

Quality Report Summary 2018/19



Helen Blanchard

Director of Nursing & Quality (Interim)

13 May 2019

2018/19 – Context & Progress

- **Quality Governance & Improvement** – Trust-wide Improvement Programme progressing & demonstrating impact. Investment in divisional teams for 2019.
- **CQUIN** achievement sustained > 80% - demonstrates improved quality
- **CQC Actions** – delivered agreed actions and transitioned into planning for 2019 inspection for sustainability.
- **Operational Performance** – strong improvements in managing patients within our bed base, including during Winter.
 - **Bed occupancy** <100% throughout and not using wards (1 or 2 up) in unplanned manner)
 - **Cancer Standards** – challenging performance due to increased demand – improvement plans in place to address the key specialties
 - **Diagnostic standards** – challenges over Winter 2018 period.
 - **RTT & ED 4 hour standards** – continue to be challenging – 2019/20 improvement trajectories agreed

CQC Actions & 2019 Inspection Preparation

2018 Inspection Ratings (review Nov 2017)

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
Overall Location	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good

Exceptional healthcare, personally delivered

Headlines

- 2018 Action Plan delivered and finalised at the Trust Board in January 2019.
- Work to embed/sustain actions carried forward into CQC 2019 inspection prep.

CQC Engagement Visits

- CQC have completed 5 in year 'monitor' visits, most recently on 8/3/19 – Surgery. Feedback very positive.
- Next core service planned visit 16/05/19 – Urgent & Emergency Care.
- Next 1/4ly meeting with Trust – 23/04/19

2019 Inspection Preparation

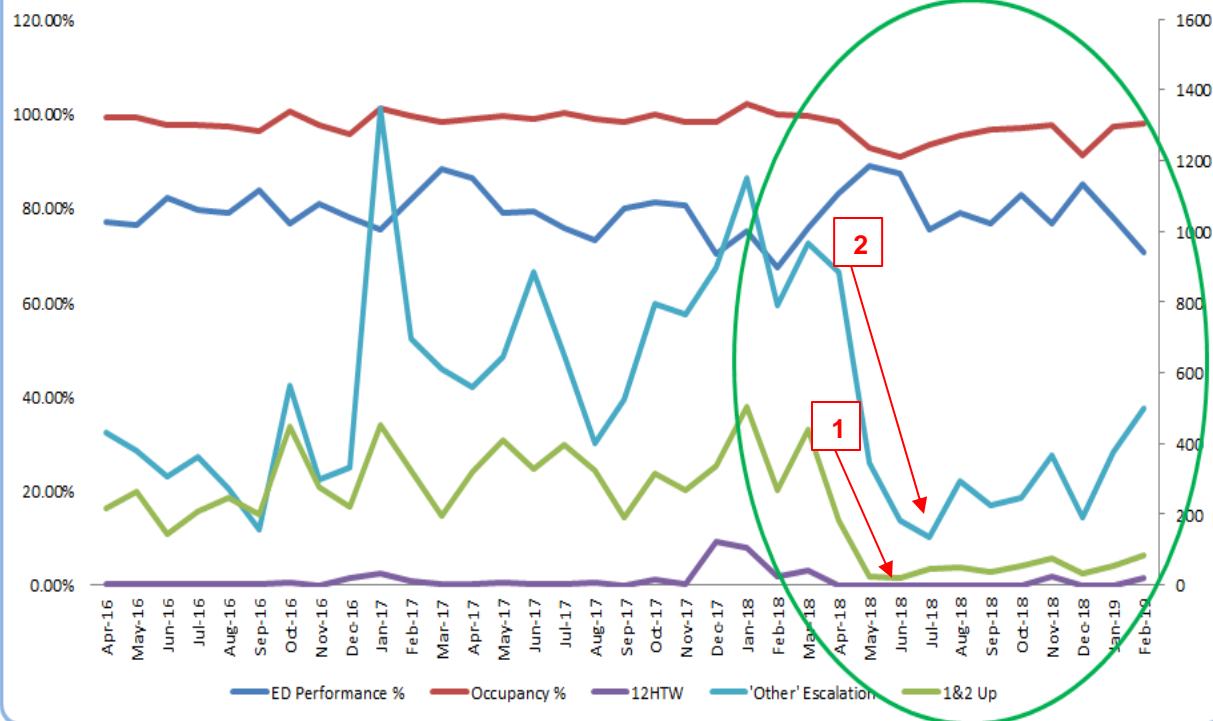
- **CQC Task group** (Chaired by Director of Nursing & Quality) – every 2 weeks.
- **Overall Vision: #OneNBT : Confident, Proud, Open** (**Confident** and well prepared, **Proud** of our successes , **Open** about concerns, clear about actions)

