

Action taken following an invited service review

Royal College of Physicians invited service review to Salisbury NHS Foundation Trust on 27-28 January 2020

The Royal College of Physicians undertook an invited service review to Salisbury NHS Foundation Trust on 27-28 January 2020. Following this review the invited service review team provided the following recommendations. Please indicate if these recommendations have been implemented, and which have proved successful or unsuccessful, including details of the actions taken by the Trust.

**Implemented (I) and
Successful (S)
Unsuccessful (US)**

Ref	Recommendations	Was it I / S / US?	Action/progress to date
1	Given the serious concerns highlighted by this review at both a service and individual behaviour level, the Trust should share this report with the Care Quality Commission (CQC) and the Trust's General Medical Council (GMC) employer liaison advisor. This report should also be shared with the Trust Board. Immediate (0-3 months)	Implemented Successfully	The findings of the review and its recommendations were shared with the Trust Board and progress on actions monitored the Trust Board Clinical Governance sub committee. The initial findings of the review were discussed with the CQC and the Trusts GMC ELA in June 2020 The final report was received in September 2020 and the Trust has indicated to the CQC that it will share the full report with this update by the end of April 2021
2	The Trust should urgently develop closer links with Southampton and Bournemouth with a particular focus on being able to provide a safely manned GI bleed, hepatology, nutrition and IBD service in the short and medium term. This will require Executive to	Implemented – Partially successful Ongoing actions	There is a robust internal response for GI Bleeds in hours between 8am and 6pm. Out of hours we have a combined on call rota supported by University Hospitals Southampton and our substantive Gastroenterologist supports this rota 1 in 5. We regularly audit out GI bleeds to ensure adequacy of risk

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	<p>Executive dialogue and involvement of NHS Improvement and the regional medical director. Formal linked consultant posts between Salisbury and these centres need to be re-explored with support from NHS Improvement.</p> <p>Immediate (0-3 months)</p>		<p>mitigation processes.</p> <p>The Interim Medical Director has supported this programme of work as Executive lead and there has been regular feedback to the Clinical Governance Committee. Strengthening cooperation between the GI units of University Hospital Southampton and University Hospitals Dorset to support the stable locum work force (and anticipated substantive appointments) remains the focus of the newly appointed Chief Medical Officer although this has been hampered by the COVID pandemic.</p>
3	<p>The Trust should immediately establish the combined Gastrointestinal Unit encompassing GI surgery, GI medicine and endoscopy and this should be led, at least initially, by the gastrointestinal surgeons. This will help to relieve the pressure on the current service in terms of leadership, capacity and workload, improve accountability and focus on the plan for the future gastroenterology service.</p> <p>Immediate (0-3 months)</p>	Implemented Successfully	<p>The GI unit was swiftly put in place. A clinical lead was appointed on 1st April 2020 and other key recruitment to service manager and lead nurse positions were completed by November 2020.</p> <p>GI Unit launched to the wider team in Dec 2020.</p> <p>The GI unit is managing its own risks and incidents as part of the DMT and there are monthly meetings taking place with the divisional management team.</p>
4	<p>The Trust should adopt a much more aggressive and professional recruitment strategy in order to fill the vacant consultant gastroenterologist posts. The Trust should also move forward with recruitment to fill gaps in specialist nursing, histopathology and dietetics some of which may require re-banding to make recruitment attractive.</p> <p>Immediate (0-3 months)</p>	Implemented - Ongoing actions	<p>The GI Units recruitment strategy has been successful with interest from three candidates and informal visits completed. Plan in place for interviews as per interested candidate's availability around CCT dates.</p> <p>Continued work to develop the GI Unit Infrastructure and strategy will support this recruitment strategy going forward. Successful recruitment to three benign CNS posts and 2 applicants for our Hep C role shortly closing. Unable to recruit to the Benign 8a role but existing leadership capability within the team identified and this will be developed and supported over the next 12-18 months.</p> <p>Increased administrative support to the Benign CNS team and the GI Unit leadership team also secured.</p> <p>TUPE process in place to move dietetic services from Wiltshire Health and Care into Salisbury District Hospital– completion</p>

