

Quality Indicators - Peer Review Report

Trust Name: Leeds Teaching Hospitals NHS Trust	Date of Review: 06/06/19
Service: Paediatric Congenital Heart Disease – Level 1 Service	Type of review: Comprehensive

Self-Declaration Compliance	100 %	Peer Review Compliance	56.3 %
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Service Overview
<p>Leeds Teaching Hospitals NHS Trust (LTHT) forms part of the national Congenital Heart Disease (CHD) service commissioned through NHS England’s specialised services. The adult and paediatric CHD services are all based at the Leeds General Hospital (LGI) and provides a level 1 specialist surgical centre for a population of approximately 5.6 million. In addition, there is on-site maternity and neonatal services at LGI. There are 14 level 3 paediatric CHD provider units with joint paediatric clinics delivered with local Paediatricians with Expertise in Cardiology (PECs) in 18 DGHs within the network model. There are also two level 3 adult CHD centres; Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Hull University Hospitals NHS Trust (HUHT) within the Network. Pulmonary hypertension services are allied to national centres at Great Ormond Street Hospital (GOSH) and STHFT for children and adults respectively and to Newcastle or GOSH for transplantation.</p>

Structure and Process			
Number	Indicator	SD Compliance	PR Compliance
101	There is specialist staffing at the L1 SCSC centre as per the service specification	Y	N

Comments

The review meeting was well attended by the paediatric and adult CHD services who presented as a dedicated and integrated team with an embedded ethos of striving to deliver patient centred care.

The majority of the specialist staff as required by the quality indicators are in post and named within the service's operational policy; however, there are currently 2 WTE interventionalists and one cardiologist with electrophysiology studies (EPS) which therefore does not meet the national requirement of 4 WTE. However, the reviewers were informed that one of the consultant congenital cardiac interventionalists has recently retired but is undertaking locum work and a further appointment has been made with the post holder due to commence in August 2019. Following the recent appointment there are four WTE congenital cardiac surgeons which has been implemented in advance of the national timeline of 2021 as defined in the service specification. There is also a full list of full lists of cardiac anaesthetists and imaging specialists to support the service.

The seven congenital echocardiographers named within the operational policy cover all age groups and have access to arrange of perfusionist; reviewers noted the positive retention of both staffing groups. All band 7 echocardiographers are EACVI accredited and the band 6 echocardiographers are currently working towards accreditation. The reviewers commend the team for ensuring all echocardiographers will be EACVI accredited.

There are seven WTE children's cardiac specialist nurses, with one member of the team taking up their post in June 2019. The nursing team reported that they have difficulty in satisfying the rota as this is based on nine post holders. The team is able to priorities the staffing of areas such as the fetal clinics which are run daily (excluding Tuesday) by three fetal cardiologists and the high-risk clinics. The nursing staff plan to attend the outreach clinics but reported that this may not always be possible. The specialist nursing team recognise that there is scope for additional staff to help increase the number of outreach clinics that they could attend. Historically there was a single nursing lead for both the adult and children's service; however, from 2018 there has been an identified nursing lead specifically for the children's service.

There are six members of the clinical psychology team, equating to 5.5 WTE, who offer a range of skills to both the adult and children's CHD service. The team includes a consultant clinical psychologist, two senior clinical psychologists and two counsellors. There is a vacancy for a clinical psychologist. The two counsellors will see the majority of the parents of children being treated with the Clinical Psychologists seeing the children and more complex adult patients. The team is planning some activities to be held outside of the hospital environment and are working with the local charity, who initially funded the psychology posts, to develop wellbeing workshops for children and their families. The team is looking to develop a number of virtual clinics to augment their telephone service.

