

THE NORTH WEST LONDON HOSPITALS
NHS TRUST



**ACTION PLAN IN RESPONSE TO THE COMMISSION FOR HEALTH IMPROVEMENT CLINICAL
GOVERNANCE REVIEW**

MARCH 2002

Copies of the CHI Report or Action Plan are available from
The Trust Office, Northwick Park & St Mark's Hospital
020 8869 3493
and on the internet at www.nwlh.nhs.uk and www.chi.nhs.uk

KEY AREAS FOR ACTION	Action undertaken or planned	Measurable Outcome	Lead	Timescale
The Patient's Experience				
Clinical Effectiveness & Outcomes of Care Improved co-ordination and co-operative working between the two sites in developing protocols	The current restructuring of the Quality Department will lead to a more unified approach across the Trust. Directorates will have dedicated named support from the Dept and the specialist skills offered.	Trust wide Department of Continuous Improvement with consistent approach to protocol development.	Director of Nursing & Quality	April 02
	The revised structure for Clinical Governance will have a dedicated group on Effectiveness and one for Clinical outcomes. These will work internally and externally to develop protocols. External representation will be sought on the groups.	Sub group established and reports presented to Committee annually.	Clinical Governance Committee	March 02
Access to services Waiting Times in A&E	The Trust has submitted it's Performance Improvement Plan to Regional Office. A number of initiatives have been put in place to reduce pressure on A&E including: <ul style="list-style-type: none"> • 21 Additional Medical Beds over the winter period • Additional social care beds 	Measurable reduction in waiting times in A&E. No reported 12hr+ trolley waits and 90% patients spend 4hrs from arrival to admission, discharge transfer. Flexible capacity mapped	Deputy Chief Executive	Immediate (12hr target) March 03 (4hr target) <i>Beds</i> Dec 01 – April 02

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	<ul style="list-style-type: none"> • Additional Staff Grade doctors • Additional A&E Nurses to implement 'streaming'. Posts advertised 18 Jan as joint appointments with NUCare. <p>A Trust wide Emergency Process Steering Group has been established with a work plan covering all aspects of the emergency patient journey</p> <p>The new Out of Hours scheme, NU Care, commencing in 2002 will ease the pressure on A&E at night, as well as on GP Out of Hours service.</p>	<p>post winter as Medicine/A&E change management projects take effect e.g reduction in length of stay, NU Care, streaming.</p> <p>Implementation of above schemes and projects relating to Reforming Emergency Care</p> <p>The scheme integrates GP out of hours, NHS Direct and A&E minors. Health Impact Assessment being undertaken Jan-Mar 02 A detailed evaluation will be undertaken.</p>	<p>Deputy Chief Executive</p> <p>Health economy wide Project Group</p>	<p><i>Nurses</i> From March 02</p> <p>From Feb 02</p> <p>April 02 – April 04</p>

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Outpatient Waiting Times	A Trust wide <i>Outpatient Steering Group</i> has been established to take responsibility for the delivery of the Outpatient Improvement Plan. The Trust has appointed a Divisional Manager with specific responsibility to improve the organisation of clinics and deliver targets. The steering group includes primary care representation.	No patients waiting over 26 weeks for outpatient appointment. Achieve a maximum wait of 21 weeks for an outpatient appointment and reduce the number of over 13 week out-patient waiters as per national target.	Deputy Chief Executive / Divisional Manager - Ambulatory Care	March 02 March 03
Organisation of Care Organisation of Outpatient clinics - Overbooking of clinics	The Trust has appointed a Divisional Manager with specific responsibility to improve the organisation of clinics. The Trust has implemented Partial Bookings in 3 specialties and this will be rolled out across the Trust.	Improvement in waiting times (see above), reduction in DNA rate from 19% to 10-12% in first year (using partial bookings) and further reduction to c5%. Implement partial booking in all specialties where there is a wait of over 13 weeks for a first outpatient appointment by 31 March 2002	Deputy Chief Executive / Divisional Manager Ambulatory Care Divisional Manager Ambulatory Care	March 03 (12%) March 04 (5%) March 02

