

Bundle Health Board 15 February 2022

- 1 22/48 Chair's Introductory Remarks - Mark Polin
- 2 22/49 Apologies for Absence
- 3 22/50 Declarations of Interest
- 4 22/51 Vascular Services - Nick Lyons
 - 22.51 - RCS 2 vascular paper 15 Feb (002).docx
 - 22.51a - Copy of Vascular Improvement Plan 7 February 22.pdf
 - 22.51b - Copy of Extract of improvement plan reflecting RCS Part 2 report.pdf
- 5 22/52 Date of Next Meeting
 - 10 March 2022*



Cyfarfod a dyddiad: Meeting and date:	Extraordinary Public Board Meeting 15th February 2022
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Initial Briefing following receipt of "Report on 44 clinical records relating to vascular surgery on behalf of BCUHB" by Royal College of Surgeons in January 2022.
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Nick Lyons, Executive Medical Director
Awdur yr Adroddiad Report Author:	Dr Nick Lyons, Executive Medical Director
Craffu blaenorol: Prior Scrutiny:	None
Atodiadau Appendices:	Vascular Improvement Plan updated in response to Part of RCS report and summary of Part 2 actions for ease of reference

Argymhelliad / Recommendation:

To note receipt of the second part of the Royal College of Surgeons report and to discuss the action plan that will also be reported to Quality, Safety and Patient Experience in March 2022.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	X
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	

Sefyllfa / Situation:

In September 2020, the Health Board requested the Royal College of Surgeons (RCS) to carry out an invited review of the BCUHB Vascular Service to include a review of clinical records.

The first part of that report was received by the Health Board in March 2021 and has been monitored by the Vascular Task and Finish Group and more recently the Vascular Steering Group. This has been closely overseen by the Board.

In autumn 2021

- A Vascular Oversight Group was set up to ensure increased pace in delivery of pathways leading into the vascular service
- Work began to integrate the various action plans related to Vascular services and Vascular pathways into a single Vascular Improvement Plan
- Quality reports and patient stories were introduced into the Vascular Steering Group.

In November 2021, the Board received the annual National Vascular Registry (NVR) report highlighting concerns in the validation of data submitted for the national audit and the long-

standing concerns in vascular outcomes, although noted some recent improvements in those outcomes.

In January 2022 the Board received the second part of the report, following the completion of the review of clinical notes. This report, which should be read alongside the first part of the same report, makes additional recommendations that are summarised in this paper and which are now integrated and overseen in the overall Vascular Improvement Plan. The second part of the report reviews notes that document care from 2014-2021 covering the period before centralisation of vascular services as well as more recent episodes of care.

Cefndir / Background:

A public consultation in 2012 *“Healthcare in North Wales is Changing”* considered a proposal that “complicated arterial surgery is provided in one acute hospital in North Wales” and [that] “routine vascular services and care before and after operations would continue to be provided in all three acute hospitals”. Following this consultation, on 18 January 2013, the Board approved a recommendation to “consolidate arterial surgical services into a single specialist centre” with the preferred location being Ysbyty Glan Clwyd (YGC) and also approved a recommendation “this move to be facilitated through an interim operational contingency move to 2 arterial centres in (Ysbyty Gwynedd and Wrexham Maelor Hospitals) during 2013”.

An Invited Service Review by the Royal College of Surgeons in November 2015 recommended “that a single hub model [for the vascular services] should be implemented as soon as possible in North Wales” and that it was “the opinion of the review team that Glan Clwyd (Central) site was probably the most appropriate choice for the arterial site at this time”.

The Board further noted a report in March 2019 that the “organisation had the capacity and capability to establish the new facility [at YGC] which would go live on 10th April 2019” and the vascular hub duly opened in April 2019.

The Board has continued to monitor the implementation of the network in Board workshops, Board briefings and public Board meetings since that time, including receipt of a report from the Community Health Council (CHC) in May 2020, which highlighted adverse patient experiences in the Vascular Service.

The North Wales Vascular Network which is currently in place remains in keeping with the Board’s decision for centralisation and adoption of a hub and spoke model with appropriate capacity for patients at all 3 acute sites.

No external review, including the second part of the RCS review received in January 2022, has proposed that the Board’s approval of the “consolidated service” in 2013 be reconsidered. The network model is in line with those present in other parts of the United Kingdom.

Asesiad / Assessment & Analysis

In 2021, the first part of the RCS report made 22 recommendations related to patient safety and service improvement. The recommendations were fully accepted by the Board and progress made in implementing needed improvements. However, more work is needed to ensure consistent and sustainable delivery of the highest quality vascular pathways across North Wales.

The second part of the report makes a further 9 detailed recommendations, based on the review of notes from 2014-2021 that include

1. The need to provide follow up for, and communication with, some patients as a result of the case review
2. The need to review the care of some patients to ensure that the Health Board is aware of the outcomes for those patients
3. The need to review in detail the findings of the reviewers in relation to the cases reviewed
4. The need to review the multidisciplinary team (MDT) arrangements for patients undergoing vascular surgery
5. The need to review the consent-taking practices and recording of those consent discussions in keeping with latest standards
6. The need to carry out an audit of the clinical notes and standards of clinical note keeping
7. The need to improve the quality of the clinical record
8. Consideration of closer working with Liverpool University Hospitals NHS Foundation Trust
9. The inclusion of Liverpool University Hospitals NHS Foundation Trust in the MDT discussions, particularly in relation to the vascular aneurysm pathways

These recommendations, particularly in relation to MDT working, build on the previous recommendations received in 2021 but also provide additional areas on which to focus improvement. Some, but not all, of these recommendations are already addressed within the existing Vascular Improvement Plan.

In Appendix 1 to this paper is an updated Vascular Improvement Plan in response to these recommendations. Also included are additional early actions developed with clinical and operational teams to ensure that actions are effective and that lessons are learned not only in the vascular service but also more widely across the Health Board.

These actions include

- The development of a Vascular Quality Panel that will, with external support and validation, review the clinical notes and carry out additional thematic review of notes as necessary across BCUHB. The group will also look to provide assurance that a representative sample of notes has been considered. It is expected that an independent Chair for this panel will be shortly appointed, providing an external view and contributing to the provision of assurance that the recommendations have been fully implemented.
- Review of current notes and consent in vascular services as well as development of further clinical leadership capacity to oversee and implement standards

- Agreement in principle to work more closely with Liverpool, particularly in relation to MDT discussions but also in terms of wider standards developed and clinical support
- Development of an open and transparent communication plan in line with Caldicott Principles, including engagement with families and patients within the Quality Panel review process
- Discussions with Welsh Government and regulators of professional practice which may result in regulatory action
- Support for staff involved in the vascular service but also more widely across the Health Board

A tripartite discussion is expected nationally on 11th February 2022 and it is hoped that a verbal update can be shared at the time that this paper is considered.

Opsiynau a ystyriwyd / Options considered

The need to ensure external validation and assurance of the effectiveness of actions within the Vascular Improvement plan is currently being considered,

Goblygiadau Ariannol / Financial Implications

A detailed proposal of additional workforce requirements to ensure sustainability of the vascular service is currently being developed for the Integrated Medium Term Plan (IMTP).

Dadansoddiad Risk / Risk Analysis

The risk register is currently being reviewed following receipt of this plan to reflect the latest recommendations, particularly in relation to patient safety.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Any legal implications in relation to the quality of consent are currently being considered. The Board is working closely with regulators in relation to professional standards.

