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| TRUST BOARD IN PUBLIC | | Date: 25th September 2014 Agenda Item: 2.2 | |
| REPORT TITLE: | | Chief Nurse & Medical Director's Report | |
| EXECUTIVE SPONSOR: | | Fiona Allsop Chief Nurse | Dr Des Holden Medical Director |
| REPORT AUTHOR: | | 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>The report provides an update of on-going work in relation to safe and high quality patient care that sits out with the operational performance reports including Monthly Safer Staffing information and exemption report.</p> <ul style="list-style-type: none"> • Safe Staffing Report (August 2014) • New CQC Regulations on Fundamentals of Care – Duty of Candour • Falls Annual Report (Appendix A) • Pharmacy update • Annual National Hip Fracture Database summary report • Norovirus preparedness meeting | | | |
| Relationship to Trust Strategic Objectives & Assurance Framework: | | | |
| 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 | | | |
| Corporate Impact Assessment: | | | |
| Legal and regulatory implications | Yes | | |
| Financial implications | Yes | | |
| Patient Experience/Engagement | Yes | | |

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| Risk & Performance Management | Yes |
| NHS Constitution/Equality & Diversity/Communication | Yes |
| Attachments: | |
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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 >96.71% there have been areas of non-compliance. These are as a result of difficulty filling vacant shifts during the school holiday period when the Trust Staff Bank and Agencies experience a reduction in the amount of staff available. However acuity, dependency and quality are continuously monitored with Matrons and Senior Sisters supporting wards as necessary to ensure safety. It should also be noted that Outwood Ward closed beds to ensure safe staffing.

Data Capture Results – Monthly (August 2014)

| Ward | Ward Specialty | Entries | RN Day | RN Night | NA Day | NA Night | Total Day | Total Night | Overall |
|--------------------------------------|------------------------------|---------|--------|----------|---------|----------|-----------|-------------|---------|
| Abinger Ward | 430 - GERIATRIC MEDICINE | 31 | 96.77% | 100% | 92.48% | 98.89% | 94.57% | 99.34% | 96.45% |
| Acute Medical Unit | 300 - GENERAL MEDICINE | 31 | 98.73% | 98.62% | 92.4% | 96.85% | 96.92% | 97.97% | 97.36% |
| Birthing Centre | 501 - OBSTETRICS | 31 | 100% | 100% | 100% | N/A | 100% | 100% | 100% |
| Bletchingley Ward | 300 - GENERAL MEDICINE | 31 | 98.39% | 100% | 96.77% | 100% | 97.7% | 100% | 98.53% |
| Brockham Ward | 502 - GYNAECOLOGY | 31 | 95.08% | 100% | 95.6% | 91.11% | 95.26% | 95.88% | 95.47% |
| Brook Ward | 100 - GENERAL SURGERY | 31 | 100% | 100% | 100% | N/A | 100% | 100% | 100% |
| Buckland Ward | 101 - UROLOGY | 31 | 96.47% | 100% | 94.45% | 98.28% | 95.65% | 99.14% | 96.9% |
| Burstow Ward | 501 - OBSTETRICS | 31 | 89.94% | 98.39% | 100% | 87.04% | 92.32% | 93.1% | 92.65% |
| Capel Ward | 430 - GERIATRIC MEDICINE | 31 | 95.51% | 100% | 98.58% | 98.92% | 97.05% | 99.35% | 97.79% |
| Chaldon Ward | 300 - GENERAL MEDICINE | 31 | 82.59% | 100% | 111.1% | 100% | 94.48% | 100% | 96.39% |
| Charlwood Ward | 301 - GASTROENTEROLOGY | 31 | 94.74% | 93.33% | 92.81% | 83.05% | 94.05% | 88.24% | 91.85% |
| Cophorne Ward | 301 - GASTROENTEROLOGY | 31 | 98.11% | 100% | 101.59% | 100% | 99.28% | 100% | 99.57% |
| Coronary Care Unit | 320 - CARDIOLOGY | 31 | 91.33% | 95.16% | 200% | 103.45% | 92.41% | 97.8% | 94.97% |
| Delivery Suite | 501 - OBSTETRICS | 31 | 99.46% | 100% | 100% | 96.77% | 99.59% | 99.18% | 99.39% |
| Discharge Lounge | 300 - GENERAL MEDICINE | 31 | 88.1% | 96.77% | 96.12% | 96.77% | 91.96% | 96.77% | 93.73% |
| Godstone Ward (Haem) | 303 - CLINICAL HAEMATOLOGY | 31 | 98.39% | 98.39% | N/A | N/A | 98.39% | 98.39% | 98.39% |
| Godstone Ward (Med) | 300 - GENERAL MEDICINE | 31 | 98.71% | 95.16% | 94.62% | 97.85% | 97.18% | 96.77% | 97.02% |
| Hazelwood | 300 - GENERAL MEDICINE | 31 | 99.63% | 98.39% | 101.05% | 100% | 100.2% | 98.92% | 99.72% |
| Holmwood Ward | 320 - CARDIOLOGY | 31 | 98.81% | 90% | 98.02% | 98.31% | 98.58% | 94.12% | 97.09% |
| ITU/HDU | 192 - CRITICAL CARE MEDICINE | 31 | 96.12% | 96.75% | 92% | 96.77% | 95.59% | 96.75% | 96.13% |
| Leigh Ward | 110 - TRAUMA & ORTHOPAEDICS | 31 | 97.27% | 100% | 97% | 100% | 97.17% | 100% | 98.18% |

