

TRUST BOARD IN PUBLIC	Date: 28th August 2014	
	Agenda Item 2.2	
REPORT TITLE:	Chief Nurse & Medical Director Report	
EXECUTIVE SPONSOR:	Fiona Allsop, Chief Nurse 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	
Purpose of the Report and Action Required:		(√)
An update of on-going work in relation to safe and quality patient care that sits out with the operational performance reports including Monthly Safer Staffing information and exemption report.	Approval	√
	Discussion	√
	Information/Assurance	(√)
Summary: (Key Issues)		
<ul style="list-style-type: none"> • Safe Staffing Report (July 2014) • Savile Reports Review and Action Plan (Broadmoor Hospital/Leeds Royal Infirmary) • DOLS Update 		
Relationship to Trust Corporate Objectives & Assurance Framework:		
Central to the delivery of safe and quality patient care.		
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	

Chief Nurses Report

1. The Jimmy Savile NHS Investigation Reports - Findings and Recommendations

The investigation reports in relation to Jimmy Savile's association with 28 NHS trusts were published recently. Two of the main reports related to Savile's association with Leeds Royal Infirmary and Broadmoor Hospital. A copy of the reports can be found by [clicking here](#).

Summary of key findings

1. Savile was an opportunistic abuser who sexually abused a number of patients and staff within Broadmoor and Leeds, such victims ranging from 5-75 years old.
2. Savile could gain access to wards within Broadmoor and Leeds, and thereby access to vulnerable patients (or deceased patients) without being challenged or supervised.
3. Staff tolerated Savile due to his celebrity status. He was manipulative leading to many staff believing that he had the power to get them dismissed.
4. Due to significant shortcomings in systems, processes, hospital culture and DH practice, Savile became head of the Broadmoor Task Force in 1988.

In total there are 10 recommendations within Broadmoor Hospital report and 31 recommendations within the Leeds Royal Infirmary, which will need to be considered and implemented.

Following the publication of the reports, Jeremy Hunt, Secretary of State for Health, accepted the recommendations and asked NHS England, CQC, Monitor and the NHS Trust Development Authority, along with all NHS organisations, to carry out a review of safeguarding procedures within the NHS.

Next steps

Following Jeremy Hunt's request, NHS organisations need to take action to consider the recommendations and implement any reviews and changes where necessary. CQC, Monitor, the NTDA and NHS England will require assurance on whether necessary reviews have been undertaken and NHS Trust Boards need to be prepared for such scrutiny.

Broadmoor Hospital

The analysis of Savile's time at the trust revealed significant shortcomings in systems, processes, hospital culture, Department of Health practice, and the response to celebrity.

Recommendations are

1. Celebrities should not be exempt from standard procedures governing access to patients. NHS bodies who consider the appointment of a celebrity to improve patient welfare and help raise charitable funds should ensure that appropriate checks are carried out suitable to their contact with the NHS facility and its patients. Under no circumstances should privileged access be given.

2. Celebrities may possess the necessary qualities and desires to undertake non-executive director posts, the usual selection process must be followed. Celebrities should not be considered for operational or executive roles at NHS Trusts.
3. Nobody but a properly trained and appropriately supervised member of staff should be in a clinical area without supervision.
4. Complaints with regard to safeguarding vulnerable adults must be reported and appropriately investigated.
5. Trusts must have process in place for staff to report concerns; the use of these should be encouraged at induction, in mandatory training and within Trust policies.
6. Specific to Broadmoor
7. Any decision to have the Department of Health directly manage an operational service should be exceptional and subject to thorough risk assessment.
8. Within the recruitment process those with close personal relationships to a candidate should withdraw from the recruitment process
9. NHS Boards should ensure that policies and systems are in place to encourage staff to report sexual relationships between senior and junior staff members and make sure that the organization can act to eradicate it. This is as a result of the corrosive effect that stories of multiple sexual relationships such as this had within Broadmoor.
10. The review could not confidently exclude the possibility that an irregular payment was made to settle an impending tribunal case at which embarrassing personal allegations would be made. Trust policy should guide against this possibility.

Leeds Royal Infirmary

Recommendations from within the review are grouped in a way that links them to the characteristics of a safer organisation.

- Leadership; organisational values; executive accountability
- Patient-centred drivers; safeguarding patients
- Board/ward coherence
- Security and controls on the physical access to hospital premises
- Policy development and implementation
- Fundraising

The detail of these recommendations is contained within the Trust Self-Assessment table attached as Appendix 1. Please note that there are not 41 recommendations with the table, this is because some are specific actions for the relevant Trust.

