Patient Care Improvement Plan

August 2015 Progress Report

(Prepared August 7th 2015)

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1. Programme Overview

PATIENT CARE IMPROVEMENT PLAN (PCIP)	Executive Lead: Sarah Smith, Director of Strategy, Planning and Improvement

Overall objective(s):
- To improve the quality and resilience of services impacted by the patient care improvement plan
- To ensure improvements in quality and resilience are recorded and demonstrable

Overview:

WAHT's patient care improvement plan (PCIP) comprises work plans established in response to external visits, inspections and reports or other high profile events which require a change programme. The PCIP provides an easy reference document which brings disparate, but critical, plans together in a single programme. Each plan has an executive sponsor and a management lead.

PCIP monitoring

PCIP progress is monitored through its constituent plans' boards or committees. Each have an identified governance framework, reflected in their terms of reference.   In addition, the Executive team meets with each plan lead, fortnightly, to confirm and challenge progress. These also provide an escalation route for project or programme issues when necessary.   The   PCIP   framework   currently encompasses the plans in the governance framework shown to the right.

Delivery of the PCIP's plans is tracked and supported by the Trust's PMO. An initial dashboard has been developed and is being refined as each project confirms its objectives and relevant metrics for both plan process and outcomes.
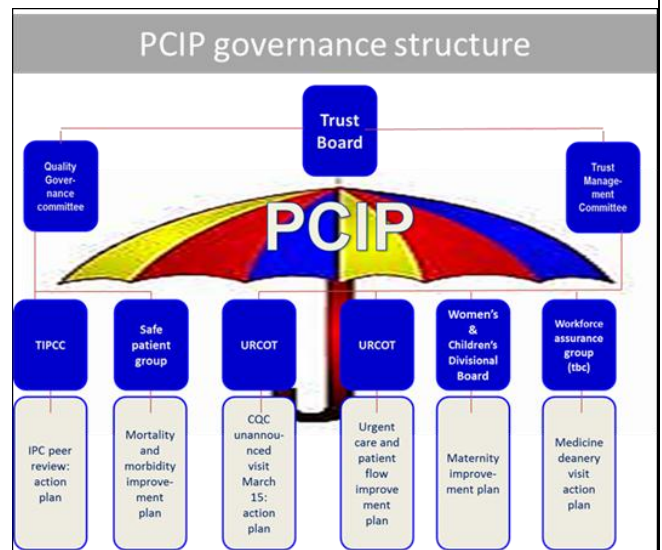
Additional plans

The Trust is revising the content of the PCIP and its constituent plans to incorporate additional actions from its recent CIH visit and the GGI report - this update will be available at the next reporting point.

Current PCIP status

All PCIP plans have been reviewed to establish or confirm objectives, timescales to completion and metrics to measure progress and outcomes. The PCIP dashboard is being developed alongside this process to ensure the Trust's plans are making a measurable difference to patient care.

Trust-wide Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	A

Progress this period:	Planned activity for next period:
- Initial dashboard developed - Governance framework agreed - Initial objectives established for all PCIP plans	- Develop and refine objectives for all PCIP plans - Inclusion of CIH / GGI actions in constituent plans - All delivery plans to be risk assessed - Risk scores to be included in this report where greater than 16

2. Infection Control Peer Review

INFECTION CONTROL PEER REVIEW ACTION PLAN	Executive Lead: Mari Gay, Interim CNO Project Lead: David Shakespeare, Associate Director, Infection control

Overall project objective(s):

- Improve IPC leadership and engagement to ensure infection control is everyone's business
- Increase uptake of mandatory training for IPC and hand hygiene
- Increase rigour of monitoring, investigation and audit within infection prevention and control
- Improve consistency and completion of IPC documentation, Trust-wide, to increase assurance provided through monitoring processes

Progress This Period	RAG Status	G	Planned Activity (Next Period)	RAG Status	G

Progress this period:

- Hygiene code - new report has been designed for TIPCC, reflecting new process of assessment against code, and will be used for first time at August TIPCC
- Ward/departmental audits – audit tool re-designed and now includes cleaning of the environment including dust, and medical devices
- Link practitioners – new terms of reference drafted to formalise link practitioner meetings
- SI investigations – process re-designed to increase divisional ownership of IPC incidents. IPC team to continue to lead cross-divisional investigations
- Lavender Gynaecology ward – deep cleaned post TDA visit on 2nd July. IPC measures re-emphasised to staff

Planned activity for next period:

- Revised escalation policy for housekeeping to be signed off and implemented (when a room can't be accessed for clinical or other reasons)
- Mandatory IPC training – baseline position to be established and develop action plan to achieve Trust standard of 95% attendance. Hand hygiene training already at 95%
- "Monit" process to be reviewed to incorporate TDA comments of 2nd July
- Develop and implement "quick checklist" for matrons and Associate CNO to address issues at ward manager away day and launch revised IPC audit tool
- Develop and implement revised bed space checklist
- Protective covers for computer keyboards to be sourced
- Obtain assurance from ISS re their internal review of assurance process
- TIPCC to review and agree future assurance provided to board on infection control and cleanliness

3. Mortality and Morbidity Improvement

MORTALITY AND MORBIDITY IMPROVEMENT PLAN	Executive Lead: Dr Andrew Phillips, Interim CMO Project Lead: Dr Stephen Graystone, AMD Patient Safety

Overall objective(s):

- Establish routine review of all adult inpatient deaths at WAHT and develop improvements in care as a result.
- Develop and implement changes required to increase patient safety and patient experience
- Develop a links from mortality and morbidity review and incident investigation

Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	A
Progress this period: • System established to identify and review all adult patient deaths except deaths within the Emergency Department • Process agreed to collate themes for shared learning across the trust • Mortality and Morbidity Group Terms of Reference have been reviewed and rolled out • Secondary Review process established, first returns expected August 2015 • Metrics established			**Planned activity for next period:** • Agree process to review adult deaths in Emergency Department • Continue to monitor implementation process • Collate and present improvement themes • Agree approach to implementing improvement themes		

4. CQC Unannounced Visit

CQC UNANNOUNCED VISIT (MARCH 2015)	Executive Lead: Rab McEwan, Interim COO Project Lead: Robin Snead, Divisional Director Ops

Overall objective(s):

- Within the Trust's emergency departments, to meet consistently and sustainably the staffing, security and equipment requirements of CQC regulations 12 and 15

Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	A

Progress this period:	**Planned activity for next period:**
- Appropriate referrals now arriving directly in assessment areas rather than ED - SOPs for admission areas in draft form and are currently being evaluated - Scrutiny of balance between walk-in patients and ambulance patients called for triage improved - early improvement seen in meeting 15 minute standard but not maintained - Inconsistencies in nursing documentation addressed via staff meetings and improved monitoring - New nursing documentation being piloted - Recruitment to vacant posts completed (subject to agreement of start dates) and on-going assessment centres in place to ensure over-recruitment to agreed level - Staffing escalation policy introduced, supported by Datix reports when required escalation staff not available	- Return PAA at WRH to CDU function - Finalise SOPs - Re-visit work on balancing walk in and ambulance arrivals called for triage to regain improvement in achievement of 15 minute standard - Introduce "NEWS" to replace "PARS" scores - Introduce specific care and comfort nursing documentation - Implement supervisory nurse in charge role - Review Datix data to monitor effectiveness of staffing escalation policy

5. Urgent Care Improvement Plan

URGENT CARE IMPROVEMENT PLAN	Executive Lead: Rab McEwan, Interim COO Project Lead: Robin Snead, Divisional Dir Ops

Overall project objective(s):
- Deliver safe, effective and timely Emergency/Urgent Care at WAHT
- Deliver national Emergency Access Standard

Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	A

Progress this period:
- Escalation (distributive risk) policy trialled during Breaking the Cycle initiative & examples of good practice from other Trusts obtained.
- Draft SOP developed. Further work required. Updated SOP to be taken to August UrCOT meeting.
- Senior Review process agreed in principle at UrCOT. Extra resource agreed for evening cover 7 days a week. Communication of senior review process has begun. Geriatricians trialling reviewing of elderly patients at front door of A&E with a remit to appropriately avoid admission.
- It was agreed that we could not trial the re-establishment of the CDU during the Breaking the Cycle initiative. Agreed clinically this will be re-established during a period of stability in August.
- Standard of one hour response from specialities was trialled during Breaking the Cycle
- WRH ED lead for Trauma appointed
- The project to expand the existing WRH ED footprint (as an interim solution) is progressing through the design & procurement phases in accordance with the plan. Critical milestones in train, including planning consent, PFI variation & approval of application for capital support.
- Urgent Care & Patient Flow Transformation Team has undertaken an initial assessment of current practices & will brief directorate on these findings.
- Current practice analysed. Agreed Communications & Implementation plan in place. Best Practice Ward Round Group established and meets on a fortnightly basis. Exemplar wards x 5 identified. Preparation for this work has

Planned activity for next period:
- Roll out use of the distributive risk policy. Evaluate and UrCOT to decide next steps for policy.
- Analyse the working practices for the ED departments against the SOP, provide a brief to directorate meeting. Arrange launch sessions with staff groups to embed practice. Agree formal launch date and communicate.
- Analyse the senior review process, provide a brief to directorate meeting. Communicate senior review process to staff and agree launch date. Urgent Care and Patient Flow Transformation Team to work with Geriatricians to understand impact their trial. Collect metrics for senior review.
- Re-establish first stage of CDU is working with Medicine Division. Review requirements for stage two CDU.
- Division to review response times weekly, analyse beaches and report to divisional leads. Division to continue to redesign workforce to achieve one hour speciality review. Division plan to go to UrCOT.
- JD and Person Spec to be obtained from trauma network. Advert will be placed for expressions of interest internally to appoint permanent cross - county lead. Improvement plan to be presented to UrCOT.
- OBC for ED expansion to be finalised.
- Determine triage tool used for clinical triage and agree through Trust governance processes in September. Launch standardised SOPs. Continue work on identified care bundles, care pathways and ambulatory care pathways; provide a brief to UrCOT on progress.
- Communication with key staff on the identified exemplar wards to commence.

commenced. Pilots will now take place in September and October (this has moved due to annual leave of staff in August). • During Breaking the Cycle we increased the use of the current discharge lounge. • 21 training sessions for discharge and patient flow have been arranged across the Trust (each site). Sessions have commenced to reinforce revised discharge processes and provide clarity to ward staff.	• Continue delivering training sessions on discharge.

6. Maternity Improvement Plan

MATERNITY IMPROVEMENT PLAN	Executive Lead: Rab McEwan, Interim COO
	Project Lead: Cathy Garlick, Divisional Director Ops

Overall project objective(s):

- Maintain safe, effective and sustainable maternity care across the county.

Progress This Period		RAG Status	A	Planned Activity (Next Period)		RAG Status	G

Progress this period:

- Compliance of Consultant's attendance at evening Labour Ward rounds audit process completed. Results supplied to CQC
- Interim arrangements for the Divisional Director of Nursing post completed.
- SI investigation process feedback provided to Divisional governance meeting.
- Locum doctor competencies and induction process presented with evidence of compliance to Divisional governance meeting and sent to CQC.
- Medical staffing rotas process embedded.
- K2 monitoring screens relocated.
- External review of SIs and potential serious concerns held. Report expected 10/09.
- Divisional and directorate governance effectiveness process under review.
- Datix information storage process distributed.
- Record keeping standards distributed and training sessions set up.
- RCA and Human Factors training schedules developed.
- External support for Foetal Monitoring training obtained.
- Divisional and Directorate working relationships facilitation sessions arranged.
- Maternity triage policy presented and reviewed.
- Audit on handover sheets completed and presented.
- Escalation Trigger Protocol for obstetrics/gynaecology/neonatology - draft completed and subsequently put into action

Planned activity for next period:

- Align and review reports for SIs and serious concerns.
- Review governance processes within division.
- Audit response rate to Datix process distribution.
- Record keeping audit findings, draft of Maternity Safe Staffing Policy and training schedules to be presented to Divisional governance meeting.
- Review handover feedback from governance team.
- Newsletter with CQC requests to be drafted and distributed.
- Maternity triage policy to be updated and distributed.
- Draft Escalation Trigger Protocol to be reviewed and agreed with external stakeholders

