TRUST BOARD

Date of Meeting: 28/5/2013	**Agenda Item No:** 5.7	**Enclosure:** 10
Intended Outcome:		
For noting	**For information**	**For decision** ✓
Title of Report: Patient Experience Improvement Plan – Emergency Care		
Aims: To provide better care for patients.		

Executive Summary:

Following the receipt of a serious concern highlighting deficiencies in the care provided to a patient visiting the area, the Emergency Care and Medicine Business Unit investigated the incident.

The patient, happened to be a doctor, but he was very clear that his experience while attending our Trust, was not about him being a doctor, but about him being – a patient. He kindly agreed to allow us to share his story with staff across the Trust. His openness and clarity relating to his care is compelling, and highlighted deficiencies in the service that he received. The issues highlighted by his experience had to be addressed.

I am pleased to say that we received an exceptional response and energetic engagement from members of our teams, at all levels, wishing to put in place measures that will ensure, we provide better care. With facilitation from the Northumbria Patient Experience team our staff came together to reflect individually and jointly on what needed to be done, so that all of our patients will consistently receive safe, timely and quality care. From these workshops a robust action plan has been implemented to address the concerns raised by Professor Haslam, together with other aspects that team members highlighted could improve our service for all of our patients. This report documents the additional measures that we are implementing to provide better care, over and above many of the improvements already initiated since Professor Haslams admission.

Specific implications and links to the Trust's Strategic Aims:	
We deliver excellent clinical outcomes along closely integrated pathways	
We provide excellent patient-centred services	✓
We deliver excellence in safety, quality and regulatory compliance	
We deliver efficient care and work within budgets	

Recommendations:

The Trust Board is recommended to approve this improvement plan prepared by the clinical team and to extend this programme to other wards

Prepared by:	**Presented by:**
Barbara Monk, General Manager	**Denis Burke, Director, Emergency Care and Medicine Business Unit** **Liz Klein, Lead Nurse, Emergency Care**

North Cumbria University Hospitals NHS
NHS Trust

EMERGENCY CARE AND MEDICINE BUSINESS UNIT

Patient Experience Improvement Plan

Issue Raised	Action needed	Priority	Lead	Support	Measure of Success
1. Systems & Processes					
1.1 Patient Handover between A&E & EAU					
Doctor to doctor	• agree and standardise handover process and documentation • Incorporate revised handover process into departmental operational policy • Incorporate revised handover process into departmental induction booklets	31/5/2013	Dr A Basu	Dr M Cowley	Zero incidents of miscommunication regarding patient care.
Nurse to nurse	• implement a task and finish group to agree nurse to nurse handover process and documentation • Incorporate revised handover process into departmental induction booklets		L Klein	L Martin & R Mitchell	Zero incidents of miscommunication regarding patient care.

1.2 Patient handover within EAU and to the core wards Doctor to doctor Nurse to Nurse	• Establish standardised handover process between EAU and speciality consultants. This will include the potential introduction of SBAR to standardised practice. • Linda Martin to implement standardised handover agreed by A&E/EAU task and finish group to all handovers within EAU and to the Core Wards		Dr J Billett L Martin		Zero incidents of miscommunication regarding patient care. Zero incidents of miscommunication regarding patient care.
1.3 Ensuring patients are kept informed of their management plan	• Consultants to ensure management plan is discussed with all patients following assessment. • Nursing staff will discuss management plan with patients, when introducing themselves after shift handover	31/5/2013	Dr M Cowley Sister C Robinson		Real time Patient Experience survey If asked patients will be able to describe management plan.
1.4 Timeliness of medical clerking of patients	• Re-enforce internal professional standard (patient to be clerked	31/5/2013	Dr M Cowley		100% of patients will be clerked within 1 hour.

	within 1 hr of arrival). • Audit compliance against standard and share outcomes with the teams. • Implement escalation process • Review junior doctor staffing rota and align to peaks in demand.		Dr J Craig	C McGibney	
1.5 Patient flow – transfer from EAU to Core Wards EAU internal process for identifying core ward bed.	• Core Ward to be identified by ACP following ward/board round • Identified Core Ward will be documented on clerking proforma. • Monitor compliance • Audit Outcomes. • Inform all stakeholders	31/5/2013	Dr D Burke		All patients not suitable for short stay will have a core ward identified for transfer to
Bed management process for informing EAU of availability of core ward beds.	• Bed manager to identify available beds by ward to EAU following continuous walk round. • Available beds will be identified on the whiteboard. • Redesign whiteboard		S Bleasdale, Lead Nurse, Patient Flow		EAU will be informed of core ward bed availability using agreed system 100% of the time.

