

## Improving quality

Update for Health  
and Adult Social Care  
Select Committee

28 April 2015

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# Recap

- Last presented to committee in September 2014
  - Provided summary of Care Quality Commission’s Chief Inspector of Hospitals Inspection of acute services, which had led to our being removed from special measures in July 2014
  - Outlined our quality improvement strategy 2013-15

## CQC ratings for Trust following inspection of acute services in 2014:

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

<b>90 ratings</b>	
Inadequate	3
Requires improvement	34
Good	46
Outstanding	3

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# Progress following 2014 hospital inspection

<b>Must dos</b>	<b>CQC said</b>	<b>Action we have taken</b>
<b>Urgent care</b>	Patients in A&E must be assessed by an appropriate specialist inpatient team in a timely way to avoid delays in treatment	<ul style="list-style-type: none"> <li>• Assessment standards established with clear escalation triggers</li> <li>• Audits of time taken for decision to admit</li> </ul>
	Decision to admit made earlier by A&E team	<ul style="list-style-type: none"> <li>• Restructured patient pathway through Urgent Care Hub – new AOU and SDAU – to fast track assessment</li> </ul>
	A&E must ensure appropriate equipment is available and checked regularly	<ul style="list-style-type: none"> <li>• £126k investment in new equipment</li> <li>• Identified team lead to monitor and support staff</li> </ul>
<b>Medicines management</b>	Change procedures and facilities in surgical ward treatment room	<ul style="list-style-type: none"> <li>• Redesigned layout of treatment room</li> <li>• Pharmacy technical support for medicines management</li> </ul>
	Medicines must be appropriately stored	<ul style="list-style-type: none"> <li>• Weekly audits carried out by ward pharmacists</li> </ul>
	Medication available for end of life care	<ul style="list-style-type: none"> <li>• Stocks of end of life drugs available on all wards</li> </ul>
<b>Care plans</b>	Care plans developed for all patients	<ul style="list-style-type: none"> <li>• 'Hearts &amp; Minds' care plans rolled out across the Trust</li> <li>• Continue to monitor (compliance audited in Feb) and embed</li> </ul>
<b>End of life</b>	Person-centred, holistic plans of care put in place for end-of-life patients	<ul style="list-style-type: none"> <li>• Phased implementation of care plan and treatment escalation plan in March</li> </ul>
	Do Not Attempt (DNA) CPR forms must be accurately completed and discussions documented	<ul style="list-style-type: none"> <li>• Training in place for DNA CPR</li> <li>• Ongoing staff support – audit showing improved confidence</li> </ul>
	Follow NICE 'end of life care for adults quality standards'	<ul style="list-style-type: none"> <li>• Guiding principles are in place across the Trust and being reflected in refreshed materials informed, by patient workshops</li> </ul>

# Quality improvement: reducing mortality

## What we said we would do in 2014

- Seek out harm and learn from every death
- Improve the care of the deteriorating patient

## What we've done

- Every new admission seen by a consultant & the sickest patients are reviewed daily
- Training for staff on deteriorating patient and increased use of 'national early warning scores' (NEWS)
- Increased supervision for junior doctors
- **HSMR and crude mortality are within the expected range (reduced from 107 to 103)**
- Systems are in place to regularly review mortality and investigate any increases
- **78% of mortality reviews carried out within three months**

## What we will do next

- Embed processes for the escalation of the deteriorating patient
- 100% roll out of treatment escalation plans
- Use technology to deliver safer care
  - 100% ward areas with electronic discharge summaries by Oct 15 to ensure accurate information sharing across primary and secondary care
- 100% mortality reviews carried out within three months of death

# Quality improvement: reducing harm

## What we said we would do in 2014

- Reduce falls, pressure ulcers, VTE
- Improve medicines management
- Improve care for those with dementia
- Support for all staff particularly out-of-hours
- Learning collaborative methodology

