

# Quality Report 2017/18



# 2017/18 – Context & Progress

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- **Financial Context** – Trust successfully exited Financial Special Measures – July 2017
  - **Operational Performance** – highest operational pressures ever seen with bed occupancy often >100% (NHS aim is 92%)
    - Cancer Standards – key 62 Day standard achieved, 2 week wait post GP referral not achieved
    - Diagnostic standards met in 2018 to date
    - RTT & ED 4 hour standards not achieved
  - **Quality Improvement & Safety Culture** - Programme Expanded & demonstrating impact
  - **CQUIN** achievement sustained at 80% despite imposed national schemes
  - **CQC Inspection Nov 2017**(reported Mar. 18) – 8 areas improved, 2 worsened. Action plan submitted on time.
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# CQC Inspection Outcomes

## Overall Trust Rating

Overall Rating	Safe	Effective	Caring	Responsive	Well-Led
Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement

## Southmead Hospital Rating

	Overall Rating	Safe	Effective	Caring	Responsive	Well-Led
Urgent & Emergency Services	Good	Good	Good	Good	Requires Improvement	Good
Medical Care	Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement
Surgery	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good
Critical Care	Good	Good	Good	Good	Requires Improvement	Good
Maternity & Gynaecology	Good	Good	Good	Good	Good	Good
Children & Young People Services	Good	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Requires Improvement	Requires Improvement	Outstanding	Good	Good
Outpatients	Good	N/A	Good	Good	Good	Good
<b>Overall Location</b>	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good

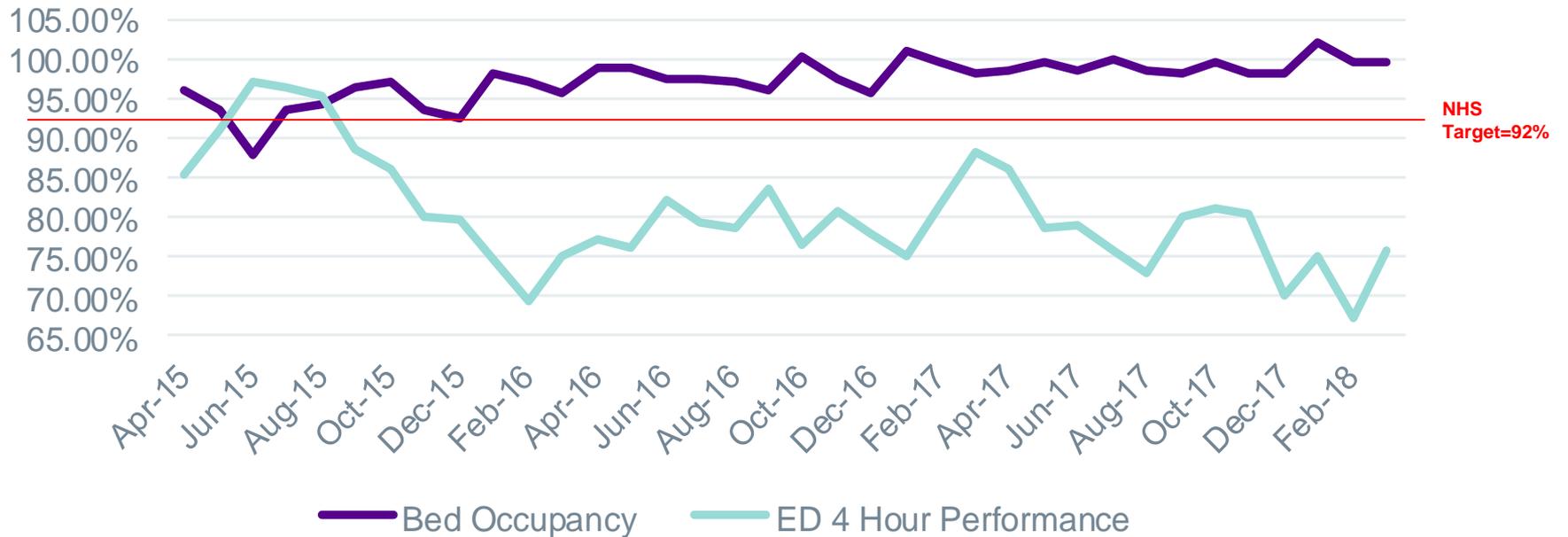
## Headlines

- **8 improved** (3 in Outpatients, 2 in Surgery, 2 in End of Life care, 1 for Southmead Location)
- **2 worsened** (2 in Medical Care)
- 22 ratings unchanged
- 21 ratings not re-inspected
- 1 not applicable

