medical teams (Ref **MDT Audit Presentation Dec 2008**)
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.	The Cardiac Services Directorate business plan is in place defining the unit's core objectives. The business plan reflects and supports the overall objectives of the Trust and is reflected in the Cardiac surgeons' job pans	• Cardiac Services Directorate Business plans in place for both 2007/08 and 2008/09 with direct links to consultant job plans and objectives (Ref **File CT2.4 Jan 2008 and HCC Follow up May 2008 part 3**) • Cardiac Services Directorate pilot for service line management and reporting and pilot for development of AHSC/AFT centres
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.	Appraisals have been completed and overseen by the Medical Director and the Chief Executive	• Clarity on management within Cardiac Services Directorate and agreed job descriptions for directorate chair and clinical directors. (Ref **File CT2.5 Jan 2008**) • Active and full engagement in appraisal and management processes involving clinical director, directorate and divisional chairs, medical director and chief executive (Ref **File Management Review V2.0 May 2008**) • Appraisals undertaken in line with ORH policy for all consultant cardiothoracic surgeons (Ref **File Management Review V2.0 May 2008 File HCC Follow up May 2008 part 2**) • Cardiac Directorate team took part in pilot 360 assessment (Ref **File HCC Follow up May 2008 part 2**)
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	The unit has reviewed and developed a comprehensive integrated care pathway, which is in line with best practice. An operational policy is in place and there is evidence to demonstrate this	• Regular minutes multidisciplinary team (MDT) meetings to agree treatments for individual patients. Risks assessed and recorded (Ref **File MDT meetings April 2008**) • Detailed and comprehensive Integrated care pathway for the care and treatment of cardiothoracic surgical patients in place with links to agreed protocols and guidelines to cover all aspects of treatment and variations from pathway (Ref **File**

Progress by ORH against HCC recommendations on cardiothoracic surgery	SHA Commentary	Assurance /Evidence [1]
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	is monitored and audited.	**Integrated Care Pathway April 2008 and Jan 2009**) • Cardiothoracic critical care unit reviewed (Ref **CTCC Salmon Report April 2007**) and implementation of recommendations (e.g. timetabled ward rounds, identification of additional intensivist and anaesthetics input and lead clinician identified). Further review by Head of Adult Intensive Care Services in 2008 provided assurance on improvements put in place, particularly in relation to continuity of care and clarity of roles and responsibilities as outlined in Operational Policy (Ref **CTCC Cardiothoracic Critical Care Medical Roles and Responsibilities Nov 2007** and **Operational Policy for Cardiothoracic Critical Care Nov 2007 and CTCC Report Final May 2008)** • Further links developed between all areas providing adult critical care – cardiothoracic critical care, neurosciences critical care and adult intensive care unit with rotations programmes, joint protocol/guidelines development • Informal audits on nature and number of interventions by multidisciplinary teams by medical teams (Ref **MDT Audit Presentation Dec 2008**)
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.	Mortality and Morbidity meetings take place on a regular basis and there is evidence of learning from these meetings.	• Regular and effective M&M meetings continue to be held monthly with shared learning within the multidisciplinary team (of all grades). Robust and open debate takes place. Meetings are minuted and, when appropriate, learning points are shared with other specialities. (Ref **File HCC Follow up May 2008 part 2 /M&M meetings, and M&M Meetings from April 08**) • M&M meetings highlight outcomes for previous period (analysed by statistical scientist) – promptness of review ensure specific issues can be picked up quickly (Ref **File HCC Follow up May 2008 part 2/M&M meetings**) • Medical director review effectiveness and comprehensiveness (Ref **File 081217_SHA Evidence Final Dec 2008**)
HCC7 The trust should reactivate the involvement of the Society for Cardiothoracic Surgery to help ensure that the necessary		• The cardiothoracic surgeons have maintained their close and active involvement with the Society through their membership and in other ways. Clinical Director is a member of the national Audit Group and Professor Taggart is President-Elect. Consultants are regular attenders and presenters at national meetings (Ref **Files**