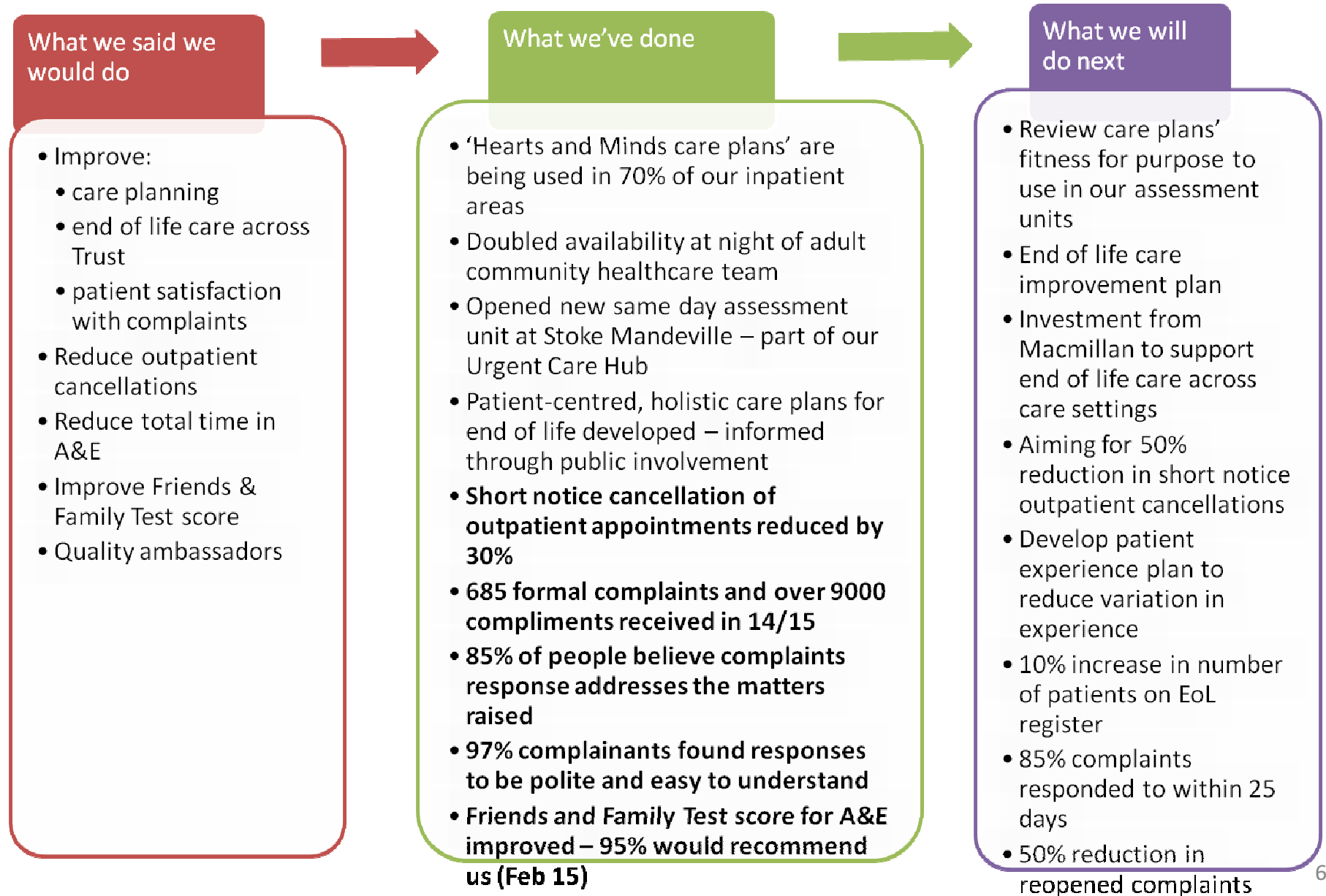
## What we've done

- Doubled senior medical cover at weekends
- Patient wellbeing two-hourly checks (intentional rounding)
- Dementia strategy under review for 15/16 and specialist nurse and consultant nurse older people started in April 2015
- Multi-agency partnership to ensure vulnerable children and adults are safe
- Monthly 'learning from serious incident' sessions held for staff
- **443 staff trained in quality improvement methodology**
- **11% reduction in falls and level of harm**
  - **30% reduction in community falls**
- **Pressure ulcers reduced by 30%**
- **90% of people are screened for dementia and 100% who require it are referred**
- **95% of patients receive a risk assessment for VTE**

## What we will do next

- Quality peer review all areas of Trust annually
- Safeguarding is everyone's responsibility – system wide learning & innovation
- Learning collaborative focussed on falls, with aim to reduce by 25% - £526,000 of funding secured through the NHSLA
  - Seen early results in surgery (20% reduction)
- 25% reduction in avoidable grade 3&4 pressure ulcers
- 5% reduction in high risk medication errors
- 10% increase in medication incident reporting

