

Continuous Quality Improvement Programme Update 4 February 2020

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Agenda Item No: 7.3

Trust Board Report

Meeting Date:	4 February 2020
Title:	Continuous Quality Improvement (CQI) Quarter 3 Update Report
Action Requested:	The Board are asked to receive and note the report
For the attention of the Board	
Assure	<ul style="list-style-type: none"> The team has begun training RWT staff in CQI with 2 QSIR fundamentals sessions delivered to 143 new starters and the first Practitioner course launching on the 23rd January 2020 (limited to non-clinical staff given winter pressures). The number of QI projects supported continues to increase and directorates are being encouraged to formalise their CQI plans for the next financial year.
Advise	<ul style="list-style-type: none"> 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. A significant programme of CQI training is in place and covering all levels and areas of the Trust. This will require operational support to ensure attendance.
Alert	<p>Challenges for the team include</p> <ul style="list-style-type: none"> The deteriorating patient flow metrics in association with a deteriorating national picture. This emphasises the need to use the local data to work together with the operational teams to design QI projects focused on our biggest constraints. Improving engagement with the CQI team across all divisions and developing and embedding an operating structure that facilitates improvement work aligned with Trust quality priorities.
Author + Contact Details:	<p>Tim Shayes - Deputy Director Strategic planning and Performance Tel 01902 694366 Email timothy.shayes@nhs.net</p> <p>Lee Dowson – Associate Medical Director for Quality Improvement Tel 01902 695243 Email leedowson@nhs.net</p>
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> Create a culture of compassion, safety and quality Proactively seek opportunities to develop our services To have an effective and well integrated local health and care system that operates efficiently Attract, retain and develop our staff, and improve employee engagement Maintain financial health – Appropriate investment to patient services Be in the top 25% of all key performance indicators
Resource Implications:	None
Report Data Caveats	None
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people’s needs.</p> <p>Well-led: 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>
Equality and Diversity Impact	None
Risks: BAF/ TRR	<p>SR12 – Mortality rates – reputational risk.</p> <p>SR13 –Cancer performance metrics place RWT in the bottom quartile nationally.</p>

Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	Trust Management Committee QGAC QSIG
References	None
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Brief/Executive Summary Title:	Continuous Quality Improvement Update – Quarter 3
Item/paragraph 1.0	<p>Following successful completion of the QSIR accreditation process, the team has begun training RWT staff in CQI with 2 QSIR fundamentals sessions delivered to new starters and the first Practitioner course launching on the 23rd January 2020 (limited to non-clinical staff given winter pressures). 143 individuals attended the fundamentals sessions and initial feedback has been very positive and is being used to improve future training. This is a significant milestone in our ambitions to build capability in CQI across the organisation and embed this thinking with colleagues at the start of their career at RWT. The number of QI projects supported continues to increase and directorates are being encouraged to formalise their CQI plans for the next financial year.</p> <p>The highlights from the Patient Journey theme include the completion of the role out of the huddle tool across division 2 – this is providing accurate and unique data in a timely fashion about the constraints in the system providing clear targets for improvement work internally and with our partners.</p> <p>The long length of stay reviews have had limited success to date and remain restricted to the 3 pilot wards while different methodologies are tested.</p> <p>The CQI team are also supporting a number of improvement projects relating to Outpatients. These include demand and capacity modelling in gastroenterology and diabetes with a view to supporting directorates in how to manage any resulting imbalance through different ways of working. Additionally, the team are supporting the neurology directorate in reviewing the processes for outpatient referrals to maximise our efficiency.</p> <p>In the Patient Safety theme, work continues with clinical teams focussed on sepsis, stroke, heart failure, pneumonia, renal failure and now liver disease. A recent addition of a senior nurse to the permanent team has helped progress the excellent work she was doing with falls and helped significantly in exploring issues related to late observations and patient monitoring. The team is heartened by the positive response received from the mortality group and stakeholders within.</p> <p>Challenges for the team include</p> <ul style="list-style-type: none"> • The deteriorating patient flow metrics in association with a deteriorating national picture. This emphasises the need to use the local data to work together with the operational teams to design QI projects focused on our biggest constraints. • Improving engagement with the CQI team across all divisions and developing and embedding an operating structure that facilitates improvement work aligned with Trust quality priorities.

