

## PROGRESS REPORT AGAINST UH BRISTOL RECOMMENDATIONS FROM THE INDEPENDENT REVIEW OF CHILDREN'S CARDIAC SERVICES – November 2016

### 1. Women's and Children's Delivery Group Action Plan, Senior Responsible Office: Ian Barrington, Divisional Director

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
2	That the Trust should review the adequacy of staffing to support National Congenital Heart Disease Audit (NCHDA) audit and collection of data.	General Manager for Cardiac Services	Apr '17	Blue-on target	None	n/a	Review of staffing	Assistant General Manager for Cardiac Services	Sept '17	Green-complete	Staffing review report
							Results and recommendations reported at Women's and Children's Delivery Group in Sept. '16.	Assistant General Manager for Cardiac Services	Sept '17	Green-complete	Women's and Children's Delivery Group Agenda and minutes 20.09.16
							Requirement for additional staff will feed into business round 2016-17	Assistant General Manager for Cardiac Services	Apr' 17	Blue-on target	Expression of interest form and Women's and Children's Operating Plan
3	That the Trust should review the information given to families at the point of diagnosis (whether antenatal or post-natal), to ensure that it covers not only diagnosis but also the proposed pathway of care. Attention	Specialist Clinical Psychologist	Apr '17	Blue-on target	Risk that we are unable to complete a visual diagram of pathway due to technical constraints and permission to change website and	n/a	Information given to families at the point of diagnosis reviewed by the clinical team and the cardiac families – remaining information for Catheter Procedures and Discharge leaflet. Website and leaflets updated to reflect improvements	Clinical Team & Cardiac Families	Jan' 16	Green-complete	Revised patient information leaflets
							Review and amendment of Catheter and Discharge leaflet	Cardiac CNS team	Feb' 17	Blue-on target	Revised Catheter and Discharge leaflet
							Enhance existing information with a visual diagram displaying pathways of care.	Specialist Clinical Psychologist	Apr' 17	Blue-on target	Pathway of Care accessible visual

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	should be paid to the means by which such information is conveyed, and the use of internet and electronic resources to supplement leaflets and letters.				funding to do it		Website proposal to be written for new Children's website including cardiac information similar to Evelina to improve accessibility of our information. This will be additional and not essential for delivery of the recommendation	Specialist Clinical Psychologist and LIASE Team leader	tbc		
4	That the Commissioners and providers of fetal cardiology services in Wales should review the availability of support for women, including for any transition to Bristol or other specialist tertiary centres. For example, women whose fetus is diagnosed with a cardiac anomaly and are delivering their baby in Wales should be offered the opportunity, and be supported to visit the centre in Bristol, if there is an expectation that their baby will be transferred to Bristol at some point following the birth	Congenital Heart Disease (CHD) Network Clinical Director	Apr '17	Blue-on target	Risk that we are unable to get commitment / agreement on the changes that are required across the two hospitals / commissioning bodies	n/a	<p>Meeting arranged for 18<sup>th</sup> November with English and Welsh commissioners as well as Bristol and Cardiff trusts to establish:</p> <ul style="list-style-type: none"> <li>a. Commissioner oversight of network</li> <li>b. Commissioner support for IR actions (4,5 &amp;11)</li> <li>c. Establishment of working group(s) to address the specific changes in practices required</li> </ul>	CHD Network Clinical Director and Network Manager	Nov '16	Blue-on target	Agreed pathway of care in line with new CHD standards and in line with patient feedback
							Ahead of the meeting: define specifics of recommendation (e.g. approaches to diagnosis and counselling); options for patient involvement (survey then focus group); CHD standards that relate to this recommendation; examples of practice from other centres	CHD Network Clinical Director and Network Manager	Nov '16	Blue-on target	
							Working groups to define changes / new pathways, taking account of patient feedback	Working groups	Jan '17	Not started	
							Undertake patient survey and focus groups (FI)	CHD Network Manager	Jan '17	Not started	
							New pathways in place (Jan – Apr)	CHD Network Clinical Director and Network Manager	Apr '17	Not started	Summary paper showing previous and new ways of working, detailing an assessment of the benefits

