ENHANCED IDENTIFICATION OF DELIRIUM IN ELDERLY ASSESSMENT UNIT

Background to Project – (Insight drawing intelligence from multiple sources)

Delirium (also called 'acute confusional state') is a common clinical syndrome which has an acute onset. It is a serious condition that may be associated with poor outcomes. However, it can be prevented and symptoms treated if identified early and dealt with urgently. Older people, and people with cognitive impairment, dementia and severe illness are more at risk of delirium.

Within the Elderly Assessment Unit (EAU) there is currently no pathway for identifying or managing patients with delirium.

Identifying delirium in a timely way and early intervention will improve patient safety outcomes.

It is the intention to focus on the Elderly Assessment Unit initially and to plan the next steps to roll out to base wards after evaluation.

Aims and Objectives of Project

AIM: - All patients who present to the Elderly Assessment Unit will commence screening for delirium. Patients identified with delirium will have individualised care planned to meet their needs.

Objectives:

- To develop a comprehensive pathway for delirium in the EAU.
- To ensure all staff are educated in the use of the screening tool and pathway with the relevant underpinning knowledge of delirium in the EAU
- To ensure that the pathway is on a digital platform.

Specific Benefits gained from the Project

- Patient Experience – identification of high risk patients in a timely manner
- Quality Experience - Timely identification /interventions will be implemented
- Staff Benefits - improved knowledge of the assessments and management required for this patient group
- Organisational Benefits – potential for reduced length of stay and improved mortality.

Scope & Exclusions

For the purposes of this project, the scope is limited to the Elderly Assessment Unit only. All other areas are outside of the scope of this project

Quarter	Quality Improvement Project Deliverables	Description
Q1	**Set up project team.** **Scoping of existing local and national delirium assessment tools.**	• Project Lead to define stakeholders • Define roles and responsibilities of project team • Establish governance arrangements for delivering project • Develop work plan underpinned by Gant chart
Q2	**Development of Delirium pathway, Education package and review carer/ relative leaflet.**	• Plan and Design Delirium framework • Development of education programme • Ensure digital underpinning.
Q3	**Pilot of delirium pathway**	• Define scope of pilot and implement.
Q4	**Evaluation, Sustain and Share**	• Develop audit tool • Develop dashboard with BI team. • Develop roll out to base wards plan.

Project Team

- Project Lead – Debra McLean, Nurse Director
- Project Support – Kay Brighton, Dr Nagandran – Dementia Specalists
- Project Team - Older Peoples Mental Health nurse, Nurse EAU, Junior Dr EAU

Governance Arrangements

- Delirium Task and Finish Group, Chaired by Project Lead
- Reporting to the Dementia Committee for support
- Reporting to the QIP implementation Group for assurance
- Reporting to the Quality Committee, via the QIP Implementation Group for onward escalation.

MENTAL HEALTH TRIAGE IN THE EMERGENCY DEPARTMENT

Background to Project – (Insight drawing intelligence from multiple sources)

Following a review of regulatory requirement and notifications (ie CQC Actions), safe and timely access to Mental Health Services within the Emergency Department has been identified as requiring improvement.

RCEM (2019) states: Patients should have a mental health triage by ED nurses on arrival to briefly gauge their risk of self-harm, suicide and risk of leaving the department before assessment or treatment is complete

Aims and Objectives of Project

AIM: - All adult patients attending ED will have a mental health triage by an ED nurse on arrival

Objectives:

- To develop a comprehensive triage assessment
- To ensure all staff are educated in the use of the assessment with the relevant underpinning knowledge (Mental Health)
- To ensure the triage assessment is on a digital platform

Specific Benefits gained from the Project

- Patient Experience - Identification of high risk patients in a timely manner
- Quality Experience - Timely interventions/treatment will be implemented
- Staff Benefits - Improved knowledge of the assessments required for this patient group
- Organisational Benefits – Stratification of the number of patients accessing the Emergency Department with a Mental Health issue. The information gained will support the organisation to work with mental health services to improve patient pathways

