QPS

Mental Health

October 2019

To improve clinical outcomes for patients with mental health conditions, improve mental health well-being for staff and transform Mental Health provision across ESNEFT.

What is our target?

Complete a baseline audit to identify the current support in place and variances between sites

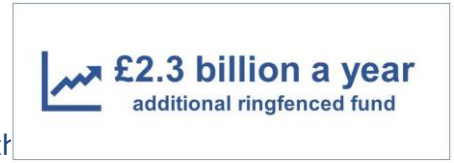
Recruit and appoint to vacancies to roll out psychiatric liaison services across acute inpatient services

Gain understanding of current referral processes into mental health and community services. Map 'to be' processes and commence work with system partners to streamline processes.

Quality Improvement Mental Health

Background:

- The commitment in Englands Mental Health Strategy (2011) was 'No Health Care without Mental Health'.
- The concept of 'Parity of Esteem' was coined, in essence valuing mental health equally with physical health; improving the quality of all service users care and experience, improving the physical health of those with mental health problems, the mental health of those with physical health problems and reducing the stigma and discrimination experienced by those with mental health problems.
- The amendment to the Health and Social Care Bill (2012) sets out clear legislative requirements to reduce inequalities and enshrines this in law. A new model of care is required to take forward this agenda, including the leadership and governance of the mental health and physical health integration.
- This projects seeks to implement developments which are relevant to the Acute Trust environment in context of:
  - the priority actions from the "Five Year Forward View for Mental Health" (Feb 16)
  - the “Implementing the Five Year Forward View for Mental health” roadmap
  - the NHS Long Term plan, the NHS Mental Health Implementation Plan (Jul 19)
  - the four priorities of the STP Mental Health Alliance
- Additional monies have been ring-fenced for the development of mental health services through th
- Whilst the funding that will come directly to acute trusts is limited, as a next step on from this agenda ESNEFT want to lead on the development of a “Mentally Healthy Hospital” concept.



Aim: Creating, and setting the standard for, a mentally healthy hospital, by making it everyone’s business to promote good mental health and prevent poor mental heath

Vision:

- A mentally healthy hospital is one that adopts a whole-hospital approach to mental health and wellbeing, alongside physical care.
- It is a hospital that supports patients, staff and carers with preventing poor mental health and enabling good mental health by supporting the development of the strengths and coping skills that underpin resilience, through provision of a wide range of tools.
- It is a hospital that supports patients, staff and carers with urgent access to the help they might need in crisis, and works closely with partner organisations to ensure a “no wrong door” approach.
- A mentally healthy hospital sees positive mental health and wellbeing as fundamental to its values, mission and culture.
- It is a hospital where patients, staff and carers mental health and wellbeing is seen as “everybody’s business”.

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Quality Improvement Mental Health

The following workstreams are being developed:

TMB 6.5.1 Crisis services

- Deliver a 7 day NHS - right care, right time, right quality by Improving access to psychiatric liaison services and ensure crisis response 24 hours a day x 7 days a week (Core24)
- Ensure compliance with the Mental Health Act is embedded in our policies and processes

TMB 6.5.2 Children & Young Peoples services

- Develop childrens and young peoples mental health services as a priority, and the implementation of the Future in Mind recommendations, focused on early intervention and quick access to good quality care, and ensure people living with long term mental health problems have their physical health needs met whilst in our care.

TMB 6.5.3 Proactive Pathways Interventions

- Increase access to evidence based psychological therapies through preventative intervention in pathways and actively promoting good mental health into physical care pathways, starting with targeted patient cohort of patients living with long term conditions: Diabetes, Respiratory and Cardiology.
- This includes promoting Living Life to the Full and providing access on-site, and co-delivering support and enabling direct access to IAPT services in clinics and on wards, through joint education programmes, direct referral by self and clinical staff, and on-site provision.
- Improve parity of esteem between physical and mental health services, recognise the relationship between physical and mental health, ensure people living with long term mental health problems have all their physical health needs met whilst in our care, including screening and health checks.
- Develop an agreed and documented pathway for Patients at Risk of Self Harm, in conjunction with the new ED single clerking document.

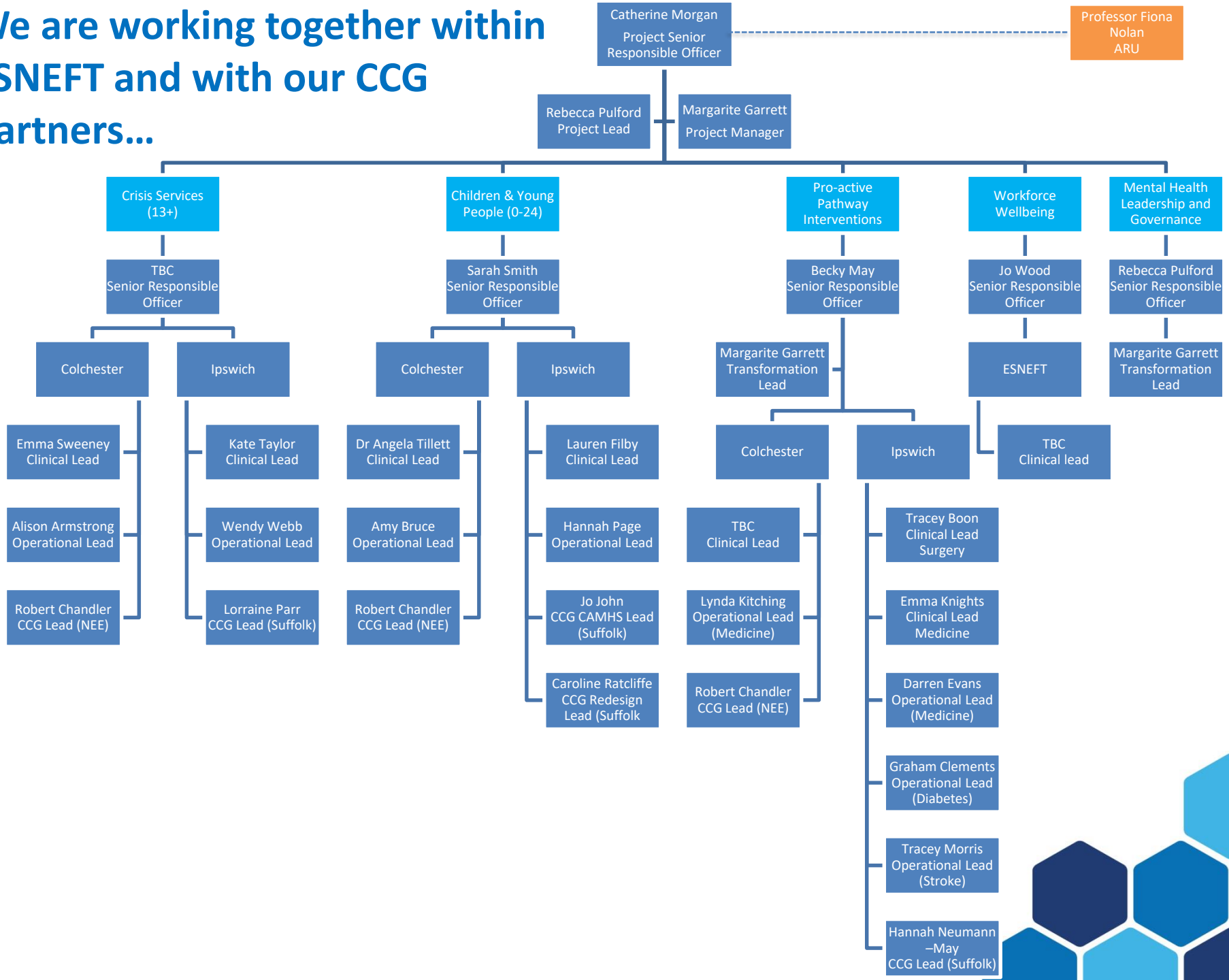
TMB 6.5.4 Workforce Mental Health and Wellbeing

- For our own workforce, there are three main threads to the work-stream: raise awareness and understanding of holistic wellbeing; provide training and education for management and peer support focusing on Mental Health first aid and prevention; providing a robust support model if required.
- Adoption of the mental health core standards as outlined in "Thriving at Work" by Stevenson and Farmer review of mental health and employers (October 2017), as this work was produced with the whole of the public sector in mind, and therefore can be adopted across the Alliance.

