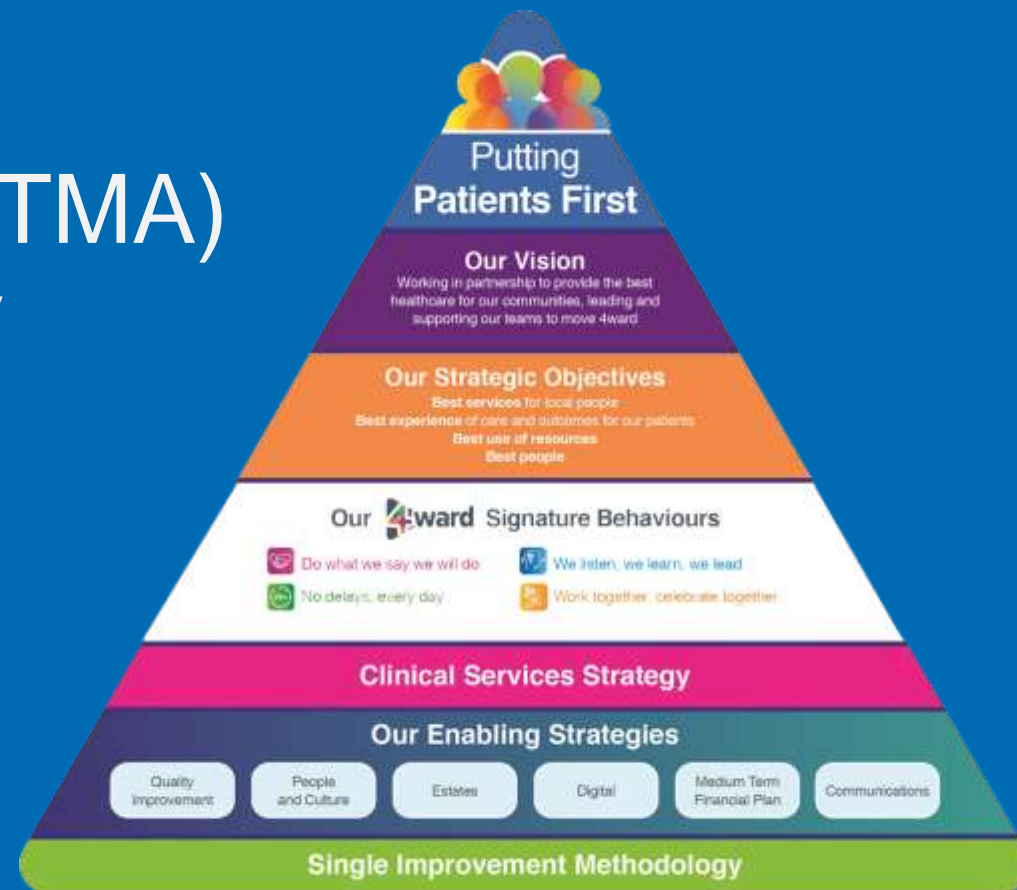


Showcase & Transitional Monitoring Approach (TMA) Key Line of Enquiry Summary

CQC Review - 19th October 2021

Dr Gavin Nicol

Consultant in Anaesthetics and Critical Care



Our Critical Care Service

Business As Usual service:

- 2 Critical Care Units Level 2/3 patients
- 8 Bed Unit at Alexandra Hospital
- 15 Bed Unit at Worcestershire Royal Hospital
- Supported by 16 consultants and 90 FTE nurses
- Surgical High Care Unit (Level 1 patients only)

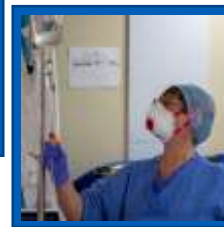
COVID-19 Response Service:

- Up to 6 units
- 252 patients cared for to date
- 123 redeployed nursing staff
- 4 staff shielding

Much has progressed since the last CQC Inspection of our services in 2017. We would like to:

- Showcase some of our achievements over the past 4.5 years.
- Share our Self Assessment against the CQC TMA KLOEs.