The Board is asked to review the self-assessment and confirm that it provides the necessary assurance.

2. Deprivation of Liberty in Health and Social Care Update

The Trust Board were previously advised that following a Supreme Court judgement in March 2014 there had been a fundamental change in how health and social care staff must judge whether a person might be deprived of their liberty. The impact of this judgement for the Trust was the volume of DOLS applications which would be required to be alerted to Surrey and Sussex County Council DOLS team for consideration and those teams ability to manage the increased volume. A meeting was arranged by the Trust including the CCG Chief Nurses, Surrey and Sussex County Council DOLS leads, the Safeguarding Adults Trust Leads including the Consultant Nurse for Older People & Dementia and the Trust senior nurses. Prior to the meeting the Trust conducted a spot check of all patients within the medical division to assess how many of those patients would require a DOLS application under the new system. This amounted to in excess of seventy patients.

The meeting was informed that the County Council DOLS teams were currently coping with an increase in DOLS notifications, specifically from care homes, and that their capacity to deal with them was compromised. However it was noted that the DOLS referrals sent from acute providers were acknowledged as urgent and a triage system was in place to ensure that DOLS assessments were carried out by the team in order of clinical priority. The DOLS team were informed that the Trust is now planning to roll out training and education to ensure that it meets its obligations with regard to the new judgement and a substantial increase in DOLS referrals was to be expected. This was acknowledged.

3. 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 >96.41% 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 (July 2014)

Ward	Ward Specialty	Entries	RN Day	RN Night	NA Day	NA Night	Total Day	Total Night	Overall
Abinger Ward	430 - GERIATRIC MEDICINE	31	99.43%	100%	97.28%	93.02%	98.31%	95.95%	97.4%
Acute Medical Unit	300 - GENERAL MEDICINE	31	99.07%	98.16%	92.91%	96.85%	97.33%	97.67%	97.48%
Birthing Centre	501 - OBSTETRICS	31	100%	98.39%	100%	N/A	100%	98.39%	99.21%
Bletchingley Ward	300 - GENERAL MEDICINE	31	99.44%	100%	88.87%	98.39%	94.91%	99.19%	96.47%
Brockham Ward	502 - GYNAECOLOGY	31	97.58%	98.33%	91.62%	92.45%	95.57%	95.58%	95.57%
Brook Ward	100 - GENERAL SURGERY	31	97.35%	94.92%	94.61%	100%	96.45%	95.08%	95.91%
Buckland Ward	101 - UROLOGY	31	98.53%	100%	90.41%	100%	95.6%	100%	97.22%
Burstow Ward	501 - OBSTETRICS	31	89.64%	100%	102.48%	81.03%	92.76%	90.83%	91.95%
Capel Ward	430 - GERIATRIC MEDICINE	31	94.74%	98.39%	98.23%	100%	96.48%	99.35%	97.38%
Chaldon Ward	300 - GENERAL MEDICINE	31	94.64%	100%	98.11%	100%	96.09%	100%	97.44%
Charlwood Ward	301 - GASTROENTEROLOGY	31	94.19%	95%	89.01%	96.61%	92.39%	95.8%	93.66%
Cophorne Ward	301 - GASTROENTEROLOGY	31	99.18%	100%	97.38%	100%	98.57%	100%	99.14%
Coronary Care Unit	320 - CARDIOLOGY	31	93.96%	94.64%	107.27%	96.43%	95.47%	95.24%	95.36%
Delivery Suite	501 - OBSTETRICS	31	98.4%	100.55%	100%	100%	98.79%	100.41%	99.59%
Discharge Lounge	300 - GENERAL MEDICINE	31	100.49%	100%	98.16%	100%	99.32%	100%	99.56%
Godstone Ward (Haem)	303 - CLINICAL HAEMATOLOGY	31	100%	96.77%	N/A	N/A	100%	98.39%	99.19%
Godstone Ward (Med)	300 - GENERAL MEDICINE	31	99.55%	98.39%	94.66%	97.85%	97.71%	98.06%	97.85%
Hazelwood	300 - GENERAL MEDICINE	31	100%	100%	98.95%	100%	99.58%	100%	99.74%
Holmwood Ward	320 - CARDIOLOGY	31	98.99%	96.77%	98.45%	95.16%	98.84%	95.97%	97.83%
ITU/HDU	192 - CRITICAL CARE MEDICINE	31	97.59%	98.09%	88.97%	100%	96.39%	98.24%	97.25%
Leigh Ward	110 - TRAUMA & ORTHOPAEDICS	31	100%	98.39%	98.07%	100%	99.23%	99.19%	99.21%
Meadvale Ward	430 - GERIATRIC MEDICINE	31	100%	100%	98.31%	95.71%	99.13%	97.73%	98.62%
Neonatal Unit	420 - PAEDIATRICS	31	91.33%	92.37%	107.81%	105.45%	96.98%	96.53%	96.76%
Newdigate Ward	110 - TRAUMA & ORTHOPAEDICS	31	98.35%	98.39%	81.2%	90.32%	91.06%	94.35%	92.17%
Nutfield Ward	430 - GERIATRIC MEDICINE	31	95.84%	100%	98.78%	98.33%	96.87%	99.18%	97.66%
Outwood Ward	420 - PAEDIATRICS	31	88.35%	97.16%	92.06%	96.55%	88.83%	97.06%	92.26%
Rusper Ward	501 - OBSTETRICS	31	100%	100%	N/A	N/A	100%	100%	100%