# Quality improvement: great patient experience



# Focus on safe staffing

- **£5m investment – over 364 nurses recruited during 14/15**
  - continue with innovative candidate attraction, particularly using social media
  - permanently recruiting to reduce agency and bank
  - Internal and external nurse staffing level reviews take place
- Senior checks of safe staffing quarterly, monthly and real-time x3 daily using electronic tool
  - mitigations put into place to keep patients safe
  - Staffing levels published on wards, website and at public Trust Board
- Focus for 15/16 is also on retention and leadership development



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# 7 day working

Strong progress made 14/15:

- Consultant presence 7 days for all emergency services – doubled on-site support for acute medicine
- Significant investment in acute physicians / A&E doctors
- Increase in diagnostic / support services (eg: pharmacy moved to full weekend cover)
- Doubled night cover for adult community healthcare teams

Priorities for 15/16:

- Joint working for sustainable 7 day working – system 15/16 work plan including social care and workforce redesign
- Further enhancements to diagnostic weekend provision and consultant presence extended
- 7 day early discharge (REACT) team working from the A&E (therapists / social worker / pharmacist)
- Extend Same Day Assessment Unit to open 7 days (direct access review for patients with a medical condition who may not need admission)

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# Effective discharges

- Implementation of 'discharge to assess' model – rapid transfer to community team with further health / social care assessments at home rather than hospital
- Work with social care on 'trusted assessor' model – remove burden of each care home having unique assessment
- Better utilisation of community hospital capacity – more access for GPs
- Embedding of ward level discharge coordination services and develop 'Passport Home' – agreement on discharge options with families at time of admission
- Patient record interoperability – link with primary care to allow viewing of records
- Launch of single point of access – re-ablement and rehabilitation services
  - BRAVO (Bucks Reablement & Admission AVOidance ) – pilot launches end of April – funded through better care fund
    - Open 7 days per week from 8am to 10pm and based at Wycombe Hospital
    - Staffed by Adult Community Healthcare Teams and Bucks Care
    - Referrals will be open to GPs, REACT and A&E - focusing on admission avoidance
    - Will evaluate service with the plan to roll out to all other health professionals including direct referrals from our wards

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# Safeguarding and speaking out

- The independent investigation report into the activities of Jimmy Savile at Stoke Mandeville Hospital was published in February
- The report detailed events which took place between 1969 and 1992
  - it noted that some informal complaints were made to staff, but no issues were ever raised with senior managers
- The investigation team also reviewed our current safeguarding, whistleblowing, complaints and other policies and processes and found them to be fit-for-purpose
  - *“safeguarding processes are appropriate, and the safety of both children and vulnerable adults is not thought to be at risk.”*
- A separate ‘lessons learnt’ report for the whole NHS was also published at the same time
  - We are reviewing lessons learnt and the 13 key recommendations made
  - We’ve already taken actions including:
    - Chief nurse is Trust safeguarding lead and actively engaged in county’s Safeguarding Boards
    - We are part of the Buckinghamshire Multi Agency Safeguarding Hub (MASH), working with social care and police, to strengthen links between agencies
    - We have speak out safely / ‘if you see it, say it’ campaigns to support staff, patients and visitors to have the confidence to raise concerns
    - DBS checking for all our volunteers is in place
    - We have a clear policy for VIP and celebrity visitors

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# Building on what we do well

## Children's services

- School nurses first in country to use new online resource
- The 'HAPI' portal provides local schools with a health profile allowing them to identify their top three health priorities and tailor their support, providing early intervention and prevention

## Adult community services

- 24/7 integrated nursing, therapy and reablement teams – providing individualised care
- Doubled the number of patients seen in the community
- In-reach to our hospitals
- £1m investment in mobile working rolled out – supporting our staff to better manage their caseload and see more patients

## Specialist nursing

- Respiratory; heart failure; neurology; continence; falls
- Working across acute and community settings – supporting patients with long term conditions to manage their conditions and maintain independence

## Cardiac and stroke services

- Cardiac & stroke receiving unit – seamless care (heart failure, TIA)
- Third best in country for thrombolysis (clot-busting drug)
- Early supported discharge for stroke – supporting patients in their own homes
- Care4Today cardiac rehabilitation – technology to monitor individuals' progress – national award winning

## Surgical outcomes

- Day case rates – 91.8%
- Good performance for deaths after surgery & post operative sepsis

