Report

Hospital Based Clinical Complex Care Improvement Plan Update

Integrated Joint Board

16th September 2016

Executive Summary

1.   The purpose of this report is to update the Edinburgh Integration Joint Board on the actions being undertaken since October 2015 within our Hospital Based Complex Clinical Care (HBCCC) facilities, and the impact on the actions associated with the recent Healthcare Improvement Scotland Inspection Report recommendations at the end of May 2016.

Recommendations

2.   To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP), is taking action to continuously improve the Hospital Based Complex clinical Care experience for patients, staff and families.

3.   To accept assurance the Partnership are implementing the recommendations from the Health Improvement Scotland report on the review of HBCCC services and are continually monitoring the action plan through the Health and Social Care Quality Assurance and Risk Management Group (QARMG).

Background

3.1   Following a significant and public complaint about one of the HBCCC units in 2013, the Executive Nurse Director and Medical Director, NHS Lothian Board commissioned a full service review which commenced in Feb 2015. An independent external lead was appointed to lead the review. The review the following aspects of service delivery:

- Workforce review (medical and nursing)

- Safety, Quality of care, documentation and medicines management

- Morbidity and Mortality

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3.2   The key findings from this review were:

- There was a recognised shift in the complexity and frailty of patients within the units with an increasing number of patients requiring palliative and end of life care.
- The skill mix within the units was the lowest in NHS Lothian. The overall workforce numbers were insufficient to deal with the changing complexity and despite the workforce challenges being raised through several papers by the previous chief nurse this had not been addressed by the then Senior Management Team.
- Although there was evidence of good practice, there was poor compliance with good standards of documentation which needed improvement.
- Medicines management was to an appropriate standard
- There were good working relationships between nursing and medical staff.
  The findings of the review were shared with the family and reported to NHS Lothian Health Care Governance Committee.

3.3   As a result of this review NHS Lothian Board invested additional funding to increase the nursing skill mix to 50% Registered to Unregistered Nurses and to increase leadership within the wards by implementing a deputy charge nurse, (Band 6) in each ward. There was an initial investment of £182k in February 2015 to increase Band 5 to Band 6 posts and a further investment of £1m in June (2015) . This comprised of £500k to improve staffing skill mix levels within the frail older peoples wards and £500 to support the closure of Pentlands hospital and the transfer of patients to Prospect Bank Ward, Findlay House.

3.4   In September 2015 the Chief Nurse was asked by the Executive Nurse Director to implement the recommendations from the review and to review the reasons for the significant nursing overspend associated with a high use of bank and agency staff within the service. This was undertaken between Oct and Dec 2015. The key issues identified were:

- A shift change in complexity across the service and the need to ensure staffing levels reflected this change both in terms of numbers and training/competencies required to provide safe care. A high proportion of patients because of needs and falls risks required one to one care.

- In 2015 the Scottish Government implemented new criteria for HBCCC and increased the review from 6 mts to every 3 mts. In the units however there are patients who have been admitted under different admission criteria, MEL (1998) – criteria was a home for life, the CEL (2008) – 6 monthly review. The review highlighted that there was subjectivity on how the criteria had been applied previously and compliance with regular reviews. The result of which meant that there were significant differences in the requirements of patients within the units with a proportion fitting care home criteria and others requiring

more complex care. This had implications for workforce planning/design, training needs and an ability to identify accurately future capacity needs. A workforce review identified significantly high sickness levels varying from 8 – 23% across wards across the service.

- There was a high turnover of staff newly qualified staff applied for posts but left when alternative posts came up within other services

- Difficulties recruiting staff in particular experienced staff to the speciality

- A high number of staff nearing or at retirement age.

- Poor compliance with good standards for rota management

- High use of bank and agency staff to cover shortfalls

- All of which were further contributing to the workforce pressures within the service, the ability to provide high standards of patient care and overall staff morale and the ability to provide a safe sustainable service.

