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# Self-Assessment Against NHSE Congenital Heart Disease National Standards (Standard Operating Procedure)

Date 12/12/2022





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## **Purpose**

The purpose of this strategy document is to describe the approach that the North West, North Wales and the Isle of Man Operational Delivery Network (NW CHD Network) intends to take to meet regularly with CHD providers within its footprint in order to review progress against the delivery of nationally recognised CHD standards.

### Introduction

Congenital heart disease (CHD) is the most common type of congenital anomaly. It affects the normal workings of the heart. It ranges from severe life-threatening conditions that need immediate surgery, at or even before birth, to minor conditions that often do not need to be treated. All will require specialist diagnosis, monitoring and care throughout the person's life. The CHD National Standards¹ published by NHS England in 2016, are intended to ensure that people with congenital heart disease receive care of consistently high quality that is sustainable for the future. They provide a specialist framework for people and their families affected by congenital heart disease to receive effective assessment, treatment and person-centred care. The standards encompass the whole pathway for CHD patients, including paediatric and adult services, and include service specifications for level 1, level 2 and level 3 centres.

The key documents included in the CHD standards are:

- 1. Adult Congenital Heart Disease (ACHD) Specification
- Adult CHD Standards: Level 1 Specialist ACHD Surgical Centres
- Adult CHD Standards: Level 2 Specialist ACHD Centres
- Adult CHD Standards: <u>Level 3 Local ACHD Centres</u>
  - 2. Paediatric Congenital Heart Disease Specification
- Paediatric CHD Standards: <u>Level 1 Specialist Children's Surgical Centres</u>
- Paediatric CHD Standards: Level 2 Specialist Children's Cardiology Centres
- Paediatric CHD Standards: Level 3 Local Children's Cardiology Centres

To encompass the whole patient pathway each set of standards is subdivided into categories A to M outlined below:

- A. The Network Approach
- B. Staffing and skills
- C. Facilities
- D. Interdependencies
- E. Training and education

<sup>&</sup>lt;sup>1</sup> Specification and standards can be viewed on the NHS England website (correct at July 2021): https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/e05/





- F. Organisation, governance and audit
- G. Research
- H. Communication with patients
- I. Transition
- J. Pregnancy and contraception
- K. Fetal diagnosis
- L. Palliative care and bereavement
- M. Dental

The establishment of CHD operational delivery networks to cover different geographic boundaries across the country was also a key component of the CHD standards. CHD Networks have a key role in supporting CHD centres within its boundary to deliver and maintain the CHD standards. To understand how CHD centres are delivering standards and to highlight any areas of concern or support required, CHD ODNs may facilitate regular self-assessments against the CHD standards for centres within its boundaries.

## Self-Assessment of CHD Standards

The self-assessment of CHD standards is a process led and coordinated by CHD networks and completed by the CHD centres within its geographical boundaries. The purpose of the self-assessment process is to understand how (and the extent to which) centres are delivering the CHD standards. It offers the opportunity for CHD centres to highlight areas that are working well, escalate any gaps or concerns, and request any support from their CHD network.

It is recommended that the self-assessment process follows a 3-5 year cycle for full assessment, as agreed with commissioners, with an annual review on delivery of agreed action plans, following the self-assessment process.

Objectives of the self-assessment process are to:

- > Update progress against delivery of CHD standards for each CHD centre
- > Understand key achievements, challenges and priorities for each CHD centre
- Provide an opportunity for any risks and concerns to be escalated by CHD centres
- Provide an opportunity for engagement between networks and local CHD teams
- > Raise awareness and engagement in the network
- > Produce an action plan to deliver priorities and gaps in standards as agreed by CHD centre and ODN. It is recommended that this action plan forms part of the acute provider contract with the appropriate commissioner.





> Provide assurance for the CHD Network Board, relevant commissioners and acute providers on the status of delivering the CHD standards, and support for CHD centres to deliver agreed actions following the self-assessment

# **Roles & Responsibilities**

The roles and responsibilities of key stakeholder groups required for the self-assessment process are outlined in the table below.

