



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



|  |  |                          |                                     |
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| <b>Meeting Date</b>                                      | <b>25 May 2023</b>   | <b>Agenda Item</b>       | <b>2.1</b>                          |
| <b>Report Title</b>                                      | <b>Progress report on the review of cardiac services improvement plan</b>  |                          |                                     |
| <b>Report Author</b>                                     | Dr Richard Evans, Executive Medical Director   |                          |                                     |
| <b>Report Sponsor</b>                                    | Dr Richard Evans, Executive Medical Director   |                          |                                     |
| <b>Presented by</b>                                      | Dr Richard Evans, Executive Medical Director   |                          |                                     |
| <b>Freedom of Information</b>                            | Open   |                          |                                     |
| <b>Purpose of the Report</b>                             | <ul style="list-style-type: none"> <li>To update the Health Board on the response to the Getting it Right First Time (GIRFT) report on the Cardiac Surgery service at SBUHB and the recommendations of the Royal College of Surgeons (RCS) following their review of the service.</li> <li>To give assurance on the actions taken and the sustained improvements achieved.</li> </ul>  |                          |                                     |
| <b>Key Issues</b>  | <ul style="list-style-type: none"> <li>In 2021, Executive Medical Director invited the RCS to review the Cardiac Surgery Service after concerns were raised by GIRFT regarding several quality indicators and clinical pathway/processes.</li> <li>Overall mortality from cardiac surgery was found to be consistent with the UK national average.</li> <li>The service has responded with robust action to the recommendations of the RCS and have demonstrated sustained improvement in quality outcomes.</li> <li>WHSSC have been reassured by the actions taken and have reduced the frequency of monitoring.</li> <li>The Quality Dashboard has shown sustained improvement in outcomes which are now comparable with the best in the UK</li> </ul> |                          |                                     |
| <b>Specific Action Required (please choose one only)</b> | <b>Information</b>   | <b>Discussion</b>        | <b>Assurance</b>                    |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Recommendations</b>                                   | Members are asked to: <ul style="list-style-type: none"> <li><b>NOTE</b> the report</li> <li><b>NOTE</b> the progress made and the mechanism for ongoing monitoring of patient quality outcomes</li> </ul>   |                          |                                     |

# **PROGRESS REPORT ON ACTIONS TAKEN IN RESPONSE TO GIRFT REPORT ON CARDIAC SURGERY**

## **1. INTRODUCTION**

Cardiac surgical services in Wales are commissioned by the Welsh Health Specialised Services Committee (WHSSC) and are undertaken at two centres: the University Hospital of Wales in Cardiff and Morriston Hospital in Swansea Bay UHB (SBUHB).

## **2. BACKGROUND**

WHSSC commissioned Getting it Right First Time (GIRFT) to review both services in Wales due to a concern about health boards meeting their commissioned figures for procedures undertaken. GIRFT presented their findings to SBUHB at the end of June 2021. The GIRFT team:

- Observed that Morriston is a small cardiac unit (29<sup>th</sup> of 31 centres in England and Wales) and performs the second-lowest number of aortovascular procedures per year in England and Wales
- Reported that the overall outcome (mortality) of cardiac surgery is consistent with the average for England and Wales
- Raised specific concerns and made recommendations about our outlier status in four aspects - quality metrics, mitral valve surgery outcomes, patient pathway and process issues (bed occupancy, length of stay and waiting times), and aortovascular surgery (a pan-Wales issue).
- Quality metrics: there were higher observed rates of Deep Sternal Wound Infection; return to theatre following surgery (for all cause and for bleeding); post-operative neurological dysfunction; post-operative renal dysfunction; and a higher than expected mortality for mitral valve surgery.

Outcomes and quality measures for all cardiac services in the UK are collated and published through the annual National Adult Cardiac Surgery Audit (NACSA). This national audit, which publishes data for three consecutive years, is undertaken through data submitted from each surgical centre through the National Institute for Cardiovascular Outcomes research (NICOR). Some of the data presented by GIRFT differs from the outcomes for the Morriston unit that are presented in the NACSA audit and the reasons for these differences are being explored further.

