National Cardiac Benchmarking Collaborative

Conference Programme

Annual Conference 2022

Venue: Kings Fund
11 Cavendish Square, London W1G 0AN

Monday 16 May

14:00 -18:00 **Cardiac Safety Workshop**

18:00 - 20:30 ***Evening Reception***

Tuesday 17 May

09:00 – 16:00 **Main NCBC Conference**

conference@ncbc-nhs.org

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Monday 16 May

Day 1 - Cardiac Safety Workshop

Programme

13:30	***Registration & Coffee (lunch not provided)***
14:00	**Welcome and Introduction to NCBC & the Conference**
14:10	**Plenary 1: Current National strategy and approaches to patient safety** *Annie Hunningher, Consultant in Anaesthesia* & NatSSIPS Lead, *Royal London, Barts Health*
14:30	**Plenary 2: Changes to services because of our learning from cardiac incidents** *Presentations from 5 NCBC Cardiac Centres followed by discussion*
15:30	**Plenary 3: Staff Debriefing (After Action Reviews) – how to do it most effectively and does it help?** *Tracey Paxton, Director, The Employees Resilience Company*
16:00	***Refreshments***
16:20	**Breakout Groups** 1. *Patient harm or deaths on the waiting list – what we've learnt, what we've changed.* 2. *Decision-making for complex cardiac procedures in covid positive or exposed patients.* 3. *Clinical governance systems to keep patients safe, during the pandemic, now and in the future.* 4. *Effective teamworking is the key to all safety systems.* 5. *Keeping our staff and patients safe in the Cath Lab.* 6. *Are Human Factors finally coming of age?*
17:20	**Plenary 4: Using Duty of Candour to drive service improvements** *Andrew Wragg, Director Quality & Safety, Barts Hospital*
17:50	**CLOSE**
18:00	**NCBC Reception and Bar**

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Tuesday 17 May

Day 2 - Main Conference

The best we have been…and could be. Helping each other get there!

08:00	***Registration & Coffee***
09:00	**Welcome & Introduction to NCBC & the Day**
09:15	**Plenary 1: NCBC benchmarking results - the best we have been over the years – and service examples from centres.** ***Stephen Green, NCBC and presentations from colleagues from NCBC Centres***
	Session 1A **Pathway Stage 1 - *Getting into the system*** • *Using CHD to free up centre's cardiac diagnostics.* ***Elisa McAlindon, cardiologist, Wolverhampton*** • *Extended the role of our Cardiac Assessment Nurses in A&E,* ***Dot Morgan-Smith, North Midlands***
	Session 1B **Pathway Stage 2 - *Triaging, Patient Prioritisation, Decision to Treat, Waiting*** • *Doctors in training to do pre-operative assessments.* ***Pushpinder Sidhu, cardiac surgeon, Belfast*** • *Tackling our terrible surgical waiting List.* ***Christina Bannister, nurse case-manager, Southampton*** • *Using a patient driven symptom reporting remote monitoring App.* ***Debashish Das, cardiologist, Barts*** • *The pros and cons of virtual patient assessments.* ***Alison Pottle, nurse-consultant, RB&H***
	Session 1C **Pathway Stage 3 – Hospital based treatment and services** • *Service Improvement within the perfusion service.* ***Michelle Jackson, chief perfusionist, Sheffield*** • *DOSA for Elective TAVIs and some same-day discharge.* ***Fiona Kelly, cath lab nurse, Belfast*** • *Increasing our surgery theatre capacity,* ***David Wynne-Jones, general manager, RB&H***
11:00	***Refreshments***
11:15	**Breakout Groups: Session 1**
12:30	***Lunch & Networking***
13:30	**Breakout Groups: Session 2**
14:45	***Refreshment***
15:00	**Plenary 2: Question Time – Panel Q&A, Key Lessons and Round-Up**
15:15	**Plenary 3: Influencing strategic changes and tackling cardiac service improvement challenges. Learning from the London-wide approach** ***Mr Steve Edmondson, London Region Cardiac Network Clinical Director***
15:40	**Q&A and Closing Remarks**
16:00	***CLOSE***

Day 2 Breakout Groups

Group 1	**Cardiac Diagnostics** This group will focus on the start (or re-start) of the patient pathway – and the interface between primary and secondary providers and secondary to tertiary providers. Centres will discuss and share how they are tackling their cardiac diagnostic waiting lists, increasing diagnostic capacity to meet the 6-week target. Are Community Diagnostic Hubs (CDHs) or centres, (CDCs) being developed or used for cardiac? What staffing and finance issues are involved and how are they being addressed? Are there also issues of continuity, quality, delays, and interface problems. **What's working, what's not? What can we learn from each other?**
Group 2	**Tackling our Cardiac Elective Treatment Waiting Lists – both cardiology and surgery** This group will share plans and initiatives helping centres tackle their different elective waiting lists (from the point of making a decision to treat). What approaches/systems are being used for **patient prioritisation** (whether surgical or cardiological?) Are you being impacted by changes to the treatment modalities being offered to patients (from surgery to cardiology or medical management). What additional physical or staffing capacity have you put in place, or planning? Are you sharing capacity within your network? Are you seeking or providing mutual aid to other centres? Are patients being offered **alternative treatments, places or other people to go to for their procedures?** If so, how does this work in practice?
Group 3	**Multi-disciplinary Teams and Meetings** The cardiac professional societies, and cardiology and cardiothoracic surgery GIRFT reports make clear recommendations about MDT meetings (MDMs) – and for different cardiac conditions and pathways with a particular emphasis on MDMs between providers within cardiac networks. This group will discuss progress and improvements in the way centres' MDTs are working (including a wider group of professionals than cardiologists and surgeons); how changes to MDMs during pandemic have continued, particularly for network wide MDMs with online participation; what problems in MDM decision-making are there, and how are they being tackled constructively; are MDMs proving effective? Are they helping address treatment backlogs, improving better decision-making and outcomes for patients; which patients (or patient groups) are NOT subject to MDT/MDM decision-making and why not?
Group 4	**Urgent and Emergency Pathways** This group will discuss how centres are managing to balance the delivery of their urgent/emergency cases – whilst still trying to deliver more elective services and for longer **waiters.** Is your centre seeing a significant increase in urgent/emergency patients compared to a year ago, or pre-pandemic? With which cardiac conditions? Are patients presenting in A&E because they cannot access primary care? If so, what are you doing about it? Are your centre's treatment time targets being affected? Could nSTEMI patients be treated in the same time-frame as STEMIs? Is there a clinical or service case for separating cardiac 'hot' urgent/ emergency work and capacity from 'colder' elective work for cardiac?

