Quality Surveillance Programme
Now incorporating SSQD

NHS England

Arterial at Royal Derby Hospital

Self Declaration 2019/2020 - SD 2019/2020

SD description: SD 2019/2020

Published

Data submission closed on 30 Jun 2019
Data was published on 1 Jul 2019

Last AA Outcome (2018/2019): Routine surveillance	Last SD Score (2019/2020): 100.0	Latest SSQD Alerts (Q1 2019/2020): Positive Alerts: 4, Negative Alerts: 3, Neutral Alerts: 1

Overall score : 100.0 %

QSIS Help

Arterial; 2016 - 2018 Indicators

The following Indicators are active for completion as part of your Self Declaration.

170004S-001

There is an agreement outlining the network configuration

Yes

No comments

Indicator description

Descriptor:
The AC under review should be party to an agreement between the relevant commissioners, the AC and its referring hospitals which specifies the following (referred to as 'the network configuration'):
- the named hospitals and Trusts of the AC and referring hospitals in the vascular services network;

the classification of each Centre as AC or NAVC. This should specify where:
- vascular IP services are authorised.
- vascular OP clinics and day case surgery are authorised.
- those ACs agreed as providing the service for complex EVAR procedures;
- the population of the network.

The network configuration should contain only one AC and only one network MDT meeting. The meetings should be hosted by the AC. The catchment population of the network for level 1 referrals should be at least 800K.

Notes:
As defined in NHS Commissioning Board Clinical Commissioning Policy: Use of Complex Endovascular Stent Grafts in the Management of Abdominal Aortic Aneurysm April 2013. This may result in the provider of the service being outside the network under review. If there is subspecialisation of the network into separate MDTs for carotid arterial work and abdominal aortic work, there should only be one MDT meeting in the network for each subspecialty area.

Evidence Documents:
Operational Policy

Data Source:
Self declaration

170004S-002

There should be a single named vascular lead clinician and lead manager for the vascular network.

Yes

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Indicator description

Descriptor:
There should be a single named vascular lead clinician and lead manager for the vascular network.
The lead clinician and lead manager should have an agreed list of responsibilities and time specified in their timetables for the roles.

Notes:
The lead clinician should be a medically qualified consultant vascular surgeon or vascular interventional radiologist. They may be based in any Centre (AC or NAVC) in the network, but for the purpose of the peer review, compliance/non-compliance with this will be counted towards the results for the AC.

Evidence Documents:
Operational Policy / Timetable

Data Source:
Self declaration

170004S-003

The AC case throughput.

Yes

Indicator description

Descriptor:
The AC should undertake:

- at least 60 Abdominal Aortic Aneurysm (AAA) repairs per year;
- at least 40 carotid endarterectomy procedures per year

Where carotid stenting is performed, a minimum of at least 10 procedures per annum should be undertaken.

Notes:
The sum of elective plus emergencies, open plus endovascular, infrarenal aortic aneurysm repairs. The number should be averaged over the three complete calendar years prior to the review. The numbers of annual procedures per individual surgeon are not part of an indicator but will be required to be presented at review for discussion as part of the contextual, background information.

Evidence Documents:
Annual report including case numbers.

Data Source:
Self declaration

QSIS Help

170004S-004

There is specialist staffing in place at the AC.

Yes

No comments

Indicator description

Descriptor:
There should be the following named specialist staff members for the service at the AC.

- at least 6 vascular surgeons, who should all take part in the vascular surgery on-call rota;
- at least 6 vascular interventional radiologists who should all take part in the vascular interventional on-call rota;
- vascular anaesthetists;
- Band 7 clinical vascular scientists/sonographers;
- interventional radiology nurses
- vascular specialist nurses;
- radiographer
- physiotherapists with competency in dealing with amputees and in exercise of patients with cardiovascular disease;
- occupational therapists;
- consultant in rehabilitation medicine

Notes:
Medical staff disciplines in the list should be represented by consultant members. It is expected that these surgeons would be spending most of their programmed activities in the vascular surgical specialty. This should be a separate rota from the general interventional radiology rota, although the same rota may often cover major trauma. It is expected that vascular anaesthetists anaesthetising elective vascular cases will have specialist vascular anaesthetic competencies. Ref: Portfolio of the Specialist Vascular Anaesthetist, Vascular Anaesthetics Society of Great Britain and Ireland.

Interventional radiology nurses should have time specified in their timetable for care of vascular service patients and they should be signed off as at least having vascular-specific in-house competencies. A set of national training levels and key competencies for specialist nurses are currently being developed.
Physiotherapist and Occupational therapist team members should have time specified in their timetable for care of vascular service patients and they should be signed off as at least having vascular-specific in-house competencies.

