Poole Hospital NHS
NHS Foundation Trust

# Patient Safety Plan: Taking *The Poole Approach* further 2015 - 2018

*Making safety the backbone of The Poole Approach*

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**Author**

Denise Richards
Assistant Director of Nursing (safety)

Approved by:
Hospital Executive Group
Date

# 1. Introduction

This plan sets out how the Trust will work in support of the national '*Sign up to Safety'* initiative and its aims to reduce harm in the NHS by 50% over the next 3 years.

The plan outlines the ways in which the leadership and organisational structure of the Trust will continue to support its ongoing commitment to patient safety, and how working within the Wessex Academic Health Science Network's (AHSN) Patient Safety Collaborative, it can develop the capacity and capability to realise new ambitions in specific topic areas and build sustainable change in our clinical practice.

In demonstrating this commitment, *The Poole Approach* pledges will go further and make explicit the commitment to safety within the drive for sustainable high quality care.

# 2. Background

## Poole Hospital NHS Foundation Trust

Poole Hospital NHS Foundation Trust is an acute general hospital. The hospital has a 24-hour major accident and emergency department and is the designated trauma unit for east Dorset, serving a population of over 500,000 people. The Trust provides general hospital services to the population of Poole, Purbeck and East Dorset – around 280,000 people – as well as a range of additional services such as maternity and neonatal care, paediatrics, oral surgery and neurology to a wider population including Bournemouth and Christchurch. In addition, the hospital's flagship Dorset Cancer Centre provides medical and clinical oncology services for the whole of Dorset, serving a total population of over 750,000.

## Future Strategy

Poole Hospital has a history and tradition of providing innovative, high quality, patient-centred care delivered by a motivated workforce which includes extremely talented clinicians and support staff.

A strong commitment from staff to improve services and achieve better outcomes for patients is evident in the Trust. In the past the Trust has committed to demonstrate this commitment to safety through achievement of Level 3 compliance with NHS Litigation Authority (NHSLA) Risk Management Standards. The NHSLA is no longer using this approach and has committed to supporting the national Sign up to Safety Campaign and a move towards service improvement methodologies as a vehicle to promote patient safety from ward to board. Poole Hospital has not participated in large scale safety improvement initiatives such

as this in the past or the use service improvement methodologies such as PDSA cycles of change for whole system change.

The involvement of the Trust in the national Sign Up to Safety Initiative and the associated work of the AHSN Safety Collaborative is welcomed as an opportunity to build capacity within the organisation in support of the Trusts wider transformation programme which aims to significantly increase efficiency and reduce costs, whilst at the same time sustaining and developing the quality of care provided.

There is a commonly expressed natural tension in maintaining quality whilst reducing costs. However the growing awareness of the financial, as well as human costs of harm (Frontier Economics 2014), serves to demonstrate how the Trust commitment to safety supports its financial plan.

## Quality Account

The Safety Plan supports and informs the Trust Quality Account during 2014/5 and moving forward to 2015/6 including:

- Maintaining and developing *The Poole Approach*
- Right patient, Right place, Right time.
- Seeking patients views, involvement and feedback
- Handover and discharge communication
- Sepsis

## The Poole Approach

*The Poole Approach* is a unique philosophy of care, developed over 20 years ago and which today truly underpins the culture of care at the hospital. The Trust has a reputation that lives up to its goal;

**"Friendly, professional, patient-centred care with dignity and respect for all"**

*The Poole Approach* has successfully created a legacy of patient-centred high quality care with safety being implicit in its core values. However, it is clear from the review of its pledges in the light of the Care Quality Commission inspection framework and the *Sign up to Safety* pledges that the commitment to safety in *The Poole Approach* can be made more explicit and transparent (Figure 1).

| Care Quality Commission | The Poole Approach | Sign up to Safety Pledges |
|---|---|---|
| **Safe** | | **Put Safety First** |
| **Effective** | Continually improving the quality of our services by learning from what we do.<br><br>Giving information that is relevant and accessible | **Continual Learning** |
| **Caring** | Listening to our staff, patients and the public. | **Support to patients and staff** |
| **Responsive to people's needs** | Treating each other with respect and consideration.<br><br>Working with and supporting all organisations that are committed to promoting the health of local people.<br><br>Valuing and benefiting from diversity in beliefs, cultures and abilities. | **Collaborative** |

**Figure 1. Poole Approach Gap analysis**

As the Trust moves forward in the 21st Century and into the next phase of its development it is appropriate that *The Poole Approach* should continue to reflect and address the leading concerns of patients, carers and staff. This safety plan takes *The Poole Approach* further and makes an explicit commitment to safety as part of its continuous process of development.

## 3. Aims

In support of the national programme the Trust will contribute to the NHS goal of reducing harm in the NHS by 50% over the next three years.

To realise this ambition the Trust has committed to focus on the learning arising from adverse incident reporting, Serious Untoward Incidents and the broader base of root cause analysis data which is gathered within the Trust as set out in the table below. These key themes have been agreed with clinicians and senior leaders as part of a Trust wide listening event on The Safety Plan.

| Trust Aim | Primary Drivers | Secondary Drivers | Work streams |
|---|---|---|---|
| To reduce avoidable harm by 50% by 31st December 2017. | Strategic Enablers | Patient Engagement | No decision about me, without me. |
| | | Clinical Simulation<br>Training | Learning from Experience |
| | | Organisational Capability | Leadership and the competent Safety Community |
| | Clinical Themes | Failure / delay in treatment | Handover and discharge<br>Right patient, right place, right time |
| | | Failure /delay in diagnosis | Sepsis<br>Deteriorating patient<br>Acute Kidney Injury |

**Figure 2. Trust Patient Safety Priorities**

The driver diagrams set out in appendices 1 to 4 will underpin the development of detailed project plans utilising a standardised template and reporting structure (Appendix 5).