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| | <ul style="list-style-type: none">• Understanding and bringing together (should this be supported) the various different improvement streams related to outpatients |
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Reference pack

Trust Board 04/02/20

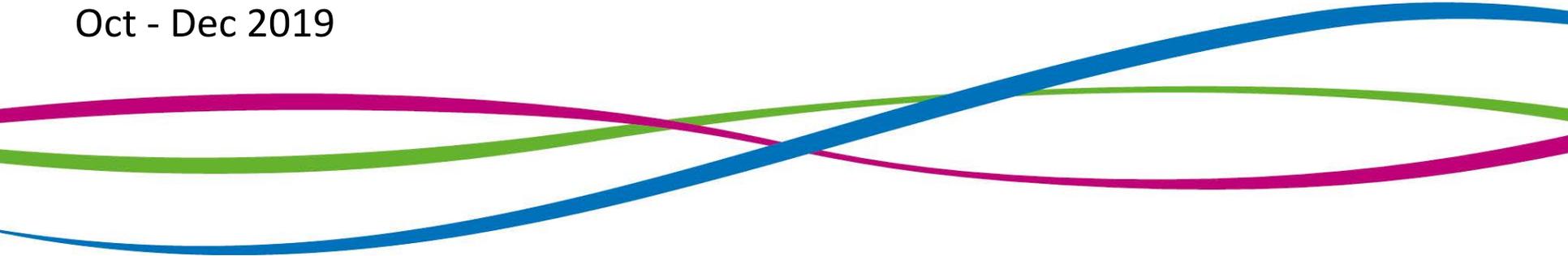
Continuous Quality Improvement Update

Continuous Quality Improvement Team

Tim Shayes - Deputy Director of Strategic Planning and Performance

Dr Lee Dowson - Associate Medical Director for Quality Improvement

Oct - Dec 2019



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Executive Summary

Following successful completion of the QSIR accreditation process, the team has begun training RWT staff in CQI with 2 QSIR fundamentals sessions delivered to new starters and the first Practitioner course launching on the 23rd January 2020 (limited to non-clinical staff given winter pressures). 143 individuals attended the fundamentals sessions and initial feedback has been very positive and is being used to improve future training. This is a significant milestone in our ambitions to build capability in CQI across the organisation and embed this thinking with colleagues at the start of their career at RWT.

The number of QI projects supported continues to increase and directorates are being encouraged to formalise their CQI plans for the next financial year.

The highlights from the Patient Journey theme include the completion of the role out of the huddle tool across division 2 – this is providing accurate and unique data in a timely fashion about the constraints in the system providing clear targets for improvement work internally and with our partners. The long length of stay reviews have had limited success to date and remain restricted to the 3 pilot wards while different methodologies are tested.

The CQI team are also supporting a number of improvement projects relating to Outpatients. These include demand and capacity modelling in gastroenterology and diabetes with a view to supporting directorates in how to manage any resulting imbalance through different ways of working. Additionally, the team are supporting the neurology directorate in reviewing the processes for outpatient referrals to maximise our efficiency.

In the Patient Safety theme, work continues with clinical teams focussed on sepsis, stroke, heart failure, pneumonia, renal failure and now liver disease. A recent addition of a senior nurse to the permanent team has helped progress the excellent work she was doing with falls and helped significantly in exploring issues related to late observations and patient monitoring. The team is heartened by the positive response received from the mortality group and stakeholders within.

Challenges for the team include

- The deteriorating patient flow metrics in association with a deteriorating national picture. This emphasises the need to use the local data to work together with the operational teams to design QI projects focused on our biggest constraints.
- Improving engagement with the CQI team across all divisions and developing and embedding an operating structure that facilitates improvement work aligned with Trust quality priorities.
- Understanding and bringing together (should this be supported) the various different improvement streams related to outpatients

Executive Summary

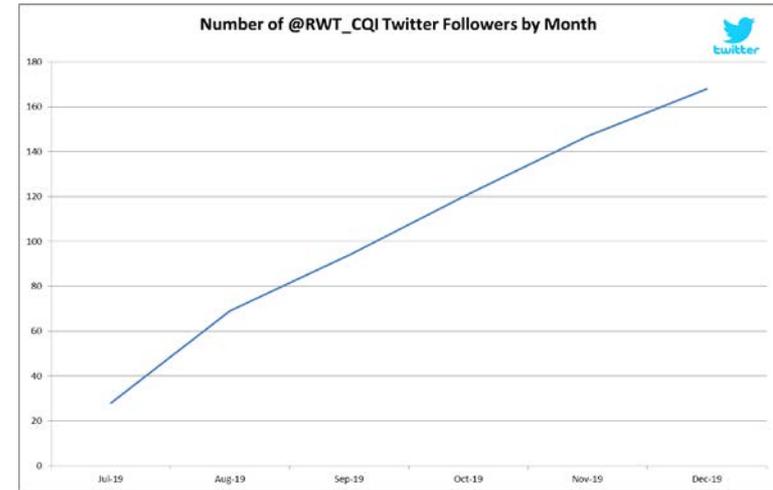
The below is an overview of the number active of interventions in the pipeline across each theme/division:

Area	Patient Safety	Patient Journey	Building Capability	Total		Oct 19 Total
Division 1	5	5		10		
Division 2	15	13	3	31		
Division 3	3	7		10		
Corporate	11	3	13	27		
Total	34	28	16	78		63

Stage	Patient Safety	Patient Journey	Building Capability	Total		Oct 19 Total
Idea	3	6		9		9
Planning	11	9	5	25		20
In Progress	17	6	5	28		25
Complete	3	7	6	16		9
Total	34	28	16	78		63

CQI Support	Patient Safety	Patient Journey	Building Capability	Total		Oct 19 Total
Not yet known	2	3	1	6		
One off support	1	4		5		
Limited on going support	11	15	5	31		
Full Support	20	6	10	36		
Total	34	28	16	78		63

Building Capability Dashboard



Building Capability Pipeline:

Progress	Div 1	Div 2	Div 3	Corp	Total	Oct 19 total
Idea						
Planning		1		4	5	4
In Progress		2		3	5	6
Complete				6	6	3
Total		3		13	16	13

Metric	Number
Twitter followers	168
Blogs	3
Introduction to QI	35
QSIR Fundamentals Programme (1 day)	143
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 delivered their first two QSIR accredited training with 143 staff being trained in QSIR Fundamentals. These sessions included the team using the second day of Trust induction to train staff in QSIR methodology.

Level	Description
QSIR Fundamentals	This is a one day course, covering the fundamental aspects of the QSIR programme. This will be on the second day of Trust induction for staff
QSIR Practitioner	This is the 5 day QSIR Practitioner programme that CQI team members have undertaken and are now delivering to colleagues.

Feedback on the sessions was overwhelmingly positive and more courses are scheduled though out the next 12 months. Training dates are available on the CQI webpage via: http://intranet.xrwh.nhs.uk/departments/continuous_quality_improvement/training_and_events.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;

- 'TQI Friday' drop in sessions – These have been started and take place every Friday at 11am in the Eastside Café or the WMI Reception
- SPC Training – A training package on SPC has been written and delivered to 36 staff, this training will now be incorporated into QSIR Practitioner.
- Junior Doctors Training – Bespoke sessions with the Junior Doctors continue, with plans to offer QSIR Fundamentals to next year's intake underway.
- Twitter account - active from 2nd July , the account now has 168 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.
- CQI Mailbox active: rwh-tr.cqi@nhs.net , this is being used for course applications.
- 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	Oct19 Total
Idea	1	1	1		3	5
Planning		6		5	11	8
In Progress	4	6	2	5	17	14
Complete		2		1	3	1
Total	5	15	3	11	34	28



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 across the organisation 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”

Work is progressing with good engagement from the clinical teams with regard to Stroke, Sepsis, Pneumonia and Renal failure. More recently engagement in significant projects has been achieved with the Hepatology and Heart failure teams. There are some early improvements noted in Sepsis treatment in ED and in Stroke access times. Within the other projects, QI methodology is helping to better understand the problems and allow focussed (and measured) interventions to be planned.

- The Fair oak CQI program focus on reducing falls has matured and the processes developed here are now embedded and deemed business as usual. The program is being exported to wards 1 and 2 at West Park : which are now starting the CQI journey (developed appropriate SMART driver diagram and PDSA cycles for fall prevention which the wards want to start with some urgency)
- Further work includes development of The Falls policy (now almost finalised), work around documentation, End of Life care and Dementia care.
- Extensive work on assessing the problems related to late observations and sepsis has highlighted some issues with our electronic measuring systems and will underpin work to improve patient safety in the coming year. The patient safety projects are linking with the informatics team to explore these issues and looking at how we can move them forward.

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. During the autumn, the tool has been rolled out to all of the medical and rehabilitation wards in the Trust. This has involved training staff in each area, writing a detailed user guide and supporting each ward huddle in incorporating the tool into their ward meetings. In January 2020 the patient flow team have agreed to use the tool as their sole source of information gathering in the Trust, replacing spreadsheets they use to collate information on patients pertinent to discharge. The expected benefits of this are that information will be more accessible to staff, and reporting less cumbersome, releasing time to facilitate discharges.

