



Message from the Editors in Chief

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Winter is upon us and the NHS is facing unprecedented pressures. Every year, plans are made to cope with the challenges of the following winter, but it never seems to be sufficient to cope with the seemingly relentless demands on the NHS. In the meantime organisations continue to deliver service in the best way they can. In this edition, we provide interesting perspectives, solutions and strategies to tackle the current and future challenges of the NHS.

Against the backdrop of pressures, what do our patients think of us? Patient satisfaction is continually measured by our wards and public relations teams and is an important measure of how well the organisation is performing during external regulatory visits. As healthcare professionals, obtaining patient feedback is a mandatory requirement of the revalidation process and we reflect on the feedback during our appraisals. All of these mechanisms are formal processes and in most cases are obtained independent of the healthcare professionals. Prof Bhandari highlights through his unexpected encounters with two members of the public, how informal feedback can also be educational and provide valuable insight into the needs of the patients and the public. Shrouded in formality, we may have lost the capacity for genuine communication with our patients; a valuable point for reflection. Communication remains the foundation to optimal patient care and opportunities to reduce the barriers should be sought.

Working in the NHS is not easy and even less so if you are a junior doctor. Alongside the winter pressures and the influx of increasingly complex and unwell patients, a junior doctor must cope with the lack of experience which makes decision

making a fraught and anxious process.

Dr Chinoy reminds us of the relatively simple Canadian C-Spine rule leading to imaging and the key message “better to rule out than miss”. This is an important skill for a junior doctor to learn. Dr Chinoy shares her experiences with real life examples providing evidence based information for safe care of patients with suspected cervical spine injury.

It is not unusual to have more patients dying in hospital during winter. Death may be inevitable irrespective of when it happens but as healthcare providers we must ensure that we learn from every death. Learning can be from good practice as well, as how to avoid poor practice. Christopher Johnson presents a new approach to undertaking mortality reviews-a structured judgement case note review. There is a need for a standardised approach to learning from patient deaths and this article is essential reading for every healthcare professional, not only to understand the approach, but to consider becoming a case-note reviewer themselves. The more widely we adopt this technique, the more gains for the organisation.

A key aspect of learning from deaths, near misses or inadequate care is to identify potential solutions and implement changes using the quality improvement methodology. More importantly, quality improvement is a continuous process performed independently so that care is constantly kept at a high standard. However, this is not easy and effecting change is a skill that every healthcare professional should learn. Dr McMahon provides an interesting insight into her experiences of undertaking quality improvement, that we could all learn from. She describes a quality improvement project with possible merits

to potentially improve the environment for staff but the many challenges in implementation and acceptance, suggests there remains much bureaucracy and barriers before acceptance. Again the importance of communication as a key factor is emphasised here.

In this edition of the journal, we share the poster abstracts from the HEAT conference at Hull and East Yorkshire Hospitals NHS Trust. The posters present solutions to tackling key challenges to delivering high quality care. Audit and QI methodology has been used to identify the problem and effect change. Novel educational strategies have been used to address lack of preparedness of medical students in managing

the clinical challenges of their training. An efficient NHS will ensure that the right people get the right care , the first time in the right place. The poster submissions provide insights into how this can be achieved and some of the examples relate to new pathways to reduce admissions to hospital, improving communications between teams, improving diagnostic abilities and managing GP admissions early. Overall the posters show the enthusiasm of the healthcare staff to continually identify ways to improve patient care.

In summary once can conclude more evaluation, training and assessment of services and patient care pathways are needed to ensure continued improvement of care.