

# Action taken to improve Ambulance handover times and avoid queuing

## We have:

- Redesigned the emergency department to include a rapid assessment area
- Dedicated an admin coordinator to facilitate arrival and departure of ambulance crews
- Identified a NURSE CO-ORDINATOR for each shift to receive handover on arrival
- Changed the staff mix in the rapid assessment area ensure handover times are kept to a minimum

## How we monitor:

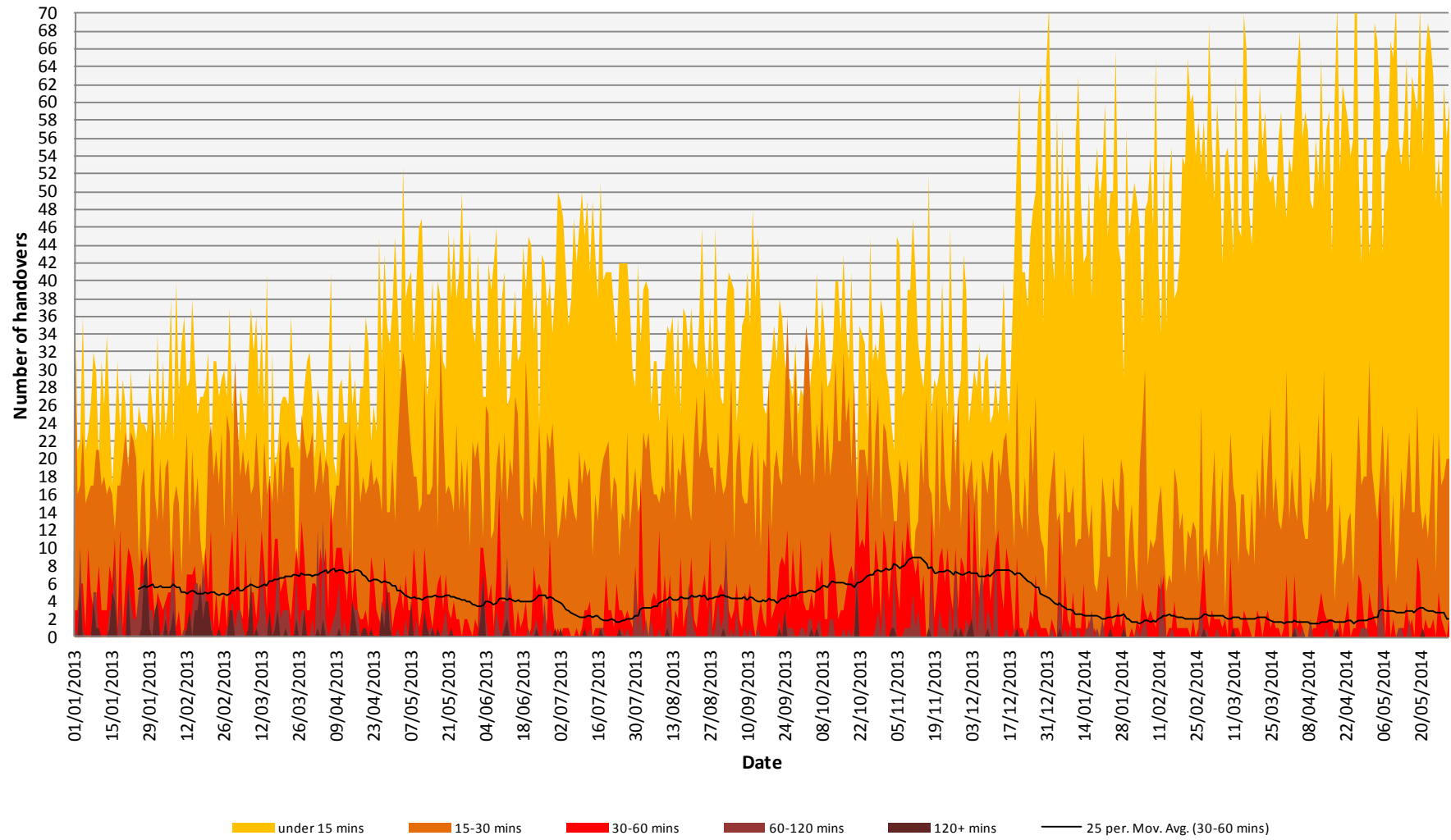
- Daily reports from SCAS, daily validation of handover times
- Monthly quality check and assurance of handover times

However overall ambulance attendance is also increasing with May 2014 being the highest month to date.

