

Trust Board Meeting: Wednesday 12 March 2014
TB2014.29

Title	Peer Review Programme Implementation Update
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Status	For discussion
History	<p>Papers providing updates on the process and outcomes of the Peer Review Programme have been presented to:</p> <ul style="list-style-type: none"> • Trust Management Executive 23 January 2014 • Quality Committee 12 February 2014 • Trust Management Executive 13 February 2014.

Board Lead(s)	Eileen Walsh, Director of Assurance			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. This paper provides an overview of the internal Peer Review Programme implemented between October 2013 and February 2014.
2. It sets out the key phases of the initial programme and provides a summary of the key findings from the reviews completed to date. These have been summarised into two main categories:
 - Those areas that require the local action of one division; and
 - Those areas identified as a Trust level theme that require a Trust level initiative or trust wide actions to address.
3. It also outlines the initial actions to be taken to further develop the peer review concept into a long term sustainable process.

Recommendation

The Trust Board is asked to:

- Note the completion of the first iteration of the peer review programme
- Note the thematic areas of good practice and areas for improvement identified to date that will require Trust-wide action
- Note the requirement to link the identified areas for improvement to the relevant risk registers
- Note the next steps for the peer review programme

1. Introduction

- 1.1. The peer review programme is part of a long term programme of work to support the implementation of the Quality Strategy and the Assurance Strategy. The approach to the programme was initially scoped in July 2013 and from there was refined and developed, with detailed consideration given to the methodology.
- 1.2. The programme has been developed as:
- A way of understanding how our services really work
 - A tool to hear the views of patients and staff
 - A useful method to involve staff in identifying what works well and what could be improved
 - A way to support the delivery of compassionate excellence and further develop a culture of openness and shared learning.
- 1.3. The programme aims to improve patient care and strengthen the Trust's assurance processes by involving clinicians and other staff in determining how well patient care is delivered across the Trust, sharing good practice and making required improvements.

2. The Peer Review Programme - Overview

- 2.1. In the first iteration of the programme, it was decided that the reviews would be conducted at divisional level, so five reviews in total were conducted.

The programme included 4 key phases:

Phase 1	Preparation for the reviews
Phase 2	Conducting the site visits
Phase 3	Understanding the issues
Phase 4	Quality Summits and action planning

The reviews began in October and were completed on 19 February 2014.

2.2. Phase 1: Preparation for the review

Development of data packs

At the outset of each review, a detailed data pack was generated. This was undertaken to provide an in-depth analysis of relevant data, in order to gain an understanding of the division and to identify initial areas of enquiry. Both quantitative indicators and qualitative data were analysed.

Selection and training of the review team members

The review teams included clinicians from different professional groups as well as representatives from management, human resources and governance. Importantly, each team member reviewed a division other than their own. Patient representatives were invited to be part of the review team, recognising that they offer an invaluable contribution to the programme.

All reviewers participated in a one day training programme which covered the background to the peer review programme, the methodology and approach and provided reviewers with training in a range of skills required to conduct the reviews.

Peer review focus groups

The first part of the review involved conducting focus groups with staff and patients. A decision was taken to divide attendance at the focus group into different professional groups and levels of seniority. Within each division, six to eight focus groups took place including separate groups for patients, managers, consultants, junior doctors, senior nurses, allied health care professionals and junior nurses and allied health care professionals.

Determining key lines of enquiry

Using the data packs and feedback from the focus groups, the review team met for a half day meeting to discuss and determine the 'key lines of enquiry' (KLOE) for each review.

It is important to note that it was not the aim of the review to cover all areas of practice and, whilst most wards and units were visited, it is recognised that some would not have been visited. The KLOE approach was used to help the review team prioritise the areas that were visited.

2.3. Phase 2: Conducting the on-site visits

For each review, the review team conducted unannounced visits to clinical areas over a two week period. The timetables were developed to ensure that as many wards and departments were visited as possible over weekends, evenings and daytimes. Each visit was undertaken by a minimum of two reviewers. In total, 105 visits were conducted across the five divisions.

2.4. Phase 3: Understanding the issues

This phase of the reviews included compiling all of the data obtained during the on-site visits from interviews with staff and patients, observations of care and any review of patient records.

A half day analysis session was held with each review team to agree the findings of the reviews and the emergent themes. It also enabled any areas for further follow-up to be identified, where it was decided that further visits were required or where there was a need for specialist support (i.e. from pharmacy to review aspects of medicines management).

Following the analytical stage, a detailed report was drafted for each division using the CQC's five key domains as a framework: Safe, Effective, Caring, Responsive and Well Led.

2.5. Phase 4: Quality Summits and action planning

The reports were presented and discussed at Quality Summits. The Quality Summits provided an opportunity for discussion of the report findings and outlined the development of plans for action.