TMB 6.5.5 Long term model for Mental Health Leadership and Care

- Ensure the continued focus on the Mental Health agenda and parity of esteem with physical health services, through developing a robust leadership and governance model, which will embed the priorities within our service delivery.
- Ensure good relationships with STP Mental Health Alliance partners, and the continued co-creation of improved models of care and system working

We are working together within ESNEFT and with our CCG partners…



Achievements so far… (as at Sept 19)

1. Crisis Services

- **Ipswich**
  - Funding for NSFT to deliver Core24 service at Ipswich site has been agreed
  - Standard Operating procedures have been agreed
- **Colchester**
  - Secured extension of resilience funding until the end of March 2020 for 4/7day 17.00-24.00
  - Mental Health triage nurse in ED to triage, signpost and support complex patients and families through the current NEE system and support ED staff to improve their dynamic risk assessment skills.
  - Approval of Crisis Cafe in Clacton, due to open in Oct 19, which will support those in crisis from the Tendring area, who would have normally uses ED as their main support.
  - Both services also support the UTC's in Colchester, Clacton and Harwich which opened 1st Oct 19, and have the additional support from dedicated social work practitioners.

2. Children and Young People

- Establishment of this as a separate workstream

3. Proactive Pathway Interventions

- LLTTF Ips - Charity funded tablets collected from ICT, charged and checked ready to use
- IAPT Ips - Recruitment and training continues.
  - Respiratory: Agreed co-facilitation of COPD course
  - Cardiology: Active participation in roadshow events, providing information on services
  - Diabetes: Active participation in DESMOND courses and link nurse able to refer directly to services.
- Initial workshop on designing the Patients at Risk of Self Harm pathway and booklet held

4. Workforce Wellbeing

- Held the first accredited Mental Health First Aid programme
- Met with system partners to map existing workforce mental health groups/committees and consider next steps
- Advertise and communicate Suffolk MIND's 'Your Needs Met' training for senior leaders
- Rolled out ESNEFT's second Emotional Needs Audit

5. Long term model for leadership and governance

- Established as a separate workstream
- Developed aim, vision and ambition

Project Management Office

- First draft revised PID
- Engagement with Commissioners and Alliance

Next steps… (Oct 19)

1a. Crisis Services - Ipswich

- All referrals to psychiatric liaison via Evolve from 1st Nov 19
- Project team to be mobilised for the implementation of Core24 service

1b. Crisis Services – Colchester

- Develop integration of IAPT services into mental health provision in ED
- Development of the CORE 24 service /IAPT expectations across NEE
- Discussion with NEE commissioners on formal evaluation of the support provided by the current Emotional Wellbeing and Mental Health services for young people provided in our hospital and similarly their adjacencies with social care
- Seek views of all mental health services and associated providers regarding draft mental health policy

2. Children and Young People

Work with local mental health providers and commissioners to develop clear algorithm and revised service specifications for children and young people.

3. Proactive pathway interventions

- LLTTF - Roll-out of tablets with guidance materials/comms.
- IAPT Ips - COPD materials to be finalised and sessions booked. Meeting with respiratory physio, to plan co-location in clinics. Clinic space to be confirmed in Cardiology. Engagement session with Community matrons and therapy leads.
- Continue to develop “Patients at risk of self harm” pathway and booklet

4. Workforce Wellbeing

- Book further dates for Mental Health First Aid training (to summer 2020)
- Review in detail previous and current workforce statistics relating to absence due to mental health issues
- Organise a further meeting with system partners to start identifying a joint vision and terms of reference

5. Long term model for leadership and governance

- Business Plan development as part of 20/21-21/22 planning round

Project Management Office

• On boarding of workstream SRO’s and clinical leads	Oct 19
• Completion of the Project Initiation Document, especially milestones and KPI’s	Nov 19
• PID approval by Time Matters Board	Dec 19
• KPI Trajectory development	Dec 19

QPS

Sepsis

October 2019

To improve compliance with the Sepsis 6 care bundle

What is our target?

Timely identification of sepsis in the Emergency Department and acute inpatient settings as per the National Guidelines of the 'Sepsis 6' defined above

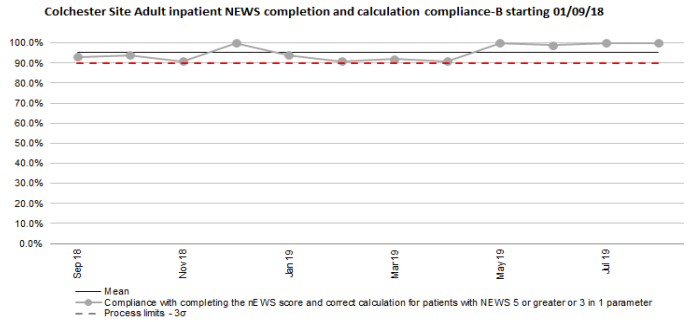
Timely treatment of sepsis within 60 minutes

Compliance with Sepsis 6 in ED >90% at end of 12 months

Adult non-pregnant inpatients (Colchester)

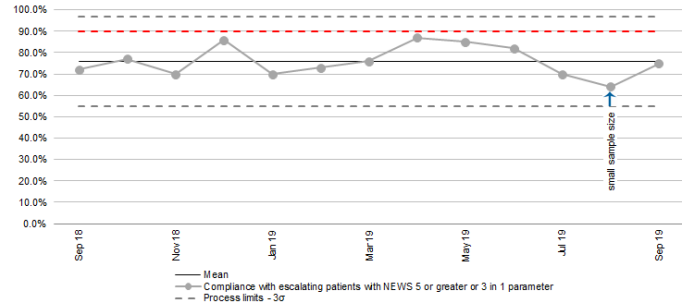
All adult non pregnant inpatients that use NEWS, audit their compliance with this, together with escalation, sepsis screening and Sepsis 6 treatment on a monthly basis.

Standard 1 - All patients should have a NEWS score completed and calculated correctly.be escalated according to the NEWS protocol.



Above 90% target for 13 consecutive months

Standard 2 – All patients who require escalation should be escalated according to trust policy and receive a timely response from the correct level of clinician.



Qtr. 1&2 have seen a downward trajectory for escalation compliance. Response time and fluid chart completions are the 2 areas of concern that contribute to the reduction the compliance figures.

Actions

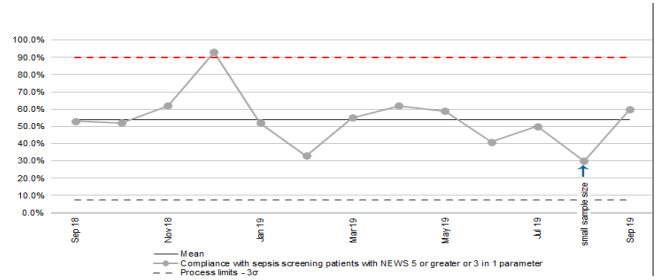
All new doctors have been taught the escalation pathway and what is expected of them during induction this year.

Focus on completion of a fluid chart This qtr. 80% of all clinical staff in each clinical area have completed the new e-learning package. New fluid chart is now in use in all clinical areas across ESNEFT from 7th October 2019

Plans are in place to make the NEWS 2 including escalation e-learning package mandatory for all staff to complete yearly. This should be completed during qtr. 3

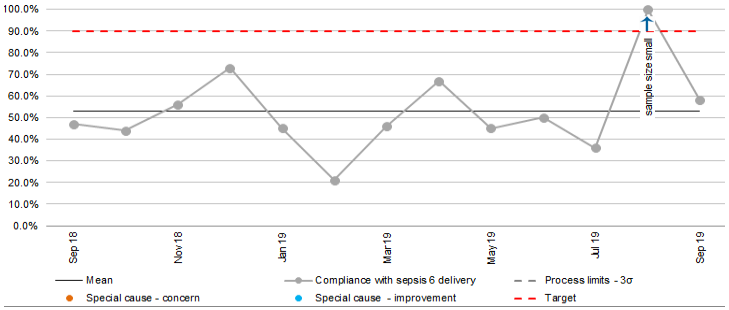
Adult non-pregnant inpatients (Colchester

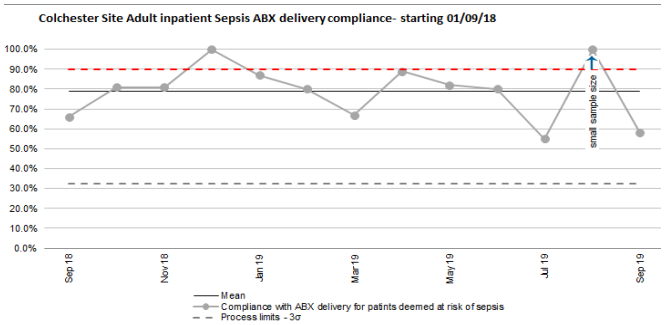
Standard 3 - All patients with a NEWS score of ≥5, 3 in 1 parameter or suspected infection should have a completed sepsis screening tool present in the healthcare record unless there is a rational explanation for exclusion.