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| Meadvale Ward | 430 - GERIATRIC MEDICINE | 31 | 96.74% | 100% | 96.45% | 100% | 96.58% | 100% | 97.81% |
| Neonatal Unit | 420 - PAEDIATRICS | 31 | 87.89% | 85.34% | 106% | 102.99% | 94.51% | 91.8% | 93.16% |
| Newdigate Ward | 110 - TRAUMA & ORTHOPAEDICS | 31 | 92.97% | 95.16% | 93.95% | 88.71% | 93.38% | 91.94% | 92.89% |
| Nutfield Ward | 430 - GERIATRIC MEDICINE | 31 | 96.08% | 100% | 100% | 96.61% | 97.54% | 98.35% | 97.82% |
| Outwood Ward | 420 - PAEDIATRICS | 31 | 89.5% | 91.72% | 101.03% | 100% | 91.09% | 93.3% | 92.09% |
| Rusper Ward | 501 - OBSTETRICS | 31 | 100% | 98.36% | 100% | 100% | 100% | 98.39% | 99.22% |
| Surgical Assesment Unit | 100 - GENERAL SURGERY | 31 | 96.77% | 100% | 100% | 100% | 97.42% | 100% | 98.39% |
| Tandridge Ward | 300 - GENERAL MEDICINE | 31 | 99.1% | 100% | 98.06% | 100% | 98.67% | 100% | 99.11% |
| Tilgate Ward | 300 - GENERAL MEDICINE | 31 | 95.93% | 95% | 91.92% | 100% | 94.27% | 97.5% | 95.32% |
| Woodland Ward | 100 - GENERAL SURGERY | 31 | 98.12% | 100% | 96.87% | 100% | 97.66% | 100% | 98.38% |
| Total | | | 95.71% | 97.25% | 97.47% | 97.51% | 96.3% | 97.35% | 96.71% |

2. New CQC Regulations on Fundamentals of Care – Duty of Candour

Introduction

In July 2014, the Care Quality Commission launched its formal consultations for the new fundamental standards of care from the new Health and Social Care Act (Regulated Activities) Regulations 2014. NHS trusts new "duty of candour", as dictated by regulations, will come into effect as of 1st October 2014. The Trust will need to inform patients (or their lawfully entitled personal representatives) where any death or "severe" or "moderate" harm has been caused.