Work is underway following the Sign up to Safety staff listening event to identify a clinical lead and establish project groups for each work stream. In some cases this will naturally align to existing groups e.g. the deteriorating patient work stream and the Critical Care and Outreach Group.

# 4. Leadership

## Leadership of clinical themes

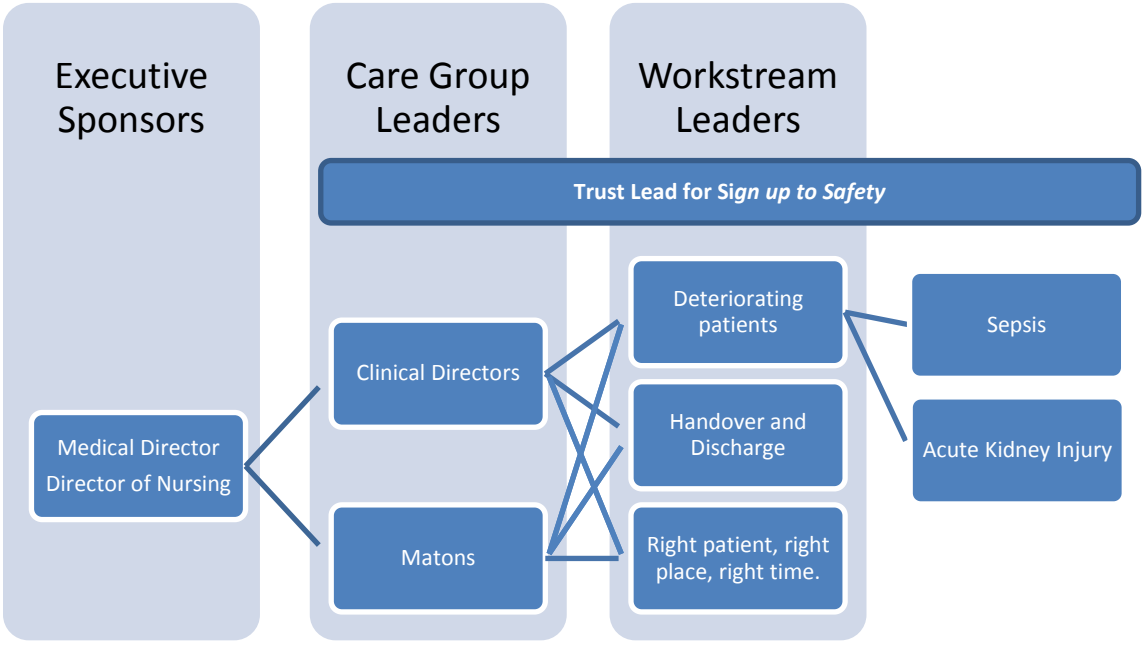



**Figure 3. Leadership Structure for Clinical Themes**

## Leadership of Strategic Enablers

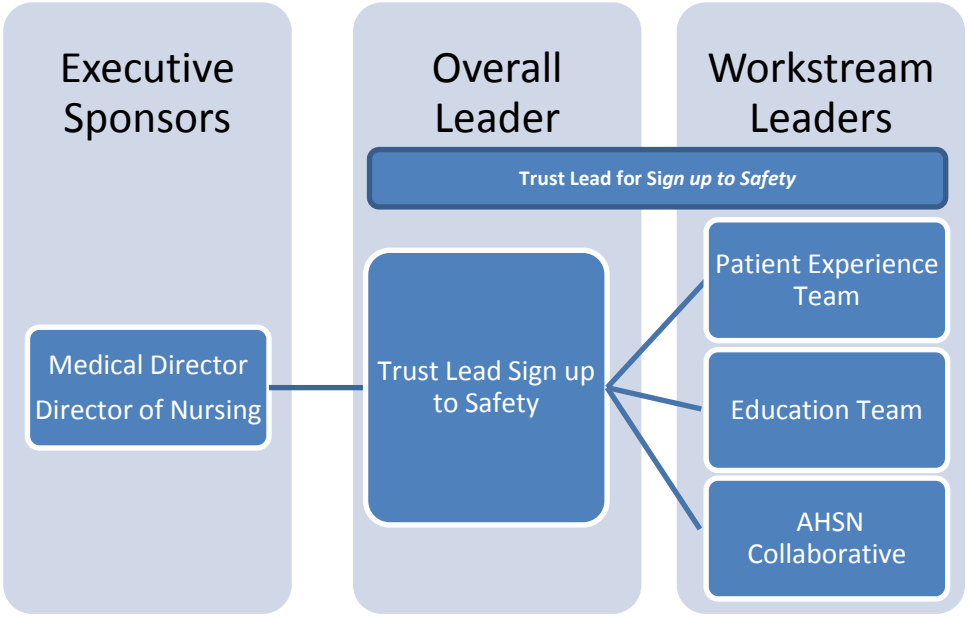



**Figure 4. Leadership of strategic enablers**

At a strategic level the Medical and Nursing Director lead on patient safety for the Trust. Each Care Group is supported by a 'Triumvirate' leadership structure. Within this the Clinical Director and Matron will lead on Sign up to Safety and will ensure that activity and progress in their areas is included in the Quality Account at the Quarterly Performance Review.

To support the Care Group leadership and individual clinical project leads/teams, workshops on improvement methodology will be delivered, where possible and subject to funding, facilitated by staff with proven experience in running clinical projects utilising these tools. The Trust Harm Free Care Group will be used as a front line vehicle to share information and knowledge.

## 5. Strategic Enablers

The leaders of the strategic work streams and project teams will access training in service improvement methodologies principally through engagement with the AHSN Collaborative and national Sign up to Safety resource streams.