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			<p>date end of March 2021. Successful recruitment of an additional Band 7 dietitian into the Nutrition service and of a band 6 onto the acute wards. Band 5 additional dietitian post out to advert but currently being supported by agency providing support to the acute wards. Resilience of the nutrition service is much improved and the new GI unit strategy should facilitate further service developments over the next 12-18 months.</p> <p>Successful recruitment of an additional high calibre GI Histopathologist although further recruitment required to ensure resilience and increased support for GI Unit MDTs. Development of our own staff will form part of the GI unit strategic plan going forward. This will be an ongoing challenge but we feel positive with the progress made to date.</p> <p>The GI unit leadership has been successful at securing capable long term locums to ensure service delivery whilst the</p>
5	<p>The substantive consultant should cease working across so many sub-specialties and instead focus on a maximum of one or two. Alternative arrangements for cover of general medical patients need to be put into place, and one option could be a locum general internal medicine consultant, appointed to cover this part of the workload.</p> <p>Immediate (0-3 months)</p>	Implemented – Ongoing Actions	<p>Consultant has reduced to three sub-specialties. However if recruitment to Hepatology post successful then this will further reduce to Therapeutic Endoscopy and Nutrition.</p> <p>This is supported by the insourced consultant team who share the Hepatology and ward workload.</p> <p>Agreement from the medical directorate that the next appointments in gastroenterology will not be required to be on the general medical on call rota but there will remain a commitment to manage general medical inpatients with recognised job planned time for this activity.</p>
6	<p>The BSG upper GI care bundle² for gastrointestinal bleeding should be introduced with immediate effect with a focus on training, resuscitation and risk assessment.</p> <p>Immediate (0-3 months)</p>	Implemented Successfully	<p>UGI bundle in place since February 2020 and is on the Trusts Micro Guide document system. New operational policy for acute GI bleeds and the development of an on-call gastroenterologist means that the in-hours management of acute GI bleeds will be led by gastro. Improved leadership within the gastro team means that they are assuming much</p>

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			greater responsibility for GI bleeds. Training has taken place in ED and with Sengstaken tubes in Intensive care. Ongoing programme of education in relevant areas is planned.
7	The process for taking informed consent should be standardised and clear guidance given to all staff involved in the process. Regular audits should be conducted to assure consistency of approach. Immediate (0-3 months)	Implemented - Ongoing actions	A nurse –led pre-assessment clinic is being implemented for patients having an EMR. This creates a two stage consent process with the clinicians completing the second phase of the consent with patients on the day. Complex cases will be audited and monitored as part of the improvement process. There are trust wide consent audits which have been on hold during the COVID pandemic. Endoscopy was not part of this trust audits previously but we have confirmed that when these audits recommence Endoscopy will be part of the audit.
8	The Trust should ensure that there is consistent and job planned time for gastroenterology representation at relevant MDTs. Any referrals to MDTs should be presented by the referring consultant and, if this is not possible, attendees should be appropriately briefed prior to the meeting and records of any discussions and outcomes detailed in the medical records. Immediate (0-3 months)	Implemented Successfully	Tuesday morning has been job planned across the board as protected time for GI Unit MDTs. MDTs are supported by admin, attendance recorded and minuted.
9	The Trust should consider the results of the 2019 GMC National Training Survey and work with doctors in training and Health Education England to devise an action plan to improve the educational experience within gastroenterology. Short term (0-6 months)	Implemented Successfully	Training is cross - directorate. There are regular training lists in place for staff grades. Creating a consultant of the week on the ward provides improved support for the junior doctors on the ward. Telephone clinics present a challenge for training however efforts are being made to ensure that all clinics return to clinic rooms and as the Covid pandemic progresses return to a mix of face to face and telephone clinics alongside trainees to improve the educational experience. We anticipate this to be in place from April 2021. Close monitoring of trainees continues and KPIs are regularly