They were attended by the Divisional Management Team, Clinical Directors and Leads, Matrons, Operational Service Managers, Board members, including the Chair of the Trust, Chief Executive, Medical Director, Acting Chief Nurse and Non-Executive Directors. A number of reviewers also attended, including the patient reviewers who were involved in each review. Colleagues from key stakeholder organisations such as Oxford Clinical Commissioning Group and the Trust Development Authority also joined the summits.

Following the summits, a detailed action plan was developed by each division and implementation of these plans will be monitored by the Trust Management Executive and via the performance review process.

3. Key themes identified from the review

- 3.1. The individual divisional reports provided a summary of areas of good practice and areas for improvement.
- 3.2. This section outlines the areas of good practice that were found in the review across more than one division. It then provides an analysis of areas for improvement which require divisional action to address and others where Trust-wide action is required to address the identified concerns.

3.3. Areas of good practice

The following are areas of good practice which were identified across all reviews:

Caring, responsive and committed staff

Patients considered staff to be helpful, friendly, welcoming, caring and knowledgeable. Staff were observed treating people respectfully, using preferred names and taking time to be friendly and approachable.

Patients who were interviewed as part of the review spoke of the caring attitude of all staff. They felt treated with respect and dignity. Staff were seen to be respectful of patients' privacy, for example through the use of curtains and privacy pegs. Reviewers noted that staff took care to ensure curtains were drawn when providing personal care.

Compliance with WHO surgical safety checklist

Each division monitors compliance with the use of the WHO surgical safety checklist and reports compliance on a monthly basis. The reviewers received positive feedback about the use of the WHO checklist. They commented that its use had improved communication and team working across disciplines.

Involvement in National and local clinical audits

The divisions are involved in a number of key National Clinical Audits. The reports and associated action plans are presented to the Trust's Clinical Audit Committee and the implementation of the action plans is monitored within the division's governance structure. There is also a good level of participation across the division in local clinical audits.

Statutory and mandatory training compliance

Statutory & Mandatory Education (SME) training figures have shown a steady improvement over the past 12 months. Reviewers received many positive comments about the effectiveness and availability of training through e-learning and additional specialised courses.

Positive leadership, multidisciplinary teamwork and support for staff

During the reviews, staff in all divisions praised the leadership and, in many areas, reported that the senior nursing presence was strong. Many staff reported that managers were available and approachable if they had any concerns or questions. The majority of staff said that they felt supported in their role, despite the pressure of work. Many staff highlighted that team work was very good, including multidisciplinary team working.

3.4. Thematic issues that require divisional level action

The following themes were identified in the reviews as actions that can be controlled at divisional level.

Standards of cleanliness and hand hygiene compliance

The review identified high standards of cleanliness across most areas visited. There was also good access to hand gel, basins and equipment in each division. Patients described the level of cleanliness as very good in many areas. Ward domestic staff were observed to be taking pride in their work.

There were, however, some areas where cleanliness and adherence to correct procedures required improvement. Each division has policies and procedures in place, as well as monitoring processes to ensure that standards of cleanliness are maintained.

Divisions have taken immediate action to improve staff awareness. Hand hygiene training sessions have been held and the senior management walk rounds, as well as routine monitoring are being used to monitor and improve current practice, where required.

Suitability and maintenance of premises and storage

The reviews identified that many wards and clinical areas in the divisions provide a good environment and standard of accommodation. There were some areas visited that require improvement and refurbishment and in a few cases, relocation. Some premises maintenance issues were identified as not always being addressed in a timely manner. In addition, the lack of storage was found to be an issue in some clinical areas.

Business cases have been developed to address the relocation of services, where required. There are also a number of capital programmes in place to refurbish and improve environments including JR theatres, JR delivery suite and acute general medical wards on Level 7.

The divisions have targeted areas identified as problematic and are monitoring issues through regular senior management walk rounds. Staff are being encouraged to report issues via the helpdesk and escalate concerns if they remain unresolved. Storage has been reviewed and local solutions sought to address capacity issues.

Routine checks of resuscitation trolleys

Across the Trust, routine daily checks of resuscitation trolleys were not always evidenced as being conducted.

Divisions have re-iterated the process to ensure there is clarity over whose responsibility it is to conduct the daily checks. Ward sisters and unit managers across the divisions are monitoring this to ensure that practice is maintained.

Medicines management

Aspects of medicines management were identified as an area that required improvement during the reviews across all divisions. This mainly related to the safe and secure storage of medicines.

Divisions have taken some immediate actions to ensure medicines are held securely. They have also begun to implement actions to improve staff's knowledge and awareness of the policies and procedures by disseminating 'At a glance' versions and ensuring staff have attended medicines training. Monitoring is being undertaken by ward sisters and matrons through weekly checks to ensure staff are complying with the procedures and team meetings are being used to reinforce learning.