Actions
The methodology for the audit is changing as sentinel is rolled out and a larger data set will be captured, giving a more accurate compliance figure moving forward
Sepsis champions will re-commence their peer audits and raise the awareness and need for sepsis screening.
A new poster has been designed and will be displayed in each clinical area to remind staff of the need to screen for sepsis and deliver the sepsis 6.

Standard 4 - All patients with a red flag marker (RFM) should receive the sepsis 6 care bundle, including IV antibiotics within the hour of the red flag being identified (unless there is a rational explanation for exclusion documented).





Actions
The methodology for the audit is currently changing as sentinel is rolled out and a larger data set will be captured giving a more accurate compliance figure moving forward
In September the ABX(one of the sepsis six) PGD for outreach to use will be audited by the Outreach team and reported to the Sepsis & DP Group
The sepsis 3 will be collated and SPC chart formulated from October 2019 as these are the elements that will impact and improve the patient's chance of recovery and survival and therefore need to be the focus for improvement.

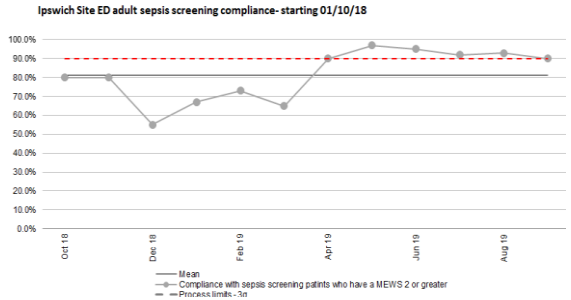
Ipswich yearly audit is underway.

Adult ED (Ipswich)

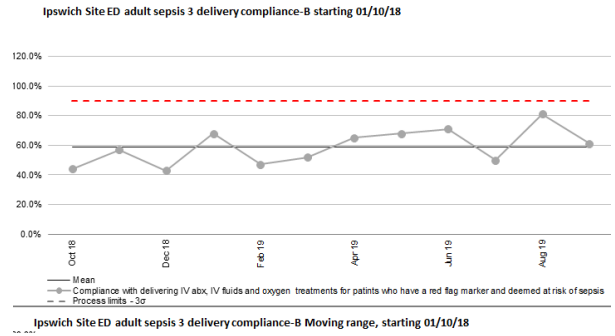
Ipswich commenced the more in-depth audit. As we currently have one month's data to report there are no SPC charts, however the results are shown in the table below. On although next quarter will show a more

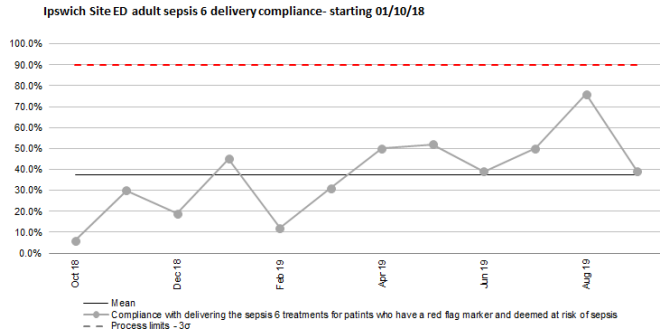
Compliance with obtaining observations within 15 minutes						67%
MEWS ≥2 and was the patient screened for sepsis?						90%
% of patients referred to the doctor for review within 15 minutes of observations						56%
% of patients triggering a review seen by a doctor within 30 mins of referral time						31%
% of antibiotics prescribed within 30 mins of observation time						94%
% of antibiotics delivered within 15 mins of prescription time						57%
% of IV fluids prescribed within 30 mins of Observation time						80%
% of IV fluids delivered within 15 mins of prescription time						73%
Sepsis screenng and treatment IH	From time of arrival					
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
MEWS 2 or greater and was the patient screened?	90%	97%	95%	92%	93%	90%
Compliance with all 6 elements for RF	50%	52%	39%	50%	76%	39%
Compliance with IV abx within 1 hour for RF	73%	72%	71%	50%	81%	72%
Compliance with IV Fluids administered within 1 hr	92%	92%	89%	90%	95%	67%
Compliance within the hr IV Abx, fluid & O2	65%	68%	71%	50%	81%	61%

Actions:- Sepsis screening and treatment increased & has reached the trust KPI for the past 6 months.



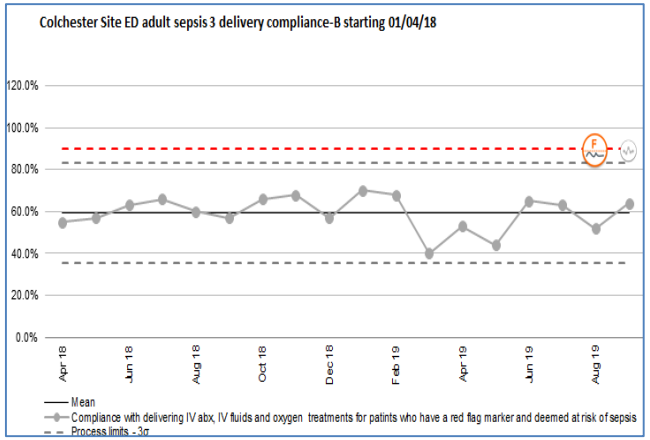
The delivery of the sepsis treatments has a positive trajectory at the Ipswich site through qtr. 1&2. The dip this month is predominantly due to the non-completion of fluid charts within the 1 hour timeframe.
The escalation and review of these patients is now being audited at the Ipswich site to identify any root causes for the poor compliance and aid with the strategic planning.
The audit methodology now includes pts with red flags only in order to standardise with the Colchester data and removes the subjective element.
Regular meetings continue with the ED sepsis clinical lead and matron.

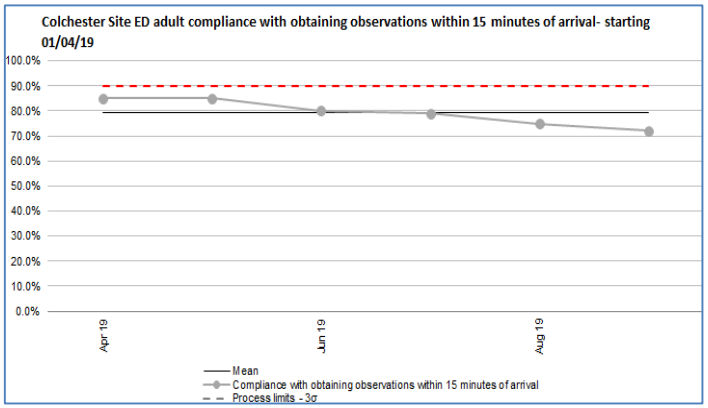




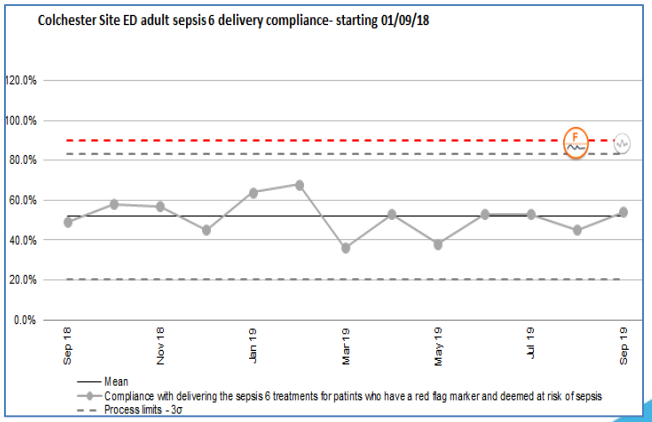
Adult ED (Colchester)