### Organisational capacity – competent safety community

The safety community encompasses all staff, patients and visitors to the Trust. Patient engagement work streams will support the sense of community approach and this will be expanded through collaboration with other healthcare providers, the AHSN safety collaborative and CCG safety project groups.

Through the work to develop *The Poole Approach* the Trust will work to embed the reduction of harm across the workforce. The Trust will build on the current good incident reporting culture and further develop this to capture data from 'near miss' events.

The key to success in achieving the goal of a 50% reduction in avoidable harm by 2018 is the development of knowledge and skill in improvement methodologies including PDSA cycles, driver diagrams and measurement for improvement. The Trust will access support through the national *Sign up to Safety* programme and AHSN collaborative where possible. The Post Graduate Medical Library Service will further assist with accessing resources.

The highly successful Swartz rounds introduced into the Trust in 2014 have provided a new approach to staff support in managing the pressures of healthcare work. Further work in support of staff who have been involved in adverse events is underway and will form part of this work stream including staff response and support for the embedding of the duty of candour.

## Patient Engagement

The Health Information Centre and the Patient Experience Group lead on the development of the patient engagement agenda in the Trust. The further expansion of this work within the Safety Plan is a natural development of this work and provides an opportunity to formally set out how the patients voice can influence care at all levels in the organisation.

Work has begun in the Patient Experience Group to map out the drivers for this work stream (Appendix 4). Working with a model of engagement that starts with 'today's' patient and their individual safety and builds to a strategic level that seeks to influence the way in which we manage complaints and investigative processes to fulfil the patients' needs appropriately. In this way whilst aiming to reduce avoidable harm as our principle goal we will also seek to ensure that when harm does occur we can maintain confidence in patients that we are listening and responding appropriately to the problem. Our aim to develop a Patient Leader role in the Trust will support the review of a variety of documents including the complaints policy and frameworks for serious incident investigation and communication with patients.

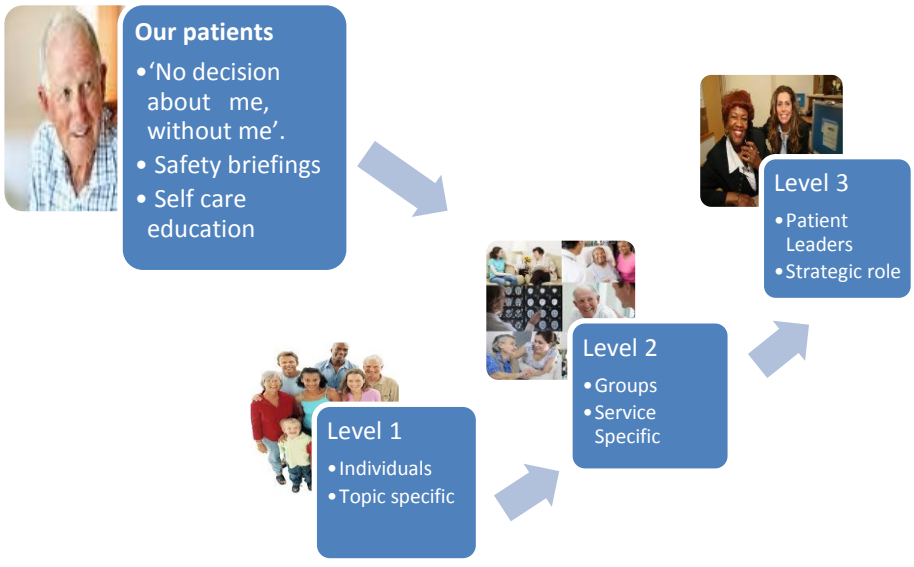



**Figure 5. Model for patient engagement.**

### Learning from experience – Simulation Training

The Trust has invested in a dedicated simulation suite within the training department including 3G programmable wireless simulation mannequins.

Education and training are frequently cited within action plans following adverse incidents. However, traditional didactic approaches to training in healthcare lack the pressure of the clinical environment and complex decision making in real time and are not provided in a real world context. Training in practice on real patients holds inherent risks and cannot manipulate variables that might be required to test understanding and competence.

The current capacity to train using simulation is being expanded during the first year of the Safety Plan following the appointment of a simulation lead practitioner and will ensure that all staff groups are able to access simulation training on an ongoing and consistent basis. Alongside a training programme focusing on advanced clinical procedures and patient management e.g. lumbar puncture or the deteriorating patient – sepsis, acute kidney injury, the investigation and root cause analysis process will directly influence the development of further training programmes therefore allowing for real examples to be used to inform clinical scenarios. This new role will be evaluated through the first year and appropriate funding sought to continue this post in future.

## 6. Clinical Themes

The analysis of adverse events occurring in the Trust has many similarities with events across the NHS and represent some challenging aspects of clinical practice as shown below. Some challenges arise from the complex and ever changing nature of healthcare, and some because of constraining forces in achieving consistent compliance with best practice. In other words, *getting it right, first time every time*.

