

COUNCIL OF GOVERNORS: 16 May 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 offering supplemental supporting information in relation to the delivery of quality and safe patient care. In addition, this report provides the Board with regular updates on national and local developments influencing nursing and midwifery.

Fundamental Standards of Care/Patient

In my previous reports I have provided the Board with an update on work delivered and the ongoing actions and approach being taken to enable safe, effective, high quality care across the organisation. These briefing notes provide our results to date. For this report I have continued to provide key performance metrics that are proxy indicators for quality care with benchmarking against other organisations and a narrative to describe my ambition for improving the quality of care and experience including targets for reducing harm.

Pressure Ulcers

Pressure ulcers acquired in receipt of HDFT care - April 2014 – March 2015

Pressure ulcers acquired in receipt of HDFT care	Apr-14			May-14			Jun-14			Jul-14			Aug-14			Sep-14			Oct-14			Nov-14			Dec-14			Jan-15			Feb-15			Mar-15			All		
	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4			
Acute Medical Unit Bolton	1	1								1						2	2		3	1		1			2			1			2					13	4	0	
Acute Medical Unit Fountains										1					1	2		2				1					3		1							8	3	0	
Byland Ward	1	1		6	1		1			6			6			5			3					4	1		8	1		3						52	4	0	
Farndale Ward	4			3			1			1			2			1			1					6	1		2		1							23	1	0	
Granby Ward	2	1		1			1			1			2											1					1			2				13	1	0	
ITU/ HDH				1																		1		1				1		1					5	0	0		
Jervaulx Ward	5			3			1			3			4	2		4	1		5			4					2	2				2			33	5	0		
Littondale Ward	1				1										1					1		1		4			3		1			3			14	2	0		
Nidderdale Ward																											1		1						1	1	0		
Oakdale Ward	1			4			2			2	1					1						1					1				2				15	2	0		
Ripon Hospital - Trinity Ward		1		4			2			1						1	1		2					1											9	4	0		
Wensleydale Ward							1			1						1			3			2		3					1			1			13	0	0		
Swaledale	1																																	1	0	0			
Lascelles	1						1															1												3	0	0			
Harlow																																		0	0	0			
Other	1			1			1															3		3			1		2		1			13	0	0			
Total	18	4	0	23	2	0	11	0	0	15	1	0	16	3	0	19	6	0	20	3	0	20	1	0	24	3	0	21	4	0	14	0	0	15	0	0	216	27	0

Community acquired pressure ulcers - April 2014 – March 2015

Community acquired pressure ulcers	Apr-14			May-14			Jun-14			Jul-14			Aug-14			Sep-14			Oct-14			Nov-14			Dec-14			Jan-15			Feb-15			Mar-15			All								
	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4									
Acute Medical Unit Bolton																																					2	0	0						
Acute Medical Unit Fountains																																						0	2	0					
Byland Ward	1																																					2	0	0					
Community Fast Response & Rehab Team																																							2	1	0				
Farndale Ward																																							1	0	0				
Granby Ward																																							1	0	0				
Harrogate FRT	1																																							2	0	0			
ITU/HDU																																								0	0	0			
Jervaulx Ward																																								0	0	0			
Littondale Ward																																								0	0	0			
Nidderdale Ward																																									0	0	0		
Oakdale Ward																																									0	0	0		
Ripon Hospital - Trinity Ward																																									1	0	0		
Theatres																																									0	0	0		
HARROGATE INTEGRATED COMMUNITY CARE TEAM																																									25	10	2		
KNARESBOROUGH & BOROUGHBRIDGE INTEGRATED COMMUNITY CARE TEAM																																										14	9	0	
RIPON & RURAL INTEGRATED COMMUNITY CARE TEAM																																											33	10	0
Wensleydale Ward																																											0	0	0
Grand Total	5	2	0	3	2	0	6	2	0	11	3	1	9	3	0	9	5	0	7	3	0	7	4	0	6	3	0	5	2	1	7	1	0	8	2	0	83	32	2						

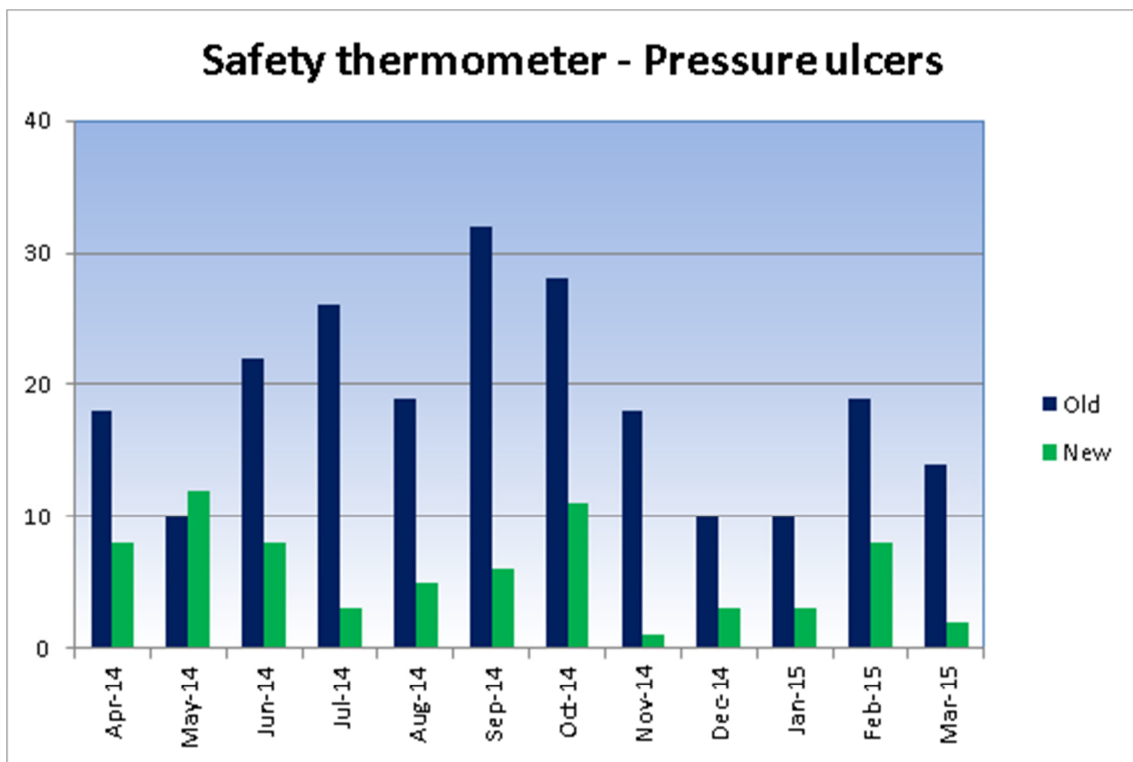
Ambition for 2015/2016

The overall target for the Trust is to eliminate all avoidable hospital acquired category 3 and 4 pressure ulcers. The ambition for 2015/16 is

