

# Continuous quality improvement

Care Quality Commission  
inspection report &  
findings

September 2014

Anne Eden, Chief Executive



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# Reflections on inspection report

- The Care Quality Commission (CQC) Chief Inspector of Hospitals' team inspected Amersham, Stoke Mandeville and Wycombe hospitals in March 2014
  - published their findings and recommendations in June 2014
- Fair and balanced assessment
  - showcases where services are good and outstanding
  - realistic about the challenges we still need to overcome
- Overall we have been given a 'requires improvement' rating
- But rated 'good' for *caring* – reflects passion and commitment of staff
- Proud of how we have worked together as a whole system
- Recognised the progress made - *“real differences ... made in relatively short time to improve quality and the patient experience”*

**As a result we have been removed from special measures**

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# Ratings: Buckinghamshire Healthcare NHS Trust

	Safe	Effective	Caring	Responsive	Well-led
Overall	RI	Good	Good	RI	RI
Overall trust	Overall requires improvement				

## Key services were reviewed across our three sites

*A&E, medical including the elderly, surgical including orthopaedics & theatres, critical care, maternity and family planning, children and young people, end of life care, outpatients, National Spinal Injuries Centre*

**Each were given their own rating and when combined led to the overall Trust rating (above)**

### 90 ratings

Inadequate	3
Requires improvement	34
Good	46
Outstanding	3

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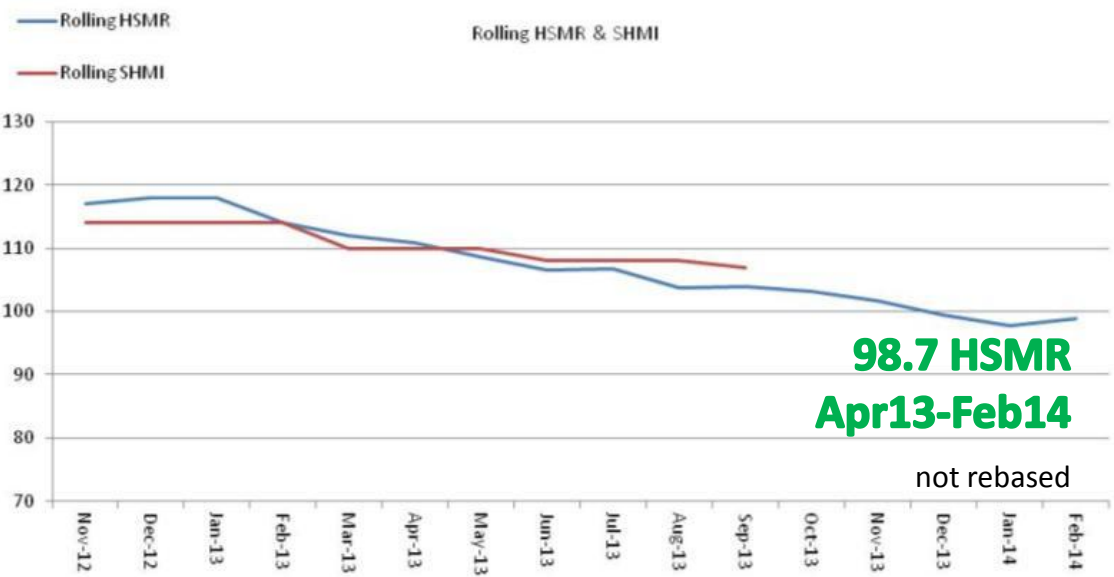
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# Recognising progress

- “Credible and significant progress made”
- *“Staff were caring and compassionate and treated patients with dignity and respect”*
- *“Governance arrangements were comprehensive ... quality and performance were monitored for each service”*
- *“Staff were very positive about working for the Trust”*
- ‘Good’ rating for *caring* – patients positive about their care
- Learn from our ‘outstanding’ services and practice:
  - critical care (*caring*), National Spinal Injuries Centre (*effective & caring*)
- Build on our 46 ‘good’ ratings
  - maternity & children’s services – ‘good’ across all domains
- Not complacent – our risk identification processes shows us where there is more work to do

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- Latest CQC intelligent monitoring report (March 14):**
- Overall risk 9 → **5**
  - Number of elevated risks 6 → **1**
  - **No mortality alerts**
  - **No warning notices**
  - Risk proportional score 9.15% → 3.26%

**HSMR**  
 11/12 **121**  
 12/13 **116**  
 13/14 **98.6**  
 not rebased

**weekend mortality reduced**

**94% harm-free care**  
 96% VTE risk assessment

**0 MRSA** 2013/14  
 2 reportable (transferred in)

**In best 25%**  
 for death in hospital after 30 days (non-elective surgery)

2013/14  
**33 C.diff**  
**↓ 50%** in 2yrs

# Our quality improvement plan

- 10 'must do' and a number of 'should do' actions
- Working as a whole system to make improvements
- Actions have identified leads and timeline for completion
- Quality Committee monitoring progress
- Share and spread learning internally & externally
- Reporting back on our progress