We have built on those KLOE's identified as good practice and believe we have lead our service to that of exemplar practice.



Our Critical Care Service

COVID-19 Patients

Safe:

Preparation for pandemic:

- Simulation
- Proning video
- Covid packs
- Induction/education for re-deployed staff

Side room capacity – Green vs Red units

Pods

Resident Consultants 24/7 in first wave

PPE/ Infection Control

Effective:

Collaborative working with Respiratory Teams and Critical Care Network

Research: REMAP-CAP, Recovery, GenOMICC

ICNARC data

Procalcitonin assays

Caring:

Patient/relatives: daily phone calls, pink communication sheets, FaceTime, visiting for palliative patients, patient story (Family Liaison Hub and Family & Carer Engagement Service Model)

Staff: Psychological support

Responsive:

↑Capacity: Green vs Red units

33 Covid patients at peak

6 Critical Care areas

24/7 Consultant presence in first wave

Blended nursing staff

Well-Led:

MDT pandemic planning

Gold Command: Dr Mitchell

Team meetings with respiratory

teams/silver command. Weekend planning.



Our Critical Care Service

Non COVID Patients

Safe:

Training in new equipment: Citrate Haemofiltration, LiDCO, Braun pumps
 Simulation: RSV Prep with Paeds/A&E Resuscitation/Trauma/Paeds Updates
 Side room capacity & Pods
 Staffing: recruited nurses to staff 15 L3 beds

Effective:

Follow up clinic
 New equipment: Citrate Haemofiltration, LiDCO, transfer trolleys, Braun pumps
 ICNARC
 Research: UK-ROX, GenOMICC, Signet

Caring:

Patients/relatives
 Staff and each other

Responsive:

↑beds to 15 L3 equivalent
 Staff retention & recruitment
 Countywide working: reallocation of staff, not patients

↑side rooms/Pods

Critical Care	Target	2021 06	2021 07	2021 08
Sickness	4.0%	0.7%	2.7%	4.4%
Turnover	10-12%	11.2%	10.2%	11.4%
Vacancy Rate	7.0%	4.1%	3.9%	4.5%
Mandatory Training	90.0%	94.1%	92.2%	90.2%
PDR (non-medical)	90.0%	96.5%	96.4%	97.6%

Well-Led:

Monthly ITU Forum, M+M
 Clinical Governance Lead
 Investing in staff: nursing clinical fellowship
 KPIs all green for sickness/ turnover/ vacancy rate/ mandatory training and Professional Development Review (PDR)



CQC's Transitional Monitoring Approach (TMA)



The CQC's Transitional Monitoring Approach (TMA) includes:

- “a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so we can continually monitor risk in a service
- using technology and our local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where we have concerns”

- Critical Care Forum engagement with CQC's new Strategy.
- Clinical Leads & Teams focused throughout August 2021 on self-assessment.
- Deep dive against the CQC's Transitional Monitoring Approach 'Critical Care' Key Lines of Enquiries (KLOE's).
 - Assessment tool constructed to collate information
 - Clinical Leads identified for each KLOE
 - Assessment against the Trust's 7 levels of assurance matrix
 - Narrative provided in support of level of assurance
 - Supporting evidence tested
- Any concerns and escalations continue to be shared with Divisional Management Teams at Specialist Clinical Division Board and Trust Management Executive Board meetings.

RAG rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes over a defined period of time ie 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Level 1	Initial actions agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Level 0	Emerging action plans identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.

CQC Domain	KLOE	Overall Assurance Level
Safe	S1, S2, S3, S4, S5	6
Effective	E1, E2, E3, E4, E6	6
Caring	C1, C2	7
Responsive	R1, R2, R3	6
Well Led	W1, W3, W4, W5	6



S1. How do systems, processes and practices keep people safe and safeguarded from abuse?

