

## Integrated Planning Checklist 2014/15: Quality

CIH Domains: Safe, Effective, Caring, Responsive to people's needs, Well-led

### Supporting Safe Services

Most of the following requirements apply to all Trusts, others to specific types of Trusts eg Acute Trusts. The note in brackets indicates whether it applies to all or only some eg "where appropriate")

Please provide for each individual requirement:

- confirmation that requirements are in place (yes/no)
- a Trust assurance statement against each of the individual requirements (no more than 1 -2 paragraphs) either to support your confirmation of compliance (including how you could further evidence that if necessary, e.g. by referencing web links, key documents) or, in the case of non-compliance describe the mitigating actions/plan/timeline in place to achieve compliance
- Please also indicate against any requirements where you may benefit from support/signposting to best practice/linkages with other Trusts and also indicate any areas of good practice you are willing to share.

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## BACKGROUND INFORMATION:



Enter Your Name:

Enter Your Email Address:

Select Your Organisation:

## Supporting Safe Services

### 1

All NHS trusts need to make demonstrable progress towards reducing avoidable deaths in our hospitals. This requires all NHS Trusts to have robust systems to identify and escalate deteriorating patients, in particular at weekend and out of hours, as well as robust governance systems of mortality surveillance and review. **(All Trusts to confirm the following are in place:**

1.1

An early warning system is in place (e.g. NEWS) with evidence that this is linked to clinically appropriate procedures/pathways for escalation of care in deteriorating patients, at all times.

**In place Yes or No**

1.1 Trust assurance statement/comment

1.2

All deaths in hospital are reviewed using a screening template to identify any evidence of sub-optimal care

**In place Yes or No**

1.2 Trust assurance statement/comment

1.3

All deaths where care was judged to be suboptimal undergo a thorough review by a multi-disciplinary team, including Doctors (Consultants/GPs and junior doctors), Nurses, Pharmacists/other AHPs as appropriate with outcomes reported to a Mortality Review Committee (or equivalent) and any further action taken eg case note reviews, which should take into account national guidance

**In place Yes or No**

1.3 Trust assurance statement/comment

1.4

A trust wide Mortality Review Group (or equivalent – a multi-disciplinary team including consultants, junior doctors, nurses etc) chaired by the Medical Director monitors mortality rates to identify and consider emerging themes of reviews. The Trust should have defined processes to evaluate risk-adjusted mortality rates across specialities in order to compare rates with peer organisations. Actions are taken to embed learning, triangulation with other quality measures (eg complaints, adverse incidents and patient feedback); and findings are reported to public Board meetings

**In place Yes or No**

1.4 Trust assurance statement/comment

2

All Trusts should have an open and transparent culture in which serious incidents are routinely reported, investigated and learned from (AII)

**Trusts to confirm the following are in place:**

2.1.

The Trust has systems in place to ensure reporting, investigation, closure rates and learning of all Serious Incidents, Never Events, CAS (Central Alerting System) Alerts, and the National Reporting and Learning System, in line with national requirements (SIRI Policy 2010, Never Events Policy Framework 2012, National Patient Safety Warning System, Care Quality Commission (CQC), 2009/10, Core Standards C1b: Safety Notices). There should be regular reports to the Trust public Board

**In place Yes or No**

2.1 Trust assurance statement/comment

2.2

The Trust should have systems in place to ensure active use of the patient safety thermometer with regular reporting to the Trust public Board

**In place Yes or No**

2.2 Trust assurance statement/comment

2.3

Trusts should have processes in place to enable staff to raise concerns safely through clear and accessible policies and procedures

**In place Yes or No**

2.3 Trust assurance statement/comment

**3**

The importance of ensuring safe staffing is critical. All Trusts need to ensure a robust approach to workforce planning, sign off, monitoring and reporting that ensures sufficient staffing capacity and capability throughout the year to support the provision of safe, high quality services. Whilst there are specific expectations set out in the National Quality Board's Safe Staffing 'How To Guide' for Nursing, Midwifery and care staff, Trust Boards should assure themselves that the whole clinical staff is sufficient to deliver safe care. **(All)**

**Trusts to confirm the following are in place:**

**3a - Workforce Planning**

3.1

A workforce planning process is in place that supports the Trust IBP's Clinical Strategy and LTFM.