**Integral to our quality improvement strategy & plan**

Urgent Care	1	Patients in A&E must be assessed by an appropriate specialist inpatient team in a timely way	RUC
	2	Decision to admit must be made earlier by A&E team	RUC
	3	A&E must ensure appropriate equipment is available and checked regularly	✓
Surgery	4	Change procedures & facilities in ward 16b treatment room	✓
Medicines mgmt	5	Medicines must be appropriately stored	Medicine safety group
	6	Appropriate dosage of end of life medicine must be in stock	Medicine safety group
Care plans	7	Care plans to be developed for all patients	Chief Nurse
End of life	8	Person-centred, holistic plans of care put in place for end-of-life patients	Chief Nurse
	9	DNA CPR forms must be accurately completed	Chief Nurse
	10	Follow NICE 'End of life care for adults quality standards'	Chief Nurse

# Our quality improvement strategy

- **Quality Improvement Strategy**
  - three ambitious aims
  - translated into measurable goals
- **New mission**
- **Quality plan** – informed by inspection
  - engaging staff to improve quality
  - listening and responding to patients and our public



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# Quality improvement plan: what we are going to do

## *Reducing mortality*

- Review every death
- Improve the care of the deteriorating patient

## *Reducing harm*

- Falls, pressure ulcers, VTE
- Medicines management
- Safe staffing
- Support for all staff particularly out-of-hospital

## *Great patient experience*

- Improve:
  - care planning
  - care for those with dementia
  - end of life care across Trust
  - patient satisfaction with complaints
- Reduce outpatient cancellations
- Reduce total time in A&E
- Improve Friends & Family Test score

## *Culture for improvement*

- Leadership development
- Embedding the new Board
- Speak out safely
- Clinicians as leaders
- Quality ambassadors
- Vision and strategy for all services
- Collaborative methodology
- Robust clinical governance processes



# Delivering safe staffing

- *“Ward and patient areas were staffed appropriately but there was a heavy reliance on nurse bank and agency staff”*
- Focus of our attention
- Internal and external nurse staffing level reviews completed
- Staffing levels published on wards and website
- Review nurse levels x3 daily using electronic tool
  - skill mix, experience and leadership
  - clear escalation and mitigation processes
- £5m investment
  - local, national & international recruitment
  - innovative social media campaign
  - **232 qualified nurses recruited in 13/14**
  - **153 qualified nurses recruited since April**
- Recruiting medical workforce
  - 1 A&E consultant, 2 anaesthetists, 2 gastroenterologists, 3 acute physicians, 3 consultant radiologists recruited
- Focus is also on retention
  - training and development opportunities
  - new clinical leadership development programmes supported by Health Education Thames Valley

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# Quality improvement plan: whole system

- Improving urgent care services and flow
  - prevention / home & healthy
  - discharge planning
- Optimising our capacity – reducing length of stay
- Managing demand in the system
  - A&E attendances have increased 5-6% compared to April – August last year
- Working with social care, mental health, primary care
  - reduction in ambulance conveyancing
  - reduction in A&E attendances from care homes
  - reduction on emergency length of stay due to social services rapid response
- Better care fund – focus on frail elderly

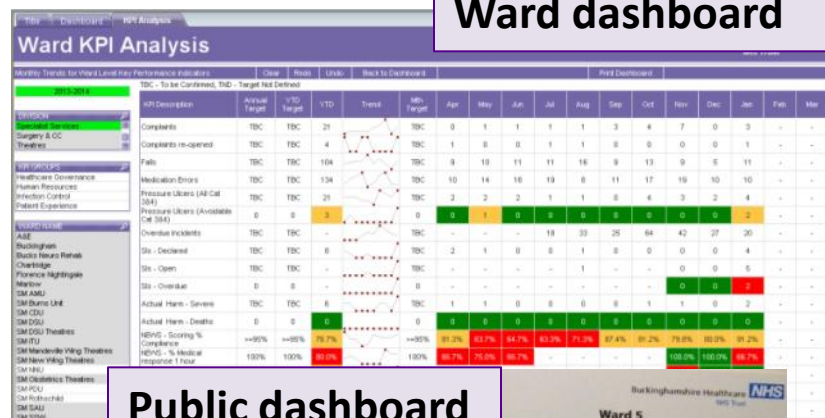
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# How we monitor improvements

- Quality improvement at the heart of our **business as usual**
- A learning organisation
  - seeking out sub-optimal care (eg high grade pressure ulcers)
- Strengthened governance processes in place - real-time intelligence to monitor, understand and address current and future risks
- Encouraging an open and transparent culture
  - processes for escalating issues and concerns
  - supporting staff to 'speak out safely'

Ward dashboard



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# Next steps

- Continue to work with our buddy organisation – Salford Royal NHS Foundation Trust
  - urgent care pathway
  - end of life care
  - collaborative programme
- Supported by the NHS Trust Development Authority
- Working with clinical commissioners and Health Education Thames Valley
- Anticipate CQC follow-up visit in 6-9 months to see what further improvements have been made
  - will help us to move to ‘good’ and ‘outstanding’
- Vital for our ambition to become an independent NHS Foundation Trust

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