- Daily safety brief discusses delirium, DOLS, safeguarding. Referrals made when concerns identified.
- Mandatory training for adult and children safeguarding.
- Mandatory training on Mental Health Assessment.
- Sharing practice with other directorates e.g. theatres. Staff encouraged to use Freedom to Speak Up (FtSU). One of consultants is FtSU champion Mixed sex breach data on SQuID.
- HR policy on discrimination.
- Weekday consultant microbiologist ward rounds. Infection status (Covid/VRE/CPE) of patients discussed on safety brief.
- Swabbing of patients prior to admission and regularly on units.
- Covid swabbing of patients prior to transfer to ward.
- During Covid pandemic expansion of critical care to six potential units.
 - Separation of units into red or green units.
 - Separate staffing and separate kit/equipment for red and green units.
- Covid admission trolleys prepared for all admissions - intubation kit, NG tube, CVC and A-lines.
- 24 hour consultant presence during first wave.
- Main ITU had additional PODS built for isolation of patients.
- Strict infection control observed.
- Visiting limited to end of life situations.
- Visiting policy developed to facilitate safe visiting if deemed to be in benefit of patient.
- Upgrade of Alex side rooms to facilitate effective negative pressure isolation.

Level of Assurance:

WRH: AGH:

6

6

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting



S2. Is the service monitoring and protecting the health, safety and wellbeing of staff?

- Staffing ratios follow GPICS guidance. Blended critical care and non critical care nursing staff during pandemic.
- Positively encourage staff to seek senior support. First name terms, promotion of flat hierarchy.
- Staffing is allocated in accordance of needs of the patient on a continuous basis. Lead by the Nurse in charge who liaises with consultant . Excessive Hours (Sally Rudge). E-rostering, 0 hours contracted staff.
- Countywide flexible staffing. Induction and mentoring of non-ITU staff (medical and nursing) who helped on critical care during pandemic.
- Psychological support for staff.
- Professional Advocate Programme (reduce risk of staff experiencing 'moral injury' from experiences of caring during COVID19)
- Invitation for redeployed staff to partake in research project re PTSD.
- Wellbeing team are working towards providing training in and standardising the debrief process.
- PPE availability audited.
- Recent guidance issued on "Departmental Conduct".
- Freedom to Speak Up Guardian.

Level of Assurance:	
WRH:	AGH:
6	6

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting




NEED SOMEONE TO TALK TO?
It's ok not to be ok
 Free, confidential counselling and mental health wellbeing support is available for all colleagues.
 Thank you for putting patients first but please take care of yourself as well.

URGENT SUPPORT
 Speak to a trained counsellor
 ☎ 01927 280479 (24/7 support line)
 Samaritans - A new free confidential support line for NHS and social care workers in England. ☎ 0800 068 6222
National Support Line (outside of the Trust)
 7am - 11pm, 7 days a week
 ☎ 1300 131 7000
IN A CRISIS?
 Herefordshire and Worcestershire Health and Care NHS Trust Helpline
 24 hours a day, 365 days a year
 ☎ 0800 136 8121
 Free NIOS Counselling 24/7
 ☎ 01927 280479
 COVID Update Bulletin
 covid19-debriefing@nhs.uk



How are you really?
 Wellbeing Conversations have launched for all colleagues

- A chance to be heard
- A choice of who to talk to
- Face-to-face or virtual meets
- An opportunity to develop a personal Wellbeing Action Plan
- Someone to listen
- Regular check-ins, throughout the year, about how you are really
- Signposting to appropriate support
- Confidential

When are you having yours?
 Contact your manager for further information or click the Wellbeing Conversations link on the intranet.

Professional Advocacy



S3. Do staff have all the information they need to deliver safe care and treatment to people?

