

## **Notice: Hampton Court and Dittons Regatta: river restriction notice**

River Thames restriction information for Saturday 22 July 2017 from 10am to 5pm.

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## **Notice: Staines Amateur Regatta 2017: river restriction notice**

River Thames restriction information for Saturday 22 July 2017 from 9am to 6:30pm.

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## **Speech: Patient safety visits**

Last week I visited 5 NHS trusts to hear about their plans on patient safety. They told me what they were doing and I told them what I was doing – and the conversations were frank and productive.

I've learnt that you can only have a few central priorities in this job if you really want to change things. The question is what to pick – and meeting patient safety campaigners like Julie Bailey, Melissa Mead, Martin Bromiley and James Titcombe made my mind up for me. Their quiet dignity in reliving their own tragedies time after time to try and get the NHS to change how it works is truly humbling. And I started all my presentations by talking about their campaigns and what we in the NHS need to learn from them.

That is not to say there is not great work already happening – much of which I saw on my visits.

Coincidentally when I was in the middle of them the independent American think tank the Commonwealth Fund said of the 11 countries analysed, the UK has the safest healthcare system in the world – a great tribute to the extraordinary lengths NHS staff go to in order to provide excellent care, often in very challenging circumstances. In spite of this, the [Hogan, Darzi and Black analysis](#) says that 3.6% of hospital deaths in England have a 50% or more chance of being avoidable – that's potentially around 150 avoidable deaths every single week.

What does this say about standards of safety in global healthcare?

I visited 3 hospitals in Dorset, then 2 more in Southampton and Portsmouth. Whilst their approaches were different, the priority placed on improving the safety of care was the same.

At the Royal Bournemouth Hospital, the focus was on staff engagement – which we know from [Michael West's research for the King's Fund](#) is a compelling predictor of organisational performance in the NHS. Royal Bournemouth now has among the highest levels of staff engagement in the country, and it's having real effects. Their work on emergency laparotomy has more than halved mortality rates.

At Poole Hospital, the focus was on developing as a learning organisation with a huge amount of emphasis on improving mortality reviews and other investigations into adverse incidents. They have reduced deaths from acute kidney injuries by 26% simply by changing the way they record information about care.

At Dorset County Hospital, practical programmes to improve performance on [sepsis](#) and [gram-negative infections](#) and [maternity safety](#) are having a significant impact, following our work nationwide to drive progress in these areas.

At Southampton General, I learnt about their internal medical examiners' group (IMEG), which reviews all in-hospital deaths to ensure the circumstances of each case are understood, led by the Associate Medical Director Neil Pearce. In Portsmouth, it was incredibly encouraging to see progress towards meeting the 7-day standards as well as the enthusiasm of staff who want to learn from setbacks rather than just move on from them.

The most reassuring thing is that when you talk about patient safety to staff across the country, it feels like preaching to the converted – what a contrast to the organisational and leadership cultures [uncovered by Robert Francis](#) at Mid Staffs only a few years ago.

Understandably, I got a number of questions about resources. The NHS is treating more people than it ever has before, and trusts are grappling with significant financial pressures. Some people assume that the goals of sound financial management and providing good quality care are mutually contradictory – but in fact the opposite is the case, with 'good' or 'outstanding'-rated CQC trusts likely to be in surplus and 'requires improvement/inadequate'-rated ones likely to be in deficit.

Looking after patients and looking after pounds go hand in hand – I suspect because good financial management releases more resource for patient care, which in turn reduces the more than [10% of hospital expenditure which goes on avoidable medical mistakes or infections that people catch in hospitals](#).

There also remains a huge level of variation in clinical processes. According to the brilliant [GIRFT programme](#) led by Professor Tim Briggs, there is a 20-fold variation in post-operative infection rates among trusts for orthopaedic

surgery – and given each infection not only causes untold human misery but costs £100,000 to put right, the NHS could save millions simply by reducing unwarranted variation.

At every hospital I visited, the issue of staffing numbers came up. I agree with staff that we need more doctors and nurses, which is why we are training tens of thousands of nurses and are rapidly increasing the number of places for doctors. But culture, leadership and transparency are more effective than any ministerial fiat in getting safe staffing numbers.