Managing Operational Pressures – ‘Perform’ Impact

HSJ Awards - Best Clinical Service and Treatment Pathway Transformation Project



Occupancy/Flow Metrics - Apr16 - Feb 18



- 1 & 2 up on wards – big reduction, now only ‘pre-emptively’ planned
- Escalation use significantly reduced

Exceptional healthcare, personally delivered

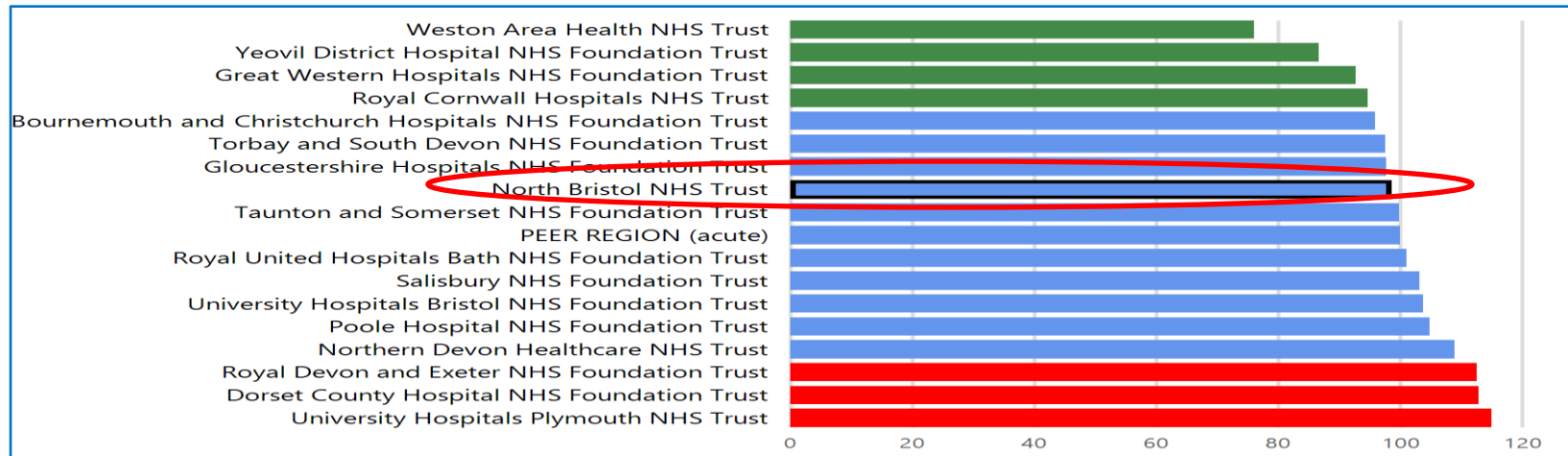
- Following challenging 2017/18, using staff feedback;
- Trust-wide improvement programme across clinical teams (‘Perform’)
 - Team based working & focus on patient journey - from admission to discharge.
 - Early Winter planning across Trust
 - Reduced bed occupancy, reduced escalation use
 - Positive feedback from staff – more listening events in 2019 to be held.