Surgical Assesment Unit	100 - GENERAL SURGERY	31	98.37%	95.16%	93.55%	100%	97.4%	96.77%	97.17%
Tandridge Ward	300 - GENERAL MEDICINE	31	95.68%	96.77%	95.19%	96.67%	95.48%	96.72%	95.88%
Tilgate Ward	300 - GENERAL MEDICINE	31	97.95%	100%	94.29%	98.39%	96.47%	99.19%	97.39%
Woodland Ward	100 - GENERAL SURGERY	31	97.74%	100%	90.68%	96.67%	95.09%	98.33%	96.05%
Total			97.05%	98.19%	95.13%	97.2%	96.41%	97.8%	96.95%

Medical Director's Update

4. 2013/14 CQUIN Update

The SQC received a report which highlighted that the Trust had achieved all but one of its CQUIN targets for the 2013/14 year. The only area to not achieve the target was for the Enhanced Recovery Programme where one of the three pathways failed to achieve the full improvement target. Whilst the pathways for gynaecological and orthopaedic patients achieved their improvement targets, the ERP pathway for colorectal patients achieved only a partial improvement due to problems in recording the use of Intra-Operative Fluid Management, however a partial payment of the CQUIN for this pathway was achieved as this was still an improvement on the previous years performance.

5. Quality Ward Round Project

As an initiative to improve ward rounds at SASH Dr Powell, a Consultant in Acute Medicine and Dr Bruce (one of our junior doctors) designed a simulation based training session using common ward scenarios aimed at training junior doctors in ward round technique and realising the benefits of ward round structure such as that seen using the checklists. Checklists are proven to be an important element of improving and maintaining quality and safety in a busy environment. They introduced a Ward Round Safety checklist that encourages doctors to pause and reflect on key aspects of care including introducing oneself to the patient, adherence to safety and antibiotic guidelines and medication reviews.

The training ran for all final year medical students on placement from Brighton and Sussex Medical School BSMS in 2012-13. The training was very well received and improved confidence in ward rounds was demonstrated by those who attended. The training was then introduced into Junior doctor induction and similar results were seen in junior doctor performance and feedback.

This work in ward round training has been presented at several international conferences including the Society for Acute Medicine and the Medical Leaders conference in 2013. The Trust successfully bid for Technology Enhanced Learning Initiative money with the South West Thames Foundation School, Brighton and Sussex Medical School and Western Sussex Hospitals Foundation Trust to roll the training out across the region and expand it to other members of the Multi-disciplinary team. This project has led to recent expansion of the training to a second site and included pharmacists at SASH and nursing staff at St Richard's Hospital at junior doctor induction 2014.

The work is due to published in the Royal College Of Physicians journal 'Clinical Medicine' later this year and we have been invited to present our recent findings at forthcoming Society for Acute Medicine International conference in September. The project has also gained international attention and we have been approached by colleagues in the Unites States to consider a collaboration in teaching and training in ward rounds.

Dr Powell and her colleagues are due to present their work to public board in September.

6. Research and Development

All trusts undertaking research sponsored by the National Institute for Health Research (NIHR) are required to publish commencement of studies and whether or not they have recruited their first patient by 70 days. The reason for this is that trusts which say they will take part in studies but do not recruit hold up studies being able to provide results which may be of patient benefit, and may have institutional problems which make them weak partners for multi-site or commercially funded projects. It is necessary to submit our results within 30 days of the end of each quarter to the central commissioning function of DH who have established a clinical trials performance platform. The clock starts when the completed study paperwork is assembled in the R&D office and the office then has 15 days to approve the study (this part of the metric is therefore in the gift of the R&D office). We have set an internal standard of 30 days to recruit the first patient after this 15 day time period (in the gift of the clinician). We will report these figures on a monthly basis through the R&D committee, and quarterly through the CN/MD report.

