



NHS
Mid Essex Hospital Services
NHS Trust

Southend University Hospital **NHS**
NHS Foundation Trust

Basildon and Thurrock University Hospitals **NHS**
NHS Foundation Trust

Quality Accounts Review: 17/18 and 18/19

June 2018

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Key highlights

- Red2Green concept being embedded on all wards to support timely care
- Treatment escalation plans in place and a clinical handover tool piloted in the emergency village
- Embedded a listening events programme to learn from our patients and staff
- Improved our discharge lounge environment
- Developed a Schwartz Round programme
- Implemented an electronic patient record, Lorenzo

Challenges

- Performance against national targets including cancer, RTT (off reporting) and ED
- Prevention of pressure damage
- Infection Prevention
- VTE risk assessment
- Raised HSMR

Successes

- The Burns and Plastics research nurses were awarded with the Health Enterprise East sponsored Outstanding Care and Service award for Research and Innovation.
- The Research Team won the *Nursing Times* 'Clinical Research Nursing' award
- The ED team were commended by the School of Emergency Medicine, Health Education, East of England, for the outstanding training they have provided to ED doctors
- National Children's and Young People's Inpatient & Day Case Survey performance - overall, children & young people (8-15) asked how well they thought that they were looked after in the hospital, an average score of 92.9%.
- Successful joint bid for UCLP human factors programme

SUHFT - quality update

The quality priorities were selected based on three domains:

- patient safety
- clinical effectiveness
- patient experience

Some of the quality goals that were agreed in 2016/17 were for a target completion date of March 2019, these continue to be in progress.

- SHMI remains outside the expected control limit
- Nurse vacancy rate 12.81%
- Compliance with 62-day target for cancer waits
- Four hour accident and emergency target not met between November 2017-March 2018

Domain	Priority	Target Date	Focus	Achievement
Patient Safety	Reducing harm from deterioration	March 2019	Reducing summary hospital-level mortality indicator; reducing avoidable cardiac arrests; reducing 30 day mortality from sepsis	In progress, not yet achieved
	Reducing avoidable harm	March 2019	Reduce in-hospital falls and preventable pressure ulcers	In progress, not yet achieved
	Safe staffing	March 2019	Achieve safe nursing staff levels	In progress, not yet achieved
Patient experience	Improving patient feedback	March 2019	Improve the recommender score for friends and family test	In progress, not yet achieved
	Improving patient engagement	March 2019	Improve the patient engagement score in the national inpatient survey	In progress, not yet achieved
	Embedding staff values	March 2018	Improve the recommender score from the staff friends and family test	In progress, not yet achieved
Clinical effectiveness	Improving patient flow	March 2018	Achievement against key operational targets – 62 day cancer, 4 hour A&E and referral to treatment targets	In progress, not yet achieved
	Improving end of life care	March 2018	Improve CQC rating for end of life care services	Achieved

Key Highlights

- Improved end of life care improved CQC rating from “requires improvement” to “good”
- CQC ratings improved in 10 areas.
- Hospital out of hours team fully embedded.
- In-patient falls per 1000 bed days starting to reduce
- There is a downward trend with 30 day mortality associated with sepsis

BTUH Quality Update

- Reduction of 6% in overall pressure ulcers with a 40% reduction in grade 3 and 4 pressure tissue damage
- Reduced severe injurious falls (15 compared to 21 in 2016/17). Trust remains below Royal College National audit
- VTE assessments since October 2017 has been compliant above 95%
- C difficile ceiling target of 31, year end 28 with two lapses in care relating to antibiotic prescribing
- Latest HSMR 12 month rolling (Feb 2017- Jan 2018) 94.31 lowest figure for 24 months
- Reduction in cardiac arrests with a 50% reduction from 2015/16. Trust is now less than 1 per 1000 admissions.

Challenges

- Nursing vacancies and Staff retention
- Sepsis
- Complaint response times
- Peer review report and changes required for Diabetic foot- CCG funding for change
- Sustainable cancer and RTT delivery
- Introduction of competing electronic systems (e.g. teletracking, healthroster. Medway in ED) on staff capacity and competing demands

CQC Current position

Mid Essex

2016 – GOOD

SUHFT

2018 – REQUIRES IMPROVEMENT

BTUH

2016 - GOOD



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msb 18/19

- Shared priorities
- Governance and assurance
- Quality Improvement

Shared Priorities in Quality Plans

- Avoidable harm - Falls and Pressure Ulcers
- Mortality
- Hospital Acquired Infection – MRSA, C Diff and E Coli
- Patient experience and engagement
- End of life-care planning
- Avoidable deterioration of patients (Sepsis, cardiac arrests, AKI)
- CQC – GOOD
- Clinical pathway management and collaborative system working
- Staff recruitment and retention

Governance and Assurance

- Re-structuring of: Governance, Risk and Quality teams, Harm Free care teams, Patient Experience and Safeguarding Teams across msb. Hub and spoke model.
- Review of governance arrangements to ensure consistency, minimise variation, improve reliability and sustainability
- Established JWB Quality committee to oversee quality strategy
 - Agreed to prioritise Human Factors and Schwartz rounds
 - Develop enhanced surveillance for service re-design
- Commissioned GE Healthcare to assess msb approach to quality and quality improvement (paper to JWB in June 2018)

Quality Improvement

- Values and behaviours based culture
- IQASER baseline presented to JWB
- Established shared approach to harm free care
- Develop “community of Quality Improvement (QI) experts” with “call to arms”
- Increase capacity for QI training
- QI in DNA of staff

*“If you always do what you’ve always done,
you’ll always get what you’ve always got”*

Henry Ford