

**COUNCIL OF GOVERNORS: 4 February 2015**

**Report Title:** Report from the Chief Nurse and Medical Director

**Report From:** Mrs Jill Foster, Chief Nurse and Dr David Scullion,  
Medical Director

**Report Purpose:** For information and discussion

**1. Background**

This is a report from the Chief Nurse and Medical Director giving a summary of work being taken forward and issues being addressed.

**2. Recommendations/Next Steps**

That the Council of Governors notes the information provided in the report.

## **Chief Nurse Report**

This report is an update of ongoing work in relation to safe and quality care that supports the operational performance reports. This is the first paper in this format which is aimed at avoiding duplication to the operational performance reports and offering supplemental supporting information in relation to the delivery of quality and safe patient care. In addition, this report will also provide the Board with regular updates on national and local developments influencing nursing and midwifery.

### **Background**

Harrogate and District Foundation NHS Trust has a clear vision of delivering safe, effective, high quality healthcare which puts patients and the community at the heart of what we do.

We have an ambitious programme of work to enable us to deliver a full range of high quality DGH acute and community services to our local population and beyond within a clinically led, managerially enabled organisation. We are working across the local health community to re-design models of care while developing our new partnership working with commissioners and other providers to improve local services as the new ways of working come to fruition.

The Medical Director and Chief Nurse work closely together as the Board clinical leads to assure the delivery of safe and high quality healthcare strategies that lead to improved clinical outcomes and patient satisfaction. There has been much progress over the last few years to take the organisation to where is currently is, a high performing trust in comparison to its peers. In order to achieve the overall goal of sustained and assured improvements in the quality of patient care, there is still much work to be done.

Since joining the organisation I have been looking at our fundamental standards of care and reviewing some of the processes that enable us to understand the outcomes and experience of the services we deliver. This briefing note provides an update to the Board on work delivered to date and the ongoing actions and approach being taken to enable safe, effective, high quality care across the organisation.

### **Fundamental Standards of Care/Patient Safety**

Fundamental standards of care refer collectively to a number of metrics that are indicative of the overall standard of care provided. Whilst the responsibility for delivery of a high standard of clinical care is a collective one, these metrics are utilised as a measurement of the standards of nursing and midwifery care being delivered. Infection prevention and control, pressure ulcer prevention, falls, urinary catheter care, pain control and nutrition and hydration alongside communication are all quality indicators that contribute to overall patient safety and experience and are considered in this organisation as fundamental standards of care. Work has been going in each of these areas however the primary focus since September 2014 has been the prevention of avoidable pressure ulcers. The current objectives are

- To reduce the incidence of pressure ulcers
- To understand if a pressure ulcer was avoidable or unavoidable
- To reduce/prevent further harm if a patient is admitted/ treated in the community with a pressure ulcer

Work to date has included

- The SSKIN bundles have been introduced across the adult in patient wards supported by further training during October and November 2014.
- A Skin Inspection sticker has been introduced in October and November 2014 for use by the ward nursing staff.
- Since June 2014 Root Cause Analysis (RCA) is undertaken on all grade 3 and 4 pressure ulcers and individual action plans for learning developed. Learning is widely disseminated
- Training for SSKIN Bundles and use of skin inspection stickers – Oct/Nov 2014
- Participation in 'National Stop the Pressure' day – Nov 20<sup>th</sup> 2014
- Review of tissue viability team

Results to date show reporting of reporting of pressure ulcer incidents year to date from 2013/14 to 2014/15 has increased.

	Category 2	Category 3	Category 4
Hospital			
2014/15 YTD	165	20	0
2013/14	132	16	2
Community			
2014/15 YTD	57	24	1
2013/14	86	14	6

I believe this information and the work undertaken to date provides a solid platform to set new internal targets for reduction in harm, which I recommend includes

- Elimination of avoidable hospital-acquired category 4 pressure ulcers and a reduction of avoidable community-acquired pressure ulcers
- % decrease in the number of avoidable category 3 and category 2 pressure ulcer across the hospital and community
- Move to a 'react to red' campaign

## Falls

Work to date has included

- Falls prevention coordinator appointed – Dec 2014
- Ongoing falls prevention training
- Since June 2014 RCA's are undertaken on all falls causing fractures and individual action plans for learning developed. Learning is widely disseminated.
- Falls CQUIN planned for 14/15 – roll out of enhanced medication review service piloted on Byland and Jervaulx

