

DELIVERING OUR POTENTIAL

Our improvement plan for King George and Queen's hospitals

August 2016 progress report

Get involved with your local hospitals

If you are interested in helping our Trust to improve services for our local community, there are a number of ways you can get involved on a regular basis or as and when required. For an informal discussion, please contact our patient experience team at PatientExperience@bhrhospitals.nhs.uk and we will be pleased to help.

Have your say

- Tweet it, shout it, share it! Follow us [@bhr_hospitals](https://twitter.com/bhr_hospitals)
- Encourage others to share their good experiences
- Visit our website: www.bhrhospitals.nhs.uk
- Comment on [iWantGreatCare](https://www.iWantGreatCare.com)

MESSAGE FROM THE CHIEF EXECUTIVE



This report has always been an opportunity for us to showcase monthly how we're improving on the areas highlighted during our last Care Quality Commission visit in March 2015.

We usually report on the previous month (previous reports can be viewed [here](#)), and all that's been achieved in that time, but following a revisit from the CQC in the first week of September, we thought it would be a great opportunity to share the bigger picture and talk about just how far we've travelled in the past 18 months.

We've developed a number of ways to help our staff celebrate and share their improvements and of course to make sure that we monitor and address issues. Things like the improvement walks, which our senior team carry out on a regular basis, and our patient safety summits that allow us to hear about and learn from patient experiences. Improvement calendars give staff a great way to continue to share and celebrate the improvements they have made. We're also working on a ward accreditation programme, so keep your eyes peeled for more on this in the coming months.

Moving forward we're going to be changing the way we monitor our developments. In order to sustain the improvements already made, and to continue progressing in a wide range of areas, an Improvement Portfolio has been established. The portfolio moves us forward from the Improvement Plan to make the developments business as usual, and includes any outstanding requirements from our CQC actions. These actions have been picked up either by individual projects within the Improvement Portfolio or through normal business as usual activities.

We have also, as part of our partnership with the [Virginia Mason Institute](#) (VMI), adopted what we're calling The PRIDE Way. This five-year engagement with VMI offers our Trust an opportunity to implement an evidence-based quality improvement culture to benefit our patients, visitors and staff. This is not an initiative; it is a fundamental change in the way we improve our care for patients. This relationship supports us to embed the right culture across our organisation, ensuring our staff have the knowledge to improve the way they work. Take a look at the information walls that are now in place on the first floor at both our hospitals to find out more.

The PRIDE Way, alongside our vision, strategies and values, will help us provide great care to every patient, every day.

I look forward to sharing some feedback from our CQC visit in next month's report.

Matthew Hopkins, Chief Executive



MY STORY – A PATIENT’S PERSPECTIVE

“ I’m brave most of the time. I only get scared if I’m experiencing something for the very first time like having different scans and tests done. I remember my first MRI scan - it was big and noisy but now that I’ve been in a few more times, I’ve got used to it.

I understand that with my condition - Diamond-Blackfan anaemia (DBA) - my growth can be affected and I have one shoulder bigger than the other. I often come to Queen’s Hospital to see a dietician as my appetite can be poor, and to see the optician as the medicine I take can affect my eye sight. It’s frustrating as I do spend a lot of time coming to the hospital and I understand it’s to keep me healthy but it gets annoying and upsetting. I’m glad that the all the staff are nice - it doesn’t make me feel as bad when I get here.

I have to come into Tropical Bay once a month for blood transfusions which I have to miss school for. I see the nurses at the front desk, then I wait to be shown which bed I’ll be in. Once I’m settled a teacher comes to help me with any school work I have. I would rather be at school as I get to see my friends, not miss out on anything in class and I would get to play sport. I find the teachers here are really helpful and I probably get my homework done better than I would just on my own. After I’ve finished my school work, I can play on a games console, watch TV, do some drawing or play a board game. There is quite a bit to choose from but I enjoy the PlayStation 3 and XBOX 360. I’m here for hours sometimes but it depends on my haemoglobin levels on how long I have to stay for.

I was invited by Dr. Hemmaway to visit the Pathology labs. I had to put on a white lab coat while my mum and brother stayed in the doctor’s office. I was taken through to a big open space with lots of people working in it – I think they were lab assistants - and there were quite a lot of machines. During the visit I found out my blood group is O positive which I didn’t know! I got to see a blood mixer, which was really fast, and I was told that particles of the blood are spilt and the ones that aren’t needed are left whilst the rest is taken away to be put into another machine. I think this was to test if it reacts with my blood.