Group	Role	Responsibilities				
CHD teams in acute provider	Team involved in self-assessment process	<ul> <li>Complete self-assessment template</li> <li>Attend self-assessment visit</li> <li>Present update on current CHD service and delivery against standards</li> <li>Develop and implement action plan to address gaps in CHD standards</li> <li>Report on progress against delivery of action plan</li> </ul>				
CHD Operational Delivery Network (ODN)	Lead and coordinate the self-assessment process	<ul> <li>Organise the self-assessment, communicating with all stakeholders required</li> <li>Conduct the self-assessment with the</li> <li>Produce the self-assessment report</li> <li>Report findings to network board, commissioners and acute provider</li> <li>Provide support to CHD centres as requested</li> </ul>				
Acute provider	Support CHD centre team to deliver standards	<ul> <li>Notified of self-assessment process</li> <li>Incorporate action plan into contract with commissioners</li> <li>Support local team with delivery of standards / priorities identified in the self-assessment</li> </ul>				
Commissioners (WHSSC / NHS England / local commissioners)	Attend the full self-assessment and annual review with local CHD centre	Ensure that action plan agreed as part of the self-assessment process is added into the contract for the relevant acute provider				



## **Self-Assessment Process**

It is recommended that the full self-assessment process is completed every 3-5 years, as agreed with commissioners with an annual review of the agreed action plans.

The key steps in the self-assessment process are outlined below:

#### Step 1

Preparation & Initiation

- •Agree standards of best practice to be reviewed- CHD standards (ODN)
- Distribute templates to CHD centres / providers to be completed
- Set dates for self assessment completion and visit

## Step 2

Data Collection & Analysis

- Complete & return self assessment template (CHD centre)
- Produce action plan template and return to centre (ODN)
- •Consider intial actions to address gaps (CHD centre)

#### Step 3

Feedback & Action Plan

- Presentation on CHD service and self assessment results (CHD centre)
- •Discuss and agree action plan (CHD centre, Network, Commissioners)
- Produce summary report on self assessment outcome and action plan for CHD centre, acute provider and NHS England (ODN)

#### Step 4

Assurance & Reporting

- •Share summary report and agreed action plan through appropriate governance channels within acute provider and commissioner (CHD centre)
- Overall report on progress against CHD standards to be reviewed by ODN network board and relevant commissioners (ODN)

# Step 5

Review Cycle

- •Annual review of progress against action plan to ODN network board and existing provider governance (CHD centre)
- Full review of self-assessment on 3-5 year basis as agreed with commissioner

## **Step 1: Preparation and Initiation**

Prior to the NW CHD Network visiting centres the following preparatory work will be undertaken:

- > The Network will develop a set of master templates to facilitate and standardise the self-assessment process against the relevant standards.
- Centres will be notified of the intention of the ODN and commissioners to initiate the self-assessment process, which will include a (virtual or inperson) visit to the centre. A letter will be sent to the CEO and Medical Director of the provider NHS Trust (England) or Health Board (Wales), notifying them of this visit and the purpose of the self-assessment process.
- > Every centre will be given at least 6 weeks' notice of a visit. This is to ensure that the consultants who lead or deliver the CHD service in that centre are





able to rearrange clinical commitments in order to attend the meeting, and to give enough time for centres to complete the self-assessment paperwork.

## **Step 2: Data Collection and Analysis**

> The centre will complete the required paperwork prior to the visit. This will include the full self-assessment against the appropriate national standards and an initial action plan to achieve the standards that are not currently met. Templates for both the self-assessment and the action plan will be provided by the NW CHD Network.

