

TRUST BOARD IN PUBLIC		Date: 7 August 2014	
		Agenda Item: 2.2	
REPORT TITLE:		Chief Nurse & Medical Director Report	
EXECUTIVE SPONSOR:		Fiona Allsop, Chief Nurse Des Holden, Medical Director	
REPORT AUTHORS:		Fiona Allsop, Chief Nurse Sally Brittain, Deputy Chief Nurse Des Holden, Medical Director	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		n/a	
Action Required:			
Approval (√)	Discussion (√)	Assurance (√)	
Summary of Key Issues			
<p>Chief Nurse Report An update of on-going work in relation to safe and quality patient care that sits within the operational performance reports including Monthly Safer Staffing information and exemption report.</p> <ul style="list-style-type: none"> • Safe Staffing Report (June 2014) with exemption report (WaCH) • New Judgement (Supreme Court 2014) effecting DOLS assessment within the Trust • Consultant Nurse, Falls & Patient Safety <p>Medical Director Report</p> <ul style="list-style-type: none"> • Ebola Update • Trust never event • Pharmacy update 			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>SO1: Safe -Deliver safe services and be in the top 20% against our peers SO2: Effective - Deliver effective and sustainable clinical services within the local health economy SO3: Caring – Ensure patients are cared for and feel cared about SO4: Responsive – Become the secondary care provider and employer of choice for the catchment populations of Surrey & Sussex SO5: Well - led</p>			
Corporate Impact Assessment:			
Legal and regulatory implications	Yes		
Financial implications	Yes		
Patient Experience/Engagement	Yes		
Risk & Performance Management	Yes		
NHS Constitution/Equality & Diversity/Communication	Yes		
Attachments:			
None			

Chief Nurse Report

1. Safe Staffing Compliance

Safe staffing data for the Trust was uploaded to unify as required and is now visible to the public via the NHS Choices and the Trust Website. The data is presented for the Trust Board within the table below. The Board will note that while the Trust total score for staffing compliance remains >97% across all areas Burstow Ward and Outward Ward have not consistently achieved actual staffing against planned for untrained staff. There is an exception report detailed below the data to provide assurance to the Trust Board.

Where figures for individual areas report over 100% compliance this is related to additional staff on duty as a result of individual patient need for one to one care or the volume of patients being cared for at any one time.

Data Capture Results – Monthly (June 2014)

Ward	Ward Specialty	Entries	RN Day	RN Night	NA Day	NA Night	Total Day	Total Night	Overall
Abinger Ward	430 - GERIATRIC MEDICINE	30	99.1%	100%	98.31%	98.89%	98.69%	99.33%	98.94%
Acute Medical Unit	300 - GENERAL MEDICINE	30	98.04%	93.81%	98.02%	96.75%	98.03%	94.89%	96.74%
Birthing Centre	501 - OBSTETRICS	30	101.6%	100%	100%	N/A	101.46%	100%	100.78%
Bletchingley Ward	300 - GENERAL MEDICINE	30	100%	100%	96.67%	100%	98.57%	100%	99.09%
Brockham Ward	502 - GYNAECOLOGY	30	100%	94.64%	90.11%	95.92%	96.66%	95.24%	96.14%
Brook Ward	100 - GENERAL SURGERY	30	100%	98.31%	94.58%	100%	98.1%	98.33%	98.19%
Buckland Ward	101 - UROLOGY	30	98.49%	96.67%	101.47%	100%	99.56%	98.33%	99.15%
Burstow Ward	501 - OBSTETRICS	30	98.91%	100%	103.97%	76.27%	100.16%	88.24%	95.14%
Capel Ward	430 - GERIATRIC MEDICINE	30	95.64%	100%	96.3%	100%	95.97%	100%	97.29%
Chaldon Ward	300 - GENERAL MEDICINE	30	95.78%	96.67%	98.57%	97.78%	96.95%	97.33%	97.08%
Charlwood Ward	301 - GASTROENTEROLOGY	30	97.97%	100%	94.85%	98.18%	96.86%	99.08%	97.65%
Cophthorne Ward	301 - GASTROENTEROLOGY	30	99.72%	98.33%	98.91%	100%	99.44%	99.17%	99.33%

