

Health and Adult Social Care Select Committee
24 November 2015

Update on Buckinghamshire Healthcare NHS Trust's quality improvement programme

The committee has asked for an update following the Care Quality Commission's inspection of Buckinghamshire Healthcare NHS Trust in March 2015.

1. BACKGROUND

The inspection regime led by the Chief Inspector of Hospitals (CIH) on behalf of the Care Quality Commission is designed to review the quality of care for each healthcare provider in the country and to confirm level of compliance with the statutory regulations governing quality of care provision.

In 2014 the Trust underwent an inspection of services provided at Stoke Mandeville, Wycombe and Amersham hospitals. This inspection resulted in an overall rating of 'requires improvement' for the Trust. Each service received individual ratings against five domains: safety; effectiveness; caring; responsive; and well led. Since the publication of the 2014 inspection report the organisation has continued to work through a quality improvement plan, which fulfils the objectives set out in the Trust's quality improvement strategy and responded to the required actions set out in that report.

In March 2015 the Chief Inspector of Hospitals' inspection team came back to the Trust to review community services, in particular adult community services, adult inpatient services, end of life care in the community, and community children, young people and family services.

While the inspection team were at the Trust they took the opportunity to undertake an unannounced review of progress against required actions for the urgent care service and end of life care at Stoke Mandeville and Wycombe hospitals. These services had received a relatively low rating in 2014, including 'inadequate' ratings for responsiveness in urgent care and for effectiveness in end of life care.

Staff have worked hard over the past 12 months to take forward developments in their services and, whilst the Trust's overarching quality improvement strategy remains unchanged, this inspection was a helpful checkpoint on the Trust's quality improvement journey.

2. KEY FINDINGS

The report recognises that, since the last inspection in 2014, the Trust has continued to demonstrate improvements in the quality of care it provides. Overall, the Trust maintained its 'requires improvement' rating, although it received a 'good' rating for having caring staff.

At an individual service level, the inspection team noted that the rapid pace of change in urgent and emergency care over the past 12 months had led to significant improvements. The service, which includes A&E, has moved from zero to three 'good' ratings. Disappointingly we received one 'inadequate' rating which was for leadership in the children and young people's service.

There were a number of key improvement themes that flowed through the reports, which the Trust has incorporated into its quality improvement action plan. It includes:

- Culture and leadership, particularly in children's services – inspectors highlighted instances where staff told them that their concerns hadn't been listened to and they had not felt supported by their managers.

- Safe staffing – some of the community teams and hospitals were operating with a high number of vacancies and an over-reliance on agency staff to maintain safe levels. Whilst not unsafe, it was impacting on quality and team morale.
- Embedding our strategy – the Trust’s new five year strategy was launched just prior to the inspection, and on discussion the inspectors found that some teams were unaware of the strategy and what it would mean for their service.
- Continuing to improve the urgent care and end of life care pathways – in particular making sure there is whole Trust / system involvement in this work. Examples include: educating clinicians that end of life care planning starts in the final year, not just the final days of life; increasing the number of GPs completing the Buckinghamshire Coordinated Care Record to improve identification of patients on the end of life care pathway; and making sure there is clinical engagement and focus on patient flow and escalation processes.

Overall, the report identified compliance actions (requirement notices) against six of the Care Quality Commission regulations.

In addition, almost without exception, patients fed back to inspectors that staff listened to them and met their emotional needs, and some staff went “above and beyond” to support them which had a “profound and positive effect on their quality of life.” Patients overwhelmingly praised staff for the care, compassion, empathy and kindness they showed.

The inspection team also identified a number of areas of good and innovative practice including:

- 24/7 availability of community nursing and therapy teams, supporting patients in their own homes
- The award-winning integrated cardiac rehabilitation service, which is using new technology to improve patient participation
- The specialist community diabetic service offering support to non-English speaking patients and running education sessions for patients during Ramadan
- The specialist palliative care team providing a flexible service, including 24/7 support offered to children approaching the end of their life
- Providing multi-disciplinary assessments for patients covering their mobility, nutrition, pressure ulcers, and mental and emotional wellbeing amongst other things.

3. WHOLE SYSTEM RESPONSE

The Trust begun work immediately in response to the areas identified for improvement. There is an operational action plan that deals with the most immediate actions (for example replacement of over-bed lights in Florence Nightingale House, an action which is now complete). In addition, a number of the areas for improvement were similar to actions within the Trust’s existing quality improvement plan, designed to deliver the quality improvement strategy. Therefore the quality improvement plan was revised and updated to reflect this.

In August 2015 a quality summit was held involving the Trust, CQC, NHS Trust Development Authority (NHSTDA), NHS England, local clinical commissioners, local authority (public health and social care), Healthwatch, Health and Adult Social Care Select Committee, and other stakeholders. This provided the opportunity to discuss the inspection findings, what actions the Trust had taken to date and to agree the collective action that would be taken as a system to continue improving quality.

Since the summit we have further updated the quality improvement plan to incorporate these discussions and include those actions that health and social care partners have signed up to and are responsible for. The action plan has been submitted to the CQC and the NHSTDA (who provide formal oversight).

A single quality improvement action plan has enabled the organisation to focus on the recommendations following the CQC inspection without losing sight of our overarching improvement goals detailed in the quality improvement strategy. Our quality improvement strategy has remained central to our overall five year strategy for the Trust. We originally developed the quality improvement strategy with support from our buddy trust Salford Royal NHS Foundation Trust, who themselves transformed the quality and culture of their organisation over several years and are now held as an exemplar Trust for patient safety.

Transforming the culture within BHT has been a priority for the new leadership team, and since the inspection took place a significant amount of work has already taken place. A new clinical divisional structure has been agreed, with new leadership support, which has strengthened the voice community services have within the organisation. A Trust-wide leadership development programme has commenced, and every leader and line manager is now invited to quarterly sessions to directly input into Trust strategy and development. This has included staff and patients developing new values and behaviours for the whole organisation to work to, even influencing our recruitment practice, training, appraisal and personal development. These values will be launched to staff in early 2016.

A summary report has been produced outlining other achievements against our quality improvement plan.

4. OVERSIGHT

The Trust's Quality Committee and Trust Management Committee, sub-committees of the Board, are monitoring the action plan from an oversight and assurance perspective. The Quality and Patient Safety Group, co-chaired by the Medical Director and Chief Nurse, is responsible for overseeing the delivery of actions at a service level.

The Trust and commissioning colleagues (health and local authority) also attend monthly quality meetings with the NHSTDA to discuss progress against the quality improvement programme.

Updates are also presented at public Trust Board meetings and a summary report will be published on the Trust website, with updates also sent to stakeholders through the Trust's e-bulletin.

5. CONCLUSION

The Chief Inspector of Hospitals' inspection has provided a further checkpoint for the Trust in delivering its quality improvement strategy.

By having one single quality improvement strategy and action plan, the Trust can ensure that the culture to promote quality, reduce harm and continuously improve the care for our patients is at the heart of everything we do.

With a clear ambition to become one of the safest healthcare systems in the country, we have challenged ourselves with the actions we need to take over the coming year. We are moving at pace but are realistic in terms of the time it will take for some of the cultural developments to have the desired impact.

Good progress is being made against the plan. However, the Trust cannot deliver this on its own and it continues to welcome the support and engagement of local health and social care partners in order to go even further in its ambition to improve the care and patient experience for the people of Buckinghamshire.