The centre will assess the status of their service against each standard, using the following criteria:

Green	Standard is being fully delivered/no issue				
Amber	Standard is partially delivered or plans in place to deliver				
Red	Standard is not being delivered and no plans in place to deliver				
N/A	Standard is not for this organisation to deliver				

- > The NW CHD Network will provide any support requested from the centre in completing the templates.
- > The NW CHD Network will arrange visits with the CHD centre. The purpose of these visits will be to meet the current CHD centre team, understand how centres are progressing against delivery of the CHD standards, any challenges the centres are facing, and how the Network might support them.
- > Centres will send their completed self-assessment templates to the NW CHD Network and relevant commissioners prior to the visit.
- Once the completed self-assessment has been received, the NW CHD Network will pull out the red and amber standards to form the basis of an action plan. The action plan will then be sent to the centre for them to populate with proposed actions and timeframes. These actions will be discussed and agreed during the visit.

# Step 3: Feedback and Action Plan

A self-assessment visit will be organised by the NW CHD Network, with representatives of the local CHD centre and relevant commissioner. The visit may be either in person or virtual.

During the visit, the following actions will be undertaken:





- > The NW CHD Network will provide an introduction presentation and outline the purpose of the visit and next steps in the process.
- > The centre will present the findings of their self-assessment, indicating where they are against the CHD standards. This should be presented by section (A to M), with time allowed after each section for questions or discussion.
- > The centre will then present their proposed action plan. This document will list all amber and red standards and indicate what actions the centre will undertake to reach green, along with the anticipated timelines. There will be time for questions.
- > The timeline for next steps will be agreed.

Attendees at the self-assessment visit should include:

Organisation	Representatives who should be present		
NW CHD Operational Delivery Network (ODN)	Lead Clinician (Lead Nurse or Clinical Director) ODN Manager (Network manager / deputy)		
CHD centre / Acute provider	Directorate Clinical Lead Consultant Paediatrician with Expertise in Cardiology Consultant with Special Interest in ACHD Directorate / Operational Manager with remit for CHD Matron Link Nurse for CHD (if in place)		
Commissioners / Planners	NHS England / WHSSC representative with CHD remit <sup>2</sup> Representative of local ICB / Health Board commissioning/planning teams		

## **Step 4: Assurance and Reporting**

- Any changes to the self-assessment documents agreed during the visit will be made by the CHD centre and the final self-assessment and action plan documents will be shared with the Network and commissioners.
- > Commissioners (and acute provider organisations) will incorporate the agreed action plan into the provider contract.
- > The NW CHD Network will continue to provide support to centres to deliver their action plan and continue to progress towards meeting relevant CHD standards.





The NW CHD Network will produce an overall report on progress against CHD standards to be reviewed by NW CHD Network Board and relevant commissioners.

# Step 5: Review Cycle

Centres will be asked to review and report against their action plans annually, providing a progress update to the NW CHD Network and relevant commissioners. During this annual review, any issues with delivery can be raised and discussed.

A full repeat of the self-assessment process will be undertaken every 3-5 years, as agreed with commissioners.

# **Timeline of Key Events**

The table below sets out an indicative timeline for key events in the self-assessment process. The initial full assessment will take approximately 10 weeks from initiation to the final documents being produced by the CHD centre.

Action					Timeline			Date (e.g.)	
Send letter to Centre				(Start)			2 Aug 2021		
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Centre returns self-assessment Within 4 weeks of letter					of letter	30 Aug 2021			
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
	Network returns self-assessment with pre- populated action plan template  Within 1 week of receipt						6 Sep 2021		
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Centre completes action plan and prepares presentation for visit				Prior to visit		13 Sep 2021			
Week 1						Week 7	Week 8		Week 10
Self-assessment visit 7 weeks after letter					tter	20 Sep 2021			
Week 1							Week 8	Week 9	Week 10
Final documents provided by centre to ODN and commissioners  Within 2 weeks of visit					4 Oct 2021				
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Action plan included in contract				Next contract review		Apr 2022			
Annual review of action plan				12 months after visit			20 Sep 2022		