3.5   In Jan 2012 H&SCP had a workshop with key stakeholders from Health and the City of Edinburgh Council to discuss the current challenges in service provision and agree key priorities to take forward for 2016. This includes the need to develop a revised capacity and demand plan for HBCCC and care home requirements within Edinburgh and this work in currently been progressed as part of the Older Peoples Strategic Plan.

3.6   Actions taken following the review are reflected in action point (1) Appendix (1) attached. There have been sustained improvements as a result of the actions taken in particular in the use of Band and agency staffing but also in ensuring better rota compliance and a reduction in the overall sickness absence levels which is now 8% across the whole service.

3.7   Healthcare Improvement Scotland (HIS) has published a report at the end of May 2016, looking at how well hospital-based complex clinical care (HBCCC) is currently being delivered in the Edinburgh area. The report follows a review of HBCCC conducted by HIS between November 2015 and May 2016, carried out by a multi-disciplinary team of individuals working across health and social care in Scotland and supported by staff in HIS. The facilities that were inspected included the three permanent units, Ellen's Glen House, Ferryfield House and Findlay House, and the temporary unit at the Balfour Pavilion, in the Astley Ainslie Hospital (following a flood at the Royal Victoria Hospital in August 2015)

3.8   The HIS team provide an overview on three particular areas:
- Governance, Leadership & Workforce

- Safe, Person Centred and Effective Care

- Sustainability and Capacity to Improve

3.9　The Full Report, Methodology and Terms of Reference can be accessed in the Further Reading Section of this report.

3.10　The Edinburgh Health & Social Care Partnership, along with colleagues from NHS Lothian presented to the multidisciplinary HIS team, at the start of their visit, the key challenges that we were facing, and our actions to address these. The HIS Report reflects back all of these areas for action initially identified by our teams.

3.11　The Edinburgh Health and Social Care Partnership and NHS Lothian colleagues have worked together to update an operational improvement plan, being further informed by the HIS report.

Main report

4.1　The Chief Nurse and her team, in October 2015, developed an improvement action plan to address the immediate impact of the workforce pressures identified above, and can be seen in more detail in section 1 of the HBCCC Improvement Plan in Appendix 1, including:

- Undertaking a medical and nursing workforce review

- Undertaking a staff survey to understand how people felt about working in this area and to identify any ideas they had for improvements

- Implementation of e-rostering to improve consistent cover for the wards

- The setting up of a task force to oversee staffing attendance issues at senior level and monitor improvements.

- Recruitment to posts with additional funding for staffing and agreement to over-recruit to the turnover level to reduce reliance on bank and agency staffing between notification of, and appointment to vacancies. Implementing a daily safety huddle in order to improve communications, respond to need and develop a more flexible workforce, and escalate concerns for appropriate action and support

- Support for senior nurse staff to participate in leadership and development sessions to build their confidence, capability and capacity

4.2　In May 2016, the published HIS report, from their inspection visits from November 2015 – May 2016, recognised that the NHS across Scotland is facing a number of challenges due to an ageing population, and particularly in areas providing care to patients with complex care needs. It highlighted several areas of strength across our HBCCC facilities, including the:

- Good relationships between staff and patients

- Good care being visibly delivered

- Homely environment

- Positive culture of openness and willingness to learn

4.3 The report also referenced NHS Lothian investment in nursing staffing over the past year, however, said the use of temporary staff, levels of sickness absence and difficulties in recruiting continued to show pressures on the system. The report acknowledges that a number of initiatives were recently introduced to help address these pressures.

4.4 The report highlighted a need for us to improve our record keeping, particularly for assessment and care planning. As the HIS report states: "good record keeping is an important aspect of providing high quality care".

4.5 Patients and families provided positive feedback, however identified some areas for improvement. Many of their comments reflect the challenges due to staffing pressures noted in October 2015.

