

Assurance Framework for the delivery of the Royal College of Surgeons' recommendations relating to Cardiac Surgery

R1: Recruitment. The Health Board should consider immediately recruiting for the following:

Recommendation	Key actions	Lead officer	Timescale for completion	Evidence of completion	Additional actions, if required	Updated timescales for completion
An additional clinical governance team member to support the Audit Coordinator	Recruit to additional Audit Co-ordinator post to support the current audit coordinator	Directorate Manager, Cardiac Services	Completed	Post recruited to and commenced in post on the 18/7/2022	None	None
Two/three mitral surgeons and three surgeons with expertise in aortic surgery	Succession planning to be undertaking to plan for future service provision Develop plans for recruitment in anticipation of retirement, and to consider proleptic appointments Establish workforce required to deliver specialist elements of service, aiming to have two/three surgeons with mitral valve expertise and three surgeons with aortic surgical experience	Clinical Director, Cardiac Surgery	Phase 1 completed 2 in progress Phase	Phase 1: 2 locum Consultants appointed. Phase 2: Recruit to 1 permanent post in the first instance; the second post will be dependent on future demand levels and status of current workforce	Funding confirmed by WHSSC	Recruitment to second post approved and progressing to advert
Provide additional nursing staff	Develop the POA Team & develop a comprehensive nursing workforce plan for Cardiac Surgical Services	Deputy Head of Nursing, Cardiac Services	01/07/2023	Workforce plan will include a review of current establishment establish the need for additional recruitment; and deploy current resources to realigned pathways of care. Comprehensive nursing workforce plan completed by Directorate - to be considered by Service Group	None	None

R2: Surgeons' working practices. The Health Board should ensure that cardiac surgeons work together to provide the appropriate care for their patients, this includes:

Recommendation	Key actions	Lead officer	Timescale for completion	Evidence of completion	Additional actions, if required	Updated timescales for completion
Adapting the current Surgeon of the Week model to ensure that non-elective patients' length of stay is significantly reduced and ensuring the cases are distributed fairly across the cardiac team	Pooling of suitable patients is in place and has recently increased due to current staffing deficits The SOW to have responsibility for the distribution of non-elective patient cases Current SOW SOP to be reviewed and amended to reflect current practice	Clinical Director, Cardiac Surgery	Completed	Pooling of suitable patients is in place and has recently increased due to current staffing deficits, this is actively managed and facilitated during twice weekly Capacity planning meetings.	None	None
Create a system of pooling in-house patients so no operative lists remain fallow	Pooling of suitable patients is in place and has recently increased due to current staffing deficits The SOW to have responsibility for the distribution of non-elective patient cases Current SOW SOP to be reviewed and amended to reflect current practice	Clinical Director, Cardiac Surgery	Completed	Pooling of suitable patients is in place and has recently increased due to current staffing deficits, this is actively managed and facilitated during twice weekly capacity planning meetings.	None	None
Introducing a daily consultant ward round of all patients, utilising Day of Surgery Admission ("DOSA") and nurse-led care protocols for elective patients.	Current Surgeon of the Week model needs modification to ensure the recommendations are incorporated into the role	Clinical Director, Cardiac Surgery	Completed	SOW Consultant now undertakes daily face to face ward round of all cardiac surgery patients on Cardiac ITU and HDU; SOW Consultant also now undertakes a daily board round for all cardiac surgery patients admitted to Dan Danino and Cyril Evans Wards Nurse led protocols for DOSA are already in place, significant work has been undertaken following the GIRFT review to increase DOSA – detail included in GIRFT Action Plan	Additional Anaesthetic capacity to be discussed with CSS to increase Pre assessment capacity to identify DOSA suitable patients. Pre Assessment resource paper to be submitted to HB to support additional clinical resources, however, given the current fluid state of surgical demand the plan is to hold off for a few months until the likely picture of future demand become clearer	31/03/2023

R3: Communication & record-keeping. The Health Board should work with the cardiac surgical team to improve its communication and record keeping throughout the patient pathway

Recommendation	Key actions	Lead officer	Timescale for completion	Evidence of completion	Additional actions, if required	Updated timescales for completion
The Health Board should work with the cardiac surgical team to improve its communication and record keeping throughout the patient pathway, specifically ensuring that all consultant surgeons are reminded of the Montgomery ruling in respect of informed consent and that consent is clearly recorded on the clinical records. This may require a system of regularly auditing patient clinical records to check for completeness at all stages of the patient's pathway of care. The Health Board may also be assisted by the General Medical Council and RCS England's guidance on the consent process.	Ensure that percentage risk of death forms part of the discussion with patients as part of the consent process and that this is always documented	Clinical Director, Cardiac Surgery	Completed	Audit to be undertaken of a sample of notes to establish that risk has been discussed and documented as part of the consent process. Audits of consent will be taken quarterly and reported to the Cardiac Surgery M&M	None	None

R4: Reintroduction of consultant-assisted junior doctor operating

Recommendation	Key actions	Lead officer	Timescale for completion	Evidence of completion	Additional actions, if required	Updated timescales for completion
The Health Board should consider reinstating consultant assisted junior doctors operating in theatre to ease resource pressures on the unit.	Reinstated with immediate effect on the 21/04/2022	Clinical Director, Cardiac Surgery	Completed	Consultant-assisted junior lists recommenced	None	None