**Action Plan** – submitted 19 April , key actions well underway

**In Year CQC visits** – 11 April & 25 April (part of ongoing engagement)

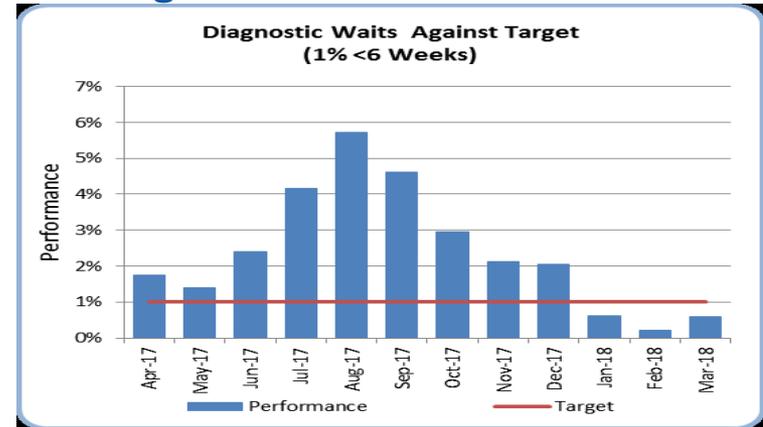
# Operational Pressures



# Other Key Operational Standards

- 1. Cancer waits - 62 Day standard achieved, 2WW more challenging with increased referrals**
- 2. Diagnostic waits – High occupancy & national directive to cancel elective surgery. Clinical reviews of safety undertaken**
- 3. Referral To Treatment trajectory & backlog trajectory Below target but above agreed trajectory.**

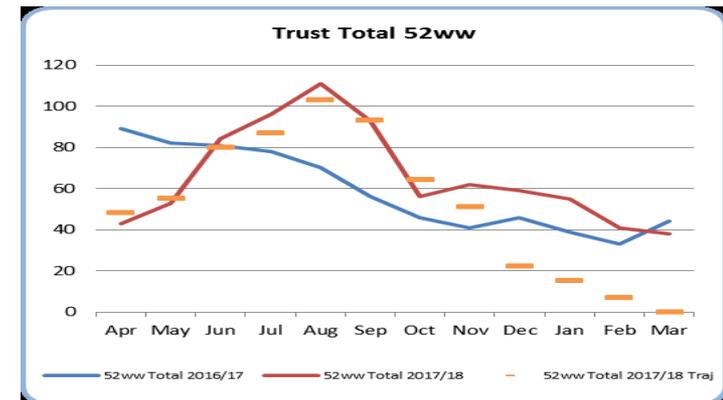
## 2. Diagnostic Waits



## 1. Cancer Performance

Patient seen within 2 weeks of urgent GP referral	89.0%	91.5%	94.8%	88.8%
Patients with breast symptoms seen by specialist within 2 weeks	90.4%	95.2%	96.9%	81.7%
Patients receiving first treatment within 31 days of cancer diagnosis	95.8%	97.8%	97.2%	Pending
Patients waiting less than 31 days for subsequent surgery	96.9%	95.9%	85.6%	Pending
Patients waiting less than 31 days for subsequent drug treatment	100.00%	100.00%	100.00%	Pending
Patients receiving first treatment within 62 days of urgent GP referral	84.2%	87.9%	86.3%	Pending
Patients treated within 62 days of screening	97.7%	96.5%	87.5%	91.8%

