

Trust Strategic Priorities 2013/14

Trust Board Report

Meeting Date:	25 November 2013
Title:	Trust Strategic Priorities 2013/ 14.
Executive Summary:	<p>Our priorities for 2013/14 mirror those of the previous year as we believe these priorities to still be highly relevant.</p> <p>The Trust's main priorities for 2012/13; Urgent Care, Care of Older People and End of Life Care were initially chosen after consulting both our staff and clinical teams who work in the Trust and looking at what patients and members of the public say about us and our services in national and local surveys and in complaints and compliments. We have also taken account of what people say nationally about health services and where services need to improve.</p> <p>The priorities and underpinning work streams were described as part of the 2013 /14 Priorities for Improvement in the Annual Report & Quality Account for 2012/13</p> <p>To support delivery of the priorities Strategy Boards have been established. These Boards report on progress to the Trust Management Committee.</p>
Action Requested:	The Board is asked to note the progress in improving services for patients as outlined against each of the priorities
Report of:	Director of Planning & Contracting
Author: Contact Details:	Service Re-design Team Tel 01902 696749
Resource Implications:	
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	<p>Background reading:</p> <p>Annual Report & Quality Account 2012/13</p> <p>Annual Plan 2012/13</p>
NHS Constitution: (How it impacts on any decision-making)	<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"> ✚ 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

Background Details

1 Introduction

Following consultation with staff and clinical teams who work in the Trust and looking at what patients and members of the public say about the Trust and its services in national and local surveys and in complaints and compliments, three areas were identified as the Trust's main priorities

- Urgent Care
- Care of Older People
- End of Life Care.

The priorities and underpinning work streams were described as part of the Forward Look in the Annual Report & Quality Account for 2011/12 and the Annual Plan 2012/13.

We believe these priorities to still be highly relevant and are therefore the priorities and underpinning work streams were described as part of the 2013 /14 Priorities for Improvement in the Annual Report & Quality Account for 2012/13

Each Priorities has a Director sponsor and co-sponsor, and is supported by a Service Development & Redesign Manager, as detailed below:

Priority	Director Lead/ Co-Sponsor	Service Redesign Support
1. Urgent Care	Medical Director/ Director of Planning & Contracting	Louise Landucci
2. Care of Older People	Chief Nursing Officer/ Chief Financial Officer	Dawn McCullough
3. End of Life Care	Chief Operating Officer/ Director of Human Resources	Tracy Foxall

Progress is monitored through quarterly progress report to the Trust Management Committee given by the nominated Director lead which outlines performance against the indicators that support each individual priority, a summary of which is provided through the following report.

PRIORTY 1: Urgent Care

1. Why is this a priority for The Royal Wolverhampton NHS Trust?

Because it impacts on everyone at their most vulnerable and is where a difference can really be made to patients through the best use of community services. Urgent care also drives demand for a number of other services both in hospital and the community.

2. Key Achievements during 2012/13 & Key Objectives 2013/ 14

Work began on Urgent & Emergency Care, as one of the Trust Priorities, in February 2012. Since this time there has been substantial progress made.

There is a more detailed report of the achievements to date, and the strategic plan moving forward as a separate item on today's agenda.

PRIORITY 2: Care of Older People

1.0 Why is this priority for The Royal Wolverhampton NHS Trust?

The population of Wolverhampton will change over the next 20 years with older age groups making up the a bigger proportion of the population for example the office for national statistics suggests by 2028 over 70s will comprise 36.5% of the city's population .

We know that the elderly use more health care services than any other group so it is essential that care is designed appropriately for our biggest service user

2.0 What we set out to achieve

Care of the elderly encompasses a wide range of essential care standards that help us to focus on keeping older people safe both in hospital and when being cared for at home therefore the trust has concentrated on four key areas as detailed below.

Falls	To reduce the number of patient falls resulting in serious harm to less than 10 in 2012/13
Pressure Ulcers	To reduce the number of health care acquired pressure ulcers both in the hospital and community settings
Nutrition	No patient unintentionally loses weight whilst in our care
Preventing Infections	Reducing the number of device related infections and patients who test positive for Clostridium Difficile

3.0 Key Achievement's 2012 /13

3.1 Falls

We have reduced the number of patients who fall by 20% and the number of unwitnessed falls has reduced to 23% which is a marked improvement of last year's figure of 40%

- Actions that have contributed to this reduction include.
 - Ensuring that patients are risk assessed for falls within 6 hours of admission.
 - The introduction of a falls care bundle.
 - Changes to the ward environment that has allowed nurses to spend more time at the bedside.

3.2 Pressure Ulcers

In 2011/12 there were 732 pressure ulcers and in 2012/13 there were 973.

It is highlighted that reporting systems year on year are quite different and so the two figures are not comparable and there has been an increase in activity.