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<p>Humanity of Care The trust needs to take action to ensure appropriate levels of care, privacy and dignity for patients in the A&E department</p>	<p>The Trust will develop new roles for Health Care Assistants who can provide additional 'social' care to patients waiting in A&E.</p> <p>All relevant A&E staff will receive in-house training in Customer Care with the aim of this becoming mandatory.</p> <p>The NU Care project will include the refurbishment of part of the department to provide dedicated private rooms for assessment / treatment of minors/primary care patients</p>	<p>Provision trained HCAs within A&E. Patient satisfaction audits x 2/year.</p> <p>Monitoring of staff attendance provided by HR to managers quarterly</p> <p>Completed refurbishment of section of department to provide private rooms. Evaluate as part of NU Care project evaluation.</p>	<p>Clinical Director / Divisional Manager</p> <p>Divisional Manager / Assistant Director of Nursing</p> <p>NU Care Partnership Board</p>	<p>Proposal by 30/4/02.</p> <p>Ongoing from April 02</p> <p>April 02</p>
<p>The Environment Ward environment</p>	<p>The Trust has received additional funding for 2000/01 and 2001/02 to invest in improving the wards at CMH and a rolling programme has commenced. At NPSM the ward programme will have been completed for 5 wards by March with refurbishment to the rest in summer 2002 (subject to</p>	<p>PEAT monitoring Patient Satisfaction initiatives</p>	<p>Director of Corporate & Support Services</p>	<p>Ongoing to summer 02.</p>

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A&E Waiting areas	<p>funding).</p> <p><i>Water availability on wards</i> The catering contract now requires that water jugs are replaced twice daily and at patient request.</p> <p>The use of the children's waiting area to be reviewed. At CMH the children's area is being addressed as part of the PEAT programme.</p>	<p>Monitored via catering contract</p>	<p>Director of Corporate & Support Services / Children's directorate / A&E</p>	<p>Annually</p> <p>May 02</p>
Outpatient areas	<p>At NPSM the area is being redecorated and the lighting renewed. A new entrance adjacent to a&e will be available including a transport waiting area.</p>	<p>PEAT monitoring Patient Satisfaction initiatives</p>	<p>Director of Corporate & Support Services</p>	<p>Jan 02</p>
Signposting	<p>The Trust plans to commission external consultants to review and recommend a consistent trust wide signage system. At NPSM the staffing of reception desk has been extended to support directing visitors.</p>	<p>Trust wide signage system implemented.</p>	<p>Director of Corporate & Support Services</p>	<p>Summer 02</p>

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Catering	The Trust's catering service was benchmarked by Deloitte & Touche, and it received a favourable rating. At CMH however the catering and domestic contracts are to be re-specified. At NPH the trust is working within current contractual arrangements, both sites are working to NHS Plan timescales for the NHS menu. This will require additional investment.	The Trust will build on the existing quality assurance arrangements with catering contractors to include patient feedback . It will also include catering within trust wide Patient Satisfaction initiatives.	Director of Corporate & Support Services	April 02 – Mar 03 Annually
Cardiac technical services at CMH	The service will move to new facilities by the end of 2002/03 and will in future be housed within BECaD	Relocation of service	Director of Corporate & Support Services	March 03
Fluid Spillage (5.35 from risk management)	The hospital guidance on managing body fluid spillage will be re-issued to the A&E department	All A&E staff receive re-issued guidance.	Infection Control / Occupational Health	April 02

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Use of Information				
Information about the patient's experience				
<p>Urgent action is necessary to ensure that a unified data recording and data retrieval system is available and a unified medical record system is in place to enhance the care provided to patients</p> <p>4.1 The Trust does not have an integrated patient information system. Different PAS systems do not communicate with each other and hold different data</p> <p>4.4 Teams on two sites can use different systems of data collection and usage. Eg A&E dept at CMH uses an optical scanner database. The system used at NPH not "totally successful". Some info available at NPH that not available at CMH. No record transfer between the sites</p> <p>4.5 Information not available to patient liaison office about trends in complaints or action taken. No monitoring of action taken following complaints. Some individual departments have their own systems.</p>	<p>Business Case prepared for single PAS/Patient Master Index. Awaiting agreement from Trust Board Jan 02. Order Communication Systems roll out across the trust commencing Nov 02</p> <p>Part of PMI /PAS project. Aim is a&e data accessible electronically from all sites.</p> <p>Review management and reporting arrangements for complaints and produce regular reports to Clinical Governance Committee and directorates via complaints/risk sub group.</p>	<p>Integrated PMI / PAS</p> <p>A&E CAS Cards accessible across all sites.</p> <p>Quarterly reports and annual trend in Clinical Governance Annual Report.</p>	<p>Direcor of Finance / Director of IM&T</p> <p>Director of IM&T / Clinical Director A&E</p> <p>Medical Director / Head of Clinical Risk Management</p>	<p>PMI – July 02 PMS – Oct 02</p> <p>Nov 02</p> <p>Dec 02 – Aug 03</p> <p>March 02</p>

