

2017-18

**Advancing Quality At
Sherwood Forest Hospitals**

**Paul Moore - Director of Governance &
Quality Improvement**

Board of Directors – 25th May 2017



Advancing Quality Programme

1. Patient Safety Culture

Building our safety culture to advance patient safety management:

Pascal Safety Culture approach

Implementation of Schwartz Rounding

Reinvigorating the 'Sign up to Safety Campaign – 'Kitchen Table discussions'

Progress:

Phase 1 of the Pascal Survey round has been completed across 29 wards. Key messages from the feedback to date include – interruptions to 'getting the job done', being asked the same questions by different managers/management teams when they visit clinical areas, safety conversations are important and valued by all staff, staff can feel quite traumatised if involved in a serious incident

Focus:

Continuing to promote safety conversations in the workplace, introducing Schwartz Rounding with first round of external training commencing in July to support staff in a structured forum to come together and discuss emotional and social aspects of working together in healthcare

2. Nerve Centre

Deliver and realise the benefits of Nerve Centre to further enhance care and minimise risk associated with sudden and unexpected clinical deterioration:

Replacing VitalPac as the Trust system for identifying and responding to the deteriorating patient

Introducing electronic task management allowing appropriate prioritisation and allocation clinical tasks by the Hospital Out of Hours team

Providing the electronic means of facilitating comprehensive clinical handover

Introducing electronic observations to Ward 25

Progress:

The project is on track although the original timeframe may have been affected by recent IT challenges – to support this the VitalPac contract will be extended until the end of September. Good uptake of clinical staff involvement in the project

Focus:

Planned roll out scheduled for August - commencing testing in pioneer wards in July (51,52)

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3. Mortality

To identify and eliminate avoidable factors associated with inpatient mortality:

Implementing a standardised approach to Mortality Review

Introducing an electronic Mortality Data Collection Tool to capture intelligence on the care delivered to patients

Training clinicians on the application of the Structured Judgement Review

To demonstrate lessons learned from the review of the care delivered to those patients who have passed away

Progress:

Significant progress has been made with regards to the review of every death. Implementation of the NHSI "Learning from Deaths" Guidance is established and being monitored through the Mortality Surveillance Group. Board reporting will commence from July as required.

Focus:

Completion of the electronic Mortality Data Collection Tool to capture initial review of a death. Continued programme of training on Structured Judgement Review methodology . Development of a Dashboard to support Board reporting. "Learning Event" planned for June 2017

4. Senior Review of medication and high risk medicines

To reduce risk associated with medication by focusing on senior review and controls for managing high risk medicines:

Weekly reviews of antibiotics by senior medical staff

72 hour review of patients with Acute Kidney Injury

Implementation of a pharmaceutical record for all patients

Prevention of antimicrobial resistance with a reduction in the inappropriate use of Tazocin and Carbopenems

Progress:

The review of the patient's prescription to ensure that critical medicines such as antimicrobials, opioids, sedatives, anticoagulants and insulins is being monitored through the Trust Medicine's Safety Group.

Focus:

This programme is building on the work originally implemented to support the 2016 CQUIN – 72 hour review of antimicrobials

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5. Hospital 24

Reduce variability in outcomes for patients admitted to hospital as an emergency regardless of day of the week:

Implementing the 4 priority clinical standards

Standardising how the hospital is managed between 8am & 8pm and 8pm & 8am

Reviewing the roles of AHPs to determine those services that should be delivered 7 days/week

Providing a clinically driven and patient focused Hospital Out of Hours Service

Progress:

Good progress is being made against all 4 of the national 7/7 standards – as evidenced by regional data. The Hospital at Night Team have successfully recruited to all vacant posts and will be fully established from June.

Focus:

To support the implementation of Nerve Centre as responding to the deteriorating patient appropriately and in a timely manner is a key component of the Hospital Out of Hours function.

To support the implementation of 'Task Manager' within Nerve Centre

6. Discharge

Improving the Safety, Quality and Experience of discharge for service users:

Designing an evaluation tool to measure the experience and effectiveness of patient discharge

Ensuring that safe discharge processes are integral to all Discharge Pathways

Implementing the standards for 'Communication of diagnostic test results on discharge from Hospital'

Working in conjunction with stakeholder groups to ensure consistency of discharge processes across the STP footprint

Progress:

Working with the Programme Management Office to determine the specific scope of this programme and ensure that the quality elements of consistently delivering a safe discharge are accurately identified. Task and Finish Group (primary and secondary care) in place to implement the standards for 'Communicating Test Results with GPs'.

Focus:

To further integrate multiagency working with regards to Discharge via Better Together programme, Clinical Senate

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7. Mental Health/Learning Disabilities

Deliver safe, seamless care for those admitted to hospital as an emergency who have learning disability or ongoing mental health needs:

Implementing the Safeguarding Strategy

Identifying Safeguarding Champions across the Trust

Developing the Safeguarding Module with the DATIX System to capture safeguarding referrals and capture action plans

Working in partnership with the Nottinghamshire Healthcare NHS Foundation Trust to ensure appropriate care pathways are in place to address physical & mental health needs for those patients admitted to hospital as an emergency

Progress:

Actions from the 2016 CQC inspection have been completed or included within the AQP. Progress update is provided to CQC monthly through engagement meeting. A suite of metrics in relation to MH/LD has been developed and included within the quality dashboard for the Patient Safety Quality Board