Results to date

2013/14 – Falls causing harm 236

2014/15 – All falls 609

Falls causing harm 154

Falls causing fracture 11

As with pressure ulcers this work to date and information provides a base to set internal targets and I will be recommending

- % reduction in all falls
- % reduction in falls causing harm
- % reduction in repeat fallers

In addition to these measurements I am recommending that the standard falls measurement of number of falls per 10 000 bed days is routinely reported to enable the potential to benchmark against other organisations

Further work being undertaken

- Potential purchase of falls monitors
- Annual falls audit re-launched
- Falls safe project developed as service priority
- Plan to share learning from successful project in Leeds

### **Pain Management**

The management of pain is a constant concern and was raised as an issue for the organisation as part of the last CQC inspection. Through the CQC Action Plan mitigating work was undertaken

- Within the Directorates in clinical areas
- Patientrack has commenced (7 clinical areas to date) including mandatory pain scoring
- Patient experience of pain management has been monitored through the tracking of complaints and by obtaining direct patient feedback

Since October 2014 included in the Friends and Family test questions, patients have been asked four questions relating to pain management

1. Do our staff ask you about pain regularly?
2. If you have pain are you offered pain relief?
3. If you were offered pain relief did the staff give that in a reasonable time?
4. If you had pain relief was it effective?

Results of these questions in Dec 2014

	No of Respondents	% Yes
Question 1	294	97.8%
Question 2	300	100%
Question 3	300	94.5%
Question 4	300	95.7%

### **SIRI's**

Quality improvement initiatives within the SIRI process have been discussed in the CEO report. These initiatives are enabling the Trust to improve its responsiveness to incidents and to patients and their families. Completing root cause analysis to an agreed deadline is a contractual requirement as part of the quality schedule and is indicative of lessons being

learnt from and acted upon in a timely process. The agreed target for completing RCA's to a deadline, following the reporting of a SIRC is 85%.

	SIRC's reported	RCA's completed to deadline
2013/14	8 comprehensive SIRC's	0
2014/15 YTD	7 comprehensive SIRC's 8 falls causing fractures 40 pressure ulcers	83.33%

### Quality

### Nurse Staffing

Actual versus planned nurse staffing - inpatient areas

Ward name	Day		Night	
	Average fill rate - registered nurses/midwives	Average fill rate - care staff	Average fill rate - registered nurses/midwives	Average fill rate - care staff
AMU-Bolton	109%	111%	132%	134%
AMU-Fountains	99%	89%	101%	102%
Byland	103%	109%	96%	144%
Delivery Suite	102%	40%	102%	59%
Farndale	121%	102%	100%	134%
Granby	121%	115%	100%	100%
Harlow	104%	90%	98%	-
ITU/HDU	112%	-	106%	-
Jervaulx	100%	122%	104%	156%
Lascelles	88%	104%	100%	100%
Littondale	107%	110%	100%	123%
Nidderdale	106%	95%	119%	69%
Oakdale	109%	97%	102%	100%
Pannal	91%	69%	96%	84%
Special Care Baby Unit	98%	83%	98%	-
Trinity	108%	93%	100%	100%

Wensleydale	101%	101%	103%	92%
Woodlands	99%	95%	113%	100%
<b>Trust total</b>	<b>104%</b>	<b>102%</b>	<b>104%</b>	<b>109%</b>

The table below summarises the average fill rate on each ward during **December 2014**. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

Further information on this month's data

On the medical ward Fountains where the daytime care staff hours were less than 100% against planned; this reflects current band 2 vacancies. The Trust is actively recruiting to fill vacancies. On Bolton and Granby the increase in Registered Nurse (RN) above plan is to support the opening of additional winter pressures beds in these ward areas during December.

The planned staffing levels on the Delivery suite reflect the importance that the Trust places on ensuring that the number of midwives on the unit is sufficient to provide high quality care for unpredictable activity levels. Though the maternity support staff hours were less than planned due to vacancies and sickness it is important to note that the activity levels fluctuate in this area and a professional assessment was undertaken on a shift by shift basis to ensure that the staffing levels matched the needs of the unit.