Evidence Documents:
Operational Policy

Data Source:
Self declaration

QSIS Help

170004S-005

There is a weekly MDT Meeting.

Yes

No comments

Indicator description

Descriptor:
The AC should host a meeting of at least the following MDT members, (the quorum) at least weekly to make decisions on vascular patients. For a weekly MDT, there should be quorate meetings on at least 95% of the scheduled dates.

- at least 2 vascular surgeons;
- at least 2 vascular interventional radiologists;
- at least 1 vascular specialist nurse;
- MDT coordinator

The decisions taken and the meeting attendance should be recorded on local IT systems.
The AC should have a policy whereby emergency cases which require treatment before being discussed at the MDT, should be reviewed at the next weekly meeting.

Notes:
This indicator is about having a quorate meeting sufficiently often. The detailed nature of the discussions is not an issue for compliance for this indicator. See the pathways for further indicators on which patients should be discussed.
Meetings need not be scheduled nor count in this calculation if they fall on a bank holiday.
All members from the disciplines in this list are considered to be 'core' members, which has the following implication:
It is expected that for individual cases, the MDT may have attendance by other disciplines appropriate to the issues in question. This is not a compliance issue for this indicator. The attendance record for the purposes of this indicator is in order to monitor the quoracy and core members' attendance.
The AC may choose to name other disciplines as part of the quoracy and therefore core members.

Evidence Documents:
Annual report including attendance record

Data Source:
Self declaration

170004S-006

Named specialist staff members attend at least 50% of meetings.

Yes

No comments

Indicator description

Descriptor:
All named specialist staff members should attend at least 50% of meetings.

Notes:
If an individual is a member of more than one vascular MDT, e.g. including sub-specialised MDTs, they should attend at least 50% of the meetings of each MDT.

Evidence Documents:
Annual report including attendance record

Data Source:
Self declaration

QSIS Help

170004S-007

There is a 24/7 vascular surgical on-call service.

Yes

No comments

Indicator description

Descriptor:
There should be a 24/7 rota of named, consultant vascular surgeons for the AC, whereby there is a consultant surgeon able to give advice to HCPs or perform surgery 24/7.

Notes:
Vascular surgeons should have no elective commitments whilst on call. Any vascular access on call duties for a vascular service contributing to a vascular access service would be expected to be provided by this same on call rota.

Evidence Documents:
Operational policy examples of the rota should be available for a review visit

Data Source:
Self declaration

170004S-008

There is a 24/7 interventional vascular radiology service

Yes

No comments

Indicator description

Descriptor:
The AC should have the following 24/7 rotas for radiology:

- Consultant vascular interventional radiologists, whereby there is an interventional radiologist able to give advice to HCPs, or perform interventions, 24/7;
- Vascular radiographers, for emergency vascular radiology procedures;
- Interventional radiology nurses, for emergency vascular radiology procedures;
- Support and advice for Interventional Radiologist's from NAVCs.

Notes:

Evidence Documents:
Operational policy examples of the rota should be available for a review visit

Data Source:
Self declaration

QSIS Help

170004S-009

The AC has an appropriate angiographic imaging facility.

Yes

No comments

Indicator description

Descriptor:
The AC should have an angiographic facility on site. The facility should have access to the full range of high quality imaging equipment, theatre specification room and full anaesthetic facilities and support.

Notes:
Joint-Working-Party-BSIR-VS-VASGBI. Delivering an Endovascular Aneurysm Service. 2010.

Evidence Documents:
Operational Policy

Data Source:
Self declaration

170004S-010

There is a vascular laboratory service

Yes

No comments

Indicator description

Descriptor:
The AC should have a service on-site which provides:

- high resolution ultrasound imaging with duplex scanning which has colour, power and pulsed Doppler modalities and the ability to record images;
- tests of vascular physiology;
- examination rooms with adjustable couches, scanning stools/chairs, lighting control and air conditioning when indicated;
- treadmill exercise machines in rooms for physiology testing.

Notes:
The service need not be confined within a single 'vascular laboratory'.

Evidence Documents:
Operational Policy

Data Source:
Self declaration

QSIS Help

170004S-011

There is a specialist ward

Yes

No comments

Indicator description

Descriptor:
The AC should have a policy whereby:

- vascular service elective in-patients are cared for on a named ward where it is agreed that they are admitted to, in preference to any other ward;
- that there are beds on the ward prioritised for vascular service elective in-patients.
- that the ward should have hand-held Doppler investigation on the ward.

