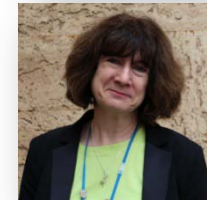


# Quality Improvement Plan

Summary update report  
August – October 2015



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## Have your say



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Safe & compassionate care,

every time

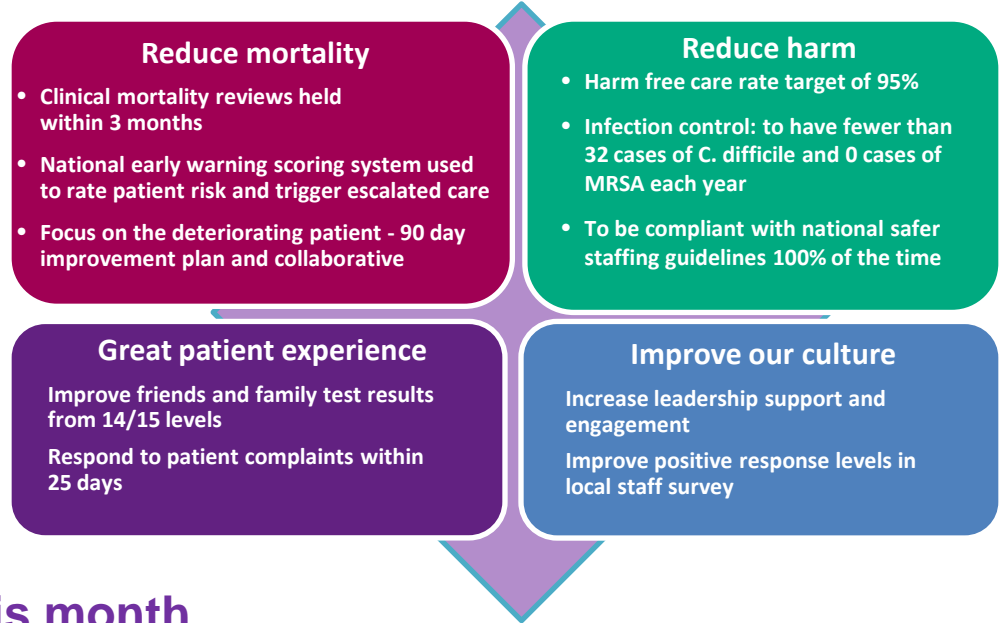
# Introduction

At Buckinghamshire Healthcare NHS Trust we're working hard to make sure we provide safe and compassionate care, every time.

In early 2015 the Trust board agreed a new five year quality improvement strategy with three key aims: to reduce mortality, to reduce harm and to improve patient experience. This will only be successful by developing a culture that constantly looks for ways to improve. We've developed a detailed quality improvement action plan to help monitor and support our teams as they deliver these improvements throughout the Trust.

This summary report provides an overview of the progress we've made in the three key areas of our strategy from August to October this year. It also details the progress made in a new fourth area that details how we are establishing a culture of improvement within the Trust.

## Quality improvement strategy at a glance:



## 5 achievements we're proud of this month

- 1** Our stroke service at Wycombe received a coveted 'A' rating from the Sentinel stroke national audit programme (SNNAP) – putting us in the top 7% in the country!
- 2** Our specialist cancer care and haematology ward at Stoke Mandeville is only the second inpatient ward in England to receive the Macmillan Quality Environment Mark. Our ward encourages patients to bring personal items with them – such as duvets and photos – to help them feel more at home.
- 3** We've introduced a new approach to improve emergency access to rheumatology clinics providing access to services when patients are most in need of support – ie when their condition flares and becomes painful to live with.
- 4** Our healthier lifestyles service has been launched for staff, patients and visitors – providing access to specialist support for weight management, smoking cessation, stress, fitness and general wellbeing advice.
- 5** Haematology has successfully passed quality inspections by JACIE\* and the national cancer peer review to allow us to continue to carry out stem cell transplantation in adults.