4.6 The six key recommendations for action under the three particular areas investigated are:

	Governance, Leadership & Workforce	**Report Reference**
1	We must carry out further ongoing risk assessments, taking account of the findings in this report, to ensure the levels and skill mix of staff across hospital based complex clinical care facilities meet the needs of its patients	Page 19
	Safe, Person Centred and Effective Care	
2	We must standardise its approach to all care plans, assessments and reassessments ensuring that the appropriate documentation is fully and accurately completed	Page 34
3	We must ensure there is a consistent application of current clinical management standards and guidance for hospital-based complex clinical care patients	Page 34
4	We must ensure that the ward and hospital environments across hospital-based complex clinical care facilities are appropriate to the needs of the patients, particularly for people with dementia and cognitive impairment	Page 34
5	Where appropriate, we must ensure continuing positive engagement with patients, including appropriate cognitive stimulation and activities for patients	Page 34
	Sustainability and Capacity to Improve	
6	We must ensure the ongoing and future development of the hospital-based complex clinical care service takes full account of the financial and workforce implications	Page 43

4.7 Key actions that have been taken to address the HIS recommendations consolidate the original HBCCC improvement plan indicated above. These can be seen in full, in section 2 of Appendix 1, and include:

- Continuing with the workforce establishment, recruitment, leadership, training and development actions

- Establishing a documentation group to Improve standardisation in approach, and:

    - improve assessment of care, to ensure this includes all the recommended clinical management standards such as falls, nutrition, cognitive impairment, pressure area assessment etc

    - improve care planning and documentation compliance

    - be aware of differences in electronic and paper systems, and mitigate associate risks on transfer of care

    - develop a business case to increase access to computer terminals

- Undertaking audits of our facilities, using the Older People in Acute Hospital standards, to ensure ward and hospital environments across hospital-based complex clinical care facilities are appropriate to the needs of the patients, particularly for people with dementia and cognitive impairment

- Supporting more staff to take up training for dementia and those with cognitive impairment. Activity coordinators are now in post to improve stimulation and positive engagement

- Successful application by Prospectbank ward in Findlay House, to be recently selected as one of four national demonstrator sites in Scotland, to receive support from Healthcare Improvement Scotland, to work with the ward team, patients and carers, to create the conditions for continuous quality improvement

- Continue to support the designated specialist palliative care nurse to provide a teaching programme for staff, including advance care planning, palliative and end-of-life care, as well as visits to the units to talk to patients and relatives and reviews medication. Continue to support the rotation to hospices for staff.

- The establishment of a Health and Social Care Partnership strategic Capacity and Demand work stream to review the current and future requirement of the HBCCC function in the wider context of care home and wider community supports. This includes a an operational sub group of the steering group who are looking at the re-provision of HBCCC currently provided at Astley Ainslie , which was only ever a temporary solution following flood at RVH last year. Workforce and financial implications will be integral to all this work.

4.8 Consolidating the Improvement Plan with the recommendations for the HIS Report, allows a robust foundation for the Health & Social Care Partnership to be assured of continuous improvement for the experience for patients, staff and families, in our the Hospital Based Complex Clinical Care facilities.

4.9 It has been unfortunate, that as part of the press coverage, the key points for improvement only were highlighted, and in particular when the HIS team felt they needed to intervene to attract staff attention for two patients. It was recognised in the report that this was as a direct impact of the workforce pressures identified in October 2015, and it was acknowledged in the report the level of improvement work that had taken place between October 2015 and May 2016. A key lesson for the Health and Social Care Partnership is to pre-empt this in the future, and be more proactive in conveying a balanced overview of the challenges, learning, improvements and opportunities that these reports allow, in particular in order to maintain confidence for staff, patients and families.

4.10 It is worth noting that the level of complaints, concerns, enquiries and compliments formally recorded, for the period 2012 -15, for the three permanent units:

Complaints	10
Concerns	12
Enquiries	6
Compliments	119

Key risks

5.1 Key risks to the Improvement Plan for HBCCC relate to the workforce actions, and the potential for recruitment and retention not to be as successful as planned.

