



Buckinghamshire Healthcare
NHS Trust

BHT – Quality and Priorities

Carolyn Morrice, Chief Nurse

Dr Tina Kenny, Medical Director

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Purpose

- To answer the questions raised by HASC from Buckinghamshire Healthcare Trust's (BHT) Annual Quality Account 2017/18
- To share some of our quality improvements at BHT

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HASC Areas of Concern

- **Reducing mortality and maximising best possible outcomes**
 - Reassurance that improvement plans are in place to meet the targets in this area that have not been met:
 - Frailty assessment
 - Sepsis screening
 - Emergency Neck of Femur
- **Keep people safe and protect them from avoidable harm.**
 - Reassurance that improvement plans are in place to meet the targets in this area that have not been met:
 - Grade 2 pressure ulcers
 - Grade 3 and 4 pressure ulcers
 - MRSA
 - C-Difficile Infections
- **Engage people in their care and ensure a great experience**
 - What is being done to increase the friends and family response.
 - How many complaints have been received.

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Successes

Alongside the concerns, HASC noted the following improvements:

- Sepsis awareness and screening
- Opening of a second cardiac catheter lab
- Appointment of an Innovation Manager to drive further innovation projects
- Introduction of an eye clinic liaison officer in the region
- Developing the community hubs as part of the Trust's Developing care close to home vision
- The work with the local authority, coroners office and registrar to promote the new role of the medical examiner highlighting integrated working across the system

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Reducing mortality and maximising best possible outcomes

Frailty

2017/18 Quality Account	
Target	Performance 2017/18
Frailty pathway improved through risk assessment on admission (75%)	65% in March 2018

2018 position (Nov)
87%

Quality Improvements

- Five GP practices to refer an additional ten of their frailest patients to Community Assessment Treatment Service (CATS) for comprehensive geriatric assessment. Rolling Programme,
- A Comprehensive Geriatric Assessment Proforma has been designed to be used in the CATS, the Medical Unit Day Assessment Service (MUDAS) as well as the Nursing Home assessments and within BHT to accompany the discharge summary.
- Introduce Frailty Cafes to the CATS in 2019 for local people to do self assessments of their wellbeing and to gain advice about day to day management of symptoms.
- Develop a Frailty Advice Leaflet to navigate people to services in Buckinghamshire

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Reducing mortality and maximising best possible outcomes

Sepsis

2017/18 Quality Account	
Target	Performance 2017/18
Improving Door to Needle Time (DTNT) for patient presenting with severe sepsis within 1 hour standard (75%)	66% in Quarter 4

Performance to date at Q3 18/19	
Emergency Department Door To Needle Time (DTNT) < 1hr to be 65% compliance by Q3	67%
Emergency Department Suspicion (of Sepsis) To Needle Time (STNT) < 1hr 80% compliance by Q3	81%

Suspicion to needle time (STNT) refers to the time at which sepsis is suspected to the time of administration of intravenous antibiotics. Sepsis is a life threatening condition and as such the administration of antibiotics is time critical.

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Reducing mortality and maximising best possible outcomes

Sepsis

Quality Improvements

- Rapid Assessment and Triage of all ambulance arrivals 24/7.
- GP Streaming nurses will flag for fast-tracking walk-ins who appear unwell.
- All Emergency Department (ED) staff have rapid access to drug stores to reduce delays in administration.
- Training has been completed (simulation, lectures, practical sessions, patient stories) for junior doctors so they are empowered to administer sepsis treatment.
- A sepsis safety leaflet has been produced for patients with infection being discharged home from ED.
- Sepsis E learning package established and mandatory for all clinical staff in ED.
- Direct ward admissions to acute medicine, surgery and urology sepsis screened using Trust Sepsis Screening Tools
- Ongoing improvements within the urgent care hub include a daily 'handover huddle' highlighting the importance of sepsis management at the start of each shift and linking with an ongoing education and training programme
- Welcome packs for temporary staff within ED which includes key information on recognising and responding to patients presenting with sepsis

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Reducing mortality and maximising best possible outcomes

Neck of Femur

2017/18 Quality Account	
Target	Performance 2017/18
36 hours standard to theatre for emergency fractured Neck of Femur (NoF) patients (80%)	71%

2018 position (Dec)
90.3%

Quality Improvements

- Improved visibility and daily tracking of all orthopaedic trauma – both patients waiting for surgery at home and those in the hospital - with clear escalation criteria to senior management for support if required
- Pilot, started in December 2018, of bringing the next patient on the trauma list into the anaesthetic room to wait – reducing delays and improving theatre efficiency
- Additional dedicated theatre lists for fractured NoF started in December 2018

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Pressure Ulcers

2017/18 Quality Account		
Target	Performance 2016/17	Performance 2017/18
Reduce the avoidable category 2 pressure ulcers by 25%	285	294
Zero avoidable category 3 or 4 pressure ulcers	5	15

2018 position (Nov)	
Reduce the avoidable category 2 pressure ulcers by 25%	149 This is an improvement against the November position in: 2016/17 (184) 2017/18 (178)
Zero avoidable category 3 or 4 pressure ulcers	3 (marked improvement)

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Pressure Ulcers

Quality Improvements

- There continues to be a strong focus on the reduction of Trust-acquired pressure ulcers especially due to the rise seen in 2017-18 which has resulted in the marked improvement in the category 3/4 pressure ulcers in 2018/19.
- Root cause analysis completed for all trust acquired category 2 pressure ulcers so lessons can be learnt and shared with other teams.
- November 15th 2018 - Stop The Pressure Day
- Link nurses (x 40) re-established to promote pressure ulcer reduction.
- 1025 pocket mirrors distributed for staff to check heels, this is to ensure that staff have easy access to mirrors when checking patients' heels
- Link nurses taught by the tissue viability team on pressure ulcers and this has been cascaded to unit/ward areas. Total of 230 staff members have been trained within BHT.

