

Teitl adroddiad: Report title:	Independent Review Management Response (Vascular Assurance Assessment)
Adrodd i: Report to:	Quality and Safety Executive (QSE)
Dyddiad y Cyfarfod: Date of Meeting:	6 th June 2024
Crynodeb Gweithredol: Executive Summary:	<p>As part of the Special Measures intervention, Welsh Government requested a further external assessment of the vascular service at BCUHB (Vascular Assurance Assessment – Part 1). The review was undertaken during May 2023 by the Vascular Clinical Network. It was agreed with the Health Board that this Assurance Assessment would be a supportive piece of work, undertaken in collaboration with the Health Board. The purpose of Part 1 of the Assurance Assessment was to review the quality of the vascular service and other related services that are involved in the pathways of care, and to assess the extent to which recommendations from various reviews and reports, had been implemented sustainably. Part 1 of the Assurance Assessment was published in October 2023 and highlighted an overall improvement in the quality and safety of the vascular service.</p> <p>Welsh Government then commissioned a review of 40 case notes from vascular patients between August 2022 and August 2023 (Vascular Assurance Assessment – Part 2). The purpose of this case note review was to support the Part 1 assessment by analysing the extent to which recommendations from various previous reviews and reports has been implemented and are operationally in place. This report was shared with the Health Board in March 2024. The findings of the panel are that 38 out of 40 of a number of vascular procedures undertaken during the time period have been graded as overall acceptable. Taking into account the timeline of this assessment work, it is considered by the Panel that this demonstrates an ongoing positive trajectory of improvement within BCUHB vascular practice.</p> <p>It is important to recognise that this progress forward is underpinned by many examples of good work happening across the Health Board. Several patients and their families highlighted that they were pleased and most appreciative of the care that they had received. The Panel also noted that it was clear from the local vascular team representation, that there is a strong desire to deliver optimal care to patients and their families.</p> <p>There were also several areas where it was considered that improvements could be further addressed or strengthened. It should be recognised that these areas are not solely associated with the direct practice of the vascular service and include other related services and</p>

	<p>practice involved in the delivery of multi-professional pathways of care. Some of these areas had also been identified within previous reviews. It is important then, that the Health Board and the Vascular Network make every effort to ensure all outstanding improvement recommendations are acted upon in a timely manner.</p> <p>This report outlines the management response to Parts 1 and 2 of the Assurance Assessment, and has been developed in partnership with our clinicians. A summary of the key findings of the Assurance Assessments are outlined, as are the actions that will be taken forward in order to deliver the suggested service improvements.</p>			
Argymhellion: Recommendations:	QSE are asked to note this report			
Arweinydd Gweithredol: Executive Lead:	Dr Nick Lyons, Executive Medical Director			
Awdur yr Adroddiad: Report Author:	Dr Jo Flannery, Vascular Network Manager			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	To support Special Measures			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Incidents of harm to patients may indicate failures to comply with the NHS Wales Health and Care Standards or safety legislation			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N/A for this paper. However, an EqIA will be completed as part of the overall improvement work			

<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	<p>CRR22-25: Risk of failure to provide full vascular service due to lack of available consultant workforce CRR22-26: Risk of significant patient harm as a consequence of sustainability of the acute vascular service CRR22-30: Risk that a lack of robust and consistent leadership can contribute to the safety and quality concerns</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	<p>Health Board delivery against the following improvement recommendations is dependent upon the development of Business Case: VAA_P1_R4: Further recruitment of Foot & Ankle surgeons, Diabetologists and Therapists to support the MDFS, especially in the spoke sites VAA_P1_R5: Ensure sustainable funding for the MDFS which is currently pump primed</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Health Board delivery against the following improvement recommendations is dependent upon the development of Business Case: VAA_P1_R4: Further recruitment of Foot & Ankle surgeons, Diabetologists and Therapists to support the MDFS, especially in the spoke sites VAA_P1_R5: Ensure sustainable funding for the MDFS which is currently pump primed</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	<p>This report has been shared with the C-IHC Director and Deputy Executive Medical Director, who have approved the report</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (Or links to the Corporate Risk Register)</p>	<p>BAF21-02: Recovering access to timely care pathways</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<ul style="list-style-type: none"> ▪ To commence implementation of the improvement recommendations outlined in Parts 1 and 2 of the Assurance Assessment ▪ To commence implementation of the improvement recommendations outlined in Parts 1 and 2 of the Assurance Assessment 	

Quality and Safety Executive Committee – 6th June 2024

Special Measures Independent Reviews - Management Response

Vascular Assurance Assessment

1) Background and context

The Betsi Cadwaladr University Health Board (BCUHB) vascular service had been in Targeted Intervention since May 2022 following the publication of the second Royal College of Surgeons (RCS) Report into the service. Healthcare Inspectorate Wales (HIW) designated vascular services in the health board as a service requiring significant improvement in March 2022.