### **Actions taken**

#### **Immediate actions taken**

GIRFT recommended that all surgery should only be undertaken by consultants and that all mitral valve surgery should only be undertaken by the two mitral valve specialists. These recommendations were put in place immediately by the Executive Medical Director.

## **Executive oversight**

The Executive Medical Director convened a Gold command to oversee the development of a comprehensive action plan. A Silver command structure has been established in the Morriston Service Group, comprising clinical and managerial leads from the Service Group and cardiac surgical service.

The Executive Medical Director requested the input of the Royal College of Surgeons in order to undertake a review of the service. The Gold command remained in place to oversee the review and recommendations of the Royal College of Surgeons' Invited Review Mechanism.

## **Support from the Royal College of Surgeons**

The Royal College of Surgeons' review of the service consisted of two parts:

1. A casenote review of all patients who died following mitral valve surgery to establish whether the mortality was in the range that could have been expected given patient co-morbidities, or whether there are any changes required to improve operative outcomes.
2. An invited review of the service as a whole, with the aim of advising on best practice in relation to quality governance and an aspiration for continuous service improvement.

The RCS team conducted their review virtually on 28-30<sup>th</sup> March 2022. They interviewed team members from cardiac surgery, cardiology, cardiac anaesthesia; including medical, nursing, Allied Health Professionals and management staff. Referring clinicians from Hywel Dda UHB and Cwm Taf Morgannwg UHB were invited to participate.

The Chief Executive and Executive Medical Director were interviewed and were provided with verbal feedback from the RCS at the conclusion of their visit. The RCS team were very impressed with the presentation they had from the team and the significant number of demonstrable improvements that had occurred since the GIRFT review.

They also commented specifically on the service's outcomes for first time coronary artery bypass grafting (CABG) and first time aortic valve replacement (AVR), where mortality in SBUHB is below 1% (significantly lower than the UK national average). The review team commented that they would be proud to have those outcomes in their own unit. In light of this, they recommended that trainee operating should recommence immediately.

The final report from the RCS made eight recommendations and an improvement plan has been developed to address each of these in detail (Appendix 1).

The review team wrote to the Executive Medical Director separately regarding the outcomes of two consultant surgeons, recommending that the RCS review these outcomes in more detail. The reviews of both surgeons have now been completed.

The Executive Medical Director is in discussion with the RCS regarding their findings and recommendations.

### **Quality Improvement**

The focus on quality improvement resulting from GIRFT's observations has resulted in the development of a Quality Dashboard for the cardiac surgical service (Appendix 2). This clearly shows the improvement in metrics across all domains. Notable improvements include:

#### **Deep sternal wound infection**

GIRFT reported a rate of 2.12% in SBUHB against a national (UK) average of 0.65%. The rate in SBUHB has plummeted since December 2021, now with a rolling 12-month average rate of 0.22%. In 11 of the last 12 months there have been no deep sternal wound infections. This is a result of the work the team has done, undertaking immediate deep-dives where there have been infections, having dedicated microbiology input, and liaising with other units in the UK (including having visits from other centres) to learn from their successes.

#### **Return to theatre for bleeding**

GIRFT reported a rate of 3.87% for SBUHB against a UK average of 2.83%. New protocols have been put in place to ensure that patients are always closed 'dry'. The return to theatre rate is now 0.67% in SBUHB, with zero returns to theatre in 11 of the past 12 months.

#### **Post-operative neurological dysfunction**

GIRFT reported a rate of 2.29% compared to a UK average of 1.7%. the rolling 12-month average in SBUHB is currently 0.9%, compared to a UK average of 1.7%.

There remain areas for improvement – the team have the ambition and drive to continue this work.

### **Communication**

The GIRFT report and the action plan has been shared with Welsh Government, Healthcare Inspectorate Wales (HIW), Audit Wales, and the Ombudsman. Executive colleagues in other health boards (Hywel Dda, Powys, Cwm Taf Morgannwg, Cardiff and Vale) have also been informed. Similarly, The RCS's report and the action plan has been shared with Welsh Government, WHSSC, and executive colleagues in Hywel Dda UHB, Cwm Taf Morgannwg UHB, and Powys THB.