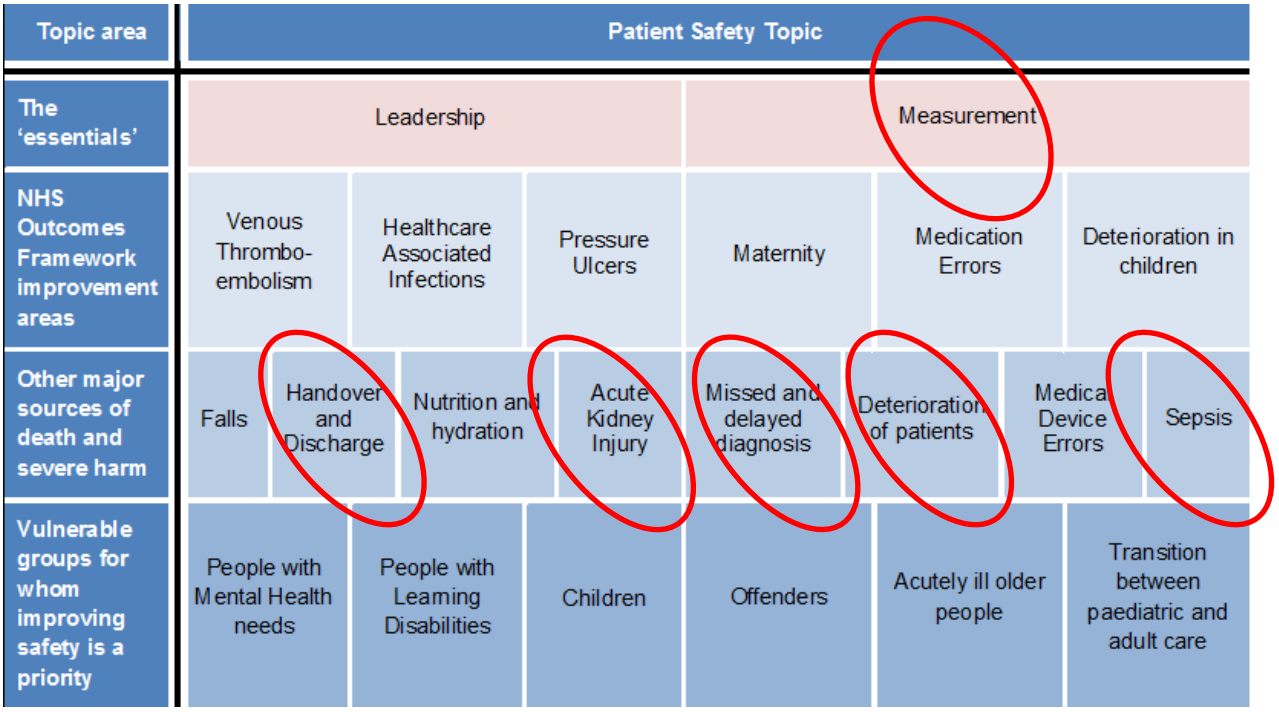



**Figure 6. Poole Hospital Priorities in the national context**

As detailed above, the Trust has identified the framework for the development of detailed project plans and is engaging with clinicians to identify project leads and their team prior to development. The following areas will form the basis of priority work streams over the next three years.

- Handover and discharge
- Right patient, right place, right time
- Deteriorating patient – sepsis and acute kidney injury

The Trusts existing work programme includes introduction of Vital-Pak as a mechanism for assisting in identification of the deteriorating patient, the 'S.A.F.E.R' discharge care bundle, 'S.B.A.R' as a common communication tool and implementation of Datix-web. It is anticipated that the assimilation of these projects into the new safety plans along with existing work to reduce in-patient falls, pressure ulcers and healthcare associated infection will add value particularly in the robust use of measurement of each stage of implementation.

# 7. Measurement and Methodology

## Methodology

A simple standard project development template will support the development of each project including the use of driver diagrams, definition and detail of measurements to be made, reporting lines and a communication plan. The Trust will adopt the Institute for Healthcare Improvement (IHI) Model of Improvement incorporating PDSA cycles as its principle model for service improvement and change.

**Figure 7. Model for Improvement (Institute for healthcare Improvement 2015)**

It is recognised that the themes emerging through the analysis of Poole data are consistent with themes identified across the NHS and reinforces the value of working together with partner organisations through the AHSN collaborative to share learning and where applicable support aspects of practice that cross organisational boundaries e.g. discharge.

## Measurement

Many projects will utilise existing data sources including High Impact Intervention Audits, Patient Safety Thermometer Data, Early Warning Score triggers and use, % staff completing training, rates of infection, length of stay and mortality statistics etc. Where such existing data is used the project will be required to review the existing methods of data collection and take all reasonable opportunities to ensure the data is valid and reliable.

The project templates demand that time is taken to carefully asses the relevant measures for each element of a project.

The Trust will commit to reviewing the analysis of existing adverse event data and the methodology applied to root cause analysis to ensure that the capture of lessons is robust. As previously identified, opportunities to capture 'near miss' events will be developed and a framework for the assessment of financial costs of adverse events included in all root cause analysis investigations.

## 8. Communication

The Communications Team are active participants in the *Sign up to Safety* Campaign and will coordinate the internal and external communication regarding the plan and its achievements. A detailed and comprehensive communications plan will promote awareness and engagement with the programme, how staff in all roles and at all levels can contribute to improving patient safety at Poole Hospital, as well as to share good practice and successes widely.

### Trust Internal Communication

The *Sign up to Safety* campaign was launched with a listening exercise, open to all staff, which showcased the national project and began discussion about the current capacity and capability in the organisation for this work. Staff were consulted on the themes identified through the analysis and asked to share their own experience and concerns about patient harm in order to further inform the plan development.

A dedicated Trust Intranet micro-site provides a gateway to local project plans, progress reports and links to external resources and support tools. The site has hosted an online survey, matching the questions posed at the launch event, for those unable to attend the event. The feedback from that has been used to drive and inform projects.

The Weekly Trust Newsletter is being used to highlight key news stories and maintain awareness beyond those involved in individual projects.

An expectation within all the work streams will be a commitment to share the learning and the developments in practice through a Trust ' Safety Showcase' which will be established on an annual basis initially during the life of the project.

### External Communication

The Trust will share the plan and formally launch the 'Sign up to Safety' in the autumn of 2015 when all the work stream project proposals have been scoped and agreed.