- Equipment training: Citrate haemofiltration, LiDCO, Braun pumps.
 - Procalcitonin assays to help identify secondary bacterial infections.
 - Daily review ICU charts.
 - IMCA's (support of patients without relatives). Use of ReSPECT forms instead of DNAR forms- training given at ITU forum. Yellow ITU sheets, pink communication sheets.
 - EZNotes - Immediate access to all retrospective Notes. PACS/ICE. Internal transfers: electronic discharge record, SBAR form, o/c SpR notified. *Continue to share concern around EZNotes not accessible by primary care.*
 - Medical notes scanned.
 - Large scale scanning now operational to scan ICU charts.
 - Consideration of electronic records.
 - Worked with regional critical care network to help decompress other units, the Trust was a net importer of Covid patients from other Trusts.
 - Purchase and commissioning of transfer trolleys.
 - Nursing Assessments, Mental Health Reviews, Pressure Sore, Skin map, dietary needs.
 - Full MUST and medical assessment within first hour of admission. Physio reviews. Identifying deteriorating patients, NEWS2 documentation.
- Monitored Via:**
- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Level of Assurance:	
WRH:	AGH:
6	6



S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible?

- Microguide App and regular microbiologist input. Drug chart review, error reporting via Datix for learning. Allergies discussed at safety brief.
- Monthly quality audits. Nursing handover with checks.
- All patients have their medicines reconciled by the pharmacist on admission. Prescription charts are endorsed with advice for ICU specific medicines to ensure appropriate review/discontinuation. Further transition of care review on discharge from hospital with information for the GP on changes to medication. Daily review and therapeutic drug monitoring as per trust guidance. Follow up clinic, effective discharge summary. Daily FASTHUG/FIDDLE Drug chart review.
- Encompasses attention to antimicrobial stewardship. (note Antimicrobial stewardship group recently established) Daily pharmacist review (M-F) including attendance of consultant WR. FASTHUG/FIDDLE DoLS at Safety brief. Documented daily review of potential for sedation holds and review of treatments for ICU delirium. Sedation agents of choice have short half life and duration of effect. Medicines policy and related Pharmacy SOPs.
- Electronic prescribing in future?
- Pre-printed infusion prescriptions.

Level of Assurance:

WRH: AGH:

6

6

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

S5. What is the track record on safety?

- ICNARC - reports SMR which has been consistently below 1 indicating superior mortality outcomes compared to similar units. ICNARC, DATIX, Monthly M&M Feedback from follow-up clinic.
- We have a clinical governance lead to improve focus upon governance backed up by a governance team. Action plans, newsletters, roundtables, datix, outcomes reported back to forums. Divisional Governance & Directorate Governance Minutes, newsletters/forum. Staff noticeboard. External safety alerts etc. are co-ordinated by the divisional governance lead (Dr Ed Mitchell).
- Incidents that require urgent feedback are discussed at every handover (nursing and medical) for a fixed period of time - Covid safety updates
- Audits: cleanliness/hand hygiene/PPE.
- Standard infection control precautions checklist.

Level of Assurance:

WRH: AGH:

6

6

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

E1. Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

- Monthly ITU forum, review of clinical guidelines e.g. neuroprognostication, review of current literature.
- Up to date appraisals and CPD requirement.
- Cascade of information from board to ward. Information from critical care network.
- Dr Mitchell (ITU Consultant) is Director for patient safety and quality improvement.
- Weekly MDT meeting to discuss more complex cases.

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Level of Assurance:	
WRH:	AGH:
6	6

E2. How are people's care and treatment outcomes monitored and how do they compare with other similar services?

- Data submitted and reports received back fro ICNARC.
- Standardised mortality ratios consistently better than national average for comparable units.
- During Covid pandemic sickest patients managed on ITU with patients requiring non-invasive ventilation, CPAP or HFNO2 administered on ARU.
- Mortality results still excellent despite sicker patient population.
- ICNARC data captures age and ethnicity. Audit lead ensures compliance with national audit projects.
- ITU follow up clinics established, particular emphasis on counselling patients who suffered with delirium.
- Funding for a psychologist is awaited.

