Oxford University Hospitals NHS
NHS Trust

Trust Board Meeting: Wednesday 14 May 2014

TB2014.57

Title	**Cardiac Theatre Review – Progress on Action Plan**

Status	For information
History	The Trust Board received the Independent Review of Cardiac Theatres and The Cardiac Surgical Unit in September 2013. The last progress report went to Trust Management Executive on 24th April 2014.

Board Lead	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	**Assurance**	Policy	Performance

Executive Summary

1. An Independent Review of Cardiac Theatres and The Cardiac Surgical Unit was commissioned in March 2013 against a background of concerns raised about the safety of cardiac surgery at the Oxford Heart Centre generally and specifically around the level of staffing and competencies in the theatre environment.

   In addition, on the 12th March 2013 there was a whistle blower compliant to the CQC, from a member of staff, relating to patient safety and failure to respond to concerns.

2. The Independent Review reported in September 2013 and the report was considered at the Trust Board meeting in September 2013. Subsequently the Director of Clinical Services held a number of invited and open staff meetings during October 2013 and shared the Independent Report with staff working within the Oxford Heart Centre.

   The Independent Report was also shared with the CQC, the TDA, Specialist Commissioners and the local Clinical Commissioning Group.

3. A report to set out the Trust's response to the recommendations as detailed in the Independent Report together with an action plan was then reviewed by Trust Management Executive on 24th October 2013 with agreement that a progress report would be submitted in six months. The update was reviewed by the Trust Management Executive on 24th April 2014.

4. This report provides progress against the agreed action plan. It should also be noted that the Director of Clinical Services met with the Cardiac Surgeons in November 2013 and the surgeons considered the meeting and outcome was very constructive. The view within the service is there has been a marked improvement in morale and motivation and that there have been substantial improvements in the service.

5. **Recommendation**

   The Trust Management Executive is asked to review progress against the action plan.

Mr Paul Brennan
Director of Clinical Services

April 2014

Oxford University Hospitals NHS Trust

Cardiac Review Action Plan

Supporting evidence available on :\\ctv01\Divisional_Management\Cardiac action plan 1314\Evidence

NB: Document has been update to reflect the change in Trust structure

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
5.1	**The Trust Board of Directors should continue to follow good practice and, using current governance systems, review patient safety and staffing issues in relation to the cardiac unit.**	Mortality & Morbidity processes within the Directorate will be strengthened and a clear strategy for systematic monitoring of outcomes and closing down learning actions from monthly review process will be documented. The Directorate will: • Undertake a staffing gap analysis between current position and business case proposals • Provide a quarterly review of progress via the Q3/Q4 performance meetings and submit updates to the Trust Board.	Bernard Prendergast Ruth Titchener Directorate Management Team	14th February 2014 22nd November 2013 January and April 2014	Previous M&M processes strengthened in new Directorate structure through activity of newly developed joint CSU Clinical Review Working Group. ToR, Minutes and audit presentation from first meetings Directorate policy in draft to be finalised for ratification May 2014 Governance meeting Gap analysis completed 3/2/14. Reported in month 10 performance report	**17/2/14** **26/2/14** **May 2014** **24/2/14**
5.2	**The Trust Board of Directors should seek assurance from the Clinical Director that all relevant Trust Policies are being followed at Directorate level.**	Continue current good practice of monthly audits and performance reporting. The Trust Board should ask the Quality Committee to monitor this action. An initial report to be provided to the Quality Committee (via the clinical governance committee) setting out the Safety Policies with monitoring on a monthly basis.	Directorate Team Paul Brennan	Monthly Clinical Governance Committee 18th December 2013 Quality Committee 12th February 2014	Directorate Governance, Audit and Education days commenced 17th Feb. 2014 to replace the current alternate monthly programme and provide a more robust structure for Directorate business	**17/2/14**