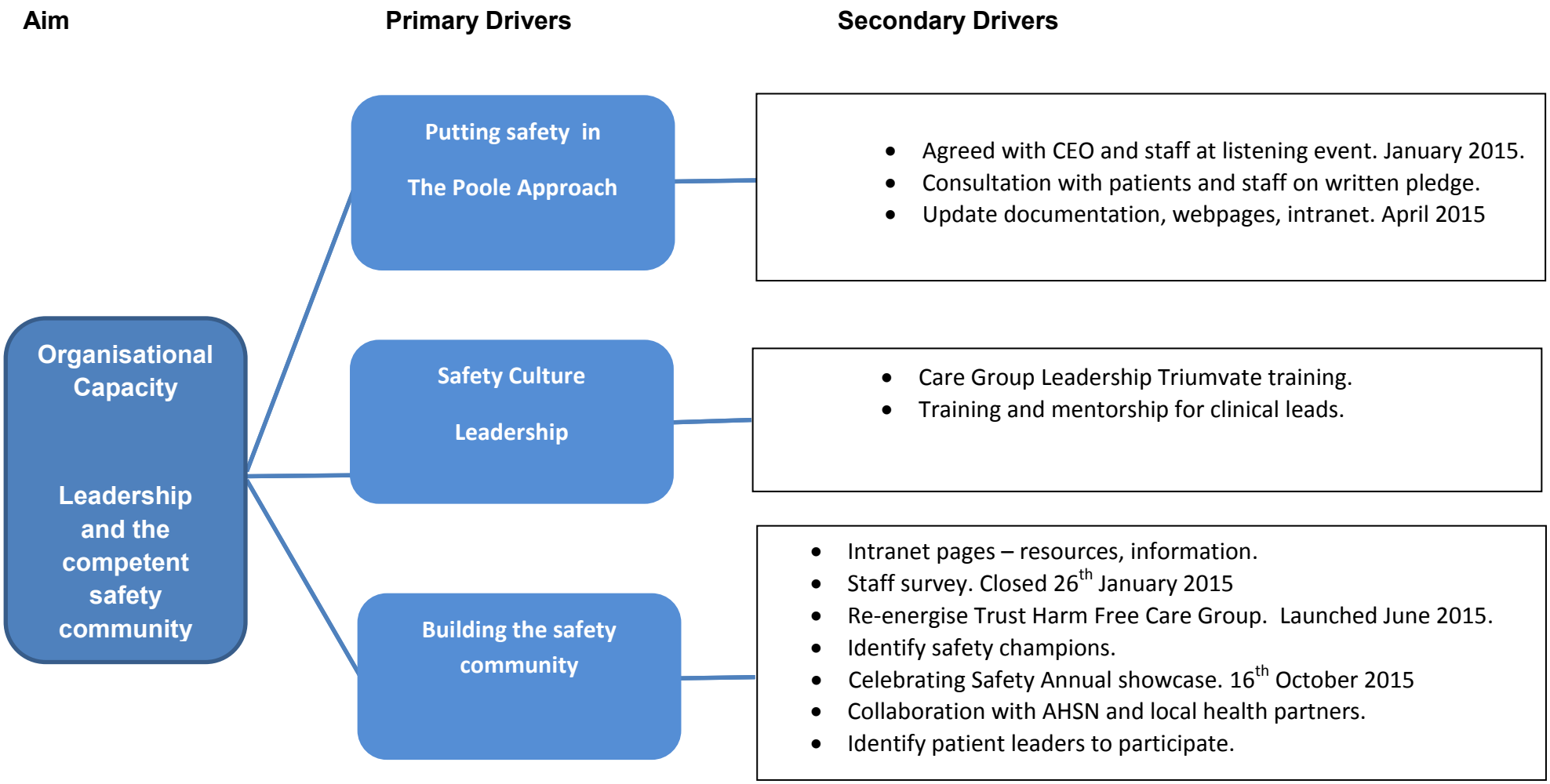
## 10. References

Frontier Economics (2014) Exploring the cost of unsafe care in the NHS: A report prepared for the Department of Health.