Long Length of Stay (LLOS) Reviews – The Trust started undertaking LLOS reviews in October 2019, focussing on patients who had passed the threshold of 21 days. These reviews were undertaken with attendance from Deputy COO, Divisional Medical Director, Health & Social Care Manager, the Clinical Lead for Occupational Therapy and Physiotherapy and a member of the Continuous Quality Improvement team.

The team has attended the three wards (A8, C24 and C41) on Wednesday mornings, with visits lasting approximately 20 minutes a ward. Feedback from the wards is that this has been a supportive process and advice on different actions to take has been useful.

On the 4th December 2019, the review team met to review the impact of these interventions on the numbers of 'long stay' patients on each of the wards. As you can see from the LLOS graphs on the previous slide, it is difficult to conclude that the reviews have had a positive impact on the number of patients staying over 21 days. Following this meeting, the group decided to change the threshold to 14 days, to see if this would have an impact on the numbers over 21 days, as it was felt we might be 'getting to them too late'.

Ambulatory Pathway – Tonsillitis – This new pathway is now embedded

A number of the larger Division 1 projects are currently stalled pending business cases – these include Surgical ambulatory Care and the Enhanced Recovery Program.

New projects

The radiology directorate are working together with acute medicine/ED on a project on criteria led discharge.. One of the Divisional Medical directors from Division 3 has signed up for QSIR Practitioner and will be bringing a team to work on a job planning project in general practice.

Other Work Being Supported By CQI

Integrate Care Alliance – The ICA data project continues to focus on the IT solution and IG due diligence to provide the firm basis for the sharing of data across the health and social community.

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 – Some information is now available from the ePMA system which will support several areas of potential QI development. Defining the extract requirements and the ability to develop alerting to support direct patient care are the first deliverables for this project.

Other Work Being Supported By CQI - GIRFT Update

RWT Achievements so far:

The Trust have participated in 21 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:

- Stroke – 7th November 2019
- Adult Diabetes – 26th November 2019
- Lung Cancer – 13th January 2020

Plans for 19/20:

- Further GIRFT visits planned as follows;
 - Gastroenterology – 9th March 2020
 - Anaesthetics and Perioperative Medicine – Date to be confirmed.
 - Neurology – 12th March 2020
 - Neonatology – Date to be confirmed.

Consideration as to how progress against GIRFT action plans is reported would be beneficial to the team.

Priorities for Next Quarter

Building team capabilities

- Engagement work with Division 1
- Deliver and improve QSIR fundamentals training. Start delivering QSIR practitioner training
- Agree operational reporting structure for CQI
- Complete Royal College of Physicians Accreditation for awarding CPD points for QSIR training

Project Work

- Agree process and projects to exploit data coming out of huddle tool
- Agree metrics for patient safety theme with executive team
- Trial different approaches to improve long length of stay metrics
- Work with other stakeholders to agree CQI program of work on outpatient demand and capacity

Appendix 1 – Patient Journey Summary



The Royal Wolverhampton
NHS Trust

Division	Scheme Name	Scheme Description	Level of Support	Scheme Status
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
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 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 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.	Ad Hoc	Complete
1	Review of LUTS Pathway	Review of current Lower Urinary Tract Syndrome (LUTS) pathway to explore potential of developing a "one-stop shop".	Limited Support	Idea

Appendix 1 – Patient Journey Summary

Division	Scheme Name	Scheme Description	Level of Support	Scheme Status
2	Multi Agency Discharge Events	Introduce Multi Agency Discharge Events in the Trust to assist with flow in holiday periods	Limited Support	Complete
2	Discharge Lounge Use	Problem to be addressed: Late referrals or lack of use of Discharge Lounge impacts on flow for patients requiring admission from the emergency portals. The project is intended to address issues which impact upon ward utilisation of the Discharge Lounge. Given that 80% of patients passing through the Lounge are from within AMU and medical base wards across Division 2, it is envisaged that by concentrating Phase 1 of the project on issues experienced by these areas it will resolve many of the barriers experienced by others. Phase 2 will then focus on issues specific to Surgical (Division 1) specialties.	Ad Hoc	In Progress
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	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 Support	Complete
2	Outlier Workload	The Medical Division are looking at the allocation of outlier cover as it is perceived to be unfair at present.	Limited 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 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 Support	Idea