On the 27 February 2023, the Minister for Health and Social Services announced that she was escalating the intervention status of BCUHB to special measures with immediate effect. This significant decision followed the tripartite group of Healthcare Inspectorate Wales, Audit Wales and Welsh Government officials' meetings in November 2022 and January 2023 to specifically discuss concerns about the service delivery, quality and safety of care and organisational effectiveness at Betsi Cadwaladr University Health Board. This decision reflects serious and outstanding concerns about board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership and financial management.

The first Royal College of Surgeons (RCS) report on the BCUHB Vascular Surgery Service Review visit was issued 15 March 2021. The second Royal College of Surgeons' Report on 44 clinical records relating to vascular surgery on behalf of BCUHB was issued 20 January 2022 (annex A).

Vascular services had been in Targeted Intervention since May 2022 following the publication of the second RCS report with Healthcare Inspectorate Wales (HIW) designating vascular services as a service requiring significant improvement in March 2022. HIW undertook an inspection of the service in November 2022 and the report was published in June 2023 which resulted in the HIW designation being deescalated. However, the Vascular Quality review panel report published in January 2023 highlighted further gaps in the service.

On 27 February 2023, the Minister for Health and Social Services announced that she was escalating the Health Board to Special Measures with immediate effect. Various components of improvement and assurance work are taking place via the Special Measures programme in line with the agreed special measures framework for year one.

2) Overview from Development Session

Vascular consultants were content with the findings of both reports, and welcomed the positive feedback contained within them. The following key points were noted:

- The development of clinical pathways remains a key priority for the Health Board, with resources having been secured from within the Transformation and Improvement Team to ensure their continued development. Once finalised, pathways and SOPs are submitted to the Strategic Clinical Effectiveness

Group. This ensures that all pathways meet clear criteria for quality and effectiveness. The Network recognises the challenges in ensuring full cascade across all teams, and intends to develop the Vascular intranet site as a site where pathways can be easily accessed by staff.

- Progress with the development and implementation of Multi-disciplinary Foot Services, with clear, pathways and SOPs is a key priority for the Health Board, and work is underway to co-design the emergency diabetic foot pathway, which is agreeable across the Health Board footprint.
- The Network recognises the need to continue to strengthen integrated working across hub and spoke sites, especially in relation to communications and the wider MDT workforce. Work is needed to standardise culture and practice across the Network in order to ensure equity of access and provision. Operational management teams have worked hard to strengthen working relationships across hub and spoke sites, with the Central IHC team taking a lead role in pan-BCU matters, whilst ensuring full involvement of other IHC teams. However, we are cognisant of the fact that such practices can always be strengthened in order to improve service efficiency and efficacy. The network recognises the crucial role played by administrative staff in enabling the successful and smooth working of the vascular network, and is committed to ensuring equity of provision across hub and spoke sites
- The Network is keen to ensure that Vascular services in North Wales are driven by robust activity and performance data, and that this data is used to inform both operational and strategic planning. A range of data sources are already used to enable this, including an operational dashboard. However, we acknowledge that much work can be done to enhance our use of data and different levels and with different audiences. The ongoing development of integrated operational and outcome dashboard to be key area of focus for Network in 2024/25
- The importance of providing vascular patients with information, advice and support to enable them to manage their health, well-being and vascular condition, both pre- and post-operatively, is something which the Network recognises, and is keen to develop. Long-term, this strategy aligns with an ambition to provide prehabilitation support to people with a vascular condition in order to improve post-operative outcomes.
- The Network welcomes those recommendations which call for greater collaborative working with and dedicated input from a range of services, including micro-biology, psychology. Such additions can only be seen as a positive step for the service moving forward

3) Key Themes from the Review

Themes from reviews received to date	Applicable to this review <i>Check box if applicable</i>
1. Data, Intelligence & Insight Ensuring that there is an organisation wide approach with prioritised interventions into improving our data, intelligence and insight tools and capabilities. This will be a key enabler for sustainable improvement as well as supporting identification of future potential services of concern.	<input checked="" type="checkbox"/>
2. Culture Defining, engaging and committing to the long-term work necessary to improve the culture of the organisation. Integrated into our broader organisational development plan across Culture, Leadership and Engagement.	<input type="checkbox"/>
3. Risk Management	<input checked="" type="checkbox"/>

Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored.	
4. Patient, Family, Carer Involvement A single coordinated approach to maximise involvement and engagement with our patients and their families and carers, using their experiences to guide our ongoing service improvement.	<input type="checkbox"/>
5. Operating model Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services.	<input checked="" type="checkbox"/>
6. Organisation Governance and compliance Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it.	<input checked="" type="checkbox"/>
7. Integrated Planning A well understood integrated approach to planning as a discipline, as well as contributions to our annual planning process.	<input type="checkbox"/>

4) Recommendations

The committee is asked to **APPROVE** the management response in readiness for onward publication into the public domain.

Table 1: Management Response Action Plan

Data, Intelligence and Insight					
Ref	Action	Lead	Deadline	RAG status ¹	Progress Update
P1.09	Develop a local vascular dashboard to monitor compliance.	Jo Flannery	December 2024	Green	<ul style="list-style-type: none"> Operational teams and clinicians have confirmed KPIs which support operational management of the service. These have been incorporated into a first re-draft of the Vascular Dashboard. Work currently underway to develop a vascular performance framework. Which will be agreed with senior managers across hub and spoke sites Agreement that agreed KPIs to be routinely presented to individual IHC vascular delivery group meetings, as well as to Vascular Steering Group to provide assurances re: service performance. Scorecards being developed for inclusion of forthcoming meeting agendas

¹ RAG status definitions: **Green**: On track, **Amber**: Off track with mitigations in place to bring back on track, **Red**: Off track without mitigations in place to bring back on track

Risk Management					
Ref	Action	Lead	Deadline	RAG status ¹	Progress Update
P2.10	Ensure a focus on mitigation of the risk that vascular patients, and in particular amputees, may specifically face regarding falls, with an updated plan of management	Jo Flannery	March 2025	Green	<ul style="list-style-type: none"> Audit of uptake of mandatory falls training amongst vascular staff undertaken. Work will commence over the next 1-2 months, with the support of the Ward Manager and Clinical Lead to ensure all outstanding members of staff complete mandatory falls training asap

P2.12	Review the Did Not Attend (DNA) policy and guidance on when DNA might potentially become a safeguarding issue to ensure that all staff are aware of this and the actions to take	Jo Flannery	March 2025		<ul style="list-style-type: none"> Initial contact made with BCUHB safeguarding team to determine whether DNA policy exists. DNA policy is not standard within adult services; however, work will commence with safeguarding and nursing colleagues to develop vascular specific policy
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Operating Model					
Ref	Action	Lead	Deadline	RAG status¹	Progress Update
P1.01	Review of MDFS service looking at the appropriateness of the referrals to the vascular service, which will aid SOP and pathways development	Jo Flannery	September 2024		<ul style="list-style-type: none"> Initial engagement with T&I team to secure additional support to deliver this action, as a bespoke programme of work. Initial scoping work being designed
P1.02	Better integration of the three IHC operational teams from a vascular perspective to create a more effective network.	Jo Flannery	October 2024		<ul style="list-style-type: none"> Initial engagement with operational teams and DGMs to understand current challenges and priorities. Intention is to hold 2 x ½ day sessions to further develop and refine clinical and operational model, with view to development of a MOU to strengthen hub and spoke working. This action will be delivered in conjunction with P1.05
P1.03	BCUHB Q&S Panel to assess the quality of the new vascular pathways, flowcharts, SOPs and ensure the team achieve the proposed timeline for writing. The Q&S panel and operational teams must also ensure these pathways are distributed to the clinical, nursing and therapy teams.	Gareth Griffiths	March 2025		<ul style="list-style-type: none"> Local and pan-BCU processes agreed to support sign-off and approval of vascular pathways as they are developed. The Health Board's Strategic Clinical Effectiveness Group (S-CEG) will receive all pathways for final sign-off IHC Medical Directors will be responsible for cascading the pathways across the relevant teams/ service areas. Pathways will also be uploaded onto the vascular intranet pages, to support ease of access. KPIs are developed for each pathway, and will enable the network to monitor uptake and compliance

