

## Five Rivers Vascular Network

### Health Scrutiny Committee - 15 October 2014

This document and supporting appendices have been prepared by NHS England and The Five Rivers Vascular Network to provide a response to the Health Scrutiny Committee on the following key questions:

- a) What were the outcomes from the review by the Royal College of Surgeons?
- b) What actions are being taken as a result of the review and what are the timescales associated with this?
- c) How effective is the Five Rivers Abdominal Aortic Aneurysm (AAA) screening programme and how does this compare to other AAA screening programmes nationally?
- d) How does Datix reporting work across the two hospitals in the Network?
- e) What feedback has been received from patients about the services provided by the Five Rivers Network?
- f) Taking into account the discussion around the use of mortality data as an indicator of performance at the last meeting, how is the Five Rivers Network performing in comparison with other specialised vascular services nationally?

#### **a) What were the outcomes from the review by the Royal College of Surgeons (RCS)?**

The full report from the RCS was distributed to the senior clinicians and the newly appointed Vascular Service Manager in early September and has since been discussed at the network governance meeting. The full recommendations are included in **appendix 1**. The key areas for further development are as follows:

- Delivery of surgical care across the pathway including transfer of care between sites, critical care, clinical records and investigations
- Clinical governance MDT working, audit and incident reporting systems and cascade of learning from these
- Team working and Clinical leadership particularly appointment of a clinical lead and permanent manager for the network which is now complete

**b) What actions are being taken as a result of the review and what timescales are associated with this?**

There is a well-established 5 Rivers Vascular Network action plan, which is explicit in terms of objectives, objective ownership, timeframes and outcomes. All objectives are risk assessed and appear as Red, Amber or Green dependant on progress. In addition to this a Blue rating is used. This reflects actions and objectives that have already reached completion and are closed; this is good practice and enables us to ensure that whilst an action may be closed, we have the ability to have immediate access to any evidence of work carried out across the entire network. Through this we can ensure any processes or changes have carried out can be monitored for their success and sustainability.

Several of The RCS recommendations are already included in our action plan and work is underway to address these. Some have been completed and closed, for example the appointment of the substantive Service Manager and appointment of the Clinical Lead.

The RCS report has been circulated to the different staff groups who contributed to the review and was discussed at the network governance forum on 17<sup>th</sup> September 2014. Final clinical sign-off for the updated network action plan incorporating all the recommendations will be complete 03.10.2014.

The RCS review advised completion of actions within a 3 month timeframe.

**c) How effective is the Five Rivers Abdominal Aortic Aneurysm (AAA) screening programme and how does this compare to other AAA screening programmes nationally?**

The Five Rivers AAA screening programme is a robust and embedded service. The Consultant Vascular Surgeon leading this service is Mr Sohail Choksy. It is a highly effective programme as evidenced in the tables below.

The Five Rivers AAA screening programme commenced in 2012 and has screened over 10,000 men. The performance of the Five Rivers AAA screening programme is monitored closely by the screening and immunisations Committee of Public Health East of England on a quarterly basis (Essex Area Team). Meetings are held quarterly and data from the previous quarter are presented to the committee and scrutinised. The last meeting was held in July 2014 and the tables below show a comparison to national figures.

### Data for 2013-2014 Cohort

	Total number of eligible men	Screen offered	Offer accepted	Subjects declined	Ineligible subjects	Aorta >3cm
<b>Five Rivers</b>	4896	4855 (99%)	4145 (85%)	290 (6%)	83 (2%)	53 (1%)
<b>National</b>	304801	288594 (95%)	234497(81%)	12861 (4%)	6891(2%)	2943 (1%)

The 2013-2014 Q4 completeness of offer KPI was 98.7%

### Data for 2014-2015 Cohort

	Total number of eligible men	Screen offered	Offer accepted	Subjects declined	Aorta >3cm
<b>Five Rivers</b>	4597	1856	1653 (89%)	86 (4.6%)	24 (1.3%)
<b>National</b>	296858	66678	57641 (86%)	3305 (5%)	688 (1%)

The data demonstrates that Five Rivers exceeds the national average for the proportion of men offered and accepting screening. The detection rate is that expected from the population at large. Furthermore the KPI for “completeness of offer” is 98.7% which is better than the standard.

