

# Deteriorating Patient Driver Diagram

| What are we trying to achieve...                                                                                                                                                                                                                                                                                                                                                                                                                   | We need to ensure...                                                                                            | Delivered through...                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <p><b>To improve the early recognition of, and response to, adults experiencing deterioration in hospital, by March 2028</b></p> <p><b>Outcome measure:</b><br/>Rate of Cardiopulmonary Resuscitation (CPR)</p> <p><i>While CPR rate provides a high-level measure of impact, the measurement framework should be used alongside this for associated process and balancing measures to monitor whether changes are leading to improvement.</i></p> | A people-led approach to the planning and delivery of safe care                                                 | People, families, carers and staff are systematically listened to, and concerns are acted upon |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Reliable documentation of Treatment Escalation Planning                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | People and professionals are equal partners in shared decision making                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Care and support is shaped to meet the needs of people                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Effective and inclusive communication                                                                           | Clear and structured escalation pathways                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Communication tailored to individual needs and preferences                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | People and teams feel safe and able to speak up                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Team communication and collaboration                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Leadership at all levels to support a culture of safety                                                         | Learning system for deterioration-related events to support continuous improvement             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Leadership is compassionate and inclusive                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Staff are supported, valued and enabled to learn and develop                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Clinical and care governance structures support safety                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Safe clinical and care processes for reliable recognition of deterioration and standardised structured response | Reliable and timely monitoring of vital signs using NEWS2 and clinical judgement               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Identification of people at risk of deterioration                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Access to senior clinical decision maker review                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Regular review and reassessment                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Safe staffing and resources to recognise and escalate acute deterioration                      |

# Primary Driver

## A people-led approach to the planning and delivery of safe care

People, families, carers and staff are systematically listened to, and concerns are acted upon

Patient, family and carer views of illness and concerns are consistently sought and recorded

Locally agreed process to support appropriate assessment and escalation in response to patient, family or carer concerns about deterioration

Implementation of a patient and family / carers activated rapid response system, for example Martha's Rule

Reliable and accessible documentation of Treatment Escalation Planning

Implement structured, person-centred approaches to Treatment Escalation Planning discussions

Establish consistent local standards and processes for Treatment Escalation Planning documentation

Embed routine review and updating of Future Care Plans at key points of care

Improve access to and sharing of Future Care Planning documentation across care settings

Use digital tools, to support people in accessing and sharing care plans

Strengthen clinical decision making by integrating Future Care Planning and Treatment Escalation Planning into escalation pathways

People and professionals are equal partners in shared decision making

Include 'what matters to you' in all processes to plan, deliver and review care

Introduce shared decision-making tools / templates to support consistent practice across teams

Involve those close to the person including care partners, families, and legally appointed representatives where appropriate

Embed a standardised process to engage specialist and community teams usually involved in the person's care

Provide accessible and quality decision making aids to support informed decision making

Care and support is shaped to meet the needs of people

Reconciliation of Electronic Key Information Summary (e-KIS) and Future Care Plan on admission

Process to understand and document a person's usual baseline, and presentation when unwell/deteriorating

Care planning includes clinicians, carers and teams who have expertise about a person's needs

Provide post-acute illness follow-up conversations with recovering patients, their family, and carers

Person-centred care planning reflects individual needs and preferences including cultural and religious considerations

# Primary Driver

## Effective and inclusive communication

Clear escalation pathways to support structured response to deterioration and any concern raised

Template for handovers to highlight high acuity patients at risk of deterioration

Local process to identify deteriorating patients within a clinical area and hospital wide, for example at safety huddles, and team briefs

Local process for safe transfer of care of deteriorating patients, including clear pre- / post transfer responsibilities

Clear and accessible escalation guidance identifying the appropriate contact person for each shift to enable timely escalation

Shared understanding of team roles and responsibilities when a person deteriorates

Patient placement decisions informed by clinical condition and level of care

Communication tailored to individual needs and preferences

Individual communication needs are identified, recorded and supported through appropriate communication adjustments and resources

Including future care plan and / or TEP in all communication between teams

Use of multidisciplinary structured ward rounds

Create a single place to record and view communication needs and preferences

People and teams feel safe and able to speak up

Processes to promote a culture which supports staff and students to raise concerns

Process for managers at all levels to effectively recognise and respond to patient safety concerns

Patient, family and carers are included in handovers, and know how to raise any new concerns

Promotion of Speak Up advocates and ambassadors to encourage staff to raise concerns