Notes:
Wards with stricter policies than this, e.g. those reserved exclusively for vascular

Evidence Documents:
Operational Policy

Data Source:
Self declaration

170004S-012

There is an vascular outpatient clinic

Yes

No comments

Indicator description

Descriptor:
The AC should have a vascular out-patient clinic fulfilling the following:

- it should be held at least twice per week;
- booking templates should be flexible enough for urgent cases to be seen in one week or less, and for urgent cases presenting to A&E or GPs to be seen at the next occurring clinic;
- it should be identified on the Centre outpatient department clinic list or timetable as a vascular clinic;
- it should have bookable clinic slots specified for vascular patients;
- it should be able to provide single visit care with in-clinic use of duplex US imaging and vascular laboratory investigations on the day of the clinic visit.

Notes:
All staff need not be in constant attendance in the same clinic but arrangements should allow for a patient to be seen by any of the disciplines if needed, at the same single visit.

Evidence Documents:
Operational Policy

Data Source:
Self declaration

QSIS Help

170004S-013

There are day-care lists and short stay lists for vascular procedures.

Yes

No comments

Indicator description

Descriptor:
The AC should offer day case and short stay operating lists for relevant vascular procedures.

Notes:

Evidence Documents:
Operational Policy

Data Source:
Self declaration

170004S-014

There are vascular diagnostic imaging facilities.

Yes

No comments

Indicator description

Descriptor:
The AC should have on-site diagnostic and interventional vascular radiology facilities, available 24/7, including the following:

- Digital subtraction angiography;
- Spiral CT Angiography; CT scanners should be capable of isometric volume reconstruction at 1mm minimum.
- MR Angiography;
- Duplex ultrasound;
- Image transfer by PACS;
- review facilities with 3D workstations.

Notes:

Evidence Documents:
Operational Policy

Data Source:
Self declaration

QSIS Help

170004S-015

There is a vascular access service for renal patients. Applicable to Centres providing this service for renal dialysis patients

Yes

No comments

Indicator description

Descriptor:
The AC should have an agreement between the relevant services specifying the contributions of vascular surgeons, transplant surgeons and interventional radiologists to this service.

Notes:
Provision of Interventional Radiology Services (2014)

Evidence Documents:
Operational Policy

Data Source:
Self declaration

170004S-016

The hospital has a policy whereby patients are managed in line with the Seven Day Services Clinical Standards policy.

Yes

No comments

Indicator description

Descriptor:
The hospital has a policy whereby patients are managed in line with the Seven Day Services Clinical Standards policy which incorporates:

All emergency admissions being seen and receiving a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

A seven-day scheduled access to consultant directed diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology for inpatients complete with reporting.

Consultant-directed diagnostic tests and completed reporting will be available seven days a week:
o Within 1 hour for critical patients
o Within 12 hours for urgent patients
o Within 24 hours for non-urgent patients

Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

Notes:
Seven Day Services Clinical Standards policy.
(Gateway Ref – 06408)

Evidence Documents:
Operational Policy

Data Source:
Self declaration

170004S-017

There are patient pathways in place

Yes

No comments

Indicator description

Descriptor:
The AC should agree with the relevant service providers and relevant commissioners, network wide patient pathways for:

- Abdominal Aortic Aneurysm (AAA);
- The management of ruptured AAA;
- The investigation and management of unruptured, including screen-detected AAA.

The pathways should include the following specifics:
- that patients suitable for fenestrated and branched endovascular stents for repairing aneurysmal disease of the aorta should be subject to the Clinical Commissioning Policy: Complex Endovascular Stent Grafts in Abdominal Aortic Aneurysm. 2013. NHSCB/A04/P/a. This may involve referral out of network to another AC, which should be named in the pathway, if relevant
- that all vascular patients, where required, should be seen by an anaesthetist with vascular expertise.

Carotid Disease
The pathways should include the following specifics;
- How this pathway connects with the stroke pathway.