\*Joint Accreditation Committee-ISCT

# Reducing mortality

**Clinical mortality reviews held within 3 months**  
Last year: 50% **NOW: 95%** ↑

**Sepsis response Steadily improving 70% +** ↑

**NEWS score escalation**  
Last year: 93% **NOW: 95%** ↑

**HSMR reduction for third year running**  
Last year: 107 **NOW: 102.7** ↓

## Key achievements

- We've implemented staff training to improve the early identification of patients whose condition is deteriorating. The focus of this training programme has been on:
  - Recording
  - Escalating
  - Communicating
  - Documenting
- We have focused on reducing sepsis through increased observation and more effective **recording**. Using a combination of tools already in place (eg NEWS scoring) together with professional judgement to trigger action and intervention.
- SBAR has been introduced as a standard method of **communication**. SBAR stands for Situation, Background, Assessment and Recommendation and is widely used nationally in different emergency services. This is the standard method of communication staff must follow when **escalating** the care of a deteriorating patient. Staff have been trained in using this system of communication and an awareness raising campaign is planned to embed this standard further.
- Training has been provided to junior doctors to help improve and standardise timely and efficient **responses** to escalations via SBAR.
- Treatment escalation plans (TEPs) have been designed and introduced on some of our respiratory and older people wards – they will be rolled out across more areas over the next few weeks. The purpose of these forms is to provide a standard structure for information to help inform and improve decision making if a patient's condition deteriorates. Each plan is created in consultation with patients and their family or carers and **documents** details of discussions regarding patient care.

## Next steps

- Awareness campaign to embed SBAR communication as standard behaviour
- Treatment escalation plans to be rolled out trustwide

## Measures explained

**NEWS:** National Early Warning Score - a scoring system to rate individual patients' risk of serious deterioration that provides a trigger for staff to escalate to a higher level of care.

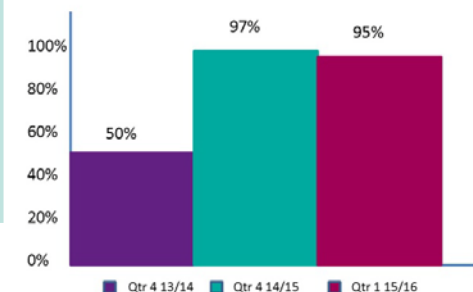
**Sepsis response:** the number of patients who receive antibiotics within an hour of diagnosis. Early diagnosis and treatment is essential as patients with the condition can decline rapidly and if undetected it can result in death.

**Clinical mortality reviews:** an assessment of all deaths that occur within the Trust by clinical teams. We aim to hold these reviews within 3 months of a death occurring.

**HSMR:** Hospital Standardised Mortality Ratio - a national statistical indicator that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of around 100 is what you would expect.

### Mortality reviews

- Quarter 4 13/14 achieved circa 50% of reviews within 3 months
- Quarter 4 14/15 achieved 97% of reviews within 3 months



## Falls (severe):

Last year: 17 NOW: 5



# Reducing harm

## Percentage of incidents that cause harm:

Last year: 40% NOW: 28%



## Falls (total):

Last year: 993 NOW: 932



## Safe staffing:

Last year: 93% NOW: 98%



## Infection control

MRSA: Last year: 2 NOW: 0



## Pressure ulcers:

Last year: 13 NOW: 6



## Harm-free care:

Last year: 93% NOW: 94.39%



C-diff: Last year: 22 NOW: 22



## Key achievements

- Falls – although the overall number of falls is decreasing slightly, it is not at the rate we're aiming for, however, the number of falls categorised as severe has decreased dramatically. Work in progress to address the rate of reduction of the overall trend includes:
  - the introduction of 'observation stations' on wards from mid November, so nurses can stay in the bays, being close to hand to respond to patients' needs (nurses will no longer need to go into a separate office to complete administrative tasks).
  - risk assessment fall safe bundle introduced on wards 1 and 2. This is a toolkit for assessing and planning the care of patients who are at risk of falling,
  - extended visiting times to help increase the number of caring pairs of eyes watching over patients on our wards in addition to our staff.
- Pressure ulcers – we are on track for achieving our target of a 25% reduction.
- Similarly we continue achieve a high level of effectiveness regarding infection control
  - We have implemented our annual flu immunisation programme for staff and aim to exceed the national average (of 55%) for take up.
- Safe staffing - the nurse staffing picture is improving as vacancies are filled and new appointments come into post following intense recruitment activity early last year.
  - staffing levels are reviewed regularly throughout the day. Where wards trigger a red flag, the senior nurse or ward sister in charge uses their professional judgement to ensure that patients are kept safe, this may include redistributing staff across wards, delaying non-urgent admissions, transferring high-dependency patients to less pressured settings, calling in additional staff
  - we are also pursuing an active recruitment and training programme that includes a focus on career development pathways for band 4 nurses. This is a longer term strategy as we have found it is easier to recruit staff at this level and provide development opportunities within the Trust to fill higher band vacancies in the future. Increasing band 4 nursing support frees up the time of other nursing staff and provides clear career progression opportunities.