Group 5	**Patient Optimisation- Prehab & Enhanced Recovery - At start of patient pathway** **How are you keeping your patients as well as possible whilst they wait for their treatment?** **This group will share what centres are doing to ensure their long(er) waiters (both cardiology and surgery patients) are as well and as fit as they can be before eventual admission.** There is a wide range of perioperative patient optimisation tools and initiatives which offer opportunities to address many pre-operative problems (e.g. anaemia, diabetes, nutrition, mobility, psycho-social issues, etc.) which will impact on your centre's efficiency and outcomes – particularly for your longer waiters. **What patient optimisation, prehab or 'enhanced recovery' initiatives are you able to offer your patients at the start of the patient pathway?** How are you keeping in touch with your longer waiters? Are you regularly and systematically monitoring them for deterioration, etc. and how are you able to re-prioritise them? What patient support & information are you providing? How can patients keep in touch with their specialist teams?
Group 6	**Cardiology Recovery Cath Labs – Can we really get any more efficient?** NCBC centres have been looking at Cath Lab usage, throughput, capacity and 'efficiency', etc. over many years and together have identified many areas for improvement. This group will focus on cath labs as a current 'bottleneck' stopping delivery of increased capacity to address cardiology elective waiting lists? What improvements could you make? What are the more efficient NCBC centre cath labs doing and could they be transferable to your centre? Is there a point at which cath labs cannot get any more efficient? Could your procedure and turnaround times be reduced further and how? Would sharing capacity across cardiac clinical networks help and how could it work?
Group 7	**Cardiology Recovery Beds, Chairs & Wards - Can we use our physical spaces better?** The focus of this group will be a discussion about how centres are addressing both physical and staff capacity bottlenecks -to help reduce their cardiology waiting times. Has your full complement of cardiology beds been restored? How are you going to increase your **day case rates** and capacity? Are you seeing an increase in the numbers of non-elective/urgent cardiology cases and is this causing capacity and flow problems for your elective cases? Are we using all the opportunities NCBC centres have used to reduce pre-op and post procedure lengths of stay for cardiology patients? What new or extended roles in cath labs and/or training opportunities are you exploring?

Group 8	**Cardiac Surgery Recovery Theatres & Beds and Staffing** What are your centre's current biggest cardiac surgery bottlenecks? What physical and staffing capacity issues are you dealing with affecting your waiting list recovery and flow. Centres will share their ideas and **solutions or service improvements** they are currently working on. Has the ratio of elective to urgent/emergency cases changed because of patients waiting longer? Are your elective surgical patients **getting sicker and more complex** because of waiting longer? Are you needing longer time in theatre, and more intensive post-op recovery & support, and longer CICU/ward lengths of stay? Where are you with implementation of **DoSA**? Can DoSA really solve your flow problems? What models for DOSA are proving most effective? Do you still have lots of non-cardiac patients (outliers) occupying your surgery wards? What are your solutions? Are you considering sending your surgical patients to other centres? If so, how is this working, or not? If **theatre capacity & efficiency** are proving a bottleneck, what can make them more productive? Have the numbers and reasons for **cancelled operations** changed compared to before the pandemic? What are people doing to try to reduce them? Can cardiac surgery ERAS help reduce length of stay in critical care and in the wards.
Group 9	**Cardiac Critical Care – Where are we now?** Many, but not all, NCBC centres are reporting that Cardiac Critical Care are their most challenging problem, with key staffing shortages, non-cardiac patients using CICU beds, and other factors causing a significant bottleneck? This group will discuss centres' most significant cardiac critical care issues – and what people are doing to address them. Are there key staff shortages, sicker more complex patients taking longer to leave the CICU, bed-capacity shortages, non-cardiac patients in CICU beds, ward-bed shortages leading to delayed transfers from CICU, or other factors. Have you managed to ring-fencing CICU beds, if so, what are the pros and cons in the new context? Are ward-based HDUs a help? Have you moved to combine CICUs with GICUs -has this worked?
Group 10	**Staff Retention & Health & Well-being** This group will focus both on how centres are approaching staff retention, but with an emphasis on initiatives that are successfully helping staff health and wellbeing. Centres will share ideas and initiatives which have been implemented and that have worked to retain staff; others which perhaps haven't and why not, and other practical ways people are addressing staff retention – particularly in areas where there are significant shortages. These might include: Re-training, Extended roles, Flexible working, new ways of working, etc.