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5.3	**The Clinical Director should facilitate the completion of defined and agreed Standard Operating Procedures. Common Standard Operating procedures need to be agreed and implemented for the vast majority of routine patient care, taking good practice from other units.**	Standard Operating Procedures will be written for: • Pre-operative assessment • Patient management within ITU • Intra-operative management • Post discharge follow-up/management. • Anaesthetic/pre-med practice • Post-operative ward management and treatment of common complications. • All surgeons' practice will be regularly audited for compliance with these Standard Operating Procedures	Rana Sayeed Shane George Mario Petrou Rana Sayeed Chris Palin Directorate Management Team	Drafted and agreed by 13th February 2014 Implemented 3rd March 2014 **March 2014 onwards**	Pre-operative assessment Patient Management within ITU Intra-operative management Acute aortic dissection protocol Intra-operative protocols are under current review (eg. use of anti-fibrinolytic agents, biological glues and sealants, intra-operative trans-oesophageal echocardiography). Post discharge follow-up/management. Anaesthetic/pre-med practice being developed Post-operative ward management and management of common complications. All surgeons' practice will be regularly audited against compliance with the Standard Operating Procedures under the oversight of the Directorate Clinical Review Group Clinical Lead undertakes a weekly round of all cardiac surgical patients. Discharge plans, TTO's, VTE and other house-keeping matters are reviewed. Surgeon specific outcomes (mortality, SSI, re-exploration for bleeding, length of stay) will be monitored and reported at CSU and Directorate level (see slide presentation from February Directorate audit day). CTCCU Operational policy in place. Guideline for blood product management in Cardiothoracic Surgery in place.	**24/0/14** **24/02/14** **24/02/14** **24/02/14** **24/02/14** **17/2/14** **24/02/14** **24/02/14**
5.4	**The Clinical Director should review current compliance with WHO checklist and agree an action to ensure 100% compliance with the relevant Clinical Leads**	Continue weekly audits and establish a weekly compliance meetings with designated Clinical and Nursing Leads	Bernard Prendergast/ Mario Petrou/Sarah Malone	18th November 2013 for compliance meeting and on-going weekly audits.	Evidence within monthly quality and performance report. Reported in weekly planning meeting.	**27/01/14** **24/02/14**

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
5.5	**The Trust Board of Directors should seek assurance on a regular basis, using current governance practices and those developments in response to the Francis Report and potential changes in the CQC approach, to ensure that appropriate skill mix and numbers exist within the cardiac unit in relation to capacity and acuity.**	Implement daily Consultant lead (based on a monthly Cardiac or Thoracic surgeon rota) to coordinate activity and support the existing Cath Lab, Theatre and ITU coordinators. Implement a planning meeting each evening for the following day's planned activity (6pm) and update and communicate the finalised plan the following morning (7.30am). Implement the Standard Operating Procedures referred to in 5.3. A report will be provided to the Trust Board to demonstrate compliance.	Mario Petrou Paul Brennan	Agree approach 14th February 2014. Fully implement rota from 17th February 2014. 12th March 2014	The coordination and refereeing of resources and manpower is consultant led (surgeon, intensivist, and cardiologist) and supports the non-medical coordinators. A formal rota will be organised. Each morning the finalised plan is made and communicated by key Consultants once clinical and logistical factors have been carefully considered. This system has so far proved to be very successful and is felt to be superior to the 'evening before' planning model. The forthcoming appointment of a theatre manager will further enhance the efficiency of this process. Interviews 22/4/14	**1/3/14**
5.6	**Consideration should be given to the assurance mechanisms required in relation to the 'shift by shift' basis assessment of patient dependency on CTCCU.**	Required. Compliance with this action will be assessed as part of the overall monitoring of nurse staffing levels across the Trust	Sarah Malone		Patient dependency assessed every 12 hours or as condition changes and recorded on computerised patient record according to national validated scoring system (Intensive Care society/AUKUH)	**27/01/14**
5.7	**Consideration should be given by the Divisional Nurse to ensuring a more equal balance of cardiothoracic/cardiology nursing leadership.**	Overall responsibility rests with the Matron who is an experienced Cardiothoracic Nurse; the Lead Nurse for CTCCU is an experienced Cardiology Nurse who is supported by an experienced Cardiothoracic Sister/Charge Nurse tier. The combined CCU/ITU is viewed highly by colleagues who have visited from other units and regarded as the future service model. The Lead Nurse has the full confidence and support of all members of the Team.	Complete		No action required as completed at time of review	
5.8	**A further evaluation of**	Set out rules for allocation of	Bernard	124th February	Rota evidence provided	

