Report to the Trust Council of Governors: 6 February 2016

Title	**Appendix 6.4** **Patient Safety Visit Report: January 2015 – December 2015**
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Report Purpose	**For information**

This report summarises the patient safety visits undertaken in 2015. It provides examples of issues raised and resolved since previous visits and includes detail from the patient safety visit database of issues identified as high priority, to provide assurance of action taken

Introduction

Patient Safety Visits were introduced at HDFT in 2009, in response to the national Patient Safety First Campaign (2008 – 2010). Since then, 131 patient safety visits have taken place to wards and departments across the Trust, including community services. This includes all inpatient wards, 21 community areas, and 29 other departments.

All team members who can spare time to talk are warmly invited to join the patient safety visit, and in particular we encourage allied health professionals, medical staff, domestic staff, clerks and nursing staff to participate.

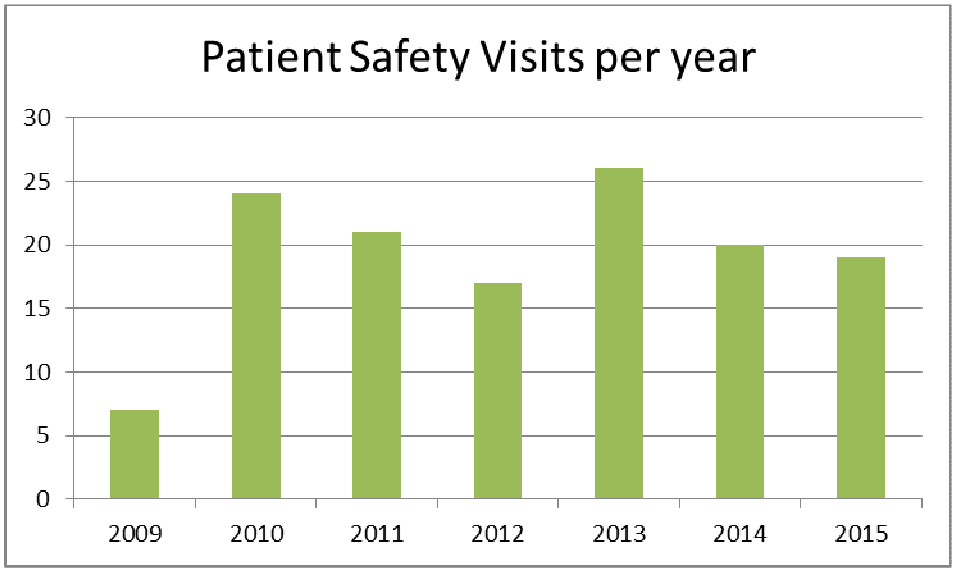
Patient safety visits have a unique purpose and value in encouraging a positive safety culture. They encourage staff to raise any concerns in a forum which is supportive, building good communication and establishing local solutions to minimise risk whenever possible. Staff are encouraged to resolve operational issues within existing departmental and directorate structures and processes. Where issues cannot be easily remedied, such as those that may require large capital expenditure it is important that these are progressed via other established structures and processes e.g. business planning and risk registers.

There are a small number of concerns raised at patient safety visits that are appropriate to be followed up as a matter of some urgency outside these established methods. These are identified at the time by the Executive lead for the visit, and recorded on the patient safety visit action log as high priority.

Patient Safety Visits 2015

At the beginning of 2015, the clinical directorates and corporate services were asked to identify services to prioritise for a visit, particularly community services that might never have been visited previously. Those identified for a visit in 2015 and the log of all visits undertaken is at appendix 1. The Governance Officer makes contact with the service, identifies the relevant lead and attempts to match an available date for a visit, with days and times that are convenient for the service.

Since January 2015, when patient safety visits were last reported to the Board of Directors, there have been visits to 19 services; 5 of these have been new visits and 14 re-visits.