They told me they have machines named after the Simpson characters which made me laugh. They put a pinch of my blood on a piece of square glass and put in under a microscope for me to look at. I’ve looked through one before but never at blood. I got the chance to zoom in and see it in more detail. My favourite part of the visit was seeing blood on a conveyor belt where it was being tested to see if anything was wrong with it.

Having the chance to see the laboratories was interesting and overwhelming. I understand that the equipment they use today hasn’t always been around and, over the years, it has developed which I think is really interesting. I’m glad I got the opportunity to see it all. ”

Tumelo Sibanda

[Read more](#) about Tumelo’s experience.

You can also watch a [short film](#) that highlights a new scheme for children who regularly have blood tests

IMPROVEMENT OVERVIEW OF THE PAST 18 MONTHS

CQC domain: Safe The people we care for are protected from abuse and avoidable harm		
Area of focus	Where we were	Where we are now
Ensure that patients who sustain a fall receive a timely medical review	<ul style="list-style-type: none"> There were no audits in place. The falls policy was applied inconsistently and baseline audits showed variable practice 30 minute response time varying between 55% - 100% 	<ul style="list-style-type: none"> Monthly audits of time to medical review are now undertaken results 30 minute response times now 100%
Ensure safe management and administration of medicines	<ul style="list-style-type: none"> Our baseline data showed that 17% of our patients missed doses of medication 4.8% of prescription charts did not have the prescribers General Medical Council (GMC) number 	<ul style="list-style-type: none"> Missed doses are now shown to be reduced to 6% Monthly audits show that now 0.06% of prescription charts do not contain the prescribers GMC number
Ensure compliance with all national guidelines and trust policies for medicines management	<ul style="list-style-type: none"> Baseline data showed 27% of our wards were not appropriately stowing drugs trolleys after use, with 14 % not being locked 	<ul style="list-style-type: none"> Audit show that now only 2% of our wards are not stowing drugs trolley appropriately, with very few not being locked
Ensure that entries made by medical staff in patient records comply with the expected professional standards	<ul style="list-style-type: none"> Our baseline figures showed that 54% of entries made in medical notes met the required standard 	<ul style="list-style-type: none"> Our CRABEL audits (a methodology to ensure the patient records our doctors complete are of a high standard) now show that 85% of entries meet the required standards
Ensure adequate provision of resuscitation equipment in Outpatients	<ul style="list-style-type: none"> Resuscitation trolleys were not being maintained to the required standard 	<ul style="list-style-type: none"> There are now snapshot audits undertaken to review the daily trolley checks - they are now 100% compliant
Ensure compliance with Control of Substances Hazardous to Health (COSHH) regulations	<ul style="list-style-type: none"> COSHH registers were found to be out of date or missing in many departments and wards. Many storage cupboards did not meet the required standard 	<ul style="list-style-type: none"> 100% of wards and departments now have COSHH registers in place A programme of work to replace cupboards is underway
Ensure patient records are kept securely and that patient confidentiality is maintained	<ul style="list-style-type: none"> Staff compliance with records management and record keeping for staff baseline compliance was 57% Health records were not being put away in a secure place after use 	<ul style="list-style-type: none"> Staff training records show 82% are now complaint Spot check audits show we are storing health records appropriately 96% of the time