**In place Yes or No**

3.1 Trust assurance statement/comment

3.2

A Board-approved workforce plan for the period 2014-16 developed by a multi-disciplinary team (using benchmarked workforce metrics and ensuring triangulation with finance and activity). This should take into account relevant workforce guidance for specific staff groups, such as the National Quality Board guidance on safe staffing, and should be underpinned through the use of evidence based tools such as Safer Nursing Care Tool, or Birth Rate Plus

**In place Yes or No**

3.2 Trust assurance statement/comment

3.3

Quality Impact Assessment processes should be conducted on Cost Improvement Plans and their currency maintained in year in line with National Quality Board Guidance on CIPs, published June 2012

**In place Yes or No**

3.3 Trust assurance statement/comment

**3b - Workforce Plan Sign Off**

3.4

The workforce plan, including the impact of any cost improvement plan on workforce should be signed off by the Medical and Nurse Directors prior to full Board approval

**In place Yes or No**

3.4 Trust assurance statement/comment

**3c - Workforce in-year monitoring and reporting**

3.5

Policies and systems such as e-rostering and staffing escalation policies should be in place to support those with responsibility for staffing decisions on a shift-to-shift basis

**In place Yes or No**

3.5 Trust assurance statement/comment



3.6

Boards should receive monthly updates on the staffing profile using agreed workforce KPIs. Actual versus planned nursing and midwifery staffing should be published. In addition, in the case of Nursing, Midwifery and care staff, in line with the National Quality Board's Safe Staffing 'How To Guide', Boards should receive monthly updates on workforce information, including the number of actual staff on duty during the previous month, compared to the planned staffing level, the reasons for any gaps, the actions being taken to address these and the impact on key quality and outcome measures. The Government's response to Robert Francis adds that from April 2014 and by June 2014 at the latest, NHS Trusts should publish ward level information on whether they are meeting their staffing requirements. Actual versus planned nursing and midwifery staffing should be published every month

**In place Yes or No**

3.6 Trust assurance statement/comment

3.7

Every six months, the Trust board will undertake a detailed review of staffing using evidence based tools. The first of these will take place in June 2014 and Trusts will be required to set out what evidence they have used to reach their conclusions. The second review, to be undertaken by December 2014, will use National Institute for Health and Care Excellence accredited tools

**In place Yes or No**

3.7 Trust assurance statement/comment

3.8

The Trust should have a register of risks against the workforce plan, underpinned by a reliable system for monitoring CIP schemes in-year assessing the quality impact in line with NQB Guidance on CIPs

**In place Yes or No**

3.8 Trust assurance statement/comment

3.9

All trusts should display information about the number and grade of nurses, midwives and care staff on duty for each shift in all clinical areas. Compliance with NICE Guidance once issued will be expected

**In place Yes or No**

3.9 Trust assurance statement/comment

**4**

All Trusts should continue to support reductions in Healthcare Associated Infections through a robust strategy for infection prevention and control, underpinned by the Health and Social Care Act: Code of Practice on the prevention and control of infections **(All)**

**Trusts to confirm the following are in place:**

4.1

Full compliance with the Health and Social Care Act: Code of Practice on the prevention and control of infections

**In place Yes or No**

4.1 Trust assurance statement/comment

4.2

Confirm there is a Director of Infection Prevention and Control (DIPC) accountable directly to the CEO

**In place Yes or No**

4.2 Trust assurance statement/comment

4.3

Confirm an IP&C multidisciplinary team including agreed provision for data management support

**In place Yes or No**

4.3 Trust assurance statement/comment

4.4

A robust Root Cause Analysis and Post Infection Review programme in line with national requirements; SI reporting for outbreaks and deaths associated with HCAIs and formal review of CDI 30 day mortality

**In place Yes or No**

4.4 Trust assurance statement/comment

4.5

An established antimicrobial stewardship programme that meets all of the recommendations contained in the national DH ARHAI guidance (section 2.4 and its sub-sections)

**In place Yes or No**

4.5 Trust assurance statement/comment

**5**

All Trusts should have a proactive approach to optimising the use of medicines to support high quality care (**All**)

**Trusts to confirm the following are in place:**

5.1

There is a named lead Director with trust-wide responsibility for medicines optimisation

**In place Yes or No**

5.1 Trust assurance statement/comment

5.2

The Trust has a medicines optimisation strategy informed by tools such as the NTDA medicines optimisation framework and the Royal Pharmaceutical Society's 'Principles for medicines optimisation

**In place Yes or No**

5.2 Trust assurance statement/comment

5.3

The trust has a robust mechanism to identify, monitor and reduce harm from medication errors (e.g. medication safety thermometer)

**In place Yes or No**

5.3 Trust assurance statement/comment

5.4

The trust has a development plan to implement the recommendations of the national 5-year strategy for antimicrobial resistance

**In place Yes or No**

5.4 Trust assurance statement/comment

**Please press the submit button now.**