Appendix 1 – Patient Journey Summary

Division	Scheme Name	Scheme Description	Level of Support	Scheme Status
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	Neurology Outpatient Processes	Identify constraints in the OP process from referral to patient discharge including processes employed by: the patient access team, the service and the wards.	Full Support	Idea
2	Call Centre Improvement	<p>Areas for focus:</p> <ul style="list-style-type: none"> • Opening hours of call centre • Information/Communication with patients • Alternative methods for patients/carers to contact Appointments team • Validity of metrics currently in use to measure performance <p>Drivers:</p> <ul style="list-style-type: none"> • Reduction in previously achieved standard for answering calls • Patient/care satisfaction • DNA rates • Availability of alternative technologies • Potential impact on number of calls handled through switchboard 	Ad Hoc	In Progress
2	Demand and Capacity Tool (Gastro)	The Trust needs to develop a demand and capacity tool so that services can model their activity. Currently there is no documented information that is easily accessible for monitoring demand and capacity. Gastroenterology will be a pilot area to support development of a tool which can then provide data to identify possible areas for efficiency or other change. This should then enable services to better manage variation in demand and capacity.	Ad Hoc	In Progress
2	Weekly Flow Dashboard	Review flow data on a weekly basis using XmR charts	Limited Support	Complete
2	Redirects to UCC Overview	Provide information on the number of redirects to UCC	Limited Support	Complete

Appendix 1 – Patient Journey Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
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 Support	Planning
3	Paediatric TCI capacity - nurse led discharge	<p>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 - to support the development the team have agreed to focus on nurse led discharge with the aim of reducing the time the child is on the ward from their return from theatre to them leaving the ward.</p>	Limited Support	Planning
3	Dispensing on the ward - AMU	<p>The aim of the project is to examine the impact of a change in the method of supply of medication at discharge. This will mean that medications are dispensed at ward level which will reduce the time taken for delivery of medication back to the ward from the inpatient pharmacy on C31.</p>	Not known	Planning
3	Paeds Huddle	<p>Implement huddles on the paeds ward.</p>	Limited Support	Planning

Appendix 1 – Patient Journey Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
3	Paediatric review of LoS	MH indicates directorate is a outlier re LoS 3 month audit of patients with Los of 2 days completed results being analysed - to break results into age bands - review issues that may have contributed to LoS - review admission source / reason for admission	Limited Support	Planning
3	Review of Paediatric Diabetic Service	Increasing number of datix being generated by CNS team due to workload across the paed diabetic service. Following a meeting with senior team it has been agreed to review existing CNS job plans, review existing capacity and review demand	Not known	Idea
3	LARC Service Sexual Health - LARCS	Long Acting Reversible Contraception - Aim of project - consistent pathways of care / effective signposting	Not known	Idea
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. The intention of this project is to standardise discussions at the ward huddle, whilst collecting constraints data. The tool will also collect data on End of Life patients and frailty scores.	Full Support	In Progress
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 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 Fairoak 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 Fairoak staff	Full Support	In Progress

Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
1	Gynaecology QIP Programme	Review of flow through the Gynaecology Service. At present the GAU service is located on the Ground Floor of the Gynaecology OPD Monday – Friday 9 – 5. At present the ward offers support to the Trust as an outlier ward to enable continual flow through the hospital, particularly ED. However, from a safety perspective it is felt that re-locating GAU onto the current Gynae Ward will enhance the care and experience of those patients that enter Gynae services via the GAU and Emergency GAU units.	Ad Hoc	Idea
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 spreadsheet to monitor. PDSA Cycles to be run to establish impact of changes - e.g. introduction of non-slip TEDS etc.	Limited 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 Support	In Progress
1	Wound Packing Process Review	In response to RCA's Division are reviewing current practice, current flows and current documentation.	Limited Support	In Progress
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 Support	In Progress

Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
2	Stroke Service Improvement	Initial requirements are to understand the issues that face the Stroke pathway at RWT	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 Support	Complete
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. The Trust has already implemented a new AKI consultant rota (Sept 2019) but as a team the doctors are responsible for all Renal referrals, not just AKI therefore their workload still requires support to ensure the appropriate interventions for AKI patients.	Full Support	Planning
2	Parkinson Pathway	<ul style="list-style-type: none"> • 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: • Medicines are complex and are often non-stock items resulting in delays in issuing medication. • 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 • There is no flag on Clinical Web Portal to alert that patient has Parkinson's Disease • There is no training program for ensuring clinical staff have an understanding of the needs of patients with Parkinson's Disease 	Full Support	In Progress

Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
2	Durnall Unit	Project to work with the Durnall Unit to improve the experience and safety for patients on the unit.	Limited Support	Planning
2	ED Sepsis	<p>Key areas of focus:</p> <ul style="list-style-type: none"> • Screening for sepsis • Assessment to needle time for IV antimicrobial therapy within 1 hour • Neutropenic patient pathway • Compliance with all aspects of Sepsis 6 bundle 	Not known	In Progress
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	In Progress

Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
2	GIRFT Respiratory	Reviewing data regarding mortality and LoS for different Respiratory conditions with Dr Richard Carter	Limited Support	Complete
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	ED Pneumonia	QIP group will be chaired by Dr Ejiofor, Emma Jenkinson will be the lead for the project Key areas of focus: <ul style="list-style-type: none"> • Time to availability of chest x-ray results • Target oxygen saturation levels and appropriate oxygen prescribing • Calculation and documentation of CURB65 scores • Door to needle time for antibiotic therapy for both sepsis and non-sepsis presentations • Review of antimicrobial therapy regime against diagnosis of pneumonia 	Limited Support	Planning
2	Sepsis Team (not ED)	Work with no ED sepsis team to increase compliance with sepsis 6 and reduce mortality	Full Support	In Progress

Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
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	Prosthetics - Mobile working	Enable team to work away from office by use of laptops and mobile data. To ensure they record all relevant information into electronic record.	Full Support	In Progress
2	Delirium Pathway	<ul style="list-style-type: none"> • Better staff knowledge of condition/guidelines • Greater level of delirium screening • Reduction in unrecognised cases of delirium • Increased rate/evidencing of clinical outcome (e.g. TIME bundle implementation) for those with a positive screen. I know we do a lot of these components already as part of ward rounds. • Increased provision/utilisation of delirium information booklets • Increased coding of delirium on discharge letters/follow-up in cognition clinic if not fully resolved at discharge. 	Full Support	Planning
2	Redesign of night time care Dementia ward	Review and redesign of night time environment and regimes for dementia patients , to improve quality of sleep and relaxation for patients with dementia to aid recovery	Full Support	Planning

Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
3	Catheters	Matt approached the team to look at Catheter use in the organisation and employ QI techniques to reduce the number of catheterisations, the length of time the catheter is in situ and to develop a "catheter passport"	Limited Support	In Progress
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 Support	In Progress
3	community pharmacists	discharge to community pharmacists - reduce pressure on GPs improve reconciliation proven in Northumbria to reduce LoS ?? Admission avoidance	Not known	Idea
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	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
Corporate	Fairoak 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

Appendix 2 – Patient Safety Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
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	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	Complete
Corporate	Falls assessment and documentation	Using falls data from Falls prevention group target receptive medical care and rehabilitation areas within RWT to look at assessments and documentation being used to identify areas for quality improvement work to assist with improving patients safety and increase staff awareness around falls and CQI, developing new MDT assessment documentation and training opportunities, review policy and assurance processes in readiness for wider Trust roll out program. To measure changes and produce final/full impact report to Corporate Nursing and CQI by 31st October 2019	Full 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	Informatics	Regular meetings with Informatics to develop tools that are appropriate for teams undertaking QI projects. Help Informatics to align themselves to the Trust boards aims for improvement. Need to develop the monitoring and measuring tools that can then be used to drive quality improvements e.g. VTE prophylaxis - identifying people needing Prophylaxis is done in VitalPacs but the prescribing is done in another system. If we joined the data together you can see who is supposed to have drugs but not having it and provide a report to prompt action. Work with the clinical teams to identify what questions they need to answer and work with information team to develop the data replies.	Full Support	Planning
Corporate	Clinicalskills.net	The Trust currently has a Licence agreement with the Royal Marsden for procedures and policies. This is underutilised and procedures have to be amended to meet organisational requirements. It does not include competencies. The licence expires in February 2020. The Chief Nurse has identified the need for a competency framework linked to procedures in the Nursing Systems Framework for 2019/20.	Limited Support	Planning
Corporate	Late observations	To look at rationale and CQI improvement ideas for potential increase in late observations across Trust following change of reporting for VITALS system	Full Support	In Progress