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

ICNARC Reports


 Alex1.PNG


 Alex2.PNG


 Alex3.PNG


 WRH 1.PNG


 WRH 2.PNG


 WRH 3.PNG

Level of Assurance:	
WRH:	AGH:
6	6

Effective

Overall Assurance Level 5

E3. How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

- Staffing in accordance with GPICS II guidelines.
 - All consultants have CCT in ICM, FFICM or equivalent. All resident junior staff have completed stage 1 training in ICM or equivalent.
 - Annual paediatric and trauma updates in ITU forums to ensure all consultants have an up to date EPLS/APLS/ATLS certification or have attended a recent update.
 - Trustwide and local ITU induction programmes for staff during pandemic and for locum staff and junior doctors on handover days.
 - Nursing PDN with performance management by line managers as per Trust guidelines.
 - Training given on new equipment procedures e.g. proning video, citrate haemofiltration, LiDCO and Braun pumps.
 - Skills booklet developed for re-deployed nurses during covid. Induction process for re-deployed staff during covid.
- Monitored Via:**
- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Level of Assurance:	
WRH:	AGH:
6	6



E4: How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?

- Multidisciplinary team approach led by critical care team. Daily pharmacist, physiotherapy and dietician input; Occupational therapy, speech and language therapists available.
- Rehabilitation pathway started on day 1 by physiotherapy team.
- Daily consultant microbiology ward round.
- Input from parent specialties requested.
- Electronic discharge letters and handwritten SBAR forms backed by nursing and medical handover when patients transferred to wards.
- 2nd ICM consultant 08.00-18.00 weekdays and 08:00-12:30 at weekends. Allows 1st ICM consultant to complete ward round, 2nd ICM consultant deals with referrals and provides second opinion. Additional consultants covered ITU during pandemic.
- Continue to work with:
 - Parent teams regarding acute medical patients.
 - Tertiary services re transfers of neurosurgical and renal patients to reduce delay.
 - Discharge team to ensure priority for ITU patients.

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Level of Assurance:	
WRH:	AGH:
4	4



E6. Is consent to care and treatment always sought in line with legislation and guidance?

- Mental Capacity Act training is mandatory. Daily safety brief discusses safeguarding issues, DOLS, delirium and dementia.
- Regular sedation holds to help prevent delirium.
- Consent obtained where appropriate.
- Patients consent for research and use of consent form 4 when a patient does not have capacity to consent.
- Assessment of capacity, especially in patients wanting to self discharge.
- Legal services involved when appropriate. ReSPECT forms have replaced DNAR forms and Trustwide training in their use. Discussion of withdrawal of treatment, DNAR status at safety brief.
- Advanced care plans sought and followed.
- Mittens occasionally used for delirious patients who are at risk of pulling lines out and harming themselves.
- Strategies to prevent delirium reduce the need for physical restraint.

Level of Assurance:	
WRH:	AGH:
6	6

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting



Caring

Overall Assurance Level 7

C1. How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?

- Privacy and dignity policy. Bed space attention to dignity.
- Access to chaplaincy services.
- Curtains, side rooms, quiet times, reduced lighting at night, clocks visible.
- Sedation and pain assessed with FASTHUG/FIDDLE.
- Patients and relatives involved in care wherever possible, FaceTime, daily communication, ReSPECT forms, escalation/withdrawal of care, research projects.
- Assessment and prevention of delirium.
- Philosophy of care document.
- Use of well being dog visits.