Progress by ORH against HCC recommendations on cardiothoracic surgery	SHA Commentary	Assurance /Evidence [1]
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.		**in HCC Follow up May 2008 part 2)**
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. **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.	The Trust has agreed their Governance, Quality and Risk Framework which is reviewed regularly. Divisional Governance Committees report to the Trust Governance Committee. This is an improving and evolving process. There are audit plans in place for Cardiac Surgery and evidence of how the learning from audit is fed back to the unit.	**HCC8 and HCC9 were considered together by HCC** • Governance arrangements have been reviewed by ORH and work continues as part of preparation of AFT application (Ref: **SHA Review Oct 2008; Audit Commission Review May 2008**) • Reporting/assurances reports to Governance Committee and the Board continue to evolve. (Ref **Division A Report Dec 2008, Governance and related Committee Jan 2008)** • Additional resources in place across all areas of quality, safety and risk (Ref **EB Paper April 2008**) • Clinical audit and effectiveness team in place to support work across all areas of the ORH (Ref **File 081217_SHA Evidence Final Dec 2008)** • Cardiac Services Directorate audit plan and quarterly multi-disciplinary team audit meetings (Ref **File 081217_SHA Evidence Final Dec 2008,** and **File Directorate Audit Meetings April 2008)**
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.	The Trust has an excellent policy in place to ensure that policies are reviewed and updated on a regular basis. There is a comprehensive list of policies with review dates and status in place.	• Key policies in place as assessed by NHSLA for level 1. Team now in place to take forward work to achieve NHSLA level 2 – robustness of policy implementation and review key element in the assessment. Comprehensive list of policies with review dates and status in place. (Ref **Files 081217_SHA Evidence Final Dec 2008, HCC follow up May 2008 Policies,** and **CT8.2 Policies Jan 2008**)
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 Unit provides reports demonstrating outcomes; this is monitored through the Governance structure, peer review and Trust Board. There is evidence to	• Annual report to Governance Committee and Trust Board on outcomes for all cardiothoracic procedures (Ref **081217_SHA Evidence Final Dec 2008 and File Cardiac Reports Jan 2008)**. • Additional review through M&M meetings, quarterly NSF reports and reporting

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	demonstrate action is taken where necessary	and validation mechanisms to the Central Cardiac Audit Database (see above). • Peer review on data through Society of Cardiothoracic Surgeons of Great Britain and Ireland (see above)
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.	There is evidence to demonstrate that cardiac surgeons now oversee and validate the coding of procedures and patient activity.	• Updated procedure in place to ensure and validate consultant involvement in coding of cardiothoracic surgical activity (Ref **File 081217_SHA Evidence Final Dec 2008**) • Cardiac services information team in place working closely with clinicians and coding team. In addition, close links with the Cardiac Central Audit Database team to ensure proper validation of data. (Ref **Files HCC follow up May 2008 Cardiac data** and **File CT15.1 Jan 2008)** • ORH cardiothoracic surgical outcomes published on Healthcare Commission website and updated annually http://heartsurgery.healthcarecommission.org.uk/
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.		• Rigorous system in place to ensure validation and robustness of coding (See above) • Quality and risk reports reviewed by the Division and the Governance Committee highlight any particular issues. Outcome reports (for unit and for individual surgeons) presented regularly to the Board. (Referenced above) • Dr Foster Intelligence software has allowed more detailed scrutiny of data and regular monthly meetings in place to ensure appropriate actions are taken in relation to all clinical activity. (Ref **File 081217_SHA Evidence Final Dec 2008 Division A report)** • Quarterly NSF reports highlight activity data and its scrutiny. Returns to Central Cardiac Audit Database and review through the Society of Cardiothoracic Surgeons of Great Britain and Ireland (Ref **File CT15.1 Jan 2008)**