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Our ref: FOI – 1107

Date: 26 October 2021

**By email only** [request-766275-f62ec42a@whatdotheyknow.com](mailto:request-766275-f62ec42a@whatdotheyknow.com)

Dear Mr Kent,

I write further to your email dated 30 September 2021 requesting an internal review of the original response provided for your request for information under the Freedom of Information Act. I have set out your request below with the response provided by UHCW in **bold**:

*Dear University Hospitals Coventry and Warwickshire,*

*Thank you for your response to my FOI entitled "Specialised Vascular Services Assessment" your ref: FOI/1107, however, I do have some issues with it and as such must ask you to perform an Internal Review in the hopes that you can rectify/clarify and/or process this request in full.*

*Please find below the questions asked, your responses to them along with my comments to help explain why I have requested this Internal Review.*

*This FOI requested information regarding your vascular annual assessment for 2019/2020.*

*The following information was requested:*

- 1. The 2019/2020 annual self-assessment that was submitted via the Quality Surveillance Programme relating to the Specialised Vascular Services (Adult) Specification 170004/S.*

*Your response: Please see attachment.*

*My comments: Thank you for the attachment "Vascular QSP Submission 201920..pdf".*

*The attachment is missing the indicator/comments section for each of the quality indicators.*

*Although I do believe that each Trust was given the same assessment I would like a copy of the submission with the indicators and comments intact to be 100% sure. Without these descriptors it is not clear to the viewer what the Trust has given its declaration too.*

*Here is a link to an assessment submitted by the Worcestershire Royal Hospital with all of the indicators intact for comparison:*

*<https://www.whatdotheyknow.com/request/767102/response/1846363/attach/3/87967.pdf>*

*If there is a technical issuer preventing the Trust from being able to provide a copy of the full submission then at this point I would consider acknowledgement that the indicator descriptors as of the Worcestershire Royal were the same as those that the Trust made its declarations against. Please advise?*

*Question marked as pending.*

**Please see the attached documents which now includes descriptors and comments. The submission of documents as part of the submission is not mandatory.**

- 2. If the Main Arterial centre declared a positive result (statedYes)/compliance with indicator 170004S-001 - "There is an agreement outlining the network configuration", then I request copies of the evidence documents: operational policy (or part of) that supported this positive declaration..*

*Your response: "There is an agreement outlining the network configuration.. The agreement is verbal and operational but is not documented. University Hospitals Coventry and Warwickshire NHS Trust employs all of the Consultant Surgeons who provide Vascular Surgery Services across the network so as the Main Arterial Centre and the employing organisation of all the Consultant Surgeons within the network this agreement is well established within the UHCW NHS team"*

*My comments: Although I appreciate you may have a verbal agreement, that is not what was requested. I requested what the Trust declared in its official declaration, a documented operational policy outlining the configuration.*

*Given your response then can you clarify that the Trust has made a mistake with its submission i.e. it should have declared NO or provide the declared document that was used to support the positive declaration.*

**The response to this question remains the same. The submission of documents as part of the process is not mandatory.**

3. *If the Main Arterial centre declared a positive result (stated Yes)/compliance with indicator 170004S-017 - "There are patient pathways in place", then I request copies of the evidence documents: operational policy (or part of) including pathways that supported this positive declaration.*

*In order to reduce the scope of this part of the request, I include part of the indicator description that highlights my main interest:*

*Descriptor*

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

*Peripheral Arterial Disease including*

*- The management of acute limb ischaemia.*

*The pathway should include the following specifics;*

*- that emergency admissions should be reviewed by a consultant vascular surgeon within 12 hours*

*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.*

*Your response: "There are patient pathways in place. The agreement is verbal and operational but is not documented. University Hospitals Coventry and Warwickshire NHS Trust employs all of the Consultant Surgeons who provide Vascular Surgery Services across the network so as the Main Arterial Centre and the employing organisation of all the Consultant Surgeons within the network these pathways are well established within the UHCW NHS team."*

*My comments: Thank you for the "Abdominal aortic aneurysm AAA.pdf", "Leg Amputation.pdf", "ULCER PATHWAY.pptm.pptx", "vascular pathways.pptx", "CEPOD1 limb protocol V2.docx" and "CEA referral pathway.docx" attachments.*

*I am not a medical assessor/auditor, but I very much doubt / do not believe the attachments would warrant a positive declaration / fulfil the quality requirements being measured, but given what was requested I have to assume these are what your Trust used to support its declaration.*

*Question marked as answered in full.*

**The Trust has no further response to add.**

4. *If the Main Arterial centre declared a positive result (stated Yes)/compliance with indicator 170004S-021 - "There are clinical guidelines in place", then I request copies of the evidence documents: operational policy (or part of) including guidelines that supported this positive declaration.*

*Descriptor:*

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

- peripheral arterial disease including amputation;*
- vascular injury*

*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.*

*Your response: "There are clinical guidelines in place. A range of clinical guidelines are in place within the Vascular Service. These guidelines are not developed specifically with the network in place. The guidelines for Leg Amputation and Abdominal Aortic Aneurism have been attached to this response as example guidelines. Please specify any further guidelines required as part of this request."*

*My comments: Please could you provide the clinical guidelines that I requested and those used to support your positive declaration.*

*You stated "The guidelines for Leg Amputation and Abdominal Aortic Aneurism have been attached to this response . . ."*

*First, neither of these are clinical guidelines, second a clinical guideline for AAA was not requested and third the Leg Amputation.pdf is a patient leaflet, not much help to clinical staff looking for evidence based research/best practices and/or what they should be using to aid decisions regarding management and treatment!*

*Please could you provide the requested documents, those that were used to support your positive declaration.*

*It may be that the Trust just uses external reference materials such as NICE CG147 for PAD for example, which is fine. If that is the case then all I would expect to see is a document that lists all of the clinical guidelines that should be used by all network members/sites.*

*If you cannot provide the requested information can you please advise if this is because the Trust has found error with your official declaration i.e. may be the Trust should have simply declared NO to the indicator in question with an appropriate comment to advise the Quality Surveillance Team (who monitor negative responses) that the Trust has not fully implemented all of the requirements listed by the descriptor etc.*

*Please note that presently NHS England (the last I checked) are of the belief that there is no error with the Trust submission i.e. not missing required documentation (as of the assessment) and given that these documents are not uploaded during the submission process then I should contact the Trust to obtain them.*

**As requested please see the list below, links and attachment regarding external guidelines used.**

**AAA**

<https://www.nice.org.uk/guidance/ng156/resources/abdominal-aortic-aneurysm-diagnosis-and-management-pdf-66141843642565>

(the above guideline is following with the exception of an EVAR service for ruptured AAA which is a service still in development)

**Carotid Surgery**

<https://www.nice.org.uk/guidance/ng128/chapter/Recommendations#specialist-care-for-people-with-acute-stroke>

**Vascular Trauma**

Please see attached guideline

**Peripheral arterial disease including amputation**

<https://www.nice.org.uk/guidance/cg147/resources/peripheral-arterial-disease-diagnosis-and-management-pdf-35109575873989>

**Venous disease including leg ulcers**

<https://www.nice.org.uk/guidance/cg168/resources/varicose-veins-diagnosis-and-management-pdf-35109698485957>

(please note uncomplicated varicose veins surgery is not commissioned)

*I will update ICO caseworker with the current status of this request.*

*Yours faithfully*

*Mr Kent*

I trust that the response from the vascular service of the Trust is satisfactory, but if you are dissatisfied with the way that it has been handled you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

**Susan Rudd**

**Director of Corporate Affairs**