In December although the daytime care staff hours on Harlow Suite were less than planned this was compensated for in RN hours. The actual daytime RN hours on the Lascelles Unit were less than planned in December due to a vacancy and staff sickness; however the number of staff on duty was sufficient to meet the dependency needs of the patients at that time. On Nidderdale and Wensleydale wards where the care staff hours were less than planned, this was compensated for in RN hours.

In some wards the actual care staff hours reflect additional hours used for 1:1 care for those patients who require intensive support. This is reflected on Bolton, Byland, Farndale, Jervaulx and Littondale ward.

The actual Registered Midwife hours were less than planned on Pannal ward, as workload activity levels were lower at certain periods in the month, which enabled a member of staff to rotate to another area within the department to provide support. The Care staff hours were less than planned due to vacancies in December which have now been recruited to.

For the Special Care Baby Unit (SCBU) although the RN and care staff hours were less than planned it is important to note that the bed occupancy levels fluctuate in this area and a professional assessment was undertaken on a shift by shift basis to ensure that the planned staffing matched the needs of both babies and families.

In December although the daytime care staff hours on Trinity ward were less than planned this was compensated for in RN hours.

The staffing complement for the children's ward, Woodlands, is designed to reflect varying levels of occupancy. Although the daytime RN and care support staffing levels are less than 100% in December, the ward occupancy levels vary considerably which means that particularly in this area the number of planned and actual nurses is kept under constant review.

## **NICE Consultation – ED Staffing**

The Board will have noted attention to Emergency Department's nurse staffing levels due to the media reporting of proposed recommendations from NICE. NICE is currently in the consultation phase of the review of nurse staffing levels in emergency departments. The consultation phase is due for completion in February 2015 with the completed recommendations to be published in May 2015.

The Acute and Cancer Care Directorate is coordinating the Trust's response to the consultation and has undertaken a review of the emergency department nurse staffing levels and rota and is assured we currently provide a safe service. Further work is planned to review the emergency departments' nurse staffing levels when the final NICE guidelines are published.

## **Nursing Leadership Development Programme**

Matrons, Ward Sisters/Charge Nurses, Team Leaders and Band 6 nurses are key to successfully driving safety, quality and efficiency and there is a need to ensure they have the support and tools to achieve this. I am delighted to be working with HR and an external company to deliver a bespoke course to provide leadership and management training.

Through the programme individual leaders will:

- Build their own capacity as leaders to effective positive change
- Learn how to influence effectively
- Learn practical strategies in leadership and management
- Build confidence as decision-makers and leaders
- Understand how to create 'open-space' with their teams to work collaboratively
- Move from 'expert' that solves problems to 'enabler' of others
- Learn basic coaching frameworks and skills to use with their teams
- Be able to support other management colleagues in their own development

During the programme the participants are required to undertake a project which focusses on a work based issue that is designed to enhance patient care and improve patient experience with outcomes that can be measured.

The programme commences in April 2015, there are 25 places in the initial project that have been allocated across the directorates.

## **Care Support Workers Development**

In a similar vein and to recognise the important and integral role of the clinical support workers (CSW's) and the impact they have on direct patient care I am ensuring nursing is working closely with HR to continue HDFT's bespoke CSW's training programme which includes team-working, communication, skills, empathy and compassion, patient safety, experience and accountability.

We are now developing our systems and processes to implement the introduction of the care certificate which will become a national requirement for all care support workers.

## **Nursing and Midwifery Strategy**

All Trust are now expected to have a clear Nursing and Midwifery Strategy that articulate and demonstrate the positive difference that nurses and midwives can make to patient care, outcomes and experience. It is my intention that a nursing and midwifery strategy for HDFT should underpin the Trust's vision and strategic direction supported by our greed values and behaviours.

In 2013/14 a considerable amount of work was undertaken within the Trust to develop a nursing and midwifery strategy and I intend to build upon that work as part of the 2015/16 nursing and midwifery work programme.

### **Patient Experience**

The Quality and Experience Group (QEG) is currently being restructured. It is my intention this group will be reformed with a focus on delivering improved patient experience across the organisation. This group will have a new membership and will hold the first meeting in February 2015.

### **Local Supervising Authority Report**

In November 2014 Yorkshire and Humber Local Supervising Authority conducted its annual audit report to monitoring the standards of supervision and midwifery practice at HDFT. On the day of the audit HDFT's midwifery supervision team received positive verbal feedback which has now been confirmed by a written report.

