

1. Purpose

To provide specific information with regard to the Cardiothoracic Critical Care service in ABM Health Board to compliment the Critical Care Delivery Plan.

2. Background

Morrison Hospital provides planned and unplanned Cardiothoracic Surgical Services to a population of approximately 900,000 people across Mid and West Wales. The majority of patients are from the ABM and Hywel Dda Health Board areas with some from Powys, RCT, Vale of Glamorgan and South Gwynedd, dictated by local cardiology service patterns.

The service is commissioned to provide 728 major cardiac procedures and 312 thoracic procedures annually. The service has not been able to meet the demand for cardiac surgery per annum for a number of years resulting in increased waiting times for surgery.

A significant challenge of long waiting times is the increased rate of waiting list mortality for cardiac cases. Whilst outcomes for those receiving surgery

Following the Royal College of Surgeons review of Cardiac Surgery in Wales during 2012/13 the Health Board commissioned its own external review in 2013.

3. External Review

During 2013 the Health Board commissioned an external review of Cardiac Surgery at Morrison chaired by an ex NHS Chief Executive, Stephen Ramsden and conducted by a panel comprising of a cardiac surgeon, cardiac intensivist, cardiologist, perfusionist, senior nurse and patient representative.

The Review published its report in September 2013. The review was critical of behaviours, relationships, workforce levels (especially intensivist/anaesthetic and senior critical care nursing) and the physical environment particularly critical care. The external Review made 36 recommendations for improvement which the Health Board accepted and established revised leadership arrangements from December 2013 to operationally manage the service and deliver the transformational agenda outlined in the Action Plan.

The External Review team returned to assess progress against the action plan in September 2014 and published its finding in November 2014. It felt that 17 actions had been addressed, 16 partially addressed and 2 not addressed. In addition, 10 further actions aimed at efficiency and quality were outlined.

The Review noted that significant progress had been made with regard to attitudes, values and behaviours with tangible steps forward with regard to end of life care and decision making, escalation and de-escalation protocols, theatre briefing and checklisting and throughput and efficiency.

The unaddressed actions related to the expansion of the critical care unit to include the collocation of CITU and HDU and the associated workforce investments required to deliver the contract were not yet in place.

4. Activity and Waiting Times Background

The below table indicates the number of cardiac cases completed per annum in preceding years and the year to date

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Notes	Baseline
2011/2012	188	150	216	219	Inc 31 prem £	820
2012/2013	172	196	155	129	Inc 55 prem £	728
2013/2014	162	142	138	147		728
2014/2015	139	188	179			650
Average	165	169	172	165		
Average last 6 quarters:		156				

Whilst the thoracic contract has been delivered, the cardiac contract has not consistently been delivered. The resulting in the use of premium rate activity to aim to manage waiting times pressures has not resolved demand and this resulted in 98 patients waiting longer than 36 weeks for surgery at the start of 2014/15.

The significant factor effecting throughput was the availability of critical care beds to support theatre activity.

5. 2014/15 Plans and Achievements

5.1. Re-Review

A significant focus of the Directorate has been to develop and implement the Organisational Development plan for the service alongside service deliver to address shortcomings highlighted in the first External Review.

5.2. Capital Business Case – Critical Care

A business case for capital investment has been developed for consideration by the Welsh Government to upgrade and enhance critical care services for cardiac.

Whilst this included options to collocate CITU and HDU as per the external review recommendations limitations of buildability and availability of capital meant that the preferred option as to expand the CITU by 4 beds and use these beds flexibly as level 3 and 2 beds.