Quality & Safety Assessment in Emergency Department

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
NEWS											
NEWScore Recorded on admission to ED**	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Obs											
Hourly Obs	97%	94%	97%	99%	98%	98%	98%	98%	99%	93%	98%
Pain											
Pain Score documented at triage**	100%	100%	100%	100%	99%	100%	99%	100%	100%	100%	100%
Analgesia administered at Triage (if appropriate)**	98%	97%	100%	89%	95%	100%	100%	82%	89%	76%	51%
Pain reassessed in an hour	92%	90%	96%	98%	99%	98%	96%	97%	99%	95%	98%
Communication											
NOK documented	98%	98%	99%	92%	93%	99%	92%	83%	95%	92%	93%
Transfer / Discharge											
Good to go @ 2.5 hours***	70%	73%	68%	63%	72%	82%	73%	70%	92%	66%	71%
obs < 60 mins prior to discharge	95%	90%	93%	91%	91%	93%	92%	94%	99%	96%	97%
Infection Prevention											
Cannula CP	99%	98%	98%	99%	99%	100%	95%	95%	100%	100%	98%
Dignity & Nutrition											
Gown	100%	99%	100%	100%	100%	100%	99%	99%	100%	100%	100%
Refreshments offered within 2 hours of admission (if not NBN)	84%	87%	81%	89%	86%	96%	82%	80%	97%	81%	76%
Mental Health Risk Assessment											
RAM completed	95%	92%	93%	98%	100%	100%	97%	88%	96%	80%	96%
Chest Pain											
ECG done & reviewed within 30 minutes	100%	100%	100%	100%	100%	100%	100%	100%	100%	77%	91%
Obs on arrival	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	99%
Stroke											
Hourly neuro obs	79%	82%	72%	88%	94%	98%	88%	73%	66%	66%	72%
Transfer to stroke unit, 3.5 hours****	82%	74%	78%	75%	69%	73%	59%	77%	85%	61%	72%
Stroke - CT within 1st Hour	100%	100%	100%	100%	95%	100%	98%	100%	100%	100%	100%
#NOF											
Pain score on arrival	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	100%
Analgesia, 20 minutes	67%	63%	92%	56%	70%	83%	93%	33%	80%	53%	14%
X ray within 60 minutes	100%	100%	100%	95%	92%	100%	81%	82%	94%	100%	95%
Pathway Commenced	100%	72%	76%	64%	87%	94%	96%	82%	98%	100%	83%
Admission, 2 hours	15%	12%	23%	6%	18%	2%	0%	0%	9%	30%	2%
Sepsis											
Rx 1 hour Diagnosis/Prescription	42%	58%	51%	46%	53%	70%	54%	42%	78%	70%	89%
Pathway Commenced-O2-BC-IVAbx-IV Fluids-Serial Lactates-	97%	96%	97%	92%	97%	98%	92%	100%	100%	100%	100%

- ✓ Focus on quality, even under pressure
- Positives – Obs on arrival, pain, dignity, IPC, ECG, CT <1hour)
- Challenges – flow related (#NOF admission, transfer to stroke unit, 3.5 hours, Good 2 Go<2.5hrs)
- Achieved national patient safety award 2018 (as part of AHSN collaborative)
- Reviewed monthly with commissioner through Quality Group and to support their in year reviews

