The Royal Wolverhampton Hospitals NHS Trust

Trust Board Report

Meeting Date:	26th March 2012
Title:	Creating Best Practice Wards - Progress
Executive Summary:	The organisation has outlined four priorities for the year 2012/2013. One priority is to implement a "Creating Best Practice" programme. This report provides progress of the first phase of this programme "Creating Best Practice Wards". The report also provides information regarding the next stage of implementation.
Action Requested:	To note the implementation and outcomes of the first stage of "Creating Best Practice"
Report of:	Cheryl Etches, Chief Nurse
Author: **Contact Details:**	Mari Gay Deputy Chief Nurse Transformation and Workforce
Resource Implications:	Non-recurring funding has been required to support certain areas of improvement
Public or Private: **(with reasons if private)**	Public
References: **(eg from/to other committees)**	
Appendices/ **References/** **Background Reading**	
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - 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

1. Background Details

BACKGROUND

At the end of September 2011, the Trust launched the Creating Best Practice Programme – a scheme to continue improving the experience of patients using innovation, transformation and the involvement of front line clinicians. This scheme is sponsored by Executive Directors.

Following a series of launch events that communicated the vision and challenged staff to think innovatively, an intensive six week planning phase began on Wards D18, D19 and D20 and the project went live on November 7th 2011.

1. Work Streams

During the planning stage, twelve work streams were identified. Each work stream consists of a number of small projects, some easily implemented and considered as quick wins and others that require negotiation and discussion with other departments within the organisation. For each improvement workstream, "best practice" vision and standards were designed and a baseline of each ward against the standards was determined.

Below are examples of transformation and improvements in some workstreams.

1.1 Patient Safety

Following suggestions from ward staff changes have been made to the transfer of patients from the Emergency Admissions Unit to the Wards. A small pilot is in progress that sees the Ward Nurse going to the Emergency Admissions Unit and greeting her patients before taking a safety handover from staff and then escorting the patient to the ward.

Another area of focus has been to improve the wards percentage of recorded late observations, a key indicator of safety by monitoring patients' condition for deterioration. By January, one of the three wards has achieved the lowest percentage recorded across the Trust. Currently all three wards have shown significant improvements which are being sustained.

There has also been a focus on enhancing clinical staff's working knowledge of key internal policies and enhancing education requirements and attainment.

1.2 Falls Prevention

Attention to improving the visibility of nurses on the ward has been a major focus within this workstream as has the assessment of the ward environment, resulting in additional work space being provided to allow nursing staff to work in the patient bays, with the ability to closely monitor patients, rather than have to use desk space at the nursing station. One of the wards has significantly reduced its patient falls with only four falls since the programme commenced in comparison to nineteen in the same period last year. Of the four, there has been no injury.

1.3 Work Force

During the launch sessions, staff introducing themselves to visitors at ward entrances at visiting time was identified as beneficial and, as a result the "Meet and Greet" service has been introduced with positive feedback from both patients and visitors.

Another small project within this work stream has been challenging the amount of time ward staff have to leave the ward to either collect or deliver. As a result wards are able to order items that previously had to be collected and work is underway to reduce the visits required to radiology and pharmacy.

1.4 **Documentation**

Between them the project team and ward managers identified 180 different referral and requests forms, checklists and transfer forms.
This review has formed the basis of a project to develop generic referral and requests forms and incorporate existing documentation onto the Vital Pac system.

So far 62 forms have been removed from the 3 wards and the project team are confident that this number will further reduce. The electronic component will also reduce the need for forms to be delivered. The patient clinical documentation has been enhanced to provide individualised care planning and greater clarity of clinical requirements with regard to documentation. This documentation is also being launched in the emergency admissions unit..

1.5 **Nutrition**

From the first day of the launch, home made soup was introduced at meal times and positive feedback was immediately received from patients as was the case when their afternoon cup of tea was accompanied by a slice of cake.

1.6. **The Discharge Process**

The most challenging aspect of this programme focuses on the system-wide issue of planning and delivering an efficient and safe discharge process consistently. Whilst the majority of discharges occur without issue, there is a need for redesign of discharge for individual with complex needs to ensure safety and reduce delays in the system.

Progress to date within the programme has resulted in:

- A new system of “ward attached” social workers who can develop in-depth knowledge of the patients as they are now part of the ward team
- A weekly multi-disciplinary meeting to focus on complex cases and planning for discharge
- A plan to improve the process on the day of discharge
- Whilst the wards focus on planning for a date to discharge, this can alter due to the individual’s condition and social circumstances. Therefore, a clear process is required for any day of discharge

As part of best practice, there is a need to ensure discharge occurs earlier in the day with all required equipment, medication and information. This is to prevent discharge for vulnerable people late in the evening and to support release of bed capacity.

The e-Discharge system is now in place across many wards and provides information concerning ongoing care and medication to Primary Care which resolves many of the communication issues.

As medication during an individual’s stay in hospital can alter considerably, there is a need to ensure the medication is dispensed speedily on the day of discharge and that the individual is clear regarding the new medication regime.

This process can take considerable time due to the numbers of discharges and the demands on the medical staff.

Aiming to address this, the creating best practice programme is planning:

— A re-design of the daily ward round

— A pilot of a ward-based pharmacist, either in EAU or the wards, with a specific role in dispensing the required medication and ensuring individuals understand the medication regime

The pilot will be evaluated to determine the ability to incorporate into the daily function of the ward round.

Further plans to improve the "patient flow and discharge system" will be evident later this year as health and social care resource in the hospital that manages this system will be integrated into a single, functioning team with integrated policies and performance frameworks. This aims to further reduce complexity in the system and will improve the patient experience by reducing the need for multiple assessments and differing information.

General Learning from "Creating Best Practice Wards" Includes:

- Capturing staff views and feeding back actions delivers results
- The need for standardised working practices across the wards
- The need for enhanced "lean working processes"
- The need to reduce bureaucracy across supporting departments
- The leadership role of Ward Sister is crucial
- A greater ward-based team approach required

These principles continue to be embedded at ward level and provide a constructive challenge to existing processes.

Generally, all departments have supported the transformation process with significant support from Social Services colleagues.

An evaluation is underway of the process used in this programme and the indicator of progress against the baseline. The ability to sustain improvements is crucial to the continued quality delivery of services and is forming part of the evaluation also.

Next Stage of the Programme

With sponsor agreement, the next stage of the implementation of creating best practice wards is to commence the planning and baseline assessment on six further inpatient wards:

- D15
- D16
- D17

} General Medical wards

- D5
- D6
- A4

} Orthopaedic and Gynaecology wards

As this programme is developing following the initial stage, a structured governance process will be in place reporting to the organisation's Change Programme Board.