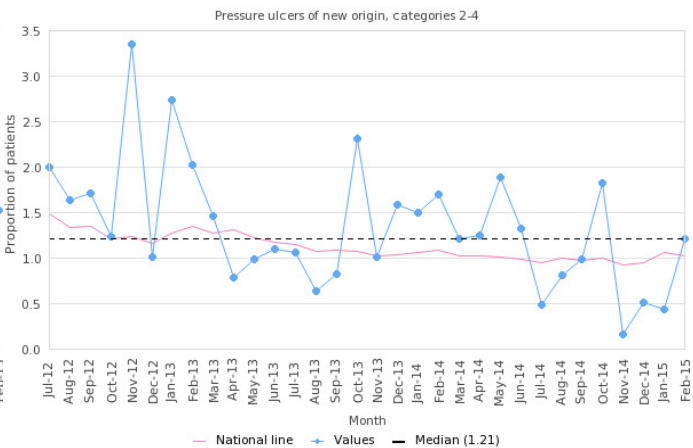
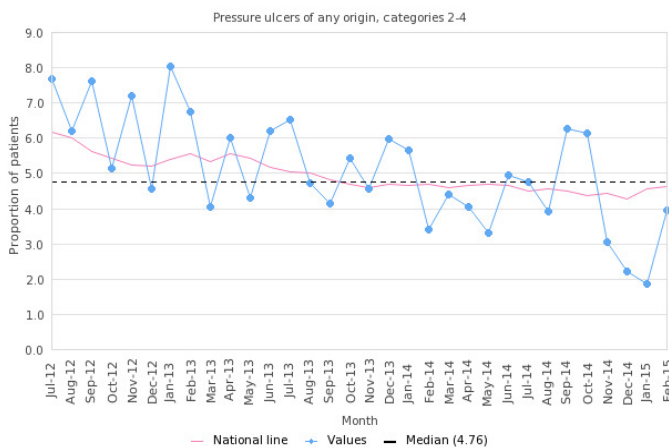
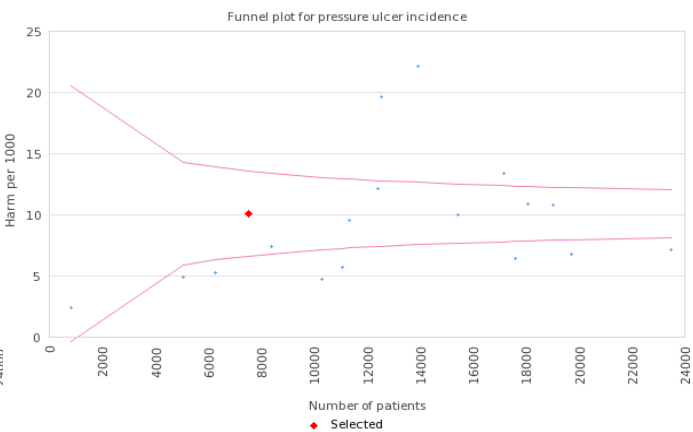
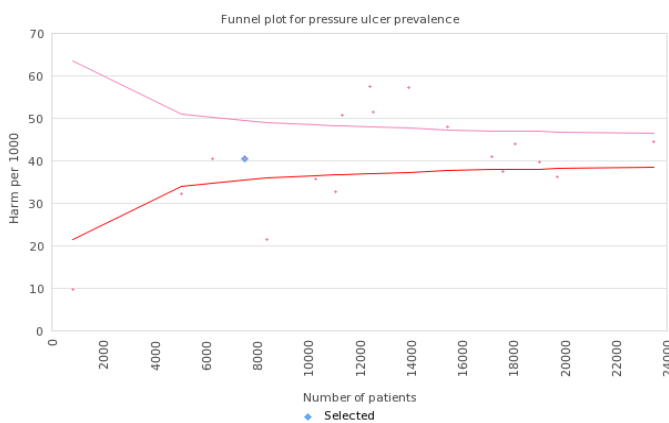
- 50% reduction in category 3 and 4 avoidable hospital acquired pressure ulcers – target 14 or less
- 20% reduction in all category 2, 3 and 4 hospital acquired pressure ulcers based on 2014/15 outturn – target 195 or less

Targets for the community will be agreed at the next Pressure Ulcer Steering Group meeting.

HDT Safety thermometer point prevalence data 2014-15:



NHS Safety Thermometer Data – Pressure Ulcers: ***to note that this has not been updated since last month's data**



Falls

Falls numbers for March 2015 are as follows:

- 71 falls in total
- 46 were no harm
- 25 caused harm
- Of the 25 harmful falls 5 were moderate severity (4 fractures / 1 other moderate harm)
- No severe falls or death due to fall

Of the falls causing fracture or moderate harm in March 2015 three were on Oakdale, 1 on Bolton and 1 on Wensleydale. The falls on Oakdale occurred during the rehabilitation phase of the patients recovery and all patients had been assessed as independent by the physiotherapist. Further information is required from Bolton.