Level of Assurance:	
WRH:	AGH:
7	7

Monitored Via:

C2. How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

- Discussion of treatment options e.g. Covid: HFNO2/CPAP/Invasive ventilation.
- Consent to join clinical trials.
- Limitation of care and escalation plans discussed with patients where possible and family.
- Visiting limited by Covid- daily telephone calls, use of iPad and FaceTime, patient diaries, visitors allowed if deterioration in clinical state and high chance of death or planned withdraw of treatment.
- Visiting policy developed to facilitate visiting if deemed to be of benefit to the patients psychological recovery.
- Daily goals / orientation chart visible to patient - led by physio. Aims agreed with patient when able. Communication boards.
- Use of ReSPECT forms.

Level of Assurance:	
WRH:	AGH:
7	7

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Responsive

Overall Assurance Level 6

R1. How do people receive personalised care that is responsive to their needs?

- There are 2 ITUs in the Trust. Emergency admissions tend to be made at the hospital of presentation. Elective admissions are at the site of surgery.
- Emergency surgery/PCIs at WRH.
- Patients are repatriated to the hospital closest to their home address to allow ease of visiting for relatives.
- Inter-hospital transfers are rare and tend to be to tertiary specialty centres e.g. neurosurgery.
- The flexible countywide working of the ITU staff allows staff to move cross county to provide additional bed capacity rather than transferring patients.
- There are specialised transfer trolleys available for adult and paediatric ITU patients and staff have had ITU transfer training.
- During the Covid pandemic only 1 patient was transferred out for capacity reasons and the Trust was a net importer of patients.
- Critical care outreach follow up of patients discharged to wards.

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Level of Assurance:	
WRH:	AGH:
6	6

R2. Do services take account of the particular needs and choices of different people?

- Most clinical decisions are made on a best interests basis: DOLS, mental capacity.
- Siderooms can also be used not just for infection control but for privacy of patients.
- About me document.
- Interpreters used where necessary for patients and their families. Patient information leaflets printed in a variety of languages.
- Individual care plans, dementia care pathway, learning disabilities nurse available for support, Trust dementia specialist nurse, palliative care teams, Trustwide learning disability liaison nurse, stoma nurses, COPD nurses, diabetic nurses. Patient disability does not affect admission to ITU.

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Level of Assurance:	
WRH:	AGH:
6	6



R3. Can people access care and treatment in a timely way?

- Patients seen within 12 hours of admission to ITU by a consultant. Referrals seen within 4 hours.
- Delayed discharges and out of hours discharges remain a problem: Datix forms completed, attendance of bed meetings and escalation to on call managers/chief operating officer.
- Pandemic has placed additional stress on patient flow but stringent infection control policies remain in place and are not compromised.
- Close working with critical care network during pandemic, daily sitreps, capacity monitoring to inform of decompression transfers and unit capacity.
- Separation of Covid and Non-Covid patients on both sites using isolation facilities. Cohorting of Covid patients on the WRH site. Operational desire to leave Alex as a Non-Covid unit to preserve the surgical recovery plan
- No 24/7 interventional radiology service.
- Continue to work with psychiatric services to encourage the need for patient review as part of the discharge process.
- Recent delayed transfers to neurosurgical, renal & trauma tertiary centres highlighted to Trust Management Executive board.

Level of Assurance:

WRH: AGH:

5

5

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Collaboration with Critical Care Network



Dear all

I just thought it might be nice to feed back regarding the developments of the patient on whom we delivered ECT, whilst on ITU recently. Every member of the ITU team we met was absolutely fantastic and so helpful in what was most definitely a complex case. There was a genuine interest and curiosity from the nursing staff in relation to the ECT treatment as it's not something we have had to do on ITU before. It was an unusual situation for all of us and in the U.K. as a whole, ECT is not frequently performed in a critical care setting so the situation was genuinely a deviation from the norm. Everyone we met on the unit made the ECT team feel most welcome and facilitated the safe delivery of ECT. So I thought it would be good to update those of you who were involved in the care and treatment of the patient concerned.