The Trust is focused on reducing avoidable pressure ulcers and risk assessment and preventative processes are firmly embedded across the organisation. These include;

- An accountability framework to hold matrons and ward managers to account when an avoidable pressure ulcer is identified.
- A dedicated tissue viability nurse working in the Acute Medical and Emergency Department resulting in risks being identified at the very start of the patient's hospital journey.
- Education and awareness programmes have facilitated earlier detection of skin damage which is now being successfully reported.
- The practice of comfort rounds is well established in the Trusts in patient areas.
- Easier access to pressure relieving equipment.
- Increased use of telemedicine and digital cameras.
- Implementation of an early warning system in community aimed at identifying patients with early pressure damage resulting in the teams ideas and actions being recognised by the Midlands and East Strategic Health Authority and winning them the most inspirational team award.

3.3 Nutrition

It has proved to be challenging to measure and achieve no unintentional weight loss given the variables involved in each patients care however in 2012/13 we have built on our previous work;

- We have met our target of 95% of hospital patients undergoing nutrition risk screening on admission and plans are in place to improve our % of rescreening with a target of 100% being set.
- All wards continue to operate a protected meal time policy and work is ongoing to audit compliance with pre – operative fasting.
- Artificial feeding – guidelines have been updated and training packages reviewed.

3.4 Infection Prevention

Specific achievements against last year's objectives include;

- Establishment of an Intravenous Resource Team.
- Additional electronic training packages.
- Development and initiation of plans to reduce the use of urinary catheters and chronic wounds.

- The set up and delivery of an Outpatient Parenteral Antibiotic Therapy (OPAT) Service to enable the monitoring and safe care of patients requiring long term antibiotic therapy that can be given in the community rather than hospital.

3.5 Working Closely With Our Partners

“If we are to meet the challenges ahead we must work collaboratively to revolutionise the way we organise and deliver care”

Royal College of Physicians 2012.

The Trust hosted an event to provide an opportunity for individuals from different organisations to meet and consider the older person’s experience across the whole health and social care system and identify a long term vision that will provide sustainable and effective services for the elderly population of Wolverhampton in both the acute and community setting.

In November 2012 representatives from Clinical Commissioning Groups, Local Authority, West Midlands Ambulance Service, the voluntary sector, Trust staff and Shadow Governors, came together and recognised both the need and desire for all agencies across the social and health economy to work more closely together.

It was agreed to develop a strategy that encompassed the themes identified throughout the stakeholder event and establish a programme board that will provide the strategic oversight for the Care of Older People programmes across the Trust.

- Person centred care
- The involvement of carers and family
- Effective collaborative working
- Development of intermediate care
- Safe hospital Care kindness and a respectful attitude
- Education training and innovation

4.0. Key Objectives for 2013/14

In November 2011 the Trust launched the Creating Best Practice programme, a programme that has looked at all the activities that take place on a ward during the night and daytime and made changes to ensure that the patient always comes first.

The programme continues during 2013/14 and includes prevention of falls and pressure damage, infection prevention and nutrition within its 11 work streams.

4.1 Falls – Plans for 2013/14

- To continue to identify measures which help reduce the incidence of falls and to work towards all wards introducing the practice of nurses based in bays.

- To reduce the number of patients falls resulting in serious patient harm to less than 15 in 2013/14.

4.2 Pressure Ulcers – Plans for 2013/14

- The Trust will continue to document evidence of fundamental elements of care which support pressure ulcer prevention.
- The Trust will evaluate early findings of early intervention within the Acute Medical and Emergency.
- Introduce a public campaign highlighting the need to “stop the pressure” for patients at home aimed at formal and informal carers.
- Continue formal education and training for all nursing home staff to reduce the risks of nursing home acquired pressure ulcers.

4.3 Nutrition – Plans for 2013/14

- To meet our target of 100% for re screening and care planning.
- Artificial feeding – to introduce mandatory training for Drs who join the trust.
- A new hospital menu will be launched in 2013/14 and all dishes will have undergone nutritional analysis.

4.4 Infection Prevention – Plans for 2013/14

- The implementation of an annual programme of infection prevention working towards 9 strategic aims focusing on surgical site infection, emerging infections, use of devices and investigation of new methods for treatment and control MRSA and Clostridium Difficile

4.5 Working closely with our partners – Plans for 2013/14

In addition to developing a draft strategy, the Royal Wolverhampton NHS Trust began a process of collating existing projects / programmes of work that are either being planned or are in progress across the Trust and that underpin and can be aligned to the key objectives of the Care of Older People Programme.

CCG and Local authority colleagues were invited to contribute to this process with the clear objectives of:

1. Providing an overarching directory of projects and schemes across the City.

2. Identify shared areas of interest and highlight opportunities to work together.
3. Providing a gap analysis against the programmes identified work streams.

This piece of work has clearly highlighted

- Opportunities for colleagues across health and social care to work closely together and will build further on the positive relationships developed through the Integrated Patient Flow Team.
- Significant risk of duplication in managing and reporting of projects through the established Local Authority's Older Peoples Partnership Board and the proposed RWT Older Peoples Programme Board.