## Next steps

Observation stations to be rolled out from mid November.

Looking to extend use of risk assessment fall safe bundles further

Sustained recruitment activity combined with increased emphasis on retention including new retention programme

## Measures explained

**Falls** – we monitor the number of patient falls and grade their severity each month.

**Infection control** – The number of cases of the healthcare associated infections MRSA and C. difficile recorded each month.

**Serious incidents** – number of incidents per month resulting in harm to patients

**Harm-free care** - a calculation based on number of cases of:  
VTE (deep vein thrombosis and pulmonary embolism)  
UTI (catheter associated urinary tract infections) combined with other healthcare acquired incidents.

**Pressure ulcers** – healthcare acquired grade 3 and grade 4 pressure ulcers

**Safe staffing** is constantly measured to make sure the level of nursing care provided on any ward supports patient safety. Staffing levels must fall within National guidelines with above 90% of duty rotas covered at all times.

# Patient experience

## Friends and family test

	Aug	Sept	Oct
Response rate:	13%	12%	12%
approval rating:	96%	98%	95%



	April – Sept 14/15	15/16
PALs enquiries: (total contact)	1785	2203
Formal complaints:	365	279
Compliments:	5379	5779

## Key achievements

- Care plans – a new care plan for people nearing the end of life has been developed as a result of work over the last 12 months following the ‘one chance to get it right’ listening event. A patient panel has helped us to shape and inform our end of life care strategy.
- Establishment of a carers hub at Stoke Mandeville Hospital – a room for carers to share and find information and support when attending hospital appointments. Set up in association with Carers Bucks.
- We are developing a new patient experience strategy to make sure we listen and learn from patient experience of our services and care. This strategy will guide the improvement of the processes and systems we use to monitor and respond to feedback from patients.
- We have implemented plans to drive and encourage more patient feedback. Areas of the Trust with poor FFT response rates have been offered practical help such as setting up volunteers to give out and collect in cards, and support with FFT data entry. We are focusing on specific areas where the return rate is low such as in out patients where teams are working hard to improve response rates so feedback can be used to inform improvements in care.
- We’ve increased monitoring of all complaints moving from a monthly to a weekly report which is sent to our lead nurses.
  - We’ve provided extra training within each division to standardise and tighten the feedback process and help us deliver high quality responses.
- We offer every complainant the opportunity to meet face to face. We do this when we first acknowledge the complaint and offer this opportunity again when we send a final written response (if the opportunity hasn’t already been taken up).

## Next steps

- ‘Getting it right for me’ care plan due to launch 1 December. The plan is in line with national guidance on the five priorities of care for the dying person. The plan has been developed in partnership with patients, the public and staff and is an outcome of our ‘one chance to get it right’ patient engagement listening events last year.
- Our patient experience strategy will be agreed by the Trust board in November.

## Measures explained

**FFT** – friends and family test. Allows all who use the NHS to provide feedback on their experience. It asks people if they would recommend the services they have used.

**PALs** – our Patient Advice and Liaison Service is the ‘one-stop-shop’ for patients, carers and relatives seeking advice and support. The service monitors the total volume of enquiries, formal complaints and compliments.