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
	stakeholders in relation to CTCCU should be undertaken.	anaesthetic sessions to cath labs/ theatre/ITU/pre-admission clinics together with continuity of work pattern for ITU. This will include timetabled theatre list allocations for the Consultant Intensivists. Create new combined Clinical Service Unit to cover anaesthetics and CTCCU with a single clinical lead. Rules to be translated into job plans.	Prendergast Mario Petrou Clinical Director Divisional and Clinical Director	2014 Completed January 2014 30th April 2014	New Directorate structure and reporting mechanism created. CTCCU/Anaesthetics CSU Clinical lead in post. Joint position statement issued from Cardiac Anaesthesia and Critical Care.	**1/2/14** **1/4/14** **1/2/14**
5.9	**The Trust Board of Directors should consider removing vascular surgery to its own or another directorate.**	Vascular Surgery now forms part of the Specialist Surgery Clinical Directorate.	Paul Brennan	Completed	No action required as completed at time of review	
5.10	**The Clinical Director (Cardiothoracic Directorate) should ensure that there are up-to-date job plans and annual appraisals all surgeons.**	Job plans will be completed. Appraisals will be completed.	Bernard Prendergast . 	30th April 2014 30th April 2014	A comprehensive job planning review is underway consistent with Trust policies and timetables. All Consultant Surgeons have undergone appraisal within the past year.	**31st March 2014 then continued maintenance**
5.11	**The Trust Board of Directors should continue to review statutory and mandatory training compliance for the Directorate to ensure compliance with the Trust standard of 95% on an ongoing basis.**	Develop plan to deliver 95%. Achieve compliance	Directorate Management Team Directorate Management Team	29th November 2013 31st January 2014	Overall compliance is 88.3% with poor compliance amongst the medical teams (principally rotating junior staff). These issues are to be picked up within each CSU and addressed via the Clinical Director, Clinical Leads and Service Managers, and the newly configured Education & Training Working Group). Evidence of compliance in performance reports see 5.4 Operational Service Manager (OSM) specifically addressing with junior Drs (study leave on hold until 95% compliance is achieved) and their	**31st March 2014 then continued maintenance**

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
					education leads	
5.12	**The Clinical Director (Cardiothoracic Directorate) should review statutory and mandatory training at staff group level and liaise with professional leads for these groups to ensure high level of compliance for all subjects and at all levels.**	Develop plan to deliver 95%. Achieve compliance	Directorate Management Team Directorate Management Team	29th November 2013 28th February 2014	Key area of focus is medical staff. OSM working with junior doctors to update current compliance on learning by 21st February 2014. All outstanding learning to be completed by 24th February 2014. No study leave to be granted for anyone who is less than 95% compliant after this date. Clinical Director working with CSU leads to ensure the same with Consultant staff. Compliance within individual staff groups to be reported in performance report mth 10.	**24th February 2014 then continued maintenance**
5.13	**The Matron/Lead Nurse should spend time working in the clinical areas they manage alongside frontline clinical staff (for example three days per month working a clinical shift in theatre). This would give visibility to the surgeons regarding the senior nursing team and greater informal communication links for their nursing staff.**	The Matron currently undertakes clinical work in ITU and the Cardiac ward and will undertake further clinical days in theatre equating to two clinical shifts per month.	Sarah Malone	31st December 2013	Complete – evidenced by increased visibility. Calendar evidence of theatre clinical days. Wednesday 08th January 2014. Friday 24th January 2014. Monday 03rd February 2014. Lead nurse highly visible on CTCCU – daily ward round, shifts as coordinator.	**27/01/14**

