



Salford Royal **NHS**
NHS Foundation Trust

University Teaching Trust

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CHIEF EXECUTIVE
Sir David Dalton

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4th September 2015

STRICTLY PRIVATE AND CONFIDENTIAL

Mr. A P Walsh
HM Area Coroner
Coroner Area of Manchester West
Ground Floor
Paderborn House
Howell Croft North
Bolton
BL1 1JW

Dear Mr. Walsh

Re: Mr. Stanley Oliver (Deceased)

Response to Regulation 28: Report to Prevent Future Deaths to Salford Royal NHS Foundation Trust.

Thank you for your Regulation 28 letter dated 16th July 2015, which you issued to Salford Royal NHS Foundation Trust ("SRFT") and Mr Jeremy Hunt MP, Secretary of State for Health, following an Inquest held on 6th July 2015 into the events surrounding the death of Mr Stanley Oliver.

Your letter requested a review of:

- The availability of Gastro Intestinal (GI) Radiologists out of hours to perform procedures crucial to the management of the patient, including the provision of out of hours rotas either within a single hospital Trust or a rota as between hospitals in a group of hospital Trusts.
- The provision of an out of hours rota as referred to above within SRFT.

- The provision of procedures and protocols in relation to the availability of GI Radiologists out of hours and a definitive line of communication whether it be as between Radiologists or by clinical Consultants direct to GI Radiologists to discuss and arrange a procedure out of hours
- The training of health professionals in relation to the availability of GI Radiologists out of hours including training in relation to the procedures and protocols established in support of out of hours availability.

Background

Interventional Radiology (IR) is an essential service within modern medicine. Non-vascular interventional radiology procedures use image guided techniques to access solid or luminal organs for placement of drains/stents, ablation devices or to obtain biopsy specimens. IR techniques are applicable in most clinical domains, including gastroenterology, acute surgery and urology, and can offer significant improvement in patient outcomes.

Achieving an appropriately skilled workforce to deliver 7 day IR is a national challenge. A recent survey (1) shows that not all patients have seven day access to IR and a number of hospitals depend on informal and ad-hoc arrangements to deal with their out-of-hours emergencies. In the survey 93 out of 156 acute trusts responded. Of the 93, 66% of these were able to provide a formal out of hours rota for nephrostomy cover; the only non-vascular interventional procedure considered in this survey.

The Royal College of Radiologists (RCR) issued a document in 2008 - entitled *Standards for providing a 24-hour interventional radiology service* (2) which recognises the requirement, for the safety of patients, for acute hospital Trusts to have formal and robust arrangements to ensure provision of an emergency radiology interventional service (vascular and non-vascular) 24/7, 365 days a year.

The emphasis of the RCR paper is to encourage Trusts to:

- Put patient safety first, recognising the essential role of interventional radiology in the provision of modern medical care
- Recognise the resources and manpower required to provide an interventional radiology service
- Be clear and transparent regarding the local provision of interventional radiology services
- Decide what is, and what is not possible to provide in and out of hours
- Enter into discussions with strategic healthcare authorities, primary care Trusts and other Trusts in the region to make arrangements which ensure robust and coherent regional interventional radiology service provision 24 hours a day, seven days a week.

As with many NHS acute provider Trusts across the country, the IR service at SRFT is currently unable to deliver a comprehensive out of hours (OOH) service.

This risk is recognised on both the Trust's corporate and departmental risk registers (Appendix 1). This problem is due to a national workforce skills gap recognised by

Government with Consultant Clinical Radiologists being added to the approved tier 2 occupation shortage list in April 2015 (3).

The development of a robust OOH IR service is part of SRFT's strategy and the formal investigation instigated following this incident has helped identified agreement on the way forward within a reasonable time scale as described in detail below.

It is accepted that the vast majority of non-vascular interventional cases presenting OOH can be, with appropriate surgical support and medical management, safely delayed until the next daytime/normal working session. In the RCR document entitled *Provision of Interventional Radiology Services (4)*, it is recommended that access to intervention for non-vascular cases involving genitourinary or gastrointestinal diseases are provided within 12 hours and 24 hours respectively.

Therefore, the Radiology Directorate at SRFT has agreed that a safe OOH non-vascular interventional radiology service would require a seven day service with provision of sessions on Saturdays and Sundays. More emergent treatments would also be available but this need is rare.

Whilst we acknowledge that your Regulation 28 letter focussed on GI intervention out of hours, we feel that the requirement for all non-vascular radiology interventional procedures must be considered. This response therefore relates to the provision of all non-vascular IR out of hours.

As a final point, it is important to understand that this incident is uncommon and requirement for IR OOH has been limited. In the past 12 months we have only performed 12 IR procedures OOH at SRFT. However we recognise that as this service develops demand will increase particularly given proposed reconfiguration of acute surgical across the GM conurbation.

DEVELOPMENT OF INTERVENTIONAL RADIOLOGY SERVICES AT SALFORD ROYAL NHS FOUNDATION TRUST

Short term plan

The short term plan is to continue to use the SRFT ad hoc service with additional support from Central Manchester NHS Foundation Trust (CMFT). CMFT plan to have a weekend non-vascular intervention service from October 2015 and have agreed that they will support our service and perform cases that we are not able to safely perform at SRFT at weekends. A Standard Operating Procedure (SOP) has been updated to reflect this change (Appendix 2) and further details can be found in the action plan below.

Medium term plan

The medium term plan is to develop a 1 in 6 non-vascular intervention rota at SRFT to ensure that there is 7 day cover at Consultant level by April 2016. This will involve a number of detailed actions which are described further within the action plan below. Whilst this has

been the aim of SRFT radiology for many years, the difficulties of implementation are highlighted by the risks identified within the action plan.

Long term plan

The issues highlighted by this case reflect a national shortage of Consultant Interventional Radiologists and are not particular to SRFT with no acute provider Trust in Greater Manchester being able to provide a comprehensive out of hours IR service. We recognise our role in making sure that access to IR is equitable across 7 days not just at SRFT but more widely across GM and we will be working with the other acute provider Trusts across Greater Manchester to ensure expertise is shared.

The Division of Clinical Support Services & Tertiary Medicine will have operational oversight of the action plan and this forms part of the Division's Risk Register.

I hope the described actions will provide you with assurance that the Trust takes patient safety issues very seriously and as a result have developed robust short and medium term plans to improve OOH access to IR.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David Dalton', with a long horizontal stroke extending to the right.

Sir David Dalton

CHIEF EXECUTIVE

CC

Edmund Oliver, Mr Oliver's son.

Geoffrey Oliver Mr Oliver's son

Jeremy Hunt MP, Secretary of State for Health