# Culture of improvement

Lessons learned 136 people attended 3 sessions

Leadership engagement 500 staff involved

Key achievements	Next steps	Measures explained
<ul style="list-style-type: none"> <li>Over 500 of our senior clinical leaders put through bespoke leadership programme to help them build stronger teams</li> <li>Listening to our patients and community is central to how we will develop our culture of improvement. We have created more opportunities for two-way dialogue with patients so they become active participants in their own care. Our engagement and involvement activities incorporate a range of survey, face to face and showcase sessions with patients that have helped to:               <ul style="list-style-type: none"> <li>Shape our <b>end of life care plan</b> (to be launched in December – see previous page)</li> <li>Improve our <b>enhanced recovery pathways</b> for colorectal, orthopaedic and urology surgical pathways by developing patient diaries; new patient information; better understanding of pain management and pain scales and system of follow up phone calls. This engagement has resulted in positive evaluation at recent events. Patients welcome the follow up phone calls and audit results are showing some excellent results - for example our re-admit rate for colorectal surgery is now 6% (national average is 20%).</li> <li>Engagement has also revealed the levels of excellence within our <b>sexual health services</b> with over 165 people surveyed giving unanimous praise for our staff and services for being compassionate, non judgemental, for respecting privacy and dignity. It also revealed high levels of trust in staff competence.</li> </ul> </li> <li>We have held staff and patient engagement to develop a set of values that will guide the way we work with each other and provide care to our patients. Our BHT values will run through everything we do - recruiting new staff, assessing performance, and developing a skilled work-force</li> <li>We have provided over 300 staff with foundation training on end of life care. We have also provided 300 staff with communications training for 'having difficult conversations' - something that patients raised with us last year.</li> <li>Duty of candour – training for staff to understand the requirement to provide timely, clear, straightforward information especially in light of errors in treatment. Bespoke video created for staff to review requirements.</li> <li>3 more members of our community nursing team have been awarded the title of Queens nurse</li> <li>5 members of staff have graduated from the Mary Seacole leadership academy.</li> <li>We have created a new divisional structure to better serve our patients. By changing our structure from three to five divisions we can increase our focus on developing appropriate care pathways and services.</li> </ul>	<p>Launch values in January 2016</p> <p>Mid year patient engagement summary report 'listening to our patient voice' to be presented to our Trust board in November.</p>	<p><b>Lessons learned</b> – a training series set up to disseminate best practice to all staff. The sessions are devised following reviews of serious incidents to tighten processes and improve our standard of care</p> <p><b>Leadership engagement</b> – increasing support and development of clinical and non-clinical leaders across the organisation. Strong leadership has a direct impact on staff engagement and morale and patient experience</p> <p><b>Back to the floor</b> – executive directors working on the frontline to improve understanding of day-to-day work</p> <p><b>QIP methodology</b> – training in quality improvement methods and implementation approaches. Provided to staff to enable them to lead their own improvements</p> <p><b>Peer reviews</b> – regular assessment of services by independent professionals</p>

# Other developments in response to CQC recommendations

## Community health inpatient services

- In line with our quality improvement objective to reduce the number of falls at the Trust we are undertaking a series of environmental improvements at Amersham Hospital. These improvements are being paid for from a recent award from NHS Litigation Authority (NHSLA) and Sign up to Safety (an NHS England campaign ) to support initiatives aimed at reducing falls:
  - sections of flooring are being replaced
  - we are colour coding wards by painting walls to reflect different zones in the hospital so it is easier for patients who are visually impaired or who suffer from dementia to identify where they are and where they need to return to.
  - lighting in toilets will be changed to be sensitive to body heat. Lights will turn on automatically when a patient enters and will stay on all the time they are there, so there is no need for a patient to search for a light switch and no fear of the lights being on a timer and going off unexpectedly.
- Other community hospital improvements:
  - strengthened leadership in Buckingham Hospital
  - increased leadership presence is helping to improve morale and support for staff
  - a review of community hospital admission criteria is underway
  - also establishing multi-disciplinary teams and discharge planning meetings

## Community health services for children, young people and families

- Created new Division for Women's and Children's services with a dedicated Divisional Chief Nurse and Clinical Director
- Children's improvement board working with staff to develop strategy for service – all stakeholders engagement session in November
- Two workshops with frontline staff to discuss how they can take forward improvements in their area
- Review of Health Visiting and school nursing capacity planning across the county in conjunction with public health commissioners, together with a workshop on developing new outcome measures. Increase of training places for future HVs, moving from 10 to 15 places per annum.
- Addressed concerns around management of risk alerts in school nursing, with all historic alerts closed / responded to, and regular KPIs for ongoing monitoring.

## Urgent and emergency services

- According to data published by NHS England BHT is just above the national average in terms of A&E wait times of 4 hours or below.
  - National average is 93.4% and performance statistics shows BHT at 93.7% for September 2015.
- **ED overcrowding tool** We are implementing an emergency department overcrowding tool and a hospital wide escalation response. This is to ensure we monitor and assess the severity of patient conditions and their safety within the emergency department and when necessary trigger a trustwide response to manage demand safely. Information is shared with the wider system so providers can respond with agreed actions, working collaboratively to support the hospital and demand
- **Night sitting service** We've made improvements to the way we manage our overnight patients through the implementation of a night sitting service to support frail and elderly patients at home overnight. The scheme will support up to 2-3 patients a night and plans are in place to begin this service from December.
- **Rapid assessment & treatment** We've implemented a rapid assessment and treatment model in the emergency department. Patients arriving by ambulance are assessed by a senior doctor and a senior nurse within 15 minutes of arrival: a treatment plan is put in place at that point.
- **Discharge GP acute care** We will be implementing an initiative to incorporate a GP within the acute care hub. This service will provide senior primary care support to the acute care hub clinicians across the emergency department, medical assessment areas and the ambulatory care unit managing a cohort of patients and supporting safe discharge with access to community services.