Structured process for multidisciplinary hot and cold debriefs

Team communication and collaboration

Structured handovers within and between teams, for example use of SBARD

Local induction processes for all staff include introduction to Multi-disciplinary team (MDT) and local handover tools

Regular opportunities to pause, prioritise and adapt, for example unit safety huddle or safety pause

# Primary Driver

## Leadership at all levels to support a culture of safety

|                                                                                     |                                                                                                            |                                                                                                              |                                                                                                                        |                                                                                                              |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Learning system for deterioration- related events to support continuous improvement | Develop a reliable data collection process                                                                 | Local process to share, and act on reliable data and learning between teams, hospitals, and boards           | Explore existing processes to identify and share learning, for example MDT morbidity and mortality meetings            | Learning and improvement forums to identify and share areas for improvement with staff, patients, and carers | Shared opportunities for improvement and collaborate on testing changes                  |
| Leadership is compassionate and inclusive                                           | Visible and present leadership, for example leadership walk rounds.                                        | Access to clinical and improvement leadership time, for example deteriorating patient lead                   | Opportunity for senior leaders to review deteriorating patient related data and trends                                 | Deteriorating patient improvement priorities align with organisational priorities                            | Improvement team includes clinical and QI expertise, for example resus and QI colleagues |
| Staff are supported, valued and enabled to learn and develop                        | Use of effective health and wellbeing conversations to identify and mitigate risks to wellbeing            | Prioritise civility through communication and teamwork, for example use of TeamSTEPPS                        | Support job satisfaction through evidence-based interventions, for example Professional Identity Development Programme | Provide access to senior support and discussion for all staff, for example through clinical supervision      |                                                                                          |
|                                                                                     | Education and induction include local processes for recognition and a structured response to deterioration |                                                                                                              | Delivery of education and simulation to support improvement in communication and technical skills                      |                                                                                                              |                                                                                          |
| Clinical and care governance structures support safety                              | Timely reporting and sharing of adverse events, successes and opportunities for improvement                | Teams routinely collect, review and act on care assurance data, and contribute to local governance processes | Use of effective health and wellbeing conversations to identify and mitigate risks to wellbeing                        | Clinical governance processes include oversight of deteriorating patient data, improvement and priorities    |                                                                                          |

# Primary Driver

## Safe Clinical and Care Processes

|                                                                           |                                                                                                                                           |                                                                                                                           |                                                                                                                                                           |                                                                                                                                                                        |                                                                        |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Reliable monitoring of vital signs using NEWS2 and clinical judgement     | Reliable process for timely recording of observations and NEWS2 scoring to support early identification of physical deterioration         | Use of clinical judgement to identify physical deterioration                                                              | Assessment recognises variation in presentation, e.g. considerations of ethnicity in pulse oximetry, postural care needs                                  | Use of 'Special Instructions' within NEWS2 to reflect individual physiological baseline                                                                                |                                                                        |
| Identification of people at risk of deterioration                         | Proactive identification of presentations at higher risk of deterioration, for example, sepsis                                            | Process to identify people with significant co-morbidities, frailty or complex care needs at higher risk of deterioration | Use assessment tools (for example, Clinical Frailty Scale, 4AT) to identify people whose deterioration may present atypically or without changes in NEWS2 | Identify people on a deteriorating health trajectory with an advanced condition who may benefit from earlier care planning discussions, for example, use of SPICT tool |                                                                        |
| Access to senior clinical decision maker review                           | Local escalation processes enable early involvement of a senior clinical decision maker                                                   | Locally agreed process for high dependency / critical care review                                                         | First consultant review within 14 hours of hospital admission (or sooner if clinically indicated) and daily thereafter.                                   |                                                                                                                                                                        |                                                                        |
| Regular review and reassessment                                           | Documenting re-assessment criteria as part of the management plan, including who to contact and the time of the next planned reassessment | Each reassessment includes a review of working diagnosis and treatment goals                                              | Patients, families, and carers are given advice to support identification of further deterioration using locally agreed communication method              |                                                                                                                                                                        |                                                                        |
| Safe staffing and resources to recognise and escalate acute deterioration | Process for real time staffing risk assessment, escalation and mitigation                                                                 | Systems and processes are in place to monitor staffing risk and support timely escalation and decision making             | Identification of people cared for out with parent speciality (for example, boarding patients)                                                            | Education and induction includes local processes for structured response to deterioration                                                                              | System to identify and support staff working out with their usual area |