Financial implications

6.1 There are no financial implications associated with this report at this stage.

Involving people

7.1 Staff, patients and relatives are actively involved in ongoing discussions about how improvements can be supported Edinburgh Partnership. Each facility has ongoing staff, family and patient meetings to further enhance communication and the ability to take improvements forward.

Impact on plans of other parties

8.1   The key impact of the HBCCC Improvements will be incorporated as part of the wider capacity and demand work stream as identified above.

Background reading/references

9.1   Appendix1. HBCCC HIS Improvement Plan v2.0 - 260816

9.2   Healthcare Improvement Scotland Full Inspection Report and Terms of Reference:

http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/nhs_lothian_review.aspx

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Links to priorities in strategic plan

Priority 1- Tackling Inequalities **Priority 2 – Prevention and Early Intervention**	
Priority 3 – Person Centred Care **Priority 4- Right Care, Right Time, Right Place** **Priority 5 – Making best use of the capacity across the system** **Priority 6 – Managing our resources effectively**	

Edinburgh Health & Social Care Partnership

2016 - HBCCC improvement plan with Recommendations from Health Improvement Scotland Review Included

HEALTH IMPROVEMENT SCOTLAND – REVIEW OF HOSPITAL BASED COMPLEX CLINICAL CARE EDINBURGH HEALTH AND SOCIAL CARE PARTNERHSIP (2016)

Appendix 1.

Version Control

Document Owner: Maria Wilson, Chief Nurse, Edinburgh Integrated Joint board

Version Control: Jennifer Evans, Development Manager, Edinburgh Health & Social Care Partnership

Version	Date	Description /Changes	Author	Ratified By
1.0	July 2015	Workforce Improvements through Recruitment Campaign	M Wilson	M Wilson
1.1	Sept 2015	Task Group Set up to manage Attendance Undertake Workforce review	M Wilson	M Wilson
1.2	Oct 2015	Secured agreement form NHS Lothian Nurse Director to 'over recruit' to enhance staffing levels	M Wilson	M Wilson
1.3	Dec 2015	Twice daily safety huddles implements across sites to improve communications	M Wilson	M Wilson
1.4	Feb 2016	Implement e-rostering across sites	M Wilson	M Wilson
1.5	March 2016	Undertake Staff Survey to further improve service	M Wilson	M Wilson
1.6	June 2016	Ensure all Band 6 & 7 staff undertake leadership training	M Wilson	M Wilson

Appendix 1.

1.7	June 2016	Key Actions from the six recommendations Healthcare Improvement Scotland Inspection Report Update on actions for Version 1.6	J Evans	M Wilson
1.8	August 2016	Update on actions	J Evans	M Wilson

Appendix 1.

IMPROVEMENT PLAN ACTIONS & UPDATES

Version 2.0 August 2016

1	HBCCC improvement plan	Action and progress	Lead	Start	Completed	Evidence
	Workforce:					
1.a	Significant workforce pressures within HBCCC	Funding for additional posts agreed Feb 2015 includes additional Band 6 leadership roles – posts recruited to over July – Sept 2015. Update: 2/6/16 posts within frail elderly wards have been recruited to. There have been some difficulties recruiting registered mental health nurses within the Dementia wards however this is being actively pursued. Update: 23/8/16 Workforce Review has been commissioned	CN/CSDM	July 2015	ongoing	Manpower data base
1.b	High sickness absence rates	Task group set up to manage attendance levels , action plan agreed and monthly meetings with HR and partnership representative Update: 2/6/16 notable improvement in attendance levels Update:23/8/16 Absence figures updated and filed as evidence.	CN/CSDM	Sept 2015	ongoing	Attendance reports Tableau
1.c	High turnover rate and difficulty recruiting within HBCCC services	Financial agreement to over recruit to turnover level above vacancy level to reduce the risk of gaps between vacancy and time filled. This resulted in 11 additional posts being recruited across service. Update: 2/6/16 Generic recruitment now recruiting	CN/CSDM	Oct 2015	ongoing	Vacancy to recruitment data