One of the clinical nurse specialists is identified as the lead for bereavement; there is also a second named nurse identified as the bereavement officer for the paediatric ward. A palliative care consultant participates in the PICU ward

	<p>rounds and is able to identify patients and families who may benefit from support; transfer to children’s hospice can be arranged on the same day for families who would prefer to access this facility. One of the specialist nurses takes the lead for the transitioning of patients.</p> <p>There are two WTE data collection staff who support the children’s service – monthly data meetings are held to review the risk score for CATs.</p> <p>The service has access to an expert electrophysiologist who is experienced in the management of paediatric arrhythmias. There is a vacancy for one WTE electrophysiologist; job advertisements have been posted on two occasions, but the Trust has been unable to recruit. There are plans to train a junior member of the team as a longer-term plan. There is a greater urgency following the unexpectedly retirement of the lead for the service, who is currently supporting the team on a locum basis.</p>		
102	Congenital cardiac surgeons meet the required surgical activity	Y	N
Comments	<p>There has been a change in membership of the surgical team over the last two years. The annual report detailed the surgical activity by each consultant (anonymised) for a three-year time frame. The data confirmed that not all surgeons have undertaken the required minimum of 125 procedures per year. The two substantive surgeons had undertaken more than 125 procedures per year over the three-year period. The surgeon who has recently left and returned as a locum was recorded as undertaking only 22 procedures. The second locum in post in 2018/19 is also undertaking less than the required minimum. The newly appointed surgeon is currently undertaking procedures for low risk patients under the supervision of the more experienced consultants, this results in a high proportion of dual surgery, but will continue until the juniors are considered to have the experience to perform the more complex procedures. Furthermore, with a throughput of 428 procedures during 18/19, the reviewers were unclear as to how each surgeon would be able to perform the minimum 125 procedures required and therefore concerned about retention of skills and staffing levels.</p> <p>There are significant long waiting times for patients with congenital heart disease for interventional procedures and surgery for both adult and paediatric patients. It was noted that the service is breaching the national 18 weeks referral to treatment target with 56 patients on the waiting list with the longest adult wait stated as being 23 weeks. In addition, there is a surgical cancellation rate for adults of 33% (national average 18%) of which 46% were due to lack of availability on ITU. For paediatrics, there is a surgical cancellation rate of 40% (national average 18.7%) reported in Q3 18/19 specialised service quality dashboard; it was unclear to the reviewers as to the reasons for the cancellations. Delays in treatment could have a significant impact on the psychological well-being of patients and could compromise quality of care and patient outcomes. This issue is also impacting on cost efficiency and effectiveness with repeat tests</p>		

	<p>having to be undertaken to monitor cardiac decompensation and patients having to attend additional outpatient appointments with the potential for treatments to be missed. The service provided assurance that no serious clinical incidents have occurred but recognised the potential for this and this. It was noted that this issue has been placed on the Trust's risk register for continuous monitoring of activity levels.</p> <p>The team reported that there has been an increase in the workload following the centre supporting the service in the North West. The service is looking at potential bottle necks and highlighted the need to share facilities such as theatres, ICU and the cardiology beds as impacting on waiting times. The Trusts has recently introduced night cover for theatres which is hoped will help reduce the waiting times and is reviewing the repatriation process and training of staff and ways in which to improve retention of PICU nurses.</p> <p>All patients who are waiting for surgery are reviewed at regular intervals, based on their clinical need. The psychologist at the review meeting reported that they attend the outpatient clinics to help support patients through the long waiting times for operations and can help manage their expectations. This also helps to normalise contact with the psychology team and helps reduce any barriers for when patients require support. The psychology service also aims to see all patients who have their planned procedures postponed.</p> <p>The all rota for emergency cases is 1:4 which is compliant with national standards.</p>		
103	Congenital cardiac interventionists meet the required activity in relation to congenital procedures	Y	N
Comments	<p>At the time of the review meeting the service identified a 1:3 interventional cardiology rota in place, but only two substantive interventional cardiologists listed and one cardiologist with EPS. The standards require a 1:4 rota. It was noted that an additional consultant interventionalist was due to take up post in August 2019.</p> <p>The reporting of the interventional workload within the annual reports remains unclear. Interventions in CHD patients should only be undertaken by interventionalists with the appropriate competence and meeting the minimum activity requirements. In addition, it is important to identify the lead interventionalist and their workload including the number of second operator procedures. Anonymised data for a three-year period within the annual report showed that designated lead for the service, which was verbally confirmed in the review meeting, has undertaken in excess of the required 100 procedures in all three years. There is a second interventionalist who has undertaken in excess of the 50 procedures per year. However, there are two other consultants listed who have undertaken less than the required minimum per year, not even reaching the half way target of 25 procedures, in any of the three years.</p>		