I would like to inform you that the patient has now left hospital and is doing extremely well. The improvement and recovery have been profound. The road has most certainly been a long one that involved a large multidisciplinary team but thanks to everyone's efforts along the way, this patient is now feeling well and enjoying time with family at home. We are over the moon with the progress seen. The ITU team perform such a vital role in patient care as you have done in this case too and I wanted to thank you all for playing your part in giving this patient her life back. Thank you all again for everything. Julie, I'd be really grateful if you would be so kind as to pass on my thanks to the wider nursing team who cared for this patient.

Kindest regards

Kay Fisher, ECT LEAD PRACTITIONER & MANAGER, GRAFTON SUITE, Aconbury North

W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?

- Management, band 7 nurses and matron meetings every 3 months and away day once a year. Monthly MDT ITU forum.
- Consultants and band 7 nurses have specific areas of interest.
- Delegation of planning and operational tasks to all members of the consultant body. Daily virtual MDT meetings during planning phase / early surge phase to ensure all areas of risk identified and protocols put in place to address. Deliberate overlap of leadership role between CD and governance leads to ensure continued stable oversight of service during periods of leave, thus promoting sustainability of role.
- Excellent nursing KPIs.

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Level of Assurance:	
WRH:	AGH:
6	6

W3. Is there a culture of high-quality, sustainable care?

- During first wave of pandemic increased on-call cover at the Alex- 2 juniors resident overnight.
- Return to work reviews, sickness policy implementation.
- Learning from incidents e.g. eye splashes (awareness, posters), pressure sores.
- Round table debriefing sessions with other teams eg obstetrics/A+E.
- Clinical psychology support of staff particularly important during Covid pandemic and Professional Advocacy introduced.
- Flexibility in rostering both nursing and medical to facilitate competing factors (childcare / requirements for isolation etc.). Evidence includes the preserved nursing numbers coming out of both waves - very few nursing staff left the service and more nurses recruited to expand bed numbers.
- Consultants resident on call for pandemic response.

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Level of Assurance:	
WRH:	AGH:
6	6



W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?

- Critical care network and use of ACCOTS regional transfer service.
- Risk register, Datix reporting, ITU forum, support from DMD.
- Strong and detailed management system accessible to staff
- Good culture of incident reporting and learning from (e.g. proning Pressure Sores).

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Level of Assurance:

WRH: AGH:

6

6

W5. Are there clear and effective processes for managing risks, issues and performance?

- Monthly Directorate clinical governance meeting and monthly ITU forum.
- Datix reporting (excellence reporting too).
- Audit lead Dr Cowley : forward programme includes Better Outcomes for Patients (BOPP). Presentation of audits at monthly meetings.
- Critical care governance lead Dr Fitton reviews datix incidents. Morbidity and mortality review at monthly ITU forum.
- Monthly departmental governance meeting joint with anaesthetics and theatres. Attended by both the CD and governance leads for both services. Facilitates overlap in management. Shared learning and experience.

Monitored Via:

- CD/ Matron/Directorate Governance Meeting/ Divisional Governance Meeting

Level of Assurance:

WRH: AGH:

6

6



Next Steps

- TMA Self Assessment enabled Critical Care to take stock of what has been achieved.
- Continue to celebrate our achievements with staff, patients, families and carers.
- Recognise and reward staff (+1 annual leave, Staff recognition awards).

- Provide our staff with time to reflect and share their experiences (Forum & MDT)
- Remain focused on Staff wellbeing
- Ensure learning is shared (safety briefs)
- Empower our staff to make decisions
- Prepare for winter 2021

Requires Improvement

Good

Outstanding

- Ongoing Covid pandemic response
- Restore services, achieve targets
- Maintain highest standards
- Deliver on Patient Quality & Safety

- Remain focused on preventing delayed discharges which lead to Mixed Sex Breaches
- Build strong working relationships with system partners, (e.g. Tertiary Centres and Psychiatric support teams)



**Thank you for listening
Any Questions?**

Self Assessment tool used to support this exercise can be provide on request via Quality Hub