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5	The South West and Wales Network should regard it as a priority in its development to achieve better co-ordination between the paediatric cardiology service in Wales and the paediatric cardiac services in Bristol.	CHD Network Clinical Director	April '17	Blue-on target	As above	n/a	Linked to recommendation no. 4. Actions detailed under recommendation no. 4 will also achieve recommendation no. 5				
7	The paediatric cardiac service in Bristol should carry out periodic audit of follow-up care to ensure that the care is in line with the intended treatment plan, including with regards to the timing of follow-up appointments.	General Manager Cardiac Services	Jan '17	Blue-on target	None	n/a	Audit proposal submitted to the audit facilitator for inclusion on the Children's annual audit plan (completed Aug '16)	Patient Safety Manager	Aug '16	Green-complete	Audit proposal
							Conduct 1 <sup>st</sup> annual audit into follow up care for cardiac patients as per recommendation	Patient Safety Manager	Nov '16	Blue-on target	Audit report
							Report findings of the audit	Patient Safety Manager	Jan '17	Not started	Audit presentation and Cardiac Clinical Governance Agenda and minutes January meeting
							System developed for the regular reporting and review of follow up waiting lists at monthly Cardiac Business meeting (completed Aug '16)	Assistant General Manager for Cardiac Services	Aug '16	Green-complete	Follow up backlog report, Cardiac Monthly Business meeting standard agenda
8	The Trust should monitor the experience of children and families to ensure that	Chief Nurse and Project Lead for Children's	Oct '16	Green-complete		n/a	Baseline assessment (monthly outpatient survey) of current experience of children and families in outpatients reviewed)	Outpatients Experience working group	Aug '16	Green-complete	Outpatient Experience Review paper September 2016, Women's and

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	improvements in the organisation of outpatient clinics have been effective.	Services					Gap analysis of current monitoring vs monitoring required to understand patients experience of the organisation of outpatient's completed	Outpatients Experience working group	Sept '16	Green-complete	Children's Delivery Group meeting agenda and minutes 20.09.16
							Systems in place for regular and specific monitoring, and reviewing and acting on results (FI)	Outpatients & CIU Service Delivery Group	Oct '16	Blue-on target	Women's and Children's Outpatients and Clinical Investigations Unit standard agenda
9	In the light of concerns about the continuing pressure on cardiologists and the facilities and resources available, the Children's Hospital should benchmark itself against comparable centres and make the necessary changes which such an exercise demonstrates as being necessary.	Women and Children's Divisional Director	Jan'17	Blue-on target	Risk that other sites are unable to share data required to complete a comprehensive benchmarking exercise Dependent on the action required to address the gaps it may not be possible to have implemented all the changes in the timescale.	n/a	Undertake benchmarking exercise with other CHD Networks, reviewing a defined list of criteria including aspects such as: job planning, IT and imaging links, information governance. To include site visits as appropriate (Jan)	CHD Network Manager	Jan '17	Blue-on target	
							Identification of actions required to address the gaps (end Jan)	CHD Network Manager	Jan '17	Blue-on target	
							Progress to implementing any changes in practice that are deemed necessary	Women and Children's Divisional Director and CHD Network Manager	Jan '17	Blue-on target	
11	That the paediatric cardiac service benchmarks its	Network Clinical Director	Jan'17	Blue-on target	Linked to recommendation no.9. Actions detailed under recommendation no. 9 will also achieve recommendation no. 11. Risks to delivery, timescales, progress against delivery and evidence will be the same as per recommendation no. 9						

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	current arrangements against other comparable centres, to ensure that its ability, as a tertiary 'Level 1' centre under the NCHD Standards, to communicate with a 'Level 2' centre, are adequate and sufficiently resourced. Benchmarking would require a study both of the technical resources underpinning good communication, and the physical capacity of clinicians to attend planning meetings such as the JCC (Links to recommendation no. 5)										
16	As an interim measure pending any national guidance, that the paediatric cardiac service in the Trust reviews its practice to ensure that there is consistency of approach in the information provided to parents about the involvement of other operators or team members.	Clinical Lead for Cardiac Services and Paediatric Cardiac Surgeon	Dec '16	Blue-on target			Enhance existing guidance to describe team working and in particular the involvement of other operators and team members in patient care. Review by the Trust wide consent group and Cardiac Clinical Governance for approval and then implement.	Paediatric Cardiac Surgeon and Specialist Clinical Psychologist	Dec '16	Blue-on target	