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			assessed. This is monitored in EUG forum and actions assigned accordingly. One of the current non training grades has completed 115 OGDs
10	<p>Due to the breakdown in communication between some of the nursing staff and agency locums, the Trust should work with the agencies to put strategies in place to ensure that working relationships between locums and nursing staff remain cordial and productive.</p> <p>Short term (0-6 months)</p>	Implemented Successfully	<p>There is a mechanism in place for staff to raise concerns via GI unit Leadership team, via trust Datix and via Freedom to speak up Guardians in the trust. There is evidence that this has been successful with recently raised concerns raised and management of these concerns. Recognition that work needs to continue to encourage staff to raise concerns to SLT due to historical cultural elements at play and growing trust with the GI Unit SLT.</p> <p>Work ongoing with relationships between locum and admin staff and plans in place to improve support to gastro consultants.</p> <p>Good engagement at EUG - Improved communication between Endoscopy and the gastro consultants. Monthly GI Unit meetings with the DMT ensuring good top down and bottom up feedback from EUG / Endo DMT.</p> <p>Regular engagement with ID medical and with the locum consultants to manage any issues raised in a responsive way.</p>
11	<p>There must be continued Board scrutiny of this service and there should be review of the current assessment of risk based on the contents of this letter. While there are clear performance risks from extended waiting times and financial risks from use of locums and private providers, the clinical risk to patients from poor services should be fully recognised and scrutinised more effectively.</p> <p>Immediate (0-3 months)</p>	Implemented Successfully	<p>We have been communicating with the medical director regularly with updates on progress and feedback to board via the Clinical Governance Committee.</p> <p>Performance risks on the risk register have also been used to monitor progress against actions.</p> <p>Governance structures have been embedded into GI Unit infrastructure and regular DMT meetings have been taking place to ensure achievement against actions and monitoring of risks / themes / complaints / service issues etc.</p>
12	<p>Closer supervision arrangements of the IBD service need to be put into place with immediate effect. At a minimum, there needs to be regular consultant</p>	Implemented – Ongoing Actions	<p>Recruitment to the Band 8a nursing lead post unsuccessful. GI SLT agreed to work on development roles and there has been successful recruitment of 1.33 wte Band 6 CNS to the IBD team.</p>

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	<p>physician and surgeon input into this service and in particular for complex patients.</p> <p>Immediate (0-3 months)</p>		<p>These nurses will be in post by May 2021. This will provide resilience and greater opportunity for learning and development. Out to advert for increased admin support for the Benign nursing service and the Benign MDTs.</p> <p>IBD service currently has specific ID medical Locum supporting the service 2 days a week.</p> <p>Positive interest from potential IBD specialist consultant who we hope to interview in June 2021 in line with CCT requirements.</p>
13	<p>To encourage and foster a safety culture, all staff should be encouraged to report incidents or raise complaints and timely feedback should be provided on actions taken to address concerns.</p> <p>Immediate (0-3 months)</p>	Implemented Successfully	<p>Incident information shared at EUG including themes and actions.</p> <p>Evidence that issues have been raised and dealt with responsively by the GI Unit Leadership team. Staff encouraged to voice concerns but recognition of the historical challenges and trust that needs to be developed in the new leadership team.</p> <p>Evidence that complaints are discussed quarterly at EUG and as required at DMT to ensure that issues are explored and acted on appropriately.</p>
14	<p>All staff should be mandated to update and monitor KPIs to allow the Trust to make service improvements and audit individual performance.</p> <p>Immediate (0-3 months)</p>	Implemented Successfully	<p>All KPIs are pulled from HAL - GI Unit monitor KPIs via hospital reporting system. Currently going through a validation process and hoping to go live with NED2 in the new year. Confident we are meeting this.</p> <p>KPIs discussed 3 monthly at EUG. Lead clinician identifies outliers and discusses actions accordingly</p>
15	<p>All colonoscopists should adhere to BSG and Joint Advisory Group (JAG) guidance on KPI and quality assurance standards for colonoscopy, paying particular attention to the minimum number of procedures recommended.</p> <p>Immediate (0-3 months)</p>	Implemented Successfully	<p>KPIs for colonoscopy for all individuals within the endoscopy service (including non-substantive staff) are audited quarterly and fed back via EUG</p>