Asesiad Effaith / Impact Assessment

Currently under consideration

Headings	Ref from RCS Report	Recommendation / internal Issues	Actions required	Action by	Owner	Legacy Start Date as per report	Legacy End Date	New / Revised Start Date	New / Revised End Date	Actual End Date	Task Status	Reporting	If overdue, what are the issues?	Mitigations	Assurance	Progress update - include reasons in here for revised start or end date, and impact this will have on the overall deliver of the milestone
Pathways	RCS Report Recommended Actions															
	4.1	Requirement for agreed and clear pathways to ensure timely and effective treatment at Hub and Spoke sites	Timely MDT is required at all sites. For spoke sites, this should be led by a spoke based Vascular Consultant making use of on call surgeon if this is not available	Soroush Sorabi	Ramesh Balasundaram	01/04/2021	31/05/2021				Complete					A North Wales MDT is held every Friday pm involving all available vascular consultants, interventional radiology and anaesthesia which covers patients from all three areas. In addition a meeting has been established in June 2021 at YGC involving vascular and microbiology to discuss the ongoing care of inpatients. Local MDT are job planned for spoke sites
			Diagnostic and assessment services should be available in a timely manner. CT / MRI / Sonography etc.	Kakali Mitra supported by Helen Hughes	Executive Medical Director	01/04/2021	31/05/2021		31/08/2022		In Progress		Regular review of Diagnostics waits. CT / MR compliant but sonography requires investment and recruitment lead time			25th November update - met with Helen Hughes, report being prepared for 26th to update the board on the progress in recovery relating to diagnostic waits. They are now meeting the Welsh Health Board guidance for 2wk wait for Urgent and 8 Wk. for routine for both CT and MR. Sonography is not yet meeting the targets and is not possible until the resource requirements are addressed to provide the staff to scan. Date has been realistically amended from 1 December to 31 March to allow time for both business case approval and recruitment of staff to achieve the desired timescales for sonography waits. All other locum routes etc. have been exhausted. Regular meetings planned to discuss progress to date and radiography are including this on their action plan. 19 January update - Despite advertising for sonography post for Bangor - unsuccessful as yet. Plan instead to train our own sonographer and requires a 2 year plan for training completion.
			Repatriation pathway to be completed, signed off and utilised for admission to spoke sites from the hub	Karen Mottart, Steve Stanaway	Executive Medical Director	01/04/2021	31/05/2021		31/03/2022		In Progress	QSE via Vascular steering group	Further work required with Care of the Elderly team at West			3 December update - recirculated to Rhian Hulse, Keeley Twigg, Lesley Walsh and Ellie Kite for circulation again as been a year since agreement. It was held up at CAG as lack of evidence to support nursing involvement. Nursing clear involvement this time - Deadline for comments 16 December 2021 and then for CAG presentation 27.December update - Feedback from West COTE team - they now don't agree with end of life management sitting within their specialty alone. 17th January - Update from Karen Mottart - to amend the pathway to reflect the above changes and disseminate again.
	4.1.8		Requirement of a vascular review / escalation and transfer pathway into the hub site	Soroush Sorabi supported by Specialty Leads	Medical Directors	21/09/2021	31/10/2021				Complete					See Emergency pathway for spoke site transfers Spoke sites contact VCOW / On call Vascular surgeon to accept and transfer the patient to the Hub site
	4.1.7		Finalisation and sign off for IVDU pathway	Karen Mottart, Steve Stanaway	Executive Medical Director	01/04/2021	30/06/2021		31/03/2022		In progress	QSE via Vascular steering group	General Surgery at West require further input / review			13 December 2021 - for CAG presentation 15 December 2021 Signed off by CAG 15/12/21 - Awaiting Executive sign off 13 January - called back to discuss with West General Surgeons as they have now raised issues - meeting at CG 18 Jan to discuss 17th January update - discussed at length with Gen Surg team and pathway to be amended to reflect and then shared more widely and will need wider discussion with YGC GS team. Date revised to reflect the delay.
			Day Case Angioplasty pathway finalisation and sign off	Soroush Sorabi supported by Specialty Leads	Medical Directors	01/04/2021	30/06/2021				Complete					Approved by CAG and the Executive team Jan 2021 and has been implemented
	1		Clarity on role of the leadership and management in spoke sites, hub site and the vascular network manager.	DGMs	Acute Site Directors			16/09/2021	24/01/2022	20/01/2022	Complete		Specialty lead commencing 10 January 2021 at the hub providing operational support from each site to allow a wider network view for the specialty			Fortnightly meetings to work look at working more collaboratively across the hub and spoke sites to improve engagement and help to clarify with support from DGMs the expectation across the sites. 16 November update - Site Vascular leads have been 'appointed' Vascular manager is co-ordinating between the 3 sites although awaiting some project support to deliver the plan. A secondee is planned for January 2022 to support day to day operational management and tackle some of the action plan. 1 December update - Band 5 Ast Specialty lead commenced and awaiting specialty lead allocation to allow for substantive and robust comms with spoke sites with escalation to lead manager and vascular network manager accordingly. Vascular specialty at the hub to fall in line with management of other specialties with VNM to oversee the 3 sites and review strategic development when all staff are in place. 10th January will see the arrival of a specialty lead manager who will cover Vascular to provide each site with accountable ops teams with oversight from the vascular network manager 17th January update - YGC operational team supporting vascular now in place over the last week in addition to secondee covering the VNM post. Roles outlined at meeting with YGC team to determine how vascular will be overseen and managed with the hub and spoke teams.
	2		Create and disseminate Primary Care Pathways / guidance in relation to vascular conditions	Vascular Clinical Lead supported by Bethan Jones and Laszlo Papp	Ramesh Balasundaram				31/05/2022		Not yet commenced		Delay in commencing due to available capacity			Soroush and or designated Vascular surgeon to work with Bethan to write guidance for primary care starting 2022
	4.1.5	Management of patients post major arterial vascular surgery (Repatriation) Pathway requires final sign off ensuring communication between hub and spoke regarding discharge and follow up is improved	Rehabilitation needs are assessed by the relevant clinical teams prior to discharge and appropriate rehabilitation services are accessed locally wherever possible	Soroush Sorabi	Ramesh Balasundaram	22/05/2020	27/01/2021				Complete					Referrals completed in line with required rehabilitation needs. Issues relating to full delivery of this action at the YGC site relate to resource gap in therapies to support timely follow up and some environmental / capacity issues for post operative follow ups. The action itself as described is complete. the timeliness aspect requires review
			All relevant clinical services at hub and spoke sites are aware of the pathway and have robust mechanisms in place to ensure discharge plans are communicated to relevant teams	Specialty Leads supported by , Vascular Network and DGMs all sites	Acute Site Directors supported by Medical / Nursing Directors	22/05/2020	27/01/2021		31/03/2022		In progress	QSE via Vascular steering group	Pending sign off for pathway before dissemination			Communication of the repatriation pathway once signed off
	4.1.8	Pathways are required to enable non-complex / low risk peripheral vascular interventions to be undertaken (in line with VSGBI guidelines) mainly as day cases at spoke sites	Agreement regarding interventions to be undertaken at Spoke sites	Clinical Leads supported by DGMs all sites	Medical Directors	01/04/2021	30/06/2021	25/10/2021	03/12/2021	26/11/2021	Complete					It has been agreed which vascular procedures can be completed at spoke sites in addition to Orthopaedic interventions. Changes have not yet been fully implemented due to ongoing discussion relating to theatre capacity and bed availability. 1. simple fistulas/ PD catheters 2. day case angioplasty 3. minor amputations / debridement 4. VV procedures both open and endovenous 25th November update: Email correspondence with Spoke Site MDs to confirm clarity on the above procedures being carried out routinely at spoke sites. Awaiting confirmation of clarity. 26th November update - Clarification and dissemination of information from Medical Directors at Spoke sites to ensure clarity on what can be completed locally.