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 ongoing agenda and review process. Tim Powell is changing one of the Divisional Governance meetings so that there is a specific focus on QI.	Limited Support	Planning
2	AMU Dashboard	Designing a dashboard for AMU to review their performance and monitor the success of interventions they have made.	Limited Support	In Progress
2	Demand and Capacity	Helping the Medical Team undertake Demand and Capacity studies on their services, starting with respiratory and Diabetes.	Limited Support	In Progress
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	Complete
Corporate	Junior Docs Education	Education Programme for Junior Doctors on QI, culminating in QI conference submissions in May each year.	Full Support	Planning
Corporate	Twitter Account	Social media is an ever increasing influence on people in society. Twitter has been used in a number of organisations to increase awareness of messages of services. The aim of this twitter account is to increase both Trustwide and national awareness of the QI work being undertaken at RWT. The intention of this is to better spread good practice through the organisation, by sharing internal projects, and also educational papers for the followership to review.	Full Support	In Progress
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	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	SPC Training	Training on an Introduction to SPC for people in the organisation	Full Support	Complete
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

Appendix 3 – Building Capability Summary

Division	Scheme Name	Scheme Description	Level of Support	Project Status
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	Nursing IPR	Update the nursing IPR to include SPCs to they can monitor success of initiatives on the key nursing metrics	Limited Support	Complete
Corporate	Clinical holding and Sspire and low arousal techniques	To develop and hold training sessions for staff around use of Clinical holding , low arousal and Sspire research tools in care of patients with LD/Dementia and neuro rehab	Full Support	Planning
Corporate	HR Reporting (SPCs)	Help HR to improve their reporting by using SPC charts	Limited Support	Complete
Corporate	Pathology SPCs	Kevin Stringer has asked for us to meet with Pathology business manager to use SPC in their reporting.	Not known	Complete

Case Study - Huddle Data Collection Tool (HDCT)

Introduction

The CQI team, in conjunction with the Digital Innovation and Integration team, have designed and developed a new computer program to record the outcomes of huddles (meetings which occur each morning on the wards). The tool records information including the action that should be taken that day, any delays the patient is experiencing, how frail the patient is and the end of life surprise question.

The intention of the tool is to improve the efficiency of huddles, give huddles an 'action list' each day, provide valuable information to our palliative and frailty teams and also provide real time information on the constraints to patient flow in the Trust. The real time reporting (see later slide) shows what our main constraints are on the wards, and how they are performing against key flow metrics.

Implementation

In implementing the tool, the CQI team have had to involve numerous stakeholders, including clinical staff, patient flow teams and IT to ensure it is fit for purpose. During the reporting period, the tool has been rolled out to all of the medical and rehabilitation wards in the Trust, which has involved training staff in each area, writing a detailed user guide and supporting each ward huddle in incorporating the tool into their ward meetings. In January 2020 the patient flow team have agreed to use the tool as their sole source of information gathering in the Trust, replacing spreadsheets they use to collate information on patients pertinent to discharge. The expected benefits of this are that information will be more accessible to staff, and reporting less cumbersome, so they can spend more time facilitating discharges.



Huddle Data Collection Tool (HDCT)

Next Steps

Implementing the tool on the medical wards is the first step. The more exciting step from a CQI perspective is using the reporting mechanisms in the tool to identify the main constraints in the Trust, and helping stakeholders improve their services. The dashboard reports will be available to users to see, real time, what is causing discharge delays in their area.

We are planning to 'roll out' the tool to other areas. We have met with the orthopaedic team and now they have appointed patient flow support, they are hoping to use the tool in their area.

We are excited about the potential for real time reporting of the frailty scores, palliative status and operational pressures. We will continue to meet stakeholders in these areas to create reports that will help them in their day to day roles.

The CQI team are also creating a video to advertise the tool to people in the Trust, so we can more easily spread the message regarding the reporting potential and why the data capture is valuable to the Trust.

Overleaf is a screenshot of the user interface which is seen during the ward huddle and an overview of the reporting aspect of the tool.



Reporting

As you can see, the tool reports on the key flow metrics (i.e. Discharges, Number of LLOS patients, Average Length of Stay, and Readmissions in areas and the left hand side. Then on the right, it provides the user with an overview of the constraints (or red days) they have recorded in the last 30 days, so teams can focus their improvement efforts on the delays that are most effecting their ward area.

This report is available 'real time' through the tool, or via a separate web link.

As we can see, the biggest constraints (issues causing delay for patients) in these wards are paperwork completion and residential home assessments.

The yellow issues on the report represent the issues that cause 80% of the delays in the area.