A copy of the report has been circulated separately and to assure the Board an action plan is being developed to encompass the recommendations from this audit report and the actions anticipated from the Department of Health's review and consultation of midwifery supervision practice and the King's Fund Report into midwifery practice, both of which papers are expected to report in January 2015.

### **Healthwatch: Enter and View Report**

This report has been circulated for information to the Board and widely across the organisation. An action plan is being developed regarding the recommendations within the report and I will ensure the Board is updated with progress against the recommendations

**Jill Foster**  
**Chief Nurse**

**January 2015**



## **Patient Safety Visit Report - Introduction**

Patient Safety Visits were introduced at HDFT in 2009, in response to the national Patient Safety First Campaign (2008 – 2010). Since then, 111 patient safety visits have taken place to wards and departments across the Trust, including community services. This includes all inpatient wards, 18 community areas, Askham Grange and Northallerton Prisons, and 22 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.

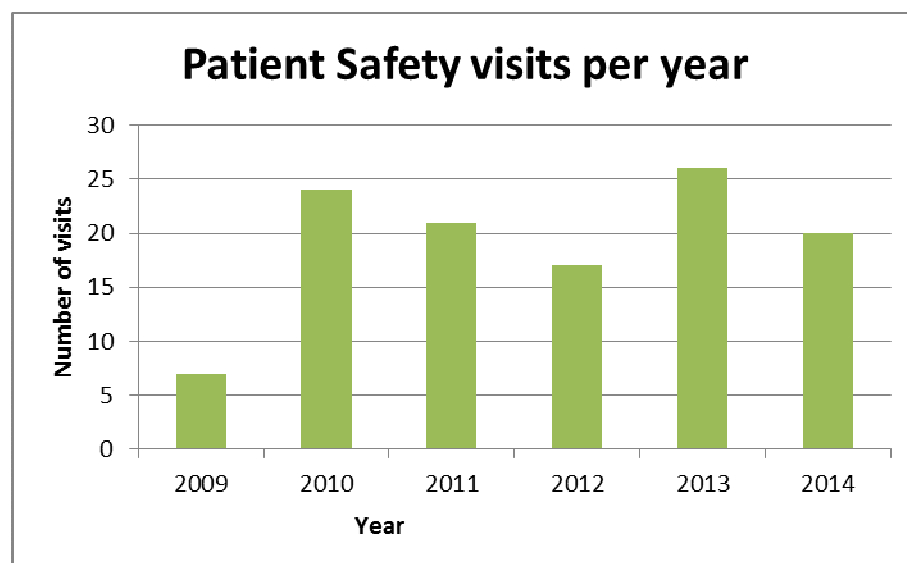
Patient safety visits have a unique purpose and value in encouraging a positive safety culture. They encourage staff to raise any concerns in a forum which is supportive, building good communication and establishing local solutions to minimise risk whenever possible. Staff are encouraged to resolve operational 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 2014**

At the beginning of 2014, 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 2014 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 June 2014, when patient safety visits were last reported to the Board of Directors, there have been visits to 12 services; 8 of these have been new visits and 4 re-visits.



Year	Number of visits
2009	7
2010	24
2011	21
2012	17
2013	26
2014	20

### New Visits

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

- Selby Health Visitors Team
- Scarborough CaSH (Contraception and Sexual Health)
- Scarborough Children's Services
- Sir Robert Ogden Macmillan Centre
- Porterage Services
- General Office
- York/Selby Podiatry Service
- Easingwold Specialist Children's Service

In some circumstances, patient safety visits to certain services are combined to maximise time efficiency. For example, the patient safety visit to the Northway Clinic in Scarborough included the Scarborough Children's Services Team with the Scarborough Contraception and Sexual Health Team.

### Revisits

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

- Critical Care (ITU/HDU)
- Outpatients
- Pharmacy
- Blood Science Laboratories

The visit to the laboratories was the first visit since the Haematology, Biochemistry and Blood Transfusion services all amalgamated under Blood Sciences.

### 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:

PAAU - A visit was arranged for 24/10/14, but was cancelled at short notice due to staffing pressures within the department.

York Wheelchair Service - A visit was arranged for 04/12/14, however members of the visiting team were unavoidably delayed with a prior commitment and the visit had to be cancelled at short notice.

