



South Wales and South West
**Congenital Heart
Disease Network**

Peer review feedback

11 July 2019



Key features

Date: 10th June (Network) , 11th June (Level 1 Adults and Paediatrics), 12th June (Level 2 Adults and Paediatrics)

Review Team:

Different multi-disciplinary teams for each review- 5 in total

Preparation in advance

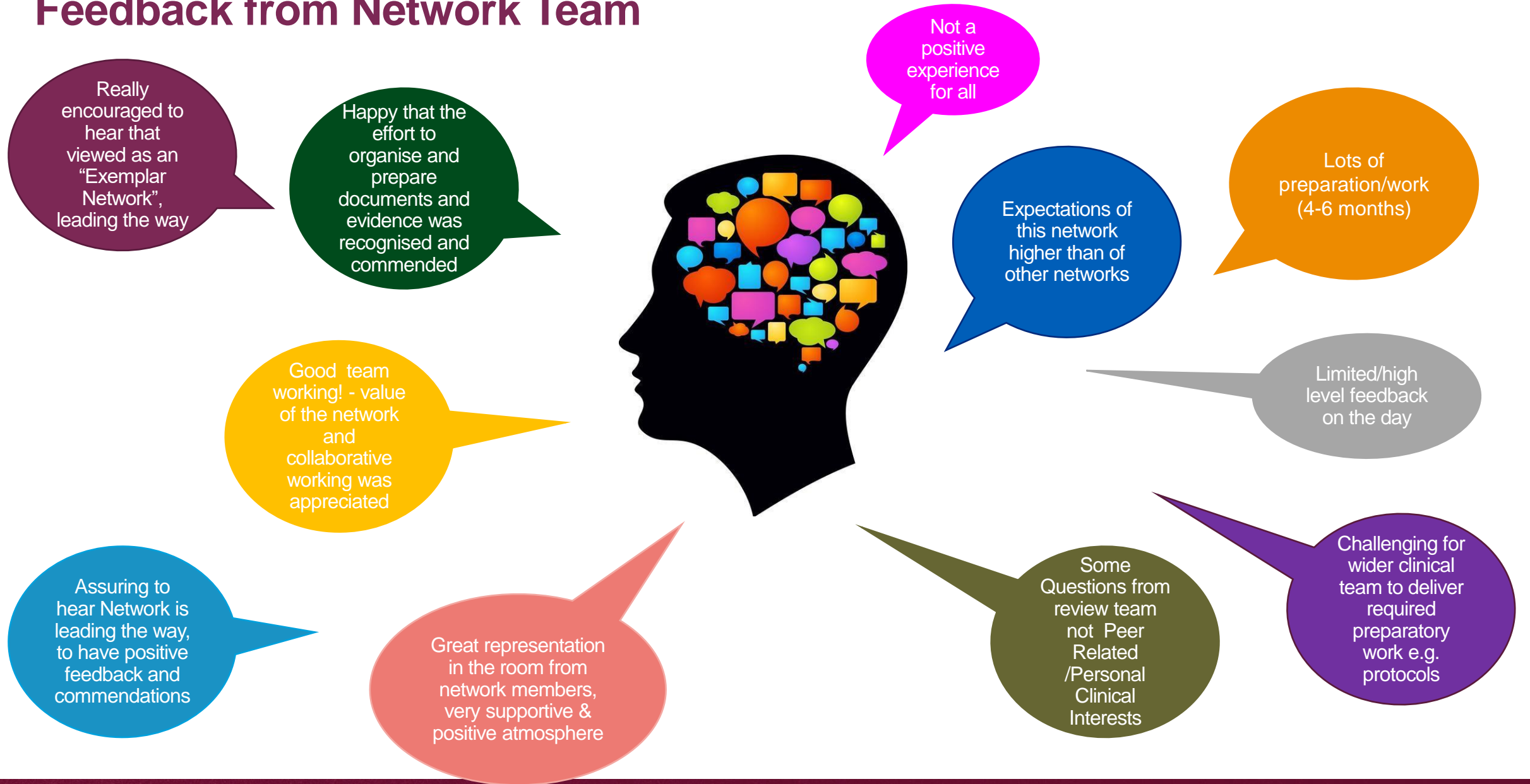
- Operational Policy
- Workplan
- Annual Report
- Evidence Folder



On the Day

2 hour meeting with Multidisciplinary representation for that service

Feedback from Network Team



Equity
of access

Seamless
care

Meeting
national
standards

Continual
improvement

Patient
voice

Network- Initial review feedback

Achievements

- Cited as an “exemplary network...leading the way nationally”
- Excellent Network Structure and Governance
- Highly commended on preparation, organisation , documents and evidence provided for Peer Review.