P1.04	Audit of vascular cases referred to the Medical Examiners Service and those escalated to stage two and three Mortality Reviews.	Laszlo Papp	July 2024		<ul style="list-style-type: none"> Consultants prepare presentations on vascular deaths, for discussion at monthly M&M meetings (Clinical Governance) in order to support continuous learning and improvement Forward work programme for Clinical Governance meeting to include audit of deaths
P1.05	All three IHC operational teams to have input into the authorisation of annual and study leave which impacts on the cancellation of activity on their site.	Jo Flannery	October 2024		<ul style="list-style-type: none"> Initial engagement with operational teams and DGMs to understand current challenges and priorities. Intention is to hold 2 x ½ day sessions to further develop and refine clinical and operational model, with view to development of a MOU to strengthen hub and spoke working. This action will be delivered in conjunction with P1.02
P1.06	Monitoring of out-patient waiting times across the network to avoid disparities	Jo Flannery	July 2024		<ul style="list-style-type: none"> Baseline data collected IMS ensuring waiting time data included within vascular dashboard Plan to include waiting time data on scorecards reported to IHC vascular meetings and pan-BCU vascular steering group
P1.07	To align chronic limb threatening ischaemia (CLTI) pathway with NHS England Commissioning for Quality and Innovation (CQUIN) framework i.e., aim for greater than 60% of patients to be re-vascularised within 5 days of admission.	Laszlo Papp/ Gareth Griffiths	September 2024		<ul style="list-style-type: none"> WORK NOT YET STARTED – Current focus is upon AAA work. Once this has stabilised, the network will work with clinicians to undertake deep dive of CLTI data
P1.08	Review patients not treated within targets to conduct a deep dive to ascertain trends.	Jo Flannery	July 2024		<ul style="list-style-type: none"> Baseline data collected IMS ensuring treatment target time data included on vascular dashboard Plan to include treatment targets data on scorecards reported to IHC vascular meetings and pan-BCU vascular steering group
P1.10	Develop a discharge pathway in the MAC between therapy and nurse teams to successfully plan discharges	Jo Flannery	September 2024		<ul style="list-style-type: none"> Initial discussions with C-IHC Director of Nursing to agree approach. Task & Finish group to be established to develop pathway, aligned to BCUHB discharge pathway. Approach to include information and support needs of vascular patients upon discharge

					<ul style="list-style-type: none"> ▪ We will engage with patients and carers to understand what 'good looks like' and co-design local pathway and approach that is aligned to BCUHB discharge policy ▪ This action shall be delivered in conjunction with P2.11
P2.01	Agree what constitutes a contemporary and evidence-based diabetic foot pathway, with the same approach and pathway implemented immediately across all the BCUHB sites	Jo Flannery	August 2024		<ul style="list-style-type: none"> ▪ Achieving pan-BCU agreement over the emergency diabetic foot pathway continues to be challenging. The pathway is agreed in 2/3 sites, with further work underway to confirm agreement in remaining site. Matter has been escalated to OMD for support to push forward if resolution not achieved within next 3-4 weeks
P2.02	Identify opportunities to work across the Health Board as an integrated service model strengthening links between primary care and secondary care within areas such as the management of diabetes; and implement to avoid patients having to see 'duplicate' health professionals experience delay	Jo Flannery	August 2024		<ul style="list-style-type: none"> ▪ Work has yet to commence and is likely to be delayed, depending on outcome of AAA work. • Once AAA work stabilised, the intention is to hold a vision setting workshop in order to: <ul style="list-style-type: none"> ○ Review what elements of vascular care currently happen 'out of hospital' ○ Identify what additional interventions could take place 'out of hospital' ○ Understand what need to be put in place to allow 'shift-left' to happen ▪ The workshop will help inform the 3–5-year Vascular Business Strategy
P2.03	Confirm what constitutes the palliative care pathway, and disseminate what that structure consists of, including over weekends and public holidays	Jo Flannery	September 2024		<ul style="list-style-type: none"> ▪ Initial meeting with palliative care team arranged for mid-June
P2.04	Ensure robust links between the palliative care team and the vascular service	Jo Flannery	September 2024		<ul style="list-style-type: none"> ▪ Initial exploration indicates that whilst palliative care team do not contribute to individual patient care within the current format of the MDT the relationship between palliative care and vascular is strong