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
5.14	**The Matron/Lead Nurse should develop a comprehensive skills matrix for CTCCU and Cardiac theatres in order to ensure robust skills development in these specialist fields alongside mandatory training requirements.**	• Outcome of Trust-wide dependency and acuity review will be completed. • Reconciliation of current staffing levels and outcome of dependency/acuity audit • Each band of nurse will have a skills matrix developed • Each individual nurse will have a Completed competency framework which will be held within the Unit.	Liz Wright Sarah Malone/Liz Wright Sarah Malone Sarah Malone	22nd November 2013 21st February 2014 18th April 2014 30th June 2014	AUKUH undertaken for CTW ward demonstrating nursing establishment matches acuity data Core matrix devised for cardiac theatres and CTCCU to demonstrate each individual nurses' competency in core skills.	**17/01/14** **17/01/14** **17/01/14**
5.15	**The Matron/Lead Nurse should plan to ensure regular nursing staff meetings within cardiac theatres as well as the theatre users group to promote good communication within the theatre nursing team.**	Monthly meetings in place and minuted.	Sarah Malone	Completed	No action required as completed at time of review	
5.16	**Greater consideration needs to be given to the theatre team and having a much more modern approach to the theatre work with scrub and anaesthetic practitioners being able to work in both specialities allowing a much more flexible approach to staffing theatres safely.**	Recommendation considered - the Clinical Directorate will benchmark practice nationally to assess models adopted in other centres. Manage as a single team.	Sarah Malone Sarah Malone	31st January 2014 28th March 2014	Benchmarking exercise completed nationally via SCTS. Three centres identified nationally Visit to Sheffield undertaken 11th April 2014. Findings presented at Anaesthetic and Critical Care CSU 16.04.14. CSU supported merger of scrub and anaesthetic teams. Merger commencing April 2014	**27/01/14** **16/4/14**
5.17	**Formal competency**	In place already - may be	Sarah Malone	Completed	Competency packages completed across	**27/01/14**

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
	packages for theatre and CTCCU (including Clinical Support Workers (CSW)) should be developed to address not only issues of safe practice but also concerns about knowledge and skills raised by Consultant bodies	misunderstanding linked to Assistant Practitioner who undertakes procedures under the direct supervision of a registered nurse at all times and competency assessed. An audit of CSW competency packages will be undertaken in CTCCU and Theatres.	and Practice Development Nurses Sarah Malone and Practice Development Nurses	31st December 2013	anaesthetic and scrub teams and for staff on CTCCCU.	
5.18	**Succession planning should be in place for senior Consultant Surgeons, to avoid lack of expert service provision and enable future planning**	Within the context of Trust HR policies, succession plans will be agreed in advance to enable early recruitment and skills handover.	Paul Brennan and Hywel Jones	21st March 2014	Succession planning underway and agreements in place for pre-emptive recruitment and appointment in advance of notice periods (when known)	
5.19	**Formal mentorship programmes should be in place for new Consultants.**	Whilst the recommendation is accepted, the Trust already has a mentoring programme in place for new Consultants, which is reported to the Trust Board. All recent Consultant appointments have been allocated a clinical mentor. A review of mentoring arrangements will be undertaken for all other staff groups.	Ruth Titchener	Completed Complete	consultant induction programme evidenced New Consultant Mentors Dr Matt Ginks – Dr Betts Dr Orchard – Dr Prendergast Dr Kelion – Dr Prendergast Mr Ravi De Silva - Mr Petrou Mr George Krasopoulos - Mr Petrou Mr Dionisios Stravroulias - Mr Black Medical director, Ted Baker paper to follow Non -medical Some staff are out of date and/or required to complete tri annual review. Practice Development Nurse(PDN) team are working to make sure staff complete this in collaboration with Oxford Brookes University (OBU) Link Lecturer providing update sessions in addition to the OBU organised sessions.	**24/2/14** **27/01/14**
5.20	**The Trust Board of Directors should give**	The Trust Board received and approved proposals for realigning	Paul Brennan	Advertised 8/10/13	New Trust structure in place.	**November 2014**