Transfer of patients from EAU to core wards	to include core ward. • Monitor compliance • Audit outcomes • Implement process as per point 1.5 • Agree and implement an escalation process for patients who are unable to transfer to identified core ward within a maximum of 48 hours of admission to EAU. • Monitor compliance against agreed standard patient transfer times from EAU to core wards (1/2 hour)				100% compliance with transfer of patients to correct core ward.
1.6 Discharge/7 day Ward rounds	• Re-iterate information already circulated about ACP/Consultant discharging at weekends. • Discharge Dozen 12 Principles of good discharge planning. These will be circulated to all teams and will be a quality and safety feature in the May Business Unit newsletter. • Feedback on issues will be reviewed and addressed via monthly	31/5/2013	Dr D Burke/G Long, Lead Nurse Core wards	L Anderson	Weekend discharging becomes routine and consistent

	staff meetings and profiling as Topic of the Month.				
1.7 IT Systems Symphony & Real Time systems are not interfacing	• Review the feasibility of implementing single view between the A&E system and realtime	31/5/2013	B Monk, General Manager	M Thomas	User friendly system
1.8 Duplication of recording prescribing and administration of medication In A&E In EAU	• Task and finish group to review and streamline prescribing documentation in A&E and EAU to prevent duplication and mitigate risk. • Monitor medication error rates	31/5/2013	Dr P Weaving, CD, Emergency Care & Acute Medicine		Xx% Reduction in the number medication errors
2. Facilities					
2.1 Monitoring Systems Concern over the use of the telemetry equipment appropriateness of use.	• CCU to audit when telemetry is requested but not available. • Clinical Guidelines to be developed and implemented for the use of telemetry. • Telemetry availability audit to be repeated to establish the equipment requirement • Review quantity of telemetry available.		Sister R Eastham Dr R Moore, CD Cardiology Sister R Eastham		All patients requiring telemetry as per clinical guidelines receive monitoring

2.2 Lack of beds in Core Wards, particularly elderly care	• To ensure all staff are fully appraised of progress and the measures being taken to enhance patient flow and within the core wards improvement programme • Monthly updates in the Business Unit newsletter		G Long, Lead Nurse Core Dr D Burke		Following completion of the assessment, treatment and stabilisation stage no patient will wait in EAU for a core ward bed
2.3 Real-time Real time program is not user friendly for front line staff	• Liz Klein to continue to work with ward staff identifying issues. • Issues to be discussed with real-time team • Changes to program to be implemented • Monitoring of compliance • Audit		L Klein, Lead Nurse Emergency Care and Acute Medicine		Improved functionality via staff feedback.
Real time IT hard ware is not efficient	• Rapid reporting and escalation of system failure. • Daily issues log and reporting • Review feasibility of the introduction of tablets to improve ease of use and functionality		S Johnston, IT project Manager		Reduction in IT hardware failure

Real time to be used for evening hospital handover.	• Medical staff to be trained to use real-time • Real-time to be use during 21.00 handover. • Review of handover area in EAU. • Monitor compliance • Audit		Dr M Cowley	Dr L Neilson	Zero incidents of miscommunication about patient care needs.
2.4 Cramped Ward Space	• Chris Robinson to work with staff to review storage systems utilising production ward methodology		Sister C Robinson		All equipment will be easily and consistently located in EAU.
3. Staffing & Skill Mix					
3.1 Medical staffing Availability of Consultants Review of patients in A&E	• Full implementation of the Acute Physician Model providing shop floor presence 8 am to 10 pm • Implement access to symphony system on EAU to monitor demand in A&E				Improved access to senior clinicians and improved teaching and training opportunities
3.2 On-call arrangements	• All rotas to be clearly identified. ACP and acute on-call rostered 6 monthly rolling programme.				
3.3 EAU & A&E skill mix	Realignment of front and back of house. Junior doctor and middle tier cover to be undertaken.		Dr C Young/Dr C Tiplady		
4. Workload					
4.1 Registrars	• Explore opportunities with		Dr D Burke		Resource to match

	deanery for the potential to increase medical training posts • Planned realignment of junior doctors front and back of house • Implement Hospital at Night		L Anderson, Head of Nursing		demand, improved deanery feedback from junior doctors
4.2 Access/escalation, supervision from consultants	• Improve shop floor presence and availability of consultants to enhance access, supervision and teaching 8 am to 10 pm consultant presence				Improved deanery feedback from trainee doctors
4.3 Induction (role & site specific) for locums and all staff Overlap shifts of F1	• Implement review of induction booklet • Implement departmental and hospital orientation programme		Dr L Neilson, Registrar		
4.4 Nursing Staff Skills issues/skill mix Induction and supervision of nursing staff	• Guidelines for completing off duties to be updated. • Guidelines will be followed when completing or swapping off duties. • Monitoring compliance • Update EAU local induction/training booklet • Issue all staff new to EAU with booklet.		Sister C Robinson L Klein, Lead Nurse		All staff will report feeling supported, confident and trained to work within EAU All new staff will have allocated preceptor and be completing an

HCA levels.	• Allocate preceptor to all staff. • Monitor compliance and completing of training plan • Off duty to be completed as per guidelines. • Define Roles and responsibilities of HCA		L Martin Sister C Robinson		induction/training plan. There will be 3 HCA's on duty at all times during the day. All staff will understand their role and responsibility.
4.5 Dedicated Physio/OT for EAU	• Produce business case for dedicated physiotherapy and OT input to EAU		A Raine, Business Manager, Emergency Care and Medicine	D Shead, Head of Physiotherapy	Improved trough put in EAU and enhanced admission avoidance
4.6 Ward clerks Staffing levels Skill/training/supervision	• Provision of 24/7 ward clerks to be implemented. • Develop a training manual for EAU ward clerks. • Training program to be implemented		L Klein M Binstead, Ward Clerk EAU D Whitehead		There will be a ward clerk on EAU 24/7
4.7 Patient Communication plan All staff will introduce themselves to patients	• Included the 7 Step Good Communication Guide into the Junior Doctor handbook and the EAU Induction pack		L Klein		Improved patient satisfaction. When asked patients will confirm staff have introduced themselves.