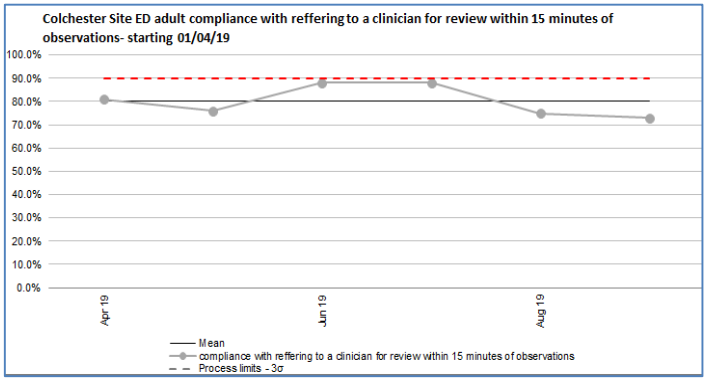
Compliance with obtaining observations within 15 minutes	85%	85%	80%	79%	75%	72%
NEWS ≥5 or 3 in 1 parameter and was the patient screened for sepsis?	90%	84%	77%	73%	88%	82%
% of patients referred to the doctor for review within 15 minutes of observations	81%	76%	88%	88%	75%	73%
% of patients triggering a review seen by a doctor within 30 mins of referral time	47%	60%	50%	30%	45%	50%
% of antibiotics prescribed within 30 mins of observation time	76%	69%	84%	36%	87%	78%
% of antibiotics delivered within 15 mins of prescription time	72%	78%	69%	69%	49%	53%
% of IV fluids prescribed within 30 mins of Observation time	61%	79%	85%	18%	100%	50%
% of IV fluids delivered within 15 mins of prescription time	62%	60%	50%	81%	31%	64%
Sepsis screenng and treatment CH	From time of arrival					
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
NEWS 5 or 3 and was the patient screened?	90%	84%	77%	73%	88%	82%
Compliance with all 6 elements for RF	53%	38%	53%	53%	45%	54%
Compliance with IV abx within 1 hour for RF	87%	74%	79%	76%	60%	87%
Compliance with IV Fluids administered within 1 hr	67%	79%	74%	76%	64%	67%
Compliance within the hr IV Abx, fluid & O2	53%	49%	65%	63%	52%	64%





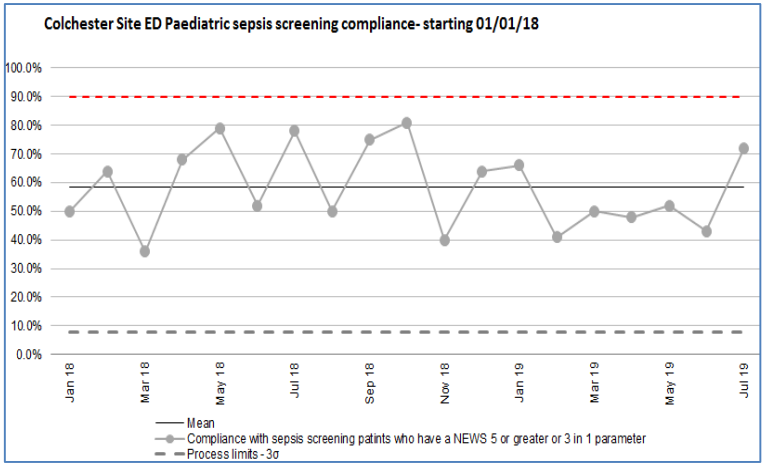
There has been a reduction in observations being completed within 15 minutes of arrival. UTC impacts to be assessed as related to ambulatory patients

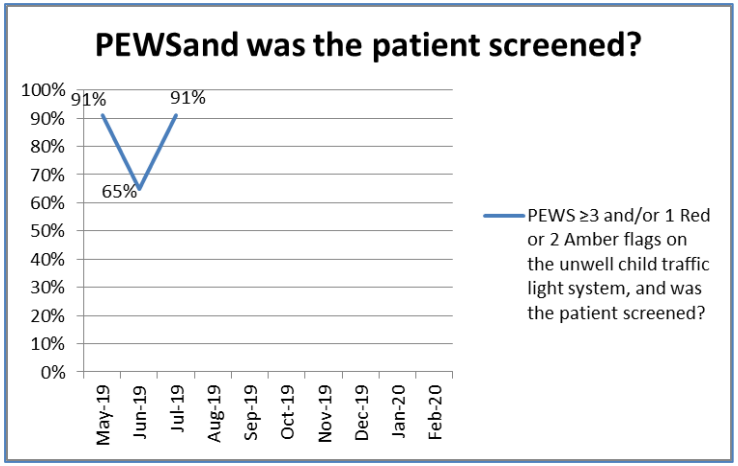




CAS Card under review to ensure identified place for documentation

Paediatric ED





Only July is available for Quarter 2, and has seen an increase in compliance. The one patient that required treatment received antibiotics, and fluids within the 1 hour timeframe.

Actions:-

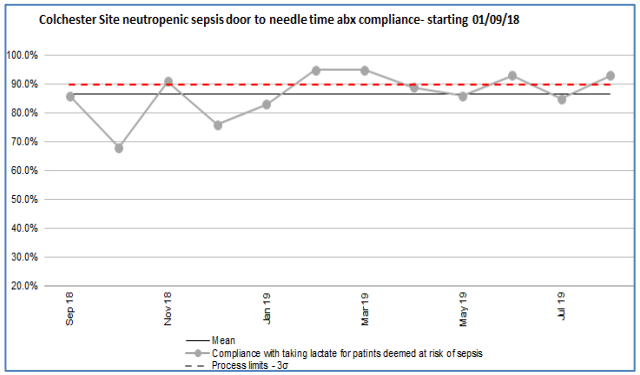
- Outstanding audits currently under review and will be updated next quarter.
- Sepsis is being taught on the team days to highlight its importance. The results are circulated to the Paediatric matron and lead for critical care.

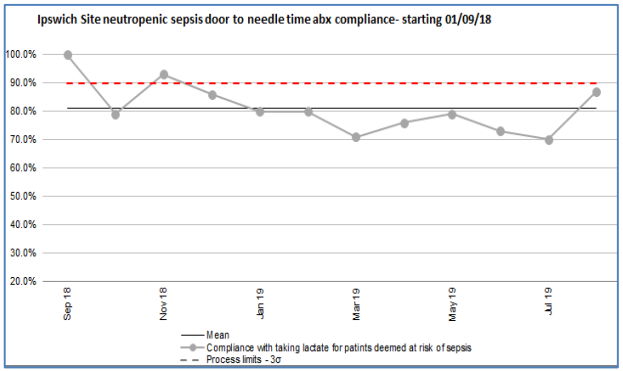
Actions:-

Many patients escalated were not reviewed within 15 minutes which lead to the one patient who required the sepsis treatments not receiving them within 1 hour. A Paediatric consultant has expressed a wish for a team to review the processes used at Ipswich to reduce unnecessary "urgent" referrals and ensure possible septic patients are not missed. A meeting is being arranged for August.

Early senior review forms are now being used to capture when escalation takes place and the decision made from the review

Neutropenic Sepsis & Paeds Inpatients

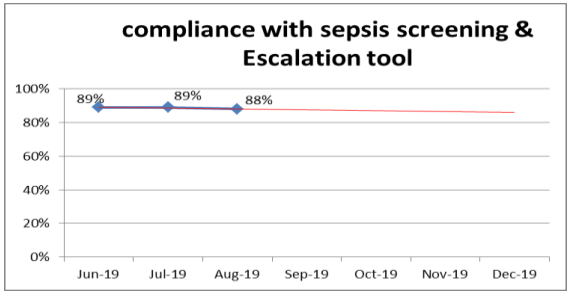


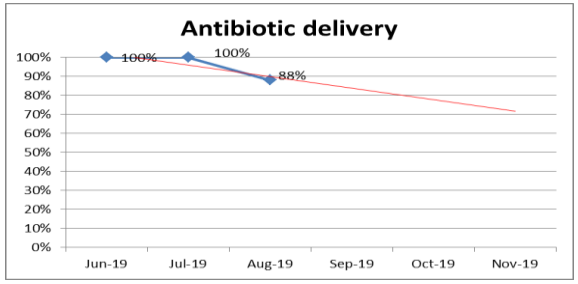


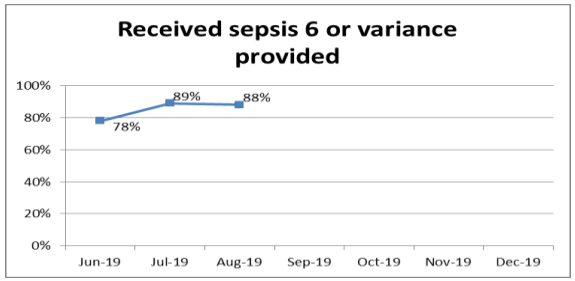
Lead for the AOS teams across both sites

Work is ongoing with the transformation team to confirm admission pathways for all Oncology and Haematology patients across ESNEFT

CVAD trolley and training for ED staff to commence to standardise a system that is already in place in Colchester
ALERT stickers in use at Colchester site will be rolled out at Ipswich site to serve as a visual alert to patents on chemotherapy and at risk of sepsis
The possibility of putting an ALERT onto Evolve is being be pursued.