Mortality - SHMI & HSMR

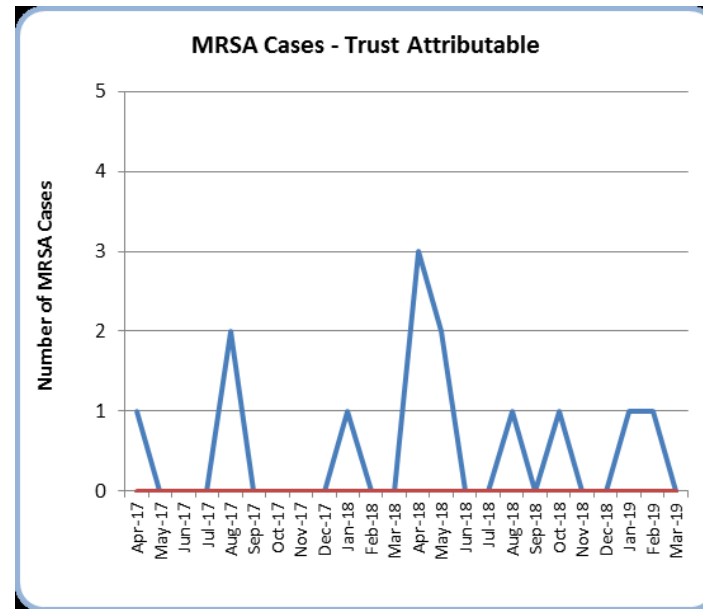
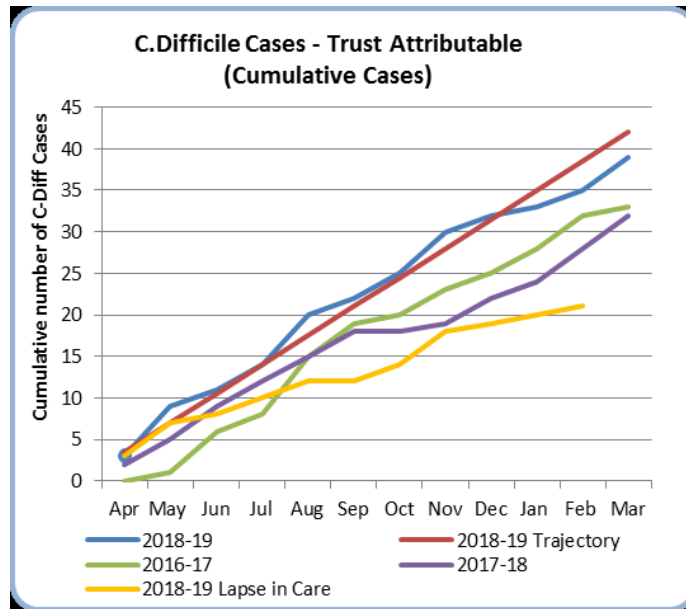


Mortality rates remain in the expected range for the case mix of patients

Mortality Reviews

- All patient deaths subject to minimum screening review – 90% compliance at February 19 reporting to Board.
- High priority cases allocated for full case review. Of these 98% assessed as ‘Adequate, good or excellent’ for care provided.
- Learning Reviewed at Quality Committee– informs QI Programme

Hospital-Acquired Infections



- **C-Difficile** – 39 (31/03/19), below threshold of 42
- **Hand Hygiene compliance** >95% consistently.
- **MRSA** – has worsened to 9 cases. Improvements focussed on good management of indwelling vascular devices.
- **Norovirus** - Low numbers of ward/room closures.

Delivering Quality Account Priorities 2018/19

1. Eliminate delays in hospital to improve patient safety and reduce bed occupancy ('home is best')

- Earlier Winter Planning commenced April 2018 and approved by Board much earlier than 2017.
- Staff actively engaged to influence approach.
- Perform programme implemented – over 1300 staff trained.
- ✓ Reduced use of escalation beds (e.g. interventional radiology, medi-rooms, or corridors)
- ✓ No unplanned 1 or 2 additional patients on wards
- ✓ Bed occupancy reduced v 2017/18
- ✓ 10% fewer 7+ day 'stranded' patients to Q3 in 2018/19 than 2017/18

2. Enhance the way patient involvement and feedback is used to influence care and service development

- ✓ Recruited more Patient Partners to contribute to our quality improvements.
- ✓ All Friends & Family Test % recommend scores improved v March 2018
 - Inpatient care from 90% to 92.2%
 - Maternity 92% to 97.6%
 - Outpatients 94% to 95.3%
 - Emergency Care 86% to 88.8%
- ✓ Successful Experience Based Design workshop engaging patients in Outpatient redesign project
- Managing Complaints & Concerns;
% compliance with agreed response times – fluctuated between 45% and 63% in year.
Improvement Target for 19/20 = 85%.
Action: PALS service pilot in February-April 2019 being evaluated and enhanced resources in clinical divisions to improve.

