

ABMU HEALTH BOARD
Cardiothoracic Surgical Services
Cardiac Surgery Re-Review Action Plan

Key	
FR	First Review Recommendation
SR	Second Review Recommendation
CTSS	Cardiothoracic Surgical Services
CSS	Clinical Support Services
IMTP	Integrated Medium Term Plan

	Action	Timescale	Lead	Action	RA G	External Review Ref	Comment – March 2015
1.	CITU					FR3,6,17,25 SR1	
1.1	Develop daily multi-disciplinary rounds	May 15	CTSS/CSS	Operational			
1.2	Move to a weekly intensivist/anaesthetic rota when up to full complement	July 15	CTSS	Operational/I MTP			2 additional Consultant appointments in process
1.3	Strengthen CITU nurse leadership roles	October 15	CTSS	IMTP			IMTP submitted to include NCBC benchmarked workforce model for CITU nursing. Decision awaited
1.4	Consider the appointment of ACCPs	April 15	CSS	IMTP			To be discussed and prioritised as part of Critical Care Delivery Group and Annual Plan
1.5	Develop multi-disciplinary 5pm handover	May 15	CTSS/CSS	Operational			Linked to 1.1
1.6	Appoint ICNARC clerk to support database entry	February 15	CTSS	Operational/I MTP			Advert completed and shortlisted. Interviews planned
2.	Teamwork						
2.1	Build health multi-disciplinary team working	Ongoing	All	Operational/I MTP			Continued leadership arrangements, audit and meeting/comms structure in place. Multi disciplinary ownership of action plan HB Values and behaviours Framework

2.2	Incident reporting to be used where adverse behaviours are evident with feedback provided	January 2015	CTSS	Operational			Continued importance of reporting emphasised. HB Values and Behaviours Framework rollout and 'See It, Say It' campaign implemented
3.	Directorate Management					FR7,30 SR3	
3.1	Review the directorate management arrangements in association within the wider Health Board review of operational structures	October 15	ABMU HB	Executive Team			HB agreed to maintain interim CTSS arrangement pending new operational management structure scheduled for implementation in Oct 2015
4.	Theatre Efficiency					FR16,19 SR6	
4.1	Improve case throughput and reduce cancellations, especially of the 2 nd case	December 15	CTSS	Operational			Quarterly measures required using soon to be launched theatre dashboard system formally presented to Directorate Board
4.2	Introduce a fast-track system for cardiac patients	August 15	CTSS	Operational			Detailed project timescales required.
4.3	Undertake an audit of all theatre times	April 15	Perfusion	Operational			Audit structure agreed and planned
5.	Workforce					FR13,14 SR7	
5.1	Review staffing levels and consider increased staff costs offsetting unit costs through efficiency	March 15	CTSS Finance	IMTP			IMTP submitted including workforce investment and activity and income considerations
6.	Building					FR13,14,2 0	

6.1	The CITU should be expanded with adjacent HDU beds	February 15	CTSS	BJC/IMTP			BJC for Capital Investment to be developed for WG consideration. Preferred option does not facilitate collocation, but does facilitate expansion Timescales to be reset for implementation once Capital decision reached
6.2	Bracelet bay should become a level 1 bay for thoracic cases	TBC	CTSS	IMTP			IMTP submitted to include revenue to improve area to Level 1 standard (nursing and physio)
7.	Long-term Strategy					FR22 SR9	
7.1	The Directorate and Health Board should produce a long-term strategy for the service	March 15	CTSS	IMTP			IMTP submitted to inform HB submission to WG and local decision making. WHSSC commissioner plan agreed over following 2 years including accommodating capital build and transfer of patients to Cardiff to maintain low waiting times.
8.	Succession Planning					SR12	
8.1	Ensure a robust legacy plan is in place for the CITU director and other consultants as required	March 16	CTSS/CSS	Operational /IMTP			Consultant succession planning for surgeons being developed with Cardiff and Vale in conjunction with WHSSC and transfer of activity. CITU Director legacy plan in place
9.	Outpatient Improvements					SR4	
9.1	Undertake a service review to improve the current service	June 2016	CTSS	Operational			Scoping review required by June 2016 and action plan developed for improvement

9.2	Develop effective efficient pre-admission clinics	December 2016	CTSS	Operational			Initial scoping exercise, process mapping and measurement underway. Improvement approaches being developed. Quarterly review on impact
10.	Ward Improvements					SR5	
10.1	Consider day of surgery admissions	April 15	CTSS/CSS	Operational			Linked to OPD and Pre-Assessment improvements and shorter waiting times
10.2	Review nursing skill-mix	January 15	CTSS	Operational/I MTP			Skill mix re-reviewed and submitted in IMTP and capital BJC (as appropriate)
10.3	Improve repatriation of patients	March 15	CTSS	Operational			ITU repatriations to 'host' providers protocol in place. Ward processed based on all-Wales transfer process but early identification required e.g. on admission, critical care Measurement of improvement required before green status
11.	Protocols					FR18	
11.1	Create protocols to standardise and speed up decision making	August 15	CTSS	Operational			A range of protocols in place following first review. However, improvements required in some areas and also communications plan to define roll out and pilot period.
11.2	Communicate process for escalation when protocols are breached	October 15	CTSS	Operational/I MTP			Following implementation plan and pilot period
12.	Clinical Governance						

12.1	Monthly meetings to be fully inclusive	February 15	CTSS	Operational		Meetings are fully inclusive but attendance from some parties not consistent Will be amber once 3 month review of attendance confirms multidisciplinary attendance is in place
12.2	Introduce NCEPOD grading for mortalities	April 15	CTSS	Operational		Ongoing monitoring required
12.3	Insist upon the regular reporting of serious incidents	January 15	CTSS	Operational/I MTP		Comms and awareness plan in place, linked to 'See It, Say It' campaign.
12.4	Improving understanding of 'never' events from the Andrews Report	January 15	CTSS	Operational		Communications plan implemented alongside Health Board wide campaigns
13.	MDT meetings					
13.1	Move toward discussing all elective patients requiring revascularisation	March 16	CTSS	Operational		In discussion along with collaborative model with Cardiff and Vale and commissioners to establish MDT protocol for Wales.
14.	NCBC					
14.1	Communicate the messages from the annual general meeting more effectively	January 15	CTSS	Operational		Completed. In addition plans in place for ICNARC Clerk will improve this years submission and also submission process will be more engaging in the lead up to the annual report and conference
15.	Performance					
15.1	Expand the current monthly performance report to include all Directorate priorities	April 15	CTSS	Operational		Ongoing, will conclude when theatre dashboard implemented

16.	Challenge Panel						
16. 1	Repeat the internal peer-review challenge process	April 15, October 15	CTSS	Operational			Will be established in line with 6 month and 12 month HB Performance Review process

Updated 12/03/15