NHS
South West
Clinical Senate

South West Clinical Senate Council Meeting Minutes

Emergency General Surgery (EGS) Review: Outcomes Report and Recommendations

Chair: Dr Phil Yates

Held on Thursday 2nd February 2017
In Taunton Rugby Football Club

Meeting Notes

1	**Welcome and introductions**	
	Phil Yates welcomed the Emergency General Surgery (EGS) Steering Group and led round table introductions (attendance and apologies listed as an appendix). Four new Senate Council members in attendance were also welcomed; 1. Andrew Tometzki, Consultant Paediatric Cardiologist, University Hospital Bristol NHS Trust 2. Mark Stone, Pharmacist Consultant and Devon LPC Project Lead, Devon Local Pharmaceutical Committee and Tamar Valley Health Practices 3. Nick Kennedy, Consultant Anaesthetist and Intensivist, Taunton and Somerset NHS Trust 4. David Partlow, Clinical Development Manager, South Western Ambulance Service NHS FT	
1.2	**Background**	
	The EGS review was commissioned by the Clinical Senate following the Senate Council's deliberation in 2014 around how surgical services should be configured in the South West. This work should primarily be used towards configuring EGS more efficiently within individual Trusts and learning from each other to drive up EGS performance standards. The aim of the meeting was to discuss the recommendations from the review report and to identify next steps. Phil Yates described the huge amount of work carried out by the steering group, review teams and in particular the clinical lead and project manager and thanked them for conducting such a comprehensive and robust review. The full report is available on the Senate website: Senate Website	

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2	**Review Process and Findings**	
	Paul Eyers, Vascular Surgeon and Clinical Lead and Scott Watkins, EGS review Project Manager presented the review process and findings. • The EGS review was undertaken following the original Senate Council deliberation and subsequent recommendations in October 2014. (original recommendations available from the Senate website here http://www.swsenate.org.uk/emergency-surgery-how-should-services-be-configured-in-the-south-west/657/) • The third recommendation from October 2014 was for a peer led review of EGS services to be undertaken in the South West based on: the Royal College of Surgeons (RCS) Emergency Surgery Standards for Unscheduled Surgical Care; the London Health Audit Quality and Safety Programme and the NHS Services Seven Days a Week Forum. • The review process for each trust included self-assessment followed by a full day site visit to assess how the day to day running of the services corresponded to the policies outlined during self-assessment. • The steering group received a huge amount of data as part of the evidence submitted through self-assessments. It was noted that there were limitations in accessing robust and consistent data on absolute activity. • Six interlinked recommendations were outlined in addition to each Trust's performance against 22 standards. The output recommendations were: o Provision of a Surgical Assessment Unit (SAU) o Provision of a 24/7 CEPOD/emergency theatre o A 'South West' standardised rolling audit of EGS o Appointment of an EGS lead and Emergency Nurse in each Trust o Two consultant led ward rounds per day for EGS patients o Development of fully integrated ambulatory EGS service • It was noted that the value of each standard was not the same and the output recommendations were developed to both be achievable for each Trust and to not carry big price tags. Since the review began Trusts had already been motivated to make improvements. The sense was that if the six key recommendations could be achieved that many of the standards would be delivered. It was noted that Trusts are also being provided with individual reports that contain individual recommendations. Additional findings from the review were also presented to include an educational network and suggestions and findings around clinical pathways, transfers, Service Line Agreements (SLA), rotas and shared documentation. Presentation slides available from the Senate Website	

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3	**Steering Group Q&A**	
	Themes discussed throughout the day included; • Overall the report and the comprehensive high quality work carried out by the project team was applauded by the council as a really valuable and robust piece of work that provides an excellent overview of emergency surgery in the South West. • The review recommendations support the original 2014 Senate recommendations as well as others from RCS and NCEPOD. • There was a direct correlation noted between the size of a Trust and the number of standards met with large Trusts performing better than smaller Trusts. It was discussed that smaller Trusts could be supported through networking. It is necessary to differentiate between smaller and larger hospitals and the availability of juniors and number of consultants when considering the standards met or not met. • The potential implications for acute reconfiguration as a result of the recommendations, where some smaller Trusts may struggle to meet them was discussed, however it was noted that the review was carried out with a view to understanding services and suggesting actions for quality improvement by each local trust. The thinking behind the six recommendations is that they are achievable and can therefore help to improve / increase standards everywhere. • It is important to consider the importance to patients of having access to consistent high quality standards of care regardless of location. Quality is also determined by patient experience and the friends and family test doesn't provide this information. • The additional key findings prompted discussion around the possibility of standardised SLA arrangements, tariffs and clinical pathways. Discussion around tariffs focused on the scope to stop perverse behaviours driven by income versus clinical need in terms of EGS. There was also discussion around clinicians managing clinically unwell people versus administrative systems / processes and in particular transfers. • Two consultant ward rounds in shift (eg 8am and 5pm) will ensure all patients are seen in 14hrs. This is currently delivered sometimes rather than always but it is achievable and will make services safer. • Reference to the wording on Standard 21 was queried. It was confirmed that this was a standard for specialty review and that breast patients for example need to be seen by a breast surgeon. It was broken down into (a) and (b) for consultant and senior specialty review respectively.	