Scope & Exclusions

- Adults only (Paediatrics excluded)
- Initial Assessment Nurses Only

Quarter	Quality Improvement Project Deliverables	Description

Q1	**Setting up of Project Team** **Scoping of existing local & national mental health triage assessments**	• Project Lead to define stakeholders • Define roles & responsibilities of project team • Establish governance arrangements for delivering project • Develop work plan underpinned by Gannt Chart
Q2	**Development of Mental Health Triage Assessment & Educational Package**	• Plan & Design Mental Health Triage Assessment • Development of education package • Ensure digitial underpinning
Q3	**Pilot of MH Triage Assessment**	• Define scope of pilot and implement
Q4	**Evaluation, Sustain & Share**	• Develop audit tool • Develop dashboard with IB team
Project Team		
• Project Lead – Helen Hudson • Project Support – Diane Holden • Project Team – TBC		
Governance Arrangements		
• Mental Health in ED Task and Finish Group, Chaired by Project Lead • Reporting to the Mental Health, Learning Disability and Autism Committee for support • Reporting to the QIP implementation Group for assurance • Reporting to the Quality Committee, via the QIP Implementation Group for onward escalation.		

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INPATIENT FALLS REDUCTION

Background to Project – (Insight drawing intelligence from multiple sources)

- Current issues – Following completion of the Falls Prevention Annual report it was identified that we have had an increase in moderate and above harms, especially effecting Medically Elderly and Oncology patients.
- Regulatory requirements – compliance with NICE guidance
- Patient Experience – Reduction in harm and long term effects of a serious fall , reduced length of stay & increased Trust reputation
- The need for improved practice/ service provision – working together in cohesive teams to provide an MDT approach
- Complaints/Claims – to reduce the numbers of complaints and claims pertaining to inpatient falls.
- SI's – To ensure trends are identified and Lessons Learnt are disseminated throughout the organisation.
- Current position – the Falls Prevention Committee is a MDT group that makes recommendations to the organisation.

Aims and Objectives of Project

AIM: - To develop a Multi-Disciplinary Task and Finish group to complete an in-depth review of patients who have a diagnosis of Dementia and have an inpatient fall within the Department of Elderly Medicine.

Objectives:

- To understand the barriers that prevents the escalation of care for this group of patients.
- To develop a structured framework for the assessment and interventional care for this group patients.
- To review the nursing documentation for both the Falls Prevention and Dementia/Delirium care.(including IT options)
- To share finding across the organisation and plan a roll out of good practice.
- To improve situational awareness of safety concerns.

Specific Benefits gained from the Project

- Patient Experience - Identification of high risk patients in a timely manner
- Quality Experience - Timely interventions/treatment will be implemented by the appropriate member of staff
- Staff Benefits - Provision of high quality care, improved education.
- Organisational Benefits – Supports the patient safety strategy and reduces patient harm.

Scope & Exclusions

Scope:

- Inpatients with Dementia with the Department of Elderly Medicine.

Exclusion

- Inpatients without a definite diagnosis of Dementia
- Inpatients with a Delirium

Quarter	Quality Improvement Project Deliverables	Description
Q1	**Setting up of Project Team**	• Project Lead to define stakeholders • Define roles & responsibilities of project team • Establish governance arrangements for delivering project • Develop work plan underpinned by Gant Chart
Q2	**Development of Falls Prevention framework in elderly patients with dementia.**	• Complete due diligence with regards to inpatient falls with dementia in DME • Design an assessment framework. • Development of education programme • Ensure digitial underpinning
Q3	**Pilot of framework**	• Define scope of framework and implement
Q4	**Evaluation, Sustain & Share**	• On-going monitoring via: Datix dashboard, fundamental standards, HUTH Safer Care, HUTH Census. • Present at Executive Nursing and Midwifery Committee, Falls Prevention committee

Project Team

- Project Lead – Wendy Page
- Project Support – Rosie Hoyle / Amy Brocklesby
- Project Team – TBC

Governance Arrangements

- DME Falls Task and Finish Group, Chaired by Project Lead
- Reporting to the Falls Committee for support
- Reporting to the QIP implementation Group for assurance
- Reporting to the Quality Committee, via the QIP Implementation Group for onward escalation.