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MRSA

2017/18 Quality Account		
Target	Performance 2016/17	Performance 2017/18 Status
Zero avoidable MRSA Bacteraemia	3	2

2018 position (Nov)
1
116 days since the last MRSA Bacteraemia in BHT.

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C.difficile infections

2017/18 Quality Account		
Target	Performance 2016/17	Performance 2017/18
Maximum of 32 avoidable C.difficile infections	44	43

2016/17 - CLARIFICATION	2017/18 - CLARIFICATION	2019 position (8/1/19)
5	13	13
44 cases in total 39 of which were unavoidable	43 cases in total 30 of which were unavoidable	39 cases in total 25 of which were unavoidable 1 to be confirmed

ADD 16.16 AMENDED DATA Quality Improvements

- An easy to follow flow charge for sending C.difficile specimens has been produced and distributed across the Trust.
- A sticker has been developed to help with the management of patients with a C.difficile history which is placed in the patient's notes.
- A root cause analysis is completed for all BHT acquired cases of C-difficile.
- All BHT acquired cases are discussed with the CCG and learning shared at a scrutiny panel meeting as well as the Clinical Governance and Divisional Quality Committee. Divisional dashboard includes C.difficile monitoring.
- Great improvement in the use of antimicrobials.

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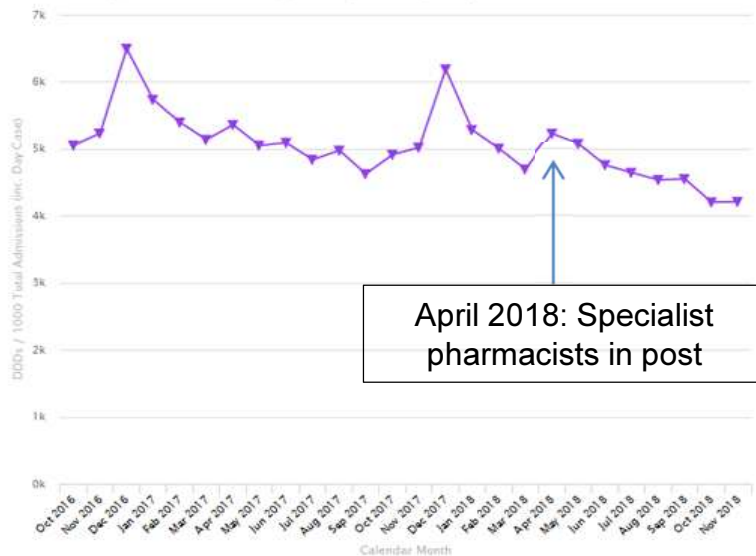
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Keep people safe and protect them from avoidable harm

Antibiotic Use

2017/18: BHT achieved all 3 National objectives to reduce antibiotic use
(only 23% Trusts met objectives to reduce total use antibiotics) (ESPAUR Report '18)

Antimicrobial Usage Adjusted for Activity



April – November 2018:

- **Total antibiotic** ↓ by **3.7%** vs 1% target
- **Protected antibiotics** ↓ by **12.1%** vs 2% target
- **Senior review of antibiotics ≤ 72 hours** **81%** vs 75% target (Q3)

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Cleaning

Quality Improvements

- There has been a focus on cleaning with engagement from staff in order to support the reduction in C-difficile work.
- A specific additional decontamination programme was devised to support the Trust to. In June we carried out HPV and UVC decontamination and deep cleans in the A&E and front end areas plus Ward 17, Ward 8 and Ward 9, and ITU.
- Planning is underway with clinical and cleaning teams to facilitate the repeat of the decontamination programme.

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Friends & Family

2017/18 Quality Account		
Target	Performance 2016/17	Performance 2017/18
Increase response rates in our Friends and Family Test (FFT) by 30%	22%	31%
Sustain the approval rating from the FFT at >95%	95%	95%

Quality Improvements

- FFT IT platform has been initiated and is bringing in data for community, maternity and A&E. staff in all areas have been trained how to access the data and it will be used in the local patient experience group discussions about data.

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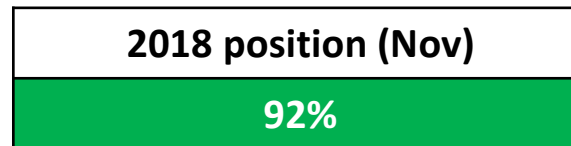
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Engage people in their care and ensure a great experience

Complaints

2017/18 Quality Account		
Target	Performance 2016/17	Performance 2017/18
Response time to patients who complain about the service they received to be at 85% within required timescales	78%	86%

A total of 533 complaints were received during 2017/18



Quality Improvements

- Engaged with reception staff to re-introduce the wearing of uniforms in A&E to support a positive first impression.
- Set up front line staff training sessions to improve first impressions within urgent care.

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