CECU PEWS 74% - Area of main concern was respiratory rate and signs of distress not being completed.

CIPU Fluid Audit – On going issue with fluid charts not being completed correctly, CIPU Ward Sister currently reviewing new fluid chart to be used and implemented.

QPS

End of Life Care

October 2019

To continue to improve our care to those at the end of their life and support patients who have limited treatment options.

What is our target?

To deliver high quality, compassionate and dignified end of life care for all patients

Patients will receive the right care in the right place

To increase the number of patients dying in the place of their choice.

Quarter 2 Update

- **Engagement Piece**
  - establishment of the ESNEFT EOL Steering Board
  - working with Alliances from both Localities
  - working with Palliative Care teams on each site

- **Recruited** 2 Palliative Care Nurse Specialist posts and 1 EOLC Skills Nurse at Ipswich

- **Butterfly Volunteer Co-ordinators** post developed and recruited to – Working with The Anne Robson Trust across both sites to recruit, train and implement volunteers supporting dying patients and their families

- **Purple butterfly** standardised and re-launched across both sites – to ensure staff check with Nurse in Charge before entering room or bed area

- **Complaints Review Panel** established – sharing of complaints across ESNEFT to support learning

- Aligned **syringe pump** process

- Commenced **data collection** manually at Ipswich, Eden in Colchester for usage of **Individual Care Plans** – Now on Accountability Framework
- **Commenced standardising** - Individual Care Plan for Last Days of Life (ICPLDL), Syringe Pump Policy, Verification of Expected Death Policy
- Focused **education** to ward areas where concerns have been raised
- Working with the **NHSI EoLC Network** to support our journey to outstanding
- **Relaunched Rapid Discharge Nurses** role at Colchester beginning of June
- Focus on rapid discharge by:
  - instigating a **QI 100 Day Challenge** with 2 Wards (June – August)
  - Supporting **Kaizen week** working with system partners on Rapid Discharge (August)
  - Monthly meetings to **review rapid discharge patient pathways** to aid improvements
- Draft **ESNEFT Education Strategy** underway

- **Bereavement Surveys** now available on-line as well as the availability of the previous system of paper copies
- **Viewing Room** at Colchester **refurbishment** complete
- Larger **Mortuary** refurbishment **Business Case approved** for Colchester
- Phase 3 of Ipswich Mortuary refurbishment on track – **Post Mortem room almost complete.**
- Patient families **shared their EOL experience** with staff in various forums
- Increased use of the **Time Garden** in Colchester inc. hosting two weddings and renewal of vows
- **Verification of Death Training** for x40 nurses at Ipswich **delivered** and continued training planned for both Colchester and Ipswich
- Inputted into **Trust-wide Gosport** report and audited across acute and community hospitals

Patient Experience

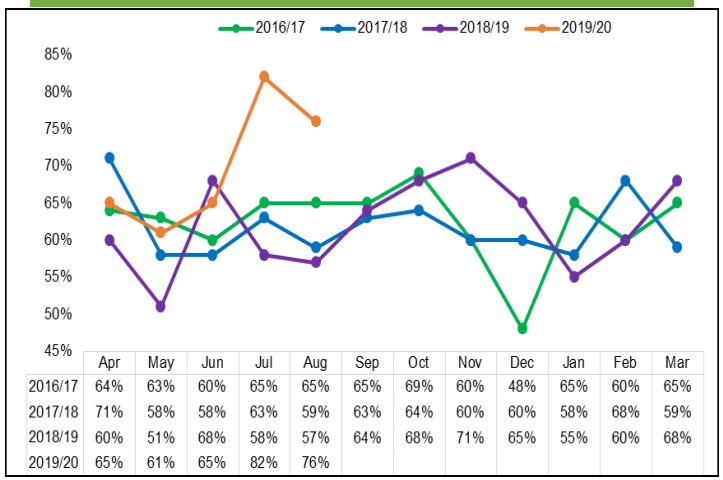
Time Garden Colchester

The Rosemary Suite Ipswich

Next 6 months

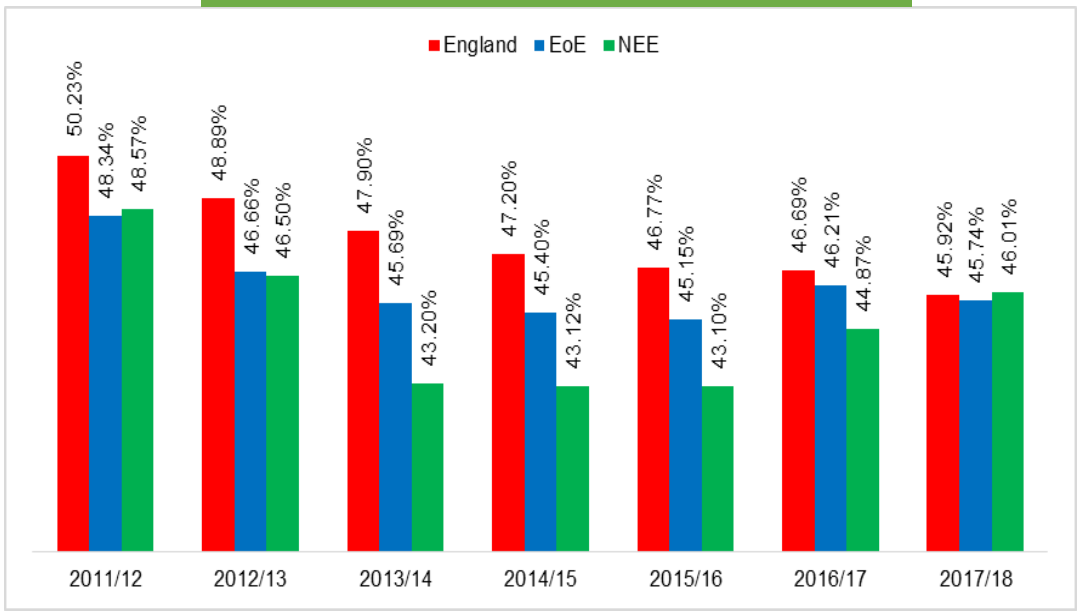
- Ensure EOLC **continues** to be priority by expanding role of End of Life Care Team at ESNEFT
- **Recruit** cohort of Butterfly Volunteers at both sites
- **Increase** use of the ICPLDL at Ipswich and consistently on both sites
- Working towards **electronic palliative care co-ordination** system in Ipswich & East Suffolk adopting My Care Choices in North East Essex
- **Development** of joined up EoL Strategy
- Exploring possibility of a **Time Garden at Ipswich** Visit from North Tees : Mel McEvoy and pilot '**Families Voice**' on three wards
- Working group to improve **discharge letter** completion after death
- Completed training needs analysis for **Band 6 nurses** and training package put together and commences in October
- Launch '**After death care plan**' at Ipswich as already in use at Colchester
- Complete business case for extended **EOLC team**
- Working with internal and external teams to improve the **rapid discharge process** Band 7 training on **DNACPR** conversations and completion of the forms
- Early development of an **STP EOL Board**
- Increase to 7 day working of a **SPC nurse in EAU/ED** as part of transformation monies
- Working with local hospice to deliver '**Dealing with Dying**' workshops

% of Patients on MCCR with a RAG status of Red, Amber or Green who had a PPC Recorded and Died in Their First Choice From Sep 2018 Red, Amber, Green and Blue



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	64%	63%	60%	65%	65%	65%	69%	60%	48%	65%	60%	65%
2017/18	71%	58%	58%	63%	59%	63%	64%	60%	60%	58%	68%	59%
2018/19	60%	51%	68%	58%	57%	64%	68%	71%	65%	55%	60%	68%
2019/20	65%	61%	65%	82%	76%							

Proportion of Patients who died in Hospital



Challenges

- Recognising dying in a timely manner
- Rapid discharge
- Reducing admissions – working with community partners
- Increased educational requirement to clinical teams due to large number and turnover of staff

End of Life Care ….. Is everyone's business

QPS

Inpatient Falls

October 2019

To reduce the numbers of inpatient falls

What is our target?