	<p>The Trust has opened a new catheter laboratory which the team considered reduced the flexibility of the service and are in the process of reviewing working practices to see if capacity can be increased. With the service in the North West becoming re-established, this will result in a reduced workload for the team which they hope will help decrease the waiting list which at present is reported as 142 cases waiting with the longest wait of 45 weeks and 50 patients waiting more than 18 weeks for intervention. The reviewers were significantly concerned that delays in treatment could have a significant impact on the psychological well-being of patients and could compromise quality of care and patient outcomes.</p>		
104	The L1 SCSC has cardiac Clinical Nurse Educators or equivalent staff in place	Y	Y
Comments	<p>There are currently 2 WTE clinical educators who cover both the adult and children's service (1 x band 7 and 1 x band 6). The team reported plans to recruit an additional WTE educator for the PICU and the Cardiac ward.</p> <p>Many of the CHD specialist nurses are involved in training and will help deliver sessions on both the ward and within theatres. The lead educators maintain a spreadsheet which captures who delivered the training sessions and attendees.</p> <p>The children's service has developed a training and competency-based education programme whereby newly appointed nurses have a set amount of protected time to work through a training package within the first 12 months. Once completed, a second package is undertaken which covers months 13 to 24. Time to undertake the training and associated competencies is allocated as part of the duty roster.</p> <p>Nursing staff at the review meeting confirmed they are able to access the network developed study days, however, no training records were available at the review visit.</p>		
105	There is at least a weekly clinical MDT meeting	Y	N

<p>Comments</p>	<p>The CHD service currently holds a combined adult and children’s MDT meeting weekly on a Tuesday which lasts from 8.00 until 12.30. There are approx. 30 patients discussed at each MDT meeting. The team reported that the more complex cases are discussed at the start of the meetings, however, the reviewers remain concerned of the impact on fatigue with the length and the complexity of cases discussed. The CHD team reported that they are planning on reviewing the working of the MDT over the next 3 months including the format and timing of the meetings. Alternative ways of working are being considered including increasing the frequency of the meetings or separating them into discussion about adult patients with a different forum to discuss children. However, there was an acknowledgement within the review meeting that there was an increased opportunity for learning if the adult and children’s discussion took place in the same meeting. The team recognise that any changes to the timings of the MDT meetings would impact on the job plans for consultants involved, as currently that all have protected time to attend. The reviewers would encourage the team to resolve this issue within the next six months to ensure clinicians can retain the level of concentration required when discussing complex cases to optimise clinical decision-making.</p> <p>The operational policy states that MDT meetings are quorate when there is a cardiac surgeon, consultant cardiologist, cardiologist (intervention), PICU consultant, echo-sonographer, clinical nurse specialist, imaging specialist and MDT coordinator present. However, there was no evidence on the day of the review which confirmed the proportion of meetings over the last 12 months which had been quorate. While additional information was provided post review meeting, the data only covered a six-week timeframe. The reviewers encourage the team to maintain comprehensive records which clearly demonstrate which meetings are recorded as being quorate. Discussion and treatment options are recorded electronically on the Oscar 4D database, which is in the process of being migrated with the Trust’s PPM electronic system.</p> <p>The CHD team has developed a guideline to describe process for discussion of patients that require emergency treatment. The policy requires discussion by at least two surgeons and a cardiologist before treatment decisions can be agreed; however, it is unclear if these patients are then discussed retrospectively within the formal MDT meetings.</p>		
<p>106</p>	<p>Healthcare professionals have access to 24/7 expert advice</p>	<p>Y</p>	<p>Y</p>
<p>Comments</p>	<p>There are formal arrangements for access to 24/7 expert advice for health care professionals via the paediatric on call rota; 1:10. Examples of the on-call rotas were evidenced at the review meeting. The team also has a consultant of the week (COW) who covers the service from 08.00am until 6.00pm Monday to Friday, with no overnight on call. The COW is then on call all over the weekend. All other clinical commitments are cancelled for the COW. There is a second on call rota for the interventionists which should operate as 1:3 but at the time of the review was being covered by two consultants only. This was as concern to the reviewers as national standards require a minimum of a 1:4 rota.</p>		

