



9. Recommendations

The following recommendations are for Colchester University Hospital NHS Foundation Trust and Ipswich Hospital NHS Trust to consider.

Prioritised patient safety actions for the Trust

Recommendations for the Five Rivers Vascular Service

1. Commissioners

1.1 The Trust should share the invited report with the commissioners of the vascular service.

2. Audit and outcome data

2.1 Within the next three months the Trust should ensure that the vascular team is able to produce integrated data to present the activity and outcomes of the Five Rivers Network.

Delivery of surgical care

3. Ambulance service

3.1 The review team consider that as a priority the Trust should finalise, agree and have implemented the proposed Ambulance protocol.

4. Referral pathways

4.1 The review team recommend that the referral pathways into the network should be revised to end the separation of Colchester and Ipswich patients and implement team based referrals in order to manage the waiting list effectively.

5. Provision of on-going vascular surgery services at Ipswich

5.1 The Trust should encourage a "two-way traffic" of activities between Colchester and Ipswich. The vascular surgeons should all be providing some services at Ipswich such as clinics, outpatients, ward patient reviews for other specialties and day case surgery.

5.2 It is recommended that the practice of maintaining vascular inpatient beds at Ipswich



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should be stopped and admission of patients should be under other teams such as, Care of Elderly, Stroke, Diabetic medicine or the rehabilitation unit.

5.3 The vascular MDT meeting should agree which interventional radiology procedures are safe to perform in Ipswich hospital and develop protocols to deal with unforeseen emergencies.

5.4 Within the next three months all the draft protocols and pathways relevant to the vascular service should be agreed and finalised. It is recommended that each protocol and pathway should have a lead consultant assigned to ensure these are finalised in a timely way.

6. On-call

6.1 The review team were of the view that a single 'consultant of the week' to cover both the Colchester and Ipswich sites Monday – Friday 9am to 5pm would be sufficient to meet the current Vascular Society standards. If agreed, the Trust should ensure that there is clear guidance for contacting the 'consultant of the week' in case of an emergency, such as a "consultant of the week" phone or dedicated pager.

7. Anaesthetic pre-operative assessment

7.1 The vascular team should continue to develop the anaesthetic pre-operative assessment service at Colchester. Both hospitals should ensure they are using the same protocols in order to provide a continuity of service. Appropriate time should be allocated in job plans to account for such activities.

8. Critical care capacity

8.1 As a priority (to be completed within one month) the Trust should review the nursing staff levels on the critical care ward and ensure that there is the appropriate resource in place to staff the number of critical care beds safely.

8.2 The Trust should reflect on the comments made by interviewees about communication failings between Ipswich and Colchester for the transfer of emergency patients. The Trust should ensure that there are clear instructions available for staff at Ipswich with the contact details of the relevant departments at Colchester to make arrangements for the transfer of patients.

9. Critical care pathways and protocols

9.1 The vascular team should meet and agree vascular pathways and protocols for critical care that are universally accepted by the team. These should be agreed and



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finalised within three months.

9.2 The vascular team as a group should discuss whether there is scope to utilise the 23 hour HDU available at Colchester.

10. Tracheostomies on the critical care ward

10.1 The review team considered that the anaesthetists and intensivists as a group needed to meet to discuss the issue of tracheostomies on the critical care ward and to establish whether there is an unmet need.

10.2 The Trust should invite the Vascular Anaesthetic Society GBI to provide an advisor to address any concerns with points 7-10 and facilitate progress in these areas.

11. Post-operative ward

11.1 The vascular team should continue to closely monitor rates of infection, theatre returns and unplanned readmissions. These should be reviewed at monthly audit meetings in order to provide on-going reassurance to the Trust and members of staff that the rates are within the acceptable limits.

11.2 Within the next three months a programme of work should commence to review the vascular ward. As part of this review the Trust should ensure that the number of beds per ward is appropriate, that vascular patients are separated from general surgical patients and that wards are single sexed. This programme of work should be completed within six months.

12. Clinical records, imaging and pathology

12.1 The Trust should reflect on the comments made in the report about communication difficulties between the two hospitals. A programme of work should commence to ensure that staff have access to relevant information such as imaging and laboratory investigations across both sites and to ensure that the clinical records are user friendly. It is recommended that all patients' primary clinical records are held at Colchester as the arterial hub.

13. Theatre utilisation

13.1 The Trust and the vascular team should ensure that the hybrid theatre at Colchester is used exclusively for vascular surgery and consideration should be given to whether there is scope to move some day surgery to Ipswich Hospital.

13.2 Some theatre sessions in the hybrid theatre should be allocated for use by the



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interventional radiologists (from both sites) in order to utilise the technology available.

14. Diabetic foot care

14.1 The vascular team should continue to develop the diabetic foot services at Colchester and Ipswich. Both hospitals should ensure they are using the same protocols in order to provide a continuity of service and that there is surgical and radiological input to support the service.

Clinical governance

15. Multi-disciplinary team meetings

15.1 The Trust should make arrangements for the vascular MDT to take place at the arterial hub in Colchester.

15.2 These meetings should be minuted and there should be only one formal record of the decision of the MDT.

15.3 The attendance and activities of the MDT should be maintained in a register. Minimum annual attendance should be set for the clinicians and reviewed at appraisals.