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4.7 Communication between the Trust and primary care could be improved. Discharge letters often sent late to GPs because of shortages in admin staff. Quality of discharge information is variable.	Commenced electronic discharge notification on 4 wards / ITU at CMH, 2 wards developed at NPSM. Roll out plan being produced for Mar 02	Electronic discharge notifications from all wards. Monitor against roll out plan via IM&T Steering Board.	Director of IM&T	Ongoing, Roll out from April 02 – Mar 03
4.7 Problems with medical records generally. No unified medical records system, records often lost, multiple notes. No “flagging” system.	Implementation of single PMI project to review medical records processes across the Trust. Project group looking at management of historic records and it is proposed to establish a Medical Records User Group and establish clerking training.	Measured reduction in ‘lost’ casenotes. Establish baseline and report x2/year.	Director of Finance / Director of Corporate & Support Services	Sept 02. May 02
Information about resources and processes				
4.8 IT system within the Trust fragmented number of areas only having partial availability and no integration of systems. Internet and e-mail variable.	Strategy in place.	100% clinicians have e-mail/internet access by March 02. 100% target for all hospital based staff by March 03.	Director of IM&T	March 02 March 03
4.9 Data quality problems. Not clear what the accountability structures for data quality are.	Director of Finance commissioned external consultants project to review data quality systems and processes.	Meet DoH data quality targets. Currently NWLH is 85%.	Director of Finance	Feb 02 –Mar 03.
4.11 Existing staff need to be trained in use of	Training available, local	Audit of IT training	Training Dept /	April 03

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IT systems. New staff are trained as part of induction	managers to ensure attendance as appropriate. A revised training plan will be implemented for the merger of the main IT systems	undertaken.	Director of IM&T	
4.12 IM&T Steering Group representation	Representation exists from Directorates attendance is poor, reviewed representation and awaiting confirmation of representatives	Consistent attendance from nominated reps. Audit in one year	IM&T Steering Group	Feb 02 March 03
4.14 System of document control needed for care pathways and protocols. It is possible for protocol to be changed on a ward or department without central knowledge	All protocols have now been reviewed centrally. Need to document the control policy.	Written document control policy	Department of Continuous Improvement	April 02
4.17 Consultant involvement in EPR project	Via rolling out of clinical systems to support EPR on a department by department basis.	Monitor at IM&T Steering Board annually.	Director of IM&T	Ongoing – 2005.
Resources And Processes				
(I) Processes for quality improvement				
Consultation and Patient Involvement				
Action is required to involve all patients in the care process	The revised Clinical Governance Committee has a sub-group dedicated to Patient Participation and Public Involvement. This will develop a strategy for patient involvement.	Written strategy / work plan for patient involvement.	Clinical Governance Sub-group.	July 02
Action is required by the trust to develop systems of obtaining users' views of the care	A lead manager will be identified to take forward patient	Identified Lead	Medical Director /	Feb 02

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and service provided in addition to learning from those areas within the trust where this is in operation.	involvement initiatives and to disseminate existing good practice across the Trust. Work will be focused through the above sub-group.		Director of Nursing	
Clinical Risk Management				
Action is required to ensure clinical risk is adequately identified within the trust at all levels of the organisation.	<p>The risk management strategy will be refocused towards promoting a generic approach to risk assessment & risk reporting.</p> <p>This will be underpinned by a redrafted clinical risk strategy focusing on developing clinical risk teams in each directorate to take this forward locally.</p> <p>A clinical risk training programme will be formulated & rolled out across the trust covering:</p> <ol style="list-style-type: none"> 1. Clinical Risk Management (Why incidents occur, systems errors, root cause analysis) 2. Incident reporting & Investigation (clinical & non-clinical). 3. Risk assessment & developing a risk register (clinical & non-clinical). 	<p>Redrafted Risk Management strategy approved by Trust Board and implemented.</p> <p>To identify named individuals/teams at Directorate level to drive forward Clinical Risk</p> <p>Programme prepared</p> <p>Introduction sessions to all Directorates</p> <p>Lead Clinical risk teams in each directorate/ division who have been trained.</p>	<p>Medical Director / Head of Clinical Risk Management</p> <p>Head of Clinical Risk Management</p> <p>Head of Clinical Risk Management</p> <p>Head of Clinical Risk Management & controls assurance manager</p>	<p>April 02</p> <p>Feb 02</p> <p>End Feb 02</p> <p>From April 2003</p> <p>April 2003</p>