107	There are key services and facilities as identified within the service specification	Y	Y
Comments	<p>Parents and families have access to the accommodation which is available for at least two family members within four side rooms on each of the paediatric CHD wards; parents can also be accommodated in the main bays if required. Ward L51 has a playroom with an interactive floor, television and sensory toys together with other age appropriate activities. The play team are also learning disabilities champions, who can make reasonable adjustments for children with disabilities to join in activities. Learning disability passports are available to assist staff care for patients with additional needs on the ward.</p> <p>Youth Workers run age appropriate activities for adolescents in “The Place 2B” which includes cinema nights. Electronic tablets and gaming are available on the wards with free Wi-Fi.</p> <p>Car parking for parents/carers is provided free of charge via the use of a parking permit.</p> <p>Maternity services are provided on the same hospital site and include a high dependency unit, transitional care and neonatal unit. The obstetric team are able to monitor mothers to be if they are admitted to the cardiac ward.</p>		
108	The hospital has a policy whereby patients are managed in line with the Seven Day Services Clinical Standards Policy	Y	N
Comments	<p>The Trust has a policy regarding the Seven Day Services Clinical standards which the service refers to in the operational policy. This has been audited in 2018 with outcomes reviewed at the Trust board. The service reported there are no issues with compliance to the requirements of the policy. Trusts wide data which had been presented at the board meeting in March 2019 showed that for the standard relating to all emergency admissions being seen and having a thorough clinical assessment by a suitable consultant within 14 hours from the time of admission was not met as less than 90% of patients were seen within the timeframe over the weekends. The audit results showed that all other standards were met on a Trust wide basis both during the week and at weekends. The reviewers encourage the team to consider reviewing the data specific to the paediatric CHD service to demonstrate compliance with the national seven-day services clinical standards policy, in particular, to demonstrate compliance with twice daily review by a consultant of all patients with high dependency needs.</p> <p>The team reported good communication between the cardiologists and the intensivists which allows for patients on the PICU who they may be concerned about to be reviewed in a timely manner.</p>		

109	There is network agreed patient pathways for referral, treatment and follow-up as detailed within the service specification	Y	N
Comments	<p>The reviewers were provided with the patient pathways for referral, treatments and follow up as required by the service specification. However, it was noted that not all of these have been through a formal process at a network level to confirm agreement.</p> <p>The reviewers commend the comprehensive pathways for the joint care of patients delivered by the anaesthetic and dentistry teams to ensure that all patients have a dental check-up prior to surgery. Information cards have been developed to confirm the importance of dental hygiene and the prevention of endocarditis. The close proximity of the dental institute to the level 1 provider was considered to have enhanced communication and support.</p>		
110	There must be a transition pathway in place as defined within the service specification	Y	Y
Comments	<p>The reviewers commend the team for the robust process of transition which helps to reduce the number of young patients who may be lost to follow up. The pathway is based on the “Ready, Steady, Go” programme. Discussions about the process are led by the nurse specialists, who all work closely with the adult service, and usually commence when patients reach the age of 12 years with an electronic flagging system in place to identify those approaching transition. One of the paediatric cardiologists takes the lead for the transition pathway.</p> <p>There is a range of written information about the transition process. The team acknowledge the need not to overwhelm the patients with the literature. There is a Facebook page specifically for patients aged 13 to 19 year, which is monitored by the paediatric team.</p> <p>Transition clinics are held across a wide geographical area, as there was an acknowledgement that young patients from other areas may not want to travel in to Leeds. Joint clinics are held at Leeds on a regular basis with the paediatric team, the youth worker, and a consultant and nurse from the adult CHD service.</p> <p>Transition evenings are held two times a year at Leeds, with the youth worker being present at the events. They are also able to visit the young patients on the ward to help them through the process and answer any questions. There are plans to roll out the transition evenings to STHFT. The involvement of the youth worker in the transition process was considered good practice by the reviewers.</p>		
111	There are clinical guidelines in place as per the service specification	Y	Y