		specifically to speciality, this has significantly improved recruitment to this speciality area Update: 23/8/16 -Explore possible joint recruitment and rotation with REAS. - -Educational audit to be carried out with a view to reinstating student placements. - Consider using NES Electronic feedback tool could be piloted in HBCCC.				
1.d	Improve communication across hospital wards within community	The twice daily huddles have been implemented across HBCCC and Rehab wards. The daily huddle allows staff in remote units to ring into to a central point daily where they report staffing levels and any patient safety issues. They then receive support from the managers for the issues raised. The daily huddle reports are shared with clinical managers, the chief nurse and medical staff for information re: staffing and any safety issues. Staff are mobilised to areas when required. Update: 2/6/16 the daily huddle reports are showing significant improvements across HBCCC and Rehab wards re: improving staffing levels Update: 23/8/16 Continue to monitor accuracy of information being shared. Arrange training around the use of TRAK floor plans.	CM/CSDM's	Dec 2015	Feb 2016 – fully implemented	Daily huddle sheets
1.e	Staff Survey	Undertake staff survey to understand how staff feel about working within HBCCC Update: 2/6/16 CSDM and team leaders have now all undergone iMatter training and staff and mangers will be issued with survey July 2016. Preparatory work complete Update: 23/8/16 iMatter report pending.	CN/CSDM/K Mc	Mar 2016	ongoing	Survey report
1.f	Improve rota compliance across services including HBCCC	E-rostering implemented across all community services. Update: 2/6/2016 e-rostering has been fully implemented within HBCCC. There has been a significant reduction in agency usage associated with this. Staff also now using safe	CNM/CSDM/ CN	Feb 2016	complete	E-rostering reports Bank / Agency Report

		care audits to help inform safe staffing levels Update: 23/8/16 There continues to be marked reduction in bank usage.				
1.g	Repeat Nursing and Medical workforce review on an annual basis	Review workforce requirements using adult nursing workforce tool, professional judgement tool and safe care audit on an annual basis: Update 2/6/2016: Paper being prepared for IJB for July 2016 outlining workforce requirements within HBCCC. Needs to form part of the HBCCC/Care home review Medical workforce review completed. Needs to interface with proposed changes to the model of care provided. (see 2.a)	CN/CD	Sept 15	ongoing	Finding reports Papers for Ex. Management team and IJB
1.h	Leadership and Development	**Ensure all new Band 6/7 staff complete mandatory leadership training and delivering better care.** Update 02/06/16 Band 7 Workshops / Master classes with Chief Nurse have been set up for all Band 7's and clinical managers across the HSCP including HBCCC. Feedback from iMatter will include leadership and a development plan if required will be implemented. Successful application by Prospectbank ward in Findlay House, to be recently selected as one of four national demonstrator sites in Scotland, to receive support from Healthcare Improvement Scotland, to work with the ward team, patients and carers, to create the conditions for continuous quality improvement Update: 23/8/16 Training needs analysis is included as part of competency for Clinical Skills Passport. A record of training is recorded for each staff member.	CSDM / CN/ KMc	June 16	Ongoing	Workforce paper Training Needs Analysis Clinical Skills Passport

HIS	HIS Recommendation 1:	**NHS Lothian must carry out further ongoing risk assessments, taking account of the findings in this report to ensure the levels of skill mix of staff across hospital based complex clinical care facilities meets the needs of its patients.** Update: 2/6/2016 This recommendation will be incorporated into the HBCCC service review steering group.	See 1.a,b,c,d,e,f,g above	CN/KMC		
2	**Safe Effective Patient Centred Care**					
2.a	Care Planning and Documentation non compliance	Documentation group set up to improve care planning and documentation compliance within service: (Jun 2015) Update: 2/6/2016 A full review of all documentation has been undertaken with staff to help make it easier for staff to complete. Additional training sessions with staff re assessment and care planning has been progressed and compliance audits with direct feedback to staff have been implemented in each ward. Update: 23/8/16 Explore using a different methodology for care planning case note reviews that are more explicitly linked to quality improvement models and locally owned 'point of care' data to support the commitment to improvement. Care Rounding pilot has been completed. Outcomes pending. Care Planning Meetings to be implemented. Risk: acute services moving to an electronic record, risk assessment and care planning. This has implications for transfer of patients to HBCCC who still use a paper copy and have poor access to TRAK. HBCCC not on initial roll out plan. This needs considered in line with findings in report to expedite this for HBCCC. Risk Mitigation: paper copy still in	CSDM CN / Team Leaders	Jan 2016 June 2016 March 2016	Ongoing ongoing	Record audits Paper for Executive Team TRAK board minutes Progress against care planning and documentation improvement plan