			Details for inpatient responsibility for patients requiring admission following general anaesthesia	Karen Mottart, Steve Stanaway	Executive Medical Director	01/04/2021	30/06/2021		31/03/2022		In Progress	QSE via Vascular steering group	Pending pathway proposal and meeting with Andy Baker and Keeley Twigg			5/10/21 Meeting planned with Medical Directors to agree IPS and accountability and responsibility for Shared care to be disseminated through the medical teams 10 November 2021 - The Medical Director who wanted to progress was sick and then on AL, another was unavailable due to return flights. Meeting delayed. 16 November update - dialogue is taking place amongst the Medical Directors. 3 December update - Non-complex / low risk procedures outlined to medical directors and disseminated through operational teams for awareness - Awaiting feedback in relation to a plan for patients requiring an overnight stay post general anaesthesia. 30 December 2021 = West have signed off, General Surgery at East in discussion with MD 13 December - meeting planned for early February with CL for Gen Surg and Operational lead to discuss
Diabetic and Vascular patient management	4.1.6	Develop Non-arterial Diabetic Foot Pathway should be finalised urgently with involvement of all relevant teams	Agree assessment protocols from Diabetology team for the Non arterial Diabetic Foot Pathway	Diabetology leads	Medical Directors	01/04/2021	30/06/2021		16/11/2021	10/11/2021	Complete					5/10/21 Draft of Diabetic Foot Pathway (DFP) circulating for sign off by BCU DF meeting. Require a single Pathway with individual sites having a brief document with their specific caveats. Diabetology input in relation to assessment is in keeping with NICE guidance and agreed. Remaining aspects of the pathway yet to be signed off 10 November update - from a diabetology perspective we have agreement from East (Anthony Dixon, Centre Gayatri Sreemantula and Karen Mottart on behalf of West)
			Identify a diabetic foot / foot salvage lead within the vascular team to support all sites and support spoke teams to standardise care and pathways	Soroush Sorabi	Ramesh Balasundaram	01/04/2021	30/06/2021		08/11/2021	21/10/2021	Complete					Soroush Sorabi is the Diabetic foot lead across BCU with along with spoke site leads Faisal Shaikh and Laszlo Papp undertaking this role at YG and WMH.
			Agree assessment protocols from Diabetology team for the Non arterial Diabetic Foot Pathway	Medical Directors supported by DGMs / Vascular network manager	Executive Medical Director	01/04/2021	30/06/2021		01/12/2021	19/11/2021	Complete					MDT arrangements in place albeit some completed outside of formal job plans however are completed during other allocated spoke activity. There is work to be done to ensure that all disciplines are in attendance at all sites. Progress at spoke sites is further ahead than Centre but the focus is now in bringing Centre up to speed with consultant appointment / locum support / planned Middle grade remodelling. Protocols however agreed from a diabetic input perspective
			Patients at spoke sites diagnosed with diabetic foot sepsis without arterial compromise should remain at spoke sites if possible. If not possible, a pathway is required for urgent transfer to the hub.	Medical Directors supported by and Specialty Leads / DGMs	Executive Medical Director	01/04/2021	30/06/2021		31/03/2022		In Progress		Awaiting visit to centre of excellence January 2022 to view process for informing the final section of the emergency DFP pathway. Aim March 2022 sign off			13 December 2021 - Diabetic Foot Pathway - Signed off in entirety from West, Signed off by all aside from Orthopaedics for East and Centre. Awaiting Ortho 'pathway' to be amended by East Ortho team as discussed with Nick Lyons 30 December -Centre specialty lead wishing to review Blackburn's pathway and practice prior to fully signing off the pathway and agreeing to required resources. 17 January 22 - MD for centre signed off pathway on behalf of the hub. East Orthopaedics have shared their counter proposed pathway signed off by ortho team. Next East meeting 25th January for discussion with the wider group
			Clear arrangements are required at spoke sites, including the specialty that the patient is being admitted under to allow for input from vascular if required	Medical Directors	Executive Medical Director	01/04/2021	30/06/2021		01/12/2021	26/11/2021	Complete			Action slightly amended - no vascular beds at spoke sites which means that all patient requiring vascular procedures not able to be completed as day case will transfer to the hub. Those patients that fit the criteria for day case management will remain under their primary care provider allowing for vascular input as needed. Local vascular teams to co-ordinate this. Middle grade tiers are present at each spoke site to support this in line with interventions that can be completed at spoke sites.		
	4.2.15		Review the resource required for a diabetology consultant to Spoke sites (including non-consultant grade support) to ensure that capacity meets the demand and enables ward beds to be covered by a Diabetologist and play a key role in vascular care	DGMs YG / WMH	Acute Site Director YG / WMH	01/04/2021	30/06/2021		01/12/2021		Complete					Awaiting capacity gap information. Est / West DFP groups have been asked to provide a rough estimate in the first instance and demand information has been shared to support their decision making. Centre to be asked 12/10/21 meeting. 10th November update- Information from BCU has been provided for the diabetology requirements to deliver the pathway. This needs pulling into a business case. SM to action. 25th November update - BCU resource requirements for DFP Diabetes confirmed - awaiting West final version 26th November update - Confirmation for each site requirements for diabetology. Specialties to progress with submission to IMTP. All informed via email 26/11/21
			Review the resource for Orthopaedics required to support the implementation of the DFP	Specialty leads supported by DGMs	Medical Directors supported by Acute Site Directors	01/04/2021	30/06/2021		28/02/2022		Complete		Awaiting visit to centre of excellence January 2022 to view process for informing the final section of the emergency pathway.			13 December 2021 - Awaiting Centre confirmation of resource requirement. Escalated to Balasundaram Ramesh 30 December - Centre specialty lead wishing to review Blackburn's pathway and practice prior to fully signing off the pathway and agreeing to required resources. 17th January update - MD has described available fencing for Foot and Ankle Surgeon to support the clinics lead in DFP delivery and further 'mentors' to provide support and experience in managing this category of patients. 7 February - Agreement that need 2 F oot and ankle surgeons per site to rpvode backfill for the service
			Review of resource for Podiatry at spoke sites to support the pathway following sign off	Podiatry Leads	Head of Therapies	01/04/2021	30/06/2021		01/12/2021	19/11/2021	Complete					5/10/21 Gap analysis completed but needs some additional detail for the business case. SM meeting with podiatry teams to collate 10 November update - SBAR sent to Acute Site Director for Centre for Centre DFP podiatry and therapies requirement. Awaiting updated finance for business case for Centre for inpatient therapies. 25 November update - received podiatry requirements Pan BCU Received East and West podiatry departments.
			Review of Specialist Nursing support to realise the diabetic Pathway	HoNs	Directors of Nursing supported by DGMs	01/04/2021	30/06/2021		01/12/2021	26/11/2021	Complete					Awaiting capacity gap information Wd 3 have completed with a view to increasing bed base to 21 with a high observation area but CNS / ANP resource requires review across sites inclusive of succession planning to futureproof the service 25 November update - To aim to mirror process at Centre across spokes (1 ANP clinically focused and 1 CNS wound focussed) to make vascular presence more robust. Requirements to deliver included on plan.
			Diabetic Foot clinics to be held jointly with vascular surgery and podiatry at all sites	Vascular Clinical Lead	Medical Directors	01./04/21			31/03/2022		In Progress		Awaiting visit to centre of excellence January 2022 to view process for informing the final section of the emergency pathway.			13 December update - Some contention about whether they should be weekly / fortnightly MDT sessions instead of joint. This may indeed be aspirational for the time being due to room constraints and need to keep momentum of joint clinics running. In place East and West. Not in Centre as yet. 30 December 2021 - No responses for additional sessions dates from vascular or orthopaedics. Pending review on 11 January of Blackburn service to commit to implementing a soft launch with the joint / MDT clinics 17 January update - Met with CL for ortho / MD / Acute site Director to discuss outcome of visit - anticipate soft launch for DFP with a view to full implementation of gold standard 2-3 years following resource and development of service.
			Consideration of appointment for a network wide podiatric surgeon / orthopaedic surgeon with special interest in vascular to support the foot salvage service across all sites	Medical Directors supported by the Therapy Director	Executive Medical Director	01/04/2021	30/06/2021				Not yet commenced		Escalated to Medical Directors			Discussed with Gareth Evans 8/10/21 No current progress on this consideration to date. May depend on the outcomes of Orthopaedic surgeon discussions in the first instance at this stage. 25 November update - Unsure that this requirement is necessary - to discuss at Vascular oversight group 10/12/21 30 30 December - communicated to Medical Directors for review as not yet progressed with no sign of requirement for the post unless allocating to existing staff member
											Complete		Not discussed 9/11 Sent out for comments and amended - resent 13/12/21			Sent TOR for sign off at governance meeting - meeting membership reviewed SM 27/10/21 16 November update -TOR on the agenda for the CG meeting - reminder email sent to all to review and agree - to be reviewed in full 10/12/21. 13 December update: Comments reviewed for TOR - require re-submission to the group for approval. 17 December update - Nil comments received in specified time frame
			Improve collaborative sign off for actions and learning from incidents. TOR for governance meetings require a review in addition those required to attend	Hans Desmorowitz supported by the Vascular Network Manager	Soroush Sorabi	01/04/2021	28/05/2021		17/12/2021		Complete				Gary Francis had previously been overseeing aspects of the governance meetings and has since left the organisation. Awaiting update on his successor to continue with progress. 25th November update - Conrad Wareham has been appointed as interim Medical Director BCU - will oversee and support governance processes and structure.	
			Consider appointment of an external chair for governance meetings	Conrad Wareham	Executive Medical Director	01/04/2021	29/05/2021		01/01/2022	27/11/2021	Complete					

Governance	4.1.9	Improvements are required in line with improving the effectiveness of clinical governance	Audit of processes to ensure that agreed changes to clinical practice arising from shared learning are effected	Hans Desmorowitz	Vascular Clinical Lead supported by Interim Deputy Exec Medical Director			30/12/2021	30/04/2022		In Progress					Collation of learning to be completed and made reference to for governance meetings and datix events in light of similar incidents.
			Robust process to ensure that agreed changes to clinical practice arising from shared learning are clearly identified and effected.	Hans Desmorowitz	Soroush Sorabi supported by Interim Deputy Exec Medical Director	01/04/2021	30/05/2021		20/04/2022		Complete		Process in place, audits to be completed to ensure consistent			13 December update - Robust approach to earning points being shared from morbidity albeit slightly lengthy. Mortality all presentations shared and discussed for learning. Meetings are recorded and all M and M information stored on the shared drive for reference. Need to review how capture in the minutes for clarity. Deputy Executive Medical Director in attendance - review potential for chairing next meeting.
			Clarify the requirements for the process of root cause analysis for all major amputations	Hans Desmorowitz	Vascular Clinical Lead	01/04/2021	31/05/2021	31/10/2021	31/03/2022		In progress		Not presented as planned, deferred to March 22 meeting			10 November update - discussed at the clinical governance meeting on 9 November - Aw SS response 25th November update: RCA proforma to be presented at the next governance meeting 10/12/21 13 December update - not completed as yet - deferred to January 18th CG meeting. Requested that the proforma be shared prior to presentation for review 17 January update - not yet complete - draft version sent to CD for review and input.
			Admin / governance resource required to support the process in line with organisational standards	Vascular Network manager	DGM Surgery YGC			01/09/2021	01/12/2021	10/12/2021	Complete					Additional resource is required as we currently have Consultants undertaking activity not in keeping with efficiency. Band 5 has been appointed to aid with rota management and will support the governance recording of actions / outcomes and assist with feeding back to the team. 25th November update - Band 5 starting in post 29/11/21 and will commence support from 10 December governance meeting. Band 2 NVR data entry role added into business case to support from that angle - recruitment time required post business case approval.
	4.2.13	Improve effectiveness of M & M meetings enabling comprehensive MDT discussion and shared learning	Timing of meetings to enable anaesthetic attendance	Vicky Hughes supported by Vascular network manager	Soroush Sorabi	01/04/2021	01/06/2021				Complete					Anaesthetic Consultant is invited and attend this meeting along with the MDT. Membership review required to separate M&M from true governance meeting to improve attendance and quality. Joint anaesthetic and Vascular M and M time available - next date 10 December 2021. 1 December update - Anaesthetic joint meetings to be held 3-4 monthly to discuss relevant Mortality cases. Vicky Hughes to Liaise with Esther to arrange. Joint meeting 10/12/21
			Audit to ensure that there is a robust process to discussion of all mortality and morbidity and carry forward of discussion to next meeting as needed	Vascular Clinical Lead	Balasundaram Ramesh			30/12/2021	30/04/2022		In progress					Review of cases discussed and cases pending discussion prior to and following each CG meeting
			A robust system required to ensure discussion of all cases, issues to carry forward to next meeting if required. Robust recording and sharing of agreed actions	Soroush Sorabi	Balasundaram Ramesh	01/04/2021	02/06/2021		18/12/2021		Complete		Awaiting completion of the action log update - delay due to minutes from the meeting not complete			Further work is required to formulate robust methods of capturing and sharing the information and the methodology of doing so. Sally Morris to review with Governance lead before 9 November meeting. 31/10/21 M&M reviews in place, need to review agreement and sharing of learning / actions 16 November update - may need a whole M and M and audit day to clear the backlog 25 November update - reviewed all outstanding cases for discussion - 'backlog' will be clear as of 10 December 2021 CG meeting. 3 December update - Robust system in place. Data exported from BI mortality tool and cross referenced with those previously discussed and list generated to all consultants to prepare for meeting. Improvement for actions and tracking / chasing from new Band 5 required to improve shared learning timely for all. 18 December - delay in signing off as complete as first action log to be completed post CG meeting to provide a robust framework with clear responsibility moving forward
Patient Flow	4.1.2	Review of vascular bed capacity and nursing resource. This section also relates to reduction of cancellations on the day due to bed / ITU / HDU availability	All vascular patients via elective / emergency / transfer from spoke should ideally be placed directly into a vascular bed. If this is not possible, robust plans for reviews must be in place.	Site Manager	Site Director	01/04/2021	30/06/2021		01//03/2022		Complete					25 November update - Informed that from a site perspective the move outlined above is not a priority for the time being. VCOW and on call model allows for 'safari ward round'. Need to revisit the responsibilities for the VCOW to ensure robust process is clear to all. The modelling for MG cover across BCU allows for all ward reviews inclusive of outliers. Awaiting business case and time will be required for recruitment following this so envisaged Feb / March 2022 for the introduction of the model assuming recruitment is successful
			Admission and transfer pathways to be developed to ensure that patients are safely and appropriately placed and that any delay in transfer has clear non-surgical optimisation in place prior to transfer	HoN supported by DGMs	Acute Site Directors			16/09/2021	31/12/2021		Complete					Emergency pathway in place, repatriation pathway covered in action 4.1 under pathways above. Outstanding is finalised version of transfer into ward 3 pathway which relates to the local management of vascular patients
6	3		Review theatre capacity and ensure all pre-covid lists are returned	Elaine Hodgson supported by Theatre Manager	Neil Rogers			01/11/2021			Not yet commenced	QSE via Vascular steering group	Covid 4th wave - currently on hold			Alternate Monday all day case list removed during covid 25th November update - issues with theatre staffing prioritising lists in place due to staffing.
	4		Achieve dedicated Renal Access Theatre lists across BCU	Elaine Hodgson supported by Vascular Network manager	Neil Rogers			01/11/2021	31/01/2022		Complete					10 November update - East and West have a dedicated session per month with all patient allocated an accurate P status and booked accordingly ahead of any other non-urgent day surgery cases. Unable to complete this currently at Centre as no day case access - highlighted to DGM for Surgery 25 November update - YGC day surgery list as mentioned in above action would be the dedicated renal access list but having to utilise theatre L capacity 30 December - Renal cases are prioritised at the start of the lists to improve start times with lists containing patients requiring ITU beds. Until the Alternate Monday day case lists are returned this is the dedicated theatre time for renal access.
	5		Increase access to Interventional Radiology sessions - Lack of interventional radiography (IR) sessions making theatre allocation more difficult into appropriate session.	Helen Hughes	Executive Medical Director			10/12/2021	31/08/2022		In progress					3 year plan for radiology to support recruitment to this specialist discipline. IR radiographer leaving January 22 seeing depleted IR sessions available.
	6		Require increased access to emergency theatres to prevent cancellations of elective cases	Elaine Hodgson	Neil Rogers			10/12/2021			Not yet commenced	QSE via Vascular steering group	Covid 4th wave - theatre staff issue			Vascular emergency cases can be lengthy and it is not ideal for them to make use of the general CEPOD list for this reason. Additional capacity required for emergency sessions 17 January update - Liaise with DGM for theatre to iterate clinical urgency for fistula patients for which the alternate week Monday list is utilised to free up space within the hybrid theatre for waiting list and emergencies.
	7		Robust method required to allocate patients onto theatre lists required	Surgical Ops team supported by Vascular network manager	Neil Rogers			10/12/2021	31/01/2022		Complete					Meeting planned for 16th December as preliminary discussion as to how operational team can take over the bulk of the allocation using MDT for sign off. 30 December - sign off for proposed operational management of theatre planning with clinical input to aid emergency case placement. Implementation planned by 31/1/22