## Cancer

- Achieving all 7 cancer targets
- Breast care one-stop shop at Wycombe
- Florence Nightingale Hospice

## National Spinal Injuries Centre

- Rehabilitation / spinal gym
- CARF accreditation – only centre in UK (and only one in Europe for children)
- Innovation & new technologies (Exoskeleton)

## Elderly care services

- Integrated consultant appointment across acute and community for older people's services
- MuDAS – innovative comprehensive geriatric assessments & urgent investigations – supporting patient independence and admission avoidance
- REACT (Rapid Emergency Assessment and Care Team) launched – multi-agency team assessing older patients and those with complex needs for their function and independence to enable early effective discharge with appropriate support and follow-up
- Appointed nurse consultant older people to improve care for frail and elderly

# CQC inspection 2015

- Chief Inspector of Hospitals inspection team undertook a focussed inspection of community services between 24 -27 March 2015
- Also looked at our progress against our ten 'must-do' actions from the last inspection
- *Services visited:*
  - Adult and children's community services
  - Community hospitals
  - Integrated end of life pathway
  - Integrated urgent care pathway
- We do not yet know the outcome of the inspection - draft report is anticipated in about eight weeks
- A whole system quality summit will also be held to discuss findings and agree any actions

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# Our strategy 2015 - 2020

**Our vision:**  
*To be an integrated care and specialist NHS provider supporting health and well-being and delivering safe and compassionate care every time for the people of Buckinghamshire and beyond.*



# Our clinical strategy

## By 2020 we will strengthen:

- **Integration** of hospital, community and primary care services shaped around the needs of every adult and child
- **Emergency and urgent care services** for the local population which maximise the chances of survival and good recovery
- **Planned services** which are seen as some of the best in the country for patient outcomes, access and efficiency
- **Specialist services** that are renowned regionally and nationally as centres of excellence

## Priorities for 2015/16

- **Priority 1, 2 & 3** = commitment to provide safe and compassionate care every time
- Delivering our strategy
  - Integrated community teams through BRAVO (reablement)
  - Open a second cardiac catheter lab at Wycombe
  - Refurbish theatres at Stoke Mandeville
  - Invest in IT
- Meet national performance standards and financial responsibility
  - Small surplus made in 14/15
  - Focus on achieving these as part of our drive in improving quality and the patient experience
- Invest in recruiting & retaining staff, and leadership
- Listening to the patient voice
  - In 14/15 over 600 patients were involved in workstreams to improve services (eg outpatients, end of life care) – we want to go further this year
- We cannot work in isolation if we want to improve patient care. We will continue to work with our partners externally – council, social care, primary care, mental health, commissioners - helping us to go further, faster

# Listening to our patients

- Range of ways that patients can feed back about their experience or get involved in developing services
- In the past year we have listened to the views of over 650 patients
- We have patient representatives on our committees (eg infection control) and interview panels (deputy chief nurse)
- Patients sharing their experience at Board meetings and in nurse training

Service	Improvements made as a result of patient feedback
Orthopaedics, urology and colorectal pathways	<ul style="list-style-type: none"> <li>• 3 designated nurses now have an enhanced recovery remit</li> <li>• Participants volunteered to share their patient experience at future classes</li> <li>• Follow up telephone calls made from ward to patients 7 -10 days after discharge</li> </ul>
Outpatients	<ul style="list-style-type: none"> <li>• Implementation of pagers for patients as a pilot</li> <li>• Environment and signage has been reviewed</li> <li>• Bid for new texting service being developed</li> </ul>
Urgent care	<ul style="list-style-type: none"> <li>• Informed the development of the same day assessment unit</li> </ul>

Buckinghamshire Healthcare NHS Trust

## Your feedback makes a difference

Share your experience | Raise a concern or complaint | Ask a question | You said, we did

Your views are important to us. We want to hear about your experience of our services. And we will listen, learn and respond to what you tell us.