		use. **ACTION: Business case being prepared to raise need to increase IT access within HBCCC and expedite roll out of electronic record within this service as a TRAK works priority.** Progress meetings have been set up with Chief Nurse every 3 months. This will include assurances around person centred care planning and assurance measures based on HIS recommendation 2 – a – f (appendix 1 pg 43 – 44)				
HIS	**HIS Recommendation 2:**	**NHS Lothian must standardise its approach to all care plans, assessments and reassessments ensuring that the appropriate documentation is fully and accurately completed**	See actions above			Documentation audit, min's and action plan from documentation meetings
a.	Assessments for cognitive impairment, nutritional screening and assessment, oral assessments, falls management and pressure ulcer care. Height and weight measurements.	Documents to include recommendations and assurances that they meet recommended standards. Update: 2/6/16 included in documentation work stream 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 2016	ongoing	Documentation audits
b.	All nursing and medical documentation legible, dated , times and signed.	Ensure documentation compliant with NMC and RCP standards of documentation: Update: 2/6/16 as per 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 2016	ongoing	Documentation audits
c.	Ensure regularly updated personalised care plans which include patient and carer	Ensure each patient has a 'What matters to me' form completed and that this is regularly updated with the patient and carer Update: 2/6/16 as per 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 16	ongoing	Documentation audits

	involvement.					
d.	Care must be implemented according to patients care plans	Update: 2/6/16 as per 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 16	Ongoing	Documentation audits
e.	Accurate completion of patient care rounding	Update: 2/6/16 as per 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 16	Ongoing	Documentation audits
f.	Information gathered should inform individual patient care	Update: 2/6/16 as per 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 16	ongoing	Documentation audits
HIS	**HIS Recommendation 3:**	**NHS Lothian must ensure there is a consistent application of current clinical management standards and guidance for hospital-based complex clinical care**	CN/QIT			TRAK audit
a.	NHSL must ensure guidelines on the management of delirium are available to staff	NHS Lothian must ensure that the ward and hospital environments across the hospital based complex clinical care sites are appropriate to the needs of patients, particularly for people with dementia and cognitive impairment **ACTION: Review uptake of training and ensure availability of guidelines** **Update:2/6/16** Guidelines are available via the NHS Lothian intranet for staff to access and posters are displayed in some wards. Workshops are being delivered across all areas. 38 staff in total has attended the workshops which have been favourably received. Formal feedback will be available once all sessions are complete Update: 23/8/16 Plans to move paper 3 monthly	CN/QIT Quality Leads CSDM	Jun 16		Guidelines / Access Link