Theatre	4.1.3	More effective use of the Hybrid Theatre	Commence lists on time using 'golden patient model'.	Theatre Manager supported by Critical Care Lead YGC	Vascular Clinical Lead supported by Elaine Hodgson	01/04/2021	28/05/2021	01/12/2021	31/01/2022		In Progress	QSE via Vascular steering group	VSG Review please			Implementation of a golden patient for use of the hybrid theatre may require the listing of fistulas / minor cases etc. that do not require IR support. This is mostly due to lack of ITU bed availability or decisions to proceed with theatre being delayed pending ITU approval to proceed. Vascular and Intensivist CDs to discuss a way forward in expediting decisions. Theatre booking being taken over by secretarial and operational team commencing 20/12/21 - some cases cannot be completed by all team members which can mean that not all theatre days can commence with smaller golden patients and rely on the larger cases being delayed due to level 2/3 bed availability 13 December update - invite for vascular anaesthetist / CD for vascular and theatre manager to discuss 30 December - Golden patient model not fully operational currently however planning for renal access and minor cases to be scheduled on days with patients requiring ITU to make best use of theatre time and less likely for late starts to lower complexity - to be fully embedded once operational management of booking lists by 31/1/22 17 January update - consider VSG to review this as deemed not a viable proposal given the case mix of patients assuming that all day Monday fistula list returned. Discussed using the fistulas with Vascular anaesthetist as golden patients who felt this was unrealistic and that a proportion of these cases are not straight forward.
			Reduce vacant sessions through backfill for surgeons	Vascular Network Manager supported by DGM Surgery	DGM Surgery YGC	01/04/2021	28/05/2021		01/03/2022	26/11/2021	Complete		Human resource issue for cover			Locum consultant starting 4/10/21 and 1/11/21 to cover a gap in funded consultants, 1 is additional to numbers to aid picking up lost activity' due to VCOW / SOD activity to aid increased capacity at spoke sites. Prospective cover in place for SOD. 16 November update - this is in place for spoke sites with locum backfill. Not an issue at YGC as there are no day case lists and all Hybrid theatre days have an allocated Surgeon of the Day Action to remain open awaiting substantive appointments 25 November update - as far as OPD sessions go - the modelling for MGs allows for ANP / Middle Grade / Consultant streams to reduce the loss of activity in relation to on call activity. RISK currently lack of physical space does not allow for this to occur. As far as theatre is concerned SOD is prospectively covered and resource is currently in place to support this.
			Anaesthetic involvement in Friday theatre meetings to reduce those cancellations relating to anaesthetic concerns	Anaesthetic CD supported by Soroush Sorabi	Balasundaram Ramesh	01/04/2021	28/05/2021				Complete					A North Wales MDT is held every Friday pm involving all available vascular consultants, interventional radiology and anaesthesia which covers patients from all three areas. In addition a meeting has been established in June 2021 at YGC involving vascular and microbiology to discuss the ongoing care of inpatients.
Spoke Vascular presence	4.1.4	Vascular presence at Spoke Sites	Consultant review of all vascular patients within 24 hours (48 hours recommended by Vascular society guidance)	Soroush Sorabi	Executive Medical Director	01/04/2021	30/06/2021	01/10/2021	31/01/2022		Complete					Locum consultants will cover planned activity that is dropped due to VCOW / SOD or Leave in the interim. Need to also factor in MG cover for spoke sites to support sustainably. This must be rotational to aid the roles being attractive as spoke site activity perhaps not exciting enough to attract on its' own. 5 days coverage at Spoke sites means that the weekend may extend to 48 hours by exception with out Middle grade on call cover. VCOW / on call provides virtual review with a pathway in place for transfer of patients into the hub as needed.
			Spoke site consultant vascular surgeons should be accessible to Diabetology, Orthopaedics, General Surgery and Endocrinology etc. Availability and means of access also need to be clear to all	Vascular Network Manager supported by/ DGMs	Acute Site Directors	01/04/2021	30/06/2021			18/12/2021	Complete					Spoke site surgeons are have a rota which is shared across all sites with relevant specialty groups. The rota includes allocation of surgeons, sites, and contact details. Aim for Health roster to be live soon to aid a live rota version visible to all who need. Awaiting support from health roster team to make live 25 November update - Middle grade ' modelling' provides 8-5 cover for Spoke sites weekdays to increase vascular presence on a rotational basis. Assuming business case approval, will require recruitment time, to consider February / March realisation assuming recruitment successful. Switchboard have all consultant mobile numbers
			Support is required to improve and facilitate communication and team working across hub and spoke sites to reflect a network approach	Vascular Network supported by DGM Surgery	Soroush Sorabi	01/04/2021	30/06/2021		28/11/2021	25/11/2021	Complete					The rota has been streamlined to be more clear where each consultant is based and their schedule. Fortnightly meetings in place with Ops across BCU and rota co-ordinator and renal and vascular nursing to iron out cover / capacity issues. Good site lead approaches to managing spoke site patient care and communicating back to the hub as needed. 25 November update - need to communicate to Medical Directors clear route for escalation if issues are encountered in contacting the spoke consultants - complete. Weekly meetings held between spoke and hub Vascular specialist nurses. Collaborative working in place currently to be further supported by a pending associate and specialty lead for surgery at the hub site to ensure resilience in the communication between site
			Regular Vascular Nursing staff meetings across the network	Vascular nurses all sites	HoN YGC	01/04/2021	30/06/2021		07/10/2021	07/10/2021	Complete					The CNS and ANP both have weekly meetings with spoke sites and are also joining the operational / renal / vascular nursing meetings fortnightly currently. There is some practice to be shared in line with nurse led clinics and this forum will support this venture
			Audit via Datix the failure to review patients within 24-48 hours	Vascular Clinical Lead	Balasundaram Ramesh			30/12/2021	30/04/2022		In progress					
	8		Full capacity and demand exercise requires completion across all sites.	Vascular Network manager supported by DGM Surgery YGC and Vascular Clinical Lead	Medical Directors	01/04/2021	30/06/2021		30/04/2022		In progress		Pending BCUHB Demand data and 1st draft capacity by due date			All sites are covered with locum backfill for shortfalls in the short term. 24/10/21 Recruitment of additional consultant to cover spoke site will alter the current working pattern for surgeons based at the spoke site 16 November update - requested demand data from informatics - work will shortly commence to review the current capacity and the potential capacity with recruitment and MG cover 25 November update - Capacity work has commenced 17 January update - This action will be delayed due to capacity issues along with leave
	4.2.17		Gap analysis of Junior / middle grade and Consultant vascular staff to be included in BCU pan business case. Additional Deanery and non-training grade vascular surgeons required to allow for learning opportunities at spoke sites and to reduce reliance on general surgery trainees	Vascular Clinical Lead supported by Vascular network manager and DMG Surgery YGC	Medical Directors	01/04/2021	30/06/2021		28/02/2022		In progress		1st draft capacity by due date			16 November update - Middle grade rotation inclusive of long day on call, weekend on call and spoke site rotation is underway. Supported by Medical workforce, a rolling job plan has been created to identify the number of MGs, the PA allocation and therefore the salary can be reviewed on this basis. Funding approval will be required and lead time for recruitment and start dates. 1 PA has been factored into the establishment requirements for ward and junior Dr support. 17 January update - further work has been requested from workforce to model a 24/7 on call for vascular model
Audit	4.2.14	6 Audits identified by vascular T&F group to be undertaken using national vascular registry (NVR) data should be progressed as part of assessment, evaluation and shared learning	Audits on the following for completion: * Same Day discharge following endovascular intervention (FS) Complete * Timeframes for lower limb bypass or endovascular revascularisation procedure for patients admitted with CUI as emergency (AR) * Below, through and above knee amputations since centralisation (AR) Completed * Carotid endarterectomy - time from symptoms to referral, referral to surgery and outcomes (RF) Completed * AAA timelines for referral to surgery open & EVAR and outcomes (LP) Deferred to March 22 * Complex aneurysm repairs EVAR / Open and outcomes (SS) Awaiting * Conversion of below knee amputation to through and above knee (AR) Completed	Vascular Clinical Lead	Executive Medical Director	01/04/2021	30/06/2021		31/03/2022		In progress		Annual Leave prevented presentation of all outstanding audits at December meeting			Awaiting details on the outstanding audit subjects. New Audit lead appointed given Mr Taha's leave. Faisal Shaikh now leading. 15/10/21 Same Day Discharge following endovascular intervention - complete / presented 24/10/21 - Update from Soroush 4/7 completed and potential further 2 awaiting presentation, awaiting confirmation from audit leads 10 November update - 3 audits outstanding completion / presentation - aim to be presented 10/12/21 13 December update - 4 audits to be presented at January 18th 2022. Need to extend meeting from half to full day to accommodate. 17 January update - 1 audit presented from the list, 2 more remaining to be presented.
			Consider including Vascular surgical trainees in the vascular on call to enable exposure to more complex procedures	Soroush Sorabi	Balasundaram Ramesh	01/04/2021	30/06/2021			30/12/2021	Complete					Middle grade / trainee on call as on call back holder 9-5pm. Service looking to extend out to either long day or 24/7 cover of which trainees can be involved.