Immediate risks

None raised

Serious concerns

None raised

Areas for improvement

- Image transfer
- Patient and Public Voice Representative Training
- Memorandums of Understanding- signed by network organisations
- Transition in peripheral clinics, currently too level 1 focussed
- 5 year plan for the Network
- Developing research strategy and improving recruitment nos.
- Multi-disciplinary Training and Education – and not just at level 1.

Level 1 Paeds- Initial review feedback

Achievements

- Education provided to staff
- Patient information and support
- Cardiac Research undertaken at UH Bristol

Immediate risks

- No immediate risks noted

Serious concerns

- Workforce – Cardiac Nurse Specialist resource to deliver safe and effective service
- Service Delivery – Transition process for transfer of patients to the adult service
- Workload – minimum workload of congenital cardiac surgeons

Areas for improvement

- Workload – Congenital Cardiac Interventionists undertaking minimum required congenital procedures
- Workforce – Lack of dedicated cardiac CT/MRI specialist
- Equipment – process for buying equipment
- MDT working – Quoracy of JCC to include interventionist
- Audit – Completion of the 'seven day services clinical standards policy' audit to demonstrate compliance

Level 1 Adults- Initial feedback

Achievements

- Cohesive team
- ACHD journal club
- “What would you like to talk about in clinic today” survey
- Free @ 3 teaching
- Youth Worker
- Young Peoples evening
- 3D bio-printing
- Transition clinics

Immediate risks

None raised

Serious concerns

- CNS capacity to deliver service
- Surgical numbers

Areas for improvement

- Cath lab facilities & staffing
- Waiting times for surgery
- Review of ACHD patients with HDU Needs
- Imaging representation at MDT meetings
- Acting on patient feedback

Level 2 Paeds- Feedback from the Cardiology team

- Challenging to collate the evidence and write the reports in the required timescales
- All necessary evidence was available, except the Directorate risk register (which is in preparation at present)
- Development of the Work Plan has already informed key actions for service development
- Timing of the review probably helped in progressing the Psychology business case through the health board

Level 2 Paeds- Initial review feedback

Achievements

- Transition care
- Nurse presence at all fetal clinics
- Guidelines book
- Evidence of seeking user feedback and acting on that feedback

Immediate risks

(none identified)

Serious concerns

- Problems with dicom storage and transfer of echo images in ABHB – leading to negative impact on the service’s ability to deliver appropriate patient care

Areas for improvement

- Staffing levels on Pelican Ward, leading to reduced flexibility in delivering care
- Workload of the CNS team – need for investment to ensure appropriate roles, skill mix and numbers to meet the current and future demands

Level 2 Adults- Initial review feedback

Achievements:

- Good quality service from the available resources.
- Up to “Standards” “Phase1” clinics and Maternal Cardiology service
- Significantly improved cardiac MRI service
- Exemplary Transition service
- Phase2 business case

Immediate risks:

No

Serious concerns:

No

Areas for improvement:

- Integration and equity of ACHD services in South Wales is needed.
- At least one more full time ACHD consultant. More will be needed for the patient-load.
- More CNS needed
- More congenital-dedicated physiology service needed
- Psychology service needed
- Complete database/Audit tool with IT support needed
- ACHD data coordinator/manager
- More admin support needed

Next Steps

Local

- NHS England letters to Trust with areas of serious concern (Respond by 19th July)
- Full reports to organisations – 6 weeks post visit , 2 weeks to check- factual accuracies
- Action plans to address areas for improvement
 - Network: managed via Network Board, report to NHS England local team & local host organisation
 - Level 1 & 2 Centres: Managed via local service teams, report into local Trust & Network Board

National

- Annual self declaration, peer review as required
- National report post CHD Peer review with key findings and next steps