## 3. Referral To Treatment (Long) Waits

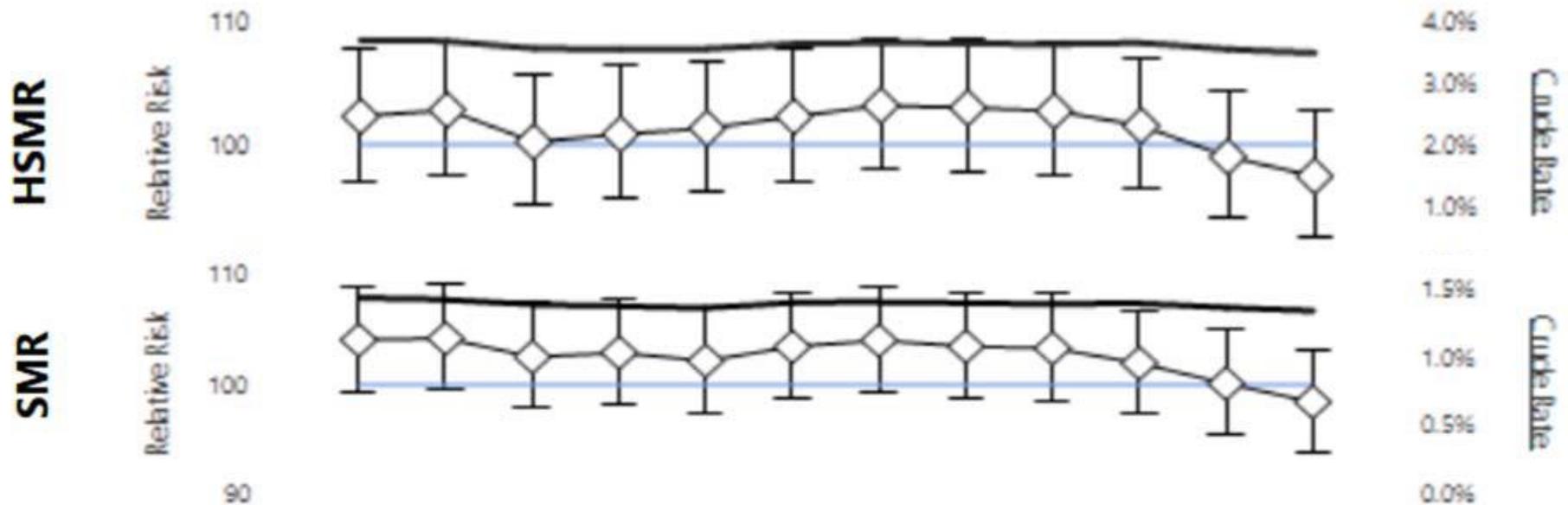


# Weekly Assessment of Quality in Emergency Department

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
<b>NEWS</b>												
NEWScore recorded on admission to ED	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Obs</b>												
Hourly Obs	79%	79%	79%	80%	81%	100%	98%	99%	95%	88%	96%	97%
<b>Pain</b>												
Pain scored documented at triage	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%
Analgesia administered at triage (if appropriate)	100%	96%	100%	100%	100%	100%	95%	97%	97%	99%	99%	99%
Pain reassessed in an hour	82%	83%	80%	82%	80%	89%	88%	84%	76%	77%	90%	91%
<b>Communication</b>												
NOK documentation	100%	100%	100%	100%	100%	100%	96%	99%	100%	97%	98%	99%
<b>Transfer /Discharge</b>												
Good to go @ 2.5hours	60%	61%	50%	56%	57%	96%	84%	82%	66%	60%	72%	70%
Obs <60mins prior to discharge	76%	77%	76%	77%	78%	100%	99%	98%	91%	86%	97%	96%
<b>Infection Prevention</b>												
Cannula CP	98%	98%	97%	95%	97%	100%	100%	99%	100%	98%	100%	100%
<b>Dignity &amp; Nutrition</b>												
Gown	98%	99%	97%	99%	97%	100%	100%	99%	100%	100%	100%	100%
Refreshments offered within 2 hours of admission	64%	65%	67%	74%	77%	100%	99%	99%	96%	91%	98%	93%
<b>Mental Health Risk Assessment</b>												
RAM completed	100%	100%	100%	100%	100%	100%	98%	99%	100%	94%	100%	99%
<b>Chest Pain</b>												
ECG done & reviewed within 30mins	99%	98%	9%	98%	97%	100%	100%	100%	100%	100%	100%	100%
Obs on arrival	96%	97%	96%	98%	95%	100%	100%	100%	100%	100%	100%	100%
<b>Stroke</b>												
Hourly neuro obs	88%	83%	100%	100%	100%	100%	96%	100%	100%	86%	90%	98%
Transfer to stroke unit, 3.5 hours	50%	50%	50%	40%	33%	97%	95%	68%	28%	76%	70%	90%
Stroke CT within 1st hour	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%
<b>#NOF</b>												
Pain score on arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Analgesia, 20 mins	100%	100%	100%	100%	100%	98%	92%	55%	18%	53%	33%	67%
X ray within 60 mins	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Pathway commenced	100%	100%	100%	80%	100%	96%	91%	92%	60%	55%	72%	87%
Admission, 2 hours	25%	0%	0%	0%	0%	73%	33%	24%	0%	20%	12%	9%
<b>Sepsis</b>												
Rx < 1hour	100%	100%	100%	100%	92%	80%	79%	49%	42%	50%	63%	44%
Pathway commenced	100%	86%	90%	91%	92%	80%	88%	67%	82%	48%	96%	72%