Additional Recommendations	4.3.20	Additional Recommendations	Consider guidelines for tenure length for leadership / management roles to facilitate rotation and support the potential for new ideas and leadership styles	Medical Directors	Nick Lyons	01/04/2021	30/06/2021				Complete					This consideration is in the process of being reviewed by the Executive Medical Director in line with what is deemed best for the services.
			Develop an action plan to maintain stability and attract further clinicians given the relatively rapid turnover of vascular surgeons within the service	Vascular Clinical Lead	Ramesh Balasundaram	01/04/2021	30/06/2021				In progress					Advert to be placed for Vascular Surgeons
Communication	9	Completion of Comms section on intranet	The dedicated vascular services page on our website is under development to include a patient stories section, a 'meet the team' component and pictures and video content to demonstrate the high quality facilities and equipment available and is expected to be finalised by the end of November.	Jez Hemmings	Neil Rogers	01/04/2021	30/06/2021		30/04/2022		In progress		Risk to delivery by due date On hold pending report from notes review			Work is currently being undertaken to migrate the current intranet platform to a new one - no additions will be made until this work is completed with a potential start date for early next year. 17 January update - work is currently on hold pending seconded RCS report.
		Development of Communications plan	To support the North Wales vascular service and highlight the progress being made, a communications plan is under development and will be reviewed by the Vascular Steering Group.	Jez Hemmings	Neil Rogers	01/04/2021	30/06/2021		30/04/2022		In progress		Risk to delivery by due date On hold pending report from notes review			Further information required from the clinicians to complete the works for comms to share. Progress to date has been filming in the hybrid theatre an supply of 2 of the clinicians bios and photographs. 17 January update - work is currently on hold pending seconded RCS report.
Action Plan	10	Review of all risks to ensure captured in the risk log	Risk from all of the above actions are to be logged in the risk log and scored accordingly as to impact with current mitigations detail	Vascular Network Manager supported by Project support	Neil Rogers	01/04/2021			ongoing		In progress / Ongoing					24/10/21 Revised action plan in 1st draft for review at the vascular steering group 25th October 2021 30 December - updated action plan reviewed at VSG 16 December
	11	Review of all issues to be added to the issue log	Issues from all of the above actions are to be logged in the issue log and scored accordingly as to impact with current mitigations detail	Vascular Network Manager supported by Project support	Neil Rogers	01/04/2021			ongoing		In progress / Ongoing					Risks and Issues to be fixed agenda item on the CG meeting.
NVR Actions	12	Review of higher than UK average Mortality for major amputations (3 year rolling calculation)	MDT mortality review of all major amputations	Vascular Clinical Lead	Ramesh Balasundaram			01/12/2021	31/01/2022	20/01/2022	Complete		20 Jan for remaining cases review			MDT discussed 5 of the 9 amputees from December 2019. 4 remaining case for discussion 20 January 2022
			Ensure that ongoing annual review of major amputation rates for the BCU population compared to rates seen in other Welsh Health Boards and the UK generally	Vascular Clinical Lead	Ramesh Balasundaram			01/12/2021	ongoing		In progress					Suggest quarterly requests from CD to NVR
			Report of cases including lessons learned to be completed and shared with wider MDT	Vascular Clinical Lead	Ramesh Balasundaram			07/12/2021	31/03/2022		In progress		20 Jan for remaining cases review			Discussed at CG meeting 10/12/21 MDT mortality review part 2 to be completed 20 January and will be shared at Vascular CG March 22
	13	Incomplete data entry for NVR submissions	Improve data entry for IR cases across BCU	Helen Hughes	Nick Lyons			01/12/2021	31/03/2021		In progress			To explore short term support from admin team		IR consultants required to add NVR data / funding approval and recruitment required to support the B2 data entry person for vascular entry. 30 December - emailed Helen Hughes to escalate the issue. 21 January update - meeting held with Helen Hughes - she will speak to clinicians re data entry for vascular patients. NVR data entry person would need to support - see below point in line with funding requirement for Band 2 data entry clerk
			Require NVR data entry person	Sally Morris	Neil Rogers			01/12/2021	31/03/2021		In progress			Awaiting SBAR pending business case		Funding approval and recruitment required, submitted as part of vascular improvement for IMTP 17 January 2022 - SBAR to be submitted to acute site director for funding to expedite
	14	Cross ref to action point 6	Improve access to emergency theatres for Lower limb revascularisation / carotid endarterectomy / carotid patients / major amputation	Elaine Hodgson supported by Sally Morris	Neil Rogers			01/12/2021	30/04/2022		In progress		On hold for covid			Discussed with Neil Rogers - need to review the possibility for additional emergency theatres. Additional CEPD list in place Fridays although not specific to vascular but increased access. Escalated at oversight meeting 21/1/22 the need for the alternate Monday all day DC list to be returned to free up a little capacity from renal access patients
	4.1	Cross ref to pathways above	Repatriation pathway to be completed, signed off and utilised for admission to spoke sites from the hub	HoNs supported by DGMs and Clinical Leads	Acute Site Directors	01/04/2021	31/05/2021		31/03/2022		In Progress		Re-allocated to MDs			Document previously completed and presented to CAG but anecdotally heard of some nursing concerns. For SM to pick up with HoN and liaise with counterparts at spoke sites 6/10/21 25th November update - requested CAG information to address all stakeholders and gain approval 3 December update - recirculated to Rhian Hulse, Keeley Twigg, Lesley Walsh and Ellie Kite for circulation again as been a year since agreement. It was held up at CAG as lack of evidence to support nursing involvement. Nursing clear involvement this time.
	3	Cross ref from above for theatres	Review theatre capacity and ensure all pre-covid lists are returned	Elaine Hodgson supported by Theatre Manager	Neil Rogers			01/11/2021	30/04/2022		Not yet commenced		Covid 4th wave - issues with staffing			Alternate Monday all day case list removed during covid 25th November update - issues with resource - prioritising lists in place due to staffing 21 January - the lists has currently been prioritised for other specialties deemed higher priority. See action 14 - escalated to oversight group that needs allocation back to vascular
	16	Prophylactic Antibiotics	Review the use of prophylactic antibiotics for amputees	Vascular Clinical Lead supported by microbiology lead	Balasundaram Ramesh				31/03/2022		Not yet commenced					

ACTION LOG

The purpose of this template is to record all actions from Programme-related meetings, and to record the action's owner, status and any further notes.