A reduction of inpatient falls per 1000 bed days to below 5 within the two acute hospitals. The Community Falls per 1000 bed days improvement trajectory will be reduced based on the national best practice and benchmarking completed in quarter 1. Target is less than 15 falls per 1000 bed days.

Current State

Colchester continues to perform well with a low incidence of falls during Quarter 2 which, same rate of 4.95 /1000 bed days as 1 months ago .

Ward areas at Colchester have maintained the “Baywatch” culture of high observance and multi-disciplinary working.

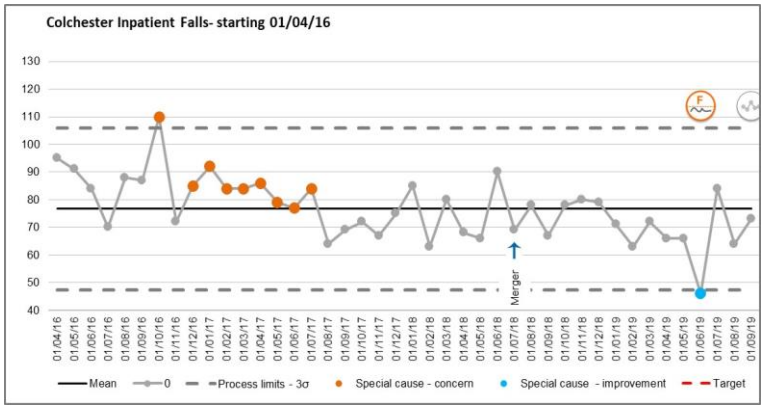
Ipswich has slow improvements in the falls rate. Ipswich recorded a figure of 6.7 falls per 1000 occupied bed days at the end of the quarter 2. The community hospitals showed a significant drop in the rate of falls to 13.45/1000 bed days.

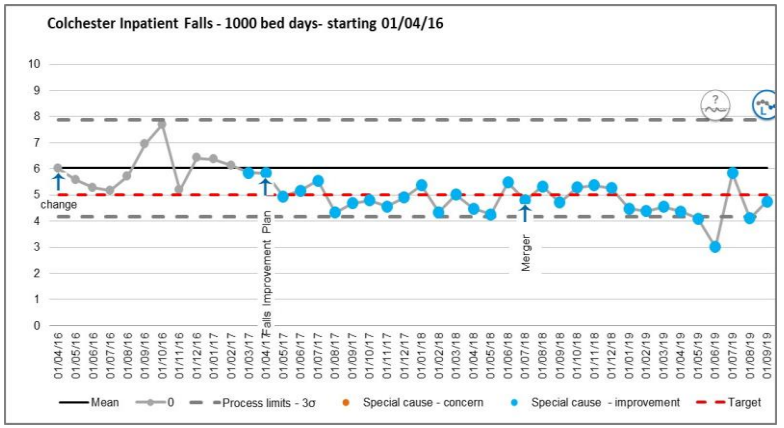
This is an improvement against the same quarter 2 period last year of 7.88/1000 and 19.24/1000 respectfully.

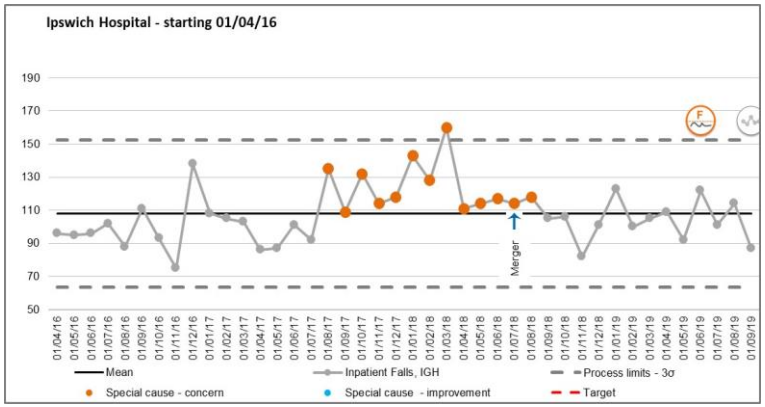
Across the NHS, falls data is measured by number of falls per 1000 bed days. The current national figure is 6.1 per 1000 bed days. Colchester Hospital’s 2017/18 Quality Priority was to reduce the number of falls per 1000 bed days to less than 5, which was achieved and the number continues to remain below this on average.

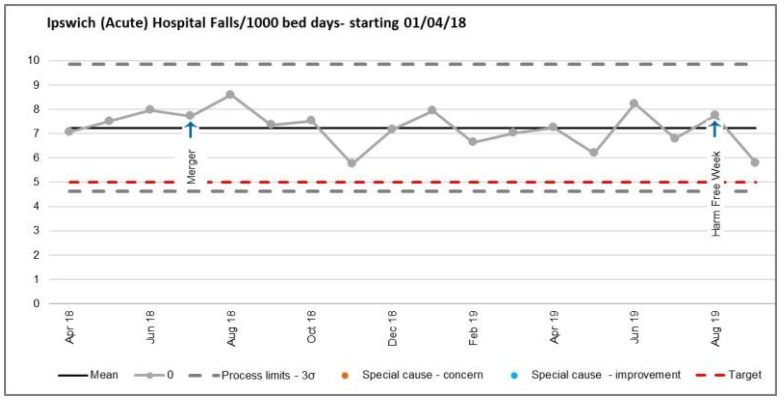
Therefore the 2019/20 priority was chosen to aim to reduce falls across all acute beds to less than 5 per thousand bed days and reduce the number of falls in the community hospitals 15.0 falls per 1000 bed days. (2015/16 figures show the community fall rate to be 19.7 per 1000 bed days) Falls per 1000 bed days show an improvement since March 2019 based on the average of 16.97 since April 2018.