15.4 The Trust should introduce clear codes of conduct and expectations of acceptable behaviour for these meetings.

16. Mortality and morbidity meetings

16.1 The review team consider that, providing there are no obvious administrative constraints, the M&M meetings could continue to alternate between the two sites.

16.2 These meetings need to be minuted and any learning points and actions recorded and monitored for progress.

17. Audit

17.1 The review team considered that the two Trusts needed to establish links for integration of activity and outcome data in order to maintain oversight of the performance of the network.

17.2 The vascular team needs to establish a template for the audit meetings and ensure that key datasets are agreed and audited.

17.3 Audit meetings should include medical and nursing staff and ensure that all staff are made aware of the outcomes of audit particularly in areas that require improvement.

18. Clinical incident reporting

18.1 Senior managers and the risk management team should reflect on the comments made in the report concerning interviewees' perceptions of the clinical incident reporting system. A programme of work should commence to ensure that all staff are made aware of how to use the system and which incidents it is appropriate to report.

18.2 A review of clinical incident trends should be regularly undertaken and feedback given to the teams for action.

19. Serious untoward incidents

19.1 The reporting and investigation of SUIs needs to be reviewed by senior managers and the risk management team. The process requires significant improvement with regard to the speed and resolution of investigations.

19.2 The review team considered that when dealing with future SUIs the Trust should ensure that responsibility for implementing the recommendations of any SUI investigation is assigned to specific individuals as a safeguard to ensure the actions are completed in a timely way.

20. Key performance indicators

20.1 Within the next three months the Trust should establish the key performance indicators for the service as these will be a useful tool for senior managers at both the Colchester and Ipswich Trusts to evaluate the on-going success of the service.

Management structure and leadership

21. Management structure

21.1 Within the next three months the Trust should appoint a vascular manager for the service. Ideally this individual will have had experience of managing successful mergers.

21.2 Senior managers from both Colchester and Ipswich should reflect on the comments made by interviewees regarding communication failings between management at the Trusts and steps should be taken to improve communication.

22. Clinical lead & Clinical governance lead

22.1 Within the next month the process for appointing a clinical lead and governance lead should commence. Initially these appointments should be made on fixed terms i.e. for one year. These individuals will need to be acceptable to the consultants and other members of the vascular team.

22.2 Management training should be made available for those individuals who have been appointed or have expressed an interest in either leadership or management roles.

Team working

23. Team working

23.1 Team working and communication amongst the consultant team needs to be improved. Regular consultant meetings need to take place to ensure lines of communication are open between the surgeons and to ensure they discuss key issues that affect the service.

23.2 Senior managers from both Trusts will need to work with the vascular team to establish whether the breakdown of relationships and trust in the surgical team is remediable.

24. Consultant contracts

24.1 It is the review team's recommendation that the consultant contracts are held with either the Colchester Trust or the Five Rivers Vascular Service Network. If both the Colchester and Ipswich Trusts agree to this proposal, the Ipswich vascular surgeons will each have to consider their position and to confirm whether or not they are happy to continue working in the Five Rivers Vascular Service.

24.2 The review team consider that, given there is a need for the consultant surgeons to undertake activities on both the Colchester and Ipswich sites, the Trust should review whether there is a business case for the appointment of a seventh consultant vascular surgeon.

25. Job plans

25.1 The review team consider that the Trust should review each of clinicians' job plans to ensure that protected time is allowed for attendance at relevant MDT meetings, M&M meetings and audit days. To be completed within three months.

25.2 The review team consider that each of the consultants should undertake clinics and ward round activity at Ipswich so that if possible a vascular surgeon is present on the Ipswich site for part of each day.

Responsibilities of the Trust in relation to the recommendations of this report.

This report has been prepared by The Royal College of Surgeons of England and Vascular Society of Great Britain and Ireland under the IRM for submission to the Colchester Hospital University NHS Foundation Trust. It is an advisory document and it is for the Trust concerned to consider any conclusions and recommendations reached and to determine subsequent action. It is also the responsibility of the Trust to review the content of this report and in the light of these contents take any action to protect patient safety that is considers appropriate.

Further contact from the Royal College of Surgeons following final report.

Where recommendations are made that relate to patient safety issues, the Royal College of Surgeons will follow up this report with the Trust to ask them to confirm that the Trust has addressed these recommendations. The College's Lead Reviewer may be available to support this process.

Where the College is not satisfied that these recommendations have been addressed within a reasonable period of time following the issue of the final report, the College, the Association and/or the Reviewers reserve to themselves the right to disclose in the public interest but still in confidence to a regulatory body such as the General Medical Council, the National Patient Safety Agency or the Care Quality Commission or any other appropriate recipient, the results of any investigation and/or of any advice or recommendation made by the College, the Association and/or the Reviewers to the Hospital.

The College will also contact the Trust to carry out an evaluation of its services following the issue of the final report.



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10. Signature of Reviewers

Mr Paul Blair FRCS

DATE: 20/08/14

Mr John Vincent Smyth FRCS

DATE: 20/08/14

Ms Mary Porter

DATE: 20/08/14