North Cumbria University Hospitals NHS
NHS Trust

Report to the Meeting of the Trust Board of Directors Held in Public

Date of Meeting: 23 July **Enclosure: 14**

Title of Report	Medical Director's Report
Author	Dr Jeremy Rushmer
Executive Lead	Dr Jeremy Rushmer
Responsible sub-committee	N/A
Date of paper	23 July 2013
Executive Summary	New BUD (Coast to Coast) for Paediatrics: J Cardwell Two new consultant ophthalmologists approved. Awaiting confirmation of sufficient beds to move high risk surgery next Winter. Working jointly with Northumbria on clinical records, the consultation has ended and we are looking at sites for the store and are in the initial phases of implementation. A 4th vascular surgeon to be appointed to bring rota to 1 in 5 including D&G.
Assurance Framework reference	
Level of assurance	Consultant staffing high – others moderate
Recommended changes to risk rating (if applicable)	No change
Legal implications/ regulatory requirements	CCG checking Surgery moves against closer to home consultation.
Actions required by the Board	To note updated position

Ophthalmology
The discussions have been completed and the business case approved, so we will go out to advert for two consultant ophthalmologists.

Coast to Coast Business Unit
The principles have been approved and the shadow boards have been working well. The first Joint appointment is proposed to be for the BUD for Paediatrics, with Dr Jonny Cardwell starting 1 August. He will be supported by a CD for West Group, which will be advertised as soon as possible.

High Risk Pathways
Mr John Wayman has now presented plans for General Surgery High Risk (as per request for care closer to home) cases, and new Emergency Clinics to North Cumbria Clinical Leaders Strategy Group, CPG and Trust Board last month. He is in active discussion regarding rota arrangements for the new on call system with his colleagues. Analysis of bed flows has been undertaken and the various options for creating the necessary additional beds on the CIC site are being discussed. CCG are checking closer to home consultation to confirm JWs plans fall within this remit.

Clinical Records
The principle problems relate to two different sites working to slightly different filing and folder standards with two VERY large libraries. There are too many large volume notes not filed to policy (which is split by time), with episodes split across volumes making them hard to deal with. The filing system for inpatients is too complicated. The NUCH standard is a 8cm file (which is breached), The NHCT standard is a 5cm file. Filing is too hard, because of the complex system and oversize notes.

The medical records merger plan needs also urgently include changes to the filing system and a move to 5cm volumes. We have held the staff consultation and identified a lead to investigate potential sites and advise on location. This merger will need to be backed up by a team to support a 'filing amnesty', implementation of IT to support electronic reporting (ICE), scanning and records destruction. This will coincide with engagement of all staff as to their responsibilities with regard to records standards (attached) will reduce the clinical risk associated with notes not filed and notes not arriving. This will be managed alongside admin reform via Digital Dictation and contact centre.

We have asked Northumbria to look at the potential jointly managed arrangements for clinical information so that we can implement standards from NHCT to NCUH.

Vascular

We are about to interview consultants for the 4th CIC post. D&G have agreed to provide a 5th (not 5th and 6th) consultant for the rota and we are working through the operational issues. As a result of the Keogh review it has been agreed our vascular network will coordinate with Newcastle and Professor Stainsby will review our current arrangements in light of new National standards.

Draft NCUH Notes Standards

Note Availability and Case Note Tracking

1. All notes to be tracked to or from individual users the Case Note Tracking system, no exceptions. All offices and wards MUST have 'internal' tracking systems, and medical staff must not take notes temporarily to offices etc without letting staff know.
2. All notes to be released for coding and clinical contact when requested via case-note tracking system
3. The absence of requested notes during clinical contact to be reported as IR1, any notes not found in subsequent search to be declared as Information Governance SUI.
4. All Business Units and Teams to ensure clinical admin staff undergo appropriate appraisal and training and so are familiar with Trust notes handling processes.
5. Notes to stay within the Trust unless tracked out to an individual in a specific organisation as a result of a notes request. For emergency transfers the photocopying, printing and creation of appropriate clinical summaries is part of the clinical teams responsibility for safe handover.
6. Case notes must be kept in a secure location and the confidential nature of their content respected at all times.

Case Note Content

7. Approved cross trust documentation only, no locality or non-approved documents
8. Only approved trust-wide documentation to be used to create the clinical record. No use of non-standard, non-approved or obsolete documentation. It is the responsibility of the local clinical admin team to ensure that up-to-date documentation is available to clinicians.
9. Notes and folders to be kept in order, appropriately filed according to Trust policy, at all times. Notes should never be sent or received with loose-leaf filing, no poly-pockets or paperclips. The folders should not be > 5cm and notes should be filed in a new volume once this size is exceeded.
10. It is the local business unit's responsibility to ensure that there is sufficient local clinical admin support to ensure notes are kept filed.

11. Clinicians should always file their entries in the cases-notes when they are created.

Clinical Documentation

12. All sections of pathway documents should be completed.
13. Clinicians are responsible for keeping the notes up-to-date
14. Legible entries with clear dates, times, signatures and identification