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WELCOME TO THE TRUST BOARD MEETING

01 JUNE 2017



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Emergency Department Our Commitment to Quality and Care



OUR VALUES

Commitment
Care Quality



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Our Improvement Journey

- To share with you our journey since September 2016
- Discussing the actions we have taken in response to the feedback and reports we have received from the CQC and other external sources.
- Share our plans for the future



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Our aims for ED

Safe	Effective	Caring	Responsive	Well-Led
Inadequate	Requires Improvement	Good	Inadequate	Inadequate



Refurbishment of Mental Health Room	Improved provision for refreshments for patients	Increased in reach from Clinical Nurse Specialists	Escalation Plan embedded in everyday practice	USC strategy
Recruitment strategy	ED safety checklists	Improved FFT response rates	ED performance consistently >95%	Staff engagement and culture programme



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Caring

- The Emergency Department Team were rated as “good” for caring in the last two CQC Inspections.
- As part of our improvement plan we will continue to maintain a “good” rating and develop towards “outstanding”.
- Our robust recruitment drive includes a new post of a nurse consultant who will support our Advanced Nurse Practitioners and other nurse specialists working in the ED to maximise the care they can give patients. A new ED consultant has been appointed and there is funding for a further two.
- Continuing to promote our Friends and Family feedback to increase our response rate will enable us to demonstrate the positive work in place and identify any areas we need to continue to develop. We will be trialling a texting system to supporting the increasing our response rate.



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Safe

To ensure that care for patients with mental health issues in the emergency department is safe

- With the support of HPFT there have been significant changes to the mental health room
 - The room has been completely refurbished, removing any ligature risks, changing the ceiling, lighting and furniture
 - CCTV within the room is closely monitored by senior staff
 - All staff have personalised alarms
 - Monthly IKON (breakaway) training
- Confirmation of 24/7 RAID service from August





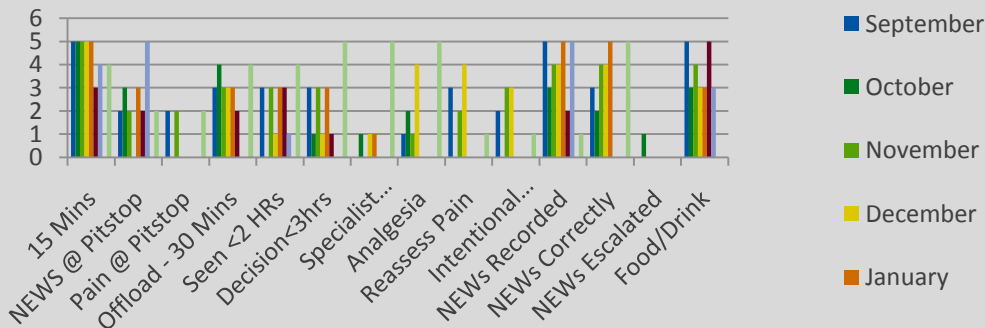
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Effective

To ensure that there is provision for the offering of regular drinks to patients

- We have added additional facilities including a patient kitchen and drinks machine.
- A dedicated housekeeper 12 hours a day.
- We have volunteers who come to the department which has proved highly successful and we are looking to increase this.
- We are documenting patients have been offered refreshments on our ED safety checklist with monthly compliance audits

ED Harm Free Audit



ED safety checklists

Action	Time	Initials	Comment (including Location)
1st hour - checks			
Triage			
Vital signs / NEWS			
Chest pain			
ECG recorded (within 10 mins)			
ECG reviewed by clinician			
Undressed and gown			
Wristband			
Pain score assessed			
Analgesia administered (if appropriate)			
Infection control screening			
Sepsis suspected			
Investigations initiated (as appropriate)			
IV access and care plan			
Blood tests			
Imaging			
Specific pathway triggered			
2nd hour checks			
Vital signs and NEWS recorded			
Pain scored assessed			
Analgesia administered (if appropriate)			
Next of kin aware			
If patient has dementia - this is me / blue clasp			
Refreshments offered (if not NBM)			
Pressure area assessment undertaken - (haemoglobin removed and swabs taken)			
BEST SHOT care plan (if appropriate)			
3rd hour checks			
Vital signs and NEWS recorded			
Pain scored assessed			
Analgesia administered (if appropriate)			
Refreshments offered (if not NBM)			
Review by senior Doctor / speciality			
Regular medication prescribed and administered (if appropriate)			
Patients transfer sheet completed			
4th hour checks			
Vital signs and NEWS by RN			
Pain scored assessed			
Analgesia administered (if appropriate)			
Refreshments offered (if not NBM)			
If NEWS >8 name of senior clinician approving transfer			
Transfer / discharge checklist completed			

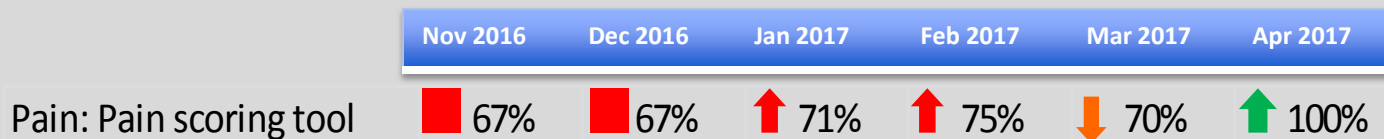


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Effective

We need to manage patients' pain effectively throughout their stay in the ED

- We have revised our ED documentation.
- We have introduced ED safety checklists which have hourly pain assessment scores, in addition to recording pain with each set of observations.
- By having a senior clinician make an early assessment, pain relief can be prescribed and administered earlier in the patients pathway.
- On occasions when patients are not able to be transferred immediately into a bay and are in the queue, the Standard Operating Procedure has clear escalation criteria for ensuring a pain score is reviewed and acted upon.
- We are monitoring this through our the Test Your Care audit in addition to a random review of 10 sets of patient records on a monthly basis