### Referral to surgery and outcomes

- 2012/13 - 9 large aneurysms referred
- 2013/14 – 12 large aneurysms referred
- 2014/15 – 6 large aneurysms referred to date
- 14 Essex patients and 13 Suffolk patients (5.5cm – 8.9cm)
  - 19 patients have had successful surgery at Colchester
  - 4 patients awaiting surgery
  - 1 patient has had surgery postponed due to terminal illness
  - 2 patients had complex surgery elsewhere

- 1 patient not fit for surgery and is under surveillance at Ipswich Hospital
- There have been no deaths to date in screened AAA

### **Timeliness of surgery**

The vast majority of patients are being seen within the two week window and we are exceeding national figures for this. The Network are meeting the minimum standard of >60% of men have surgery within 8 weeks of detection, our aim is to ensure that >80% meet this target.

### **Summary**

The Five Rivers AAA screening programme is performing very well. It is one of the best screening programmes in the East of England. It is exceeding the KPI (completeness of offer) and is meeting national standards.

### **d) How does Datix reporting work across the two hospitals in the network?**

DATIX systems are stand-alone so the systems for the two hospitals do not interface directly. In order to provide high quality and patient centred services we utilise our network governance forum to share each hospitals DATIX reporting. Use of this forum enables us to share the important learning from patient episodes/experiences across both the hospital sites and helps us to provide assurance of service delivery. Every month the numbers of incidents, complaints and the detail or themes arising from them are shared. Over the past 3 months the format of the network governance forum has been changed. The new format ensures that the forum is held at alternate hospital sites and allows attendance of the wider clinical teams for example, diabetes service colleagues and critical care teams. This helps to maximise discussion and learning for a wider group of clinicians.

### **e) What feedback has been received from patients about the service provided by the Five Rivers vascular network?**

We are continuing work to optimise patient feedback across the network in order to inform our current service and influence future service developments.

Feedback from patients collected at Colchester Hospital includes our Suffolk and North East Essex cohort. All major cases are operated on and recovered at the Colchester site. This feedback is reflected in the ward-based family and friends test in addition to an additional patient discharge questionnaire outlined below.

The Network Manager is working with personnel at The Ipswich Hospital to ensure that we capture feedback from the vascular patients treated there. This is complex as there are no specific vascular beds and patients are cared for mainly on surgical wards.

We plan to extend the patient questionnaire used at the Colchester site to all network patients and the results will become part of regular feedback to the governance forum.

A summary of the ward based questionnaire used for our network patients currently at the Colchester site is outlined below. This questionnaire uses the nationally-led questions to patients as to whether they would recommend us to family and friends.

**A brief summary of recent Wivenhoe ward feedback from our network patients who have undergone a major operation. September 18<sup>th</sup> 2014**

***“Would you recommend this hospital to your family and friends?”***

In the 24 surveys filled in the first two weeks of September, 16 people are extremely likely to recommend CHUFT to their friends and family and 8 were likely to.

**Some of the comments include**

*'Staff friendly and efficient. Enjoyable stay'*

*'The staff were loving and caring in every way, conscious of making their patients feel comfortable + looked after'*

*'Good care, attention to detail. Patient's called by their name and not bed number'*

*'I don't like hospital but my stay was ok and I was looked after very well'*

*'very friendly staff and felt well looked after and welcome'*

*'Excellent friendly staff. Very pleasant and helpful'*

The ward manager feeds all results back to ward staff at their regular ward meeting. Feedback is collated and displayed on a public board in the ward. We are also in the process of embedding patient feedback utilising iPads.

**Appendix 2** is an in depth presentation “At our best” and contains very detailed feedback up to December 2013.

**f) Taking into account the discussion around the use of mortality data as an indicator of performance at the last meeting, how is the Five Rivers Network performing in comparison with other specialised vascular services nationally?**

With respect to the 2 nationally measured interventions; abdominal aortic aneurysm (AAA) repair outcomes and carotid interventions (carotid endarterectomy) the network are within the expected national range for mortality of AAA repair (Five Rivers Network: 2.2% in line with the national average of 1.9

%) and are currently at 0% mortality for our carotid endarterectomy cohort versus a nationally driven target expectation of 2%.

Within the monthly governance forum consultant activity, complex cases and any vascular mortality is discussed widely and open and frank discussions take place to ensure that actions taken were optimal. Should a sub optimal patient pathway be disclosed, this would be used as a lesson learned and serves to inform future practice.

Outcome data by individual Consultant Surgeon is due to be nationally published in September 2014 and will give further assurance of safety in the network.

Appendix 1: Royal College of Surgeons Recommendations

Appendix 2: Five Rivers Vascular Network patient experience presentation

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On behalf of:

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Five Rivers Vascular Network

September 2014.