	• The possible cost implications for implementing the recommendations were discussed. The efficiency savings for ambulatory care or protected SAUs versus time lost on safari ward rounds for example would need to be worked out for local business cases. Discussions would need to take place jointly between the surgical division, Trust executives and CCGs to agree non perverse tariffs for the establishment of an Emergency Surgical Ambulatory Care (ESAC) as in Bath. • Documentation of clinical discussions and decisions was discussed and although this is already a requirement a culture change and move towards automatic documentation is required. • EGS has been identified as an area of high risk and therefore standards must be met and changes driven forward decisively in order to ensure maximum safety of services provided. Safety versus mortality per unit was discussed but overall the review is looking at service quality as its focus. • Next steps and review against delivery of the recommendations was discussed. It was noted that with the Senate's role providing clinical reviews to assure large scale service change, it is likely that the Senate will have some involvement with clinical assurance of acute transformation as plans emerge. Through this there could be an opportunity to flag up the proposed implementation of the six key recommendations. • Discussion around audit recommendation number three being burdensome, and agreement of how to take this forward to be useful eg. standardised agreed data set / dashboard that can be used for future planning and development. Suggestion to use a self-assessment peer review approach and learn from other networks such as cancer. • Paediatric surgery is a well organised service – consider for best practice learning. • Discussion regarding taking forward networking and the possible mechanisms for this such as via the Operational Delivery Network (ODN) (normally for specialised commissioning) versus Urgent and Emergency Care (UEC) Networks which are more strategic or an educational network. • Discussion around whether a dedicated theatre was required concluded that it was and that measuring time to theatre is not enough and that dedicated theatre teams are required to ensure surgery can be done at the right time.	

	• Physician input to surgical patients requires consideration and as well as providing opportunity for more joint working and joint posts in the future. Length of Stay (LOS) is increasing because the number of aged multi morbidity patients is increasing. Early input from care of the elderly clinicians is shown to impact mortality. The issue of generalist support and funding should be addressed.	
4	**The Bath Ambulatory Care Model**	
	This was presented by Sarah Richards, EGS Consultant - RUH Bath, and covered: • Background to the ESAC Unit – A better way of managing patients • Previous process / timelines • How ESAC works: infrastructure and personnel; promotion of the service; outcomes >6500 patients since May 2013; an average day; tariff complexities; and challenges. Key Messages: • Assessment as default (not admission) • Personnel (not beds) are capacity • Shift as much as possible into an out-patient setting • 8am-8pm weekdays and consultant led service • Dedicated scans and dedicated day case theatre every afternoon • Outpatient tariff £120 v £1600 admission now a £765 tariff • Discussion around making ambulatory care and SAU 'unfriendly' for medical outliers (no medical gases, narrow doors) Presentation slides available from the Senate Website	
5	**7 Day Services – realising national policy**	
	This was presented by Sue Cottle, Programme Lead, 7 Day Hospital Services Sustainable Improvement – NHS England South and covered; • Background and discussion around the national NHS ambition for delivery of 7 Day Services and for reducing variations. • 7 Day NHS hospital services is about the delivery of safe effective care 7 days a week. • Quality and safety is the key driver. • NHS organisations and partners need to work together to understand the local issues and generate sustainable solutions • One size does not fit all. • 7 Day policy is about delivering the same care during the weekend as for the week for urgent services only (GPs, 111 and in hospital). • They are assessing Trusts against four standards for which recent self-assessment was very poor. The standards are; 1. Time to consultant review 2. Access to diagnostics 3. Access to consultant directed interventions 4. Ongoing review by senior decision makers.	

