

# Clinical Quality Improvement Update Report 6 November 2019

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Agenda Item No: 9.4

## Trust Board Report

<b>Meeting Date:</b>	6 <sup>th</sup> November 2019
<b>Title:</b>	Continuous Quality Improvement (CQI) Quarter 2 Update Report
<b>Purpose of the Report:</b>	This report provides an update on the progress of the CQI programme in Quarter 2.
<b>Executive Summary</b>	The report includes the development of the priorities for the team, the progress in each of the three priority areas (competency and capability, patient safety and patient flow) as well as other work undertaken by the CQI team.
<b>Action Requested:</b>	The Board are asked to receive and note the report
<b>For the attention of the Board</b>	The Board are asked to receive and note the report
<b>Assure</b>	<ul style="list-style-type: none"> <li>The CQI team undertook the QSIR assessment process in the second week of October and all have graduated to the QSIR Academy allowing us to teach our colleagues.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The CQI work programme is being developed alongside the Divisions. Major projects supporting mortality and patient flow are already underway.</li> <li>Winter pressures will restrict access for nursing staff in particular to the first cohorts of Practitioner training which limits the scope for multi-disciplinary team attendance, a central aim of the course.</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>A significant programme of CQI training is being developed that will cover all levels and areas of the Trust. This will require operational support to ensure attendance.</li> <li>Risks for the team include the reduction in capacity for the team to do project work with the loss of the nursing secondment post in December and with the increase time commitment to training (approximately 20% of total capacity).</li> </ul>
<b>Author + Contact Details:</b>	<p>Tim Shayes - Deputy Director Strategic planning and Performance Tel 01902 694366 Email <a href="mailto:timothy.shayes@nhs.net">timothy.shayes@nhs.net</a></p> <p>Lee Dowson – Associate Medical Director for Quality Improvement Tel 01902 695243 Email <a href="mailto:leedowson@nhs.net">leedowson@nhs.net</a></p>
<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>Create a culture of compassion, safety and quality</li> <li>Proactively seek opportunities to develop our services</li> <li>To have an effective and well integrated local health and care system that operates efficiently</li> <li>Attract, retain and develop our staff, and improve employee engagement</li> <li>Maintain financial health – Appropriate investment to patient services</li> <li>Be in the top 25% of all key performance indicators</li> </ol>
<b>Resource Implications:</b>	None

<b>Report Data Caveats</b>	None
<b>CQC Domains</b>	<p><b>Safe:</b> patients, staff and the public are protected from abuse and avoidable harm.</p> <p><b>Effective:</b> care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p><b>Caring:</b> staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p><b>Responsive:</b> services are organised so that they meet people's needs.</p> <p><b>Well-led:</b> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
<b>Equality and Diversity Impact</b>	None
<b>Risks: BAF/TRR</b>	<p><b>SR12</b> – Mortality rates – reputational risk.</p> <p><b>SR13</b> –Cancer performance metrics place RWT in the bottom quartile nationally.</p>
<b>Risk: Appetite</b>	
<b>Public or Private:</b>	Public
<b>Other formal bodies involved:</b>	Trust Management Committee
<b>References</b>	None
<b>NHS Constitution:</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>• Equality of treatment and access to services</li> <li>• High standards of excellence and professionalism</li> <li>• Service user preferences</li> <li>• Cross community working</li> <li>• Best Value</li> <li>• Accountability through local influence and scrutiny</li> </ul>

Report Details	
1	<p><b>Introduction</b></p> <p>The report includes the development of the priorities for the team, the progress in each of the three priority areas (competency and capability, patient safety and patient flow) as well as other work undertaken by the CQI team.</p>
2	<p><b>QSIR Training</b></p> <p>The CQI team undertook the QSIR assessment process in the second week of October and is pleased to report that all team members passed. This means the Trust is now a recognised QSIR Teaching Academy. This allows us to deliver the QSIR course for our colleagues at RWT and accredit those who participate. The first Fundamentals courses are scheduled for the end of November linked with induction and the 5 day Practitioner cohorts will begin in January (for non-patient facing staff).</p>
3	<p><b>CQI Priorities and work programme</b></p> <p>The highlights from the Patient Journey theme include the launch of the ward huddle tool which has been established in several medical wards and continues to be rolled out. Early data is suggesting areas for improvement including a significant number of delays due to waiting for a specialist opinion. The Long Length of Stay (LLOS) ward reviews launch on 16/10/19 initially on 3 medical wards. Division 1 have declared a strong interest in joining this initiative and are currently deciding on pilot areas. For elective patients, discussions are underway regarding demand and capacity work in outpatients including cancer pathways.</p> <p>In the Patient Safety theme, the improvements in ED sepsis identification and delivery of treatments has been sustained and a number of tests of change are planned to improve things further. All appropriate directorates are now engaged across the other 4 key mortality outliers – pneumonia, stroke, AKI and heart failure with QI projects at different stages of</p>

	<p>development and delivery. Also related to mortality work, the CQI team is supporting the work lead by Dr Viswanath on improving the quality of coding in the acute medical unit and the influence of e-discharge completeness.</p> <p>Nursing QI initiatives at Fair oak have made significant progress with promising falls data but also very encouragingly the establishment of a local nursing QI framework which is generating lots of improvement energy and ideas.</p> <p>Links have been established with the Walsall QI team and we are currently exploring sharing learning and resource.</p> <p>Risks for the team include the reduction in capacity for the team to do project work with the loss of the nursing secondment post in December and with the increase time commitment to training (approximately 20% of total capacity). Winter pressures will restrict access for nursing staff in particular to the first cohorts of Practitioner training which limits the scope for multi-disciplinary team attendance, a central aim of the course. Finally, some differences remain in the understanding of how the CQI team engages with other teams in the Trust. In particular it is vital that improvement projects are owned by the operational teams with the CQI team providing practical support and education.</p>
<b>Appendices</b>	
4	<p><b>Appendix 1 - Continuous Quality Improvement Update – Quarter Two update</b></p> <p><b>Appendix 2 – Fair oak Falls Case Study</b></p>

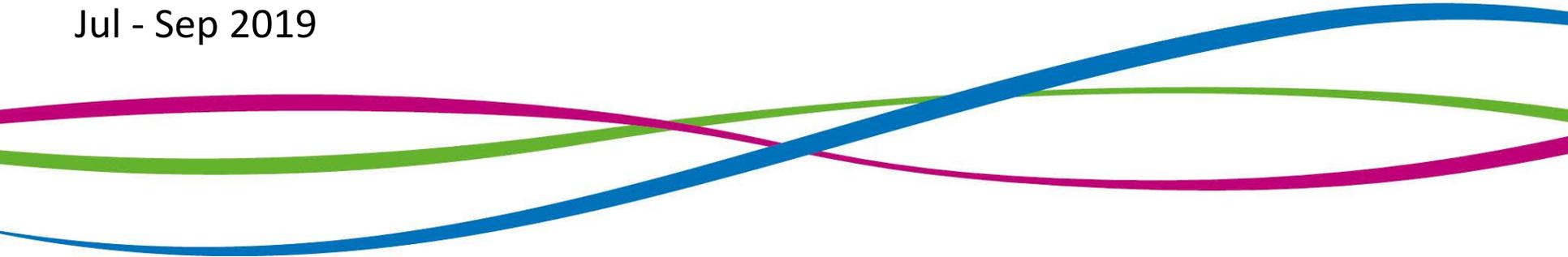
# Continuous Quality Improvement Update

## Continuous Quality Improvement Team

Tim Shayes - Deputy Director of Strategic Planning and Performance

Dr Lee Dowson - Associate Medical Director for Quality Improvement

Jul - Sep 2019



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# Executive Summary

The CQI team undertook the QSIR assessment process in the second week of October and is pleased to report that all team members passed. This means the Trust is now a recognised QSIR Teaching Academy. This will allow us to deliver the QSIR course for our colleagues at RWT and accredit those who participate. The first Fundamentals courses are scheduled for the end of November linked with induction and the 5 day Practitioner cohorts will begin in January (for non-patient facing staff).

