

TRUST BOARD IN PUBLIC	Date: 27th February 2014	
	Agenda Item	
REPORT TITLE:	Joint Chief Nurse and Medical Director's Report	
EXECUTIVE SPONSOR:	Fiona Allsop, Chief Nurse Barbara Bray, Interim Medical Director	
REPORT AUTHOR:	Barbara Bray, Interim Medical Director Sally Brittain, Deputy Chief Nurse	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	N/A	
Purpose of the Report and Action Required:		(√)
To provide an update of on-going work in relation to safe and quality patient care that sits out with the operational performance reports.	Approval	
	Discussion	√
	Information/Assurance	(√)
Summary: (Key Issues)		
<p>The report details information the learning Disabilities Peer Review undertaken in January 2014. The Trust was assessed under three domains and was judged as being overall fully compliant with only 2 areas of partial compliance regarding signage and compliant information.</p> <p>A summary of the deep dive into the quality and effectiveness of processes related to Children's Safeguarding demonstrates that the Trust was judged to be overall fully compliant with only 2 areas of partial compliance.</p> <p>A synopsis of the deep dive process into clinical specialities is provided by the medical Director and the Board is asked to note the appointment of a Consultant Surgeon specialising in Trauma & Orthopaedics</p>		
Relationship to Trust Corporate Objectives & Assurance Framework:		
Central to the delivery of safe and quality patient care.		
Corporate Impact Assessment:		
Legal and regulatory implications	NONE identified currently	
Financial implications	YES – but have been agreed via the relevant governance channels	
Patient Experience/Engagement	YES – key and will require to be robustly demonstrated	
Risk & Performance Management	YES – key and will require to be robustly demonstrated	
NHS Constitution/Equality & Diversity/Communication	YES – key and will require to be robustly demonstrated	

Chief Nurse Report

Learning Disability Peer Review

On 21 January 2014 the Royal Surrey County Hospital NHS Foundation Trust conducted a peer review into the Trust facilities and assessed the patient experience for our patients with learning disabilities. The peer review team consisted of 3 acute trust representatives, 2 primary care liaison nurses and 2 service users.

The Trust was assessed under three domains:

- Practicalities 'Staying Healthy'
- Systems & Processes 'Staying Safe'
- National Influences 'Living Well'

The Trust was judged as being overall fully compliant with only 2 areas of partial compliance:

- 1.4 Environment & Facilities- where it was noted that it would be of benefit for the Trust to have some symbol based signage
- 2.4 Complaints Process- where it was noted that the Trust did not have an easy read complaints leaflet

The Trust was judged to have no areas of limited compliance.

The Deputy Chief Nurse will work with Estates & Facilities to ensure that consideration is given to symbol based signage within the Trust.

The Communications team are currently formatting an easy read version of our complaints leaflet for use which will be posted on the website learning disabilities page and available laminated on the wards with copies for our patients to complete.

Deep Dive into Children's Safeguarding

Recent external CQC inspections have included recommendations to conduct a Deep Dive Audit to assess the Impact, Quality and Effectiveness of individual and Multi Agency work in Safeguarding for all Surrey Health providers.

Deep Dive Audit is an intensive, deep focus on a segment of a programme or a process and is increasingly being used in Impact assessment in organisations, mainly in the corporate sector.

Objectives:

To determine the quality and effectiveness of:

1. Individual provider/professional involvement in the safeguarding process, with particular reference to themes listed in section 3
2. Multi-agency activity and outcome in safeguarding children

Method:

Members of the CCG Surrey Wide Safeguarding Children team arranged meetings with named professionals in each provider setting; two safeguarding children cases were selected by named professionals at random from those that have been subject

to safeguarding activity. All records relating to the child were scrutinised and all sections in the audit form (DD2) completed.

The team agreed the judgements recorded under each section of the form based on the requirements set out in Working Together to Safeguard Children 2013 and the Surrey Safeguarding Children Board Safeguarding Children Procedures.

The deep dive above was conducted on 22 January 2014. A full report into the deep dive has been provided however it cannot be circulated with this paper as it has potentially sensitive patient information within it.

The Trust was assessed using the criteria above for two children for whom it provided care. One case was awarded 'exemplary' status with no recommendations and the other 'good' with a recommendation that the blue safeguarding children notes should be commenced within the Emergency Department once concerns have been raised. This recommendation has already been discussed at the Trust Safeguarding Children Board and implemented.

Interim Medical Director's Report Deep Dives into Specialties

The deep dive process started in December 2013 and so far five clinical teams have been reviewed. All of the clinical services will be reviewed by the end of April 2014.

A rating system has been developed which is roughly aligned with the proposed CQC rating scheme.

Each rating is defined as follows:-

- Red - Unable to demonstrate any evidence of:-
compliance with national standards and guidelines,
benchmarking,
acting on audit results
learning from complaints and incidents,
System and record of decision making
MDT working
Surveillance data indicates significant concerns
- Red/amber - Limited evidence of:-
compliance with national standards and guidelines,
benchmarking,
acting on audit results
learning from complaints and incidents,
System and record of decision making
MDT working
Surveillance data indicates significant concerns
- Amber - Actions identified to demonstrate an improving service but evidence required to demonstrate implementation
Able to demonstrate working towards a rigorous and robust system for demonstrating how quality is measured and improved
- Amber/green - Some evidence of:-
compliance with national standards and guidelines,
benchmarking,
audit resulting in improvement, learning from complaints and incidents,
System and record of decision making
MDT working

Green - Surveillance data indicates no concerns
Significant evidence of:-
compliance with national standards and guidelines,
benchmarking,
audit resulting in improvement, learning from complaints and incidents,
System and record of decision making
MDT working
Surveillance data indicates no concerns
The rating has been considered at domain level (safe, effective, caring, responsive, well led) rather than for the overall service. The first four services to have been reviewed have been rated as follows

The initial ratings of the first four services that have been reviewed and a summary of the main themes and learning has been presented to the SQC. Areas of improvement that have been identified are being reported to and monitored by the executive committee for quality and risk.

The main themes of good practice were:-

Safe	Regular MDT meetings in place Teams aware of compliance with safety thermometer Focus around infection control Audit plans in place
Effective	NICE compliance National guidelines Two week rule compliance
Caring	Individual care plans in place Some beds ring fenced Access to clinicians on request
Responsive	You said.... we did initiative in place Weekly matron ward visits Support groups available for some patient groups
Well led	24/7 on call cover Regular team meetings in place with quality agenda item

The main areas for improvement that have been highlighted across the five domains are:-

Safe	Communication with wider team following meetings 7 day working Gaps in staffing Knowing how the team compares with others
Effective	Attendance at mortality and morbidity meetings Clinical coding not always accurate Some waiting times increasing
Caring	Records of lessons learnt and actions taken following patient feedback Consider alternative ways of getting feedback from patients Nurse retention
Responsive	Refurbishment and of some environments required Out-patient clinics feel rushed Communication of treatment plans Long waits in out-patient clinics

Well led	Communication of quality priorities to wider team Meeting structure needs formalizing and robust communication
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New consultant appointment

Mr Praveen Panose who as been working at SASH as locum Consultant Trauma & Orthopaedic Surgeon has been appointed to the substantive position. Mr Panose has a special interest in Hip Fractures and has been an important part of the team that has developed our service for the frail elderly patients with this injury.