PRECEPTORSHIP

Background to Project – (Insight drawing intelligence from multiple sources)

The Nursing & Midwifery Council (NMC) strongly recommends that all new registrants have a period of preceptorship when commencing employment. Anyone who has entered a new part of the register, or been newly admitted to the register from other European economic area states and other nation states, should also receive a period of **preceptorship**.

A recent survey of our new registrants highlighted that the preceptorship they had received was not consistently delivered across the organisation. This led to some staff receiving excellent preceptorship and some staff experiencing very limited preceptorship. It was clear from the results of this survey that there was a lack of clear understanding about what preceptorship is, and how this should be provided.

There is evidence to suggest newly registered nurses leave the profession and our organisation in the first 4 years of their career, and we want to maintain our registered nurses in the profession and trust (Retention strategy).

Aims and Objectives of Project

AIM - To provide a consistent framework of preceptorship for all of our new registrants, where they feel supported and are enabled to develop into confident and competent practitioners.

Objectives:

- To define preceptorship as an organisation
- To share the definition through an updated policy for preceptorship
- Work with key stakeholders to provide an educational package to support preceptors and to develop a more robust approach to preceptorship
- To reduce staff turnover rates
- To reduce clinical incidents/ SI's involving new registrants
- To improve the quality of care patients receive.
- Improved staff experience/satisfaction which is shown with improved staff survey results for RNs and newly qualified RNs
- Progression to consider well-being study and improved well-being for staff in this group for newly qualified

Specific Benefits gained from the Project

- Staff satisfaction
- Patient Experience
- Quality of care provision
- Seamless progression from preceptorship to clinical supervision

Scope & Exclusions		
To only include preceptors in HUTH		
Quarter	**Quality Improvement Project Deliverables**	**Description**
Q1	Set up project team and scope of project plan.	• Define project lead and stakeholders • Define roles and responsibilities of project team • Establish governance framework for project and reporting committee. • Develop work plan
Q2	Scope current provision of preceptorship	• Define the number of preceptors in HUTH • Agree number of preceptors (as a percentage for clinical areas) • Meet with stakeholders to agree definition of preceptorship • Repeat PDM staff survey for newly qualified nurse from 2019
Q3	Produce policy to reflect HUTH requirements	• Refresh of existing policy • Launch of new policy
Q4	Based on findings of repeat survey, design educational support tool / toolkit for preceptorship	• Tool kit designed • Launch of tool kit, consider a pilot initially.
Project Team		
• Project Lead – Melissa Carr, Nurse Director • Project Support – Nicola Buckle, PDM • Project Team – TBC		
Governance Arrangements		
• Preceptorship Task and Finish Group, Chaired by Project Lead • Reporting to the Nursing Workforce Committee for support • Reporting to the QIP implementation Group for assurance • Reporting to the Quality Committee, via the QIP Implementation Group for onward escalation.		

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PATIENT AND PUBLIC INVOLVEMENT

Background to Project – (Insight drawing intelligence from multiple sources)
Following a review by the lead of the current provision of tools for patient and public involvement within the Trust, it is been identified that improvements could be made. The focus on 2020-2021 will be:- a review of the current patient and public involvement arrangements, development of clear, robust and engaging Patient and Public Involvement strategy and corresponding action plan with the intention to enhance patient and public involvement across the Trust in all patient age groups and fundamental consultation processes.
Aims and Objectives of Project
AIM: - To develop and implement a Public and Public Involvement Strategy **Objectives:** • To scope existing PPI structures and processes internally and externally presenting a report on this with recommendations in line with National and Regulatory requirements and standards • To develop a PPI strategy and action plan to deliver the strategy utilising the Trust Patient Experience and Engagement Committee • To commence delivery and monitoring of the actions
Specific Benefits gained from the Project
• Patient Experience – Using PPI to improve services and patient experience • Quality Experience - Improve Trust services by having a robust strategy and action for PPI • Staff Benefits - Improved knowledge of PPI and how to utilise for patient/service developments/assessments • Organisational Benefits – Compliance with CQC and national standards and improved reputation with external stakeholders and the public
Scope & Exclusions
• All patient groups and services provided by the Trust