Action Number	Work stream	Action Description	Action Owner	Action Date	Action Deadline	Revised Action Deadline	Issues affecting delivery	Remedial Action - In Place or Planned	Action Complete Date	Action status	Comments	Assurance (how do we know the action has been delivered and embedded?)
61021-04	DFP East	Agreement to support an initial once per month MDT on a Tuesday pm. Managers to review activity and protect time to allow this to take place within speciality	Nicola Joyce / Anthony / Laszlo / Patrick	17/11/2021	01/12/2021	28/02/2022	Patrick / Hassan and Anthony planned to attend with Nicola once per month			Not yet due OR In Progress	Managers to meet and arrange a Tuesday pm once per month (wk. 1 or wk. 3 ideally for vascular). Room etc. to be arranged by NJ following determination of what will be completed n the session once a month	
120122-01	DFP East	Need to ascertain Patrick availability for MDT and ensure capacity is sourced within Fracture clinic to house the MDT	Claire Poole	12/01/2022	26/01/2022	28/02/2022				Not yet due OR In Progress		
27	Vascular resource	Review the additional Consultant resource requirements for both supporting DFP and centralisation	Sally Morris	13/10/2021	31/01/2022				05/01/2022	Completed on time	Need to review capacity and demand and trajectory on current provision, increased MG and ANP in OPD (space allowing)	
45	Spoke site engagement	Joint job planning - consider team job planning with spoke sites to cover all required activity	Sally Morris / Cheryl Goodall / Alison Davies	03/11/2021	28/02/2022					Not yet due OR In Progress	Completed for WMH Hassan Jararah. Draft completed for Bangor Ruwan Fonsekah	
51	Capacity and demand	Capacity and demand for WMH required	Alison Davies	06/11/2021	20/11/2021	31/03/2022		SM commenced capacity		Not yet due OR In Progress	Email sent with request 6/11/21 cc'd in Karen Carter to see if informatics can support a timely review across 3 sites	
52	Capacity and demand	Capacity and demand for YG required	Cheryl Goodall	06/11/2021	20/11/2021	31/03/2022		SM commenced capacity		Not yet due OR In Progress	Email sent with request 6/11/21 cc'd in Karen Carter to see if informatics can support a timely review across 3 sites	
53	Capacity and demand	Capacity and demand required for YGC	Sally Morris	06/11/2021	20/11/2021	31/03/2022		SM commenced capacity		Not yet due OR In Progress	Email sent with request 6/11/21 cc'd in Karen Carter to see if informatics can support a timely review across 3 sites	
64	Pathways	Create and agree a transfer into ward 3 pathway	Sian Hughes Jackson	04/10/2021	21/12/2021	31/03/2022		Emailled 2/12/21		Not yet due OR In Progress	Discussed with HoNs at all sites. East and West no concerns raised. SHJ to take to CAG	
65	Pathways	Create and agree a repatriation post vascular intervention pathway	Karen Mottart / Steve Stanaway	04/10/2021	21/12/2021	31/03/2022		Emailled 2/12/21 for comments east and west		Not yet due OR In Progress	Sent for review East and West - discussed with HoNs and DGMS and disseminated with deadline 16/12/21 to go for CAG. Prior issues raised a no 'apparent' nursing involvement for pathway if patient not accepted	
66	Pathways	Create a Primary care guidance / pathway for sharing with PC Medical Directors	Laszlo Papp / Soroush Sorabi	04/11/2021	31/12/2021	31/03/2022				Not yet due OR In Progress		
091121-05	DFP BCU	GLH to liaise with colleagues across BCU and provide Karen with the OPCS codes from joint podiatry / ortho / vascular / diabetes to collate activity	Gareth Lloyd Hughes / Bethan Jones	09/11/2021	23/11/2021	28/02/2022	GLH to aim to do following meeting 04/01/22 - completed but not sent.			Not yet due OR In Progress		
161121-01	DFP Centre	Link in Tom O'Driscoll /Sian Jones from ED relating to DFP implications for them	Karen Scrimshaw	16/11/2021	30/11/2021	28/02/2022		Email sent 17/11/21 and again 8 Dec		Not yet due OR In Progress	Handed to Karen for link in with	
161121-04	DFP Centre	Specialities - Diabetes / Orthopaedics / Vascular to review where they may able to provide short term additional sessions to softly introduce the DFP pending resource approval	DGMS / Specialty leads / Joanne Roberts	16/11/2021	30/11/2021	01/02/2022		Jo Roberts emailed out	17/01/2022	Completed on time	Escalated to Ramesh for Ortho input Soroush to review plan for new starter to undertake at Centre provisionally	
141221-01	DFP West	Karen to review the incident described by Faisal to management of a diabetic foot at Bangor	Karen Mottart	14/12/2021	11/01/2022	28/02/2022				Not yet due OR In Progress		
141221-03	DFP West	Plan to be made for MDT Clinics and ward round for March with new diabetology Consultant arrival	Bethan Davies- Williams, Rhian Hulse and Sally Morris	14/12/2021	26/01/2022	28/02/2022				Not yet due OR In Progress		
040122-01	DFP BCU	Monthly MDT meetings with Podiatry / Vascular / Orthopaedics / Diabetology to aim to be Mondays to enable Plastic Surgery attendance	Balasundaram Ramesh / Joanne Roberts / Sally Morris	04/01/2022	01/02/2022	31/03/2022				Not yet due OR In Progress	In place for vascular and diabetes - Orthopaedics remaining for Centre East still awaiting Orthopaedics West awaiting diabetology	
040122-02	DFP BCU	Sally Morris to chase ED review of the emergency pathway to ensure that no concerns implementing	Karen Scrimshaw	04/01/2022	01/02/2022	28/02/2022				Not yet due OR In Progress	Handed over to Karen	
040122-03	DFP BCU	Need confirmation of proposed primary care patients for systemically unwell patients	Balasundaram Ramesh	04/01/2022	01/02/2022	28/02/2022				Not yet due OR In Progress		
040122-04	DFP BCU	We require an SOP to support the how the pathway will be delivered. Meeting to be convened to link primary care, podiatry together to formulate	Balasundaram Ramesh	04/01/2022	01/02/2022	28/02/2022				Not yet due OR In Progress		
040122-05	DFP BCU	Need to agree cross cover in the event of foot and ankles leave where there is only one person per site	Balasundaram Ramesh / Steve Stanaway / Karen Mottart	04/01/2022	01/02/2022	28/02/2022				Not yet due OR In Progress		
040122-06	DFP BCU	Review if the diabetic audit can be brought in line with diabetic foot pathway data	Karen Carter	04/01/2022	01/02/2022	28/02/2022				Not yet due OR In Progress		
040122-07	DFP BCU	Meeting required to review and interrogate the data with informatics	Soroush Sorabi / Karen Carter / Sally Morris	04/01/2022	01/02/2022	28/02/2022				Not yet due OR In Progress		
06/01/22-02	Vascular Services Nursing	SOP requires completion for transfer pathway	Sian Jackson / Vicky Stafford	06/01/2022	27/01/2022	31/03/2022				Not yet due OR In Progress		
06/01/22-03	Vascular Services Nursing	Chase up vascular scientist room	Linzi Shone	06/01/2022	27/01/2022	28/02/2022				Not yet due OR In Progress		
06/01/22-04	Vascular Services Nursing	Review use of Ward 3 Bathroom	Linzi Shone	06/01/2022	27/01/2022	28/02/2022				Not yet due OR In Progress		
18/1/22-01	DFP Centre	Review potential for medical sessions in reach for vascular inpatients	Ramesh / Karen Scrimshaw	18/01/2022	01/02/2022	28/02/2022				Not yet due OR In Progress		
110122-01	DFP West	Need to understand when and how many clinics are intended and where to be held	Faisal Shaikh / Haroon Mumtaz	11/01/2022	25/01/2022	28/02/2022				Not yet due OR In Progress		

ISSUE LOG

The purpose of this document is to record all Programme-related issues and their mitigation

Definition of issue:

A relevant event that has happened, was not planned, and requires management action. It can be any concern, query, request for change, suggestion or off-specification raised during a Programme. Programme issues can be about anything to do with the project.