The Health Board has contacted the families of the patients who died following mitral valve surgery to inform them that further investigation into their deaths will be taking place and to offer the opportunity to discuss the care of their relative.

A report was presented to the Health Board on 7<sup>th</sup> October 2021, at which the Board approved the approach and action plan, and for the Quality and Safety Committee to have oversight of the implementation of the improvement plan.

In addition to the main recommendations, the RCS found that there was good evidence of discussion with patients and families recorded, but recommended that patients should be given a clear quantification of the risk of surgery, and that this risk should be documented on consent forms (rather than in clinical casenotes). This has been communicated to all clinical colleagues and a rolling audit of compliance with this recommendation is underway.

### **3. GOVERNANCE AND RISK ISSUES**

The actions taken have shown a demonstrable and sustained improvement in patient outcomes. The frequency of scrutiny by WHSSC colleagues (escalation level) has reduced as a consequence of the assurance that has been provided. It is anticipated that the formal escalation will return to baseline once the remaining actions in the improvement plan have been completed. The Quality Dashboard (Appendix 2) will be used to monitor outcomes and peer benchmarking via the Quality and Safety Committee.

### **4. FINANCIAL IMPLICATIONS**

There are no direct financial implications following receipt of the report.

### **5. RECOMMENDATION**

The Health Board is asked to note the report, note the improvements made in the quality metrics, and to approve the actions being taken as described in the improvement plan.

| <b>Governance and Assurance</b>  |   |                                     |
|--|---|-------------------------------------|
| <b>Link to Enabling Objectives</b><br><i>(please choose)</i>   | <b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>   |                                     |
|  | Partnerships for Improving Health and Wellbeing   | <input type="checkbox"/>            |
|  | Co-Production and Health Literacy   | <input type="checkbox"/>            |
|  | Digitally Enabled Health and Wellbeing  | <input type="checkbox"/>            |
|  | <b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>   |                                     |
|  | Best Value Outcomes and High Quality Care   | <input checked="" type="checkbox"/> |
|  | Partnerships for Care   | <input type="checkbox"/>            |
|  | Excellent Staff   | <input type="checkbox"/>            |
|  | Digitally Enabled Care  | <input type="checkbox"/>            |
|  | Outstanding Research, Innovation, Education and Learning  | <input type="checkbox"/>            |
| <b>Health and Care Standards</b>   |   |                                     |
| <i>(please choose)</i>   | Staying Healthy   | <input type="checkbox"/>            |
|  | Safe Care   | <input checked="" type="checkbox"/> |
|  | Effective Care  | <input checked="" type="checkbox"/> |
|  | Dignified Care  | <input type="checkbox"/>            |
|  | Timely Care   | <input checked="" type="checkbox"/> |
|  | Individual Care   | <input type="checkbox"/>            |
|  | Staff and Resources   | <input type="checkbox"/>            |
| <b>Quality, Safety and Patient Experience</b>  |   |                                     |
| The GIRFT report highlights concerns regarding quality, safety and patient experience. The actions being taken will address these comprehensively. |   |                                     |
| <b>Financial Implications</b>  |   |                                     |
| No direct financial implications following receipt of the report.  |   |                                     |
| <b>Legal Implications (including equality and diversity assessment)</b>  |   |                                     |
| Currently not thought to be any legal implications   |   |                                     |
| <b>Staffing Implications</b>   |   |                                     |
| No direct implications following receipt of the report.  |   |                                     |
| <b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>                                      |   |                                     |
| None   |   |                                     |
| <b>Report History</b>  | Previous verbal update to Board In-Committee 29/07/2021<br>Report to Quality & Safety In-Committee 24/08/2021<br>Report to Health Board 07/10/2021<br>Report to Quality and Safety Committee 26/10/2021<br>Report to Quality and Safety Committee 23/11/2021<br>Report to Quality and Safety Committee 21/12/2021<br>Report to Quality and Safety Committee 29/03/2022<br>Report to Quality and Safety Committee 20/03/2023 |                                     |
| <b>Appendices</b>  | Appendix 1: RCS Cardiac Action Plan<br>Appendix 2: Cardiac Surgery Quality Dashboard  |                                     |