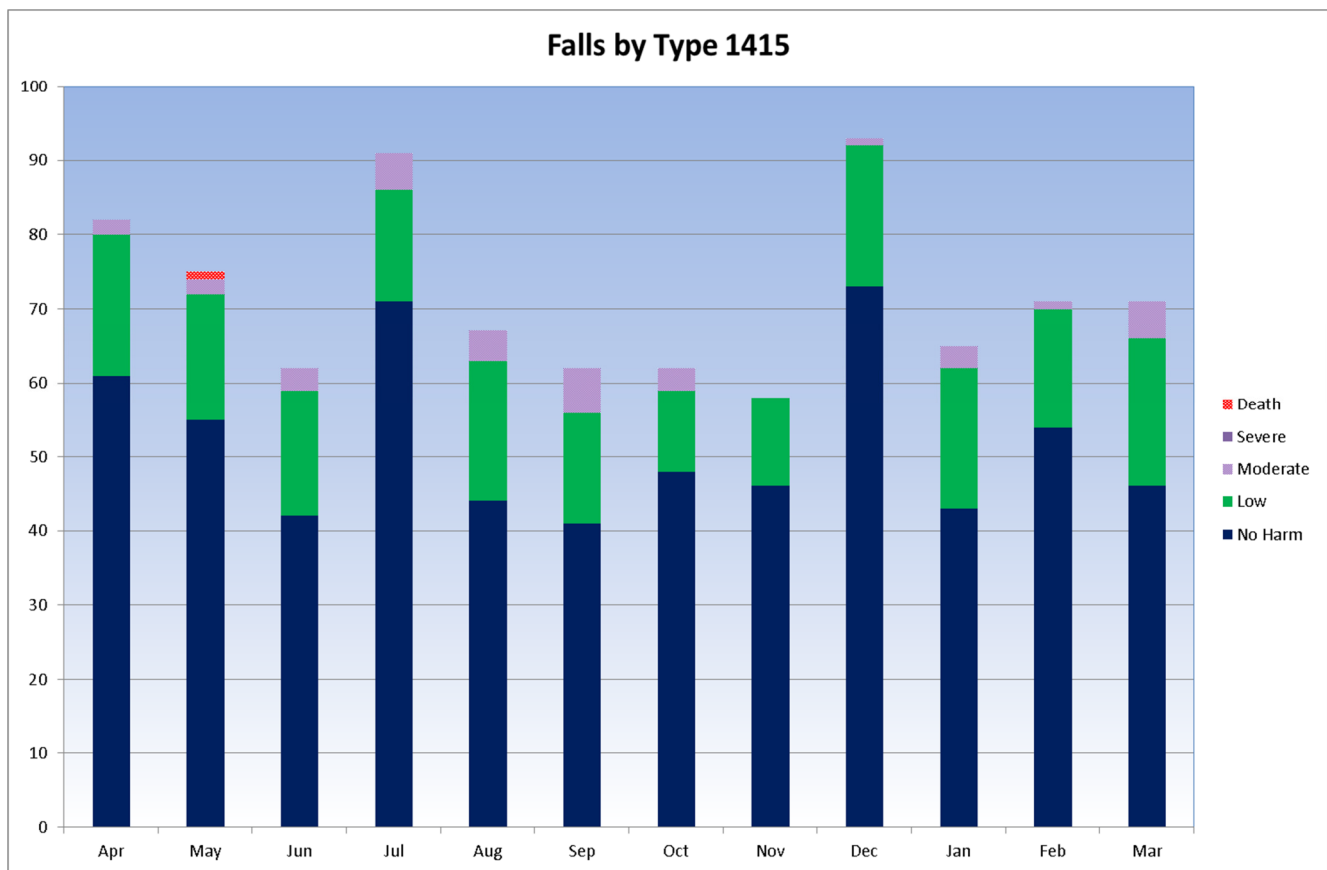
I am concerned about the patient on Wensleydale had two falls 11 days apart. Each fall resulted in the patient having to return to theatre. This patient is improving slowly and has 1:1 nursing in place.

In terms of the numbers for the whole financial year, the figures are as follows:

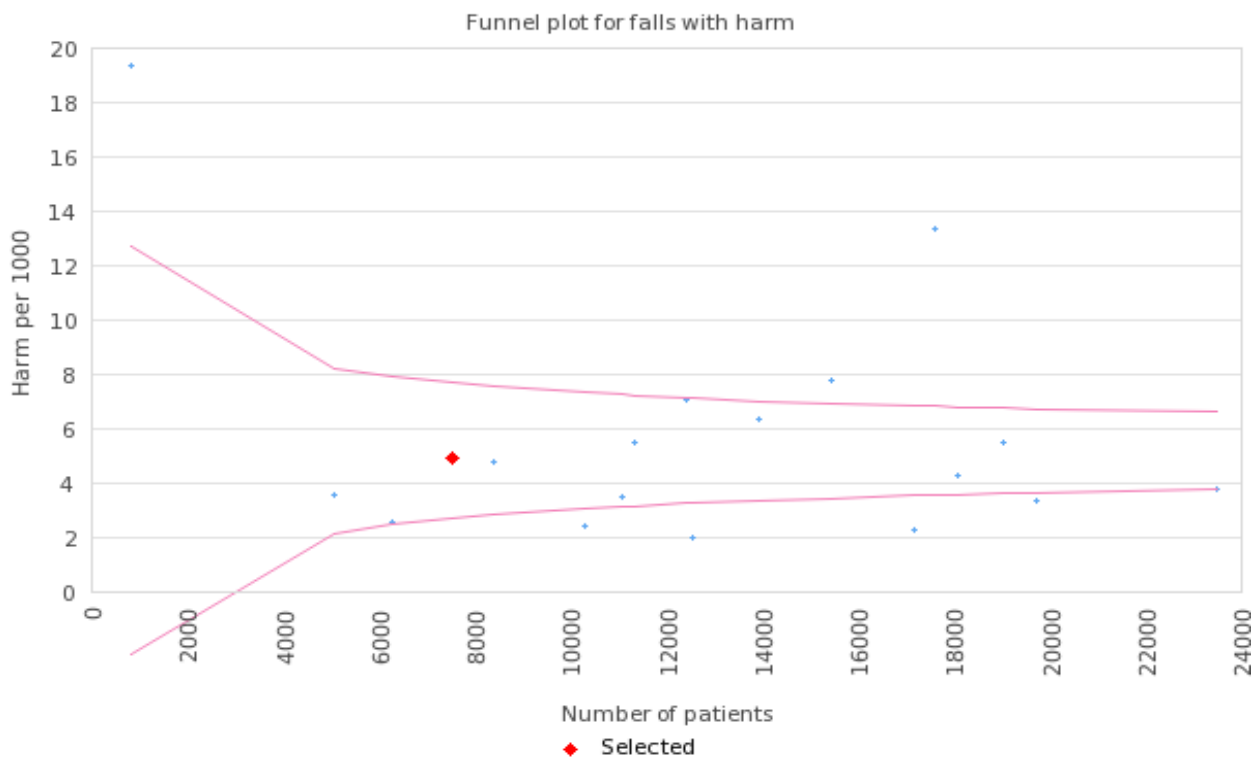
2014-2015	No Harm	Low	Moderate	Severe	Death	Totals:
Apr	61	19	2	0	0	82
May	55	17	2	0	1	75
Jun	42	17	3	0	0	62
Jul	71	15	5	0	0	91
Aug	44	19	4	0	0	67
Sep	41	15	6	0	0	62
Oct	48	11	3	0	0	62
Nov	46	12	0	0	0	58
Dec	73	19	1	0	0	93
Jan	43	19	3	0	0	65
Feb	54	16	1	0	0	71
Mar	46	20	5	0	0	71
Total	624	199	35	0	1	859

