

Trust Board Report

Meeting Date:	20 th May 2013
Title:	Best Practice Wards
Executive Summary:	Creating Best Practice – progress report
Action Requested:	To note report contents
Report of:	Chief Nursing Officer
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Resource Implications:	None
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	Appendix 1
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

1.0	<p>Creating Best Practice - Phase 1</p> <p>In November 2010 RWT launched the Creating Best Practice Programme – a scheme to continue improving the experience of patients using innovative ideas from front line staff. In addition it provided an opportunity to ensure consistency of approach across the pilot wards.</p>
1.1	<p>Successful Outcomes</p> <p>The programme initially concentrated on 3 in patient areas and focused on a number of work streams (Patient Safety, Pressure Damage, Falls Prevention, Patient Flow/Discharge, Infection Prevention, Workforce, Documentation, Patient Experience, Staff Experience and Nutrition) that in turn benefited both patients and staff.</p>

	<p>The positive outcomes were reflected in the wards key performance indicators e.g. reduced patient falls</p> <p>The Documentation work stream proved to be a significant component of phase 1.</p> <ul style="list-style-type: none"> - A review of documents at ward level resulting in over 100 being considered of little value and subsequently removed. - Patient assessment document reduced from 28 pages to 8 - Social work referral form reduced from 20 pages to 1 - The combination of observation / reporting charts thus reducing bedside documentation <p>1.2 Lessons Learnt</p> <p>Roll out across the organisation of redesigned documentation and other initiatives arising out of phase 1 identified</p> <ul style="list-style-type: none"> - A surgical ward should have been included in the initial phase of the programme - A lack of enthusiasm / ownership from some areas not included in the programme <p>2.0 Creating Best Practice – planning for the next phase</p> <p>Following a period of review and reflection it was agreed at senior level that the programme should continue but a new approach should be taken</p> <p>It was agreed by the Creating Best Practice Programme Board that:</p> <ul style="list-style-type: none"> - Work streams will be reviewed - The programme will be Trust wide - A rapid approach will be taken - Each work stream will be Matron led <p>2.2 Creating Best Practice – Phase 2</p> <p>Appendix 1 illustrates the programmes timetable for 2013/14 and work stream leads</p> <p>Phase 2 will continue to be supported by the Creating Best Practice Programme Board chaired by Chief Nursing Officer.</p> <p>During the work streams active phase Matrons will attend and present reports confirming the work streams objectives, progress against target, risks and issues and also escalate any barriers to progress.</p>
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2013 /14 CREATING BEST PRACTICE WORK PROGRAMME

	Phase 1			Phase 2			Phase 3			Phase 4		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1. Safety Preparation – Matron Morgan	→											
2. Pressure Ulcer Prevention – Matron Slater	→											
3. Falls Prevention – Matron Bowley				→								
4. Admission Transfer & Discharge – Matron Anelli	→											
5. Infection Prevention – Matron Edwards										→		
6. Workforce & Staff Satisfaction – Matron Flavell				→								
7. Documentation – Matron Boyce	→											
8. Patient Experience & Satisfaction – Matron Coen										→		
9. Nutrition & Hydration – Matron Fitzgibbon							→					
10. Medication – Matron Plant	→											
11. Ward Round Matron Watts							→					