Comments	<p>The team is in the process of developing local guidelines in the absence of any national ones. The guidelines already developed include high risk HLHS and Fontan's with plan to write additional guidelines for more conditions in the next year. The reviewers encourage the team to ensure that all future guidelines go through the formal trust governance process.</p> <p>The team reported plans to develop a paediatric follow up guideline which could be adopted throughout the network. Once completed, the service should consider undertaking an audit to demonstrate adherence to clinical guidelines.</p>		
112	The SCSC participates in network agreed quality improvement initiatives	Y	Y
Comments	<p>The team fully participates in any network agreed improvement initiatives and had attended a launch event which highlighted the importance of good communication and training to improve the service regionally and addressed a serious clinical issue across local hospitals to ensure echocardiology availability across the network.</p> <p>The team described how they had been involved with a network wide project introduced following concerns of cost pressures relating to prescriptions for Sildenafil and the need for patients to travel to the centre at Leeds to collect them. An agreement has been made with Boots chemists whereby the prescriptions are written by the level 1 centres, but patients are now able to collect the medication from a local pharmacy. This was considered good practice by the reviewers. The service has also introduced a pharmacy led home monitoring anticoagulation service, which is to be commended.</p> <p>A clinic for high risk neonates has been established together with-ward based counselling service for families. There is also a high-risk clinic for the regular monitoring of children who require ongoing reconstruction surgery and medication; again, psychological support is available for families attending.</p> <p>The team participates in a twice-yearly quality improvement event to showcase Trust wide initiatives.</p>		
113	The SCSC reviews annually its contribution to research, trials and other well-designed studies	Y	N
Comments	<p>The service participates in a significant number of research projects, some of which are undertaken in collaboration with the University of Leeds, for which two of the CHD consultants are Associate Professors, and other NHS providers such as the Evelina London Children's Hospital, Birmingham and Bristol Children's Hospitals.</p> <p>Some members of the team have also contributed to research papers which were published in 2018/19.</p>		

	While the team reported that they are currently recruiting to a surgical clinical trial, data was not available at review regarding recruitment numbers or plans to improve recruitment.
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Patient Experience			
Number	Indicator	SD Compliance	PR Compliance
201	Parents/Patients/Carers have access to 24/7 expert advice	Y	Y
Comments	<p>Parents/patients/carers have access to expert advice 24 hours a day seven days a week. There are a number of options given to contact the team both in and out of hours. Information is provided on the nurses' business cards which are given to families at their initial appointment. In hours, contact can be made with paediatric nurse specialists during the day who will triage accordingly with the ward contact details provide for out-of hours. It was unclear to the reviewers as to how the telephones were logged and followed up if required. Patients are also encouraged to contact the team via e-mail.</p> <p>The team described robust safeguarding processes which are in place.</p>		
202	There is patient information available to support verbal diagnosis, treatment and lifestyle information and advice	Y	Y
Comments	<p>The reviewers were provided with a range of examples of patient information leaflets which can also be made available in other languages on request. There was a variety of both locally produced information and national information which had been provided through a variety of sources, including the British Heart Foundation.</p> <p>Patients and families have access to a website, which includes video clips of staff talking through various procedures which are also available to open in YouTube app. This was considered good practice by the reviewers.</p> <p>Examples were given of instances where images had been hand drawn by members of the team to help describe a patient's condition and potential treatment options along with the use of 3D models.</p> <p>Some patients and families are given hand held notes where appropriate.</p>		