Coronary Care Unit	320 - CARDIOLOGY	30	98.93%	100%	200%	96.55%	100%	98.85%	99.45%
Delivery Suite	501 - OBSTETRICS	30	96.96%	99.44%	101.54%	100%	98.14%	99.58%	98.85%
Discharge Lounge	300 - GENERAL MEDICINE	30	95.48%	96.67%	91.84%	96.67%	93.66%	96.67%	94.74%
Godstone Ward (Haem)	303 - CLINICAL HAEMATOLOGY	30	100.43%	100%	N/A	N/A	100.43%	100%	100.22%
Godstone Ward (Med)	300 - GENERAL MEDICINE	30	99.1%	100%	96.67%	100%	98.19%	100%	98.89%
Hazelwood	300 - GENERAL MEDICINE	30	98.89%	101.67%	99.42%	106.67%	99.1%	103.33%	100.69%
Holmwood Ward	320 - CARDIOLOGY	30	97.85%	91.07%	107.68%	92.86%	100.53%	91.96%	97.78%
ITU/HDU	192 - CRITICAL CARE MEDICINE	30	98.98%	99.17%	95.75%	100%	98.5%	99.25%	98.87%
Leigh Ward	110 - TRAUMA & ORTHOPAEDICS	30	99.3%	98.33%	96.16%	100%	98.06%	99.17%	98.43%
Meadvale Ward	430 - GERIATRIC MEDICINE	30	100%	100%	98.86%	97.75%	99.4%	98.66%	99.1%
Neonatal Unit	420 - PAEDIATRICS	30	90.31%	95.65%	96.95%	94%	92.61%	95.15%	93.79%
Newdigate Ward	110 - TRAUMA & ORTHOPAEDICS	30	96.58%	98.33%	95.5%	96.67%	96.12%	97.5%	96.58%
Nutfield Ward	430 - GERIATRIC MEDICINE	30	96.3%	100%	100%	103.7%	97.71%	101.75%	99.1%
Outwood Ward	420 - PAEDIATRICS	30	91.16%	93.38%	83.19%	82.35%	90.14%	91.35%	90.67%
Rusper Ward	501 - OBSTETRICS	30	100%	98.33%	100%	N/A	100%	98.33%	99.2%
Surgical Assesment Unit	100 - GENERAL SURGERY	30	99.71%	98.33%	90%	100%	97.75%	98.89%	98.18%
Tandridge Ward	300 - GENERAL MEDICINE	30	97.9%	100%	100.32%	100%	98.87%	100%	99.23%
Tilgate Ward	300 - GENERAL MEDICINE	30	97.18%	98.28%	97.03%	100%	97.12%	99.14%	97.77%
Woodland Ward	100 - GENERAL SURGERY	30	96.65%	98.33%	91.48%	98.33%	94.71%	98.33%	95.74%
Total			97.69%	97.94%	97.3%	97.54%	97.56%	97.78%	97.65%

Safe Staffing Compliance Exception Report (Women & Children Division)

Ward	Commentary/Reason for Failure	Actions
Burstow Ward (Maternity)	Within the Maternity Service Maternity Assistants do not provide direct patient care and as such a shortfall in this area does not impact on direct care	Based on level of activity, Maternity Assistants were rotated through the unit to ensure that Midwifery staff were appropriately supported.
Outwood Ward (Paediatrics)	Non-compliance with Nursing assistant rota. 83% compliance on day shift and 82% compliance on night duty. Due to vacancy. Unable to fill all shifts with Bank or Agency staff.	No impact on direct nursing care. Trained staff and student nurses supported essential Nursing assistant duties.

2. Safeguarding Adults- The Mental Capacity Act

P v Cheshire West & Chester Council, P & Q v Surrey CC [2014] Supreme Court (UKSC) March 2014

1. On 19 March 2014, the Supreme Court handed down its judgment in the case of “P v Cheshire West and Chester Council and another” and “P and Q v Surrey County Council”. The full judgment can be found on the Supreme Court’s website at the following link:
http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf
2. It is difficult to predict the number of individuals who lack capacity whose arrangements should be assessed in light of the Supreme Court judgment and the number of additional individuals for whom deprivation of liberty will need to be authorised, but it is likely to have a very significant impact upon the Trust and the Local Authority.