As this graph demonstrates, in 2012, many trusts had cut adult nursing numbers by several thousand – and were planning thousands more cuts to follow. Following the Francis report we then asked them to publish nurse numbers every month on every ward – after which instead of cutting numbers they went up by around 13,000.

That is surely the reason why NHS in-patient satisfaction rates are currently at their highest ever level, despite ever-growing demands for care.

There is clearly a lot more to do on patient safety, but it was encouraging to feel that for NHS staff this is pushing at an open door.

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## [News story: Access our online services through a supported web browser](#)

On 30 July we are upgrading the security settings for our online services.

If you use our online services via the [HM Land Registry portal](#), or to [search for property information](#), we recommend you access these services through one of the browsers we support for the best experience.

We keep an updated list of the browsers we support in our [technical manual](#). On 30 July 2017 we officially support the current major version and the previous major version of the following browsers:

- Microsoft Internet Explorer
- Microsoft Edge
- Mozilla FireFox
- Google Chrome
- Apple Safari

Our update on 30 July will disable the security protocols TLS1.0 and TLS 1.1. If you do not use one of our supported browsers, you will not be able to access Business e-services through the portal, or search for property information with our online services unless:

- your browser supports the 'TLS 1.2 protocol'
- the relevant setting is enabled within your browser

In Internet Explorer, the setting 'Use TLS 1.2' must be enabled. Go to Settings > Internet Options > Advanced> security heading and tick 'Use TLS 1.2'.

Please note that we cannot offer technical support for enabling these settings, or for any issues you experience when using an unsupported browser.

Customers using Business Gateway will be unaffected by the updates.

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## **Press release: Maldives continues to be named a Foreign and Commonwealth Office (FCO) 'Human Rights Priority Country'**

On [20th July] the Foreign and Commonwealth Office's (FCO) made public its annual Human Rights Report for 2016. Maldives is one of 30 'Human Rights Priority Countries' (HRPCs), countries with which the UK looks for positive engagement that contributes to addressing human rights concerns.

The Report notes that democratic space, political and civil freedoms continued to deteriorate in Maldives during 2016. It sets out concerns at anti-democratic legislation that was passed during 2016, particularly the Defamation and Freedom of Speech Act which seeks to clamp down on freedom of expression, and the Freedom of Assembly Act which restricts the right of assembly.

The Report raises concern at the intimidation of and threats to journalists, noting that during the year journalists were arrested and news organisations raided, threatened or closed down. It draws attention to several long prison sentences handed out to high-profile political figures, including opposition leaders, at the end of trials that lacked transparency and judicial independence, and that failed to follow due process.

The report mentions the UK's disappointment at Maldives' decision to leave the Commonwealth in 2016.

British Ambassador to Maldives, James Dauris, said:

"The purpose of our Annual Report is to draw attention to human rights issues of concern in countries around the world, to encourage progress and recognize achievements made. As a friend of Maldives the UK is concerned by the lack of an effective separation of powers and the continued use of anti-terrorism, defamation and other legislation to silence and discourage opposition voices

and journalists. We will continue to engage with Maldives and raise concerns alongside our international partners.”

The Report underlines the UK’s desire to work positively with countries facing human rights challenges to help them improve their human rights performance.

The 30 HRPCs are: Afghanistan, Bahrain, Bangladesh, Burma, Burundi, Central African Republic, China, Colombia, Democratic People’s Republic of Korea, Democratic Republic of Congo, Egypt, Eritrea, Iran, Iraq, Israel and the Occupied Palestinian Territories, Libya, Maldives, Pakistan, Russia, Saudi Arabia, Somalia, South Sudan, Sri Lanka, Sudan, Syria, Turkmenistan, Uzbekistan, Venezuela, Yemen and Zimbabwe.

Promoting human rights is a central foreign policy objective of the British Government. The FCO began publishing the Annual Human Rights Report in 1998 and it is now [published online](#) As well as the Annual Report, twice-yearly updates on the 30 HRPCs are also published.