Paediatric Outpatients, IVT Service (Mowbray Square) - There were difficulties in arranging visits to these locations. Staff are only present in the service location when busy clinics are taking place, and there is limited availability for staff to participate in a safety visit. In future we will include patient safety discussions regarding these services with visits to the areas from which the staff are provided. For example, Paediatric Outpatients and Woodlands Ward; IVT Service and Eye Clinic.

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

Craven Podiatry Service, Springhill Podiatry/Wheelchair Service - Due to assorted reasons we were unable to arrange visits to these locations.

Dates to visit these services will be arranged as a priority in 2015 wherever possible.

### **Patient Safety Visiting Team**

An Executive Director, supported by the Deputy Director of Governance and a Non-Executive Director, usually leads a patient safety visiting team. Members of the Patient Safety Steering Group are also invited to take part in patient safety visits, and since the last report, members of the Council of Governors have been invited to join the visiting teams.

Non-executive Directors		Executive Directors		Deputy Director Governance		Governors		Patient Safety Group	
S Dodson	2	R Tolcher	1	S Wood	11	D Scott	1	R Howitt	1
S Symington	2	D Scullion	2			P Jones	1		
I Ward	2	J Coulter	2			A Robertson	1		
L Webster	2	J Foster	2			S Blackburn	1		
C Thompson	0	P Marshall	2			J Purkis	1		
J Ridings		R Harrison	3						
S Proctor									
Total	8		12		11		5		1

### **Sample of issues raised at patient safety visits**

#### Good practice

*Critical Care (ITU/HDU):* Follow-up clinics were set up about 2 years ago to support patients' long term recovery following admission to ITU. Critical care outreach team and ITU staff visit patients on wards following discharge from ITU to support their recovery. Patient diaries are also being used and relatives are encouraged to complete these, so patients have a sense of what happened during their time on ITU when recovering. This improves a patients understanding of the reality of what happened to them. The department was considering involving staff in contributing to the diaries. Good relationships continue with parent teams of patients.

*Selby/York Health Visitors:* Staff feel well supported by colleagues within the team and report positive joint working with other agencies

*Blood Sciences Laboratories:* Staff shadowing of A+E and ITU colleagues has been successful in raising awareness of emergencies and timings of samples. The department wanted to share the value of shadowing colleagues to promote interdepartmental understanding. Consideration was being given to showing new doctors around the labs during induction. In addition, the laboratories have switched over to a virtual server that no longer requires early morning restarts of ICE, reducing down time.

*SROMC:* Despite ongoing building and design faults, staff report they enjoy working there and that patient experience is generally very good. There is a good atmosphere in the department. Patients have excellent access to clinical and benefits information and advice.

*CaSH:* Patients value the service. Good links with school nursing and health visitors. Committed staff - most part time. Trained health visitors regarding condom distribution

*Main Outpatients:* The department has received PTNS accreditation and is the only trust to be awarded this within the NHS. The department felt they were now effectively able to deal with stretcher patients. Pressure relieving mattresses had been purchased with the help of the League for Friends to raise funds. The department is able to allocate areas as and when they come.

*Portering:* The porters feel that their relationship with ward staff is generally very good and appreciate that their interactions with patients are an important part of the quality of care that patients experience.

*Pharmacy:* Pharmacists are now attending elderly care ward rounds resulting in inpatients care being followed from admission through to discharge. It was hoped that the inclusion of a pharmacist on a cardiology ward round could also be explored.

#### Themes and ongoing issues

- IT issues at various off-site locations e.g. Delays in issuing of mobile working provisions at Scarborough Children's Service and Selby and York Health Visitors. CaSH Team and Selby and York Health Visitors reported good support from HDH IT team but Scarborough Children's Services reported delays in getting issues addressed by IT department. IT clarified that they have one engineer to cover all community sites outside Harrogate area, but would aim to co-ordinate jobs to enable early visit to Northway Clinic.
- After hours door security at Main Site.
- Ongoing building/design faults at SROMC
- Issues around obtaining death certificates in a timely fashion and patient valuables.