- Focus on quality, even under pressure
- Positives – Sepsis, pain, dignity, IPC, ECG
- Challenges – flow related (admissions, transfer to stroke unit, 3.5 hours, Good 2 Go < 2.5hrs)
- Achieved national patient safety award (as part of AHSN collaborative)
- Shared as best practice by NHS Improvement across South region

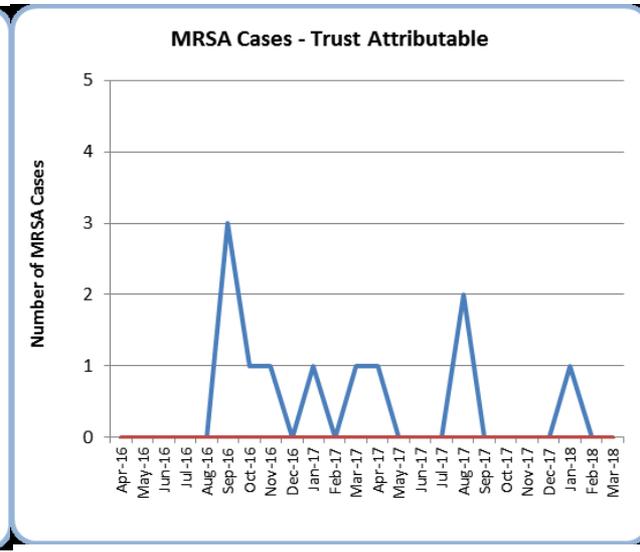
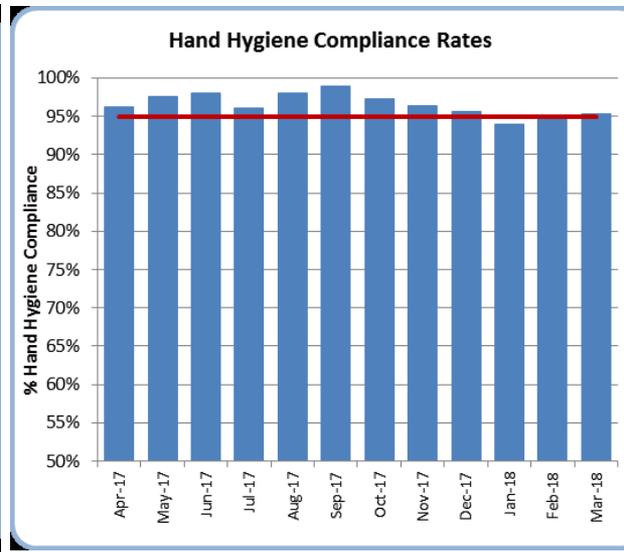
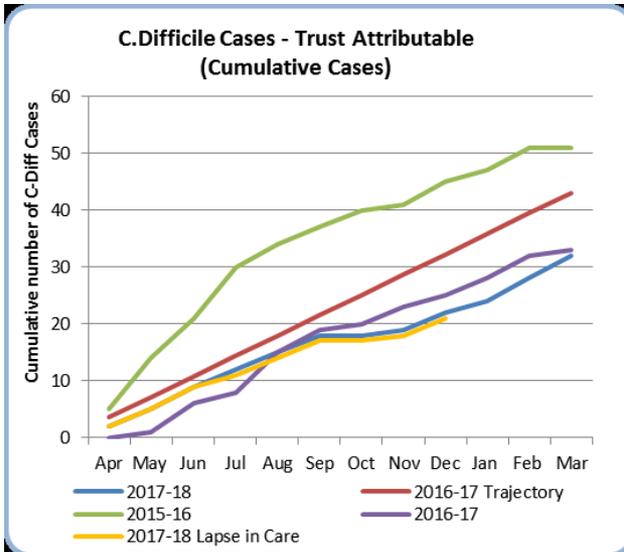
# Mortality - SHMI & HSMR