R5: Training

Recommendation	Key actions	Lead officer	Timescale for completion	Evidence of completion	Additional actions, if required	Updated timescales for completion
The Health Board should work with the Wales Deanery to deliver a training and mentorship programme that is fit for purpose.	Arrange meeting with Deanery	Clinical Director, Cardiac Surgery	Completed	Decision / agreement on training and mentorship programme. Meeting with Deanery held on the 28/11/2022, full engagement of all Consultant Cardiothoracic Surgeons has been confirmed	Aspire to become a centre of excellence for training. All Consultants due to attend educational supervisors course Spring 2023	None

R6: Focus on outcomes

Recommendation	Key actions	Lead officer	Timescale for completion	Evidence of completion	Additional actions, if required	Updated timescales for completion
Governance meetings should regularly include a focus on outcomes measures including VLAD plot data and significant morbidities (including wound infections, strokes, return to theatre amongst others).	Live Surgical Dashboard to be developed to incorporate clinical outcome data and process data to enable transparency and real time actioning	Service Manager, Cardiac Services	Completed	Surgical dashboard developed and shared with Health Board Executive Team and the Morriston Delivery Unit Senior Management Team at monthly Silver and Gold meetings along with the case detail of any clinical complications and mortalities. Dashboard also shared with Commissioning colleagues at bi-monthly escalation meetings. A deep dive review is undertaken on all adverse clinical outcomes by clinical colleagues and presented at the monthly Clinical audit for learning opportunities. Dashboard is used as a focus for discussion at all monthly M&M/Q&S meetings	None	None

	Procurement of specialist VLAD software required with training for audit coordinator. Presentation of the VLAD data to be added to the planned M&M Work programme as an annual standing agenda item, to run over 5 years. Clinical outcome case detail presented	Audit Co-Ordinator, Cardiac Services	Completed	VLAD software purchased and training completed; presentation of VLAD plots at monthly M&M meetings ***insert date Andrea trained**	None	None
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R7: MDT and Morbidity & Mortality governance meetings

Recommendation	Key actions	Lead officer	Timescale for completion	Evidence of completion	Additional actions, if required	Updated timescales for completion
The criteria by which cases within the cardiac service are identified for discussion at M&M and MDT meetings.	Develop clear SOP that describes criteria for cases to be discussed at M&M and HR MDT	Clinical Director, Cardiac Suregry	Completed	SOP now includes specific Euroscore. Evidence presented at Gold Meetings which will include minutes of meetings to ensure the content meets the requirements	None	None
The Health Board should also ensure that there is a system of identifying which cases should be prioritised https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent & https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/consent/	Clinical prioritisation is already in place as well as following RCS guidance.	Clinical Director, Cardiac Surgery	Completed	Clinical prioritisation in place	None	None
The record of the MDT meeting should reflect the discussions held and the conclusion reached by the MDT.	Review of the Solus database where current MDT attendance and actions are stored to ensure this is fit for purpose. An action log to be kept for all meetings. Minutes to be shared with all staff	Directorate Manager, Cardiac Services	Completed	Copy of HR MDT templates to be attached. Minutes of MDT meetings to be shared at Gold	None	None
MDT meetings should have adequate administrative support to assist in note-taking at meetings and the MDT Chair should confirm the minutes made before they are circulated.	Recruit to additional Audit Co-ordinator post to support the current Audit coordinator and provide cover for minute taking of clinical audit and M&M meetings	Directorate Manager, Cardiac Services	Completed	Post recruited to and commenced in post on the 18/7/2022	None	None
Copies of the MDT minutes should be circulated amongst relevant staff in a timely manner.	Share minutes with MDT	Directorate Manager, Cardiac Services	Completed	Minutes reflect distribution list	None	None
Named consultant geriatrician to provide advice to the MDT to ensure that decisions regarding intervention are in the patients' best interests	Named Care of the Elderly consultant to provide advice to MDT	Service Group Medical Director	Completed	Confirm nomination of named CoTE consultant	None	None

R8: Advanced Nurse Practitioners

Recommendation	Key actions		Timescale for completion	Evidence of completion	Additional actions, if required	Updated timescales for completion
The Health Board should consider expanding the Advanced Nurse Practitioner (ANP) role so that they are more involved at the pre-operative clinic and monitoring of patient lists.	Being developed as part of comprehensive nursing workforce plan (see R1)	Deputy Head of Nursing, Cardiac Services	01/07/2023	Workforce plan needs to include a review of current establishment and what plans are in place for additional recruitment and aligning current resources to realigned pathways of care	None	None

R9: Learning from other centres

Recommendation	Key actions		Timescale for completion	Evidence of completion	Additional actions, if required	Updated timescales for completion
The Health Board may benefit from visiting other health care providers and seeking input from the Society of Cardiothoracic Surgery (SCTS) to gain valuable insight into improving governance processes and best practice.	Explore options for utilising links established via GIRFT process and NCBC to support this process.	Deputy Head of Nursing, Cardiac Services	Completed	Benchmarking has taken place with the following providers: - Blackpool NHS Trust - Southampton NHS Trust - Guy's & St Thomas' NHS Trust - BARTS	None	None