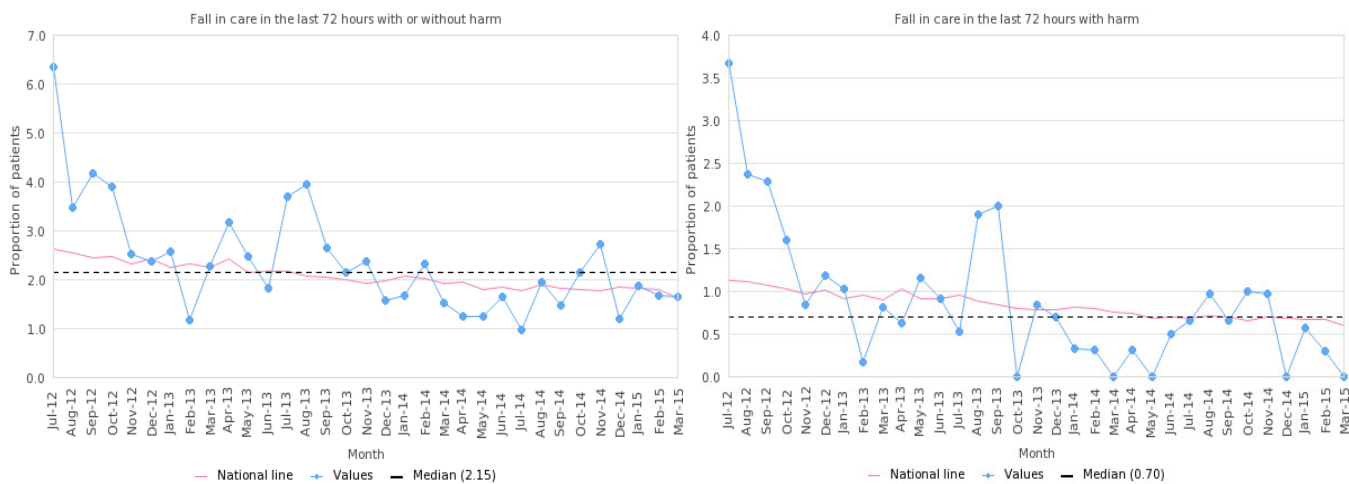
Year	2012/13	2013/14	2014/15
All Falls	991	1022	859

Falls by type – 2014/15



NHS Safety Thermometer Data – Falls:

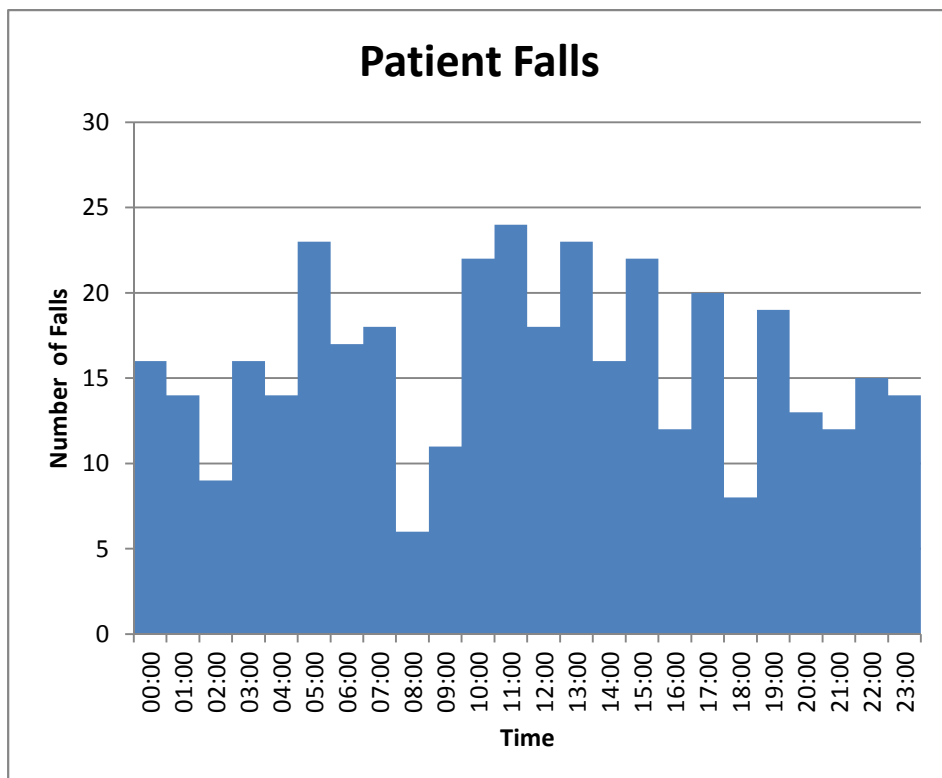




Falls comparison data against other Trusts – per 1000 bed days:

Hospital	Moderate	Severe	Death	Rate per 1000 bed days
Newcastle Upon Tyne FT				
Dec 2014	3	3	0	0.16
Jan 2015	4	2	0	0.15
Feb 2015	6	6	0	0.33
Barnsley FT				
Dec 2014	No data	No data	No data	No data
Jan 2015	1	1	0	0.20
Feb 2015	0	1	1	0.20
Rotherham FT				
Dec 2014	0	3	0	0.21
Jan 2015	1	3	0	0.29
Feb 2015	No data	No data	No data	No data
Hull & East Yorkshire Trust				
Dec 2014	6	0	0	0.19
Jan 2015	1	0	0	0.03
Feb 2015	2	0	0	0.07
North Lincolnshire and Goole FT				
Dec 2014	0	0	3	0.13
Jan 2015	0	0	1	0.04
Feb 2015	0	0	0	0.00
County Durham and Darlington FT				
Dec 2014	5	1	0	0.26
Jan 2015	2	0	0	0.08
Feb 2015	2	0	0	0.08
Harrogate and District FT				
Dec 2014	1	0	0	0.10
Jan 2015	3	0	0	0.28
Feb 2015	1	0	0	0.11
March 2015	5	0	0	0.50

Please note data is taken from the NHS England Open and Honest reporting website and does state that data “cannot be used to compare us with other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses”.



In February 2015 I reported a potential emerging theme from the root cause analysis of falls causing fracture is a number of falls with fractures are happening early in the morning. The graph above show the times of all falls from September through to February which indicate there are key times of the day when falls are likely to occur. I believe this information require further work and analysis following the completion of all the RCA's from 2014/15. The falls coordinator is currently targeting work on Jervaulx regarding early morning activity and falls prevention.