Year	Number of Visits
2009	7
2010	24
2011	21
2012	17
2013	26
2014	20
2015	19

New Visits

The services that have been visited for the first time during the period are:

- York Wheelchair Services
- Domestic Services
- Ophthalmology
- Medical Day Unit
- Skipton Podiatry

Revisits

The services that have had a re-visit during the period are:

- Scarborough Podiatry*
- Ripon Fast response & Rehabilitation Team (FRRT)
- Pre-Admissions Assessment Unit (PAAU)
- Therapy Services
- Day Surgery Unit
- Phlebotomy
- Jervaulx Ward
- Byland Ward
- Woodlands Ward and Special Care Baby Unit (SCBU)
- Endoscopy Unit
- Emergency Department
- Main Theatre
- Fountains Ward/Bolton Ward/AMU/CAT
- Littondale Ward
- Nidderdale Ward

* Due to unforeseen circumstances, no scribe was available to attend this visit and therefore no discussion points were formally noted.

In some circumstances, patient safety visits to certain services are combined to maximise time efficiency. For example, the patient safety visit to Jervaulx and Byland Wards was combined.

Visits that were not undertaken

The following services were identified as locations for a patient safety visit, but a visit was not undertaken for the following reasons:

Skipton Community Children's Service: A visit was arranged for 26/03/15 however the service was undergoing a change where it was being split into the *0-5 Healthy Child Programme* and *5-19 Healthy Child Programme,* with services moving into different venues. It was agreed that a visit to the 5-19 Healthy Child Programme would be more suitable following these changes.

Selby MIU: A visit was arranged for 01/10/15 and subsequently 11/12/15 but was cancelled on both occasions due to high levels of staff sickness. A director's visit has been arranged for January 2016.

Scarborough Wheelchair Service: A visit was initially arranged to be combined with the visit to Scarborough Podiatry Service however due to changing circumstances at Springhill House it was suggested that there was a shift in focus to the visit to concentrate on patient safety issues within the podiatry service across the Scarborough area. A patient safety visit to the wheelchair service was to be arranged at a later date once these changes had occurred.

Catterick & HDH GPOOH: Previously arranged dates and times available for patient safety visits were unsuitable as staff are only available out of hours when services were operational.

Patient Safety Visiting Team

An Executive Director usually leads a patient safety visit with the Deputy Director of Governance and a Non-Executive Director. Members of the Council of Governors are also invited to take part in patient safety visits.

NED		ED		Governors	
Sandra Dodson	1	Ros Tolcher	4	Emma Edgar	2
Ian Ward	3	David Scullion	3	Joyce Purkis	1
Sue Proctor	3	Jonathan Coulter	4	Jane Hedley	2
Lesley Webster	4	Jill Foster	4	Carol Cheeseborough	2
Chris Thompson	3	Phillip Marshall	3	Pamela Allen	2
Maureen Taylor	3	Rob Harrison	1	Daniel Scott	2
Neil Mclean	2			Sally Margerison	1
				Pat Jones	1
				Michael Armitage	1
				John Ennis	1
Total	19		19		15

Sample of issues raised at patient safety visits

Good practice

Jervaulx/ Byland Wards: Tea parties have been arranged for patients and relatives to encourage socialising of frail patients. The Byland Day room has been made more welcoming and staff have introduced the use of music including a donated CD player and piano. “Pets as Therapy” dogs have been introduced onto the wards for weekly visits. The wards are creating a calmer atmosphere for patients and staff have an aspiration to move the Elderly Care wards downstairs to make better use of the patient gardens. The unit is planning the introduction of caring sessions during lunch so families and relatives can help care for patients as they would normally.

York Wheelchair Service: The disabled toilet in the York Wheelchair Centre at Blue Beck House, York is fitted with state of the art equipment including overhead hoist and large changing plinth.

Therapy Services: Currently piloting a hand clinic with parallel Orthopaedics and occupational therapists. The team already run parallel young adult hip clinics, shoulder clinics and ankle/foot clinics. The model provides a better high quality service for patients.

Domestic Services: Team described working hard to create a clean and safe environment for patients, and a real sense of pride in the work they do. They are a stable workforce with several staff being part of the department for many years. They feel part of the team in their areas and feel that they contribute to patient experience and patient safety. They described being safety aware and taking the initiative to improve safety. However the staff felt under pressure to reduce cost whilst increasing quality of service.