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18	That steps be taken by the Trust to review the adequacy of the procedures for assessing risk in in relation to reviewing cancellations and the timing of re-scheduled procedures within paediatric cardiac services.	General Manager for Cardiac Services	Nov '16	Blue-on target			Assessment of current process of risk assessing patients who have been cancelled and the timing of their rescheduled procedure (completed Aug '16)	Cardiac Review Programme Manager	Aug '16	Green-complete	Current process review report
							Develop new and improved process for risk assessing cancelled patients ensuring outcomes of this are documented (Nov '16)	Paediatric Cardiac Surgeon and Cardiac Review Programme Manager	Nov '16	Blue-on target	
20	That the Trust should set out a timetable for the establishment of appropriate services for end-of-life care and bereavement support.	General Manager for Cardiac Services	Nov '16	Blue-on target	None		End-of-life care and bereavement support pathway developed (FI)	General Manager for Cardiac Services	Sept '16	Green-complete	End-of-life and bereavement support pathway
							Implementation and roll out of new pathway	General Manager for Cardiac Services	Dec '16	Blue-on target	
21	Commissioners should give priority to the need to provide adequate funds for the provision of a comprehensive service of psychological support	Commissioners					Previous submission to commissioners for psychological support updated (Sept '16)	Consultant Clinical Psychologist	Sept '16	Green-complete	Submission to Commissions
							Expression of Interest for increased resource to be submitted as part of business planning	Consultant Clinical Psychologist and General Manager for Cardiac Services	Apr '17	Blue-on target	Expression of interest and W&C Business plan
23	That the BRHC confirm, by audit or other suitable means of review, that effective action has been taken to ensure that staff possess a shared understanding of the	General Manager Cardiac Services	Dec '17	Blue-on target	None		Review results of Trust wide Manchester Patient Safety (MAPSAF) to understand current baseline for both team level and divisional staff views on patient safety incident reporting and management	General Manager for Cardiac Services	Sept '16	Green-complete	
							Annual programme- Targeted approach to all staff groups to be developed with implementation of bespoke training and regular updates to clinical staff (on going)	Patient Safety Team Manager	Dec '16	Blue-on target	

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	nature of patient safety incidents and how they should be ranked.										
CQ C.2	Provision of a formal report of transoesophageal or epicardial echocardiography performed during surgery	Cardiology Clinical Lead	Nov '17	Blue-on target			ECHO form for reporting in theatres implemented	Consultant Cardiologist	Aug '16	Green-complete	
							Audit to assess implementation (Nov'16) and request to Steering Group to close	Patient Safety Manager	Nov '16	Blue-on target	
CQ C.3	Recording pain and comfort scores in line with planned care and when pain relief is changed to evaluate practice	Ward 32 Manager	Aug '16	Green-complete			Documentation developed to record pain scores more easily	Ward Manager	tbc	Green-complete	Nursing documentation
							Complete an audit on existing practise and report findings	Ward Manager	Aug '16	Green-complete	Audit of nursing documentation
CQ C.4	Ensuring all discussions with parents are recorded to avoid inconsistency in communication. This includes communications with the Cardiac Liaison Nurses, who should record contacts with families in the patient records (links with review recommendation 12)	Head of Nursing, Women's and Children's	Dec '16	Blue-on target			Work with Cardiac Nurse Specialists to improve recording communication in the patients' medical records and review option of Medway proforma's to support recording in notes	Head of Nursing	Dec '16	Blue-on target	
CQ C.5	Providing written material to families relating to diagnosis and recording this in the records. (links to review recommendation 3)	Cardiology Clinical Lead	Apr '17	Blue-on target			<i>Links to cardiac review recommendation no.3</i>				