The highlights from the Patient Journey theme include the launch of the ward huddle tool which has been established in several medical wards and continues to be rolled out. Early data is suggesting areas for improvement including a significant number of delays due to waiting for a specialist opinion. The Long Length of Stay (LLOS) ward reviews launch on 16/10/19 initially on 3 medical wards. Division 1 have declared a strong interest in joining this initiative and are currently deciding on pilot areas.

For elective patients, discussions are underway regarding demand and capacity work in outpatients including cancer pathways.

In the Patient Safety theme, the improvements in ED sepsis identification and delivery of treatments has been sustained and a number of tests of change are planned to improve things further. All appropriate directorates are now engaged across the other 4 key mortality outliers – pneumonia, stroke, AKI and heart failure with QI projects at different stages of development and delivery. Also related to mortality work, the CQI team is supporting the work lead by Dr Viswanath on improving the quality of coding in the acute medical unit and the influence of e-discharge completeness.

Nursing QI initiatives at Fair Oak have made significant progress with promising falls data but also very encouragingly the establishment of a local nursing QI framework which is generating lots of improvement energy and ideas.

Links have been established with the Walsall QI team and we are currently exploring sharing learning and resource.

Risks for the team include the reduction in capacity for the team to do project work with the loss of the nursing secondment post in December and with the increase time commitment to training (approximately 20% of total capacity). Winter pressures will restrict access for nursing staff in particular to the first cohorts of Practitioner training which limits the scope for multi-disciplinary team attendance, a central aim of the course. Finally, some differences remain in the understanding of how the CQI team engages with other teams in the Trust. In particular it is vital that improvement projects are owned by the operational teams with the CQI team providing practical support and education.

# Executive Summary

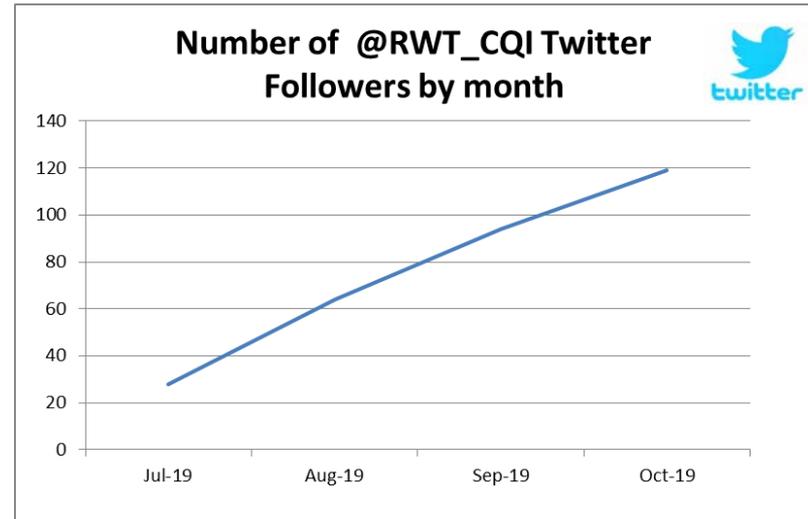
The below is an overview of the number active of interventions in the pipeline across each theme/division:

Area	Patient Safety	Patient Journey	Building Capability	Total
Division 1	4	4		8
Division 2	13	12	1	26
Division 3	2	3		5
Corporate	9	3	12	24
<b>Total</b>	<b>28</b>	<b>22</b>	<b>13</b>	<b>63</b>

Stage	Patient Safety	Patient Journey	Building Capability	Total
Idea	4	3		9
Planning	8	8	4	20
In Progress	15	6	6	25
Complete	1	5	3	9
<b>Total</b>	<b>28</b>	<b>22</b>	<b>13</b>	<b>63</b>

CQI Support	Patient Safety	Patient Journey	Building Capability	Total
Not yet known	2		1	3
One off support		1	1	2
Limited on going support	12	15	2	29
Full Support	14	6	9	29
<b>Total</b>	<b>28</b>	<b>22</b>	<b>13</b>	<b>63</b>

# Building Capability Dashboard



## Building Capability Pipeline:

Progress	Div 1	Div 2	Div 3	Corp	Total
Idea					
Planning		1		3	4
In Progress				6	6
Complete				3	3
<b>Total</b>				<b>12</b>	<b>13</b>

Metric	Number
Twitter followers	119
Blogs	3
Introduction to QI	35
QSIR Fundamentals Programme (1 day)	0
QSIR Practitioner, 5 day programme	10
Introduction to SPC	36
Trust Talk Articles	0

# Building Capability Narrative

'Building Capability' is one of the key priorities of the CQI team and the level of ambition is high. To help the organisation continually improve its services in a sustainable way, we intend to train over 1,000 of our colleagues over the course of the next year such that CQI is lived and breathed within the organisation and colleagues are equipped with the skills to deliver CQI. Training comes either in the form of a fundamentals or practitioner course (both detailed below).

The team undertook assessments to become qualified trainers in October, with accreditation to be awarded later in the month. Once the team are accredited, the following courses will be offered:

Level	Description
QSIR Fundamentals	This is a one day course, covering the fundamental aspects of the QSIR programme. Content for this programme will be provided on graduation of staff members from 'QSIR college' (October 2019). This will be on the second day of Trust induction for staff
QSIR Practitioner	This is the 5 day QSIR Practitioner programme, which is currently being undertaken by CQI team members. Team members will have the capability to deliver this programme, once graduated from 'QSIR college' (October 2019).

Courses commence in November, and training dates are available on the CQI webpage via:

[http://intranet.xrwh.nhs.uk/departments/continuous\\_quality\\_improvement.aspx](http://intranet.xrwh.nhs.uk/departments/continuous_quality_improvement.aspx)

Aside from running education sessions, there are also other key aspects to 'building capability'.

The team are have developed a strategy for this area, and key components include the following;

- SPC Training – A training package on SPC has been written and delivered to 36 staff.
- Junior Doctors Training – First sessions with this year's junior doctors have taken place, with more scheduled throughout the year.
- Twitter account - active from 2<sup>nd</sup> July , the account now has 119 followers. The account will be used to advertise courses and celebrate achievements by teams.
- CQI blogs – The team has had another blog published on the ECIST platform during the period under review. (<https://ecist.home.blog/2019/08/07/start-with-the-end-in-mind/>)
- CQI Mailbox active: [rwh-tr.cqi@nhs.net](mailto:rwh-tr.cqi@nhs.net)  
This has been promoted through TrustTalk and with all internal meetings<sup>6</sup> with staff
- CQISight – A database has been developed to store our projects so they are more easily reportable.