Quarter	Quality Improvement Project Deliverables	Description

Q1	**Scoping exercise internally of processes** **Development of internal database for patient groups** **Patient Council review and recruitment campaign**	• Project Lead to develop scoping and presentation of findings for approval of recommendations/findings • Information from all Health Groups and Corporate services regarding patient user groups and input to central database • Establish governance arrangements for delivering project • Recommence (post COVID) active patient council recruitment with external engagement tracker
Q2	**Develop, complete and present PPI strategy with action plan for delivery**	• Establish Task and Finish Group to support the development of the strategy and action plan including Patient Council rep, HIPP and external stakeholders • Develop set of standards for Trust aspiration for excellence with PPI
Q3	**Develop tools and promotion plan launch in Q3** **Review of Patient Council members and recruitment success**	• Develop PATTIE page for PPI • Develop FAQs for staff • Develop SOP for PPI request for services • Develop and present report on Patient Council recruitment and position
Q4	**Embed strategy and monitor**	• Develop audit tool for PPI • Develop dashboard for PPI usage and engagement events corporately • Undertake Patient Council survey for establishing priorities and benchmarking exercise
Project Team		
• Project Lead – Lou Beedle • Project Support – TBC • Project Team – TBC		
Governance Arrangements		
• Reporting to Patient Experience and Engagement Committee, Chaired by Project Sponsor for support • Reporting to the QIP implementation Group for assurance • Reporting to the Quality Committee, via the QIP Implementation Group for onward escalation.		

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SAFETY BRIEF FRAMEWORK

Background to Project – (Insight drawing intelligence from multiple sources)

The theme that comes through SI & Incident data is a breakdown or lack of communication within the team.

Safety Brief/Huddles are short MDT briefing designed to improve patient safety & care through regular communication. Staff should feel safe to raise concerns about patient safety. These are structured to optimise engagement & exchange only the essential information. It allows staff to anticipate how the knowledge obtained might adversely affect the current situation both immediately and in the near future.

Developing a framework will allow the safety brief/huddles to be used across the organisation in all clinical settings: Wards, Departments & Theatres

Aims and Objectives of Project

AIM: - To develop a standardized safety brief framework to be used by ward areas and departments

Objectives:

- To develop a common language for the escalation of patients
- To develop a structured mechanism for effective communication
- To enhance teamwork through communication and co-operative problem-solving
- To share understanding of the focus and priorities of the day by all team members
- To improve situational awareness of safety concerns

Specific Benefits gained from the Project

- Patient Experience - Identification of high risk patients in a timely manner
- Quality Experience - Timely interventions/treatment will be implemented by the appropriate member of staff
- Staff Benefits - Mechanism for escalation, peer support and clinical supervision
- Organisational Benefits – Supports the patient safety strategy and reduces patient harm. Supports Ward to Board communication.