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The trust needs clear structures in place for identification, monitoring and learning from clinical incidents.	A revised Incident reporting form covering clinical & non-clinical incidents will be piloted & launched with clear instructions for use.	Incident forms & instructions in all areas	Head of Clinical Risk Management/ Controls assurance Manager	April 2002 & ongoing
	The Clinical risk management team will analyse & provide feedback on reported incidents to clinical risk subgroup of clinical governance committee, via committee to Board	Quarterly report and Clinical Governance Annual Report	Clinical Risk Manager	June 02 & ongoing
	The Clinical risk management team will collate examples of practise changes as a consequence of incident reporting	To be reported via clinical risk sub group of clinical governance committee, through committee to Trust Board. Will consider producing a quarterly newsletter for staff on clinical risk and improvement .	Clinical Risk Manager	Quarterly from June 02 Evaluate by June 02.
Hospital acquired infection	The Trust will identify resources to enable to systematic reporting of hospital acquired infection through the clinical risk management structure.	Quarterly or 6 monthly Reporting to Control of Infection Committee	Control of Infection Committee	From July 02

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Clinical Audit				
Action is required to ensure audit is extended throughout the trust and is multidisciplinary in nature. Systems need to be developed to ensure the lessons learned from audit are available across directorates and divisions. There should be greater coordination between the two sites.	The Audit/Effectiveness sub-group of the Clinical Governance Committee will produce a work plan for 2002/03 showing all Audits and the strategy for disseminating across sites.	Report on clinical audit via Clinical Governance Annual Report.	Medical Director / Director of Nursing	April 02 – Mar 03
Research & Effectiveness				
Good progress has been made in research and effectiveness although it is important that the trust further develops the multidisciplinary approach to research	<p>The Research & Effectiveness Subgroup of the Clinical Governance Committee will produce a work plan for 2002/03 with the objective of further developing a multidisciplinary approach to research and ensuring that staff have access to the expertise and facilities to enable them to implement evidence-based practice.</p> <p>Actions already undertaken include:</p> <ul style="list-style-type: none"> • Appointment of a Nursing R&D Co-ordinator to stimulate, support and co-ordinate nursing R&D • Introduction of a research methodology training programme in November 2001 	<p>Work plan included in Clinical Governance R&D Report</p> <p>Increase in number of nurses engaged in R&D activity and outputs from nursing research</p> <p>Attendance on research methodology training programme and</p>	<p>Joint leads of Research & Effectiveness Subgroup</p> <p>R & D Manager</p> <p>R & D Manager</p>	<p>April '02-March '03</p> <p>October 02</p> <p>Post in place Evaluation in March '03</p> <p>Programme in place Evaluation in</p>

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	(including training on critical appraisal skills) <ul style="list-style-type: none"> Appointment of a Health Services Researcher in May 2001 to provide methodological support to all staff (particularly nurses and PAMs). 	evaluation by delegates (35-40 staff, mostly non-medical, are participating in the programme) Increase in participation in and outputs from health services research.	R & D Manager	Dec '03 Post in place Evaluation in March '03
(II) Staff focus				
Staffing and Staff Management				
Urgent action is required to develop, implement and monitor a human resources strategy.	<ul style="list-style-type: none"> To establish a HR Strategy Working Group which will produce a written strategy Working Group to consult on it within the Trust. Implement strategy Monitor Strategy 	Draft HR strategy Final HR Strategy Monitor via HR sub group of Clinical Governance committee and report against objectives through committee quarterly.	Director of Organisational Development Working Group All Managers HR Sub Group of CG Committee	Feb 02 – May 02 May 02 – June 02 From June 02 From Sept 02
Action is required to ensure up to date policies and procedures are in place, induction and appraisal is provided for all staff, and there is an effective system for identifying and managing poor performance.	<ul style="list-style-type: none"> Agreed system in place for reviewing policies & procedures with staff side. Trust wide Induction 	All policies to have been reviewed. (50% achieved) Report quarterly in	Assistant Director of OD / Staff Side HR / Divisional	June 02 Q1 Report July