		assessments/reviews to electronic versions on Trak. Compliance to be monitored and measured and evidenced as improvement.				
b.	NHSL must ensure that current legislation which protects the rights of patients who lack capacity is fully and appropriately implemented.	When the legislation is used this must be fully documented in the patients health record, including any discussions with the patient or family and must comply with the Adults with incapacity Act (2000) Part 5 – Medical Treatment and Research. Update: 2/6/16 **ACTION: Recommendation will be taken forward as part of the QIT work and will be included as part of 2.a above** Update: 23/8/16 OPAH audits to include questions around capacity. Medical checklists being used across HBCCC wards. ACTION: Check to see if medical checklists are being used in Mental Health Wards.	CN QIT CSDM Clinical Lead Quality Leads	Jun 16		
c.	MUST assessments clearly identify the need for referrals to a dietician	The process should include ensuring referrals are followed up and that patients have a dietetic review. Update: 2/6/16 has been incorporated into 2.a above Update: 23/8/16 MUST assessments are included in OPAH Audits. Vale of Leven Documentation audit tool to be implemented.	CN QIT CSDM Quality Leads	Ref 2a above		Documentation audits
d.	Patients receive appropriate mealtime preparation and adequate support and encouragement is supported to all patients as required.	Ensure consistency in compliance with Standards for Food, Fluid and Nutrition Care (2014), Criteria 4.8, 4.1(e) and 4.11 Update: 2/6/16 This will be progressed as part of the service QIT priorities for 2016 Additional training for staff re. preparation for mealtime Update: 23/8/16 As above.	QIT CSDM Quality Leads	June 2016	Ongoing	Include in mock OPAH audits

e.	Patients receiving artificial nutrition have this fully and accurately completed in line with local policy	Ensure documentary evidence of nutritional care provided in compliance with Standards for Food, Fluid and Nutrition Care (2014) Criterion 4.1 (g) and the NHS Boards Local policy: Update: 2/6/16 **ACTION: Implement work shop for staff to ensure compliance with local policy and national standards. Review of policy** Update: 23/8/16 To be included in essential training.	CN/CSDM Quality Leads	Ref to 2a above	Ongoing	Documentation audits
f.	Accurate completion of Food record charts	When Food record charts are commenced for patients who require them, they should be fully and accurately completed and appropriate action taken in relation to intake or output as required in compliance with Standards for Food, Fluid and Nutritional Care (2014) criterion 4.1(g) Update: 2/6/2016 – will be included in documentation work stream 2.a above	CN/CSDM Quality Leads	June 2016 Ref to 2a above	Work ongoing	Documentation audits
g.	Wound Assessment Charts and any related documentation are in place for those patients with a known pressure ulcer or break in skin integrity.	This must include recording the grade of any pressure ulcers and a clear plan of management. This must be appropriately and consistently completed and be easily accessible and compliant with Best Practice Statement for the Prevention and Management of Pressure Ulcers and NMC standards Update 2/6/2016 – ongoing work as part of the documentation work stream and Patient Safety assurance programme 2.a above Update: 23/8/16 Wound assessment to be included in essential training. Best practice statement sent to all Band 7 nurses.	CN/CSDM Quality Leads	June 2016 Ref to 2a above		Documentation audits
h	The elements of the skin SSKIN bundle within the care rounding record are consistently and	This is to ensure that the frequency of repositioning is prescribed and that the result of skin inspection and any changes made to repositioning regime are documented. The information gained from each elements of the bundle should be used to inform other assessments to ensure	CN/CSDM Quality Leads	June 2016 Ref to 2a above		SPSP/OIDS and documentation audits

	accurately completed	appropriate care planning and delivery. Update: 2/6/2016 Pressure Ulcers Grade 4 and above are reported on datix and are subject to an Adverse event Investigation. Will be taken forward as part of 2(a) above and Scottish Patient Safety Programme. Update: 23/8/16 All Pressure Ulcers are reported on Datix.				
i	Patients at risk of pressure ulcer development have timely access to pressure relieving equipment and are suitably positioned to minimise pressure, friction and shear and the potential for further tissue damage.	Ensure compliance with Best Practice Statement for Prevention and Management of Pressure Ulcers Section 5 and 6. Update: 2/6/2016 **ACTION:** **Review compliance of completion of moving and handling for all staff working in HBCCC** **Undertake audit of pressure relieving equipment available and accessibility** **Repeat audit of seating chairs previously undertaken in August 2015 to assure NHSL that chairs used are appropriate to patient need.**	CN/CSDM Quality Leads	June 2016 Ref to 2a above		Seating Audit report Equipment access audit report Review of Datix reports re: lack of access to equipment
j	Patients who Fall	Patients who fall whilst in hospital receive 'essential care after an inpatient fall' or local equivalent and this is documented appropriately. This is to comply with the National Patient Safety Advice Rapid Response Report (January 2011); Update: 2/6/2016: All falls are reported through Datix and this is monitored through the Patient safety programme and QIT. All falls where there is harm are subject to a serious adverse event review. **ACTION: Multidisciplinary falls review team to be set up within HBCCC to monitor compliance in line with**	CN/Clinical Lead CSDM Quality leads	June 2016 Ref to 2a above		Datix reports Falls review team feedback reports QIDS reports (monthly)