# Ambulance Handovers

## Time in minutes

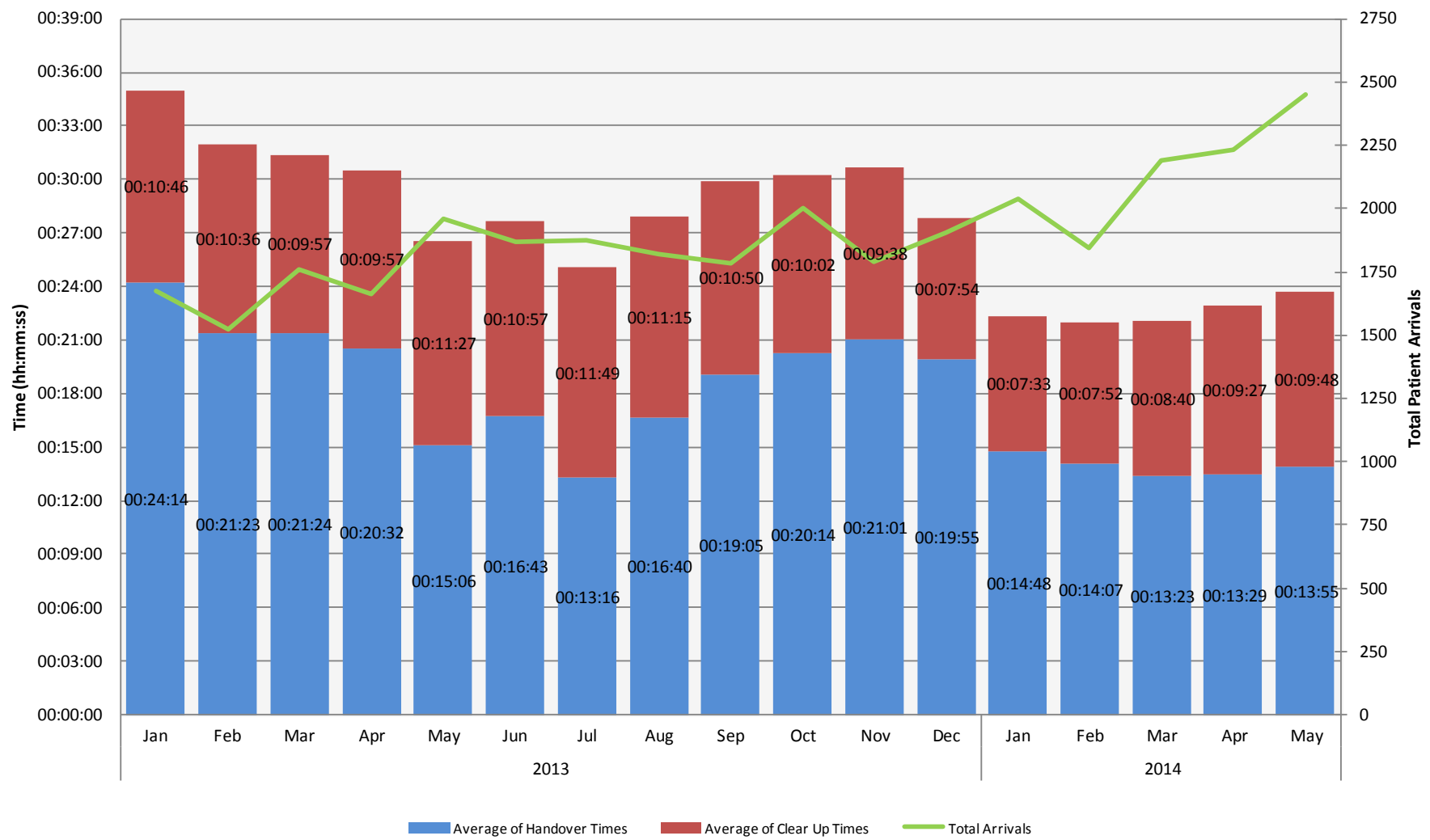
Daily Ambulance Handovers From 01/01/2013 to 31/05/2014



# Ambulance Handovers

## Volume and Handover times

**Monthly Arrivals and Averaged Monthly Handover and Clear Up Times**



# Dementia Actions

**Dementia Care team will comprise 3 staff:**

- **1 x band 7 team leader (equivalent to a ward matron/ward sister role)**
- **2 x band 5 staff nurses (currently advertised)**

**The team will:**

- **Assess patients dementia needs**
- **Identify specific nutrition, sleep, communication needs**
- **Monitor and support staff to deal with behavioural and psychological symptoms of dementia**
- **Offer advice and support to relatives/carers of people with dementia**

# Dementia Training

**The following training is available throughout the trust:**

- **Trust induction** (20 minute dementia awareness)
- **Essential Training** (as above)
- **Discipline specific training** (bespoke training for departments/ teams)
- **Preceptorship training** (monthly training for new starters)
- **Dementia training days** (full day training every month including symptoms, communication, a carers story, pain management, nutrition and end of life care). Aim to train 20 members of staff per month
- **Dementia Champions** (comprehensive training for qualified and unqualified staff comprising of 6 modules delivered over a 4 month period). Eight champions completing this training shortly, with a further cohort in September