#### Issues noted as resolved since previous visit

- Critical Care: Ventilators have been replaced. The department now has its own ultrasound machine which can also do ECHOs
- Main Outpatient Department: A fire door which had closed too quickly and caused injury to a patient has been replaced.
- Main Outpatient Department: There had been an improvement in the number of inpatients attending OPD clinics being accompanied by escorts and greater communication with wards.
- Main Outpatient Department: Double slots are being used in some outpatient clinics to accommodate for patients with complex needs however there are issues around flagging these patients as well as preserving double slots as capacity increases.

#### 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.

#### Summary

The Board is asked to consider the effectiveness of the patient safety visit methodology in encouraging a patient safety culture, and the assurance provided by this report.

Please note:

- Patient safety visits are valuable, but time consuming for all concerned. The number of visits undertaken in a year is a balance of time and resource.
- To enable patient safety visits to services such as GP OOH, a visit would need to be arranged outside normal working hours
- To facilitate identification of dates and times convenient to the 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.

- In future, the directorates and corporate services will be asked to identify if different times or locations are needed to accommodate patient safety visits to services suggested for patient safety visits.

## Appendix 2 – High Priority Action Log

Site	1st visit	2nd visit	3rd visit	4th visit
Ripon Community Hospital	30/06/2011	21/03/2013	28/08/2013	09/05/2014
Wensleydale	08/02/2010	05/07/2011	14/08/2013	
Oakdale	05/03/2010	04/10/2012	21/08/2013	
Jervaulx	11/01/2010	12/08/2011	11/09/2013	
Main Theatre	07/05/2010	03/07/2012	12/09/2013	
Granby	07/12/2009	21/11/2011	18/09/2013	
Maternity (Pannal)	09/03/2010	01/05/2012	03/10/2013	
Fountains/Bolton/AMU/CAT	15/04/2010	02/11/2011	04/10/2013	
Nidderdale	01/02/2010	13/10/2011	10/10/2013	
Lascelles	01/03/2009	07/07/2011	11/10/2013	
Littondale	03/11/2009	02/06/2011	16/10/2013	
Byland	16/11/2009	08/06/2011	23/10/2013	
Endoscopy	18/11/2010	05/03/2013	24/10/2013	
ED	25/10/2010	17/11/2011	30/10/2013	
Woodlands/SCBU	11/03/2010	29/11/2011	08/11/2013	
Harlow	25/01/2010	11/05/2012	11/02/2014	
Radiology	20/05/2010	25/07/2011	12/03/2014	
Critical care ( ITU/HDU)	12/11/2009	27/06/2011	11/06/2014	
Haematology/Transfusion	23/08/2010	06/10/2011	13/08/2014	
Outpatients	06/08/2010	22/11/2012	26/09/2014	
Pharmacy	09/12/2010	25/10/2012	19/11/2014	
Day Theatre	03/06/2010	01/08/2011		
CSSD	30/09/2010	31/10/2011		
Swaledale	21/12/2009	14/11/2011		
Therapy Services	14/06/2010	13/07/2012		
PAAU	24/09/2010	10/08/2012	24/10/14	
Hotel Services	16/12/2010	14/09/2012		
Elmwood	19/07/2010	14/11/2012		
Biochemistry	29/11/2010	21/01/2013		
Heart Centre	20/10/2011	23/01/2013		
Pathology	10/12/2010	30/01/2013		
Critical care Outreach	07/12/2010	13/02/2013		
Site Co-ordinators	28/11/2011	07/03/2013		
Phlebotomy	28/09/2009	12/03/2013		
Selby MIU	02/08/2012	05/09/2013		
Askham Grange	08/12/2011			
Northallerton prison	12/12/2011			
Monkgate dentistry	03/05/2012			
Ripon RRT	31/07/2012			
SALT – Northallerton	07/08/2012			
Scarborough Podiatry	04/09/2012			
Isles lane VWT	06/09/2012			
Knareborough Health Visiting	09/11/2012			
Boroughbridge VWT	29/01/2013			
Farndale	23/08/2013			
HDH Catering Services	06/03/2014			
Hornbeam –Harrogate community nursing team	03/04/2014			