# Patient Safety – Patient Safety Pipeline:

Progress	Div 1	Div 2	Div 3	Corp	Total
Idea		3	1		5
Planning		5		3	8
In Progress	4	4	1	6	14
Complete		1			1
<b>Total</b>	<b>4</b>	<b>13</b>	<b>2</b>	<b>9</b>	<b>28</b>

# Patient Safety – Project Narrative

Patient Safety is paramount to the work being undertaken by the CQI team. The aim is that the use of CQI methodology will help staff on the front line identify methods to deliver a safer service. The principles underlying this are **“Wherever possible learn from accurate data, to reduce variability and make safe reliable systems that encourage or compel staff to do the right thing, first time and record it correctly”**

The Trust has had a consistently high mortality score for sepsis and although no consistent signal has been identified indicating excess mortality, repeated audits have demonstrated suboptimal completion of the sepsis bundle in ED and on the wards. The CQI team are working closely with the Trust sepsis team and the leads for sepsis within ED to redesign processes in order to facilitate faster diagnosis and delivery of treatment.

Similarly, the Trust has also had multiple mortality score alerts for pneumonia in recent years and audits have shown sub-optimal delivery of the COST pneumonia bundle in ED. By adopting a similar approach to sepsis as outlined above the CQI team is supporting the ED team and trust pneumonia lead to improve time to diagnosis and delivery of time critical treatments.

The team have been involved in multiple projects relating to falls across Fairoak and C24 ward, considering elements of falls prevention commissioned through Falls Collaborative using PDSA cycle methodology and Trust Datix system, patient and staff questionnaires for monitoring of project progress, and compliance to project brief reporting back via Falls prevention Group.

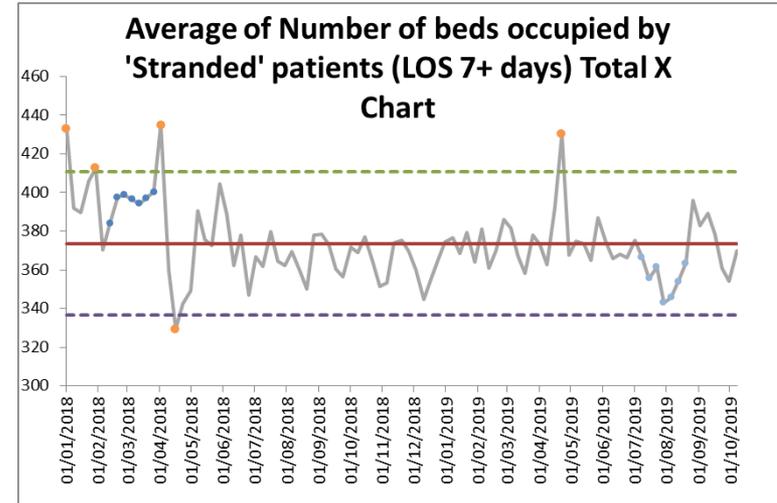
Going forward the team has identified the following major projects which will be addressed this month :-

- Development work with AMU to look at Improving Clinical Data Capture

- Development of Project with Renal Team to address raised SHMI

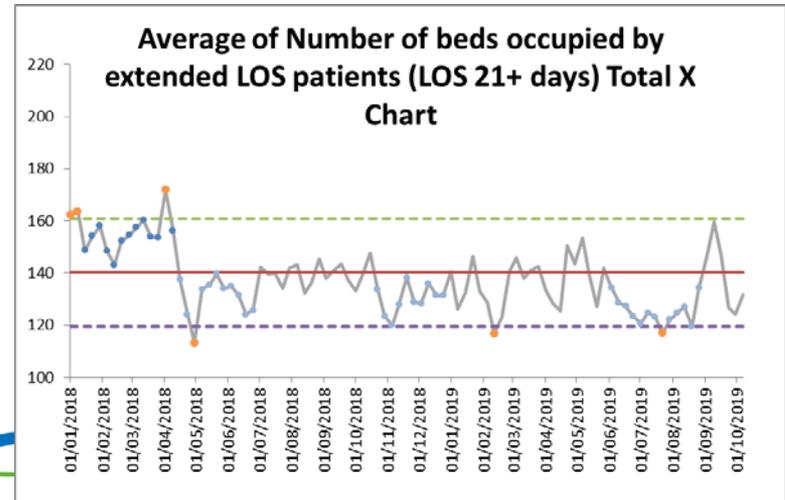
- Development of Project with Stroke Team to address raised SHMI

# Patient Journey – Project Dashboard



## Patient Journey Pipeline:

Progress	Div 1	Div 2	Div 3	Corp	Total
Idea		3			4
Planning	1	3	3	1	8
In Progress	1	3		2	5
Complete	2	3			5
<b>Total</b>	<b>4</b>	<b>12</b>	<b>3</b>	<b>3</b>	<b>22</b>



# Patient Journey – Project Narrative

## Key Projects

Huddle Tool Implementation – Multiple initiatives have been introduced to improve patient flow in medicine including the Physician A model, ambulatory care, daily ward huddles, multi agency discharge events, 7 day working, SAFER patient flow bundle. A tool for collecting and collating information about patient's daily status with regard to flow has been developed. The huddle tool will facilitate decision making and action planning and delivery at ward huddles and allow collation of data to inform system level actions and objective communication with partner organisations. A prototype system has been piloted in various areas across rehabilitation and medicine. Further roll out of the tool has taken place in the period with 6 further medical wards updated during September and October. During the review period, the tool was used in the respiratory ward C18 and feedback was provided on the main constraints in this area. The tool has also been used in surgery during the period to review actions each day by the patient flow team in that area.

Long Length of Stay (LLOs) Reviews – There is a national requirement for the Trust to undertake reviews of patients who have been and inpatient for over 21 days (Super Stranded). In April 2019, weekly meetings were started by the patient flow team to review these patients at a central meeting. As you can see from the dashboard on the previous page, this has had a statistically significant impact on this cohort of patients, with a reduction observed over the period. However, national guidance suggests that ward based reviews are even more effective in lowering our 'Super Stranded' patient numbers. The medical division are starting to undertake weekly reviews of these patients on wards to see if they can provide further support and further decrease 'stranded' numbers. These reviews are starting on the 16<sup>th</sup> October.

Surgical Ambulatory Emergency Care (SAEC) – This programme is Division led with a defined Clinical Lead (Mrs S Elgaddal) and Managerial Lead (Mrs Ruth Horton). The multi-disciplinary team have identified 10 pathways for inclusion in the SAEC and are reviewing baseline figures, and scoping physical site options. The SAEC pathways will provide a streamlined, efficient assessment, investigation and treatment (including surgery) avoiding delays in the patient journey through the hospital system. The National AEC Team will be visiting the Trust as part of the measurement visit in November.

# Patient Journey – Project Narrative

## Key Projects

Enhanced Recovery Programme (ERP) – General Surgery – A business case to support the introduction of a dedicated Colorectal Enhanced Recovery Team is currently being developed. The future Enhanced Recovery Model would include; ERP focussed pre-op clinics, input from a Physiotherapist to enhance pre-op and post-op optimisation, combined stoma training sessions, counselling sessions where patients can be supported when preparing for their post-operative condition, and support early identification of social requirements. The team are currently baselining activity and scoping the impact on LoS that an ERP programme could offer.

Ambulatory Pathway – Tonsillitis – Previously patients with query septic/ bacterial tonsillitis were admitted and treated on A23, however a working group formed to review the current way of working, and a new pathway was introduced in July 2019 to see and treat patients in ED, avoiding an overnight admission on the ward. The pathway is in situ and working well. At present, numbers through the revised pathway are small. However, a seasonal impact is anticipated as we move into Autumn/ Winter and case numbers and flow will be monitored to establish any impact.