Action

- 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
- More benchmarking against other organisations
- Review of NICE guideline 161 – Gaps and Impacts on current service
- Re-energise fallsafe project
- Further analysis of the timings of falls and development of mitigating actions
- Falls month on Jervaulx
- Yorkshire Improvement Academy has commenced a pilot project on Jervaulx regarding the introduction of safety huddles and the prevention of falls

Pain

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

1. Does 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?

Family and Friends Test results, October 2014 – March 2015:

Number responding yes

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Q1) Do our staff ask you about pain regularly?	353	275	226	230	263	592	1939
Q2) If you have pain, are you offered pain relief?	290	216	184	185	186	490	1551
Q3) If you were offered pain relief, did the staff give that in reasonable time?	270	198	156	172	172	437	1405
Q4) If you had pain relief, was it effective?	252	192	154	164	160	420	1342
Total	1165	881	720	751	781	1939	6237

% responding yes

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Q1) Do our staff ask you about pain regularly?	98.6%	98.2%	97.8%	96.6%	97.0%	97.4%	97.6%
Q2) If you have pain, are you offered pain relief?	98.6%	97.3%	100.0%	98.4%	97.4%	97.4%	98.0%
Q3) If you were offered pain relief, did the staff give that in reasonable time?	97.5%	94.7%	94.5%	94.0%	96.1%	95.8%	95.6%
Q4) If you had pain relief, was it effective?	94.7%	94.1%	95.7%	93.2%	92.5%	95.2%	94.4%
Total	97.5%	96.3%	97.2%	95.7%	95.9%	96.6%	96.6%

Each of the directorates have been tasked with looking at their results to target further work

Cannula Care

In February I reported I was concerned that cannula management within the organisation is not at the standard of care we would like to see for our patients. The internal audit report for IV Cannula Care January 2015 provided **significant assurance** for the majority of wards tested with **limited assurance** for Woodlands and Farndale wards in relation to documentation of IV Cannula insertion and on-going care, and Byland ward in relation to on-going care.

In response to this audit, the Matrons have looked at processes to monitor the ongoing compliance with IV Cannula prescribing.

Actions being taken in Integrated Care

- Initially ensure all Registered Nursing staff are trained to prescribe cannulas on the EPMA system
- An aide memoir is being produced to remind staff how to do this.
- Each Band 6 or 7 nurse to audit the prescribing of cannulas in their area on a frequent basis or at least weekly.
- Staff will be reminded initially if they fail to prescribe a cannula however sanctions may be applied if they are non-compliant.

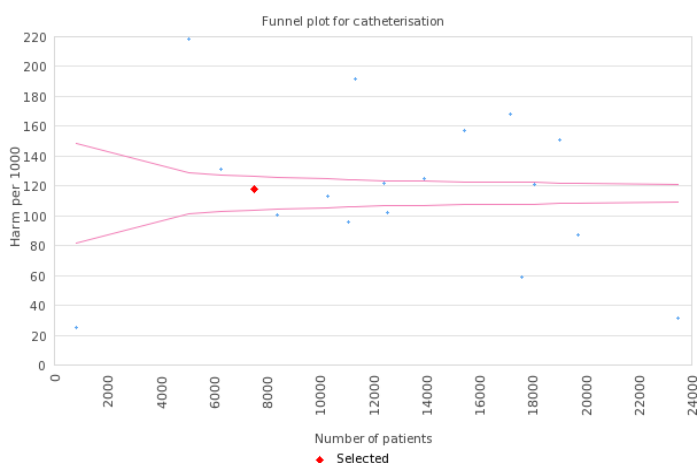
If has been agreed the approach will be adopted by the other directorates in all specialities
A further spot check audit by matrons is being developed.

Contenance

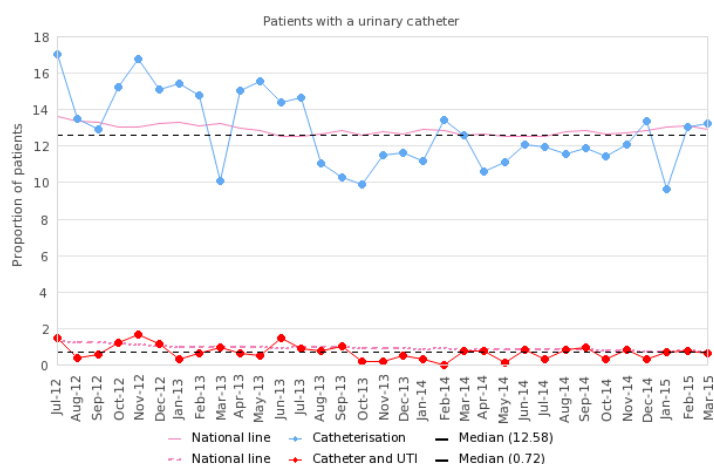
Also in February I reported I was concerned about continence within the organisation and primarily about the use of catheters.

NHS Safety Thermometer Data – Catheters

Comparison against 17 Integrated Trust's



Comparison against all providers



Numbers and % of Catheters and Catheters & UTI's where a new UTI is defined as a patient receiving treatment for a Urinary Tract Infection where the diagnosis was made after admission to the organisation.

Hospital Wards (including Lascelles & Trinity Ward)

Date	Total Surveyed	Number with a Catheter	Number with a Catheter & UTI	Number with a Catheter & NEW UTI	Number with a Catheter & OLD UTI
Jan-14	323	62	1	1	
Feb-14	340	79			
Mar-14	344	73	3	2	1
Apr-14	288	55	3	2	1
May-14	310	67	1		1
Jun-14	328	60	5	2	3
Jul-14	304	61	2	1	1
Aug-14	310	60	5	1	4
Sep-14	289	58	4		4
Oct-14	308	59	1		1
Nov-14	342	66	5	1	4
Dec-14	338	67	1		1
Jan-15	353	66	5		5
Jan 14 - Jan 15 Total	4177	833	36	10	26

Date	Number with a Catheter	Number with a Catheter & UTI	Number with a Catheter & NEW UTI	Number with a Catheter & OLD UTI
Jan-14	19.20%	0.31%	0.31%	0.00%
Feb-14	23.24%	0.00%	0.00%	0.00%
Mar-14	21.22%	0.87%	0.58%	0.29%
Apr-14	19.10%	1.04%	0.69%	0.35%
May-14	21.61%	0.32%	0.00%	0.32%
Jun-14	18.29%	1.52%	0.61%	0.91%
Jul-14	20.07%	0.66%	0.33%	0.33%
Aug-14	19.35%	1.61%	0.32%	1.29%
Sep-14	20.07%	1.38%	0.00%	1.38%
Oct-14	19.16%	0.32%	0.00%	0.32%
Nov-14	19.30%	1.46%	0.29%	1.17%
Dec-14	19.82%	0.30%	0.00%	0.30%
Jan-15	18.70%	1.42%	0.00%	1.42%
Jan 14 - Jan 15 Total	19.94%	0.86%	0.24%	0.62%