Site	1st visit	2nd visit	3rd visit	4th visit
Ripon community nursing team	29/04/2014			
Kingswood Dental Surgery	14/05/2014			
Selby/York GPOOH	29/05/2014			
Selby HV Team	10/07/2014			
Scarborough CaSH	25/07/2014			
Scarborough Childrens Service	25/07/2014			
SROMC	11/09/2014			
Portering Services	05/11/2014			
General Office	28/11/2014			
Selby/York Podiatry Service	03/12/2014			
Easingwold Specialist Children's Service	18/12/2014			
Paediatric Outpatients				
IVT (Mowbray Square)				
Craven Podiatry Service - Skipton Hospital				
Catterick GPOOH				
Springhill Podiatry/Wheelchair				
York Wheelchair Service	04/12/2014			
HDH GP OOH				
Key:	Visits undertaken since last report to Board (June 2014)			
	Visits arranged but cancelled			
	Visits not arranged			

## Appendix 2 – High Priority Action Log

Site	Date of Visit	Issue source	Issue / Theme	Visit outcome	High Priority	Action/s	Lead/s	Progress on actions	Review outcome
Selby/York Health Visitors	10/07/2014	New Issue	HV's were informed that Mobile devices are on hold at last SystemOne user Group	For action	Yes	Investigate timescale until mobile devices are delivered	Jonathan Coulter	The Integrated Care Directorate have decided the rollout order for mobile devices. with Adult Services being the initial service to receive devices.  Resolving the network capacity problems (see below) will also enable us to continue the mobile device rollout at an increased pace.  A bid to the Tech Fund to speed up the rollout plan was unsuccessful. therefore the rollout plan is as per the original Directorate programme.	In progress
Selby/York Health Visitors	10/07/2014	New Issue	IT Issues- Need for basic IT skills training. Narrow bandwidth for internet at Scotton Road practice. Good support from IT department at HDH	For action	Yes	IT problems to be discussed with IT at HDH	Jonathan Coulter	We have now resolved the third party contract issues that was stopping us from increasing the bandwidth for the community network. We are now working with the network provider to increase this and improve the service. We are hopeful this will be completed by mid-December.	Complete
Scarborough Children's Services	25/07/2014	New issue	Northway Clinic. Scarborough is allocated as a place of safety for patients excluded from GP lists. A time is arranged for a patient to attend to meet a doctor. Security can be arranged but often aggressive and waiting area is same as for Children's Services.	For action	Yes	J Foster to ask K Barnett what mitigating steps are being taken for all services that use the facility	K Barnett	Issue referred to Local Security Management Service to follow up with COG. David Barker. Community LSMS has written to Hilary Craig. Primary Care Commissioning Support Officer at the NY&H Area Team on 22/10/14 detailing incidents of concern and requesting a review of the Violent Patient Scheme at Northway Clinic as a matter of urgency with a view to finding an alternative location for the service and to minimising risk to staff and patients in the interim. We are still awaiting an alternative location for the Violent Patient Scheme to be identified by the CCG.	In progress
Portering Service	05/11/2014	New Issue	Evening Door Security Antenatal Entrance - Timer not currently working so porters are having to lock the doors completely at night and unlock when ambulances arrive. Fountains Door- Should be secured from 10pm.	For action	Yes	Address staff understanding of site security at night.	S Kelly	Daily Bulletin to be used to remind staff that if they exit the building out of hours via any exit points (with the exception of the Main Reception) then they must ensure the door is left secure.	In progress
Portering Service			Staff/Patients unlock the door to exit and then leave the door unlocked. Porters keep having to come round and lock the door again on their rounds.			Review door locks. Consider CCTV on some doors.	S Kelly	Estates have established that there is no fault with the security of the doors but there is an issue which remains unresolved regarding the timer on the doors. This is being followed up with the Estates Department.	In progress



