

## Health and Adult Social Care Select Committee 16 September 2014

Agenda Item	Page No
<p><b>7 BUCKINGHAMSHIRE HEALTHCARE NHS TRUST</b> For Members to question executives from the Trust on their most recent CQC inspection report, ongoing quality improvement programme, and revisit areas highlighted in the HASC inquiry into the 2013 Keogh Report on the Trust.</p> <p><b>Contributors</b> Anne Eden – Chief Executive, Buckinghamshire Healthcare NHS Trust Dr Tina Kenny – Medical Director Carolyn Morrice – Chief Nurse</p> <p>Annet Gamell – Chief Officer, Chiltern CCG Lou Patten – Chief Officer – Aylesbury Vale CCG</p> <p><b>Papers</b> BHT Quality Improvement Strategy BHT Quality Improvement Plan Copy of BHT’s response to the Committee’s Keogh Inquiry in 2013</p>	3 - 16



INVESTOR IN PEOPLE





# 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**
- 11 • 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’

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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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Buckinghamshire Healthcare NHS Trust Quality Improvement Plan

Ref no	Action	How action will be delivered	By when	Lead	Lead Director
<b>1 Reduce mortality</b>					
1.1	Improve recognition and management of the deteriorating patient	Learning collaborative to improve recognition and management of the deteriorating patient	Mar-15	AD Quality Improvement	Chief Nurse
		Review the pathway for managing the deteriorating patient out of hours			Medical Director
		Standardise handover procedures			Medical Director
1.2	Clinically review every death	Carry out mortality reviews and ensure learning is identified and shared	Oct-14	Associate Medical Director	Medical Director
1.3	Introduce care bundle approach	Community acquired pneumonia standards to be met for all patients	Dec-14	Respiratory SDU lead	Medical Director
		Acute kidney injury standards to be met for all appropriate patients	Jan-15	Consultant Physician (Renal)	Medical Director
		Sepsis 6 standadrs to be met for all appropriate patients	Feb-15	Sepsis Lead Clinician	Medical Director
1.4	Introduce ward based medical model	Clinical teams based on their speciality wards	Dec-14		Chief Operating Officer
<b>2. Reduce harm</b>					
2.1	Reduce harm caused by falls	Learning collaborative to reduce harm from falls.	Mar-15	AD quality improvement	Chief Nurse
		Roll out interventions developed on wards 1&2	Dec-14	AD governance	Chief Nurse
2.2	Improve the care of patients with dementia	Develop dementia strategy	Dec-14	Nurse consultant older people care	Chief Nurse
2.3	Improve medicines management	Implement medicines safety thermometer	Jul-14	Chief pharmacist	Chief Operating Officer
		Provide a weekend clinical pharmacy service	Aug-14	Chief pharmacist	Chief Operating Officer
		Ensure access to End of Life medicines for all wards		Chief pharmacist	Chief Operating Officer
2.4	Improve surgical pathway	Embed WHO checklist and use it for driver for culture change in theatres	Oct-14	Divisional chair surgery	Medical Director
		Review surgical pathway to reduce delays and reduce patients being Nil by mouth for longer than necessary		ACOO surgery	Chief Operating Officer
		Ensure VTE risk assessments are carried out and appropriate actions taken	Oct-14	Divisional Lead Nurse Surgery	Medical Director
		Review pathway for early miscarriage	Dec-14	Divisional Lead Nurse Maternity	Chief Operating Officer
2.5	Ensure safe staffing levels	Review e-rostering	Dec-14	Deputy Chief Nurse	Chief Nurse
		Implement ward acuity/dependency tool	Mar-15	Deputy Chief Nurse	Chief Nurse
2.6	Safeguarding	Build on current safeguarding processes to ensure that all vulnerable patients are treated with dignity and adequately protected.	Mar-15	Trust Safeguarding Lead	Chief Nurse
2.7	Strengthen ward accreditation model			Chief Nurse	Chief Nurse
<b>3. Great patient experience</b>					
3.1	Implement holistic Care Plans across Trust	Implement 'Hearts and Minds' care plans across Trust	Sep-14	AD governance	Chief Nurse
3.2	Improve the patient experience in outpatients	Review clinic templates to avoid over booking	Dec-14	Outpatient manager	Chief Operating Officer
		Reduce cancellations	Dec-14	Outpatient manager	Chief Operating Officer
		Monitor Friends and Family Test for outpatients	Oct-14	Outpatient manager	Chief Operating Officer
		Devlop action plan to ensure specialist OPD clinics meet national guidance for paediatrics.	Dec-14	Outpatient manager	Chief Operating Officer
3.3	End of Life	Implement EoL care plans across trust	Dec-14	Matron for Palliative care	Chief Nurse
		Review DNACPR policy and roll out	Dec-14	Palliative care SDU lead	Chief Nurse
3.4	Improve Urgent Care Pathway	Set up Ambulatory Emergency Care service		Chief operating officer	Chief Operating Officer
		Speciality assessment within 2 hrs		Chief operating officer	Chief Operating Officer
		Improve flow through the hospital from admission to discharge		Chief operating officer	Chief Operating Officer
3.5	Improve patient experience of complaints	Review process at divisional level to increase patient satisfaction	Sep-14	AD governance	Chief Nurse
		Reduce number of complaints reopened	Oct-14	AD governance	Chief Nurse
<b>4. Culture for continuous improvement</b>					
4.1	Leadning for Quality improvement	Leadership Academy programme for Divisional and Service Delivery Unit leads	Jun-14	AD education	Medical Director
		Development programme for new Trust Board	Dec-14	HR Director	Chief Executive
4.2	Develop capacity and capability for continuous quality improvement	Develop proposal for Board on capacity and capability to implement sustained quality improvement	Jan-15	AD Quality Improvement	Chief Nurse
		Review role of quality ambassadors	Mar-15	AD Governance	Chief Nurse
		Peer review clincal governance processes	Dec-15	AD governance	Chief Nurse
4.3	Develop an open and learning culture	Carry out MaSaF survey	Oct-14	AD governance	Chief Nurse
		Monthly learning from Serious Incidents across Trust	Aug-14	AD education	Chief Nurse
4.4	Develop organisational development strategy		Mar-15	HR director	Chief Executive