## Mortality rates remain in the expected range for the case mix of patients Mortality Reviews

- 61.2% completed 2016-17
- New national policy implemented as required during 2017
- 58.1% new reviews completed - to Mar 18 (3 month lag – % will increase)
- Learning Reviewed at Quality Surveillance Group – informs QI Programme

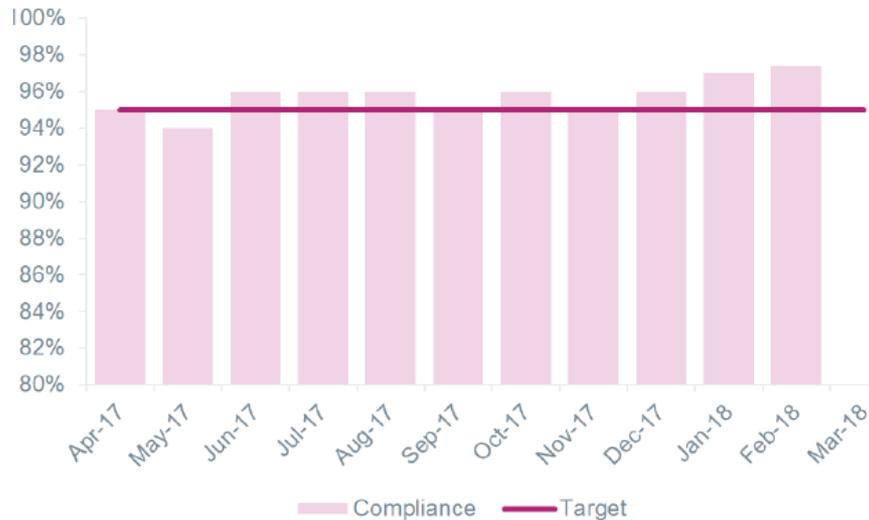
# Hospital-Acquired Infections



- C-Diff – **32 = lowest total number ever**, below trajectory of 43
- Hand Hygiene compliance >95% consistently.
- MRSA – improved to 4 cases – Contract Notice with commissioners closed following delivery of agreed actions, supported by NHS Improvement.
- Low numbers of closures for norovirus.

# Delivering Quality Account Priorities 2017/18

## Improving Theatre Safety



- Implemented SWARMS– post incident reviews
- *HappyApp* – instant staff feedback to act upon
- Human Factors & Simulation Training
- Increased incident reporting (open culture)
- **Reduced Never Events (2-17/18 v 5-16/17)**
- **CCG Contract Notice removed**

## Reducing Harm from Pressure Injury

Year	Grade (Higher = worse)		
	Grade 4	Grade 3	Grade 2
2014/15	6	14	370
2015/16	0	7	327
2016/17	1	10	272
<b>2017/18</b>	<b>0</b>	<b>10</b>	<b>204</b>
<b>Total % reduction</b>	<b>100%</b>	<b>29%</b>	<b>45%</b>

- Strong training focus, including induction
- New Hybrid mattresses purchased
- Better patient information
- Strong community liaison, post discharge
- **No grade 4 injuries & further 25% reduction in Grade 2s in 17/18**

# Delivering Quality Account Priorities 2017/18

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## Reduction of Indwelling device infections

NHSI supported Quality Improvement project;