Currently, when an incident is reported on Datix the reviewing manager has 14 working days to review the incident and confirm the severity of harm to the patient. In cases where the incident report indicates major or extreme harm to the patient the timeframe is 2 working days as, in line with National obligations, the incident has to be uploaded to the National Reporting and Learning System within 2 working days of the incident occurring.

Context

During the last 4 quarters the Trusts recorded 365 cases that would fall into this range of harm and therefore be subject to the new regulations.

All major or extreme harm incidents are considered by the reviewing manager and other colleagues, as appropriate, as a potential Serious Incident (SI). Not all will be declared as SIs, patients and/or the appropriate family member are then informed if the incident is declared as an SI and the process and timeframe for the completion of the investigation. Once the investigation is complete and the SI has been approved for closure internally within the Trust, the patient and/or the appropriate family member are contacted and given the opportunity to receive the completed report and meet with appropriate staff to discuss the report.

Major or extreme harm incidents that are not declared as an SI are investigated at Divisional level as a concise root cause analysis (RCA) investigation and reported onto Datix. However, the patient and/or appropriate family member are not currently informed.

Under the new regulation there will be the need to notify the CQC and NHS England of death or injury as well as potentially increasing the number of patient contacts there will be a duty to declare. Detailed guidance on the application of this duty has not yet been published therefore the Trust is currently unaware of the timescales for reporting or indeed for contacting the patient or their representative. The Trust is expecting this guidance to include the possibility of increased litigation against Trusts.

Ahead of the full guidance on the application of this duty the Trust is developing plans centrally and at Divisional level to ensure compliance with the elements of the duty that are immediately apparent. This includes review of incidents and capture of relevant information on Datix following communication with patients and Divisional plans to implement effective governance.

The Trust Board will be advised once further national guidance is published and the Trust systems are implemented.

3. Pharmacy update

Recent CRA visits in Pharmacy have been very successful. The following companies have been extremely pleased with Pharmacy clinical Trials: LEO, CLEAR & Paradigm (Novartis), Odyssey (Sanofi). They have complimented our processes on IMP management and taken some of our ideas to other sites to improve practice (e.g. our fridge IMP monitoring document which includes expiry date, kit number and location). All the above sponsors have indicated they want to work with us on more studies and will recommend us for future trials.

The pharmacy has implemented a new team based approach to pharmacist ward cover, aimed at helping to improve responsiveness to new medication requests and to ensure rapid screening of discharge medicines. For the first time in at least 15 years our pharmacy department has no locums employed in any staff group. This follows very successful recruitment across a number of posts, with 18 new starters from 1st August to 22nd September. Feedback from our Pre-registration Pharmacists and Pharmacy Technicians has been excellent this year. We have increased the number of new pre-registration pharmacy technicians from 2 to 3 and will increase our pre-registration pharmacists from 3 to 4 in 2015, both with encouragement and funding from HEKSS Education and Training.

We have had no further reports on incidents or complaints relating to homecare deliveries of medicines. Following a meeting between the Chief Pharmacist and our biggest homecare provider, we have started to receive KPI data and this shows a 50% drop in the number of problem deliveries. The pharmacy team is continuing to monitor the situation.

4. National Hip Fracture Database 2014 (calendar year 2013)

The national Joint Registry has published its annual audit of hip fracture performance for all hospitals in England and Wales. During the last calendar year we reported 492 patient episodes of hip fracture. For most of the reported elements of care and outcome our performance was close to that of the mean for south East England. 60% of patients achieved best practice tariff. The full report will be presented at the October Clinical Effectiveness committee, and then at safety and quality committee (and thus at the Board) the following month.

5. Whole system Norovirus preparation meeting

We held our third annual Norovirus preparedness meeting on Monday. There was good attendance from commissioners, infection control leads, ambulance trust and nursing homes, as there was last year. Alternatives to admissions, local situation reports, the role of ambulance trust and communications, as well as internal processes such as cleaning and visiting restriction were discussed by the whole group, the output being a strengthened desire to work well to prevent cross infection.

Fiona Allsop
Chief Nurse
September 2014

Des Holden
Medical Director