Issue ref	Work stream	Date issue raised	Description of the issue	Description of the cause and impact	Severity - Catastrophic/Major/Moderate/Minor/Negligible please use dropdown	Issue response action
1	DFP	01/12/2021	Failure to determine a single pathway across BCUHB for signposting the DFP patients into the correct specialties from ED	Failure to agree on a single pathway is preventing implementation of NICE guidance for managing patients with the diabetic foot	Major	East are liaising directly with Nick Lyons and West have signed off. Centre are raising some issues in relation to vascular and orthopaedics. Medical Director involved in trying to reach a consensus
2	DFP	01/12/2021	Failure to determine the resource required for DFP implementation due to no final resolute pathway	unable to commence business case without the identified resource gap and hence delay in delivery of patient pathway	Moderate	Fortnightly meetings continue. Escalation to DGMs. Awaiting only confirmation from Orthopaedics at Centre
3						
4	Pathways	01/12/2021	Repatriation pathway progressed through CAG but then didn't receive Exec endorsement. Re-circulating 1 year on to progress through CAG / Execs	Patients remain longer than clinically necessary on ward 3 impacting upon cancellations on the day due to lack of bed availability and vascular patients being managed in non-vascular beds	Major	COTE team at West now have concerns - meeting to be planned for discussion with them and also General Surgery as to whom the patients will fall to if no rehab potential.
5	Pathways	30/12/2021	Failure to agree consensus on managing day case vascular patients requiring an overnight stay following general anaesthesia at East	Potentially meaning that patients would need to be transferred to YGC for the overnight stay prior to discharge.	Minor	Pending meeting with Andrew Baker at East as only area with concerns for housing vascular day case patients overnight. Pathway being drafted for meeting.
6	Pathways	09/01/2022	IVDU disseminated, agreed and passed through CAG. Gen Surg at West then raised objection.	Potentially meaning that patients will not be in receipt of standardised care across 3 sites. Likelihood of all patients being transferred to YGC putting pressure on beds.	Minor	Meeting 18 Jan to discuss at clinical governance meeting
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8	Governance	01/12/2021	Lack of robust capture and sharing of learning outcomes from vascular governance / practice	Lengthy meetings and discussions but not captured succinctly and shared which could prevent learning from incidents	Moderate	
9	Governance	09/01/2022	Lack of resource to allow for accurate and timely data entry onto the national vascular registry	Risk of inaccurate data being reported annually reflective of BCUHB performance benchmarked against other organisations	Major	Data entry clerk resource added to the vascular improvement programme
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RISK LOG - The Risk Register provides a record of identified risks relating to the Programme, including its status and history. It is used to capture and maintain information on all of the identified threats and opportunities relating to the Programme. Please link into the milestones listed for this Programme and ensure that any risks which could impact on the delivery of the milestones is included in the risk register, and mitigation considered and recorded.																	
Risk No	Risk Description	Impact Description	Risk Category	Inherent risk (score before)			Date risk raised	Action Owner	Actionee	Mitigation in place or required description	Residual risk (target score)			Further Action Planned. (Who, What, Why and When anything more will be done to deduce the Residual risk)	Risk Open or Closed	Date Risk Closed DD/MM/YYYY	Risk uploaded /updated on file/s
				Probability Score 1-5	Impact Score 1-5	Overall Score					Probability Score 1-5	Impact Score 1-5	Overall Score				
1	Lack of resource within the vascular team across all grades	Currently unable to deliver required activity across all 3 sites as providing cover for VCOW and OC commitments in the first instance. Lack of junior support for the ward, lack of MGs to provide sufficient support for all activity. ANP currently being absorbed into ward 3 to support due to junior staffing. Interim and permanent solution to admin support for the above will also be required to achieve timely outcomes	Quality/Safety	4	2	8	01/09/2021	Soroush Sorabi / Sally Morris /	Sally Morris	2 Consultant Locums sourced to provide backfill cover. 1 for YGC / WMH (4/10/21) and on for YGC / YG (1/11/21) to ensure robust cover for spoke sites. Searching for locum juniors / MGs to bolster YGC support Actions underway to determine activity for ANP to support OPD WI and patient management. New starting Consultant 10/1/22 who will support following induction	2	2	4	Capacity and demand review along with review of job plans for all clinicians within vascular is required to build into the business case to manage the hub and spoke model robustly	Open		
2	Lack of resource of all supporting disciplines to support implementation of the DFP	All sites have so far been requested to provide estimates of what they think is required to implement the DFP as without this we are not meeting NICE guidance for managing the patient with a diabetic foot and creates delays for the patient journey	Quality/Safety	4	3	12	01/04/2020	Leads / DGMs all areas across BCU	DGMs BCU Sally Morris to pull together	Current mitigation of non-adherence to a single pathway is that patients are managed through YGC if not at spoke sites although not managed by standardised protocols	3	3	9	Business case approval and recruitment will be required across all disciplines BCU wide to achieve the DFP implementation	Open		
3	Cultural and political issues currently posing a risk to delivery of the hub and spoke model of care	There is still a lot of frustration across the spoke sites that followed centralisation for vascular services and a feeling of being 'done to'. This is leading to some negative behaviour which is hindering development of robust processes between specialities across BCU. Some of this extends to teams refusing to sign-up to pathways to improve patient experience / quality / reputation.	Quality/Safety	4	3	12	01/09/2021	Acute Site directors / Medical Directors	Leads / DGMs/ Specialist Nurses / Sally Morris	A Vascular Oversight group has been established led by the SMO with Medical and directors and the vascular Lead to expedite delivery of the action plan and manage obstacles. Meetings are currently in place between hub and spoke sites to attempt to alleviate issues. New Ops meetings with secretarial / specialist nurses / renal nurses have been implemented as of 7/10/21 in an effort to pull together to alleviate some bottlenecks in the service and work collaboratively.	4	2	8	Time and continued collaborative work will be required to further improve the situation. Escalation will be required for continued problematic behaviours to HMT and the SMO	Open		
4	Reluctance to adopt a formal Shared Care model at spoke sites	There is apparent unease across all specialities to adopt a shared care model to enable non-emergent vascular patients to be managed at spoke sites. This means that demand outstrips the current bed base at YGC and entails vascular patients to be admitted to other wards. Furthermore, this increases the risk of theatre cancellations due to lack of vascular bed availability	Quality/Safety	4	3	12	01/09/2021	Executive Medical Director	All Medical Directors, Sally Morris to support	Karen Mottart has agreed to pull a meeting of all Medical Directors to outline the accountability and responsibility of both the admitting speciality (name behind the bed) and the supporting speciality to attempt to make the concept more palatable to clinicians involved. MDs will then disseminate the documents down their respective medical / nursing / operational teams.	3	2	6	YGC will need to ensure that cases transferred unnecessarily are captured and audited to feedback and address remaining issues	Open		
5	Delays in timely diagnostics and assessments i.e. CT/MRI/Sonography	At the time of the RCT report there were reported delays in accessing diagnostics. Information has been requested from informatics to understand what the current position of this is although an SBAR written by BCU radiology lead describes human resource being an issue to deliver optimally which could delay urgent procedures or increase complications	Quality/Safety	4	3	12	01/04/2021	Executive Medical Director	Kakali Mitra	CT / MRI waiting times are compliant with the HBs guidance of 2 wks. urgent and 8 wks. routine. Sonography cannot become compliant until resource has been sourced	2	2	4	Business case approval required and then lead time for recruitment	Open		
6	Repatration pathway completion and sign off	This pathway has previously been taken to CAG but not approved. Further work is needed to ensure timely repatriation to spoke sites following vascular interventions. Central to this is agreement on terminology of shared care. This impacts on the number of vascular outliers at the hub site and could create a theatre cancellation on the day if no beds are available.	Quality/Safety	3	3	9	01/04/2021	DGMs supported by clinical Leads	Vascular network manager	Patients are being managed via bed managers across the sites but progress can be less than timely Repatration pathway re-shared to both spoke sites for review given 1 year since previous discussion. Minor comments only - expect to have to CAG before end of December 2021	2	2	4	Audit required for repatriation in terms of when bed requested and when repatriation occurred	Open		
7	Vascular bed resource and management	Ward 3 commonly has a high number of outliers (averages of 2.5 per day since April 2021) with regular high numbers of vascular outliers amongst other wards (average 5 per day since April 21) indicating the requirement of an increased bed base	Quality/Safety	5	2	10	01/04/2021	Acute Site Director	DGM supported by vascular network manager and HoN	Daily board rounds and escalation look to realign the beds but it doesn't make for an optimal patient journey. Ward 3 wish to ring-fence their beds for vascular patients in keeping with the emergency transfer pathways and to ensure the right patient in the right bed. Current figures indicate the requirement for an average of 23 beds per day for vascular patients and workforce would need to reflect this Agreement in principle to ring-fence 1 male and 1 female bed and to expand the bed base to 23	3	2	6	Ward 3 and HoN are keen to develop a high observation bay to 1) make the recruitment option more attractive 2) give a wider ability to grow our own senior staff 3) allow earlier step down from HDU areas to free beds for theatre patients reducing delays and cancellations	Open		
8	Lack of access to emergency theatres	Lack of emergency theatre leads to delays in treatment and can negatively impact on outcomes and mean failure to achieve national targets. It also leads to cancellations of more planned procedures which can also negatively impact outcomes and failure to achieve targets	Quality/Safety	3	3	9	01/04/2021	Balasundaram Ramesh	Theatres DGM supported by vascular network manager and Soroush Sorabi	1 additional CEPD list has been provided Fridays at YGC although not for vascular sole use. Issues lie with physical space and staffing. Need to review with theatre DGM to source other opportunity	2	2	4	Review of whole theatre schedule to see if there is scope to increase access to emergency theatres			
9	Data accuracy for NVR submission	There is a risk that both the data submitted to NVR has not been fully accurate historically. This can lead to performance data being published which identifies the organisation as an outlier	Reputation	3	3	9				Consultants are requested to ensure that data is validated by NVR prior to benchmarking. NVR performance an data entry is a standard agenda item for clinical governance	1	3	3	NVR Data entry clerk has been factored into the resource requirements for Vascular improvement programme	Open		
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RISK REGISTER SCORING AND RATING

	LIKELIHOOD SCORING				
LIKELIHOOD SCORE	1	2	3	4	5
Frequency/How likely is it to happen?	This will probably never happen/recur	Do not expect it to happen/recur, but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur, but is not a persisting issue or circumstance	Will undoubtedly happen/recur, possibly frequently

Category	Consequence (Impact) Scoring				
Consequence Score	1	2	3	4	5
Descriptor	Negligible (Very Low)	Minor (Low)	Moderate	Major (High)	Catastrophic (Very High)
Quality/Safety	Minor reduction in quality in treatment or service No or minimal effect on patients/staff/ others	Single failure to meet national standards of quality or treatment or service Low effect for a small number of patients/staff/ others if unresolved	Repeated failure to meet national standards of quality of treatment or service Moderate effect for a small number of patients/staff/ others if unresolved	Ongoing non-compliance with national standards of quality of treatment or service Significant effect for numerous patients/staff/ others if unresolved	Gross failure to meet national standards with totally unacceptable levels of quality of treatment or service Very significant effect for large numbers of patients/staff/ others if unresolved
Reputational	Not relevant to organisational goals No adverse media coverage No negative recognition from the public	Minor impact on achieving organisational goals Low level of adverse media coverage Small amount of negative public interest	Moderate impact on achieving organisational goals Moderate amount of adverse media coverage Moderate amount of negative public interest	High impact on achieving organisational goals High level of adverse media coverage Negative impact on public confidence	Organisational goals will not be achieved National adverse media coverage Total loss of public confidence
Finance	Small loss Risk of claim remote	Deficit of £100,000 or less	Deficit of £100,000 to £500,000	Deficit of £500,000 to £1m	Non-delivery of strategic goal Deficit greater than £1m Failure to meet specification Claims in excess of £1 million
Regulation	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation	Single breach of statutory duty Challenging external recommendations	Enforcement action Improvement notice Multiple breaches in statutory duty Critical report	Continued breaches in statutory duty Prosecution Severely critical report Complete system change required

	CONSEQUENCE				
LIKELIHOOD	Negligible (Very Low)	Minor (Low)	Moderate	Major (High)	Catastrophic (Very High)
Will undoubtedly happen/recur, possibly frequently	5	10	15	20	25
Will probably happen/recur, but it is not a persisting issue	4	8	12	16	20
Might happen or recur occasionally	3	6	9	12	15
Do not expect it to happen/recur but it is possible it may do so	2	4	6	8	10
This will probably never happen/recur	1	2	3	4	5