	<p>The reviewers were impressed with the booklet titled “Katie Bear Goes to Hospital” which has been produced by the Children’s Heart Surgery Find; a charitable organisation which works closely with the team at Leeds. The book is a step by step guide to explain to children what to expect when undergoing heart surgery in a story format. The book contains coloured pictures and includes numerous activities for children to complete which helps to engage young readers. There are plans to produce a guide for teenage and young adult patients in a format and information which would be age appropriate</p> <p>There are specific contact details with mobile phone numbers for women carrying a baby with a complex heart condition.</p> <p>The service is attempting to go “paper light” with much of the information available in electronic format.</p>		
203	The SCSC has a mechanism for receiving feedback from patients and families about the treatment and care they received	Y	Y
Comments	<p>The Trust participated in a national patient survey which was launched in February 2018; it received responses from 566 users of the service: this was the second highest response rate. The high response rate was received due to the various initiatives set up, including the use of social media such as Twitter, Facebook and Instagram to promote the survey and iPads at various ward points to capture the views of patients being discharged from the inpatients setting. Feedback was generally positive, however, one of the negative responses from the survey was that less than 50% of respondents considered they were not aware of having a named nurse. As a result, the team have tried to increase the profile of the nursing team within the clinics together with promoting the role on the information boards.</p> <p>The Trusts also reviews the Friend and Family feedback on a regular basis. There is a youth forum, for the young patients to discuss their impression of the service. Patients and families will also provide informal feedback to staff on the ward. It was unclear to the reviewers how this would be collated.</p> <p>There is a “Tops and Pants” display board on the wards, which displays good and not so good feedback received from patients and families, but it was unclear whether this included action taken to address concerns This was reported to be updated on a regular basis.</p> <p>If the team received any complaints about the service, the findings would generally be feedback on an individual basis.</p>		

Clinical Outcomes

The service has a well-established audit programme to review and improve clinical outcomes. The paediatric service submits data to the specialised quality dashboard and NICOR and is supported by two WTE data collection staff. Data from Q3 2018/2019 showed that there were two negative alerts in relation to the proportion of outpatient care received. (PREMS survey - positive responses) which was 75% locally compared to the national average of 89.6% and the proportion of patients with suspected fetal CHD seen within three calendar days of sonographic identification which was 73.6% locally compared to 83.7% national average. Neither of these metrics had been negative in either of the previous quarters in 2018/19. The team acknowledge that they are struggling to meet the requirements of patients with suspected fetal CHD seen within three calendar days but consider this was mitigated by the ability for all patients diagnosed with fetal CHD to be contacted by fetal cardiac nurse specialist on day of diagnosis.

For Q3 2018/19, there were also three positive alerts which related to adequate information provided at discharge. (PREMS survey - positive responses) which was 100%, proportion of patients diagnosed with fetal CHD contacted by fetal cardiac nurse specialist on day of diagnosis which was 100% locally compared to 75.9% national average and 30-day complication rate following primary surgical procedure which was 3.6% locally compared to 10.4% national average.

The annual report presented the Variable Life Adjusted Display (VLAD) chart for the period from April 2016 through to 2018 which showed the trend was for a decrease in the number of surgical deaths than predicted. Reviewers did not identify any outlier concerns for the service.

Concerns have been raised with the waiting list for cardiac MRI under general anaesthetic which was a serious clinical risk and scored highly on the Trust's risk register. This risk has now been addressed through various means such as validation of waiting list, appointment of additional two congenital cardiac radiographers and two new band 2 clerical officers to manage the whole pathway and ensure slots are fully utilised. There is an ongoing cardiac MRI working group meeting quarterly to monitor performance and the service aspires to have a dedicated congenital cardiac MRI scanner on LGI site and is working with the planning team and charity partners to realise this plan.

General Comments

There was a full attendance of the MDT members, management and specialised commissioner present at the review meeting; the service is well led with cohesive working across all disciplines and specialties. The service has a clear vision and direction with several planned service improvement initiatives in place to increase the quality, equity of access and embed the delivery of care closer to the patient's home. The reviewers were impressed with the number of unique practices which empowers patients and their families in patient choice and decision-making using advances in technology to keep them informed throughout the patient pathway.

Good Practice / Significant Achievements

(List key points covering good practice)

Dental guidelines demonstrating excellent and clearly document patient pathway with all CHD inpatients having the opportunity to be reviewed by a dentist and the development of information cards to confirm the importance of dental hygiene and the prevention of endocarditis.