Where a trial has not recruited its first patient within the time frame (70 days) a narrative is expected. Some failures to recruit will be because the study is in a rare disease area -for instance for some of our studies we are expected to recruit only 1-2 patients over the course of a year. Other failures outside our own control may be delay in external partners visiting (eg we are awaiting a site visit from a Spanish group where we approved the study more than a month ago but cannot recruit until they agree). The reason for the narrative, which will be visible through the NIHR website, is to allow prospective research partners to make a judgement.

Units that receive significant NIHR income and have not delivered adequate initiation rates have been fined 5% income. This has been running for more than one year. Sash does not receive income to this level although it is reasonable to expect similar penalties if we become poor recruiters.

Fiona Allsop Chief Nurse	Des Holden Medical Director
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Appendix 1

**Savile Recommendations from Broadmoor and Leeds Royal Infirmary
Trust Self-Assessment**

Recommendation	Action Required	Executive Lead	Evidence	Status
Broadmoor Hospital				
Celebrities should not be exempt from standard procedures governing access to patients. NHS bodies who consider the appointment of a celebrity to improve patient welfare and help raise charitable funds should ensure that appropriate checks are carried out suitable to their contact with the NHS facility and its patients. Under no circumstances should privileged access be given.	Policy review and embedded as evidence	Yvonne Parker (YP)		
Celebrities may possess the necessary qualities and desires to undertake non-executive director posts, the usual selection process must be followed. Celebrities should not be considered for operational or executive roles at NHS Trusts.	Policy review and embedded as evidence	YP		
Nobody but a properly trained and appropriately supervised member of staff should be in a clinical area without supervision.	Policy review and embedded as evidence	YP/Natasha Gardner (NG)		
Complaints with regard to safeguarding vulnerable adults must be reported and appropriately investigated.	Policy review and embedded as evidence. Audit evidence if available/stats of referrals	Fiona Allsop (FA)		
Trusts must have process in place for staff to report concerns; the use of these should be encouraged at induction, in mandatory	Policy review and embedded as evidence	FA		

Recommendation	Action Required	Executive Lead	Evidence	Status
training and within Trust policies.				
Any decision to have the Department of Health directly manage an operational service should be exceptional and subject to through risk assessment.	Policy review and embedded as evidence	Paul Bostock (PB)		
Within the recruitment process those with close personal relationships to a candidate should withdraw from the recruitment process	Policy review and embedded as evidence	YP		
NHS Boards should ensure that policies and systems are in place to encourage staff to report sexual relationships between senior and junior staff members and make sure that the organisation can act to eradicate it. This is as a result of the corrosive effect that stories of multiple sexual relationships such as this had within Broadmoor.	Policy review and embedded as evidence	YP		
The review could not confidently exclude the possibility that an irregular payment was made to settle and impending tribunal case at which embarrassing personal allegations would be made. Trust policy should guide against this possibility.	Policy review and embedded as evidence	YP		
Leeds Royal Infirmary				
The organisational development programme	Policy review and review of quality	Gillian Francis-		

Recommendation	Action Required	Executive Lead	Evidence	Status
<p>should incorporate the following</p> <ul style="list-style-type: none"> • The safety of patients, staff and volunteers and visitors as a central priority • The promotion of enquiring leadership at all level enabling all staff and volunteers to challenge inappropriate behaviour • A review of procedures, policies and knowledge to ensure that empowers staff to raise concerns • A review of current processes to the management of and responses to complaints from patients and visitors 	<p>account/BAF/QUGAF to ensure compliance</p>	<p>Musanu (GFM)</p>		
<p>The Executive Director/s with responsibility for safeguarding patients and E&F should jointly assure the Board on how support services contribute to safeguarding patients in the following areas</p> <ul style="list-style-type: none"> • The Trust Safeguarding policies explicitly state the care and 	<p>Policy review and embedded as evidence Review of SOP's and embed</p>	<p>Fiona Alsopp (FA), Ian Mackensie (IM) YP</p>		