P2.05	Formally set up a pain management pathway, particularly in the management of neuropathic pain	Jo Flannery	February 2025		<ul style="list-style-type: none"> Initial pain management pathway developed – this is to be reviewed to ensure it covers management of neuropathic pain. Any required changes will be co-designed with clinical colleagues and formally signed-off at S-CEG
P2.06	Evaluate the stroke referral pathway and implement subsequent findings across all the relevant multi-professional teams	Jo Flannery	September 2024		<ul style="list-style-type: none"> Monthly review of NVR data at clinical governance meetings indicate timeliness of treatment is positive Meeting to be arranged with Stoke Lead to agree further review
P2.07	Agree psychology input as a standard component of vascular care with dedicated, protected sessions of psychological support available for those vascular patients who require it	Jo Flannery/ Laszlo Papp	December 2024		<ul style="list-style-type: none"> Work to agree psychological input has yet to commence and will be picked up by the Network and/ Clinical Lead in the next 1-2 months
P2.08	Provide dedicated protected sessions of micro-biological support for the relevant vascular patients who require it	Jo Flannery/ Laszlo Papp	December 2024		<ul style="list-style-type: none"> Work to review current working practice has yet to commence, and will be picked up by the Network and/ Clinical Lead in the next 1-2 months
P2.09	Ensure availability of a Care of the Elderly (COTE) consultant and their clinical team for daily input as required for vascular patients	Laszlo Papp	March 2025		<ul style="list-style-type: none"> Discussions are ongoing and have highlighted the value in considering other models including experienced COTE ANP/ Physician Associate with support from COTE consultants, due to challenges in COTE capacity and/ or recruitment.
P2.11	Review what constitutes good and safe discharge planning in relation to the BCUHB guidance being provided regarding 'out of hours' discharge timing and	Jo Flannery	March 2025		<p>This action shall be delivered in conjunction with P1.10</p> <ul style="list-style-type: none"> BCUHB Discharge policy has been identified – work will commence to map local vascular pathway against health board wide policy.

	associated risk assessments. This should be part of a general review of the Discharge policy which the Panel understands was due for review in 2018, but could not identify evidence of it being updated				
P2.13	It is recommended that clinicians email patients and/or their nominated family member, information leaflets to ensure that they are always provided. Although this would require to be undertaken by means of the relevant information governance processes	Jo Flannery	March 2025		<ul style="list-style-type: none"> ▪ Range of information currently available to patients and their family/ carers. The suitability of this information will be reviewed, and the network will work closely with PALS to better understand information needs of vascular patients ▪ Vascular webpages to be developed, which will include information leaflets and sources of support
P2.16	It is recommended that letters to patients are more individualised in relation to the following: <ul style="list-style-type: none"> ▪ Invitation to surgery letters for “fistula” patients who plan to have a local anaesthetic. ▪ Invitation to surgery letters for a vascular procedure to be reviewed to reflect individual medication regimens and timescales 	Laszlo Papp	September 2024		<ul style="list-style-type: none"> ▪ Work with clinicians and patients to understand the types of information that should be included within patient letters has yet to commence and will be picked within the next 1-2 months
P2.18	It is recommended that there is consideration of whether the practice of completing	Laszlo Papp	June 2024		<ul style="list-style-type: none"> ▪ Discussions with clinicians indicates that this practice no longer continues

	Individual Funding Requests (IFRs) for Direct Oral Anticoagulants (DOACs) when they are widely available, remains reasonable and whether this should be continued				
P2.19	It is important to note that some recent improvements were recognised as having been made and that there was acknowledgement of the professionalism and work of the current administrative team. However, it is recommended that capacity is evaluated again	Jo Flannery	March 2024		<ul style="list-style-type: none"> Mapping work commenced across the network to help outline resources currently available and identify and gaps – information will support development of a Phase 2 Business Case, where additional resources are required

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Organisation Governance and Compliance					
Ref	Action	Lead	Deadline	RAG status¹	Progress Update
P2.14	It is recommended that consent training should be mandatory, for junior doctors as part of their induction into BCUHB and ongoing training	Jo Flannery	June 2024		<ul style="list-style-type: none"> Refresher consent training session organised for vascular surgeons to ensure all are up-to-date. Pending discussions with training department to include consent training as mandatory training module for all trainee, junior doctors and new starters. Booking people on will be managed via network

P2.15	It is recommended that unless the healthcare professional is fluent in the patient's preferred language, an interpreter should always be used for seeking consent from the patient	Laszlo Papp	July 2024		<ul style="list-style-type: none"> ▪ Item included within agenda for July vascular away day meeting
P2.17	<p>It is recommended that all staff should be reminded and supported in their professional accountability to maintain high standards of records and record keeping. This includes:</p> <ul style="list-style-type: none"> ▪ The need for documentation to explain decision-making and demonstrate the delivery of safe and effective care ▪ The use of Datix as a professional responsibility to report on any issue which may compromise patient safety 	Jo Flannery	September 2024		<ul style="list-style-type: none"> ▪ Deep dive audit tool being developed to enable quality focused review of case notes. The intention is for this to be undertaken on a quarterly basis, and will ensure that vascular clinicians are proactive in identifying areas for improvement

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