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The Patient Care Improvement Plan Progress as at November 2014

Richard Beeken
Chief Executive

Herefordshire's health service provider

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Themes

Patient Flow & Urgent Care demands

Internal

- Ambulatory emergency care – averaging 11/day
- Emergency Physician of the Day (EPOD)(8:00 a.m. – 8:00 p.m.) – reducing Length of Stay
- Acute medicine – 2 new consultants February 2015
- Discharge bundle and process improvement

External

- System Resilience Plan – capacity and demand schemes
- Vanguard Unit 2014/15. Bed capacity increases planned thereafter
- 2nd wave resilience monies – weekend discharge team

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Leadership – A&E

- Service Unit Director (SUD) appointment (Urgent Care) made and commenced on 1st October 2014
- SUD and Clinical Director – Warwick University Medical Leadership Programme
- New, senior A&E Consultant appointment – 1st September 2014
- Consultant presence later in the day – meeting demand pattern
- Strategic workforce plan – middle grade and RGN recruitment
- Retention of A&E operational manager role
- Minors stream breaches meeting trajectory

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Stroke Services

- Investment by CCG and Powys agreed – September 2014
- Joint commissioner / provider stroke board oversight
- New model of care agreed, recruitment underway
- Risk – securing specialist nursing staff

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Quality Governance and learning

- Team Brief process audit and changes
- Quality Committee – formal review of implemented learning from incidents
- Mortality Reviews – wider consultant engagement, health economy oversight group, tracker system from January 2015
- Care Bundles re-launched – greater consistency

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Organisational development

- Board reviewing vision, mission, strategic objectives and developing organisational values with staff – January 2015
- “Top 100” leaders development programme being prepared
- Nursing, midwifery and clinical professionals strategy launched
- Medical engagement scale approach
- Trust Executive Management as decision making vehicle with clinical involvement
- Patient Care Improvement Plan progress in extensive staff engagement sessions – January 2015 and beyond

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Professional development and training

- Clinical supervision effectiveness review
- Pay progression linked to training and appraisal progress
- Clinical champions and specific Deprivation of Liberty (DOLS), Mental Capacity Act (MCA) and safeguarding training by Service Delivery Unit
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) audit and feedback improvements

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Estates issues

- A&E majors area expansion – April 2015
- A&E children's waiting area – March 2015
- Security input improvements to A&E
- Midwifery Led Unit (MLU) development – charitable funds - Autumn 2015
- Clinical waste issues at community hospitals resolved
- Roll out Trust Development Authority Infection, Prevention and Control (TDA IPC) recommendations

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Outpatients

- Improved capacity planning through annual planning process – reduced overbooking from 2015/16
- Outpatient footprint expansion – Fred Bulmer Unit – Autumn 2015

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Buddying arrangement with University Hospitals Birmingham NHS FT

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LEADERSHIP

- Leadership/management development (especially clinical mentorship)
- Recruitment challenges – New ways of working, new clinical roles

GOVERNANCE

- Mortality review and learning
- Incident, complaint processes and learning
- Risk management
- Clinical information development

CAPACITY

- IT/EPR development
- Business case development

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How will we know when we have improved?

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- Exec team to develop 12 key outcomes of success – for Board and TDA agreement. Possible outcomes include:-
 - Elimination of avoidable harm in urgent care pathway
 - NHS Constitutional standards safely met
 - Staff turnover and vacancy improvement
 - Improved staff and patient survey results
 - Meeting NHS England 7/7 working standards
 - Mortality indicator improvements
 - Incident reporting in national upper quartile
 - Improved “patients charter” times in outpatients

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Questions?

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