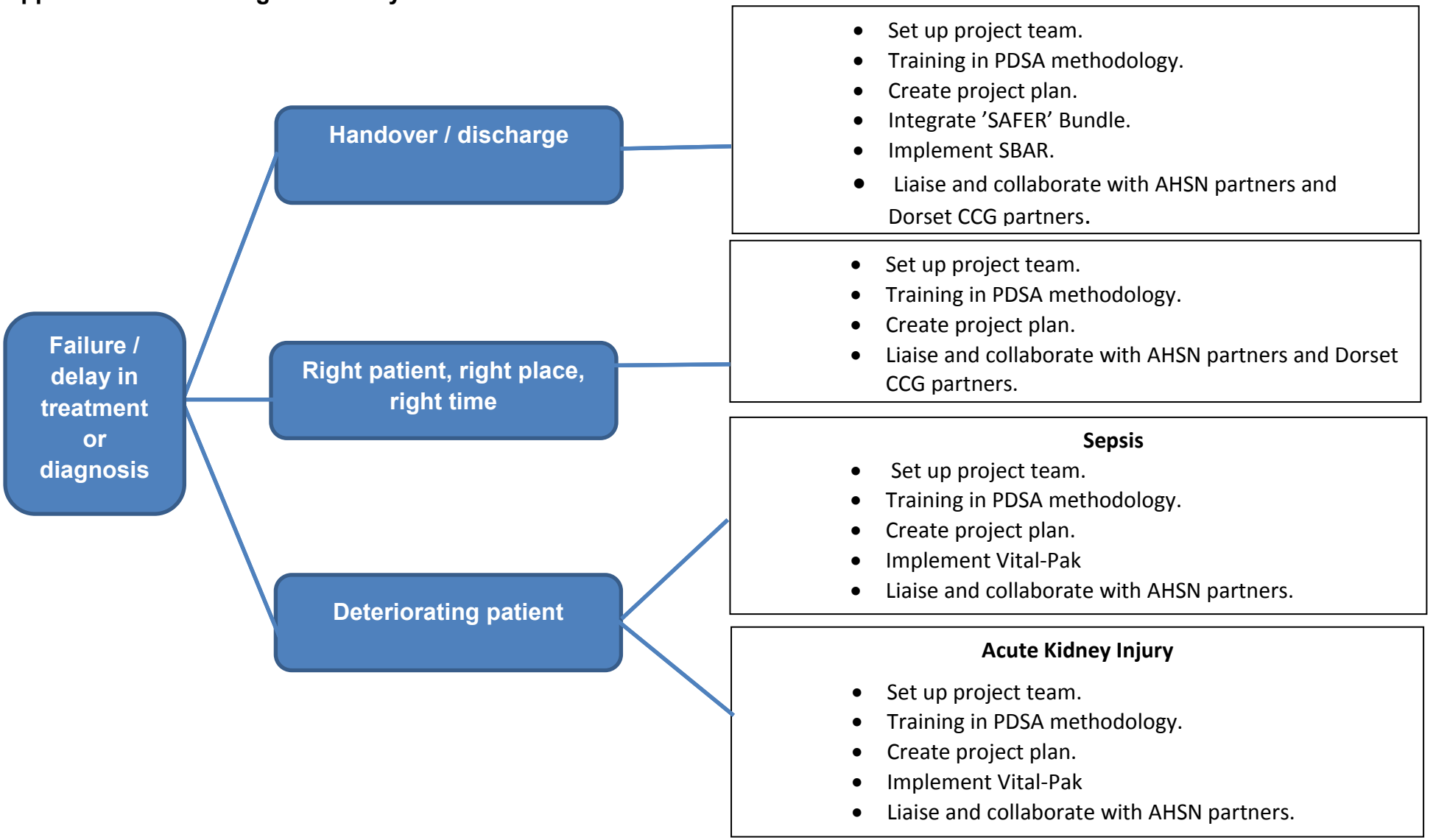
Institute of Healthcare Improvement (2015**)** Improvement Stories: executing for real life results [online] Available from [http://www.ihi.org/resources/Pages/ImprovementStories/ExecutingforSystemLevelResultsPart4.aspx]