	• Discussion following the presentation focused on the key issues commonly flagged in relation to 7 day care; the difficulty separating urgent from elective care when support services are required to deliver urgent care as well as the funding issue with 'the investment being huge to get Sunday to look like Tuesday'. The question was raised by the Senate of 'what will be stopped in order to deliver equivalent weekend urgent care services?' Presentation slides available from the Senate Website	
6	**Urgent and Emergency Care Networks**	

	This was presented by Jonathan Jeanes, Peninsula UEC Network Lead;
	
	• UEC Networks were based on the footprints of the Trauma Networks to provide strategic oversight, regional response and to improve consistency and quality. A comprehensive governance framework was developed to enable the establishment of this brand new arrangement.
	• UEC networks have supported the UEC element of STPs.
	• Areas where UEC Networks can potentially support the outcomes from EGS review:
	    o Sharing/facilitating best practice discussions
	    o Linking into 7 Day Hospital Services work
	    o South West 'rolling audit' work
	    o Supporting discussions around creation of an Educational Network.
	
	It was noted that the future and funding mechanisms for the UEC networks are not currently clear. It was discussed that the UEC is currently undertaking a piece of work around regional repatriation policy and that they could also therefore pick up on work around a regional transfer policy for EGS.
	
	Presentation slides available from the Senate Website	

7	**2014 Recommendations and Next Steps**	
	The Senate Council received the EGS report and agreed the six recommendations within. **Network:** Additionally to the six recommendations, the Senate Council have proposed a network approach to addressing both the rolling audit in recommendation three and the additional findings around educational networking, policy documentation, SLAs, tariffs and pathways for example that were highlighted in the review. A network could also consider a standardised dashboard or annual self-assessment against the standards in the future to maintain the momentum from the review. The Senate and Steering group will explore the establishment of a multi-professional network and it's Terms of Reference (TOR). There are some members of staff already interested in setting this up and the Senate felt	**Action**

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	that the network would be most successful if initiated by those staff rather than mandated. Once established, these notes from 2nd February meeting will be shared with the network to ensure the actions are taken forward accordingly. **UEC Networks:** The UEC Networks to explore the development of a regional transfer policy for EGS to address the issue identified around this through the review and link in with the proposed network. **Process for sharing and reviewing:** • The Clinical Senate intends to review progress against the recommendations at its meeting on 21st September 2017. Trust Clinical leads will be asked to report back. Those at the meeting were keen to do so. • The report with a Senate covering letter will be shared with the Senate Assembly, Citizens' Assembly and across Trusts and CCGs from the South West region. It will also go to other Senates across England and NHS England key individuals. • The final report (and individual Trust reports) with covering letter from the Senate will be available from the Senate Website. • Project Manager to make individual Trust reports with additional individual Trust recommendations available to each Trust Additional points picked up by the Senate Council meeting were: • Addition of 'protected' SAU within the wording of the final report. • Network to pick up the possibility of direct ambulance referrals into SAU when looking at pathways and processes. Locally Trusts should consider a telephone advice line for specialist paramedics to avoid emergency department (ED) attendance and bring patients straight to SAU as well as taking referrals for surgical on-call team via ambulance. • Agreement of how final monies allocated for the EGS review are to be spent • The EGS and Senate are meeting with CCGs and Trusts on 9th February 2017 to provide a briefing around the findings from this review.	**Action** **Action** **Action** **Action** **Action** **Action** **Action** **Action** **Action**
8	**Feedback from RCS following the meeting**	
	Michelle Smith, Regional Coordinator, from the Royal College of Surgeons (RCS) commented that the findings from the review and the deliberations on 2nd February resonate with the RCS thinking around improving emergency surgery (supported by the Nuffield Trust report Emergency General Surgery: Challenges and Opportunities), particularly on aspects such as networks, EGS roles and increased use of pathways. RCS next steps:	

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	• Disseminate the report to relevant RCS representatives and staff in particular those who are working on EGS related projects, such as the Cholecystectomy Quality Improvement Collaborative (Chole-QuIC) and Improving Surgical Training pilot. • Paul Eyers will present the review and findings to the RCS Directors for Professional Affairs (DPA) Forum on 15th March 2017. A report of the Forum outcomes is presented to RCS Council.	
9	**Senate Business**	
	I. Amended Operating Principles were circulated prior to the meeting and the main amendments were highlighted during the meeting. These were; o Addition of the clinical review process and checklist. o Update of council numbers to 38. o Addition of the confidentiality agreement to the appendices. o Removal of the process for posing a question from the appendices. o Senate accountability is now to the regional co-ordinating group. II. Recruitment is underway to recruit an additional 10 members to the Senate Council. III. Senate Assembly annual conference is on 30th March in Exeter and will run as a Clinical Review Masterclass. IV. Sunita Berry has left the Clinical Senate and Networks to take up a secondment with the Regional NHS England Team. Caroline Gamlin, Area Team Medical Director and Tariq White, Assistant Director of Transformation and Outcomes, are providing the interim Associate Directorship for the Clinical Senate	