Scope & Exclusions

- Adult inpatients areas only excluding midwifery & critical care

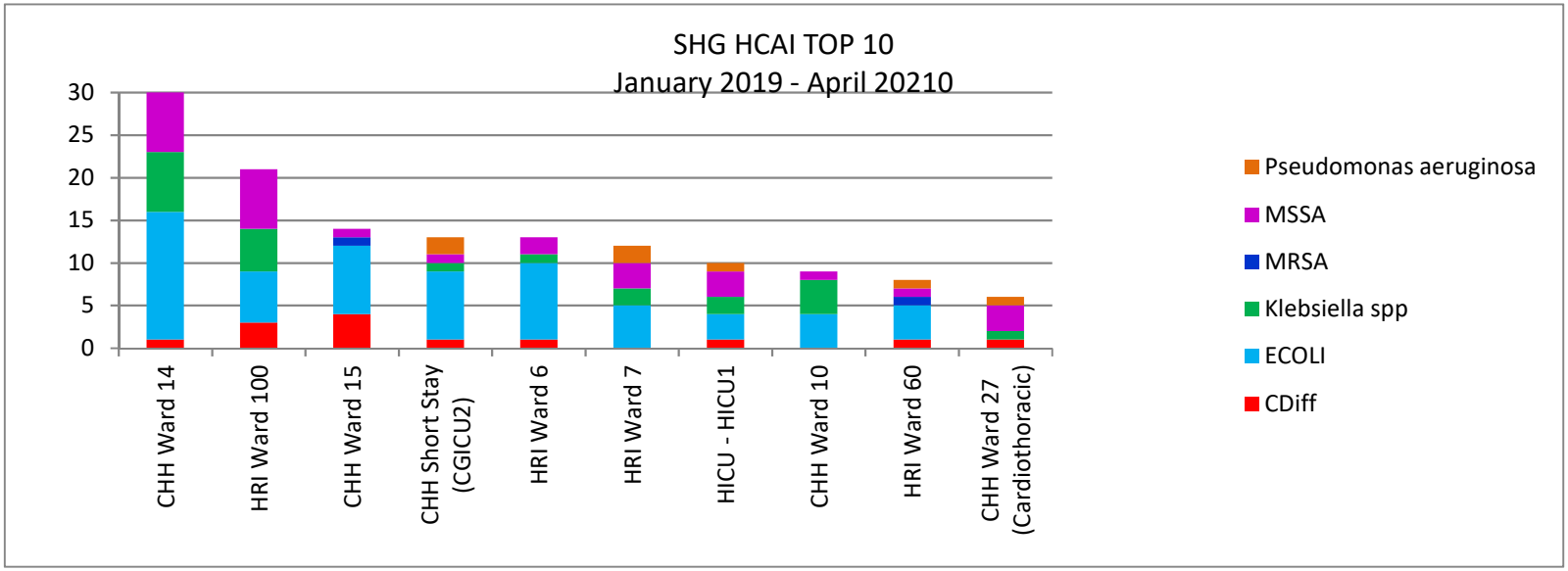
Quarter	Quality Improvement Project Deliverables	Description
Q1	**Setting up of Project Team** **Scoping of existing local & national safety brief frameworks**	• Project Lead to define stakeholders • Define roles & responsibilities of project team • Establish governance arrangements for delivering project • Develop work plan underpinned by Gant Chart
Q2	**Development of Safety Brief Framework & Educational Programme**	• Plan & Design Safety Brief Framework • Development of education programme • Ensure digital underpinning
Q3	**Pilot of Safety Brief**	• Define scope of pilot and implement
Q4	**Evaluation, Sustain & Share**	• On-going monitoring via NHS Staff Service & Teamwork & Safety Climate Survey
Project Team		
• Project Lead – Joanne Ledger • Project Support – Caroline Grantham/James Pearce • Project Team - TBC		
Governance Arrangements		
• Safety Brief Task and Finish Group, Chaired by Project Lead • Reporting to the Corporate PEES Committee for support • Reporting to the QIP implementation Group for assurance • Reporting to the Quality Committee, via the QIP Implementation Group for onward escalation.		

Surgery Heath Group Reduction in Line Infections

Background to Project – (Insight drawing intelligence from multiple sources)

The SHG has reported an increased number of MSSA Bacteraemia over the previous 2 years. A repeated theme of line infections as the cause has been identified. The project will identify themes and trends within the RCA's on a ward with a high incidence rate.

- 25 positive cases 18/19
- 29 positive cases 19/20



Aims and Objectives of Project

AIM: - To see a reduction in MSSA line infections.

Objectives:

- To review the range of cases linked to line infections
- To identify one area to be used as a pilot
- To develop specialised training for the pilot area
- To learn lessons from the pilot and shared for upscaling

Specific Benefits gained from the Project

- Patient Experience – improved length of stay
- Quality Experience - timely interventions / treatment will be implemented by appropriate staff member
- Staff Benefits - peer support, enhanced training and clinical supervision
- Organisational Benefits – Supports the patient safety strategy and reduces patient harm. Supports Ward to Board communication.

Scope & Exclusions

- Only patients on the pilot ward will be included in the scope
- Only nursing staff with specialist training on the pilot ward will be able participate in any care relating to the lines and all other staff will be stopped from accessing the lines.