Recommendation	Action Required	Executive Lead	Evidence	Status
<p>transportation of deceased patients</p> <ul style="list-style-type: none"> • There are policies and controls covering security at the mortuary and that this is regularly audited • The audit programme should include safeguarding training compliance and employment checks • DBS checks are in place for all relevant employees • The complaints system is of high quality which is monitored • The Board should be assured of the robustness of the Trust processes for staff and others to raise concerns and that these are responded to and addressed (particular attention to allegations of sexual impropriety) 				
<p>There should be a Trust wide campaign to raise</p>	<p>Policy review and embedded as evidence</p>	<p>FA</p>		

Recommendation	Action Required	Executive Lead	Evidence	Status
awareness of safeguarding duty to all patients for all staff including volunteers	Evidence of raised awareness/link to website.intranet etc			
All safeguarding promotional material and education/training should be explicit in the inclusion of all those who have contact with patients.	Policy/information review and embedded as evidence	FA		
The quality of work carried out by porters should include reference to patient experience and safeguarding in addition to the measurement of time to complete tasks	Evidence of audit or related KPI	IM		
Porters should receive training and support about the transportation and handling of deceased patients. De-briefing and counselling should be available for porting staff who are adversely affected by the duty	Evidence of action	IM		
The Trust Quality Committee should commission a specific project on the care, storage and transportation of bodies to give wider assurance on the matters raised within the report and that they could not happen again	Minutes of meeting and output of project with recommendations if required	IM		
Guidance and active support on interfacing with VIP patients should be developed and issued to consultants and senior clinicians and monitored through the appraisal process	Evidence of action	Des Holden (DH)		
A visitor policy should be established with clear boundaries regarding the role of the media/VIP's and the role of celebrities	Policy review and embedded as evidence	FA		
The Trust should conduct a review to ensure the	Audit	YP		

Recommendation	Action Required	Executive Lead	Evidence	Status
support, advice and care it provides to the victims of sexual violence consistent with best practice				
The Trust should conduct an audit of placements of children and young people in adult in patient areas to ensure this no longer happens	Audit	FA		
The Trust should provide a safe and confidential counselling service for staff	Evidence of service	YP		
Development of strategies should continue to improve the visibility of executive and non-executive directors across the organisation	Embed relevant strategies after review	PB		
As part of their Board responsibility directors should foster a culture of curiosity, internal scrutiny and constructive challenge particularly on matters that have a major impact on public confidence in Trust services	Evidence? minutes of Trust Board	Alan McCarthy (AM)		
The Board should develop an understanding of how it feels to be a patient in the Trust and identify methods of communication to share good practice and celebrate success	Evidence ? minutes of Trust Board	AM		
The Trust should review security across all sites including on call residences and develop a comprehensive strategic security plan	Audit	IM		
A unified HR system should be in place across the Trust that fulfils the recruitment and employment requirements for all staff, volunteers and contractors	Policy review and embed as evidence	YP		
The Trust should review its policy on gifts and	Policy review and embed as evidence	GFM		

Recommendation	Action Required	Executive Lead	Evidence	Status
hospitality and seek assurance that all staff are aware of their responsibilities. Compliance should be audited annually				
The Trust should have a volunteers policy which covers induction, training, access to the Trust, training and clarity of boundaries	Policy review and embed as evidence	FA		
The Trust should have a major strategic plan for the management of potentially catastrophic issues where public confidence maybe at stake	Policy review and embed as evidence	PB		
The Trust should have a policy in place to manage large financial donors, specifically setting out how to deal with requests for favours from them	Policy review and embed as evidence	Paul Simpson (PS)		
The Trust dignity at work policy must explicitly mention sexual harassment with a clear definition and examples given. This policy should be audited to gain assurance that those with line management responsibility are fully conversant with actions when faced with such allegations	Policy review and embed as evidence	YP		
All policies should be reviewed to ensure they comply with statutory obligations about retention of records	Evidence of review? Embed policy on policies?	GFM		
The Trust should review how it seeks the views of a wide range of stakeholders in developing policies and ensure all policies are patient centred	Policy review and embed as evidence (policy on policies)	GFM		
All policies should be succinct and in plain	Policy review and embed as evidence (policy on	GFM		

Recommendation	Action Required	Executive Lead	Evidence	Status
language and identify the points that people need to know in order to implement them	policies)			
There should be mandatory compliance with policies designed to protect patients and staff	Policy review and embed as evidence (policy on policies)	GFM		
The Executive team must establish priority setting and decision making processes that reflect the needs of patients with regard to charitable funds and fund raising	Minutes and policy if appropriate	PS		
Assurance that charitable funds are channelled appropriately should be gathered in a systematic and on-going basis and reported to the Trust Audit Committee to ensure the mechanisms in place to do this continue to be effective	Minutes/policy/audit	PS		