# Other Work Being Supported By CQI

**Integrate Care Alliance** – The ICA data project continues to develop understanding of how data can be used to drive transformation change and service activation across the partner organisations. Within RWT, rollout of the Huddle Tool will contribute data directly to the ICA risk stratification analyses which can then be shared with GP to identify intervention needed to keep patients healthy and out of hospital.

**Governance** - Project with Governance Dept to assess the effectiveness of the monthly directorate meetings and how to deliver appropriate data to clinical groups to facilitate improvement processes.

**Clinical Coding** - some issues with SHMI stem from information written affecting coding - in an audit 25% of diagnoses changed when reviewed with the coders. Project to be set up with the coding team to identify issues and solutions

**Data Warehouse and Informatics** –Project to develop the monitoring and measuring tools that can then be easily used to drive quality improvements. Joining data from different systems can enable tools to be developed that can proactively drive good practice. Work with the clinical teams to identify what questions they need to answer and work with information team to develop the data replies

# Other Work Being Supported By CQI - GIRFT Update

## **RWT Achievements so far:**

The Trust have participated in 19 GIRFT visits to date across all 3 clinical divisions and have subsequent action plans following each GIRFT review that are owned by the specialities. Visits in the last quarter:

- Breast – 28<sup>th</sup> June 2019
- Geriatric Medicine – 8<sup>th</sup> July 2019
- Acute Medicine – 12<sup>th</sup> July 2019
- Respiratory – 17<sup>th</sup> July 2019
- Endocrine – 12<sup>th</sup> September 2019 – the GIRFT team were extremely impressed with the joint working that the Endocrine team has embedded with other specialties and recognised that this was far more advanced than other Trusts.

The GIRFT format for these visits has been improved from earlier visits to include a follow up visit by the GIRFT Implementation team with the Directorate leads to discuss and agree actions for the action plan. This gives directorates a greater ability to challenge any recommendations that are not felt to be appropriate for the service. Quarterly updates are discussed with the directorates and fed back to the Regional GIRFT Team by the CQI team.

## **Plans for 19/20:**

- Further GIRFT visits planned as follows;
  - Stroke – 7<sup>th</sup> November 2019
  - Adult Diabetes – 26<sup>th</sup> November 2019
  - Lung Cancer – Date to be Confirmed
  - Gastroenterology – 9<sup>th</sup> March 2020
  - Anaesthetics and Perioperative Medicine – Date to be confirmed.
  - Neurology – 12<sup>th</sup> March 2020

# Priorities for Next Quarter

## Building team capabilities

- Graduate to the QSIR academy and start teaching QSIR
- Trial regular Divisional QI meeting within Division 2
- Establish weekly QI drop in sessions (TQI Friday)

## Project Work

- Run brainstorming session with ICS practices to generate QI ideas to exploit potential of vertical integration
- Complete roll out of huddle tool in Division 2
- Complete PDSA cycles for LLOS project
- Agree SMART aims and metrics for all 5 mortality related patient safety themes
- Agree metrics for patient safety theme with executive team

# Appendix 1 – Patient Journey Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
1	Surgical Ambulatory Emergency Care (SAEC) Programme.	The idea of introducing an SAEC model is to provide safe and effective ambulatory care for a proportion of emergency general surgical “take” referrals. The SAEC pathway will provide a streamlined, efficient assessment, investigation and treatment (including surgery) avoiding delays in the patient journey through the hospital system. The expectation is a good service should avoid unnecessary steps, delays and duplication that add no value to patient care. The programme is Division led with a defined Clinical Lead (Mrs S Elgaddal) and Managerial Lead (Mrs Ruth Horton).	Limited On-going Support	In Progress
1	Enhanced Recovery - Colorectal Surgery	Colorectal are working to relaunch an Enhanced Recovery Programme (ERP) with a defined Clinical Lead (Ms N Mirza) and introduce a dedicated clinical team to move closer to the nationally offered ERP programmes, and realise the benefits that ERP offers both the patient, and the Trust. At present there is an Enhanced Recovery Team supporting predominantly Colorectal Resection patients (although support is also provided to Urology), which consists of two Enhanced Recovery Nurses and a lead Consultant Surgeon within the Colorectal specialty. The future Enhanced Recovery Model would include; ERP focussed pre-op clinics to commence patient education and focus on physical wellbeing and the importance this plays in supporting recovery. Input from a Physiotherapist to enhance pre-op and post-op optimisation. Guidance from a dietician, offering nutritional and hydration advice for pre-op and post-op optimisation Introduce combined stoma training sessions, under supervision, where patients will learn pouch changing techniques - which can cause delays with discharge times. Counselling sessions where patients can be encouraged to ask questions and to hopefully prepare themselves for their post-operative condition, and discuss discharge planning and timeframes. Early identification of social requirements.  Closer contact with patients educates them around recovery times and working towards a shorter length of stay in hospital where medically possible.	Limited On-going Support	Planning
1	Ambulatory Pathway for Tonsillitis	Currently, patients with query septic/ bacterial tonsillitis are admitted and treated onto A23, however, there are a proportion of patient who would benefit from a more ‘aggressive’ style of treatment that would omit the requirement for an overnight stay in hospital, improve the flow through ED and improve the patients experience and outcomes by expediting discharge home. At present, cases of Tonsillitis and query Quinsey present at ED and are assessed by the on-call SHO to Head & Neck.	One Off	Complete
1	HeartFlow - 3D modelling	implementation of computer modelling of Coronary Arterial Disease impact on patients' arteries to prevent need for invasive angiography. The modelling is based on CT images that would be taken anyway and therefore does not require any additional effort from Trust staff. Images are sent to a company called HeartFlow who model the blood flow and send the report back with a computer model that can be manipulated by the doctor for different views.	Full Support	Complete

# Appendix 1 – Patient Journey Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
2	Multi Agency Discharge Events	Introduce Multi Agency Discharge Events in the Trust to assist with flow in holiday periods	Limited On-going Support	Complete
2	Tech Free A7	The senior team in CoE are visiting the ward to discuss areas of concern with patients. The discussion with patients is a fact finding mission, to start QI projects on the back of suggestions.	Limited On-going Support	Planning
2	Outlier Workload	The Medical Division are looking at the allocation of outlier cover as it is perceived to be unfair at present.	Limited On-going Support	Idea
2	Sleep Clinic	Asked to review Sleep clinics as there are issues with access. Demand and capacity work is likely to be required.	Limited On-going Support	Complete
2	Rehab pulling Patients	Reduce the number of empty beds in rehab by a review of patients by the rehab team in the acute setting to see if beds can be used by rehab patients, or by patients awaiting regalement packages. The project has come about due to a reduction in beds on C15, C16, C24, C25 and C19. Stroke are also being included in the project due to patient cohort. The rehab team will review inpatients in the areas above to see if we can create a culture of 'pulling' patients to rehab, rather than seeing empty beds.	Limited On-going Support	Complete
2	AEC Diverts	The AEC team are looking at patients who are staying on AMU less than 24 hours who arrived in ED in the AEC opening times. The intention is to divert more patients to AEC, or review conditions where patients are not using AEC when they might be appropriate.	Limited On-going Support	Idea
2	Nurse led discharge in Paeds (ED)	Looking to implement nurse led discharge in ED for minor paed patients	Limited On-going Support	Idea
2	LLOS Reviews (Medicine)	To establish an effective system for reviewing patients with a length of stay over 20 days by the end of October 2019 in order to reduce stranded patient numbers by 40% compared with baseline within 12 months.	Full Support	Planning
2	AMU Handover	Process mapping was undertaken with the AMU team and the biggest constraint was identified as the handover between the AMU and other areas (2:30 delay on average).	Full Support	Planning
2	Discharge Lounge Use	To review discharge lounge use, and encourage greater use to aid patient flow.	Full Support	In Progress
2	Weekly Flow Dashboard	Review flow data on a weekly basis using XmR charts	Limited On-going Support	In Progress
2	Redirects to UCC Overview	Provide information on the number of redirects to UCC	Limited On-going Support	In Progress