Delivering Quality Account Priorities 2018/19

3. Continue improving the quality of end of life care across all specialities

- Many individual examples of outstanding practice that have made a huge difference to patients and their loved ones.
- Voices (bereavement) survey – first run in 2018, now to be repeated annually to assess actions & support ongoing improvement.
- Self-assessed CQC rating (for April submission) as 'Good' overall
- ✓ Purple Butterfly Project (in partnership with point of Care Foundation) won BMJ award (May 2018).
- ✓ Sharing learning from End of Life patient safety incidents has been used within the Trust as an exemplar of best practice.

4. Strengthen learning & action by embedding quality governance at specialty, cluster and divisional level

- Executive-led Trust-wide improvement programme established Sept 2018 and resourced to support delivery.
- New Trust Board structure agreed for 2019/20 with Patient Experience Board committee.
- Patient representation at Programme Board.
- ✓ 8 projects in progress and on track to achieve June 2019 milestones.
- ✓ Clinical divisions – new posts funded (March 2019) to improve quality governance (inc. complaints, incidents, audits, improvement projects)

Delivering Quality Account Priorities 2018/19

5. Demonstrate a stronger clinical understanding and application of the Mental Capacity Act and Deprivation of Liberty Standards

- Successfully piloted a masterclass education workshop (35 senior nurses) to support online learning package
- Piloting and development of MCA record, separately and integrated into care record.
- MCA/DOLS policy strengthened.
- ✓ Launch of wider training programme early April, 120 staff already trained.
- ✓ Funding identified to embed the improvement programme during 2019/20

Further actions planned;

- End of Life care – decision making
- Ongoing weekly audit to support improvements in practice
- Resource pack for staff being developed.

Improving Patient Experience – our patients' say...

National Inpatient Survey

We received feedback from the 2018 survey in January 2019.

1202 Patients Surveyed → 591 Surveys Returned → 49% Response Rate

27th overall change score v 2017 (out of 67)
 17th overall score (out of 67)

43% National Rate

Results

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

- Discharge: staff discussed need for additional equipment or home adaptation
- Waiting times to get a bed on the ward
- Discharge: delayed by no longer than 1 hour
- Hospital: got enough help from staff to eat meals
- Discharge: told side-effects of medications

The survey showed that we had **not improved** in the following areas:

- Planned admission: admission date not changed by hospital
- Planned admission: was admitted as soon as necessary
- Overall - received information explaining how to complain
- staff did not contradict each other
- Overall - asked to give views on quality of care

National Cancer Survey

We received feedback from the 2017 survey in September 2017.

923 Patients Surveyed → 605 Surveys Returned → 68% Response Rate

63% National Rate

Results

The survey showed following aspects of care that were outside of the 'expected range' for similar size hospitals:

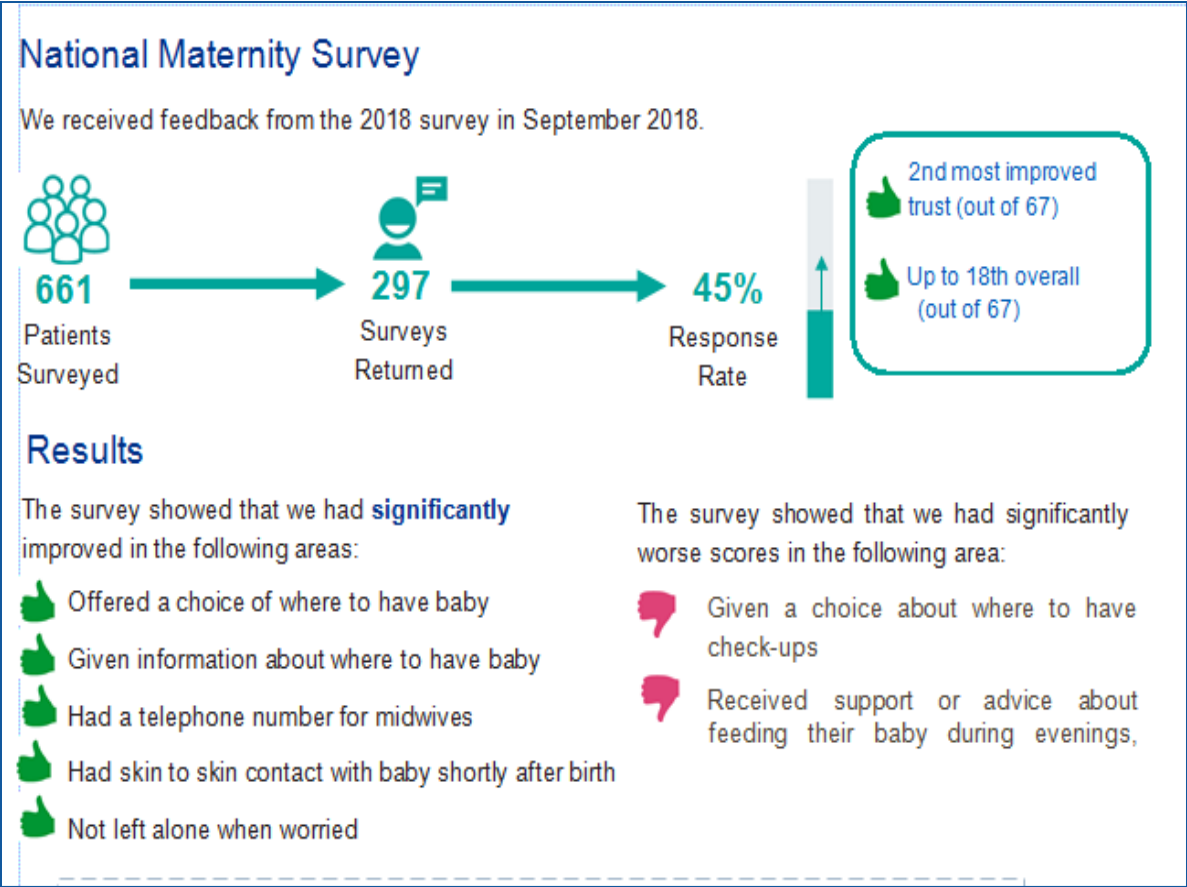
- 90% said hospital staff gave information about support groups
- 86% said groups of doctors and nurses did not talk in front of patients as if they were not there
- 93% said they were always given enough privacy when discussing condition or treatment
- 86% said overall the administration of the care was very good / good

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

(national expected range 8.6-9.0)

8.7

Improving Patient Experience – our patients' say...



New 3-Year Quality Strategy (2019-22) & Annual Priorities

Quality Theme	Quality Goal	NHS Plan	Priority 2019/20
1 – Person Centred Care	1.1 Supporting patients to get better faster and more safely	Y	Y (#1)
	1.2 Meeting the identified needs of patients with Learning Disabilities /Autism	Y	Y (#2)
	1.3 Enhancing shared decision making for patients' care and treatment	-	-
	1.4 Ensuring patients mental health needs are supported within the emergency care setting	Y	-
2- Safe & Effective Care	2.1 Safer and better births	Y	-
	2.2 Improving our response to deteriorating patients (Sepsis, NEWS2)	Y	Y (#3)
	2.3 Improve the levels of harm free care delivered in hospital	Y	-
	2.4 Improving safe management of medicines	Y	-
	2.5 Optimise the use of antimicrobial drugs	Y	-
3 – Learning & Improving	3.1 Learning & improving from Patient & Carer feedback	-	Y (#4)
	3.2 Learning & improving from clinical governance systems	Y	Y (#5)
	3.3 Learning & improving from staff feedback	-	-

- Strategy developed through Quality Committee with clinical divisions.
- Patient Engagement – PPG & PEG (inc. Healthwatch reps.)
- CCG engagement (Quality Sub Group)
- NHS Long Term Plan – Jan. 2019 review.
- Annual Quality Account priorities consulted upon as part of strategy development.
- For May 2019 Board approval.

Thank you