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<p>Other Recommendations 5.63. Action Plans arising from HR Indicators</p>	<p>programme offered to all staff, reminders of non-attendance sent to managers. To develop improved monitoring via new HR IT package.</p> <ul style="list-style-type: none"> To develop local induction programmes (incl medical staff) at directorate level via HR Strategy Working Group. Appraisal training offered quarterly to all managers. To monitor compliance via new HR IT package. External consultancy advice received on systems for managing poor performance. To amend the Capability Policy to include fast tracking (as part of the review of all policies, subject to agreement with staff side) The Trust Board to record recommended action arising from HR indicators and to review action from previous quarter. To ensure all relevant 	<p>existing Director of OD statistical report.</p> <p>Local induction programmes developed</p> <p>Report quarterly in existing Director of OD statistical report</p> <p>Revised system for managing poor performance</p> <p>Monitoring action taken at Trust Board on a quarterly basis.</p>	<p>Managers</p> <p>HR Working Group / Divisional Managers</p> <p>HR / All relevant Managers</p> <p>HR / Staff Side</p> <p>Director of Organisational Development / all relevant managers</p>	<p>02</p> <p>Commenced</p> <p>Q1 Report July 02</p> <p>Q1 Report July 02</p>

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5.65. Recruitment Process	<p>managers receive the indicators and feed into HR Work plans</p> <ul style="list-style-type: none"> Recruitment Handbook revised and re-issued, recruitment service reorganised and publicised. 	To audit satisfaction of recruitment service with managers.	Assistant Director of OD	X 2 during 2002/03 then annual
Education, training and continuing personal and professional development				
The trust has made good progress in education, training and continuing personal and professional development although opportunities to participate are constrained by a number of factors	The Training / Education sub-group of the Clinical Governance committee is in the process of producing a training action plan.	Action Plan for 2002/03	Education & Training sub group	May 03
	Study leave funding (salary replacement costs) has been centralised alongside programme funding for nurses and HCAs.	Quarterly report on training activity and expenditure via sub group.	Asst Director of Nursing (Education & Training)	In Place
	The sub group will evaluate levels of funding against training needs and recommend any changes. This will cover all staff groups (excl doctors)	Annual report via sub group on training activity and expenditure for all staff groups	Education & Training sub group	April 03
	To undertake review of mandatory training and improve	Central database of mandatory training	Training Department /	April 03

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	take up. Implement central training database. Reduction in duration of mandatory training to one day. To be reviewed via training action plan.	attendance. Report annually.	HR Assistant Director of Nursing (Education & training)	June 02
Strategic Capacity				
Leadership				
Senior management are not seen to provide a lead in implementing clinical governance, or to give adequate support and direction to staff. There is a need for a clear structure and process, and for clarity about accountability.	The Trust Board is undertaking the Clinical Governance Development Programme with the NHS Clinical Governance Support Team. The structure and organisation of clinical governance has been revised.	Completion of Board Development Programme Programme of staff awareness	Trust Board	Dec 01 – Jan 02 Sept 02
Accountabilities and structures				
There is no clear management structure or accountability for the implementation of clinical governance.	The Trust structure for Clinical Governance has been revised. The CG Committee membership, terms of reference and organisation of sub-groups has been amended for formal agreement in Jan 02. A dedicated trust wide Clinical Governance Manager has been appointed	Visible CG structure with strong directorate input. The sub- groups and Quality Dept will develop work programmes within directorates. Dedicated coordination of CG activities. Clinical Governance Development Plan and	Medical Director / Clinical Governance Manager Medical Director CG Committee / Clinical	From Feb 02 In place from Feb 02 May 02 and Sept 02

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	<p>In support of the above the Trust's Quality Department has been restructured with the appointment of one manager across the Trust and dedicated links from the dept to each directorate.</p>	<p>Annual Report to be published.</p>	<p>Governance Manager Director of Nursing & Quality</p>	<p>Jan 02</p>
<p>Patient and public partnerships</p>	<p>The Trust will be developing a Patient Advice and Liaison (PALS) service. Currently developing an integrated health community wide proposal for PALS across NWLH and local PCTs.</p> <p>The Trust will also establish a Patients Forum and links into VOICE – The Commission for Public and Patient Involvement in Healthcare (subject to legislation and further guidance)</p>	<p>PALS established Quarterly reports made to Clinical Governance Committee.</p> <p>PALS Officer advertised, to be in post April 02.</p>	<p>Clinical Governance Manager Clinical Governance Manager</p>	<p>April 02 – ongoing</p> <p>April 02</p> <p>Expected from April 2003</p>
<p>Partnerships with other health and social care organisations</p>	<p>The Trust is represented on a wide range of local partnership groups. It is reviewing Trust representation to ensure consistency and appropriate levels of representation.</p>		<p>Chief Executive / Deputy Chief Executive</p>	<p>Feb 02</p>