Exclusions: All patients outside of the pilot ward

Quarter	Quality Improvement Project Deliverables	Description
Q1	**Setting up of Project Team** **Scoping of existing local & national guidance for Line Management.**	• Collate information and identify pilot ward. • Meet with Infection Control Team to agree process and performance indicators. • Ensure nursing teams fully briefed on project and identify key leads within clinical area. • Project Lead to define stakeholders • Define roles & responsibilities of project team • Establish governance arrangements for delivering project • Develop work plan underpinned by Gant Chart • Review previous RCAs • Audit the use of lines to identify how many times the line is being used and is it appropriate. and collate more information to identify trends
Q2	**Development of Framework for Line Management & Educational Programme for Nursing Staff.**	• Identify and train key staff to act as champions/link trainers for role and ensure they complete enhanced training • Train staff members to ensure care can be administered consistently throughout patient's pathway. • Plan & Develop an enhanced specialised training • Development of education programme • Ensure digital underpinning
Q3	**Pilot of Project**	• Define scope of pilot and implement • Trial for 3 months
Q4	**Evaluation, Sustain & Share**	• Results/learning from trial to be evaluated and discussed with Infection Control Team.

		• Identify positive aspects from trail/ learning that can be shared with other clinical areas and progressed.

Project Team

- Project Lead – Debbie Murphy – Nurse Director
- Project Support – John Cook & Victoria Scaife Infection Control – IPC Nurse
- Project Team – Kirsty Martin Band 7 C14

Governance Arrangements

- SHC Line Infection Task and Finish Group, Chaired by Project Lead
- Reporting to the Device Committee for support
- Reporting to the QIP implementation Group for assurance
- Reporting to the Quality Committee, via the QIP Implementation Group for onward escalation.

Stop the Line

Background to Project – (Insight drawing intelligence from multiple sources)

Hull University Teaching Hospitals Trust implemented the Stop the Line policy in response to a series of never events in surgery. Upon investigation, most of the contributing factors in these events were avoidable and harm/potential harm to the patient could have been avoided in each case had the due checks, balances and behaviours been in line with corporate/professional requirements and patient safety evidence. Stop the line was introduced as a mechanism to empower staff members to speak up when they see behaviour or actions that could lead to harm.

'Stop the Line' was intended to be used any point in an operating theatre, interventional procedure room or any clinical or other environment when increased patient focus and concentration is required. Conversation, noise and other distractions that are not related to the specific task in question must cease until the stand down order is received, such as „thank you everyone, please carry on as you were". The intention is that any staff member, irrespective of role, grade, seniority or experience, can call 'Stop the Line' if they see that required safety procedures and checks are not being followed.

On review of the implemented policy, it was felt that further guidance was required on what staff members do once a stop has been called, the reporting procedures for a stop the line and how these events are followed up and learnt from, as well as that learning disseminated throughout the organisation. Stopping the line to prevent avoidable harm can also be seen as a near miss. Updating the policy to be in line with changes to the trust incident and reporting policy and how near misses are reported, investigated and acted upon would also help the understanding of near misses and the learning from them within HUTH.

Using the Virginia Mason Institute example of how a similar patient safety process was implemented(1), a key component of implementing their version of a stop the line policy was staff feeling supported and knowing that the issues identified would be addressed. The aim of this QIP is to test these changes to the process within a single team unit, adapt them where needed and get feedback on the process before finalising trust wide policy changes.

The suggested key components of the policy changes are:
Supporting, encouraging and empowering staff who call a stop the line
Using the established risk matrix on the likely severity outcome of the error within national incident reporting frameworks and the trust incident reporting policy. Using this matrix would allow staff to establish the likely outcome of the event prevented by stopping the line which would help determine the response.
Responding to the stop the line as a near miss by reporting it via datix and encouraging its investigation and actions based on the likely severity outcome prevented

Aims and Objectives of Project

AIM: - By providing clear guidance on actions and process when a stop the line is called, reporting and investigating procedures and learning from the events we will see an increase in stop the lines reported, increase in staff engagement and satisfaction with the process, and an increase in measurable actions from stop the lines

Objectives:

- Increase stop the lines by 50% in a 6 month period
- Increase documented actions from stop the line investigations to a minimum of 2 a month