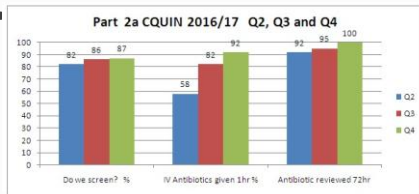




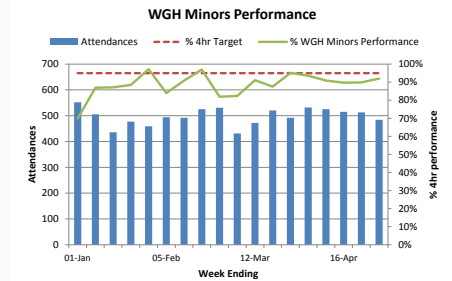
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Safe and Responsive

- STARR Team
- Improved early treatment
- Sepsis door to antibiotics 100%



- Minors lead nurse; Clear demarcation of minors
- Senior evening assessments and plans
- Continued liaison with GP partners

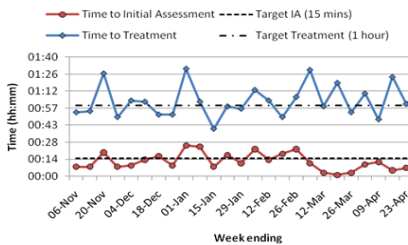


STARRing

Minors



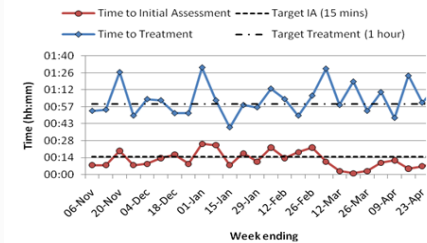
- Extension of majors reducing corridor queue
- ED escalation
- ED dashboard
- Ops team



Majors

Resus

- Oversight of resus
- Junior and senior zoning
- In-reach respiratory and cardiology





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Well led

Unscheduled care strategy

Our
mission

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Our
vision

Everyone working towards safe timely discharge

Throughout hospital stay

FRONT OF HOUSE:

ED model
transformation
Ops in ED
Demand management

IN PATIENT WARDS:

Internal professional
standards
Use of data to reduce
variation

DISCHARGE PLANNING:

ward clusters
SAFER care
DTA pathways

AFTERCARE:

Virtual ward model
to reduce
readmission
Frailty outreach

QIP: quality improvement plan
Good governance- management of risk.

- IT
- Workforce planning
- Estate reconfiguration



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Well Led

Shared Learning
from maternity
staff engagement
programme



Focus Groups and
ED Away Days

Staff Engagement
and Culture Group
Staff Survey

Big Conversation
Team Meetings

Engaging, Listening, Improving - Unscheduled Care Division

E-nugget
News-feed 2: 9th May 2017 (look out for nugget 3 on Tuesday 16 May!)

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What's happening?		
Engagement & Listening sessions for all USC staff		
WG01	MOT Radiology Room, Shrodsale	22.05.17 2pm - 3pm
WG01	MOT Radiology Room, Shrodsale	22.05.17 3.30pm - 4.30pm
WG01	MOT Radiology Room, Shrodsale	24.05.17 10am - 11am
WG01	MOT Radiology Room, Shrodsale	25.05.17 11am - 12pm
WG01	MOT Radiology Room, Shrodsale	25.05.17 7pm - 8pm
WG01	MOT Radiology Room, Shrodsale	31.05.17 11am - 12pm
PH01H	Jubilee Seminar Room 14 th Floor	02.06.17 10am - 12pm
WG01	MOT Radiology Room, Shrodsale	06.06.17 9am - 10am
WG01	MOT Radiology Room, Shrodsale	06.06.17 10.30am - 11.30am
SACH	Medical Education	08.06.17 11am - 12.30pm
WG01	MOT Radiology Room, Shrodsale	13.06.17 9am - 10am
WG01	MOT Radiology Room, Shrodsale	13.06.17 10.30am - 11.30am
WG01	Seminar Room 2 Medical Education	15.06.17 9am - 10am

Progress

Come along to one of our listening & engagement sessions & have YOUR say!

What you need to do:

1. We want everyone to attend one listening & engagement session during May & June happening on all sites
2. Please liaise with your line manager to ensure your area has enough cover while you attend the 1-hour session
3. Agree with your manager the date/time you will attend

Next Steps.....

These engagement sessions link with:

- Focus groups for senior nurses and consultants on the following dates:
 - ◊ 9am - 1pm - 22nd June 2017 for ED
 - ◊ 1pm - 5pm - 27th June 2017 for AAU
- Engagement led by Debbie Fulcher across the division, looking at the results of the 2016 national staff survey. We will pick up issues & actions for USC so we join up all the work

For more information please contact:
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The Future

- We continue to make changes to support consistently meeting the 95% KPI
- We are working with our health planners to optimise and maximise the estate footprint. Changes to the environment will improve the patient and staff experience.
- Continued review of workforce strategy and recruitment drives along with staff engagement sessions will help to build the ED Team.



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Summary

- Through our Quality Improvement Plan we have identified and addressed areas which were rated as inadequate or requiring improvement.
- We are embedding changes and will continue to monitor the impact through audit, governance. We will make further changes as indicated.
- As a team we will continue to develop and grow to support changes.
- As we said at the beginning this has been the story of our journey so far, it is far from over, and one which as an Emergency Department we are committed to continuing.



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Thank you



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