- New Care Plan
- Patient passport for urinary catheters – type, care requirements & when due for change
- Better data – differentiate infections from indwelling devices from other infections
- Supporting patients to be a part of their care management
- New Intravenous Access Group – focus on education, training & product selection
- BNSSG system wide working

## Compassionate & Personalised End of Life Care

- Internal on call service implemented in Jan 2018
- National Bereavement Survey (*Voices*) developed and issued (results not yet in)
- Better access to specialised food 24/7 for patients
- Purple Butterfly Project (in partnership with point of Care Foundation) piloted successfully and nominated for BMJ award.
- Outstanding rating for 'Caring' in End of Life Care from CQC (Nov. 17)
- **QP3 – Improving End of Life Care**

# Delivering Quality Account Priorities 2017/18

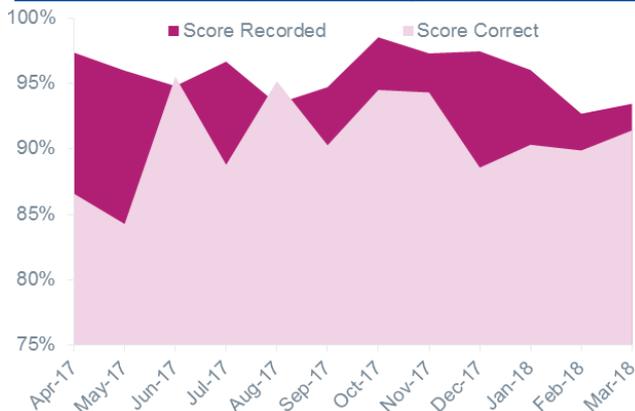
## Improving care for Deteriorating Patients

### Sepsis Screening & Treatment

% Patients screened for sepsis and % patients given antibiotics within 1 hour of screening	ED		Inpatients	
	Screened	Abx <1 hour	Screened	Abx <1 hour
Quarter 1	100%	90%	n/a*	n/a*
Quarter 2	100%	87%	n/a*	n/a*
Quarter 3	100%	97%	40%	50%
Quarter 4	100%	93%	26%	57%

\*n/a—For inpatient sepsis the measurement basis was under development during quarters 1 & 2.

### National Early Warning Score (NEWS) Recording



- **Sepsis** - sustained ED screening & treatment quality. Inpatient sepsis lower risk/numbers but improvement needed
- **NEWS recording** – more work needed to sustain >90% accuracy. An E-Observations IT system is being scoped that would remove calculation risk.

## Using Patient Feedback

	2016/17	2017/18	
Compliments	9,065	9,440	↗
Complaints	654	592	↘
Concerns	1,394	800	↘
Enquiries	7,059	8,878	↗
Response Time (within timescale)	77%	67%	↘
Local Resolution Meetings	86	96	↗

NHS Choices website feedback 4.5 out of 5 ★★★★★

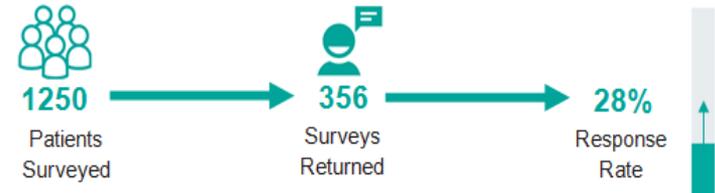
We respond to all postings and encourage people to contact us to address poor experience.

- **More compliments, less complaints/concerns**
- **Complaints Lay Review Panel** – reviews and learning
- **Friends & Family Test (FFT)** – new system implemented for easier collection & data analysis
- **New Patient Experience Team created**
- **QP2 – Improving use of Patient Feedback to improve care**

# Improving Patient Experience – our patients’ say...

## National Emergency Department Survey

We received feedback from the 2016 survey in 2017.



### Results

The survey showed the following positive aspects of care:

- 👍 87% rated care as 7 or more out of 10
- 👍 87% felt they were treated with respect and dignity 'always'
- 👍 85% always had confidence and trust in their doctors
- 👍 99% said hospital rooms/wards were very or fairly clean
- 👍 89% said they always had enough privacy when being examined or treated

The survey showed that compared to the 2014 survey, our Trust is:

- Significantly **better** on 14 questions
- Significantly **worse** on 0 questions

## National Cancer Survey

We received feedback from the 2017 survey in September 2017.