Specific Benefits gained from the Project

- Patient Safety – By promoting an environment where staff can take steps to limit preventable harm and learn from those near misses, we will see a reduction in avoidable harm
- Quality Experience - Staff should feel more engaged with the policy and procedures around incident reporting and stop the line
- Staff Benefits - Improved moral and satisfaction with stop the line reporting and action feedback
- Organisational Benefits – reduction in avoidable harm

Scope & Exclusions

A single surgical team to be identified for the QIP

Quarter	Quality Improvement Project Deliverables	Description
Q1	**Set up project team and scope of project plan.** **Identify trial surgical team** **Introduce QIP to the trial team**	• Define project lead and stakeholders • Define roles and responsibilities within project team • Gather pre QIP data on stop the lines and their actions • Develop teaching material for policy changes to stop the line • Identify surgical team involved with QIP • Introduce surgical team members to QIP and begin PDSA
Q2	**Continue QIP PDSA cycles and draft final policy changes**	• Continue PDSA cycles with adjustments to policy and education where identified • Draft changes to stop the line policy based on QIP results
Q3	**Presentation to Quality committee**	• Present results and suggested data to quality committee
Q4	**Implement new policy changes**	• Implement new policy changes • Disseminate changes and policy through the organisation • Plan ongoing audit and monitoring

Project Team

- Project Lead – Dr Purva
- Project Support –
- Project Team -

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EMPOWERING THE NON-REGISTERED WORKFORCE

Background to Project – (Insight drawing intelligence from multiple sources)
Hospital acquired pressure ulcer incidents have remained static. Lessons learned highlight missed opportunities in multiple areas. Investigations using the YCFF methodology have engaged the clinical teams to share their desire to improve the delivery of prevention cares led by them at ground level. . A review of commonly seen issues following PU harm show key themes which included leadership, team culture and team communication resulting in the sub-optimal delivery of the 5 key cares known to prevent pressure damage.
Aims and Objectives of Project
AIM: - The aim of this project is to focus improvement in the delivery of the Sskin care bundle. **Objectives:** • This project aims to empower the non-registered workforce to lead on the implementation, decision-making and communication to improve the quality of care and the safety of the patient.
Specific Benefits gained from the Project
• Patient Experience - Identification of high risk patients in a timely manner • Quality Experience - - Timely interventions/treatment will be implemented by the appropriate member of staff • Staff Benefits - • Organisational Benefits – – Supports the patient safety strategy and reduces patient harm.
Scope & Exclusions
• Adult inpatients areas only excluding midwifery & critical care
Governance Arrangements

• Wound Management Committee		
Quarter	**Quality Improvement Project Deliverables**	**Description**
Q1	**Setting up of Project Team** **Scoping of other organisations with non-registered workforce in leadership roles**	• Collate information Review last 18 months of PU data and highlight clinical areas to start project with • Project team to agree process and performance indicators. • Project Lead to define stakeholders. • Define roles & responsibilities of project team • Establish governance arrangements for delivering project • Develop work plan underpinned by Gant Chart • Ensure nursing teams fully briefed on project and identify key leads within clinical area. • Proposal to Lead Nurses of preliminary clinical area(s) to engage in the improvement project. Engagement exercise with B7/B8 with proposal
Q2	**Development of Non-Registered Workforce in Skin Integrity & Educational Programme**	• Plan & Develop an enhanced specialised training for Non-registered workforce • Identify and train Non-registered workforce within specific clinical area
Q3	**Pilot of Project within specific clinical area(s)**	• Scoping exercise using YCFF methodology with the clinical team to review the current ward(s) process, FS baseline, education requirements, RN accountability role and any other potential barriers • Discussion with Organisational Development team for joint working on team culture • Define scope of pilot and implement • Trial for 3 months
Q4	**Evaluation, Sustain & Share**	• Results/learning from trial to be evaluated and discussed with senior nursing team. • Identify positive aspects from project/ learning that can be shared with other clinical areas and progressed.
Project Team		
• Project Lead – Wendy Krstenic		

- Project Support – Karen Harrison
- Project Team -