



## Health and Community Service, Government of Jersey

Terms of reference December 2023

The Royal College of Surgeons (RCS) will provide an invited service and clinical record review for Health and Community Service, Jersey. This will include all general surgical emergency surgical practice. The review is invited because of the complexities of providing emergency general surgical care in a small island community, as surgical practice continues to evolve elsewhere. It is being invited to ensure Jersey is following best practice within the constraints of a remote hospital setting, both for present time and for future development as opposed to patient safety concerns. The service is in a process of transition, making guidance at this point, helpfully timed.

The review will take place using both remote media/teleconferencing facilities and an in person visit by the chair of the review and the review team.

The review will be based on patient medical records, background documentation and interviews with key individuals.

1. To undertake a clinical record review of 20 general surgery emergency cases provided by the Health and Community Service
  - a. The 20 general emergency surgical cases will be selected at random.

The review will hopefully lead to a greater understanding of surgical pathways and protocols in action. This will take into account good practice, clinical guidelines, and/or what would be considered by the view of a body of clinical professionals in a similar situation. The case note review will provide background to interviews with the main clinical providers of the surgical service, and those responsible for the day-to-day running of the service.

2. To review the current acute surgical service design for the safe delivery of patient care. Consideration will be given to protocols and pathways, facilities, activity and workload.
3. To consider how we provide acute general surgical care in a small jurisdiction, and whether the current model is sustainable giving an opinion on how we could/do manage the on-call general surgery rota given the



need for consultant staff to be trained in emergency laparotomies within a model of sub specialities. Should we be looking at an emergency surgery model with less elective specialist work for instance? Who is best to provide these services? How best to balance out emergency and elective activity?

4. To review the quality of staffing and team working within the department and to give a view on whether this supports the delivery of high quality and safe care. Consideration will be given to ways of working, clinical leadership, and interactions with members of the wider medical team.
5. To review the quality of clinical governance arrangements surrounding the review of the index cases in terms of reference 1. Consideration will be given to governance meetings, morbidity and mortality meetings, and incident reporting.
6. Highlight any area of concern or good practice that arises during the invited review.