	• All staff to attend a customer care programme "My customer, My Responsibility"				
All patients will be given an EAU information leaflet Unable to distinguish between uniforms.	• Existing leaflet to be updated and to incorporate patient information on staff uniforms associated with different grades and professional groups • Leaflet will be given to all patients on admission • Monitoring compliance		Sister C Robinson		All patients will understand the function of EAU All patients will report feeling included in the management of their care.
Routine use of ICE (idea's concerns, expectations)	• Medical staff will use principle of ICE when initially communicating with patients to be included in clerking proforma • ICE will be documented on clerking proforma to evidence that ideas, concerns and expectation have been discussed with individual patients		Dr J George		
No single document management plan incorporating all professional groups	• Assess feasibility of streamlining clinical documentation amalgamating medical and nursing management plans • Review best practice and		Dr D Burke PW		All patients will have a clear management at all times.

	link with Northumbria re documentation • Implement agreed documentation and monitor compliance				
Illegible handwriting	• All staff will ensure that their documented records are legible • A rolling programme of sample audits will be taken by a junior doctor and nurse to monitor standard		Dr J George		All staff will be able to read individual hand writing.
Clearly communicate and manage expectations to patients from primary care referral to hospital assessment/admission and discharge	• G.P's to be asked to inform patients that they will be referred to hospital for an assessment and/or ongoing care as required determined by the hospital team. • Patients will be informed of management plan and time scales at every consultation will consultant and every shift handover by nursing staff		Dr P Weaving		Patients will understand their journey and management plan at all times.
4.8 Better Staff communication including: (Handling difficult conversations, Non caring attitude, Not listening to patients, and not taking responsibility)	• Incorporate 7 steps communication information to doctors bedside guidelines and EAU training book. • Develop a training plan for		EK		Patients will consistently report that staff show a caring and empathetic attitude.

	conflict management sessions. • All staff to attend a customer care programme "My customer, My Responsibility" • All staff encourage to challenge unacceptable behaviour and/or escalate as required. • Consistent unacceptable behaviour will be reported to Sisters • Action plans will be developed using trust capability policy.				
5. **Relationships**					
5.1 Better relationships between A&E & EAU. Medical staff	• Establish a monthly team meeting between EAU and A&E • Continue ECSUB monthly meeting		Dr P Weaving, CD Emergency Care and Acute Medicine		Improvement in staff satisfaction, improved working relationships between A&E & EAU.
Nursing staff	• Develop joint training programme for new recruits to EAU & A&E. • Implement a planned induction which will		L Klein		

	include allocated tine in both A&E and EAU • Implement staff rotation between departments.				
5.2 Better communication between professional groups on EAU	• Refine MDT handover at 09.00 and 17.00 hours • Reiterate system for identifying which doctor is on duty and their bleep number • Reiterate system for identifying which nurse is on duty and which group of patients they are responsible for. • Develop system for identifying which AHP is on duty in EAU and their bleep number. • Develop system for identifying which pharmacist is on duty in EAU and their bleep number.		Dr M Cowley		All professional groups will report efficient systems to communicate with other teams.
5.3 Staff and management feel overwhelmed and unsupported	• Fast track EAU and A&E teams as a priority to undertake Leadership Training Programme June/July 2013 • Publish monthly unit meeting dates and agenda in advance		A Raine		All staff will report feeling supported by their line manager.

Junior staff are reluctant to ask for help	• Ensure all junior staff have a preceptor • Identify clinical supervision training which can be delivered to staff on EAU • Encourage and support staff to challenge unacceptable behaviours		L Martin		Junior staff will be able to ask for help.

Following the Time-out sessions (15-22 April 2013) Denis Burke, Barbara Monk, Liz Klein and Alison Proudfoot met to discuss the issues raised at the sessions, the actions needed and the lead for each action. It was agreed that an Action Planning Group would be set up and led by Dr Peter Weaving and supported by members of staff across each hospital site:

Dr Olu Orugun, ACP, WCH
Dr Martin Cowley, Consultant Cardiologist
Dr Ruth Read, Consultant in Emergency Medicine, CIC
Dr Charles Brett, Consultant in Emergency Medicine, WCH
Joanne Pickering, Lead Nurse
Liz Klein, Lead Nurse, Emergency Care
Lean Nurse Leads

Each issue raised will be discussed and actions agreed; the actions will then be prioritised and the top three agreed upon and actioned.