Emergency Department (ED):. The new Omnicell drug dispensing cabinet has improved the efficiency and speed with which patients are seen. The finger print lock means that time isn't spent finding the person holding the keys to the drug cupboard. It is also easier and quicker for pharmacy to restock.

Themes and ongoing issues

IT Issues: Various issues have been raised across the organisation, on the acute site and in the community e.g. IT systems at York Wheelchair Service run on two servers with frequent connectivity problems with printers and internet; The ophthalmology service is very IT dependant, and due to aging computers some software only runs on certain compatible computers and runs very slowly; SystemOne runs slowly at Ripon FRT; Wi-Fi connectivity issues for SystemOne mobile devices at Skipton Podiatry Service.

Staffing: Examples of issues raised include: Recruitment process is slow; shortage of experienced health professionals to replace senior leavers; concerns around lack of confidence/experience when adult care nurses step in to cover gaps on Woodlands paediatric ward; lack of capacity to train up junior nursing staff in Ophthalmology; ED frequently running at minimum compliment which depends on having a good skill mix to function effectively; risk to quality of care by stretching staff and using staff

flexibility to manage gaps on AMU & CAT rotas although it was hoped that this would be addressed following the Flip project.

Environment issues: Examples raised include: Shortage of space in PAAU and Endoscopy as referrals increase; Telephones lines do not always function properly at York Wheelchair Service due to a divert to HDFT rather than using local line; excessive heat in the Gym and Neuro Gym in Therapy Services during the summer resulting in cancelled cardiac rehabilitation and other clinics; chairs in West Waiting in Outpatients no longer fit for purpose as the backs have become loose over time, and the cloth material and sponge cushioning cannot be wiped clean; clerical staff on ED reception are exposed and isolated with limited protection from the public.

Equipment: Examples of equipment issues are: Cross infection risk to patients from assessment units at Skipton Podiatry service due to damaged services which aren't able to be cleaned properly; Charging points for mobile devices on Littondale Ward are broken from constant use; delays in repairs to broken equipment such as Dynamaps, lack of a replacement programme for ageing equipment in ED resulting in a shortage of some key pieces of equipment including portable monitors and ventilators.

These issues are not limited to the stated sites or departments but demonstrate some recurrent themes.

Issues noted as resolved since previous visit

Pharmacy input into PAAU: Input important to start the medication prescribing process for patients as it is a nurse led department however pharmacy service input can be sporadic due to staffing issues in department.

High priority issues

These issues have been identified for any visits since February 2014. These are concerns that are identified by the Executive Director as requiring urgent follow up. Those identified and the outcomes are reported in appendix 2.

Future Planning

Clinical directorates will be asked to identify 4 to 5 sites/wards/departments each for visits in 2016 with a particular focus on those services that might not have been visited before or may be of concern. The services highlighted in 2.3 will be included as a priority for 2016. Executive Directors are also asked to consider any corporate function areas that may benefit from a patient safety visit. Visits may also be requested to a service during the year if a need arises.

Once the locations and services have been identified the planning process will be followed to identify Executive Directors, Non-Executive Directors and Governors availability. To facilitate the identification of dates and times convenient to a service, we aim to identify more potential dates than required with executive, non-executive and governor colleagues. We expect to not use all of these and some will be cancelled. We will endeavour to do this with as much notice as possible.

Directorates will be asked to provide the contact details for the service lead and an indication of whether the patient safety visit can be done within normal working hours, before the area leads are contacted to arrange the visits.

In future, prior to a visit the Governance Officer will produce a summary sheet for each site to provide the visiting team with an overview of staffing levels, staff turnover, recent incidents and complaints, any SIRI's, patient experience feedback as well as other relevant patient safety information. It is hoped that these summaries will promote focussed lines of enquiry and discussions between the directors and department staff during the visit, and strengthen the ambition of encouraging a positive safety culture.

Summary

Patient safety visits continue to be prioritised and provide valuable opportunities to encourage and support a positive safety culture. This report aims to give an overview of those visits undertaken during 2015, and expectations for patient safety visits in 2016.