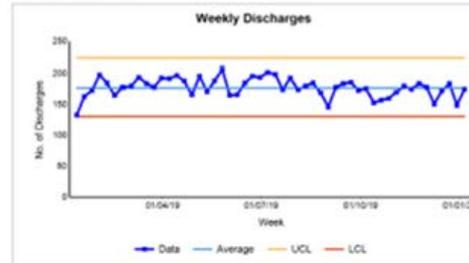
We would suggest improvement efforts in areas should be based on their respective 'yellow' areas on the tool.

HDCT Overview

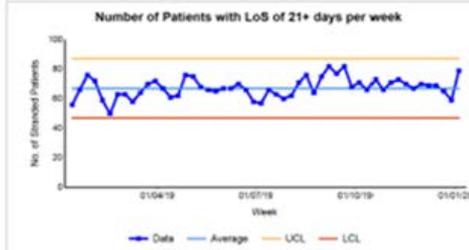
Wards in Report: A7, A8, C15, C16, C17, C18, C19, C22, C24, C41, Stroke

Red to Green Period: 10/12/19 – 9/1/20

Discharges



Long Length of Stay Patients



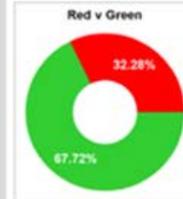
Length of Stay



Readmissions within 30 days per Month



Red Vs Green - Last 30 Days



Day	Number of Bed Days	% of Total
Red	1006	32.28%
Green	2116	67.72%
Total	3116	100.00%

Top Red Reasons

Reason	Number of Bed Days	% of Total	Running %	Pts
M6- Paperwork incomplete on ward	183	18.19%	18.19%	131
S4- Awaiting Res/Nursing placement assessment	93	9.24%	27.44%	90
S2b- Awaiting social worker assessment	61	6.06%	33.50%	36
S3b- Delay in new POC being agreed	60	5.94%	39.46%	34
M1- Awaiting treatment plan/Senior input	56	5.57%	45.03%	44
S3a- Awaiting POC start date	56	5.57%	50.60%	34
T1- Delay in Therapist input (> 1 day)	54	5.37%	55.96%	47
S6- Waiting to identify home (funding approved)	52	5.17%	61.13%	21
M2a- Diagnostic test/Procedure not conducted	46	4.57%	65.71%	31
M3a- Awaiting specialist input (>24 hours)	44	4.37%	70.08%	34
S5- Awaiting care funding for POC or nursing home	44	4.37%	74.45%	24
D4- Delay due to relatives	33	3.28%	77.73%	20
D6- Discharge at agreed but TTD delay	31	3.08%	80.82%	27
D1- No discharge destination identified	27	2.68%	83.50%	21
S1- MRD patient where AN not completed	26	2.58%	86.08%	20
D5c- Awaiting bed at rehab facility	20	1.99%	88.07%	10
S3c- Awaiting Respite Package	14	1.39%	89.46%	9
D9- Delay due to safeguarding concerns	12	1.19%	90.66%	7
T2- Delay in subsequent assessments	12	1.19%	91.85%	9
D5b- Awaiting bed at other Trust	9	0.89%	92.74%	8
D8- Awaiting external assessment (not Social worker)	8	0.80%	93.54%	6
D5a- Awaiting bed at residential home	8	0.80%	94.33%	6
D3- Awaiting Equipment	8	0.80%	95.13%	6
S3e- Delay in prev POC being upgraded or resit	6	0.60%	95.73%	6
M3b- Delay in implementation of specialist plan	5	0.50%	96.22%	4
M2b- Not Reported - Diagnostic Test/Procedure	5	0.50%	96.72%	4
S2a- Section-2 completed awaiting social worker	5	0.50%	97.22%	4
D5b- Awaiting bed at psychiatry facility	4	0.40%	97.61%	1
T3- Therapy planned but not given	4	0.40%	98.01%	4
D5a- Awaiting bed at Hospice	4	0.40%	98.41%	4
D7- Awaiting Fast Track form to be completed	4	0.40%	98.81%	3
M5- medical care plan other location	4	0.40%	99.20%	4
M7 - Awaiting MDT Discussion	3	0.30%	99.50%	3
D2- Awaiting case-conference	3	0.30%	99.80%	2
S7 - Awaiting DIST/CHC Assessment	1	0.10%	99.90%	1
None	1	0.10%	100.00%	1
Total	1006	100.00%	100.00%	676