ISSUE CONSEQUENCE SCORING

	Consequence (impact) Scoring				
CONSEQUENCE SCORE	1	2	3	4	5
Descriptor	Negligible (Very low)	Minor (Low)	Moderate	Major (High)	Catastrophic (Very High)
Quality/Safety	Minor reduction in quality in treatment or service No or minimal effect on patients/staff/others	Single failure to meet national standards of quality or treatment or service Low effect for a small number of patients / staff / others if unresolved	Repeated failure to meet national standards of quality of treatment or service Moderate effect for a small number of patients / staff / others if unresolved	Ongoing non-compliance with national standards of quality of treatment or service Significant effect for numerous patients/ staff/ others if unresolved	Gross failure to meet national standards with totally unacceptable levels of quality of treatment or service Very significant effect for large numbers of patients/ staff/ others in unresolved
Reputational	Not relevant to organisational goals No adverse media coverage No negative recognition from the public	Minor impact on achieving organisational goals Low level of adverse media coverage Small amount of negative public interest	Moderate impact on achieving organisational goals Moderate amount of adverse media coverage moderate amount of negative public interest	High impact on achieving organisational goals High leve of adverse media coverage Negative impact on public confidence	Organisational goals will not be achieved National adverse media coverage Total loss of public confidence
Finance	Small loss Risk of claim remote	Deficit of £100,000 or less	Deficit of £100,000 to £500,000	Deficit of £500,000 to £1m	Non delivery of strategic goal Deficit greater than £1m Failure to meet specification Claims in excess of £1m
Regulation	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation	Single breach of statutory duty Challenging external recommendations	Enforcement action Improvement notice Multiple breaches in statutory duty Critical report	Continued breaches in statutory duty Prosecution Severely critical report Complete system change required

ISSUE SCORING MATRIX

Consequence scoring

5	Catastrophic
4	Major
3	Moderate
2	Minor
1	Negligible

RCS Report Reference/ Internal Reference	Recommendation/ Internal issue	Actions required	Action by	Owner	Start Date	Completion date	Reporting	Task Status	Risk	Mitigations	Assurance	Comments	Link to Part 1 RCS plan/ other reports
This draft action plan will be integrated with the existing Vascular Improvement Plan and actions mapped across to that plan													
1 4.1.1	Initial review of 44 notes in RCS report to ensure clinical follow up provided where needed	Formation of Vascular Quality Panel to be formed to carry out review of cases, open actions and map by pathway and team where any additional action needed Current work in Quality team to be included in Vascular Quality Panel and to map by pathway and team where any additional action needed	MJ	Med Director	31.1.22	25.2.22	QSE via Vascular Steering Group	VSG under development with lead identified and ToR agreed				Highlight report to QSE March 2022	
2 Internal	Initial thematic review of SI and current DATIX, complaints		MJ	Med Director	In process	25.2.22	QSE via Vascular Steering Group					Highlight report to QSE March 2022	
3 Internal	Further review of cases informed by (1) and (2) for identified pathways or team including an assessment of whether the cases reviewed were representative	TBC by initial review Patients and/or families within (1), (2) and (3) receive updates and clear communication on any need for further treatment and duty candour fulfilled where care has fallen below expectations	MJ	Med Director	TBC	TBC	QSE via Vascular Steering Group	Timeframe to be established after initial review of the 44 notes			1.Consider extmal validation of summary from Vascular Society or Liverpool 2. Methodology for review process to be approved at QSE	ToR and scope to be confirmed by initial review	
4 4.1.1	Ensure patients receive communication in line with regulatory responsibilities The outcome for patients in all 44 cases (and in addition where needed in patients in (2) and (3)) identified and duty of candour fulfilled	Summary of outcomes to be reported and any impact on current audit outcome reporting considered		Med Director	In process	TBC	QSE via Vascular Steering Group	Timeframe to be established after initial review of the 44 notes				External validation from NVR or CHKS to be considered	
5 4.1.2			Clinical Lead Vascular Service	Med Director		31.3.22 (TBC)	QSE via Vascular Steering Group	Timeframe to be established after initial review of the 44 notes Initial review of current notes in vascular service confirms quality concerns and weekly improvement cycle established 7.2.22					
6 4.1.3	The Health Board should ensure that current practice in patient record keeping meets national standards as set out by RCS	Initial assessment in vascular of current inpatient and outpatient record keeping including record of MDT discussions, consent and communication with patients Detailed audit leading to clear improvement plans for vascular notes and documentation including MDT discussions and consent and the development of internally owned professional standards	Clinical Lead Vascular Service	Med Director	28.1.22	4.2.22	QSE via Vascular Steering Group						
7 4.1.3, 4.2.6, 4.2.7	The Health Board should ensure that current practice in patient record keeping meets national standards as set out by RCS		Clinical Lead Vascular Service	Med Director	7.2.22	31.3.22 (TBC)	QSE via Vascular Steering Group						
8 Internal, 4.2.7	The Health Board should ensure that current practice in patient record keeping meets national standards as set out by RCS, GMC, NMC and HCPC across BCUHB	Detailed audit leading to clear improvement plans for notes and documentation including MDT discussions and consent and the development of internally owned professional standards as a part of clinical audit plan 22/23	HMT and Clinical Effectiveness Lead	MD/DoN/DoTh	1.4.22	31.3.23	QSE through annual clinical audit programme	Interim lead appointed after the current clinical lead indicated desire to stand down from leadership		Interim additional leadership capacity appointed pending formal appointment and external validation/support			
9 Internal	Review of current Clinical Lead Vascular Service Role	Review to ensure capacity and expertise available to lead change in the service External support from Liverpool to support MDT arrangements including developing best practice, attending MDTs by TEAMS and active involvement in MDT governance	Med Director	Med Director	27.1.22	TBC	QSE	Informal commitment from Liverpool made and MoU under development				Agreement in principle agreed with Liverpool. MoU now to be formalised and implemented	
10 4.1.4, 4.2.9	Review of MDT arrangements for vascular		Med Director	Med Director	26.1.22	25.2.22	QSE via Vascular Steering Group	Approach TBC with Liverpool team		Liverpool involved in shorter term before formal QA commissioned			
11 4.1.4	Review of MDT arrangements for vascular	Quality assurance of MDT process	HMT	EDICS	28.2.22	31.3.22	QSE via Vascular Steering Group QSE through annual clinical audit programme					Use of MDRIT or similar validated tool	
12 Internal	Review of MDT arrangements across BCUHB	Audit programme 22/23 to review standards of MDT across BCUHB	Health economies Clinical Lead Vascular Service	EDICS	1.4.22	31.3.23	QSE via Vascular Steering Group						
13 4.1.5	Review consent taking practices in vascular surgery service	As in 6 above		Med Director	28.1.22	4.2.22	QSE through annual clinical audit programme						
14 Internal	Review consent taking practices across BCUHB	Audit programme 22/23 to review standards of MDT across BCUHB	Ethical lead	Med Director	1.4.22	31.3.23	QSE						
15 Internal	Deliver refresher consent training and best practice in response	Multidisciplinary workshops in acute and area teams	Ethical lead	Med Director	14.2.22	Ongoing	QSE					Refresher of current programme Agreement in principle agreed with Liverpool. MoU now to be formalised and implemented	
16 4.2.8	Consider oversight of aneurysm pathways by LUH Improvement methodology to be consistent with the approach adopted across the wider Health Board	Develop MoU to provide formal oversight and reporting on aneurysm pathways including use of eVAR Transformation team to be involved in development and oversight of the Vascular Improvement Plan	Clinical Lead Vascular Service Director of Transformation	Med Director	27.1.22	25.2.22	EMG and Board						
17		Prioritise vascular services for piloting of Digital Health Record (DHR)	Clinical Lead Vascular Service	Director of Transformation	1.2.22	TBC							
18 Internal	Improvement of clinical record keeping Review the case sampling to ensure that the notes reviewed provide a representative sample of the service before and after centralisation		Med Director/ Director of Digital		14.2.22	Ongoing	PPPH						
19 Internal		Investigate the sampling and sign off of the notes to understand the practice followed	TBC	TBC	TBC	31.3.22							
20 Internal	Develop clinical workforce	Review of current establishment and roles	Clinical Lead Vascular Service	MD/ DWOD/ DoN/DoTh		Detailed in main vascular improvement plan	Deputy Director WOD providing leadership and support GMC developing proposal with the HB, potentially in partnership with NMC and HCPC Initial meetings with GMC 4.2.22					Under discussion with GMC and need to ensure regulatory role of GMC does not conflict with formative workshops Initial discussion with GMC on 27.2.22	Need for workforce review in RCS report 1
21 Internal	Support for vascular service in understanding Good Medical Practice and professional standards	Workshop with GMC planned on Good Medical Practice	Site Medical Director	Medical Director	4.2.22	TBC							
22 Internal	Review of regulatory implications from review	Ensure follow best practice and work with PPAS and GMC	Deputy Medical Director Site medical director and Site Nurse Director	Medical Director	7.2.22	In reponse to issues as they arise							
23 Internal	Review of escalation processes Develop clear levels of assurance for committee structure	Ensure best practice for escalation and early intervention		DoN	4.2.22	TBC							
24 Internal		Ensure proper scrutiny in place	Director of Governance	EDICS	TBC	TBC							
25 Internal	Develop clear governance arrangements for sign off of notes and data going outside the organisation Understand any learning for the Board regarding visibility of, and escalation of, issues within a service under close scrutiny	SOP developed and implemented	Clinical Effectiveness Lead	Exec Medical Director	3.12.21	TBC					For review at end of March at time of national audit submissions		
26 Internal		Detail TBC	DoN/MD	Board TBC	TBC	TBC							