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<b>CQ C.6</b>	Ensuring that advice from all professionals involved with individual children is included in discharge planning to ensure that all needs are addressed.	Head of Allied Health Professional	Jan '17	<b>Blue-on target</b>		Agreed mechanism for including AHP advice into discharge planning for children within Cardiac Services	Assessment of current Allied Health Professionals input into discharge planning for Cardiac Services (Oct '16). Audit completed and results to be formulated 27 <sup>th</sup> October 2016.	Head of Allied Health Professional	Oct '16	<b>Blue-on target</b>	Assessment documentation
							Agree with Cardiac Services Team an effective mechanism for including Allied Health Professionals into discharge planning for Cardiac Services. Meeting setup for 4 <sup>th</sup> November.	Head of Allied Health Professional and Cardiology Clinical Lead	Nov'16	<b>Not started</b>	Agreed mechanism for including AHP advice into discharge planning for children within Cardiac Services
							Implement agreed mechanism for including Allied Health Professionals into discharging planning for Cardiac Services	Head of Allied Health Professional and Cardiology Clinical Lead	Jan 17	<b>Not started</b>	Implementation plan delivery report

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**2. Trust wide Incidents and Complaints Delivery Group Action Plan – Senior Responsible Officer; Helen Morgan, Deputy Chief Nurse**

Progress overview							Detailed actions				
No	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
26.	That the Trust should explore urgently the development of an integrated process for the management of complaints and all related investigations following either a death of a child or a serious incident, taking account of the work of the NHS England's Medical Directorate on this matter. Clear guidance should be given to patients or parents about the function and purpose of each element of an investigation, how they may contribute if they so choose, and how their contributions will be reflected in reports. Such guidance should also draw attention to any sources of support which they may draw upon.	Chief Nurse	Jan '17	Blue-on target			26.1 Develop an appendix to the Serious Incident (SI) policy defining "link" between Child Death Review (CDR), complaints and SI investigations / reporting. This includes adults.	General Manager for Paediatric Cardiac Services	July '16	Green-Complete	Link between serious incidents and other investigatory procedures (e.g. Complaints and Child Death Review)
							26.2 Develop and implement guidance for staff in on standards procedures / practices that need to be followed to provide a high quality and equitable service for all patients / families in the event of a bereavement.	General Manager for Paediatric Cardiac Services	Dec '16	Blue-on target	
							26.3 Develop and implement guidance for staff in <b>adult services</b> on standards procedures / practices that need to be followed to provide a high quality and equitable service for all patients / families in the event of bereavement.	Head of Quality (Patient Safety)	Jul '16 (latest version)	Green-Complete	
							26.4 Develop 'guidance' / information for <b>families</b> how the x3 processes of Child Death Review (CDR) / Serious Investigation (SI) / Root Cause Analysis (RCA) investigation inquests and complaints are initiated / managed and integrate <b>(FI)</b>	Patient Safety Team Manager	April '17	Blue-on target	
							26.5 Develop 'guidance' / information for <b>staff</b> on how the x3 processes of CDR / SI / RCA investigation inquests and complaints are initiated / managed and integrate	General Manager for Paediatric Cardiac Services	Dec '16	Blue-on target	
							26.6 Develop the above <b>staff</b> guidance for adult patients and families (minus CDR).	Head of Quality (Patient Safety)	Dec '16	Not started	
							26.7 Develop the above <b>family</b> guidance for adult patients and families (minus CDR).	Head of Quality (Patient)	tbc	Not started	

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								Safety)			
							26.8 Develop a process of identification of a 'case manager' / 'key worker' and 'medical lead' for families / patients undergoing / involved in a number of complex process to be a defined point of contact co-ordinating a communication with the family / patient- <b>Adult</b> services	Head of Quality (Patient Safety) and Head of Quality (Patient Experience and Clinical Effectiveness)	Apr '17	Not started	
							26.9 As above- <b>Children's</b> services	General Manager for Paediatric Cardiac Services	Dec '16	Blue- on target	
							26.10 Review options for how patients / families can participate (if they want to) with the SI RCA process implement preferred options <i>(FI)</i> .	Head of Quality (Patient Safety)	June '17	Not started	
							26.11 Implement a process for gaining regular feedback from patients / families involved in a SI RCAs process to understand what it felt like for them and how we can improve the process for them	Head of Quality (Patient Safety)	Jan '17	Not started	
27	That the design of the processes we refer to should take account also of the need for guidance and training for clinical staff as regards liaising with families and enabling effective dialogue.	Chief Nurse	June '17	Blue-on target			27.1 Guidance developed to medical staff to ensure patients and families are given the option to record conversations when a diagnosis, course of treatment, or prognosis is being discussed	Medical Director	Aug '16	Green-completed	
							As per actions 26.4 and 26.5, included in recommendation no. 26 to develop guidance for staff				
							Develop a framework for training staff to support them to effectively and sensitively manage processes relating to CDR/SI's and complaints	Tbc	June '17	Not started	
28	That guidance be	Chief	Dec '16	Blue-			To review UHBristol's previous use of independent	Patient		Green-	