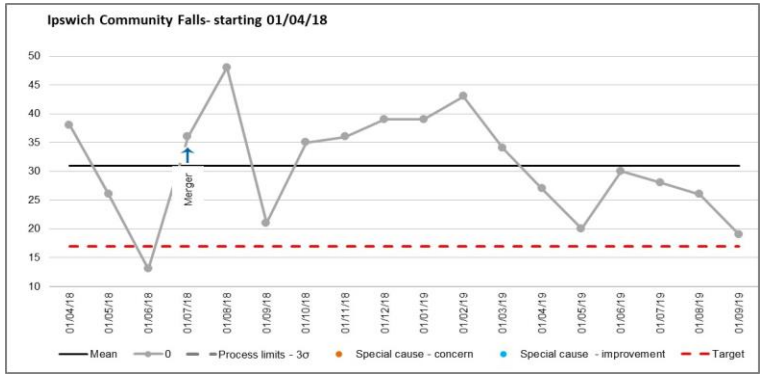
Number of inpatient falls to date

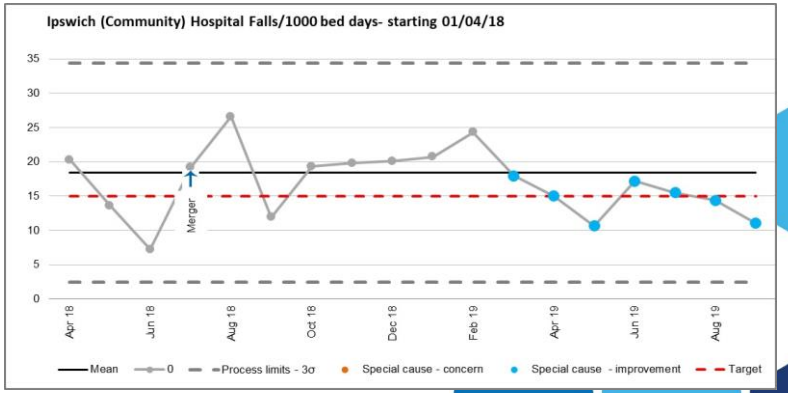




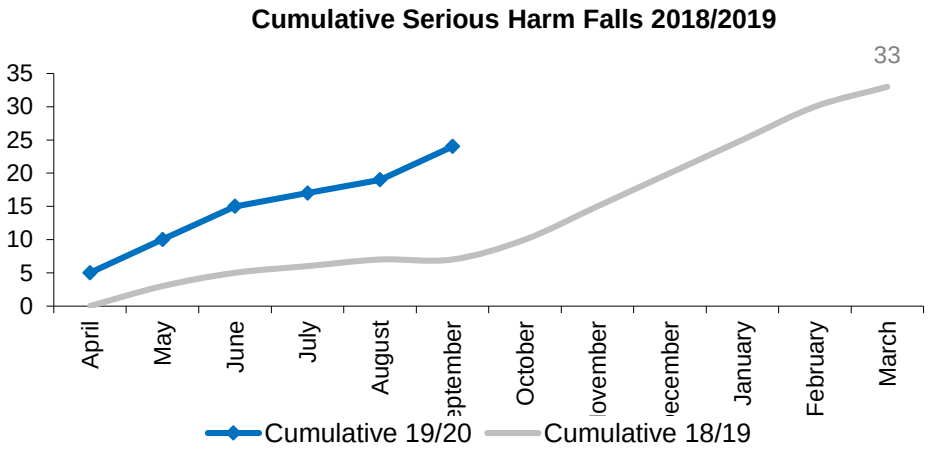








Harm sustained from inpatient falls



Falls resulting in moderate and above harm are above trajectory year to date across ESNEFT. A breakdown is as follows:

- April - #pelvis on Tiptree & 4 #NOF's on Haughley, Kesgrave, Great Tey & Kesgrave Wards
- May – 4 #NOF's on Grundisburgh, Ipswich ED, Fordham & Darcy and an injury requiring MUA to a shoulder on Aldham Ward
- June - 3 #NOF's on Haughley, West Bergholt & Aldham, #Ribs on Grundisburgh & a Subdural Haematoma on Washbrook
- July - #Pubic Rami on Debenham & Subdural Haematoma on Mersea
- August – 2 #NOF's at Aldeburgh & Ipswich ED
- September - #NOF on ACU, Subdural Haematoma's on West Bergholt, Peldon & Lavenham & a #pubic rami on Darcy,

Root Cause Analysis have been and are being completed for all falls. No commonalities have been identified so far, and the majority show good practices in place and no areas of concern.

Current Work:

- Colchester remains stable with falls prevention measures very much embedded in daily culture and a defined focus on Baywatch as the key element of patient safety to reduce the risk of falls.
- Baywatch has been introduced at Ipswich and is now producing results such as an initial 80% reduction in falls on two of the Care of the Elderly wards, Haughley and Grundisburgh. Sustainability is still to be achieved.
- Daily Falls huddles and Safety briefings have been introduced, measuring Baywatch compliance, greater expansion of the utilisation of AHPs and other professionals on the wards to support higher levels of observance and safety.
- Falls alert monitors introduced into toilet and bathroom areas on the 12 wards with the most fallers at Ipswich, as a phase 1 project in trying to reduce falls in toilets. Falls in toilets in those wards will be audited and feedback provided to evaluate the useful of this approach, before its expansion is considered.
- The first Ipswich Falls Champions study day has been delivered and was well attended with 39 staff from all areas including community practice. Subjects included the role of the champion, the current ESNEFT position on falls, falls risk assessment, measuring of metrics and secondary drivers, impact of vision impairment, the importance of medication reviews, mobility assessments and provision of mobility aids. Feedback from the day was encouraging, with champions making declarations to bring a new focus to falls prevention in their workplace.
- At Ipswich, the focus on completing the Multi factorial risk assessments within 6 hrs of admission and key metrics such as lying and standing blood pressures will be supported with the work with fall champions and the Harm Free Care Team. A new ward audit based on the current Colchester audit will be developed and quality assured. There is also a new Multi factorial risk assessment due out in Ipswich as a result of the work undertaken for the new Patient integrated Care record. Colchester's Falls Prevention individual Care pathway has been updated with a section for Lying and Standing blood pressure, and remains fit for purpose.
- At Colchester, induction and training will continue, along with attendance at ward study days throughout the year. Falls champions will also be a focus for re-invigorating and a repeat of the Harm Free Care week, as undertaken at Ipswich, will be implemented.
- Delirium E-learning has been completed and is available from October for all ESNEFT staff to support the face to face training currently being delivered by the Admiral Nurses.
- A new Delirium and Dementia group is understood to be forming across ESNEFT. No further information is available at this time, but an update in Q3 will be provided.
- A new ESNEFT Falls patient information leaflet has been approved and is available for distribution to inpatients, carers, family members and on discharge to support ongoing risk reduction.

QPS

GIRFT

October 2019

Getting it right first time (GIRFT) programme improvements

What is our target?

Clinical Specialties will identify the top 3 areas for improvement during quarter 1 and develop the action plans required to achieve the improvements.

GIRFT – Update

National GIRFT Team attended Grand Round at Colchester and presented GIRFT Leadership Pack.
Following specialities have been visited:
Dermatology –awaiting meeting date with team to set top 3 priorities
Diagnostic Imaging – top 3 priorities have been set
Vascular revisited 12th September 2019 – team have identified top priorities and will be addressing these via a "Kaizen" approach w/c 14th October 2019.
Dentistry – visit took place 19th September 2019 report awaited

Reviews Planned:
Geriatric medicine – November 2019
Gastro – April 2020

GIRFT Litigation Pack received unfortunately the data for Ipswich did not include any claim costs or claim reference details. National GIRFT team updating report but will commence reviewing Colchester data.

A "12 month on-a-page plan" has been developed and ratified at GIRFT Programme Board meeting. Fortnightly CIP meetings are taking place to ensure momentum for potential further CIP opportunities. Attending DMT meetings during September/October to ensure DMTs are sighted on GIRFT action plans, progress and reviewing at quarterly basis via Risk and Governance meetings.

GIRFT
GETTING IT RIGHT FIRST TIME

Achievements from to date

Speciality	Achievement	Outcome	Evidence	Date Completed
Obs and Gynae	Therapeutic hysteroscopy undertaken July within ambulatory unit (need to set trajectory for increasing procedures within unit)	Patient Experience	Patient List	23/7/19
	Reduced number of botox injections to patients over 40 years of age.		BI report	01/07/19
	Increased number of benign hysterectomy cases. (need to set trajectory for further increasing at Colchester site).		BI report	30/7/19
	Increased number of laparoscopic procedures (experienced laparoscopic consultant appointed - further work to be undertaken ie agree trajectory for further increase day case surgery)	Patient Experience	BI report	01/05/19
	Decrease number of 3rd and 4th degree tears. Now part of Accountability Framework to ensure improvement sustained.	Patient Experience	BI report	01/05/19
General Surgery	Surgical stapling and energy (colorectal) Hernia mesh using alternative brand	CIP - £25,000 CIP - £12,000	Confirmation from Liam Horkan	01/06/19

Achievements from to date

Speciality	Achievement	Outcome	Evidence	Date Completed
Breast	Increase in number of day case procedures (further work to be undertaken with team including agreeing trajectory for further increase day case surgery)	Reduced LoS Patient Experience	BI report	01/08/19
	Procedure for recording implants ensuring payments received	Financial	Finance report	01/08/19
Diabetes	Increase number of patients with pumps – DAFNE training sessions increased (within existing job planning)	Patient Experience	Additional training sessions	01/07/19
Ophthalmology	Increased number of cataract patients per list.	Finance Patient Experience	BI report	01/07/19

East Suffolk and North Essex NHS Foundation Trust

Current Position
Top 3 Priorities by Speciality

GETTING IT RIGHT FIRST TIME

General Surgery

Recommendation	Progress	Outcome
In 3/4 of the colorectal cancer patients who do not undergo surgery (declined) there is no apparent reason recorded	Consultant undertook audit – requesting outcomes and recommendation.	Patient Experience
Review of appendectomy pathway – same day discharge. Increase number of laparoscopic procedures.	Pathway completed – to be ratified.	Patient Experience Reduced LoS
Reduction in the number of readmissions – colonic and rectal surgery.	Audit undertaken – awaiting outcomes and recommendations.	Patient Experience Financial
Challenges		
Emergency theatre slots – agreement on which procedure takes priority between specialities.		

