

**CCAD Congenital Heart Disease
Project Board Meeting
Wednesday, 5th March 2008
13.00-14.30**

**Information Centre for health and social care
Harmsworth House, London**

Minutes

Attendees:

John Gibbs (Chair)	JG	CCAD
David Cunningham	DC	CCAD
Dick Waite	DW	Healthcare Commission
Nadeem Fazal	NF	CCAD
Andrew Harrison	AH	CCAD
Anne Keatley-Clarke	AKC	Children's Heart Federation
Zaki Kramer	ZK	Information Centre for Health & Social Care (minutes)

1. Apologies

1.1 No apologies were given

2. Minutes of previous meeting

2.1 The minutes of the previous meeting were discussed and approved.

3. Management update

3.1 DW gave the project board an update on the management of the audit.

3.2 The Healthcare Quality Improvement Partnership (HQIP) has won the bid and is a consortium made up of the Academy of Medical Royal Colleges including the Royal College of Nursing. A board made up of 9 directors has been set up. It is currently being fronted by the Director of the Royal College of Psychiatrists' Audit Unit, Professor Paul Elliott. He is still a working clinician and as a result has a limited amount of time for which to deal with the organisational activities. Jane Ingham, Head of Clinical

Standards at the Royal College of Physicians is also helping with the organisation.

- 3.3 Most of their time is currently being taken with the transfer of staff from the Healthcare Commission.
- 3.4 DW has met with them and has advised them to start considering the contracts that are up for renewal next year (April 09). If the contracts are to be renewed for April 2009, the proposals need to be handed in by August 2008. That means they need to make a decision strategically as whether or not to ask the audits to offer a proposal, release the tender or accept a renewal from a closed bid.
- 3.5 The National Clinical Audit Advisory Group (NCAAG) is also involved and is chaired by Professor Nick Black. DW will be meeting him on Monday.
- 3.6 NCAAG will take on the role of which audits should be commissioned. HQIP will commission and manage the contractual arrangements, in effect taking over the role of the Healthcare Commission.
- 3.7 For the year 2008-09 the contracts currently with the Healthcare Commission will be honoured. After this date the situation is less clear.
- 3.8 DW suggested that the CCAD team make it as obvious as possible that the audit is improvement focused. DW felt that the team should promote the portal as much as possible. In addition to this if the team could produce a 2 page document promoting the advantages of the audit will help immeasurably. JG will rewrite the executive summary.

Action JG

4. Potential Outliers, JG

- 4.1 JG gave an update on potential audit outliers to the board.
- 4.2 There was some consternation regarding the updated funnel plot results and analysis. Following analysis there were 5 centres with potential outliers including JG's own centre. They were all at the 98% level. DC and JG wrote letters to the respected clinicians informing them of the result and suggesting that they should audit themselves. In addition CCAD would expect feedback from the internal audit and the centre should inform Bill Brawn of the results.
- 4.3 JG gave a breakdown of the 5 centres and why they had potential outliers.
- 4.4 One centre had potential outliers for 2 procedures. They had deaths in procedures that were not found in other centres but were very prompt at looking at those cases. They explained the deaths as being incorrectly coded and not the straight forward cases they appeared to be. However if they had got the coding wrong for one set of patients, there are no assurances that this was not the first case. Subsequently it was felt that it would be appropriate to offer them a visit to view the records. A potential

difficulty could arise as a result of them being a private unit that they have not been getting consent from patients to have CCAD validation.

4.5 It has been discussed how the Societies should deal with death in the future. Bill Brawn was keen to take forward an idea nationally that all deaths after congenital heart disease treatment should be independently reviewed. This idea has been met with wide approval.

4.6 JG will contact NCPOD to receive advice on this matter.

4.7 The letter written by JG and DC was meant to be followed up by a letter from the societies. This has not happened yet but Bill Brawn has given assurances that it will happen shortly.

ACTION JG

4.8 DC will be updating the portal for last year's results data analysis. There are some units who fall below the green line again and will have to be dealt with.

5. Endocarditis

5.1 NICE have produced new guidelines for Endocarditis.

5.2 This new aspect will be introduced to the audit. Endocarditis has a 20% mortality rate. The new guidelines make sweeping large scale changes. NICE are keen that the new guidelines and procedures are picked up by the national audit and monitored.

5.3 A new data set for infective Endocarditis has been produced with only 15 new fields. DC has already made the changes to the data set. AH and LD will send out a copy of the new dataset to the software developers to make sure data is collected from the 1st April 2008.

6. Hybrid Procedures

6.1 JG has received correspondence from NICE regarding new hybrid procedures for neonates where there is a combined approach with surgery and cardiac catheterisation. NICE emphasised the point that it is an experimental procedure that is being monitored.

6.2 DW felt it is important to highlight to HQIP how CCAD is actively engaging with NICE for service improvement.

6.3 No new fields have been added for the hybrid procedures.

6.4 The CCAD team feel that the data validation visits are crucial and might increase in regularity. This might have repercussions for the future budget.

7. Portal Improvement and Data Analysis

7.1 Portal improvement was discussed at length at the steering committee meeting.

7.2 JG will meet with AKC and colleagues to discuss the portals user friendliness.

ACTION JG

7.3 When viewing the funnel plot, the user will now be able see the unit data for an individual procedure for the year in addition to the proceeding 6 years of unit data. You will now be able to see where the mortalities have occurred over a greater period of time. It will also be broken down for age groups in terms of survival for under and over 16 year olds.

7.4 For the longer term future DC is currently looking at more complex analysis software which allows the user to decide what to see.

8. Adult Congenital data

8.1 Adult congenital data has improved a lot over the past few years.

8.2 An additional 5 centres have recently signed up.

8.3 Some worrying data has been produced regarding “occasionally practicing centres.” This information has been passed onto Professor Bruce Keogh.

8.4 Only the tertiary centres will receive data validation visits.

9. AOB

Actions Table

Reference	Action	Responsibility
3.8	JG will rewrite the executive summary	JG
4.7	JG to chase up Bill Brawn	JG
7.2	JG will meet with AKC and colleagues to discuss the portals user friendliness	JG