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	drawn up which identifies when, and if so, how, an 'independent element' can be introduced into the handling of those complaints or investigations which require it.	Nurse		on target			review / benchmarking from other trusts to inform above. - Complaints - RCA's	Support and Complaints Manager and Patient Safety Manager	Nov '16 Nov '16	complete	Report of the review undertaken
							Develop guidance for when to access 'independent advise / review' for  - Complaints  - SI RCAs	Head of Quality (Patient Experience and Clinical Effectiveness) And Head of Quality (Patient Safety)	Oct '16 Dec '16	Blue-on target	Complaints policy SI policy
29	That as part of the process of exploring the options for more effective handling of complaints, including the introduction of an independent element, serious consideration be given to offering as early as possible, alternative forms of dispute resolution, such as medical mediation.	Chief Nurse	Apr '17	Blue-on target			Consider how an independent review can be introduced for 2 <sup>nd</sup> time dissatisfied complainants / involve users in developing a solution.	Head of Quality (Patient Experience and Clinical Effectiveness)	Oct '16	Green-complete	Complaints policy
30	That the Trust should review its procedures to ensure that patients or families are offered not only	Chief Nurse	Dec '16	Blue-on target			Develop a clear process with timescales trust-wide for feedback to families / patients outcomes involved in SI panels / review and actions ongoing from this and staff (FI)	Head of Quality (Patient Safety)	Apr '17	Not started	
							Inclusion in complaints to get responses as to how	Head of	Oct '16	Green-complete	

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	information about any changes in practice introduced as a result of a complaint or incident involving them or their families and seek feedback on its effectiveness, but also the opportunity to be involved in designing those changes and overseeing their implementation.						complainants can get (where appropriate) involved in developing local solutions to issues raised <b>(FI)</b>	Quality (Patient Experience and Clinical Effectiveness)				

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**3. Trust wide Consent Delivery Group Action Plan – Senior Responsible Officer: Jane Luker, Deputy Medical Director**

Progress overview	Detailed actions
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No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
12	That clinicians encourage an open and transparent dialogue with patients and families upon the option of recording conversations when a diagnosis, course of treatment, or prognosis is being discussed.	Medical Director	Dec '16	Blue on target			12.1 Guidance developed to medical staff to ensure patients and families are given the option to record conversations when a diagnosis, course of treatment, or prognosis is being discussed	Medical Director	Aug '16	Green-completed	Medical Staff Guidance
							12.2 Review of new existing guidance to reflect the recommendation	Deputy Medical Director	Nov '16	Blue-on target	
							12.3 Incorporate new guidance into existing Children's Consent pathway (existing letter that goes to families before their surgical appointment) (FI)	Consultant Paediatric Cardiac Surgeon	Dec '16	Blue-on target	
13	That the Trust review its Consent Policy and the training of staff, to ensure that any questions regarding the capacity of parents or carers to give consent to treatment on behalf of their children are identified and appropriate advice sought	Deputy Medical Director	Jan '17	Blue-on target	E-learning lead is currently on learn term sick which has led to a delay in updating e-learning material		13.1 Trust wide Consent delivery group set up	Deputy Medical Director	Sept '17	Green-Completed	Terms of reference for Trust Wide Consent Group
							13.2 Review the consent policy and agree a re-write policy or amend existing policy to ensure patients and clinicians are supported to make decisions together	Consent Group	Oct '16	Blue-on target	Revised consent policy ratified by COC
							13.3 Develop training and communication plan	Deputy Medical Director	Dec '16	Blue on Target	Training and communications plan
							13.4 Advice from legal team and safeguarding on revised consent policy and e-learning	Deputy Medical Director	Dec '16	Blue on track	Legal and safeguarding assurance confirmation
							13.5 Update e-learning for any changes to consent policy and process	Deputy Medical Director	Jan '17	Blue on track	Updated E-learning package for consent