Breast

Recommendation	Progress	Outcome
Coding – Accuracy and completeness of data	Audit undertaken with support from coding team. Outstanding action: Coding sheet to be provided for common procedures to assist clinicians. Readmission data audited: Some procedures being coded as emergency readmission rather than elective. Discuss with team accordingly to ensure correctly listed.	Financial
Create optimal day case surgery protocol.	Audit undertaken and recommendations made. Number of day cases increased - requested BI report to support. Working group to be set up to agree protocol for both sites.	Patient Experience. Financial
Agree next priority with team		

CCU

Recommendation	Progress	Outcome
Increase AHP support ideally 7 day service for rehab. Provision of speech and language therapy.	Audit being undertaken re current unmet needs and support provided by AHP.	Patient Experience. ?reduced LoS
Delays with discharging patients to wards.	Data re position last 4 months being compiled along with reasons for delays. Elective admissions data and cancelled electives due to not having a bed in Critical Care available to be collected for same period.	Patient Experience. Financial
NIV – agree cover for both sites, 24 hour service.	Clinical Director to agree "What NIV looks like" – stakeholder meetings to be arranged to discuss requirements.	Patient Experience
Submission of data to ICCQUIP	Password requested – to commence submission data August 2019.	Reputation
Review donation after circulatory death (DCD) at Ipswich – consider implementing Colchester process	Review referral process – agree at Risk and Governance meeting September 2019.	Patient Experience

Diabetes

Recommendation	Progress	Outcome
Review transition service at Colchester.	Discussing opportunities for joint clinic with Paeds	Patient Experience
LoS data and re-admission data	BI have provided latest data, will review and ascertain if improvements have been achieved due to actions including staff appointments following period data provided. If not, will action accordingly.	Patient Experience Financial (although already achieved if reduction of LoS and readmissions)

T&O

Recommendation	Progress	Outcome
Standardise NOF Block service	Trauma protocol to be finalised Anaesthetics Trauma SOP to be finalised Trauma escalation policy ratified and available on intranet. Set trajectory to meet National Target.	Patient Experience.
Increase theatre productivity from 3 to 4 joints (or equivalent) per day.	Reviewing theatre list data and existing processes. Issue relates to not having a separate “laying up” room at Ipswich. Also need to review porter availability East Theatres.	Productivity
Implementation of Enhanced Recovery Pathway (ERP) Service.	Staff appointed to ERP service – awaiting report as evidence. Guideline for Anaesthesia for ERP service total hip and total knee replacement drafted – to be ratified	Patient Experience

Spinal

Recommendation	Progress	Outcome
Spinal Cord Injury (SCI) patients waiting 32.50 days for referral to a SCI unit and 86.60 for admission (UK average is 18.00 and 45.16). Look into the reasons for this and work to reduce this to the UK average.	Patients now being treated at Ipswich site - this will reduce both waiting times for referral and admission. Awaiting data as evidence to confirm referral and admission times have reduced.	Patient experience.
NHS Ipswich and East Suffolk CCG demonstrate a rate of vertebroplasty greater than double the England average. 90% of the work is undertaken by Ipswich suggesting high volumes in the trust. Ensure that all vertebroplasty and kyphoplasty goes through MDT and both procedures are cost neutral.	Vertebroplasty is now rarely carried out. Awaiting data to evidence change. Establish differences in pathway, establish whether and cost savings have been achieved.	Patient Experience. Potential CIP

Endocrine

Recommendation	Progress	Outcome
Submission of data to BAETS	Proforma to capture data to be compiled and agreement of who will enter data.	Reputation
Increase in Nurse Specialist role	Audit being undertaken to ascertain gaps in current provision; Business Case to be submitted with this information.	Patient Experience
Parathyroidectomy	Agree protocol to assist reviewing patients over weekend increasing number of weekend patients.	Patient Experience / LoS

Oral

Recommendation	Progress	Outcome
Osteotomies - elective planned admission need to address backlog. Plan how to address these patients in a more timely manner going forward. Review reasons for patients being sent to HDU as not the same practice for other Trusts.	Obtained details of backlog. Changed job plan of consultant – increased session allocated. Audit on care received whilst patients were in HDU, reviewing whether dedicated nurses could be upskilled to provide this care. Ascertaining process with other local hospitals.	Patient Care ?Financial if patients treated on ward rather than HDU.
High cancellation rates for paediatric patients - explore reasons for this	Audit on cancellation rates and reasons carried out. Reviewing pathways to ensure clear processes in place. Implement telephone call 2 days before surgery ensure patient is well and able to attend surgery.	RTT Efficiency
Patients admitted overnight rather than attending emergency clinic next day.	Audit carried out to ascertain reasons for overnight stay. Emergency clinics already in place next morning. Business case written for Colne machine replacement.	Patient Experience ?Financial if not admitted overnight.

ENT

Recommendation	Progress	Outcome
Costs for Cleaning external auditory cannel higher than other hospitals.	Procedure now carried out by Nurse Practitioner previously consultant. Requested data from BI to support improvement. Need to benchmark number of procedures undertaken at other Trusts to ascertain if further work required.	Finance
Number of follow up appointments high compared with other Trusts.	Audit currently on-going reviewed last 50 patients reason for follow up and outcomes from appointment.	
Need to increase number of day case tonsillectomy.	Data provided by BI – number of day cases has improved. However, need to review potential differences in practise between Colchester and Ipswich as more tonsillectomies are carried out at Colchester.	

Diagnostic Imaging

Recommendation	Progress	Outcome
To implement use of voice recognition software at both sites	Named lead identified – meeting set up later this month to agree actions and deadlines.	Efficiency
To review opportunities for daily “duty team”	Named lead identified – meeting set up later this month to agree actions and deadlines.	Staff Morale improved. Efficiency
To review number of lumber spine requests that are being received from GP practices – implement pathway/criteria for requesting lumber spine xrays	Named lead identified – meeting set up later this month to agree actions and deadlines.	Increased capacity.

Obs & Gynae

Recommendation	Progress	Outcome
Agree increase in day case procedures within ambulatory care unit	Commenced undertaking day cases in July, need to set trajectory for increased number.	Patient Experience
Review remaining recommendations and agree next priorities.		

Vascular

Recommendation	Progress	Outcome
Carotid Patients - improve referral pathway to ensure patients are treated equally regardless of which hospital they are transferred from.	Pathway has been ratified. Audit currently being undertaken to establish any “pinch points”	Patient Experience Reduced RTT
Reduce LOS across the vascular service - recommend audit of LOS to gain insight on the reasons behind long staying patients and potentially make relevant changes to improve.	Audit being undertaken. Intended to commence “Kaizen week” 14 October 2019 but had to postpone due to data not being available. Kaizen week will provide focussed attention to resolve identified themes and actions.	Reduced LoS/ Finance Patient Experience
Reduce number of re-admissions across the vascular service.	Same as above.	Patient Experience

GIRFT – AREAS OF CONCERN

- National GIRFT team advised the Implementation Managers will no longer be in post next financial year.
- Lack of engagement/progress with some specialities this has been raised with DMT's.
- Ability to demonstrate cost savings due to "grey areas" (ie LoS reduced which does not result in a discernible measurement as beds immediately used for other patients)
- National GIRFT team provided litigation report but claim details and references not included for Ipswich site. This is being progressed with the National team.
- Addressing external parties deficiencies in practice, which impact upon our services and achieving GIRFT recommendations.

GIRFT – BUSINESS AS USUAL

- Continue to work with specialities to progress recommendations, when achieved to provide evidence to support and then identify next priority.
- Continue to meet with DMT's providing updates accordingly.
- Ensure all specialities are providing updates at Risk and Governance meetings on a quarterly basis.
- Ensure CIP opportunities are identified and included within the CIP tracker.
- Ensure actions relating to procurement/medicine management are identified.
- Review 12 month plan on regular basis to ensure focus on agreed key areas.

GIRFT
GETTING IT RIGHT FIRST TIME

GIRFT – NEXT STEPS

- "Kaizen" event for vascular service to be rescheduled.
- Include "completed recommendations" onto Speciality Dashboard or Accountability Framework as appropriate to ensure Business as Usual.
- Trust themes identified and actions underway i.e. day cases, procurement, need for 23 hours stay unit and on the day cancellations for surgery patients
- Develop common themes via procurement