## 11. Appendices

## Appendix 1. Driver diagram for organisational capacity – Leadership and competent safety community.

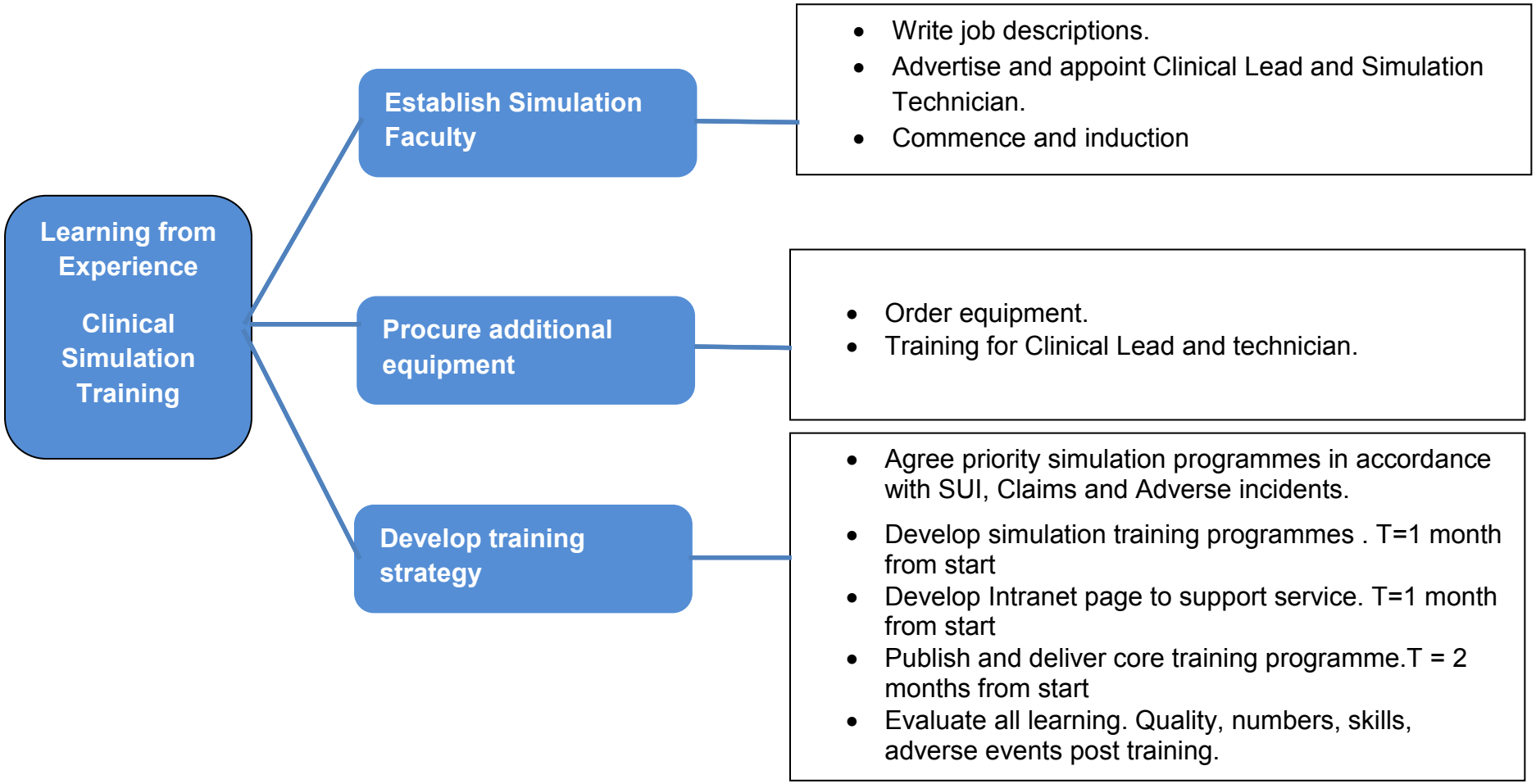


## Appendix 2. Driver Diagram for Key Clinical Themes

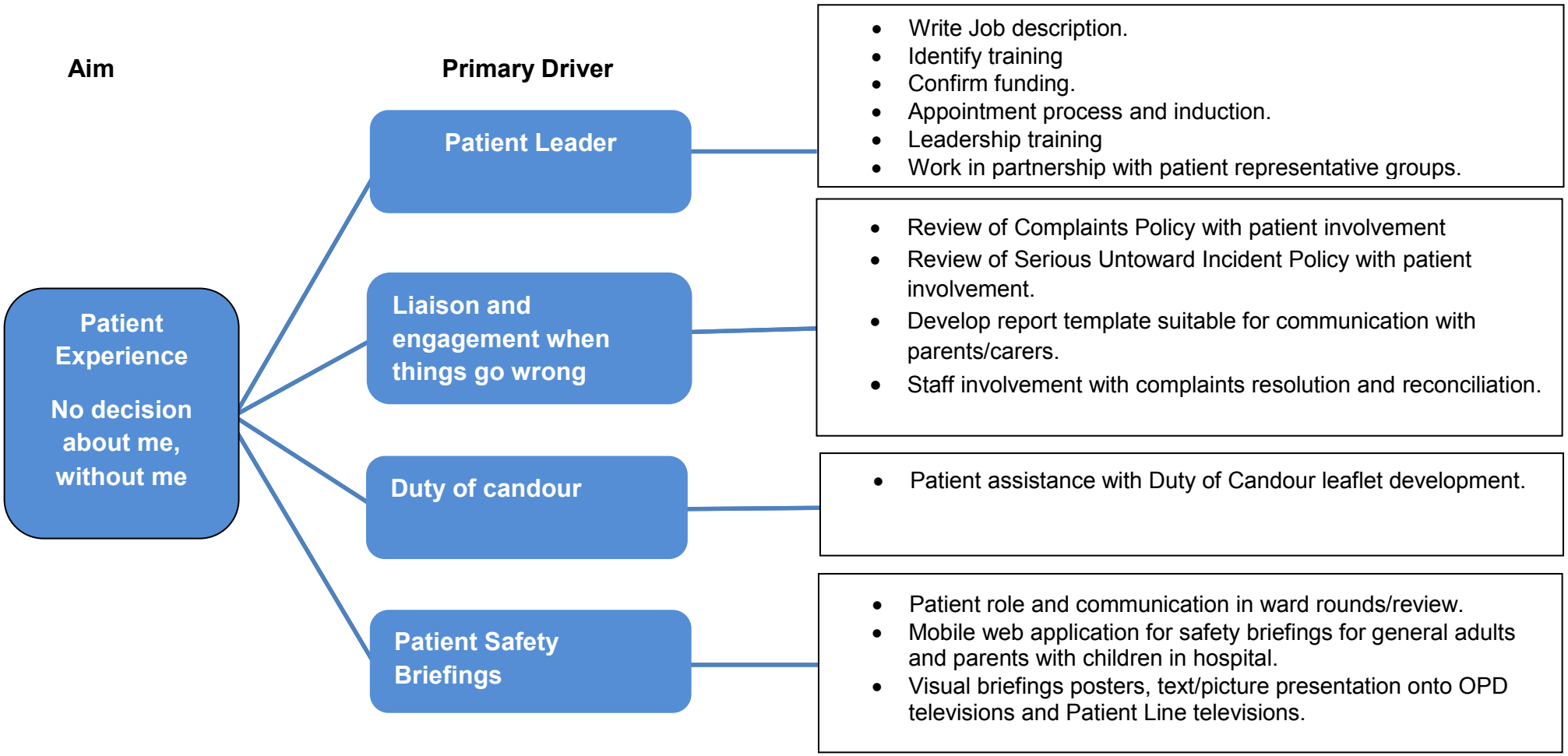


## Appendix 3. Driver Diagram for Learning from experience - Clinical Simulation Training

**Aim** | **Primary Drivers** | **Secondary Drivers**



## Appendix 4 Driver Diagram for Patient Engagement – No decision about me, without me



**Appendix 5**

Poole Hospital NHS
NHS Foundation Trust

# Safety Improvement Plan

[insert project name]

Project Leader – [name]

## Introduction

Poole Hospital NHS Foundation Trust has made a commitment through the NHS 'Sign up to Safety' initiative to reduce avoidable harm by 50% by 31st December 2017. The Trust Safety Improvement Plan identifies the primary drivers for this work.

This project focuses on (insert topic e.g. CAUTI, Sepsis Six, Handover) and is being delivered in support of the following themes:

| Trust Themes / Work streams | ✓ |
|---|---|
| Patient Engagement | |
| Leadership and the competent safety community | |
| Learning from Experience | |
| Deteriorating Patient | |
| Handover and discharge | |
| Right patient, right place, right time | |

## Background

In this section you should provide some background context to your safety improvement project. You should consider national and local data to demonstrate why it is important to focus on the project and the potential harms that can be reduced. Where possible include detail of the qualitative and quantitative impact such as patient satisfaction, morbidity and mortality, length of stay, readmission and the possible costs of these where known, and how these might be reduced through the work of the project and therefore contribute to the overall Trust aim.