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16	<p>The existing clinical governance processes for gastroenterology need to be made more robust. There needs to be:</p> <p>a) Attendance from all gastroenterologists at meetings which should be job planned in the clinicians' schedules,</p> <p>b) Presentation of cases from all aspects of the GI service including IBD, hepatology and nutrition</p> <p>c) Open and honest conversations regarding all complications or adverse outcomes and which considers all possible contributing factors (these should also be completed in a timely way),</p> <p>d) Processes in place for reviewing trends, sharing learning and measuring the success of actions arising.</p> <p>Short term (0-6 months)</p>	Implemented Successfully	<p>All governance activity is timetabled into job plans. Every Tuesday morning Job Planned for MDT and monthly governance meetings also job planned.</p> <p>Complaints are reviewed at several levels – GI Unit Monthly SLT with DMT, EUG and Endoscopy SLT and on an individual basis with discussions about complex cases.</p> <p>Service Manager part of divisional management team therefore good top down and bottom up awareness of risks and complaints.</p>
17	<p>All governance documentation, including protocols, standard operating procedures, and terms of reference, should be updated, dated and reviewed, to ensure that the department has a robust suite of governance documentation.</p> <p>Short term (0-6 months)</p>	Implemented Successfully	<p>SOP updated twice since the review and currently awaiting ratification for most recent amendment.</p> <p>Business continuity plans currently under review.</p> <p>All meetings minuted and appropriately managed within the context of the GI Unit. Admin support for the GI Unit SLT will support central management of governance documents and monitoring of review timescales.</p>
18	<p>All potential EMR cases should be assessed at the Lower GI MDT to ensure patient selection is correct and that surgical resection is not more appropriate.</p> <p>Short term (0-6 months)</p>	Implemented – Ongoing monitoring will be required.	<p>Complex EMR are already discussed in MDT. Routine EMR will go through the new consent clinic and as such development of this will make the service for routines more robust.</p> <p>Routine EMRs will go through the new consent process.</p>
19	<p>The Trust should ensure that the small number of clinical cases discussed by interviewees in this report are identified and assure itself that these received an appropriate level of investigation to ensure learning</p>	Implemented Partially Successful	<p>There are processes in place for serious incidents and as such the death following the EMR was appropriately managed via M&M and investigated accordingly. Outcomes from the M&M have been implemented.</p>

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	<p>and where necessary deliver its duty of candour to patients and their families.</p> <p>Short term (0-6 months)</p>		<p>The patient with a late diagnosis of HCC was subject to an Serious Incident Investigation with full Duty Of Candour completed. The patient (virtually) attended the cancer summit to share his experiences.</p> <p>The patient who had a GI Bleed and passed away was also subject to an Serious Incident Investigation.</p> <p>Unfortunately despite using our reporting systems we have been unable to find the patient who has 7 EMR procedures but we are monitoring repeat EMRs and discussing these as a team. We appreciate the importance of managing complaints and concerns in an appropriate way and encouraging staff to be open when things don't go as planned.</p> <p>The GI Senior Leadership Team is committed to fostering an open culture through compassionate leadership and a development approach to learning from complaints.</p>
20	<p>The Trust should review its raising concerns policy and the effectiveness of the freedom to speak up arrangements. This review suggests that staff do not always feel this is effective.</p> <p>Short term (0-6 months)</p>	Implemented	<p>The freedom to speak out team has over the past 18 months been developed and enhanced by the trust. This service provides training and support to teams and individuals to develop open cultures for raising concerns and for managers to deal with concerns. The team have agreed to run sessions within Endoscopy and Gastro once COVID allows. The GI Unit SLT are committed to attend the management training so that we can support the team. In the mean time we continue to encourage and support staff in raising concerns and managing them in a responsive way with open communication.</p> <p>The trust had undertaken a large scale cultural diagnostic exercise "Best Place to Work" in order to understand for our staff how to improve the effectiveness of our escalation of concerns processes including the freedom to speak up arrangements.</p>

Did you find the timescales for each recommendation useful/not useful? Did it assist your healthcare organisation in implementing an action plan?

The timescales were helpful to support assigning priorities but COVID hampered timely achievement of actions in some places. The department are justifiably proud of the progress against the actions and the changes that have been possible within a relatively short space of time.

What do you think the RCP could do to improve the service?

The RCP provided an insightful and supportive review to enable the Trust to fully understand the issues facing the department and to recommend solutions. Whilst the majority of the recommendations have clear merit and are achievable, a minority are more difficult to realise in a smaller organisation and some clearer indication of “must do” “should do” and “could do” would support the Trusts understanding of risk and prioritisation of resource for mitigations

What were the benefits of commissioning this review with the RCP?

The report provided the Trust with an external, objective and expert view of the GI service has enabled the new GI Unit clinical lead and management team to make widespread changes to the service over the last year. Some of these were already planned but have been expedited and some were new change requirements identified by the RCP. We believe that over the next 5 years this will allow the service to develop into a streamlined, modern gastroenterology workforce with support of primary care, provision of outstanding secondary care and clear access pathways to tertiary care.