

Working together for outstanding care

Action Plan for Lymphoedema Specialist Nurse-led Service following British Lymphology Society Independent Review

Team: Lymphoedema Specialist Nurse-led service Date completed: 14/05/2018 Author: Countywide service Manger – Specialist Teams
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Actions to be completed following an Independent Review by the British Lymphology Society in March 2018.

Reference to:

KR relates to the 24 Key Recommendations made within the final report.

On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG **Working together for outstanding care**

No	Issue	Risk	Actions / Main Tasks	Responsible Person	Target Date	Progress / Outcome identified:	Key recommendation	Completion Date
1	Service Specification has not been reviewed since 2009	Inequity for certain groups of patients and lack of assurance of approaches to healthcare provision that meet best practice standards	<ul style="list-style-type: none"> Service Specification to be written in line with the Lymphoedema Framework *and reflective of the recommendations of the BLS Panel. 	<p>Countywide Services Manager – Worcestershire Health and Care Trust (WHCT)</p> <p>Associate Director of Nursing and Quality - CCG</p>	July 31 st 2018	<p>Written and agreed Service Specification</p> <p>Clear and established admission and discharge criteria</p> <p>Identified Key Performance indicators in place with evidence of compliance</p> <p>Minimum Data Sets established and agreed with monitoring strategy in place to reflect activity</p>	<p>KR1</p> <p>KR2</p> <p>KR3</p> <p>KR4</p> <p>KR6</p> <p>KR10</p> <p>KR16</p> <p>KR17</p> <p>KR22</p>	

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	Service Specification has not been reviewed since 2009	Lack of assurance that the current service model is meeting population demand	<ul style="list-style-type: none"> • Service specification to be scheduled for further review following the collation of 12 months of a minimum data set • Minimum data set to be used to inform a business case if there is evidence of a service or resource deficit 	Countywide Services Manager - WHCT Associate Director of Nursing and Quality – Clinical Commissioning Group (CCG)	September 30 th 2019	Review of service specification by 2020 that reflects known population demand		
2	Lack of clarity of any unmet need of the current service provision	Inequity for certain groups of patients and risk of approaches to healthcare provision not being current	<ul style="list-style-type: none"> • Complete data mapping to determine number of known and potential patients • Map existing service by locality, referral processes, inpatient admissions (planned and unplanned) • Review and map the demand for clinics and domiciliary visits • Cost effective analysis and cost utility analysis to be completed on the service 	Integrated Community Services Lead - WHCT	June 30 th 2018	<p>Work streams developed with clear aims and objectives with engaged stakeholders**</p> <p>Data analysis report written</p> <p>Patient prevalence and identification of people at risk of or with Lymphoedema identified and electronic Register in place</p>	KR1 KR2 KR3 KR6 KR21	

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			<ul style="list-style-type: none"> • Workforce capacity and demand review and analysis 					
3.	Unclear patient pathways	Care that may not be equitable or at times person centred and co-ordinated across Stakeholders.	<ul style="list-style-type: none"> • Identify the best Model of Service Delivery • Develop Clear patient pathways from referral to discharge • Review clinical documentation and templates to ensure that they reflect agreed pathway standards • Create and establish links with the integrated neighbourhood teams and other professionals to identify link nurses for Lymphodoema with a rolling programme of teaching sessions • Develop Grand Rounds/ MDT meetings for at risk patients with secondary Lymphodoema 	Service Team Leader WHCT	July 31 st 2018	<p>Structured Governance across patient pathways for Primary, Secondary and Chronic Lymphodoema</p> <p>Healthcare Model in place related to condition severity and level of intervention</p>	<p>KR5 KR6 KR9 KR11 KR12 KR16 KR19 KR20 KR21 KR22</p>	