# Appendix 1 – Patient Journey Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
3	Paeds Huddle	Implement huddles on the paed ward.	Limited On-going Support	Planning
3	Paediatric TCI capacity	To increase daily the capacity of TCI unit from 8 to 16 children and at the same time review SOPs which will support the relaunch of the surgical nursing team and improve the consistency of practices	Limited On-going Support	Planning
3	paediatric drug lockers	<p>To support the proposed changes to the paediatric surgical pathway it has been necessary to review existing nursing systems and process across the inpatient and day case area</p> <p>To enable a suggested increase in capacity the nursing team has considered patient flow and existing blockages.</p> <p>Delays that can be encountered in waiting for TTOs has been highlighted as an area for improvement</p> <p>Following discussion between the nursing team, ward pharmacist and technician have it has been agreed to introduce individual patient lockers that if used to their maximum potential will reduce existing delays and drug wastage</p>	Limited On-going Support	Planning
Corporate	IT user account and core clinical systems access for medical staff	To have centralised process for requesting IT user account for medical and clinical staff with automatic access to core clinical systems created	Limited On-going Support	Planning
Corporate	Development and introduction of microspecialism role	To develop training and new role to undertake foot assessments and treatments for simple foot conditions for patients at potential risk of falls on Fair oak Ward to assist in progressing pts. requiring this care more efficiently ,as current Podiatry service under considerable demand which is outstripping capacity, provides development opportunity for Fair oak staff	Full Support	In Progress
Corporate	Huddle Tool (HDCT)	There is an issue around the collection of R2G data on the wards and that we don't know what the major constraints are in the hospital. In order to counteract this, we are designing and testing a 'Huddle Data Collection Tool' to gather data.	Full Support	In Progress

# Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
1	Cancer Pathways - Gynaecology Services	Gynaecology have 5 pathways to be mapped for the Cancer Intensive Support Team to outline current patient flow through the service. Pathways for Post-Menopausal Bleeding (PMB), Ovarian, Vulval, Vaginal and Cervical to be mapped and reviewed.	Limited On-going Support	In Progress
1	Wound Packing Process Review	In response to RCA's Division are reviewing current practice, current flows and current documentation.	Limited On-going Support	In Progress
1	Heart Failure, Mortality & Failure to Function Action Plan Review	In response to the Mortality Review and NCEPOD guidance a "Failure to Function" action plan has been developed with key actions for review and development.	Limited On-going Support	In Progress
1	Falls Prevention - A14	A14 has a higher number of falls than elsewhere in Surgery (with the exception of Cardiology). Work underway on a falls project on A14 (Sarah Sherwood Lead with Harriet Lowe and Michelle Allen supporting). Map of the ward, and large chart created to capture data and Michelle to input into electronic spread sheet to monitor. PDSA Cycles to be run to establish impact of changes - e.g. introduction of non-slip TEDS etc.	Limited On-going Support	In Progress
2	Durnall Unit	Project to work with the Durnall Unit to improve the experience and safety for patients on the unit.	Limited On-going Support	Planning
2	Parkinson Pathway	<ul style="list-style-type: none"> <li>• Currently staff are quite good at recognising patients with Parkinson's Disease but this recognition does not necessarily trigger the right actions for providing the best care and can result in an increased length of Stay and increasing risks to patients. There are a number of reasons for this:</li> <li>• Medicines are complex and are often non-stock items resulting in delays in issuing medication.</li> <li>• The admission process through ED/AMU/Base Ward means there are numerous handovers which can result in patients missing doses of medication without the significance of this being understood</li> <li>• There is no flag on Clinical Web Portal to alert that patient has Parkinson's Disease</li> <li>• There is no training program for ensuring clinical staff have an understanding of the needs of patients with Parkinson's Disease</li> </ul>	Full Support	In Progress

# Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
2	AKI Pathway	Develop the AKI pathway across the Trust and implement resources for supporting AKI patients. From September onwards there will be an AKI consultant on rota which is additional to the Renal Ward on call consultant. However, needs to have support from Nursing team which is the model adopted by other Trusts. An audit on the AKI pathway is being undertaken by Dr Kamalnathan. Need to understand impact of potential coding issues which result in patients being incorrectly coded with AKI as mortality reason.	Full Support	Planning
2	Renal Remote Monitoring	replacement of the Automated Peritoneal devices for home dialysis for Claria in conjunction with ShareSource application that provides remote monitoring of how well the patients are dialysing. Will allow nurses to see when patients may need prescriptions changing and be able to do this remotely rather than waiting for patients to attend the renal unit (currently bring data in on smart cards). Better safety as more responsive to changing patient needs and safer as the smart cards used currently are often damaged and data is lost.	Limited On-going Support	Complete
2	Gastro FT Iron Deficiency Anaemia Clinics	<p>Plan to change traditional face to face nurse led clinic to a more flexible patient centre hot clinic solution for FT IDA referrals. Currently there is only one nurse led clinic per week and this results in delays as there are too many patients to be seen. Some patients are having to be seen in Consultant clinics which is impacting on their capacity to deal with other FT patients. We are not meeting the targets for treating these cancer patients.</p> <p>The scheme would need to change the nurse job plans/clinic appointments so that there is better access to FT IDA clinics.</p> <p>The nurse would use a mixture of telephone clinics together with face to face sessions to get patients consented, booked and prepped for their diagnostic tests at the same visit.</p> <p>The referrals would continue to be vetted by the nurses but they would start to collect information as to the outcomes of the vetting to enable further learning.</p>	Full Support	Planning

# Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
2	Stroke Service Improvement	This is to include improving percentage of CT brain scans on suspected strokes (higher percentage done under an hour). Aim is to improve thrombolysis door to needle times, so delivering better clinical outcome for patients	Full Support	Planning
2	Genomes in ED Project	Team want to measure the impact of the introduction of genome screening in oncology on attendances in ED. Hypothesis is that if people are on genome specific chemo, less likely to attend ED with a reaction.	Limited On-going Support	Idea
2	Unisoft Endoscopy Automated Reporting	Endoscopy reports are currently manually transferred from the Unisoft system and uploaded to the Clinical Web Portal. There is a potentially a delay in getting reports to clinicians and there is a risk that the manual process could result in the wrong information being uploaded to a patient record	Full Support	Idea
2	Sepsis Team (not ED)	Work with no ED sepsis team to increase compliance with sepsis 6 and reduce mortality	Full Support	In Progress
2	Coding Accuracy	Improve accuracy of coding of primary diagnosis at end of FCE (and 2nd FCE of those with symptom code with FCE) Improve charlson co-morbidities data collection on FCE (or second FCE of those with symptom codes only)	Full Support	In Progress
2	GIRFT Respiratory	Reviewing data regarding mortality and LoS for different Respiratory conditions with Dr Richard Carter	Limited On-going Support	Idea

# Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
2	ED Sepsis	<p>1. NHSE CQuIN indicators 2017-2019 focused on the screening for sepsis for prompt recognition and initiation of treatments for all patients arriving at hospitals via Emergency Departments</p> <ul style="list-style-type: none"> <li>• 2a: 90% patients who met the criteria for sepsis screening, were screened for sepsis.</li> <li>• 2b: 90% of patients who had suspected sepsis received IV antibiotics within 1 hour.</li> </ul> <p>RWT performance has been consistently at an average of c. 87% for the percentage of patients screened and c. 54% receiving IV antibiotic therapy within 1 hours</p> <p>CQuIN no longer in place for 2019-20, but CCG continue to monitor performance and request exception reporting for non-compliance, including provision of action plans to rectify poor performance.</p> <p>2. Trust is an outlier for mortality due to Sepsis, as detailed by SHMI.</p> <ul style="list-style-type: none"> <li>• Audits confirm issues around assessment to needle time for antimicrobial therapy and also compliance with aspects of Sepsis 6 pathway</li> </ul> <p>3. Service identified lack of consistency for treatment of neutropenic patients, with no established referral process from Durnall and subsequent identification and treatment for sepsis within this cohort of patients.</p> <p>Key areas of focus:</p> <ul style="list-style-type: none"> <li>• Screening for sepsis</li> <li>• Assessment to needle time for IV antimicrobial therapy within 1 hour</li> <li>• Neutropenic patient pathway</li> <li>• Compliance with all aspects of Sepsis 6 bundle</li> </ul>	Not known	In Progress
2	ED Pneumonia	Redesign of the pneumonia pathway. QIP group will be chaired by Dr Ejofor, Emma Jenkinson will be the lead for the project	Limited On-going Support	Planning

# Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
3	community pharmacists	approached by Fiona McKean met 29/08/19 outlined proven to discharge to community pharmacists - reduce pressure on GPs improve reconciliation proven in Northumbria to reduce LoS ?? Admission avoidance	Not known	Idea
3	Paediatric Coding - Acute only	Recent snap audit focused on that 30 sets of notes from PAU and A21 - none of the forms were completed - A21 do put the forms in the notes but PAU do not - The forms in the notes are adult ones used across the Trust  It has been agreed by the directorate that this situation has to be rectified in light of the focus across the trust to improve the coding of co-morbidities	Limited On-going Support	In Progress
Corporate	Integrated Care Alliance Data Set	Develop a Structured Clinical Data Unit (SCDU) which will enable analysis and modelling of patient activity to perform Risk stratification and development of services across the Local health economy. The project involves key organisations across Wolverhampton (see in scope section) and will involve the submission of data from each organisation to be analysed by the data analysis unit at RWT. The potential for wholesale service change across Wolverhampton as service design will need to take into account that activation of clinical service will not be the traditional referral based method but will be where patient needs are identified based on the risk level they are at. The role of CQI is to complete the development of the data set and its associated IG documentation.	Full Support	In Progress
Corporate	Catheters	Matt approached the team to look at Catheter use in the organisation and employ QI techniques to help reduce the numbers used, and then the infections caused by catheter use.	Limited On-going Support	In Progress
Corporate	Slidesheets	To undertake red letter day process for slidesheets use using patients pathway Internal and external to Trust Use of slide sheets appears to be variable across Trust with replacement of sheets occurring once patients return to community or home setting. Discharge practices do not appear to support best practice around slide sheets and resource use:  Potential to reduce Trust carbon footprint Potential to improve TV heel issues Potential to improve patients discharge and support resource use in community services Potential to reduce staff injuries related to slide sheet use and patient handling Potential to improve patients comfort with sheets being used appropriately and reduction/elimination of poor practice related to patient handling and movement	Full Support	Planning

# Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
Corporate	Governance	Project with Governance / Maria Arthur to assess the effectiveness of the monthly directorate meetings and how to deliver appropriate data to clinical groups to facilitate improvement processes	Full Support	Planning
Corporate	Oral Health	Project to improve oral health in hospital and reduce infection.	Limited On-going Support	In Progress
Corporate	Environmental program	To complete environmental assessment of Fair oak ward in order to identify potential areas for improvement related to falls and ward environment, working with specialist Ots, raising staff awareness of environmental factors linked to falls	Full Support	In Progress
Corporate	CQUIN CCG7 compliance	All pts. (other than excluded pts.) will have lying and standing BP recorded on admission to Fair oak ward and have a mobility assessment completed on admission, if walking aid required this to be supplied within 24 hours of admission	Full Support	In Progress
Corporate	Fair oak falls Patient bedboard	All patients to have a mobility assessment completed by MDT with level of mobility support required highlighted, as currently variable compliance at 74%	Full Support	In Progress
Corporate	End of life care GSF adoption	To improve and sustain quality of care provided for pts. identified as requiring end of life care through adoption of GSF framework and to identify more pts. for EOLC and their preferred place of death	Full Support	Planning

# Appendix 3 – Building Capability Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
2	Governance In Action	Develop and embed QI Framework into Division 2 with an on-going agenda and review process. Tim Powell is changing one of the Divisional Governance meetings so that there is a specific focus on QI.	Limited On-going Support	Planning
Corporate	ESR Allocate Interface	Enable an interface between ESR and Allocate systems to transfer updates made in ESR into records held on Allocate to assist in overall recruitment process streamlining	Full Support	Planning
Corporate	Junior Docs Education	Education Programme for Junior Doctors on QI, culminating in QI conference submissions in May each year.	Full Support	Planning
Corporate	Blogs	The team will publish a series of blogs to drive traffic to their website, provide examples of QI in the organisation and provide an educational aspect to communications	Full Support	In Progress
Corporate	CQISight	A repository has been developed to store all of our QI projects so users can see what the latest update is for all projects and that reports are easier to produce.	Full Support	In Progress
Corporate	Building Capability Strategy	Writing a strategy with SMART Aims so team members and external parties have a clear idea of the aims of the service in relation to building capability.	Full Support	Complete
Corporate	Presentation to Registrars	Presenting to registrar conference and judging QI entries	One Off	Complete
Corporate	Introduction to QI course	Introduction to QI course has been written and piloted with delegates. This will complement QSIR courses the Trust will offer.	Full Support	In Progress
Corporate	SPC Training	Training on an Introduction to SPC for people in the organisation	Full Support	In Progress
Corporate	Twitter Account	Set up a CQI twitter account to advertise team and projects	Full Support	In Progress
Corporate	Pathology SPCs	Kevin Stringer has asked for us to meet with Pathology business manager to use SPC in their reporting.	Not known	Complete
Corporate	DiT internal changes form	To Be able to process new starter forms for doctors in training which captures Multiple rotation information across the 12 months	Full Support	Planning
Corporate	HR Reporting (SPCs)	Help HR to improve their reporting by using SPC charts	Limited On-going Support	In Progress



## Prevention of falls on the Fair oak Ward through partnership working with CQI

### Executive summary

Following a number of initiatives being implemented to reduce falls without success, the CQI team were invited to work with the ward team to explore other opportunities for improvement using CQI methodology.