Peripheral Arterial Disease including:
- The management of acute limb ischaemia.
- The investigation and management of chronic vascular insufficiency.
- The vascular service's contribution to the management of the diabetic foot.
The pathway should include the following specifics;
- that emergency admissions should be reviewed by a consultant vascular surgeon within 12 hours
- the arrangements for vascular service input into each of the diabetic foot teams across the network.
A patient pathway for vascular injury, including complications of angiography.
A patient pathway for emergency presentations.
The pathways should include the following specifics;
- that the initial referral regarding a vascular emergency should be directed to the vascular specialist consultant on call at the AC
- that emergencies presenting to hospitals other than the AC, deemed to require admission or urgent assessment should be transferred to the AC unless contraindicated
- that emergencies presenting to hospitals other than the AC, who cannot be transferred should be dealt with by a vascular surgeon working at the non-arterial Centre if available or by a visit by a vascular surgeon from the AC
- emergency transfer protocols agreed with the relevant ambulance services.
The emergency presentation pathways should be distributed to all providers in the AC catchment who admit emergencies.
All the pathways should specify:
- the specific responsibilities of the involved providers, including the AC, the NAVCs and other providers;
- the indications for referral between providers (compatible with the levels of care model in the introduction to these indicators);
- the arrangements for transfer between providers for emergency surgery or interventions;
- any indications for case discussion at the weekly network MDT meeting;
- the relative responsibilities of the endovascular and open surgical specialists;
- referral pathways to other relevant specialties;
- the essential communications between professionals—what information should pass between which providers by which timelines;
- arrangements for patients who are turned down for vascular intervention and require palliative admission;
- locally relevant items including named providers and contact points.

Notes:
Pathways specify how the different Centres and groups of professionals should interact at defined stages of the patient journey, for diagnosis, assessment, management or follow up, as relevant.

These indicators are not intended to represent comprehensive pathways. Where relevant, pathways should take into account nationally and internationally agreed guidance and standards.

This should take into account the pathways for this, published by the Map of Medicine.
These points would encompass any shared care agreements where relevant.

Evidence Documents:
Operational policy including pathways

Data Source:
Self declaration

170004S-018

There are patient pathways for major amputation surgery

Yes

No comments

Indicator description

Descriptor:
The AC should agree with the relevant service providers and relevant commissioners, a network wide pathway for major amputation surgery, compatible with the Vascular Society of Great Britain and Ireland, Best Clinical Practice Pathway for Major Amputation Surgery April 2016.
It should also specify locally relevant items including named providers and contact points.

Notes:
Pathways specify how the different Centres and groups of professionals should interact at defined stages of the patient journey, for diagnosis, assessment, management or follow up, as relevant.

These indicators are not intended to represent comprehensive pathways. Where relevant, pathways should take into account nationally and internationally agreed guidance and standards.

Evidence Documents:
Operational policy including pathways

Data Source:
Self declaration

QSIS Help

170004S-019

There are patient pathways for renal patients. (Applicable only to ACs providing this service)

Yes

No comments

Indicator description

Descriptor:
The AC should agree with the relevant service providers and relevant commissioners, a network wide patient pathway for vascular access for renal patients.

The pathways should specify:
- the specific responsibilities of the involved providers, including the AC, the NAVCs and other providers;
- the indications for referral between providers (compatible with the levels of care model in the introduction to these indicators);
- the arrangements for transfer between providers for emergency surgery or interventions;
- any indications for case discussion at the weekly network MDT meeting;
- the relative responsibilities of the endovascular and open surgical specialists;
- referral pathways to other relevant specialties;
- the essential communications between professionals—what information should pass between which providers by which timelines;
- locally relevant items including named providers and contact points.

Notes:
Pathways specify how the different Centres and groups of professionals should interact at defined stages of the patient journey, for diagnosis, assessment, management or follow up, as relevant.

These indicators are not intended to represent comprehensive pathways. Where relevant, pathways should take into account nationally and internationally agreed guidance and standards.

These points would encompass any shared care agreements where relevant.

Evidence Documents:
Operational policy including pathways

Data Source:
Self declaration

170004S-020

There is a prophylactic antibiotic policy

Yes

No comments

QSIS Help

Indicator description

Descriptor:
The AC should have a vascular service prophylactic antibiotic policy agreed with the microbiology service.

Notes:
Clinical guidelines cover guidelines, protocols, 'SOPs' which describe how to manage a patient in a given clinical situation or specified point on the pathway. Examples include assessment checklists, surgical procedures, treatment protocols, key investigations at follow-up visits etc.
The Centre may wish to agree additional clinical guidelines to those specified in the indicators.

Evidence Documents:
Operational policy including guidelines

Data Source:
Self declaration

170004S-021

There are clinical guidelines in place.

Yes

No comments

Indicator description

Descriptor:
The AC should agree with relevant service providers and relevant commissioners, network wide clinical guidelines for patients with:

- abdominal aortic aneurysm;
- carotid disease;
- peripheral arterial disease including amputation;
- vascular injury
- venous disease including leg ulcers

The guidelines should cover diagnosis, assessment, treatment and follow up.