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
	consideration to how the Directorate is strengthened and proposed changes to personnel brought forward from November 2013.	and strengthening the Directorate Structure. Clinical Director post advertised and interviews arranged. Appointments for other posts will follow Clinical Director appointment.		Interview 29/10/13 All post holders will be in place by 31/11/13.	Cardiothoracic Structure reviewed and in place January 2014. Deputy Clinical Director post out to advert week commencing 10/3/14.	**1/2/14** **10/3/14**
5.21	**Consideration should be given to external recruitment of a senior lead cardiac surgeon.**	Adopting approach set out in 5.18. Consideration should be given as part of succession planning.			Not agreed	
5.22	**The Director of Clinical Services should give consideration to how leadership roles and responsibilities within the Directorate are better understood and respected by all staff.**	Updated job profiles for Clinical Directors to be provided. Role and responsibility of Clinical Service Unit lead role to be standardised and Trust wide job profile to be created.	Paul Brennan Paul Brennan	1st November 2013 20th December 2013	Divisional Director and Clinical Director JD's CSU Terms of Reference/CSU Lead Job description	**24/2/14** **24/2/14**
5.23	**The Director of Clinical Services should ensure clinicians in management roles receive appropriate training for their roles.**	Development programme to be formulated in conjunction with new appointments to Clinical Director posts	Paul Brennan and Paul Jones	28th February 2014	Director of clinical services paper to follow	
5.24	**The Trust Board of Directors should ensure that there is more direct input and accountability from senior management to support those already in post until the Divisional structure is stronger.**	Proposals were considered and approved at the Trust Board meeting in September 2013 associated with the changes to the organisational structure.			Completed. September minutes evidence.	**24/2/14**
5.25	**The Clinical Director (Cardiothoracic Directorate) should**	Two ambassadors for Human Factors training in place. 6 sessions in simulation lab covering	Paul Brennan and Sarah Malone	Training programme to start 14th	Human Factors Development programme in place for Divisional and Clinical Directors March 2014.	

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
	ensure that all relevant cardiac staff attend 'Human Factors' Training within a reasonable time period.	all Cardiothoracic Directorate staff being planned.		February 2014	Programme being developed in line with new Directorate Governance, Audit and Education days. First three dates for bespoke HF training 17/07/14 20/08/14 19/09/14	
5.26	**Consideration should be given to widening 'the team' undergoing the Human Factors training to include, for example, Divisional and Directorate senior management.**	See 5.25.				
5.27	**Consideration should be given to general team-building at both Divisional and Directorate level, for example by the use of 'Listening into Action', an approach identified to 'engage and empower clinicians and staff around any challenge'. This aims to empower teams and support staff who have felt helpless. As an approach that is led by the Chief Executive and supported by clinical and operational leaders this would be a powerful tool to utilise. Such team-building should include work on Trust values and aims.**	A theme focussed programme will be developed for the new Cardiothoracic Directorate and will specifically incorporate team building, managing challenging behaviour, leadership skills and multidisciplinary team working, enhanced communications and using the Trust values as a key component of service provision.	Paul Brennan, Paul Jones and Jane Rowley with support from Bernard Prendergast, Nicola Robertson, Ruth Titchener, Sarah Malone	Programme developed by 1st March 2014 and to run throughout the year.	Team building, managing challenging behaviours and multidisciplinary working will be incorporated into the Human Factors training programme. Time will be devoted during March Cardiothoracic Governance, Audit and Education day to run "drop-in" café during the lunch break to gather further ideas for follow on programme for team building (including social events such as the 25 years anniversary ball)	**18th March 2014**