Present:
Senate Council Members

Marion Andrews-Evans	Executive Nurse, Gloucestershire CCG
Mary Backhouse	Chief Clinical Officer, North Somerset CCG
Diane Crawford	Lead Scientist and Director of Medical Physics and Bioengineering, UH Bristol
Katie Cross	Consultant General Surgeon, North Devon Healthcare NHS Trust
Kevin Dixon	Chair, Citizens Assembly
Sara Evans	Consultant Geriatrician, Royal United Hospital Bath
John Graham	Consultant Oncologist & Trust Cancer Lead Clinician, Taunton and Somerset NHS Foundation Trust
Susan Hawkins	Clinical Lead Physiotherapist, Royal Cornwall Hospitals NHS Trust
William Hubbard	Consultant Physician and Cardiologist, Royal United Hospital Bath
Georgia Jones	Head of Penninsular Foundation School, Health Education England
Joanna Kasznia-Brown	Consultant Radiologist, Taunton and Somerset NHS Foundation

	Trust
Nick Kennedy	Consultant Anaesthetist and Intensivist, Taunton and Somerset NHS Trust
Bruce Laurence	Director of Public Health, Bath and North East Somerset Council
Simon Mathias	Deputy Chair, Healthwatch Wiltshire
David Partlow	Clinical Development Manager, South Western Ambulance Service NHS FT
Sally Pearson	Director of Clinical Strategy, Gloucestershire Hospitals NHS Foundation Trust
Emma Stapley	Head of Child Psychology, Consultant Clinical Psychologist, Somerset Partnership NHS Foundation Trust
Mark Stone	Pharmacist Consultant and Devon LPC Project Lead, Devon Local Pharmaceutical Committee and Tamar Valley Health Practices
Andrew Tometzki	Consultant Paediatric Cardiologist, University Hospital Bristol NHS Trust

Senate Council Management team

Natasha Cutler	Senate Support Administrator, SW Clinical Senate
Ellie Devine	Senate Manager, SW Clinical Senate
Caroline Gamlin	Area Team Medical Director, NHS England South Region, South West
Sarah Redka	Senate Support Officer, SW Clinical Senate
Tariq White	Assistant Director of Transformation and Outcomes, SW Clinical Senate, Senate Management team

Emergency General Steering Group members

Rob Bethune	Surgeon, Royal Devon and Exeter Hospital
Mark Cartmell	Surgeon, North Devon NHS Trust
Tracy Day	Junior Sister, Taunton Hospital, Guest
Nicholas Kenefick	Surgeon, Torbay Hospital
Nic Mathieu	Matron, Royal Devon and Exeter Hospital
Julie Smith	SAU Nurse, Taunton Hospital
Michelle Smith	Regional Coordinator (South of England), The Royal College of Surgeons, Guest
Amanda Stevens	Sister General Theatres, Taunton Hospital
Mark Vipond	Surgeon, Gloucestershire Royal Hospital

Speakers

Sue Cottle	Programme Lead 7 Day Hospital Services Sustainable Improvement, NHS England South, Speaker
Paul Eyers	Vascular Surgeon, Taunton and Somerset NHS Foundation Trust, Senate Council member
Jonathan Jeanes	Peninsula UEC Network Lead, Speaker
Sarah Richards	Surgeon, RUH Bath, Emergency General Surgery Steering Group member
Scott Watkins	Emergency Services Coordinator, Taunton & Somerset NHS Foundation Trust

Apologies

Andrew Baker	Emergency General Surgery Steering Group member
Rosie Benneyworth	Senate Council member
David Halpin	Senate Council member
Deborah Harman	Emergency General Surgery Steering Group member
Clare Hines	Senate Council member
Ceri Hughes	Senate Council member
Celia Ingham-Clark, MBE	Invited
Ben Lankester	Senate Council member
Vaughan Lewis	Senate Council member
Andria Merrison	Senate Council member
Linda Prosser	Senate Council member
Ann Remmers	Senate Council member
Peter Rowe	Senate Council member
Debbie Stark	Senate Council member
Margaret Willcox	Senate Council member
Jenny Winslade	Senate Council member
Paul Winterbottom	Senate Council member