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14	That the Trust reviews its Consent Policy to take account of recent developments in the law in this area, emphasising the rights of patients to be treated as partners by doctors, and to be properly informed about material risks	Deputy Medical Director	Linked to recommendation no. 13, actions, timescales and status as detailed under this recommendation – Blue on target, date completion scheduled Jan '17								
17	That the Trust carry out a review or audit of (i) its policy concerning obtaining consent to anaesthesia, and its implementation; and (ii) the implementation of the changes to its processes and procedures relating to consent	Deputy Medical Director	May'17	Blue-on target			17.1 Anaesthetic group to be set up to review current practise in pre-op assessment in relation to consent for anaesthesia and how they can implement a consent for anaesthesia process trust wide (FI)	Consultant Paediatric Cardiac Anaesthetist	Dec '16	Blue on target	
							17.2 Liaise with Royal College of Anaesthesia and other appropriate professional bodies with regarding national policy	Paediatric Anaesthesia consent group	Jan' 17	Not started	
							17.3 Implementation plan for trust wide consent process	Paediatric Anaesthesia consent group	May '17	Not started	
CQC. 1	Recording the percentage risk of mortality or other major complications discussed with parents or carers	Deputy Medical Director	Jan' 17	Blue-on target			1.1 Review trust wide consent form in use to agree whether they should be amended to improve recording of risk	Consent Group	Dec '17	Blue-on target	

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	on consent forms						1.2 Paediatric Cardiac Services to agree whether service would benefit from a bespoke cardiac consent form that includes percentage risk	Consultant Paediatric Cardiac Surgeon	Nov '16	Blue- on target	
							1.3 Cardiac Services- agree and implement process for discussing percentage risk with families (FI)	Consultant Paediatric Cardiac Surgeon	Nov '16	Blue- on target	

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**4. Other Actions Plan – governed by the Independent Review of Childrens Cardiac Services Steering Group**

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No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
22	That the Trust review the implementation of the recommendation of the Kennedy Report that a member of the Trust's Executive, sitting on the Board, has responsibility to ensure that the interests of children are preserved and protected, and should routinely report on this matter to the Board.	Trust Secretary	Sept '16	Green-complete			Review of current arrangements and processes (Sept '16)	Trust Secretary	Sept '16	Green-complete	Executive Lead Role description
24	That urgent attention be given to developing more effective mechanisms for maintaining dialogue in the future in situations such as these, at the level of both the provider and commissioning organisations.	Commissioners and Trust	Tbc	Tbc			Discussion with commissioners on how best to achieve this	Commissioners and Trust	Oct '16	Tbc	
31	That the Trust should review the history of recent events and the contents of this report, with a view to acknowledging publically the role which parents have played in bringing about significant changes in practice and in improving the provision of care.	Chief Nurse	Oct '16	Green-complete			Trust board paper presented in July acknowledging the role which parents have played in bring about significant changes in practice and in improving the provision of care	Chief Executive	July '16	Green-complete	Trust Board Paper and Trust Board Agenda, July '16
							Presentation to Health and Overview Scrutiny Committee	Chief Executive, Medical Director, Chief Nurse and Women's and Children's Divisional	Aug '16	Green-complete	



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								Director			
							Presentation to the Bristol Safeguarding Children's Board	Chief Nurse	Oct '16	Green-complete	
32	That the Trust redesignate its activities regarding the safety of patients so as to replace the notion of "patient safety" with the reference to the safety of patients, thereby placing patients at the centre of its concern for safe care.	Medical Director	Dec '16	Blue- on target			Adoption of the term "Safety of Patients" in place of "Patient Safety" going forward and communication of preferred term Trust wide (Dec '16)	Medical Director	Dec '16	Blue- on target	

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