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			<ul style="list-style-type: none"> Review and evaluate current standard operations and procedures , and amend where necessary to reflect the recommendations of the BLS review 					
4.	Self-supported care is not an obvious strategy of the service	Patients will not always be empowered to foster self-management	<ul style="list-style-type: none"> Set up a patient support group Agree and publish a service leaflet that reflects agreed KPIs and standards that patients may expect. Set up a communication link with carers/relatives Inc. Care Homes Review and implement current widespread available literature and patient information inclusive of Social Media platforms and Communications 	Integrated Community Services Lead WHCT	August 31 st 2018	Patient/carer education programme in place Communication platform established Inc. videos	KR3 KR4 KR13 KR14 KR15 KR18	

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5.	Lack of evaluation of the service and/or patient experience	Gaps in service may not be addressed	<ul style="list-style-type: none"> Develop a patient satisfaction survey with the application of a person centred audit such as the Quality of Life tool*** Clinical audit of the patient electronic records documentation to be developed 	Countywide Services Manager - WHCT	July 31 st 2018	<p>Patient Survey developed and audit commenced</p> <p>Audit established to gauge clarity, adequacy and comprehensive record keeping</p>	<p>KR3 KR4 KR9 KR18</p>	
6.	Recruitment and retention of experienced clinicians	Insufficient staff with the right skills and competence to meet demand	<ul style="list-style-type: none"> Ensure clear Job Descriptions are available for all team roles Develop a staff training plan with clear pathways Clear Team Structure with established Clinical Leadership Formal Clinical Supervision in place Develop effective team meetings with standing agenda items that support on-going 	Countywide Services Manager - WHCT	August 31 st 2018	<p>Competency Framework in place</p> <p>Staff appraisal and personal development plans evidence job role requirements.</p> <p>Audit of clinical supervision in line with the organisations Supervision Policy</p>	<p>KR5 KR6 KR7 KR23 KR24</p>	

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			service review and development					
7.	Electronic Inefficiencies in the service delivery	Ineffective and inefficient service that will not meet all aspects of NHS Digital Key recommendations	<ul style="list-style-type: none"> Transition from a paperless service to an electronic service Completion of Data flow and Data Impact Assessment Set up text alerts for patient appointments Review the organisations electronic care notes functionality to ensure that it is fit for purpose and supports meaningful data extraction 	Integrated Community Services Lead WHCT	August 31 st 2018	The patient records will all be electronic in line with the Trusts guidance with electronic record keeping. All correspondence with Primary care, secondary care and third sector to be electronic	KR7 KR8 KR16 KR19 KR20	
8.	Unclear Governance Processes in line with new Integrated Team Working	Unidentified risks impacting on staff or patients	<ul style="list-style-type: none"> Quality governance process to be reviewed and understood at a team level As in place team members should follow the clear quality governance policy for the Trust and for the SDU 	Quality Governance Service Delivery Unit (SDU) Lead WHCT Integrated Community Services Lead WHCT	July 31 st 2018	Relevant Quality and Governance training at 100% Service line reporting in place.	KR4 KR9 KR11 KR18 KR19 KR22	


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			<ul style="list-style-type: none"> • Ensure the team follows the Trust's established quality governance processes. • To ensure that Key Performance and Quality Indicators are met and that Organisational policies and team Standard Operating procedures and processes are adhered to 					
					March 30 th 2019	Clinical audit outcomes reported to Governance Forum and Trust / CCG Clinical Quality Review Group	KR3 KR4	

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Position: Community Services Manager – Specialist Teams
Signature: 
Date: 31/05/2018

Position: Director of Nursing & Quality
Signature:  Michelle Clarke
Date: 01/06/2018

Position: Associate Director of Quality (Worcestershire Clinical Commissioning Groups)
Signature:  Rachael Skinner
Date: 01/06/2018

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*Lymphoedema Framework. Best Practice for the management of Lymphoedema. International consensus. London MEP Ltd 2006

** Stakeholders to include, as a minimum: Primary care, Clinical Commissioning Group, Acute Trust pathway relevant Professionals, Hospices, Finance, Patient and user groups, external Lymphology expertise

*** EuroQol-a new facility for the measurement of health related-quality of life. The EuroQol Group. Health Policy 1990; 16(3):199-208

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