Focus:

Implement the Safeguarding Training Strategy focusing on the revised competency requirements. Work is underway with Nottinghamshire Healthcare NHS Foundation Trust to ensure pathways are in place for those patients who present with a mental health need

8. Patient Information

Empower and engage service users by improving the quality of and access to patient information:

Reviewing the Trust Policy and practice to address the information needs of service users

Developing comprehensive guidance for staff on how and when to share information with a focus on ensuring quality and encouraging access via on-line methods to minimise cost

Progress:

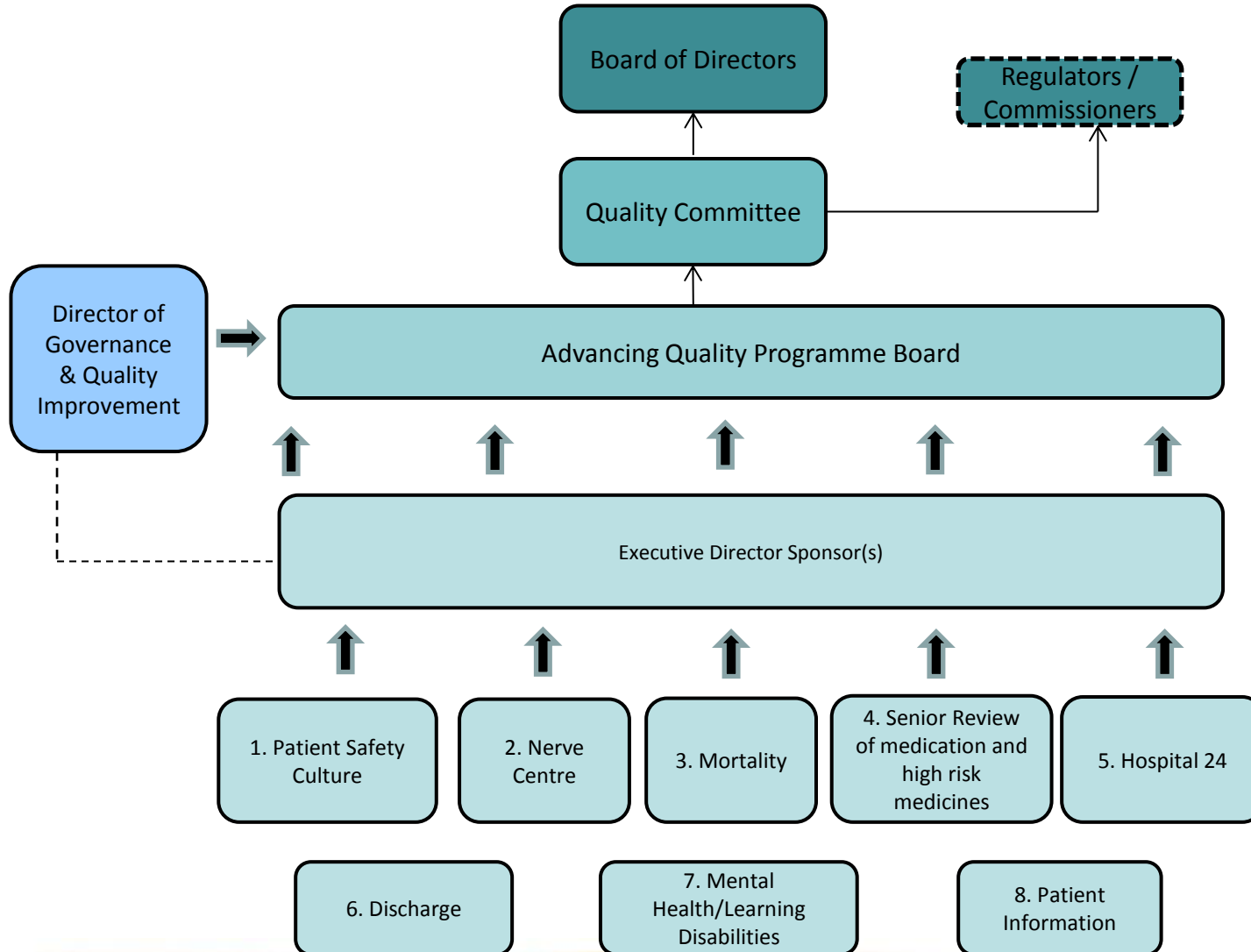
A leaflet amnesty has been initiated for 2 weeks commencing on the 22nd May to fully understand what information is available and to coordinate and control distribution.

Continuing to use EIDO (external bank of patient leaflets) to make it easier for patients and our staff to access information online

Focus:

The revision of the Trust 'Information Policy' – simplifying and rationalising the process making it easier for staff to develop and provide the information that will better support service users and meet their information needs. We are arranging an external visit to Sheffield Teaching Hospitals NHS Foundation Trust to learn how they built their information website

Advancing Quality Programme Governance Structure



- The Board of Directors will have the overall accountability for the delivery of the Advancing Quality Programme.
- Assurance of progress and achievement will be via the Quality Committee.
- External assurance and challenge will be provided by our Regulators and Commissioners.
- The programme will be overseen by the Advancing Quality Programme Board, chaired by the Director of Governance and Quality Improvement
- Executive Sponsors will be accountable for delivery of each individual Programme.

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