

# Two pager/mini Project Initiation Document (mPID)

<b>Project name</b>	<b>Trusted Assessor</b>
<b>HCPA lead</b>	<b>Sharon Davies</b>
<b>CCG lead</b>	<b>Paul Fenton</b>
<b>HCC lead</b>	<b>Ted Maddox</b>
<b>Clinical lead</b>	<b>Claire Jackson?</b>

Reviewed and Signed off		
Who	Review date	Sign off date
SRO		
Clinical Lead		
ICPB		
ENH CCG		
Vanguard Task & Finish Group		
Vanguard Steering group		

<b>Status:</b>	<b>Scoping</b>
<b>Last updated:</b>	<b>05-05-2016</b>

Ease of implementation & patient outcomes					
Patient outcomes	Good	Excellent	Easy	Moderate	Hard

\* (in Excellent/Easy cell)

## Scheme description

*Project aim*  
 2 Band 6 nurses (with care home experience) employed 6 days a week (9am-5pm) to speed the 2 way transition between discharges from Lister Hospital and Care Home in order to reduce delays

### In Scope

Support for all care homes in East North Homes.  
 Consideration of complexity and possible discharge to CC Framework home  
 Based at Lister hospital, in Hospital Integrated Social work team (aka Discharge team)  
 Working alongside Trust and HCC staff  
 Bank Holidays included  
 Involved in any team discussions about working practice  
 Where appropriate covers all adult client group to residential setting

### Out of scope

PAH  
 Out of hours, Sunday not included  
 Monitoring of CCP/CCA/CCF  
 Will not replace a person's statutory Adult Care assessment or re-assessment and support plan.  
 Will not be responsible for arranging mediations, discharge letters or other tasks undertaken by hospital or social care staff

### Benefits

Support and facilitate the discharges from hospital into Care Homes and to avoid discharge delays  
 Care homes may utilise the Trusted Assessor model in preference to sending in their own staff, thereby freeing up time and resources

### KPIs

To be set after 1 month of operation.  
 Measure - discharges within 24/48hr to care homes

Quality Impact Assessment						
	Negative			N	Positive	
	major change	moderate change	minor change	no change	minor change	major change
Patient Safety						
Clinical Outcomes						
Patient pathways						
Patient Experience						
Accessibility						
Staff						
Equality						

Project steps						
Ref	Description	Who	Period (days)	Start	End	Comments
1	Confirming funding		44	01-03-2016	14-04-2016	Complete
2	Write the Job description	SD	6	01-04-2016	07-04-2016	Complete
3	Advertise	SD	29	01-04-2016	30-04-2016	
4	Interview	SD, TM, CJ	4	09-05-2016	13-05-2016	
5	Appoint	SD, TM, CJ	4	16-05-2016	20-05-2016	
6	Engagement with Care Homes and ENHerts Trust	SD	120	02-03-2016	30-06-2016	Mixture of face to face meetings and email
7	Notice period	N/A	92	20-05-2016	20-08-2016	
8	Confirmation of systems Trusted Assessor will be need access to	TD	31	20-05-2016	20-06-2016	
9	Set up access to IT systems, e.g. ACIS	TD	17	20-06-2016	07-07-2016	
10	IT training e.g. ACIS	TD	10	21-08-2016	31-08-2016	Linked to start date
12	Order equipment	PF	17	20-06-2016	07-07-2016	Jamie to confirm budget code
13	Develop generic assessment form	SD	22	09-05-2016	31-05-2016	
14	Review generics assessment form with care homes	SD	13	01-06-2016	14-06-2016	
15	Tweak the generic assessment form	SD	17	14-06-2016	01-07-2016	
16	Induction HCPA, Hospital team, including shadowing and Equipment training (HAD)	SD	60	21-08-2016	20-10-2016	Linked to start date
17	Initiate supervision arrangements, both managerial and clinical	SD, CJ	10	21-08-2016	31-08-2016	
18	1 month review to determine capacity and project progress	SD, TM, CJ	9	21-09-2016	30-09-2016	
19	Amend equipment, forms etc. according to output from review	SD, TM, CJ	29	01-10-2016	30-10-2016	
20	3 month review to start to evaluate impact		9	21-11-2016	30-11-2016	
21	6 month review to start to evaluate impact		27	01-02-2017	28-02-2017	
22	6 month presentation to Steering group		30	01-03-2017	31-03-2017	
23	12 month review to start to evaluate impact		13	01-08-2017	14-08-2017	

Risks/Issues		Other
Description	Mitigation	
Risk - Possible confusion for residents not sent to Lister	Clear processes	
Risks - care homes not engaging	Contract management	
Risk - Care homes disputing assessments	Support visits and generic assessment form	
Risk - Do not appoint or covering of hours, especially Saturday cover	Consider re advertising and re look at shortlist	
Risk - Fail to retain staff	Strong supervision and regular manager meetings	
Risk - Delay with system training	Book as early as possible	