Ensure serious incidents are understood, investigated and lessons are learned promptly	<ul style="list-style-type: none"> • Serious incidents were not being reported in a timely manner. Only 68% were being reported within two days 	<ul style="list-style-type: none"> • Target of 100% reporting compliance has been achieved • There is now a weekly Patient Safety Summit where serious incidents are discussed, providing immediate learning • Each division now undertake reviews of serious incidents and completes a Lessons Learnt Review at their Quality and Governance meetings each month
Comply with the Duty of Candour legislation	<ul style="list-style-type: none"> • We were not complying with the Duty of Candour legislation 	<ul style="list-style-type: none"> • A new Trust policy has been ratified and launched • Fobs containing Duty of Candour key points have been distributed
Ensure patient risk assessments are acted upon	<ul style="list-style-type: none"> • When risks were identified, not all were being acted upon • Baseline venous thromboembolism (VTE is the formation of blood clots in the vein) was at 92% • National Early Warning Score (NEWS completion allows for early recognition of patient deterioration) was at 90% 	<ul style="list-style-type: none"> • Documentation audit includes assessment and planning • VTE is now at 97% • NEWS is now at 94%
Ensure that all incidents including patient falls are accurately reported	<ul style="list-style-type: none"> • There was not a focussed effort to ensure that incidents were reported accurately 	<ul style="list-style-type: none"> • The specialist falls team are now visiting every patient who has had a fall to ensure the reporting is accurate and that teaching and learning occurs in real time
Comply with infection control code of practice in respect of hand hygiene audits, training and monitored improvement	<ul style="list-style-type: none"> • Not all staff were complying with hand hygiene safe practice 	<ul style="list-style-type: none"> • A Trust wide communications brief has been issued • Trust and local induction has been reviewed • Audits have shown over 90% compliance to hand hygiene practices (clinical areas are above 95%)
Continuously review staffing levels and act on them at all times of the day	<ul style="list-style-type: none"> • There was no focus on reducing a reliance on bank and agency staff to fill vacant shifts and an inability to ensure staffing was always safe on our wards 	<ul style="list-style-type: none"> • This has been partly addressed by reducing vacancy rate, with a target of 8%, and reducing sickness rates to a target of 3.75%
Ensure locum and agency staff are competent and implement a formal induction process for all locum and agency staff in the relevant areas they care for patients	<ul style="list-style-type: none"> • The induction process for these staffing groups was not consistently applied 	<ul style="list-style-type: none"> • Induction packs and processes have been written and adopted by each directorate and via our Trust Temps/in house bank. Audit data shows we are now at 90% with a target of 100% compliance
Review the general medicine (GM) on-call rota to ensure it meets the needs of patients (Acute Medicine/Specialist Medicine)	<ul style="list-style-type: none"> • The on call rota was not meeting the required standards to ensure our patients were safe 	<ul style="list-style-type: none"> • A new rota was implemented in August 2015 • We are continuing to recruit into substantive roles to reduce reliance on locum/agency staff • On call rota audit results show 95% compliance

Display the numbers of staff planned and actually on duty at ward entrances in line with Department of Health guidelines	<ul style="list-style-type: none"> • 'Staff on duty' communications boards were not always kept up to date 	<ul style="list-style-type: none"> • Fit to fly daily check list now includes this mandatory field • Audit results show 100% compliance
Increase the number of permanent senior staff in Emergency Departments (ED)	<ul style="list-style-type: none"> • Concern over senior clinical leadership within department 	<ul style="list-style-type: none"> • Recruited to consultant posts – we have three new consultants in our emergency departments and there are two more in the pipeline. Also two middle grades have been appointed • There is an on-going recruitment programme which is looking at both staff identified via agencies and from abroad. This has resulted in 53 new starters and stability has improved by 3% • The team are actively looking to increase Nurse Practitioners with interviews scheduled • There is a rolling advert out for nurses • Two new consultants are in place to support gynaecology emergency pathways
Improve the management of sepsis	<ul style="list-style-type: none"> • There was not a robust plan in place to ensure patients were being assessed and managed appropriately 	<ul style="list-style-type: none"> • A Sepsis Lead and specialist Nurse were both appointed • Sepsis Trolleys are now in Queen's and King George hospitals emergency departments and are being rolled out to a selection of ward areas • Achieved CQUIN for the first quarter of 2016

CQC domain: Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life, and is based on the best available evidence

Area of focus	Where we were	Where we are now
Meet the Emergency Care standards in the Elders' Receiving Unit	<ul style="list-style-type: none"> Patients were not always being reviewed twice daily or being seen within 14 hours of arrival in the unit by a consultant 	<ul style="list-style-type: none"> Safety thermometer results showing 95% of harm free care
Audit and monitor the patient outcomes from the Trust discharge strategies	<ul style="list-style-type: none"> Not routinely learning from outcomes and improving 	<ul style="list-style-type: none"> Clear strategy for discharge of patients that is monitored by the patient flow team. Also our Trust has a patient flow programme of work that will use the outcome from all findings to improve systematically
Include a dietician as part of the critical care multidisciplinary team (MDT) in line with the core standards for intensive care guidance	<ul style="list-style-type: none"> No dietician with required level of competencies within MDT 	<ul style="list-style-type: none"> Dietician recruited and now fully integrated into MDT
Ensure medical staff in the emergency department receive appropriate supervision	<ul style="list-style-type: none"> New staff were not seen to be fully supervised clinically within the department 	<ul style="list-style-type: none"> Programme for supervision in place with regular reviews
Ensure that speech and language therapists are trained and competent to care for patients who have tracheostomies	<ul style="list-style-type: none"> There was no competent SALT trained to care for patients with tracheostomies 	<ul style="list-style-type: none"> SALT team have now been TUPED over and have completed a competency based training framework

The Caring domain is monitored and measured differently to the other four domains as this was not within the CQC's must do actions. However we would still like to share last month's achievements as this domain continues to be a priority for us and as such have kept the reporting style the same.