Relevant background:

3. The Mental Capacity Act 2005 (‘the Act’) provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves and came into force in October 2007. The deprivation of liberty safeguards (DoLS) focus on people who, for their own safety and in their own best interests, need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack the capacity to give consent for this.

4. The Mental Capacity Act authorises the use of restraint, however it does not authorise the deprivation of liberty. There is no single definition or checklist of what constitutes a deprivation of a person's liberty. The reason for this is because (as with other aspects of care) individual circumstances can vary tremendously and each situation must be assessed on its own merits.

Who does this new ruling apply to?

5. The new threshold (the so called acid test) is for any inpatient who has:
 - A lack of capacity to make the relevant decision, **and is**
 - Unable to leave the place in which they are accommodated, **and are**
 - Under continuous supervision and control

e.g.

- *Patients who require continual 1:1 nursing care will require some form of safeguard where they lack capacity to consent to this regime*
- *Patients who, though compliant with their care and therefore have no restrictions in place, would not be allowed to leave the hospital without agreement from hospital teams (as they would be at significant risk) would also need a form of safeguard.*
- *Patients who are in ITU under constant 1:1 nursing and who have not "consented" to their care and treatment (e.g. planned operations where the patient has consented to the risk of ITU treatment) may well be judged to be deprived of their liberty.*
- *There is a legal view that in the worst case scenario it could be that all patients not deemed free to leave the hospital would need some form of legal safeguard.*

Legal Advice:

6. Any deviation from the Supreme Court decision could lead to action against the Trust by patients, families, legal representatives and the Court of Protection. Breaches of the law can result in fines upwards of £30,000.
7. The Trust is required to make the initial assessment and to ensure that all referrals are made in a timely manner, using the approved documentation, and sent to the appropriate agencies (including the Care Quality Commission). If the DoLS is approved, there are obligations upon the clinical teams to adhere to the principles of the order.

Risk Assessment:

8. The following risks are identified:

Education: All Medical and Nursing staff will need to be fully briefed on the new DoLS and MCA requirements, with associated information regarding when to refer patients for DOLS assessment.

Solution: Face to face training/ education for key medical and nursing staff

Staffing: It is likely once the Trust has assessed the increased volume of assessment required by the judgement additional support to the Adult Safeguarding Team both in terms of senior clinical staff and administration will be required.

Solution: Assessment of likely impact to the Trust to be undertaken to determine business case as required.

Human rights/Legal: The Trust may be challenged (in court) over the legality of any patients deemed to be deprived of their liberty (Article 5 of the Human Rights Act) who do not have the necessary legal safeguards in place. This may be alerted after an episode of treatment (i.e. a challenge following discharge) or during an admission.

Solution: Post discharge – the only defence will be to demonstrate that the DoLS safeguards were not required (did not meet the acid test).

During admission – Introduce the safeguards immediately for the patient (possibly through an urgent authorisation).

The local authority may identify that a patient has not had the necessary DoLS safeguards in place and refer the Trust to the Court of Protection.

Solution: Ensure that all patients are assessed for capacity; ensure that all patients in the high and medium categories above are referred following assessment, with the relevant supporting documentation and in the required timescales.

Financial: The Trust may be subject to costs and damages in cases where the DoLS safeguards are breached. Legal costs (arising from responding to the Court of Protection) for the Trust may be increased based on the volume of activity. Claims and costs incurred by patients may be awarded against the Trust if it cannot demonstrate compliance with the law.

Solution: Compliance with the law, adherence to timescales and adequate resourcing/ manpower to meet the new requirements.

Immediate actions:

- Identify and prioritise those with significant restrictions in place for applications for urgent DOLS.
- Review daily of all care plans to ensure restrictions are minimised for those lacking capacity balancing this against the need to ensure safety.
- Identify additional resource – the option to have identified person(s) responsible to make all applications or train current senior workforce in DoLS.
- A monitoring exercise to see how many patients would fit the new DOL acid test utilising different scenarios has been undertaken, this needs to determine the scale of the issue and any actions amended based on the findings.
- Liaise with CCG/Safeguarding Boards (Surrey & Sussex)/County Council DOLS Teams to ensure the MDT are sighted on the requirements of the legislation.