## Overall project aim

In this section you should carefully detail the improvements that you hope to make in safety e.g. to reduce deaths from central line infection by 50% by 31st December 2017.

## Project Leader

Click here to enter name, designation and contact details

## Project Facilitator

Click here to enter name, designation and contact details

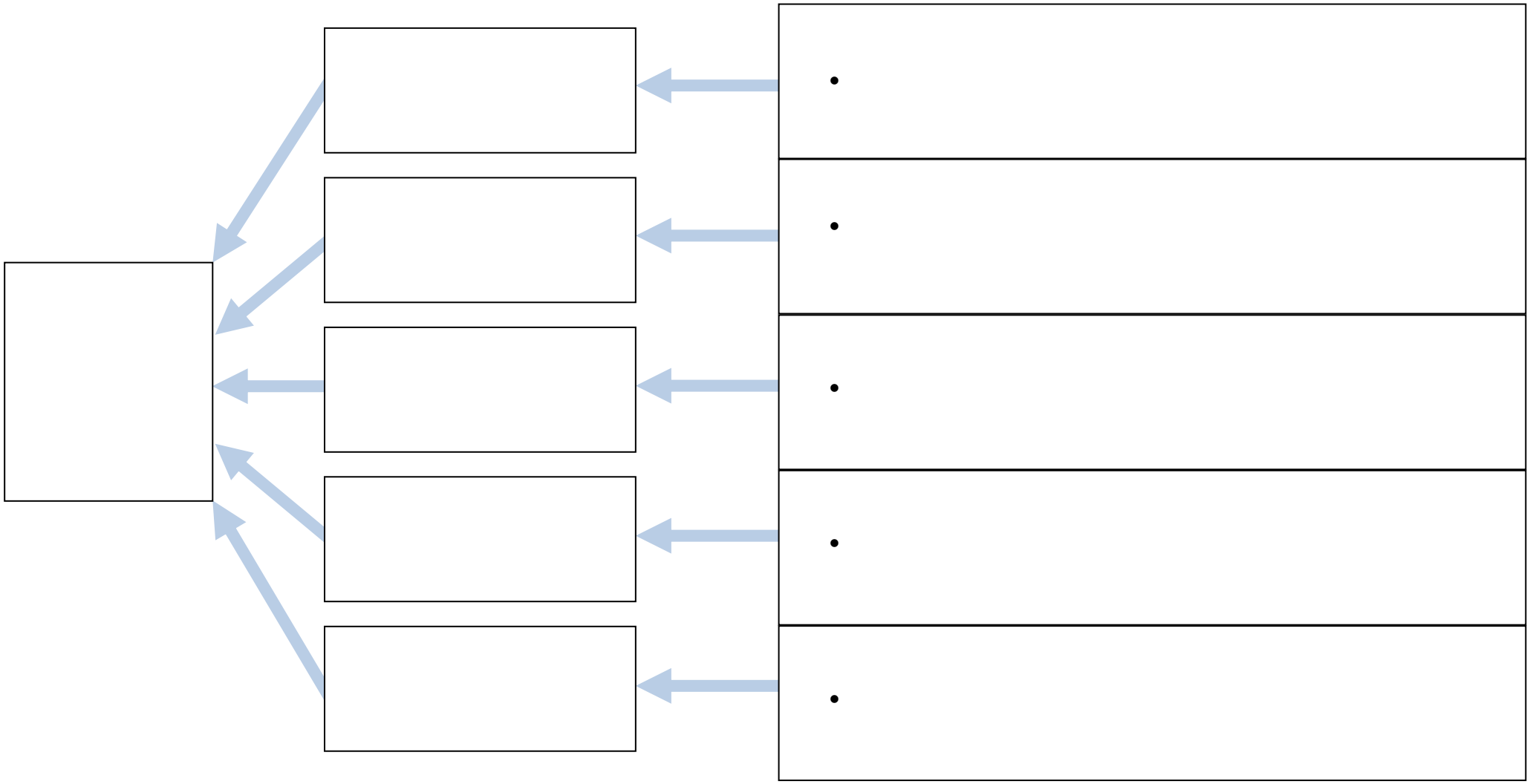
## Reporting pathway

1. Monthly project report to the Harm Free Care Group
2. Detail any additional reporting requirements

## Driver diagram

Using the service improvement tools and facilitation you will need to develop an initial driver diagram. These may well change as the project progresses and all versions should be kept within this project plan.

**Aim** **Primary Drivers** **Secondary Drivers**



## Concepts and change ideas for PDSA Service Improvement Testing

| Secondary Drivers | Ideas to be tested | Lead | By when |
|---|---|---|---|
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## Measurement Plan – demonstrating that a change leads to an improvement

| | |
|---|---|
| Measure name | |
| Measure Type | |
| Measure description | |
| Numerator | |
| Denominator | |
| Sampling plan | |
| Reporting frequency | |
| Numeric goal | |

| | |
|---|---|
| Measure name | |
| Measure Type | |
| Measure description | |
| Numerator | |
| Denominator | |
| Sampling plan | |
| Reporting frequency | |
| Numeric goal | |

| | |
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| Measure name | |
| Measure Type | |
| Measure description | |
| Numerator | |
| Denominator | |
| Sampling plan | |
| Reporting frequency | |
| Numeric goal | |

## Balancing Measures

These are measures designed to identify the impact (positive or negative) of this work on other parts of the care system.

| | |
|---|---|
| Cost savings | Consider litigation costs, staff time, consumables and drug costs |
| Average Length of Stay | Count reduction in average length of stay |
| Number of complaints | Reduction in the number of complaints related to this topic |
| Others as appropriate | |