Site	Date of Visit	Issue source	Issue / Theme	Visit outcome	High Priority	Action/s	Lead/s	Progress on actions	Review outcome
SROMC	11/09/2014	New issue	1. Centre opened in March 2014 and ongoing issues with building faults and design faults. Recent director inspection highlighted the 'snagging' issues to be a concern but was aware they had been reported and escalated. Examples include: Plumbing issues	For information	Yes	Issues previously identified to the Estates Department by P Middlebrook.. then raised in a recent Director Team Inspection. These matters require urgent review prior to the official opening of the SROMC on 22 October.	A Gillett	1. Work has been undertaken to replace the patient drinking water tap in the Beverage bay and a new plumbed in coffee machine has been provided in the main waiting area.  A solution has been identified for the adaptation of the pipework to the 2No Wash Hand Basins in the treatment area and we are working with the mechanical sub-contractor to agree a date to complete the work.  Estates are installing additional equipment to address the water treatment issues.	Complete  In progress  Complete
SROMC	11/09/2014	New issue	2. Privacy and dignity issues with the exposure of the waiting area to the traffic on Wetherby Road	For information	Yes			2. Privacy and dignity issues with the exposure of the waiting area to the traffic on Wetherby Road	Complete
SROMC	11/09/2014	New issue	3. Glare on computer screens and monitors  Some chemo chairs in direct sunlight - problem with sun sensitivity with chemo for patients	For information	Yes			3. The issue relates to 4No Computer screens on the nurse base in the treatment area. The Design Team have been asked to look into potential solutions and we are awaiting response.  Blinds fitted to external windows as part of the original scheme.	In progress  Complete
SROMC	11/09/2014	New issue	4. No locks on cupboard doors	For information	Yes			4. Additional work were not requested at the design stage and therefore this will need to be reviewed and costs agreed.	Complete
SROMC	11/09/2014	New issue	5. Heating problems resulting in strain on chemo/blood fridge which is high cost- investigation.	For information	Yes			5. Investigation / rectification work undertaken weekend 27/28 Sept. awaiting feedback from contractor.	Complete
SROMC	11/09/2014	New issue	6. Condensation on pipework causing drips from light fittings	For information	Yes			6. Ongoing investigations are taking place.	Complete
SROMC	11/09/2014	New issue	7. No external access to the locks on patient toilets in emergencies	For information	Yes			7. Toilet doors are fitted with breakout facilities. Staff aware of the protocol for breakout situations. If they need changing this would be additional work. Feasibility being examined then costs to be identified.	In progress
SROMC	11/09/2014	New issue	8. Flooring in staff room requires attention.	For information	Yes			8. The flooring was repaired 20 October 2014	Complete
General Office	28/11/2014	New issue	Car park attendant raised recent incident at Scarborough Hospital where a car park barrier hit a patient walking underneath. He has noticed that drivers parking in the newest disabled spaces, head for the main entrance and may not see the entrance barrier if it was in the upright position. Risk of the barrier coming down on them.	For action	Yes	Car park attendant suggested erecting a sign warning patients of the automatic barrier to act as a physical barrier stopping people walking underneath.	S Kelly/ S Worwood	Sign has been erected	Complete
Children's Service Easingwold	18/12/2014	New issue	Highest risk relates to lack of computers and printers with resulting inefficiency and risks associated with administrators. Additional 3 PCs and 1 printer required across 2 locations	For action	Yes	Discussed to discuss with A Moore	A Moore	Discussed with A Moore. E Cowan confirmed that PCs and printers have been received.	Complete

## **1. Revalidation Update**

All the required revalidation recommendations continue to be made by the Responsible Officer on or before the due date. A number of deferral recommendations have been made for a variety of reasons, including newly-qualified Consultants having insufficient time for an appraisal between their CCT and revalidation dates. This was discussed at the routine meeting with the GMC Employer Liaison Officer on 21 January – it is a national problem for which solutions are being sought, although Deferral for less than 12 months carries no penalty for the doctor.

## **2. Tees Esk & Wear Valley MH Trust (TEWV) Meeting – 16 December**

A constructive meeting took place between senior members of both organisations. The purpose of the meeting was to agree a regular schedule for discussion around important issues between the two organisations. Much of the meeting focused on areas of improved education around mental health, mental capacity and learning difficulties. An educational plan has been agreed and will be implemented in the coming months. It is our intention to meet with TEWV on a regular basis.

## **3. Inquests**

The Trust was involved in two inquests in the week of the November Board meeting, and a third in mid-December. The Cartwright Inquest returned a narrative verdict. The Dale inquest also returned a narrative verdict. The Lebbon inquest returned a verdict of accidental death. I will update on detail.

## **4. Clinical Negligence Case**

The hearing took place between 25 and 27 November. Following a period of deliberation by the Judge a report was issued at the beginning of December. This found in favour of the Consultant Neurologist. There was no criticism of the patient's medical management.

## **5. Sign Up to Safety Update**

The Trust has now formally registered. An Action Plan has been drawn up and currently sits with the NHSLA for consideration. I may have an update on the NHSLA response for the Board.

**Dr. D Scullion**  
**Medical Director**