Catheter Prevalence – January 2014 - 2015

Ward	No of Patients	No of Patients with Catheter	Prevalence (%)	Clinically Indicated	Documented Review
AMU Bolton	379	41	11	98%	68%
AMU Fountains	273	51	19	100%	90%
Byland	396	62	16	98%	95%
Farndale	262	54	21	100%	98%
Granby	231	35	15	100%	89%
Harlow	102	20	20	100%	80%
ITU/HDU	60	52	87	100%	60%
Jervaulx	230	43	19	95%	91%
Lascelles	150	37	25	100%	86%
Littondale	358	85	24	91%	99%
Nidderdale	368	83	23	95%	99%
Oakdale	322	63	20	100%	97%
Swaledale	15	1	7	100%	100%
Trinity	253	25	10	100%	72%

Wensleydale	246	15	6	100%	93%
Trust Wide Jan 2014 - 2015	3645	667	18	98%	88%

Our current point prevalence data indicates that our prevalence is 18% for catheter use within the Trust in the past 12 months Jan 2014- Jan 2015. The data also indicates 98% of these catheters were clinically indicated and 68% of these had a documented review date.

Unfortunately, I have been unable to establish whether our prevalence is high. Six trusts in Yorkshire have been contacted to request how they record their catheter use and incidence of CAUTI (catheter associated UTI's). We have had responses from three trusts. The trust that was most helpful reported they recorded all catheters within their Hospital Trust. They did not document their prevalence of catheters as a percentage, only their incidence of CAUTI, which was at 2%. Following a piece of work from the IPC department in this Trust, they saw a reduction in catheter use and CAUTI by 16% as part of a CQUIN initiative.

It is my belief that both documentation and catheter removal can better.

Current Actions

- The catheter steering task and finish group was has now been incorporated into the HCAI Operations group.
- A document has produced by the IPCNs to make catheter removal more proactive and there have been discussions with urology to make this more nurse-led. Their suggestion was we seek advice from the medical physicians and surgeons as catheterisation for Urology Patients was different- this is working progress.
- Discharge planning can be better- following discussion it is proposed all patients with a catheter should be discharged to the care of the community nursing team so they have emergency contact if needed.
- An inpatient leaflet for patients with catheters is also being produced to support 'patient empowerment' for catheter removal for patients with short term catheters- the first draft has been completed and amendments currently being made prior to submission to the readers group.
- The catheter policy is in the process of being updated and time has been put aside by the continence team to look at all policies and competencies for catheterisation.
- The Clinical Skills Educators were approached and asked to incorporate care and management of catheters into their education sessions which they said they would do.

Two further pieces of work are being proposed

- To look at the documented evidence of catheter use in the hospital and to have a focused piece of work to look at the incidence of catheter use and cauti rather than prevalence to see if it can be improved further.
- A review of how catheter intervention is recorded and documentation reviewed.

Infection Prevention and Control

- *C. difficile* infection (CDI) YTD: 0; 2015-16 objective: 12 cases. In 2014-15 there were 9 cases against an objective of 15. The most recent CDI RCA identified missed opportunities to isolate a patient with loose stool. PatientTrack is being investigated as a trigger to isolate a patient when loose stool is identified.

- MRSA bacteraemia YTD: 0; 2015-16 objective: 0 avoidable cases. There were no cases in 2014-15.
- MSSA bacteraemia YTD: 0. No specific objective. There are still outstanding RCAs for 2014-15 MSSA bacteraemias.
- Community issues: There was a MRSA bacteraemia in a community patient on 18 March 2015. The patient had recent outpatient contact with HDH. Investigation of the antimicrobial policies and procedures followed in outpatients is ongoing.
- Carbapenemase-producing *Enterobacteriaceae* (CPE) CPE screening commenced on 16th February 2015. No cases of CPE in HDH/RCH patients have been identified since the last report.

Complaints

For month of March 2015 there are **23** complaints:

- Medical = 11
- Nursing = 2
- Medical/Nursing = 7
- Medical/Nursing/Other = 2
- Other = 1

2 complaints were graded Amber

15 complaints were graded Yellow

6 complaints were graded Green

Total number of Complaints for 2014/15:

- Amber = 8
- Yellow = 162
- Green = 94
- Total = 264

4 of the 8 Amber complaints were declared as SIRIs

Serious Incidents Requiring Investigation (SIRI'S)

Total number of SIRI's 2014/15

Comprehensive SIRI's – 11

Pressure Ulcers (Cat 3 & 4) – 60 total 49 reported (3 still open)

Falls causing fractures - 18 total 15 reported (5 still open)

The reporting requirements SIRI reports are established and dictate that no more than 15% of all reports can have extensions requested or be submitted over time by the end of March 2015.

There is also a requirement that all SIRI incidents are reported to the CCG within 2 days of confirmation of the SIRI status.

Compliance with reporting deadlines for 2014/15 is 92.5% of all SIRI's reported to the CCG via STEIS within 2 days and 91.5% of all final reports submitted on time.

A summary of the nursing dashboard can be found in Appendix One.

Actual versus Planned Staffing Levels

The table below summarises the average fill rate on each ward during **March 2015**. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

Mar - 2015	Day		Night	
Ward name	Average fill rate - registered nurses/midwives	Average fill rate - care staff	Average fill rate - registered nurses/midwives	Average fill rate - care staff
AMU-Bolton	100%	102%	155%	106%
AMU-Fountains	102%	99%	106%	99%
Byland	97%	110%	102%	139%
Farndale	119%	115%	102%	171%
Granby	131%	110%	100%	139%
Harlow	105%	98%	98%	-
ITU/HDU	93%	-	87%	-
Jervaulx	101%	117%	100%	146%
Lascelles	99%	81%	100%	100%
Littondale	108%	124%	100%	139%
Maternity Wards	99%	137%	106%	145%
Nidderdale	105%	101%	117%	74%
Oakdale	109%	95%	101%	100%
Special Care Baby Unit	100%	98%	100%	-
Trinity	114%	97%	103%	126%
Wensleydale	105%	117%	103%	131%
Woodlands	100%	102%	100%	97%
Trust total	104%	108%	103%	123%

Further information on this month's data

On Granby ward the increase in Registered Nurses (RN) and care staff hours above plan is to support the opening of additional winter pressures beds.