Further Actions suggested:

9. The operational aspects of safeguarding require strengthening through additional posts and it is recommended that a senior lead nursing role is introduced to provide the necessary capacity and skills to the safeguarding agenda.

10. Consultant Nurse for Falls and Patient Safety

The Trust has appointed a senior clinician to the post of Consultant Nurse, Falls and Patient Safety who is expected to commence in the Trust as soon as the recruitment process is complete.

Medical Director's Update

11. Ebola update

The UK government is closely monitoring the spread of the Ebola virus in Sierra Leone, Liberia and Guinea. An Ebola outbreak was confirmed in Guinea in March 2014 and quickly spread to Liberia.

Ebola haemorrhagic fever is a rare but severe disease caused by the Ebola virus. Ebola is highly transmissible by direct contact with organs or bodily fluids of living or dead infected persons and animals.

The UK government is closely monitoring the outbreak in Sierra Leone, Liberia and Guinea. This is the largest outbreak of the Ebola virus in recent times and there are no reports of British citizens being infected.

This is not an issue that affects the UK directly. The UK government is taking precautionary measures and looking at capability but is confident that the UK has experienced people who are ready to deal with anything if it were to arrive here.

12. Serious incident – never event, administration of oral methotrexate on three consecutive days

On 25th July the trust declared a serious incident which is also a never event, the administration of oral methotrexate (a cytotoxic medication) on three consecutive days, in error. This is a medication that should only be taken once per week.

A patient, who had been with us for several weeks, normally takes this drug once per week at a dose of 20mg. he self medicates at home and for some reason takes 8x 2.5mg tablets. He has his own stock, in quite an old bottle with a label which winds round the bottle and contains no identifiers of the cytotoxic nature of the contents. Along with his other medications he brought this in with him when he was admitted.

A very junior doctor, by Deanery guidance too junior to prescribe the drug, copied out the new drug chart when the old one became full. She didn't realize this meant she was prescribing – she just thought she was being helpful. She struck out all the dates to the next date when the drug was to be administered and circled the correct day to give it, but didn't hatch out the following 6 days. A junior pharmacist didn't pick this error up. A nurse gave the correct dose at the correct time, as prescribed. A junior nurse doing the drug round the next two days gave a single tablet from the patient's own bottle (bypassing the delivery of only a single tablet to a ward at a time, which is a safety net feature in relation to this drug). This is why the patient didn't receive three x weekly doses, but one correct weekly dose followed by two days of 1/8th weekly dose.

The patient is unlikely to suffer harm from this drug error. He and his wife know and know we are investigating.

This is a single never event, but is the same as our last never event of a year ago (though the ward, patient and staff are all different). A full investigation is progressing but we have now made this drug a controlled medication for the purpose of control, requiring a higher standard of prescribing and two nurses to check before administering. No POD will be left with patient for this medication.

13. Other medicines management issues

We continue to receive a small number of homecare complaints to the companies. I met with Healthcare at Home yesterday and we have some information that shows improvement. We are less affected than some other Trusts because we have not overburdened the system.

Some of our Pharmacists participated in joint ward round simulation training with the FY1 doctors this week and we are aiming to increase joint training.

We have started a pilot on SAU with a Pharmacist attending the morning post take ward round in order to speed up the writing of discharge prescriptions. Mead Ali is an independent non-medical prescriber and is writing TTOs herself where she can.

The Trust ran a very successful System Validation Event for electronic prescribing. We are now into System Testing and go live is fixed for 10th November on Bletchingley Ward. Adam Buckler, our Lead Pharmacist for the Project is engaging with clinicians of all descriptions who will be using the system to ensure that the catalogue of drugs and the way that they are prescribed is optimised.

The Trust has been awarded £85k from the Safer Hospitals, Safer Wards fund for us to implement electronic prescribing for chemotherapy this financial year. The funding is matched by the Trust and we intend to use the system already in use at Guildford, so that our oncologists are familiar with it. We will integrate with the Guildford system so that we are running one system, not separately.

The inclusion of medicines related issues in Board reports contributes to an improved score on the TDA Medicines Optimisation Framework. The Trust has moved from being below average to significantly above average in the 6 months since the publication of the framework.

Fiona Allsop
Chief Nurse
August 2014

Des Holden
Medical Director