Notes:
Clinical guidelines cover guidelines, protocols, 'SOPs' which describe how to manage a patient in a given clinical situation or specified point on the pathway. Examples include assessment checklists, surgical procedures, treatment protocols, key investigations at follow-up visits etc.
The Centre may wish to agree additional clinical guidelines to those specified in the indicators.

Network guidelines should be compliant with current national guidelines where relevant.

Evidence Documents:
Operational policy including guidelines

Data Source:
Self declaration

170004S-022

There are clinical guidelines for vascular access (Applicable only to ACs providing this service.)

Yes

No comments

Indicator description

Descriptor:
The AC should agree with relevant service providers and relevant commissioners, network wide clinical guidelines for vascular access for renal replacement therapy patients.
The guidelines should cover assessment, treatment and follow up.

Notes:
Clinical guidelines cover guidelines, protocols, 'SOPs' which describe how to manage a patient in a given clinical situation or specified point on the pathway. Examples include assessment checklists, surgical procedures, treatment protocols, key investigations at follow-up visits etc.
The Centre may wish to agree additional clinical guidelines to those specified in the indicators.

Network guidelines should be compliant with current national guidelines where relevant.

Evidence Documents:
Operational policy including guidelines

Data Source:
Self declaration

170004S-023

The complex EVAR service satisfies the service specification requirements.

Yes

No comments

Indicator description

Descriptor:
The AC should have an annual complex EVAR caseload of at least 24 cases per year.

The AC should be covering a catchment population of at least 2.4 million for referral of complex EVAR procedures.

Notes:
Applicable only to arterial Centres carrying out these procedures, which are defined in NHS Commissioning Board Clinical Commissioning Policy: Use of Complex Endovascular Stent Grafts in the Management of Abdominal Aortic Aneurysm April 2013. The indicator on pathways and guidelines for complex EVARs applies to all. Thoracic EVARs are not included in this policy.
The number should be averaged over the three complete calendar years prior to the review.

Evidence Documents:
Annual report including case numbers

Data Source:
Self declaration

170004S-024

There are specialist personnel for the complex EVAR service

Yes

No comments

Indicator description

Descriptor:
The AC should have named endovascular surgeons and /or consultant interventionists to which the complex EVAR practice should be confined.

Notes:
Applicable only to arterial Centres carrying out these procedures, which are defined in NHS Commissioning Board Clinical Commissioning Policy: Use of Complex Endovascular Stent Grafts in the Management of Abdominal Aortic Aneurysm April 2013. The indicator on pathways and guidelines for complex EVARs applies to all. Thoracic EVARs are not included in this policy.

Evidence Documents:
Operational policy

Data Source:
Self declaration

170004S-025

The AC reviews annually its' contribution to national trials and other well designed studies

Yes

No comments

Indicator description

Descriptor:
The AC reviews annually the availability and participation in clinical trials including:
- For each clinical trial and well designed study the number of patients participating or the reason why this has not been possible;
- Future plans to improve recruitment.

Notes:

Evidence Documents:
Operational policy

Data Source:
Self declaration

170004S-201

There is patient information available.

Yes

No comments

Indicator description

Descriptor:
The AC should have written information for patients covering at least the following:

- information about local provision of specialist vascular services including names and functions/roles of the MDT members
- description of the patient pathway
- information about patient involvement groups and patient self-help groups
- information about the services offering psychological, social and spiritual/cultural support
- information about relevant vascular diseases and treatment including risks and benefits
- relevant contact points.

Notes:
It is recommended that the information is available in languages and formats
understandable by patients including local ethnic minorities and people with disabilities. This may necessitate the provision of visual and audio material.

Evidence Documents:
Operational policy. Examples of the information should be available at a review visit

Data Source:
Self declaration

QSIS Help

170004S-202

A patient feedback exercise has been undertaken.

Yes

No comments

Indicator description

Descriptor:
The AC should have undertaken an exercise during the previous two years prior to review to obtain feedback on patients' experience of the services offered.
The results of the feedback should be discussed with the network governance body or trust clinical governance structure and resulting actions agreed.

Notes:

Evidence Documents:
Annual Report

Data Source:
Self declaration

Overall Comments

[1] Our hybrid theatre project is anticipated to be completed in March 2020.
[2] We are working toward adding resources to our clinical measurements department to cover both our local increase in service requests and the expected increase in requests since our merger with Queen's Hospital Burton.
[3] We will add clinical services on-site in Burton and its subsidiary hospitals as needed for the convenience of patients in those communities.
[4] We are working toward adding resources, personnel and equipment, to all applicable services since the merger with Burton and the uptake of vascular services from UHNM (Stoke).

Risk Comments

No comments

QSIS Help