		recommendations. Update: 23/8/16 Review of all falls reporting being progressed. Top to toe training to be used to measure compliance. New Falls SAE template to be implemented across HBCCC.				
HIS	**HIS Recommendation: 4:**	**NHS Lothian must ensure that the ward and hospital environments across hospital-based complex clinical care facilities are appropriate to the needs of the patients, particularly for people with dementia and cognitive impairment** Update: 2/6/2016: OPAH mock audits and action plans	CN CSDM	June 2016		
a	Ward environment must comply with Standards of Care for Dementia in Scotland pg 26	Update: 2/6/2016: Mock OPAH (implemented 2014)reviews undertaken on a regular basis and actions from these are taken forward by the team. The over view of actions will now also be overseen centrally through the Health and Social Care Partnership Quality Improvement team as well as the local QIT. **ACTION: Repeat audit of all facilities against standard. (July 2016)** Update: 23/8/16 Dementia Standards to be reviewed.	CN/CSDM Clinical Lead Quality Leads	June 2016	ongoing	Report and action plan from audit
b	Support and supervision for patients who cannot independently seek assistance	Where patients cannot independently seek assistance, for example, by using as buzzer there is a process in place to anticipate patients needs and proactive person centred care is provided Update: 2/6/2016 **ACTION: To be considered as part of the nursing workforce review 1. g above** **Benchmark with other areas how this may be done differently to ensure patients receive the highest level of care and prompt responses to their needs**	CN/CSDM	June 2016	Ongoing	TBC

c	Ensure there is an understanding of the skills and training needed in relation to palliative care	Update 02/06/2016 A designated specialist palliative care nurse provides a teaching programme for staff, including advance care planning, palliative and end-of-life care and visits the unit to talk to patients and relatives and reviews medication. Rotation to hospices for staff. Education will continue.	CSDM / CN	Jan 2014	Ongoing	
HIS	**HIS Recommendation 5:**	Where appropriate NHS Lothian must ensure continuing positive engagement with patients including appropriate cognitive stimulation and activities for patients. Update: 2/6/2016. Additional activity co-ordinator has now been appointed. **ACTION: Review provision of current services within HBCCC, CSDM and quality leads to take forward and report back to Health and Social Care Partnership Executive team** Update: 23/8/16 S Set up an Activity Co-ordinators forum to share ideas for learning. Training to given to ward staff around the role of the Activity Co-ordinator. Establish links with the 3rd Sector to explore options for additional intervention re cognitive stimulation and activities for patients. Explore the possibility of endowment funding to fund additional activities / supplies.	CSDM Quality leads	June 2016	Ongoing	Report for Executive H&SCP leadership team
HIS	**HIS Recommendation 6:**	**NHS Lothian Must ensure the ongoing and future development of HBCCC services takes full account of the financial and workforce implications.** Update: 2/6/2016 A steering group has been set up April 2016 following workshop on the 12/1/2016 by the Edinburgh Health and Social Partnership to review current and future provision of HBCCC within Edinburgh. This	KMC strategic planning CN Ref to 1 above	April 2016	Ongoing	

Appendix 1.

| | | review includes the review of current care home capacity and future requirements as well as new models of delivery of complex care.
A sub group of the steering group is looking at the re-provision of HBCCC currently provided at Astley Ainslie , which was only ever a temporary solution following flood at RVH last year. The workforce plan will align to this work re. future provision and sustainability. | | | | |