### Results

The survey showed following positive aspects of care:

- 👍 82% said that they were definitely involved as much as they wanted to be in decisions about their care
- 👍 94% said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- 👍 84% said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist
- 👍 87% said that, overall they were always treated with dignity and respect while they were in hospital
- 👍 92% said that hospital staff told them who to contact if they were worried about their condition

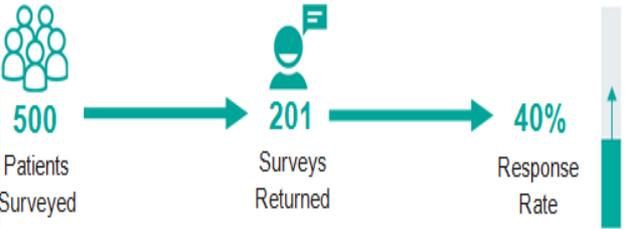
Asked to rate their care on a scale of zero (very poor) to 10 (very good) respondents gave an average rating of 8.7



# Improving Patient Experience – our patients’ say...

## National Maternity Survey

We received feedback from the 2017 survey in September 2017.



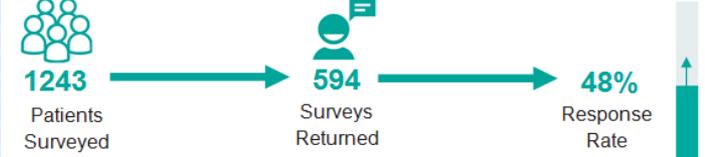
### Results

- The survey showed that we had **significantly** improved in the following areas:
- 👍 Involving partners enough during labour and birth
  - 👍 Involving mothers enough in decisions about care during labour and birth
  - 👍 Being able to have somebody close to stay as long as mothers wanted whilst in the postnatal ward

- The survey showed that we had significantly worse scores in the following area:
- 👎 Patients seeing their preferred midwife most of the time during antenatal care
  - 👎 Mothers being given enough information about their own recovery after the birth

## National Inpatient Survey

We received feedback from the 2017 survey in January 2018.



### Results

The survey showed that we had improved in the following areas:

- 👍 Providing information about a patient's condition or treatment in the A&E department
- 👍 Waiting times to get a bed on the ward
- 👍 Involving patients in decisions about care and treatment

The survey showed that we had significantly worse scores in the following area:

- 👎 Being asked to give views on quality of care
- 👎 Discharge delayed on the day

The survey showed that we had **significantly** improved in the following areas:

- 👍 Giving patients enough privacy when being examined or treated in A&E
- 👍 Ensuring patients are not bothered by noise at night from other patients on the wards
- 👍 Increasing confidence and trust in doctors
- 👍 Patients having enough privacy when discussing care or treatment
- 👍 Patients being well looked after by non-clinical hospital staff

'Problem' score ratings from patients;

1. 23<sup>rd</sup> best trust for overall problem score (out of 81)
2. 15<sup>th</sup> most improved trust (out of 81)

# Quality Improvement Priorities 2018/19

Priority	Rationale
1. Eliminate delays in hospital to improve patient safety and reduce bed occupancy ('home is best')	Year-on-year increase - attendances and emergency admissions & limited external capacity has continued to increase pressure on beds - occupancy levels often >100% of available bed capacity.
2. Enhance the way patient involvement and feedback is used to influence care and service development	We are not satisfied with the progress made during 2017/18, and are focusing additional resource and expertise into this area during 2018/19.
3. Continue improving the quality of end of life care across all specialities	We have made good progress in this area and believe there is much more to learn and act upon to spread delivery of good end of life care in all areas
4. Strengthen learning & action by embedding quality governance at specialty, cluster and divisional level	In 2017/18 we launched the development of Service Line Management to support our strategic aim of being a clinically led organisation. This transition requires further support to embed strong quality governance as close to the front line as possible.
5. Demonstrate a stronger clinical understanding and application of the Mental Capacity Act and Deprivation of Liberty Standards	The CQC inspection raised some concerns in this area, with 2 'Must Do' actions set within the report. There is an overreliance upon central specialist team support and there a training need to empower local teams

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# Thank you