The planned staffing levels on the Delivery Suite and Pannal ward have been combined from this month to reflect the close working relationship of these two areas and the movement of staff between the wards in response to fluctuating occupancy and activity levels. In addition the planned care staff hours have been reviewed and adjusted to better reflect the day to day staffing requirements of the unit.

The ITU/HDU RN staffing levels which appear as less than planned on the day and night duty are flexed when not all beds are occupied and staff assist in other areas. National standards for RN's to patient ratios are maintained.

In some wards the actual care staff hours show additional hours used for 1:1 care for those patients who require intensive support. In March this is reflected on Byland, Farndale, Jervaulx, Littondale, Trinity and Wensleydale wards.

The actual daytime care staff hours on the Lascelles Unit were less than planned in March due to sickness and vacancies; however the number of staff on duty was sufficient to meet the dependency needs of the patients at that time.

On Nidderdale ward where the night duty care staff hours were less than planned, this was compensated for in RN hours. Similarly on Oakdale ward where the daytime care staff hours were less than planned, this was compensated for in RN hours.

Local Supervising Authority Report

I reported in January 2015 we were in receipt of the written report from Yorkshire and Humber Local Supervising Authority(LSA) annual audit for monitoring the standards of supervision and midwifery practice at HDFT. The written report confirmed the positive verbal feedback received on the day. I circulated a copy of the report separately and assured the Board an action plan was being developed to deliver the recommendations. A copy of the action plan can be found in Appendix Two.

I also discussed in January that the action plan for the LSA would possibly encompass the recommendations from King's Fund report published in February 2015. It is now not possible to do this. The Parliamentary and Health Service Ombudsman in England published a report in December 2013 raising concern about midwifery regulation from a public protection perspective. The Nursing and Midwifery Council accepted there was a structural flaw in the current framework and commissioned the report from the King's Fund to make recommendations for the future. The NMC has formally made the request for legislative changes to the Department of Health. With the election nothing will happen quickly. If the new government brings forward a regulatory reform bill it could still take up to two years. This provides the opportunity for planned transition but for the moment it is business as usual and the current statutory arrangement will apply for the foreseeable future

Healthwatch: Enter and View Report

Also in January 2015 I circulated the Enter and View report following the Healthwatch visit in November 2014 and reported action plan was being developed regarding the recommendations. The action plan can be found in Appendix Three.

Quality Priorities 2015/16

The Trust has identified three key priorities for quality improvement in 2015/16. These have been informed by the discussions and suggestions from the stakeholders identified above, as well as reviews of data and reports relating to the quality of care delivered during 2014/15. The priorities are

1. Creating the conditions for safety by improving communication.

Poor communication is an underlying root cause of many patient safety incidents and complaints. The focus of the work will include:

- Prioritising time to talk to patients and relatives
- Empowering staff to have confidence when holding difficult discussions
- "Hello, my name is ..."
- Our safety improvement plan developed for the national "Sign up to Safety" campaign which is focused on using awareness of human factors in patient care, to improve communication, team working and leadership.

2. Improving patients' experience of using our services.

This will focus particularly on arrangements for admission, discharge and delivery of community services, and will include:

- Patient flow, as evidence suggests that enhancing patient flow also increases patient safety and is essential to ensuring that patients receive the right care, in the right place, at the right time, all of the time
- Pathways of care
- Effective discharge processes and avoiding readmission/avoidable transfers
- Outpatient management.

3. Becoming a centre of excellence for the care of the frail elderly.

We have just started on the journey towards creating a centre of excellence on Jervaulx and Byland wards, for the inpatient care of older people with frailty, and we aspire to provide excellent care to the increasing number of complex elderly patients on every ward.

Older people living with frailty are at risk of dramatic deterioration in their physical and mental wellbeing after an apparently small event which challenges their health (e.g. infection, new medication, fall, constipation or urine retention).

The responsibility for ensuring detailed work is developed and progressed to support the delivery of improvements in relation to these areas will be embedded in our new quality governance structures and processes. There will be identified leads, together with robust accountability for ensuring engagement with staff and effective monitoring of progress.

I am now seeking formal approval for the proposed Quality Priorities 2015/16 from the Board of Directors

Jill Foster
Chief Nurse

April 2015

1. Sign up to safety:

I am delighted to report that the Trust has now received written confirmation of our successful bid from the NHSLA. 126 members submitted 243 bids. Of these 67 were successful. The Trust bid of £23,100 was approved in full. The stipulation is that the monies will be used to improve safety and team working in maternity (not in general surgery), though the utilisation of human factors training and practice will provide learning that cross cuts clinical specialties, hence surgeons, and indeed others, will not miss out on learning opportunities. A number of conditions were placed upon the Trust prior to release of funds. These are detailed below and are not contentious.

- *The Chief Executive is asked to provide confirmation that the funds allocated will be used only in relation to the submitted bid;*
- *The Trust is asked to publish a summary of their successful bid, including details of the anticipated outcomes, on their public website;*
- *The Trust will provide details of their successful bid(s) to their Trust Board and their local commissioners and provide regular updates on the monitoring of their progress;*
- *The Trust will provide feedback and share safety and learning themes with external partners and directly with the Safety and Learning team at the NHS LA;*
- *The Trust will agree to collaborate with the NHS LA and Royal Colleges in the progress of implementation of the bid and in particular for all maternity bids with relevant Royal Colleges as regards maternity claims and outcomes from the bid. More details will follow.*
- *The Trust will agree to 'buddy' with an unsuccessful bidder in terms of sharing best practice to support quality improvements to those requiring additional support;*
- *The Trust will agree to coordinate with Trusts requesting the same specific equipment or training to ensure procurement benefits from economies of scale and value for money – NHS LA will be in contact to provide details of those Trusts with shared purposes, equipment and training.*

A SUTS task and finish group is in place, led by Dr Earl, which will report to the new Improving Patient Safety Steering Group (created as part of the new Governance structure and chaired by the MD). I would like to offer my congratulations to those who worked furiously to produce this successful bid against very challenging timescales.

2. Mortality update:

The hospital crude mortality rate fell in March to 1.29%. It was 1.45% in February and 1.36% in March 2014. This figure represents the total number of deaths in a given period of time compared to the total number admitted for care in that same period. This slow fall over time reflects a National trend. Care should be taken when interpreting this statistic (the clue is in the title). It is not a reliable predictor of good or poor care and, like other indices, should be taken in the context of additional sources of information and case based reviews.

Dr Earl has recently attended a regional study day on hospital mortality and will be providing a summary of learning to the MD.

I will provide a verbal "snapshot" of March mortality statistics to the Board. Following on from last month's discussion, Board might find the link below helpful reading.