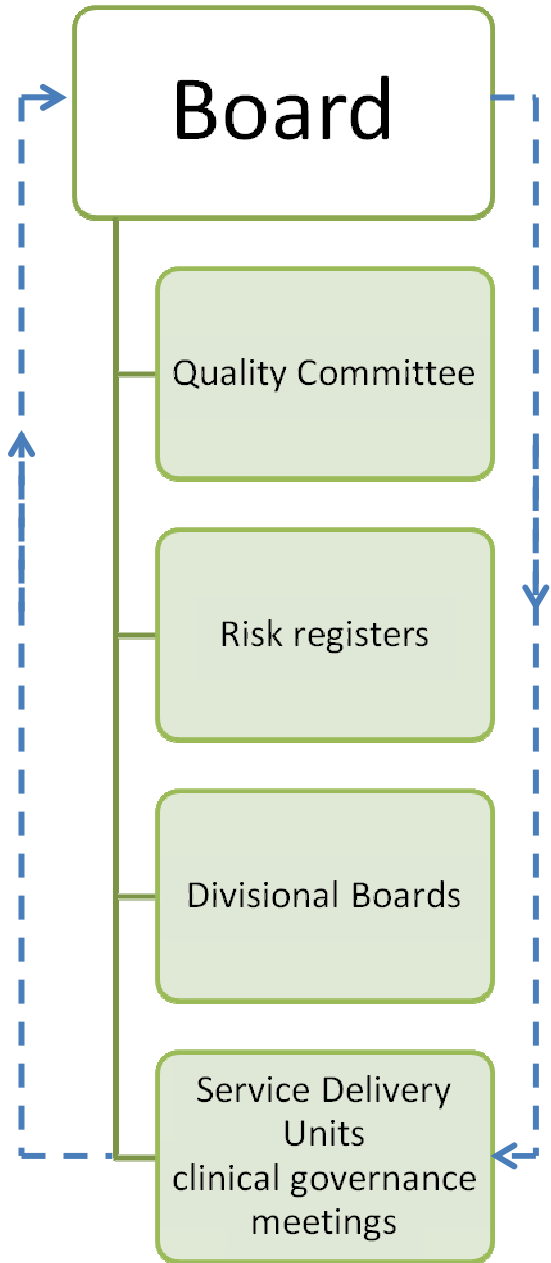
Contact us via:

- www.buckshealthcare.nhs.uk/feedback
- 01296 316042
- pals@buckshealthcare.nhs.uk
- @BucksHealthcare
- Chief Executive, Trust Offices, Amersham Hospital, Whielden Street, Amersham, HP7 0JD
- www.patientopinion.org.uk

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# Quality improvement – governance & assurance



**Quality strategy**



**Quality plan**

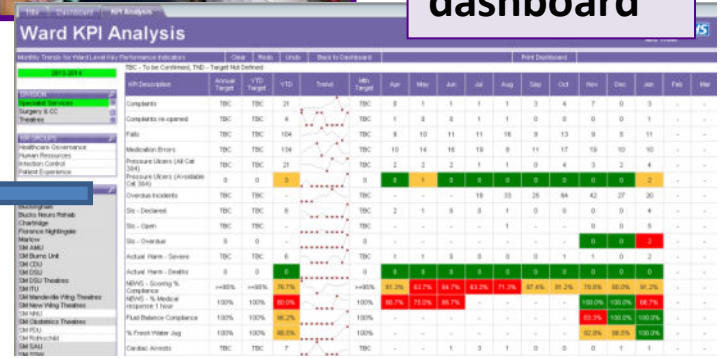
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Ref	Area of focus	Responsible	Start for next February 14	Start for next November	Reporting format	Reporting cycle	Reporting date
QIP 1	QIP dashboard	Dr. [Name]	December 2013	January 2014	Dashboard	Monthly	15th of each month
QIP 2	Quality Improvement Strategy	Dr. [Name]	December 2013	January 2014	Quality Improvement Strategy	Annual	15th of January

**Public dashboard**



**Service dashboard**





# Leadership and learning culture

- New Board and governance processes in place
  - Board development programme
  - Standardised process for services to monitor clinical governance and risk
- Board-approved People Strategy
  - right skills
  - leadership and coaching
  - living our vision and values
- Investment in leadership capability
  - development programme for clinical leaders
- Ensuring staff and services feel their voices are heard by the Board



## Positive reporting culture

**No. of reported safety incidents**

have increased year on year



**Severe harm and death**

has fallen year on year



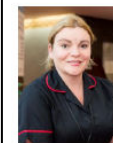
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## If you see it, say it

We want to deliver safe and compassionate care every time.



If you ever have concerns about the health or wellbeing of a patient, please tell us **straight away**.



Carolyn Morrice  
Chief Nurse

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## **Our vision:**

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**Safe & compassionate care,**

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