7. Medicine Deanery Visit

MEDICINE DEANERY VISIT	Executive Lead: Dr Andrew Phillips, Interim CMO Project Lead: Robin Snead, Div Dir Ops

Overall project objective(s):

- To ensure Worcestershire Acute Hospitals NHS Trust retains its status as a Teaching Hospital.   Actions address areas of concerned that were raised following a review of Acute Medical Training provision by Health Education England - West Midlands.

Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	A

Progress this period:

1. Patient Safety

- Pre Assessment Area improved through reducing number of patient accommodated in the area, each area is curtained and has a patient buzzer.
- MAU operational procedure introduced
- Review of Medical rotas underway with view to implementing second on call rota or buddy system to ensure effective cover available
- Developing an electronic 'app' to track medical outliers
- Each ward has a designated medical team to review medical outliers.
- Handover Protocol under development with Senior Trainee
- Sign in sheet introduced at handover
- Local MAU induction introduced
- 'Patient First' System currently being tested in MAU
- Senior Medical Consultants advised , unqualified trainees will not undertake consent for interventional radiology and endoscopy procedures
- All consent for stroke thrombolysis to be undertaken only be staff qualified to undertake thrombolysis
- Review of outpatient service provision undertaken to confirm consultant attendance at all clinics. Escalation process establish for outpatient staff to highlight any clinic where consultant supervision is not taking place

2. Educational Governance

- Non-Executive Director with responsibility for Education announced
- Director of Healthcare Education role under development with the University of Worcester

3. Escalating Concerns

- Feedback system established to junior doctors following Datix incident reporting

4. Trainee Feedback

- Medical Senior Divisional Team now attend Junior Doctor Forum Meetings
- CMO schedule includes Junior Doctor induction

Planned activity for next period:

1. Patient Safety

- Pilot electronic tracking 'app'
- Seek alternative accommodation for Handover Meeting
- Improve MAU Induction in response to feedback on newly introduced induction
- Complete 'Patient First' testing, planned implementation - September 2015.
- Audit of consents for IR and endoscopy procedures planned
- Thrombolysis consent audit August 2015

2. Educational Governance

- Advertise Associate Medical Director (Education) post
- Develop Director of Healthcare Education Role

3. Escalating Concerns

- Audit feedback to junior doctors re Datix submissions

4. Trainee Feedback

- Monitor attendance by senior medical staff at Junior, forums and induction

5. Rota Design

- Redesign Hospital at Night provision

6. Rota Compliance

- Monitor

7. Inappropriate Tasks

- See action 5

8. Clinic Attendance

- Audit compliance

9. Teaching

- Review and amend teaching as required

10. Post Take Ward Round

- Audit promptness of ward round starts and attendance.

11. Workforce Planning

- Continue workforce review
- Redesign out of hours workforce to release Advanced Nurse Practitioners from non - clinical

and Junior Doctor Forum

5. Rota Design

- Review of Hospital at night provision on-going

6. Rota Compliance

- On-going work with HR team and Junior Doctors to ensure accurate recording of hours worked. Feedback system established

7. Inappropriate Tasks

- Hospital at Night System under review. This will establish a system to filter calls to junior medical staff at night

8. Clinic Attendance

- Outpatient clinics scheduled into to Junior Doctors rosters

9. Teaching

- Establish review and feedback of current teaching provision

10. Post Take Ward Round

- All post take ward rounds to include attendance of the full medical team now scheduled to take place at 08:00

11. Workforce Planning

- Workforce review currently underway

duties

- Work with University of Worcester to review and integrate role of Advanced Nurse Practitioners in care delivery
- Review resources requirements to develop 24 / 7 Critical Care Outreach capacity

8. Report Rating Criteria

Red, Amber Green rating criteria used in this report

Blue	Complete
Green	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significantly.
Amber/Green	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist, requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present the project to overrun.
Amber/Red	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.
Red	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which at this stage do not appear to be resolvable.