Working collaboratively, a reduction in falls of has been achieved and sustained since the commencement of the work in February/March 2019 (see graph overleaf). [Public Health Outcomes Framework \(PHOF\)](#) reported that in 2017 to 2018 there were around 220,160 emergency hospital admissions related to falls among patients aged 65 and over, with around 146,665 (66.6%) of these patients aged 80 and over

- falls were the ninth highest cause of disability-adjusted life years (DALYs) in England in 2013 and the leading cause of injury
- unaddressed fall hazards in the home are estimated to cost the NHS in England £435 million
- the total annual cost of fragility fractures to the UK has been estimated at £4.4 billion which includes £1.1 billion for social care; hip fractures account for around £2 billion of this sum
- short and long-term outlooks for patients are generally poor following a hip fracture, with an increased one-year mortality of between 18% and 33% and negative effects on daily living activities such as shopping and walking.
- A review of long-term disability found that around 20% of hip fracture patients entered long-term care in the first year after fracture
- falls in hospitals are the most commonly reported patient safety incident with more than 240,000 reported in acute hospitals and mental health trusts in England and Wales

This work has principally been achieved by

- Increasing compliance and use of over bed communication board to highlight risk assessment and actions required by multidisciplinary team following each falls assessment (see outcomes in bar graph overleaf).
- Use of a new assessment document with supported staff training has increased awareness of MDT working providing up to date communication on patients condition ensuring whole team is aware of any changes To patients mobility which could lead to increase or decrease in falls like hood.

- Review of environmental issues associated with falls identified several areas that could cause falls e.g. insufficient lighting, floor surfaces too shiny, and signage issues whereby patients are unsure how to get to toilet in timely manner causing them to rush and fall
- 'Pimp my frame' project this enables patients to identify their allocated frame easier, rather than patients using nearest frame which may not be suitable for them causing potential falls risk.

### **Introduction:**

Fairoak ward had attempted several changes to reduce falls but despite this, falls continued to occur and often resulted in harm. The Associate Chief Nurse and Falls Collaborative invited the nurse member of the CQI team to work with Fairoak to consider the use of CQI methodology in assisting with driving improvements aimed at reducing falls using a structured and proven approach.

Through discussions it was evident that several other improvement opportunities were identified that the team wished to pursue with the support of the Trusts CQI team. The multi-disciplinary team were enthusiastic and keen to learn and adopt CQI methodology and a series of training sessions were held to develop teams knowledge and understanding. These included developing SMART aims and driver diagrams to assist in the identification of PDSA cycles and leads. The support from the CQI programme partner included attendance at weekly meetings and drop in sessions.

### **Problem/challenge**

The challenges set by the Falls Prevention group were to:

- Reduce the percentage of falls and near misses during 6 month period, April 2019- October 2019
- Improve understanding of CQI methodology to assist in the delivery of improvements by team members, supporting team development to achieve aim of reducing falls.
- Support team to continue to challenge themselves to make ongoing improvements in their area in a 'safe' environment and controlled manner, able to develop SMART outcomes.
- To expose team members to thinking differently.
- To increase teams motivation.

### **Solution/ Method**

Using CQI methodology and fully supported by CQI program partner, the following techniques were used:

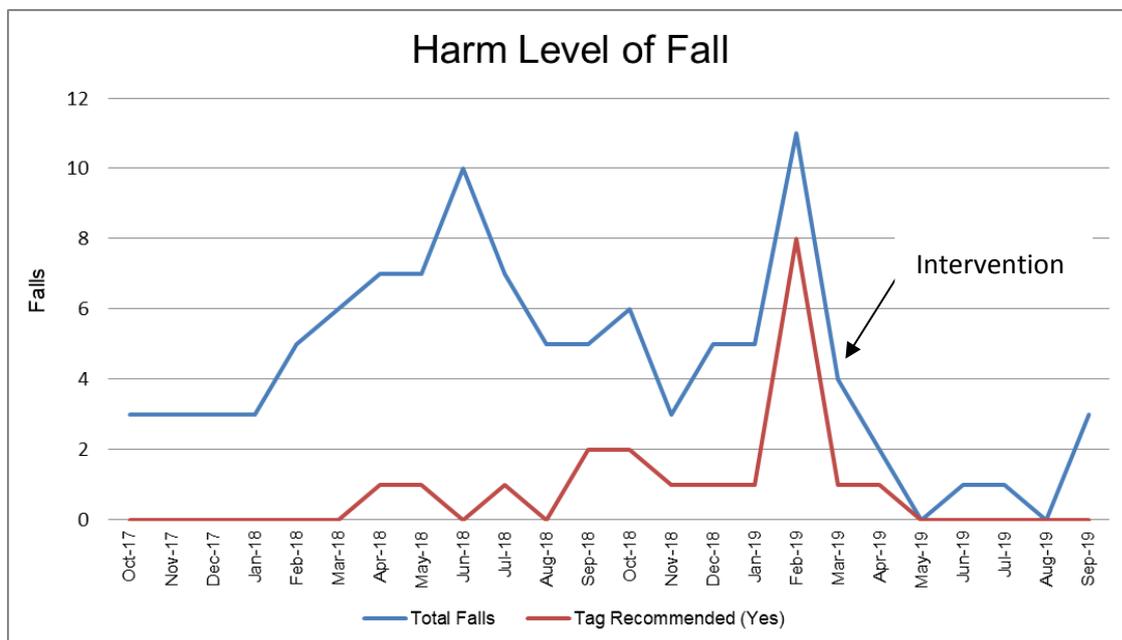
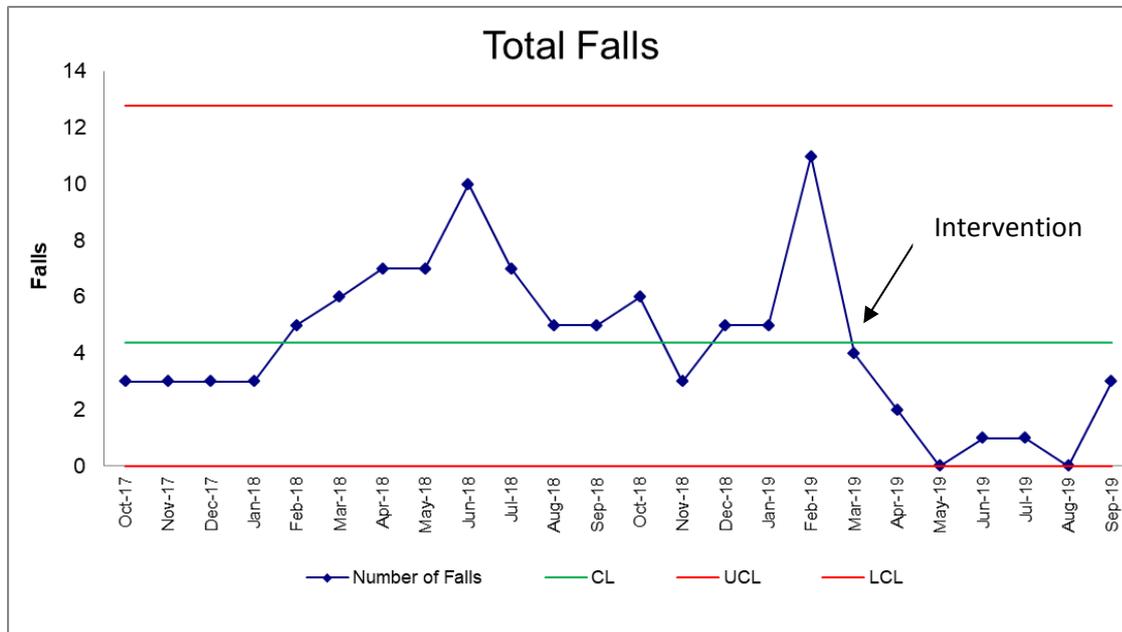
- Use of baseline data to monitor changes having impact on planned outcomes in real time
- Team training on CQI methodology and tools and techniques
- Development of SMART aims
- Development and full completion of series of PDSA cycles undertaken grouped into main theme areas led by a trained and supported PDSA lead form within Fairoak team
- Commitment from Fairoak project team members and wider team members
- Structured project program and facilitation delivery
- Courageous leadership
- Support from external experts
- Team feedback and sharing of developments and inclusion of MDT
- Visible communication using variety of medias
- Inclusion of patients and family members thought changes