Comprehensive transitional standard operating procedure which follows the “Ready, Steady, Go” programme which helps to reduce the potential for young people to be lost to follow up.

Transitional evening events to promote to inform patients of expectations and the development of geographical appropriate transition clinics to ensure the delivery of care closer to home.

Comprehensive, flexible and appropriate availability of facilities across adults and paediatric with a designated facility for teenage and young adults with electronic tablets and gaming available on the wards with free Wi-Fi.

Quality improvement initiatives were impressive and addressed serious clinical issue across local hospitals to ensure echocardiology availability across the network.

Patient centred approach to the unification of Sildenafil prescription process allowing the collection at local Boots pharmacy reducing the need for patients to travel back into Leeds to collect repeat prescriptions.

Proactive psychology service which is run by counsellors to share workload and enables the delivery of a tailored level of service which is accessible to all patients as normal practice.

Katie Bear goes to hospital which is a step by step guide to explain to children what to expect when undergoing heart surgery in a story format. The book contains coloured pictures and includes numerous activities for children to complete which helps to engage young readers.

Use of social media, Leeds Congenital Heart website which includes video clips from clinicians to describe specific procedures / conditions along with the development of comprehensive patient information improves education and communication to patients and their families.

Youth Workers run age appropriate activities for adolescents in “The Place 2B” which includes cinema nights.

Pharmacy run anti-coagulation home monitoring service which provides continuity of care and reduced travel for patients.

Pharmacy run anti-coagulation home monitoring service which provides continuity of care and unnecessary travel for patients

Specify Immediate Risks

An 'Immediate Risk' is an issue that is likely to result in harm to patients or staff or have a direct impact on clinical outcomes and therefore requires immediate action

CEO/Board Representative risk handed over to at feedback session: Julian Hartley (CEO)

None identified

Specify Serious Concerns

A 'Serious Concern' is an issue that, whilst not presenting an immediate risk to patient or staff safety, could seriously compromise the quality of clinical outcomes of patient care and therefore required urgent action to resolve

CEO/Board Representative risk handed over to at feedback session: Julian Hartley (CEO)

There are significant long waiting times for patients with congenital heart disease for interventional procedures and surgery for both adult and paediatric patients with the service breaching the national 18 weeks referral to treatment target and some patients with very long waits. In addition, there is a surgical cancellation rate for adults of 33% (national average 18%) and for paediatric of 40% (national average 18.7%) reported in Q3 18/19 specialised service quality dashboard. Delays in treatment could have a significant impact on the psychological well-being of patients and could compromise quality of care and patient outcomes

Areas of Improvement

(List areas of improvement)

The service needs to provide clarity on how its four surgeons will meet the national requirement of undertaking a minimum of 125 first operator congenital cardiac surgical procedures per annum

Audit the second review of HDU patients to ensure it is completed an intensivist.

Trust has been unable to recruit a second expert electrophysiologist, with previous post holder having retired. The reviewers acknowledge the longer-term plans to train a member of the team locally.

At present there is a 1:3 interventional cardiology rota in place, but only two interventional cardiologists. The standards require a 1:4 rota.

The reporting of the interventional workload within the annual reports remains unclear. Interventions in CHD patients should only be undertaken by interventionalists with the appropriate competence and meeting the minimum activity requirements. In addition, it is important to identify the lead interventionalist and their workload including the number of second operator procedures.

A review should be undertaken on the length of the weekly MDT meeting taking into consideration the level of concentration required when discussing complex cases to optimise clinical decision-making

The service should provide assurance that its MDT meetings are quorate by providing this data within the annual report.

The service should undertake an audit to demonstrate adherence to clinical guidelines.

In the absence of national paediatric CHD clinical guidelines, the service should progress their plans to develop local clinical guidelines as a network-wide approach

Number of patients participating in clinical trials studies should be clearly documented within the annual report.

Consider undertaking a service specific audit to demonstrate compliance with the national seven-day services clinical standards policy, in particular, to demonstrate compliance with twice daily review by a consultant of all patients with high dependency needs