Non-medical appraisal rates

The Trust target for non-medical appraisals is 95% and all divisions were achieving below this target. Local divisional actions include providing sufficient resources to ensure that appraisals take place and ensuring that there are adequate numbers of trained appraisers. Appraisal rates will be monitored by the Divisional Nurses.

3.5. Thematic issues that require Trust-wide action

The following themes were identified in the reviews as areas that require Trust-wide focus and action.

Staffing vacancies

While the reviews found many areas where staffing levels are sufficient and where recruitment drives had been successful, each division has some clinical areas where vacancies rates remain a challenge.

There has been a detailed review, led by the Acting Chief Nurse of the acuity and dependency of patients to determine accurate nurse staffing levels in wards/units. The divisions, supported by human resources, have a range of measures in place to address areas where there are national shortages of staff. This includes recruiting abroad and using job fairs. Actions also include streamlining the interview process and length of time it takes to process applicants, once they are successful. The peer review has also supported the need for a business case, which was approved to increase the number of nurses and support staff within acute general medicine.

Patient transportation and co-ordination of care

During the reviews a range of issues with the transportation of patients were raised by staff. The issues related to problems contacting the service provider to arrange transport, delays in transport arriving and the service being and the co-ordination of care is not always clear.

The Trust has a Service Level Agreement in place with two providers for the provision of transport. The Deputy Director of Clinical Services is working with the service providers and the divisions to ensure that the service providers meet the terms of the agreements in place.

Management and Availability of patient records

The implementation of the electronic patient record (EPR) system is progressing, where this had been well established, most staff interviewed during the reviews felt it was a useful system.

However the reviews highlighted a range of issues with some areas having dual paper and electronic systems in use, some areas using multiple electronic record

management systems that did not always fully interface with each other which meant that staff sometimes had to duplicate information, to the availability of records on some sites where the transportation of records across sites was delayed.

The Clinical Governance Committee at its meeting in February agreed that an audit will be undertaken to quantify the potential size of the problem. The results of this audit and any necessary action plan will be reviewed at Clinical Governance Committee in March 2014.

Avoidable delays in discharge

During the reviews staff and patients expressed their frustration regarding delays in discharge. Delays were reported to be caused by a number of factors, including waits for receiving 'to take home' medication, the availability of hospital transport and the outcome of test results.

The Discharge Assurance and Oversight Group has been established to address this issue at a trust wide level, it has analysed a wide range of root causes that have contributed to delays.

Divisions have each developed plans to address this area, with links to the actions relating to improving transportation of patients. Actions include working with the divisional pharmacists to reduce delays with the prescribing and dispensing of TTO's, ensuring that every patient has an estimated discharge date and that the discharge checklist is used from the admission of patients.

Provision of out of hours cover

Some issues with hospital at night were highlighted as part of only one of the peer review reports. However, it has been recognised that out of hours arrangements require periodic review, due to changing needs of services. The main issues surround the need to improve 'hospital at night' cover, senior medical decision-making processes and on-site cover.

This area has been identified as the subject for the next risk summit to provide a fully comprehensive review of requirements. Amongst current actions that have been taken is the recruitment of more consultant obstetricians, consultants in acute medicines and the emergency department at the JR. Rotas need to be amended to increase consultant presence into the late evening. At the Horton further recruitment is planned of consultant paediatricians and senior obstetric fellows. The establishment of an ICU and resident anaesthetist is planned at the Churchill, to increase support for sicker patients and there are plans to extend the hours of nurse practitioner led triage services. At the NOC a 'twilight' anaesthetist provision will aim to ensure medical issues are resolved before anaesthetists leave the site. Handover processes are also going to be reviewed to improve communication at the beginning and at the end of the working day.

4. Next steps

- 4.1. Each of the divisions has been supported to ensure that all areas of improvement identified as a result of the peer review process are included in relevant risk registers. Where Trust wide themes were identified, these have been incorporated into the Corporate Risk Register, where appropriate.

- 4.2. There are plans in place to fully evaluate this programme, including the hosting of a Trust wide conference on 24th April 2014. This will bring together all of those involved in the peer review process, including Board members, Divisional Management Teams, the reviewers and representatives from each of the areas reviewed. The aim of the conference will be to review the implementation of the peer review programme to date and gain feedback on what worked well and what could be improved.
- 4.3. This evaluation process will help determine the further development of the peer review programme. Consideration will be given to how to structure the next stage of the programme, including approaches such as reviewing care by patient pathways or by thematic areas, such as safeguarding.

5. Recommendations

5.1. The Trust Board is asked to:

- Note the completion of the first iteration of the peer review programme
- Note the thematic areas of good practice and areas for improvement identified to date that will require Trust-wide action
- Note the requirement to link the identified areas for improvement to the relevant risk registers
- Note the next steps for the programme

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