Early work undertaken with team included:

- establishing a falls project group to consider several areas of potential improvement:
- reviewing and analysing data related to falls within Fairoak 2018-2019
- undertaking floor walk of all areas to review flooring/lighting/space around bed, bay, corridor and all other patient areas, supported by Occupational Therapy Specialist with extensive knowledge of environmental assessments, this work has further developed to include several SME companies in use of innovative simple kit and techniques to continue to reduce risks in the prototype bay (Daffodil)
- falls documentation utilised reviewed and compliance monitored and results shared with team, via notice boards and team newsletters , this in turn has increased staff awareness and understanding.
- consideration of new roles to assist in the continued and ongoing reduction in falls within Fairoak ward, podiatry basic foot assessment skills for non-podiatrists. Working with the podiatry team to develop training package, competencies and assessment of staff, three staff members have undertaken this training and are actively working in this role.
- start to look at transfer of appropriate patients to ward for rehabilitation.

## Results

Comparison of Fair oak falls data from the Trusts Datix system shows a significant reduction in the number of falls which are now being sustained by the Fair oak team.



Additional data has been collected from patients, staff and family members using questionnaires and group meetings in relation to environmental changes, pre, during and post implementation. This work stream continues to develop, using prototyping in Daffodil bay and on completion of testing, roll out across whole of ward

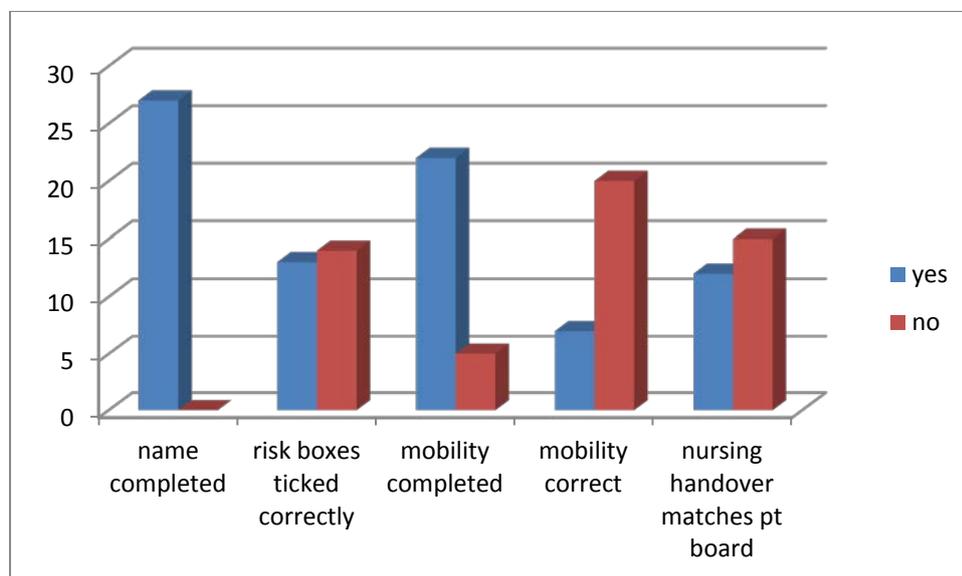
Further data has also been gathered from patient and staff questionnaires both within Fairoak and the Podiatry team showing:

- an increase in response time for patients requiring assessments and minor treatments,
- reduction in referral time to podiatry service due to removal of simple cases from Referral list,
- reduction in potential falls associated with foot and nail minor conditions,
- increase in staff job satisfaction and retention as several staff had indicated they would leave trust as did not feel challenged in their current role, the new micro-specialism role has captured their attention and provided them with additional skills and knowledge.

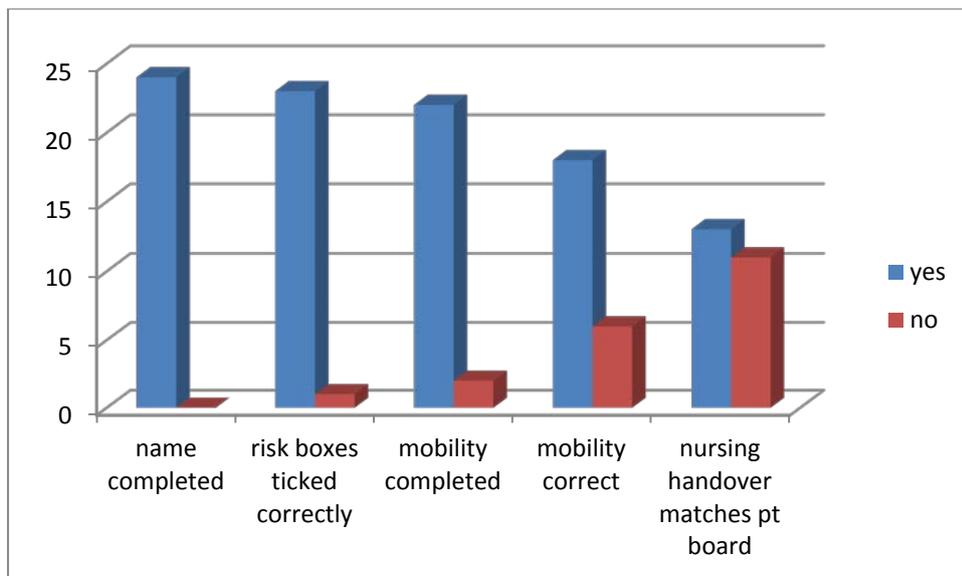
Data demonstrates that over a three week period 10 patients were referred and using the new role/service, (who would prior to change) wait on podiatric service referral list, often being discharged before accessing service.

Compliance in undertaking MDT assessments and using over bed boards has significantly improved. Despite this, further work is planned to hit and maintain 100% (Tables 2 & 3).

**Table 2 May 2019 Over-bed assessment board**



**Table 3 August 2019 data Over-bed assessment board**



## Recommendations

To continue to support FairOak team via CQI partnership working at a reduced level after October 2019

To roll out improvement initiatives to other areas within Trust

To develop business case to support an innovation funding stream for areas to access during prototyping phase of change and continue involvement of SME companies in partnership working

Publish work to date

Present work and results at future conferences

To continue to assist Ward Manager with development and undertaking of a novel research idea for further understanding of falls prevention

## References

Najah, B De Bruin. ED, Reeves, N.D, Armstrong. D.G, and Menz, H.B (2013). The role of podiatry in the prevention of falls in older people. Journal of the American Podiatric Medical Association.

Public health Outcomes Framework (2017)