

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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Recognising progress

- “Credible and significant progress made”
- “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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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**
 - 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

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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Focus on safe staffing

- Internal and external nurse staffing level reviews
- Review nurse levels x3 daily using electronic tool
- Staffing levels published on wards and website
- £5m investment
 - 232 qualified nurses recruited in 13/14**
 - 153 qualified nurses recruited since April**
- Recruiting medical workforce
- Focus is also on retention

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A learning organisation

- Quality improvement - **business as usual**
- 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



Public dashboard



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Next steps

- Continue to work with our buddy organisation – Salford Royal NHS Foundation Trust
- Supported by the NHS Trust Development Authority
- Working with clinical commissioners and Health Education Thames Valley
- Work with mental health and social care colleagues
- 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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