CQC domain: Caring		
What does caring mean?	Key achievements	Next steps
Staff are involved and treat people with compassion, kindness, dignity and respect	<ul style="list-style-type: none"> We believe that patient experience is not only something to consider for patients that are currently in our care. It's also relevant to families and carers who have sadly lost a loved one whilst with us. To provide families/carers with more support after the death of their loved one, 'dignity patient property bags' have been introduced. The use of the bag will indicate to staff that the person carrying the bag may need more support at this difficult time Patient Clinic Information boards have been installed in the Outpatients department at King George Hospital. These provide patients with up to date information on the clinic they're waiting for and if any delays are due to occur. This ensures that we are keeping them up to date and improving communication 	<ul style="list-style-type: none"> We are developing our text message services to improve communication with hard of hearing and deaf patients A new uniform for paediatric staff is being researched. We're looking at something that is more appealing to our younger patients, and helps to identify our paediatric staff easily

CQC domain: Responsive		
Our services are organised so that they meet people's needs		
Area of focus	Where we were	Where we are now
Ensure all services for neonates, children and young people are responsive to their needs	<ul style="list-style-type: none"> There were not designated areas for children within theatres and outpatients 	<ul style="list-style-type: none"> We have now carried out work on redesigning pathways and the environment making them responsive to the needs of children
Ensure radiology is fit for purpose and fulfils its reporting timescales, particularly for CT scans	<ul style="list-style-type: none"> Radiology was not meeting national access standards 	<ul style="list-style-type: none"> A robust recovery plan was actioned and as a direct result radiology have vastly improved their performance and are now meeting standards
Ensure that medical outlying patients have an identified medical team to review their care and an agreed escalation plan in place (Acute Medicine/Specialist Medicine)	<ul style="list-style-type: none"> Patients were allocated to a consultant on an ad hoc basis. There was not a robust system in place 	<ul style="list-style-type: none"> There is now a consultant assigned to each ward, responsible for the care of medical outliers. Where possible outliers are repatriated to an appropriate medical ward as soon as possible
Comply with the national Dementia Strategy	<ul style="list-style-type: none"> Baseline data showed that dementia screening was being undertaken on 76% of our patients 	<ul style="list-style-type: none"> 99% of our patients are now undergo dementia screening
Ensure processes are in place for locum and agency staff in respect of accessing and using IT systems required for their role	<ul style="list-style-type: none"> There was not a robust and standard process in place that would allow locum and agency staff access to the IT systems needed within their roles 	<ul style="list-style-type: none"> A clear process is in place to allow locum and agency staff to access the systems needed
Improve the service planning and capacity of Outpatients and appointment times	<ul style="list-style-type: none"> Our Trust was not meeting national access standards for elective care 	<ul style="list-style-type: none"> A Deputy Chief Operating Officer for Planned Care has been appointed Patient Pagers now in use to manage capacity within clinic waiting areas (on the day of appointment) Additional clinics have been established to reduce the cancer backlog within the Women and Child Health division
Improve the IT systems so they are up to date and the IT strategy is implemented and supports clinical staff to carry out their duties	<ul style="list-style-type: none"> IT hardware and systems did not support clinical staff in effectively caring for patients 	<ul style="list-style-type: none"> 2,001 PCs have been replaced with a further 1,000 now upgraded

CQC domain: Well led

We lead our organisation to deliver high quality, patient-centred care. The leadership supports learning and innovation and promotes an open and fair culture. We are governed by a Board and management structure that has assurance and grip on the delivery of care

Area of focus	Where we were	Where we are now
<p>Have clear governance with integrated systems and processes to support staff to provide care and treatment safely and share good practice</p>	<ul style="list-style-type: none"> There was no clear governance with integrated systems and processes to support staff to provide care and treatment safely 	<ul style="list-style-type: none"> This has been addressed via a complete review and restructure of our governance processes and structure The following are now in place: a GGI Maturity Matrix, Quality and Safety Manual, training materials, and divisions have Quality and Safety Advisors to support Weekly Patient Safety Summits now take place at both sites with patient representation each time We have held a number of Listening Events for young people in our boroughs, providing them with an opportunity to share their thoughts on what they would like to see as part of the future of the NHS service, to talk to staff about different services we offer, and to find out about working at our hospitals and across the NHS We produced a series of Patient Safety Memos covering a range of topics including Medicines Management, Duty of Candour, Falls, Record Keeping and Raising Concerns