Discussions are underway between the two organisations with a view to formulating an implementation plan for the strategies in the respective organisations and areas of joint working.

PRIORITY 3: End Of Life Care

1.0 Why is this priority for The Royal Wolverhampton NHS Trust?

2013 is an important year for end of life care. It marks the halfway point of the 10-year End of Life Care Strategy. The Government has stated that it will hold a review into the feasibility of a “national choice offer” to enable people to die at home. The National lead for End of Life Care, Dr Bee Wee, will lead on the consultation to refresh End of Life Strategy. This is in response to the Neubeurger report on the Liverpool Care Pathway and other high profile national reports, such as Mid Staffordshire Foundation Trust. . It is essential that we continue working to ensure that end of life care is a core priority for the Trust. .

It is recognised that palliative care is a crucial element in the care received by patients and carers throughout the course of their disease. Our aim is to ensure that all patients with an advanced life limiting illness receive high-quality personalised care at all times, including symptom control and provision of psychological, social and spiritual care. Individuals’ preferences on the location of care will be followed whenever possible and those patients that are dying within the Trust will have a dignified death, with family and other carers adequately supported during the process.

Providing supportive and palliative care should be integral part of every health care professional’s role

2.0 Key achievements during 2012/13

The strategy for End of Life Care for adults in Wolverhampton has been well established since its development in 2009. Key quality markers have been developed from the strategy which demonstrate the level of compliance; also linking CQC outcomes and essential standard of quality and safety. The resultant Quality Markers provided a useful framework for tracking the progress against them.

Quality Marker Measure table:

Measure	CQC Standards	Compliance
They have developed an action plan for end of life care that is congruent with the strategic plan developed for the locality by the PCT.	1, 4, 6, 9, 16	Yes
They have a multidisciplinary specialist palliative care team (as defined in the NICE guidance on supportive and palliative care for adults with cancer).	4, 6, 12, 13, 14	Yes
They have effective mechanisms for identifying those who are approaching the end of life.	4, 12, 14	Yes
They ensure that relevant information on patients approaching the end of life is entered into a locality-wide register (where available) or otherwise communicated to other health and social care professionals involved with the patient’s care.	6, 16, 21	Yes
They nominate a key worker for each	4, 16	Yes

patient approaching the end of life if required.		
They use a care pathway (such as the LCP or equivalent) for those who are dying and for care of the body after death.	4	Yes
They assess the needs of family and carers and provide them with appropriate support during the patient's time in hospital and in the period around death, if the patient dies in hospital.	1, 12, 13, 14	Yes
They have appropriate facilities for viewing the deceased.	10	Yes
They communicate effectively with patients' GPs around end of life decisions and inform the general practice within 24 hours when a patient dies.	6, 16	Yes
They have mechanisms for auditing and reviewing quality of end of life care provided by the hospital.	16	Yes
They have processes in place to identify the training needs of all workers (registered and unregistered) in the hospital that take into account the four core common requirements for workforce development (communication skills, assessment and care planning, advance care planning, and symptom management) as they apply to end of life care.	12, 13, 14	Yes
They take particular account of the training needs of those workers involved in discussing end of life issues with individuals and their families and carers	12, 13, 14	Yes
They are aware of end of life care training available (including training related to the LCP or equivalent), and enable relevant workers to access or attend appropriate programmes dependent on their needs.	12, 13, 14	Yes

3.0 Plans for 2013 /14

- 3.1** To review and refresh the End of Life Strategy for Adults in Wolverhampton with a view to developing further services for End of Life Care for Adults in Wolverhampton, a small working group co-ordinated by NHS Wolverhampton City Clinic Commissioning Group (CCG) are looking at objectives and quality markers to further develop the service offered for patients considered to be within the last year of their life and to
- 3.2** ensure that the strategy for adults supports transition for adolescents where appropriate
- 3.3** To ensure people approaching the end of life will be encouraged to express their wishes and feelings review and where possible arrangements will be made to care for people at the end of their life in their usual residence, including access to rapid discharge home to die
- 3.4** To support Wolverhampton Clinical Commissioning Group (CCG) in supporting Nursing and Residential Homes in reducing unnecessary admission of patients in the end of life phase to hospital and in particular emergency portals.
- 3.5** To improve facilitation of Advance Care planning / preferred priorities for care in order to create a co-ordinated approach across health and social care economy to support nursing homes and to improve service delivery and safety in nursing homes through co-ordinated support of training and education opportunities.
- 3.6** To ensure the national recommendations on the Liverpool Care Pathway (LCP), expected February 2014, will be adhered too.

4.0 Conclusion

Clearly, the focus on proving good End of life Care for all has rightly become more topical and a national priority, this is to be welcome.

This report provides an update on developments and improvements that the Trust is working on solely and more importantly with other key stakeholders and agencies to improve services, care and understand about skills required to ensure that End of Life planning can be effective and compassionate for those involved.