<http://www.apho.org.uk/resource/view.aspx?RID=95932>

3. Revised Never Events Policy and Framework and Serious Incident Framework.

NHS England has published the above documents. Changes will be incorporated into existing policy documents within the Trust.

The key changes to the Never Event (NE) list are around definitions and types of incidents. The list has been reduced from 25 to 14. The emphasis is on events that arise from failure (or failure to implement) strong systemic protective barriers. Several previous NEs have therefore been removed from the list, as follows:

- Opioid overdose of an opioid/opiate-naïve patient;
- Escape of a transferred prisoner;
- Wrong gas administered;
- Failure to monitor and respond to oxygen saturation;
- Air embolism;
- Misidentification of patients;
- Wrongly manufactured high-risk injectable medication; and
- Maternal death due to post-partum haemorrhage after elective caesarean section.

Some have been merged for simplicity:

- ‘Wrong route chemotherapy’; ‘Wrong route oral/enteral treatment’; and ‘Intravenous administration of epidural medication’ have been merged into a single ‘*Wrong route administration of medication*’ Never Event; and
- ‘Transfusion of ABO incompatible blood components’; and ‘Transplantation of ABO incompatible organs’; have been merged as a ‘*Transfusion or transplantation of ABO-incompatible blood components or organs*’ Never Event.

The key changes to the Serious Incident (SI) Framework reflects the importance of a whole system approach. The fundamental principles are unchanged and the focus remains on reflecting, learning and improving. The new guidance describes the following:

- The roles and responsibilities of those involved in the management of SIs within a complex commissioning landscape. Tools are included to support organisations in describing and agreeing their responsibilities;
- The key principles and fundamental purpose of the Serious Incident Framework, which is to support learning to prevent recurrence;
- The importance of patient, victim and their families involvement in order to support openness, honesty and transparency, and to improve the quality of investigations; The interface with investigations conducted by partner organisations;
- The elements commissioners should be checking for in their assessment of good quality investigations;
- The definition of a serious incident to ensure that common principles are applied rather than blanket reporting rules which can overburden organisations by enforcing the reporting and investigation of incidents that do not meet the threshold of a serious incident;
- The levels of investigation that are employed within healthcare including specific guidance relating to independent investigations; and
- In order to simplify the process and reduce bureaucracy two key operational changes have been made:

Removal of grading – in the past incidents have been graded without a clear rationale and this has led to incidents being managed in an inconsistent way. Under the new framework, serious incidents are not defined by grade. All incidents which meet the threshold of a serious incident must be managed in line with all key principles outlined in this framework.

Timescale - all investigations must be completed within 60 working days. Previously there were two different timescales; 45 days and 60 days. This change aims to simplify the process and the longer timescale has been retained to provide the time needed to complete good quality investigations (particularly where input from professionals across different organisations is required).

4. Meeting with Airedale Medical Director

I met with Mr Karl Mainprize to discuss issues of common interest and potential collaboration. This was a useful and productive meeting, building on already established collaborative working between the two organisations. Amongst a number of subjects discussed were & day working, joint service appointments, collaboration and information sharing in lieu of future regulatory inspections and sharing of expertise for investigative and disciplinary functions. Possible opportunities for MD networking in the region were also discussed. I will also be meeting with the MD in Doncaster, Mr Sewa Singh, later this month to discuss common themes in organisational change management.

5. Alexander House, Knaresborough

TEWV is undertaking a programme of estate upgrades across NY sites. The current upgrading of AH will provide a community hub for mental health services for older people and those with learning disabilities. When complete it will operate a 7 day per week service. The 3 phase project is scheduled for completion in February 2016. In order to facilitate the works, some clinical services have been temporarily locate to the Briary Wing.

6. Vale of York OOH GP services:

As of 1 April 2015 Vale of York GP out of hours services will no longer be provided by HDFT. Planned transfer of provision to Yorkshire Doctors Urgent Care has now taken place. Following extensive discussion internally and consultation with staff the Trust elected not to bid for the re-tendered service.

7. Director of Medical Education:

Dr Helen Law has announced her intention to step down from this role having served for 5 years. This is an important role, and one which Dr Law has undertaken with no small measure of skill, diplomacy and when necessary, a firm line. It is largely due to Helen's stewardship that the reputation of the Trust for postgraduate training remains consistently high, educational training facilities widely praised and our relationship with the Deanery strong. I would like to personally thank Dr Law for her efforts. The Trust will be seeking to recruit a replacement for the role.

8. Cancer Taskforce 5 year strategy for England:

NHS England will publish the full 5 year strategy in the summer. The taskforce is charged with delivering the vision for cancer services set out in the 5 year plan.

The key elements that the strategy will focus upon are summarised below :

- Greater emphasis on prevention efforts, including secondary prevention;
- A multi-faceted approach to detecting many more cancers earlier, including a step-change in capacity and a shift in culture around investigative testing;
- Reductions in variability of access to optimal diagnosis and treatment and in inequalities in outcomes;
- Integration of health and social care such that all aspects of patients care are addressed, particularly at key transition points in the system;
- Patients feeling better informed, and more involved and empowered in decisions around their care;
- A system that recognises the critical importance of cancer research and is primed to innovate, with cost-effective technological advances rapidly adopted and plans to embed stratified approaches in all elements of care;
- A system that provides better and more immediate access to data and intelligence, as a key driver of improvement;
- Commissioning based around health and wellbeing outcomes, with a population focus;

- Clearer leadership and accountability for driving improvements, across the system.

A link to the Cancer Taskforce statement is given below. The Trust will need to evaluate the content of this plan not only in relation to current service provision, but any future developments.

http://www.cancerresearchuk.org/sites/default/files/statement_of_intent_-_final_0.pdf

9. The Montgomery Ruling: a new legal test for consent to medical treatment:

Following a landmark Supreme Court ruling (Montgomery vs Lanarkshire Health Board), it is now for patients to decide whether treatment options, risks and benefits have been adequately discussed. The onus has moved away from medical paternalism and is now heavily focused on full informed consent, with the patient choosing their preferred method of treatment. Doctors now have to take “reasonable care to ensure the patient is aware of any material risk involved in any particular treatment option, and also of any alternative or variant treatments”. Instead of “a reasonable body of medical opinion”, the judgment of choice rests with “a reasonable person in the patient’s position”.

The purpose will be to improve the consent process, though there is little doubt some will view this move as impractical and controversial. Unfortunately for them, the law is now clear.

I have sent this information to all Consultants. Professor Paul marks (Coroner for Hull and East Yorks) has kindly offered to provide a series of medico legal lectures to senior medical staff on this and other recent developments in medico legal matters, which I will arrange.

Dr David Scullion
Medical Director

April 2015