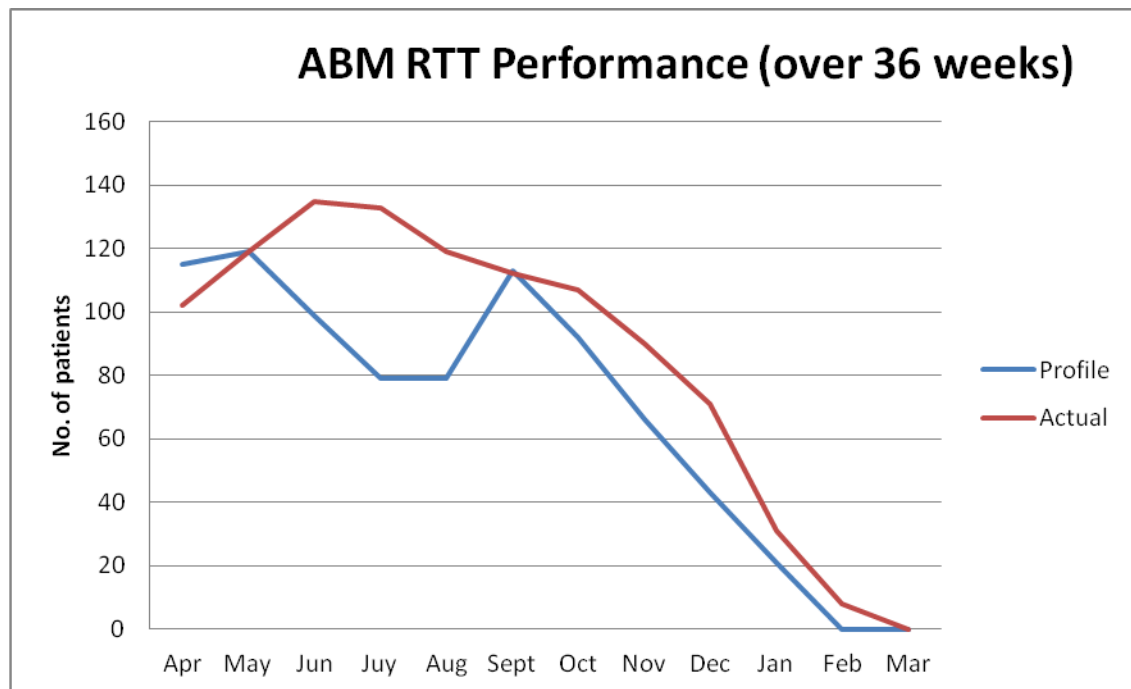
The Welsh Government Infrastructure Investment Board (IIB) supported the case in March 2015 and formal approval is now awaited from the Minister for Health and Social Services.

5.3. Activity and Waiting Times

Significant progress has been made within the cardiac surgery service in terms of activity and waiting times reductions during 2014/15.

Against an agreed target of 650 cases the service will perform 681 major cardiac operations and 27 TAVI procedures.

Waiting times performance is illustrated in the following chart whilst not on profile has achieved required reductions over the period.



5.4. Outsourcing

In addition to the cases carried out in Morrison during 2014/15 an additional 78 cases were needed to meet recurrent demand and up to an additional 100 cases to reduce waiting times were required.

The commissioners of the service WHSSC commissioned Royal Brompton Hospital in London to offer surgery to long waiting patients from the ABM catchment area and to date 101 patients have received surgery with a further 19 planned. Significant efforts and arrangements have been established to support patients and their families who have accepted outsourcing to include names local nurse coordinators in Carmarthen (Hywel Dda) and Bridgend (ABM), transport and accommodation and local clinics by the Brompton surgical team pre and post operatively.

Outsourcing ceased in March 2015 with lower numbers treated than anticipated due to the over performance of Morrison during the year above 650 cases.

6. 2015/16 Priorities

6.1.2nd Action Plan

To maintain and develop resolution to the items in the action plan that require service improvement or operational change approaches outside the capital scheme and required workforce investment.

6.2. TAVI service development

The unit has provided TAVI (Transcatheter aortic valve implantation) procedures for 3 years. TAVI is not fully commissioned in Wales however, it is an innovative less invasive procedure resulting in surgery being an option for patients whom would not be suitable for conventional surgery and faster recovery times and shorter ITU stays post operatively.

The lack of formal commissioning has limited service development. WHSSC have now commissioned the service fully and therefore significant work is required to improve planning and coordination of lists, clinics and activity and waiting times.

6.3. Capital Development

Formal approval of the BJC for the CITU expansion is anticipated in late March/early April. Following precontract processes it is anticipated commencement on site will be in June 2015.

The scheme is phased into four components:

1. enabling and ancillary accommodation
2. construction of 4 additional beds
3. revised supporting clinical accommodation
4. refurbishment of existing clinical accommodation

During phases 2-4 the unit will function on 6 beds, a reduction of 2 from at present. Options are being developed to mitigate against this impact. This disruption will take place for 6 months in total.

Alongside the capital development a workforce enhancement programme is planned and significant focus and momentum is required

6.4. Activity and Waiting Times

During 2015/16 the Health Board has committed to delivery 650 cardiac cases in Morriston. The additional 78 cases to meet the contract will be carried out by Cardiff and Vale Health Board in agreement with WHSSC.

These plans will have to ensure that waiting times are maintained at the current levels as a minimum.

6.5. ICNARC

In response to the external review an ICNARC clerk has been appointed along with the support to join the database. The cardiac service to date does not have replicable data capture of this nature and this is a significant step forward in the ability to understand and manage the service efficiency and effectiveness.

7. Summary

This has clearly been a challenging period for Cardiac Surgery in ABM Health Board as evidenced by the External Review and subsequent action plan

The service has made significant strides forward in a short period of time and these improvements have been endorsed by the external review team.

The approval of the Capital Business Case by Welsh Government is a milestone step forward for the service. Delivery of the capital scheme and maintaining quality and efficiency of service during 2016/17 is a key priority in addition to continuing to improve and measure the improvements of the service against benchmarked cardiac units across the United Kingdom.