# Dementia Support

- **Dementia champions** encourage patient relative/carer to complete a copy of 'This is me', audit dementia care plans and referrals to the Dementia Care Team.
- **There are 3 'mylife' units available**, (mobile computer units specifically designed for people with dementia which include music, games, drawing, reminiscence and the ability to compile a 'story book' of the persons life with words and photos).
- **The Sunflower lounge** (situated near the coffee cart) is a 1950's style living room designed for people with dementia, the lounge is a calm, therapeutic environment where people can participate in activities, listen to music or talk to staff.
- **Sunflower garden** (at the rear of the sunflower lounge) is a dementia friendly designed garden with raised beds, sensory plants, a bus shelter (for people to sit and chat) and raised beds for patients to grow vegetables. The lounge will be opened on 15<sup>th</sup> July with a dementia awareness day.

# Dementia CQUIN

**Finding** people with dementia, **Assessing** and **investigating** their symptoms and **Referring** for support (**FAIR**)

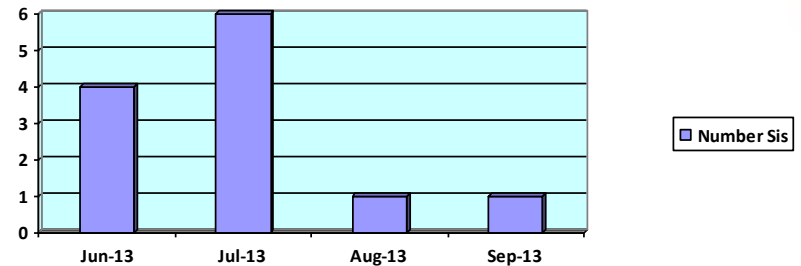
CQUIN	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Dementia Element 1 Find	93%	91%	93%	98.60%	90.60%	90.10%	90%	90.80%	90.40%	91.70%	90.50%	93.30%
Dementia Element 2 Assess	91%	99%	92%	95%	97.40%	91.30%	90%	91.80%	91.30%	91.80%	91.30%	92.10%
Dementia Element 3 Refer	100%	100%	95%	94%	94.70%	100%	100%	100%	93.80%	95.70%	95.00%	100.00%
Dementia carer audit	Completed monthly											

## Definition:

- Patients aged 75 and over, who were admitted as emergencies and stayed for more than 72 hours;
- Find** - asked the case finding question within 72 hours of admission, *Has the person been more forgetful in the last 12 months to the extent that it has significantly affected their daily life* or b) had a clinical diagnosis of delirium on initial assessment, or c) had a known diagnosis of dementia;
  - Assess/Investigate** – patients who have scored positively on the case finding question should have undergone a diagnostic assessment and investigations
  - Refer** – Following investigations (outcome is either “positive” or “inconclusive”) patients should be referred for further diagnostic advice/follow up e.g. GP or other services

## Background on cluster of Serious Incidents in the summer of 2013

- A cluster of SIs over a 12 week period (June – September 2013) occurred which raised questions relating to safety and quality within the department.
- The themes were identified as follows:
  - CTG Interpretation
  - Decision making
  - Consultant oversight of women's care
  - Ownership of women and their care
  - Following of guidelines
  - Lack of general ward rounds





# Maternity – Themes from Cluster of SIs

An external review was commissioned and the final report included the following recommendations:

- **Improve consultant engagement**
- **Align local guidelines consistency to national guidance and ensure consistency**
- **Consider local processes for updating local guidance**
- **Consider asking the department staff for alternative models of senior care provision.**
  - Revisit rules of engagement and responsibilities of consultants in job plan sessions.
  - Provide closer scrutiny of senior rotas.
  - Implement gynaecology post-take ward rounds.
- **Review local teaching and guidelines for the management of suspected sepsis.**
- **Improve training for CTG interpretation.**
  - Training to be more participative and multi-professional
  - Obstetric consultants should be part of the training faculty and encourage local champions to lead the training
  - Develop and make available a dashboard allowing continuous monitoring of outcomes
- **Review department training and competence for operative vaginal birth.**
  - Become an early site for the forthcoming RCOG Operative delivery course

## Actions taken:

- Consultant hot week increasing cover to 134 hours per week
- Re-alignment of job plans to ensure Consultant cover in ward areas
- Appointment of 3 locum Consultants
- Continuing of coaching support for senior teams
- Purchase of K2 package to support CTG training for all
- Development of specific roles/responsibilities within the Consultant body to improve team working
- Guidelines revisited to ensure national compliance by the Lead Midwife