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
5.28	**Consideration should be given to team building between the Trust senior management and Directorate senior management, separately from any wider work that may be undertaken with senior management for all divisions.**	Will form part of the development programme covered under 5.27	As 5.27	As 5.27		
5.29	**Waiting lists need better management to establish equity of access for routine surgery. Consideration should be given to developing a common waiting list for routine elective procedures.**	This has been addressed via agreement to manage certain procedures on a shared waiting list, and agreement to fully comply with the Trust Elective Access Policy to ensure the flow of patients between lists to meet 18 week RTT. A proactive analysis of list size and adherence to the access policy will be undertaken on a monthly basis from December 2013 to June 2014	Ruth Titchener/Mario Petrou Ruth Titchener	31st March 2014 Each month from January 2014 through to July 2014	The differential in waiting lists is being addressed to ensure a more even distribution between Consultant surgeons. The list of criteria for a shared waiting list is currently being worked up as part of a task and finish group for Cardiac Surgery. Shred list in place for 3 surgeons as a trial with supporting process. For review May 2014. Undertaken in weekly PTL meeting and weekly planning meetings addressing *ad hoc* issues, review of weekly performance and any learning. W/L and activity reviewed weekly in PTL meetings.	**22/01/14** **24/02/14 and on-going** **24/02/14 and on-going**
5.30	**There should be more regular and better attendance by all Consultant surgeons at cardiac surgical meetings to improve team dynamics. Initially, these meetings should be facilitated by the Clinical Director (Cardiothoracic Directorate).**	1st Wednesday each month 8am surgeons meeting established – meetings to be minuted. All consultants expected to attend (minimum 8out of 12 meetings each year). Attendance to be audited and outcomes reported to the Director of Clinical Services to determine the meeting's value.	Mario Petrou Mario Petrou	Completed 30th June 2014	Consultant surgeon meetings now occur every month on the Education, Governance and Audit days (Chaired by the CSU Lead). These meetings will be minuted.	**17/2/14**
5.31	**The Trust Board of**	Policy reviewed and amendments		Completed	No action required as completed at time of	

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
	Directors continues to follow good practice and review all relevant Trust Policies such as *Raising Concerns Policy* and *Incident Reporting Policy* to ensure up-to-date and available via Trust dissemination to all staff.	approved by the Trust Board in 2013. The Incident Reporting Policy was amended and approved by the Trust Management Executive in 2013		Completed	review	
5.32	**The Divisional General Manager should hold a briefing session with all staff to remind them of the methods for raising concerns and responsibilities at all levels, for example raising, recording, investigating and responding to concerns.**	Briefing sessions have been held by the Director of Clinical Services in October 2013.		Completed	No action required as completed at time of review	
5.33	**The Operational Services Manager acts as the central point for collation of evidence in relation to raising of and the subsequent response to issues and concerns raised outside of the Raising Concerns Policy.**	The Operational Services Manager will act as the central point for issues raised outside the Raising Concerns Policy within the Directorate		Completed	No action required as completed at time of review	
5.34	**The already approved Outline Business Case for the expansion of cardiac surgery should be further endorsed. This would give a boost to staff morale.**	Actions as set out under 5.1 and 5.35				
5.35	**The timetable of the workforce planning programme should be**	• Gap analysis – funded posts	Operational Services Manager	22nd November 2013	£1,238,488 total pay budget allocated in business case - £500,036 (13 WTE) currently vacant.	**24/2/14**

Reference	Recommendation	Actions	Lead	Timescale	Evidence on Completion	Date Signed off
	identified to enable its implementation.	• Confirm funding in budget	Directors of Clinical Services and Finance	31st December 2013	Recruitment programme ongoing – rolling advert. Out to advert for rotational posts.	**24/2/14**
		• Recruitment programme	Operational Services Manager and Matron	31st December 2013 to 30th June 2014	Vacancy data as on 01st April 2014 improvement on previous months Theatre scrub 39% Anaesthetics 12% Perfusion 41% SCP 25%	
		• Staff in post	Operational Services Manager and Matron	30th June 2014		
5.36	**Capital development, particularly in relation to theatres and CTCCU, should begin in order to to achieve the ambition of an expanded safe and sustainable cardiac surgical service.**	Trust wide theatre Strategic Outline Case to be completed.	Paul Brennan	31st January 2014	Feasibility study evidenced	**January 2014**
		Outline Business Case to be completed.	Paul Brennan	31st May 2014		
5.37	**Moves should continue to establish a Consultant delivered 24/7 service across the whole Oxford Heart Centre.**	The Trust will work with the review team to understand the rationale for the recommendation to implement 24/7 delivered/resident Consultant care in Cardiac Surgery, Cardiac Critical Care, Thoracic Surgery and Cardiology			Access to a 24/7 Consultant led service is available (although not resident). 4 consultants on-call at any one time: Cardiology Interventional Team Cardiothoracic Surgical Team Theatres Team CTCCU/Intensivist Team	**24/2/14**