## BHRUT IMPROVEMENT UPDATE

Jon Scott
Interim Chief Operating Officer







# **2015** CQC REPORT

## KING GEORGE HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Inadeduate	N/A	Requires improvement	Inadequate	Requires improvement	Inadequate

## QUEEN'S HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Inadequate	Requires improvement	Requires improvement

# **2016** CQC REPORT

## KING GEORGE HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Good	Requires improvement

## QUEEN'S HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good

## **MUST DO ACTIONS – MARCH 2017 REPORT**

Actions	Comments
<b>Must Do 1</b> - Ensure there is oversight of all training done by locums particular around advanced life support (ED)	Completed and process in place
Must Do 2 - Take action to address the poor levels of hand hygiene compliance	Completed with a improvement of compliance that meets Trust target. A further detailed plan is in place to continue to improve
Must Do 3 - Ensure fire safety is maintained by ensuring fire doors are not forced to remain open (PAEDS)	Completed
<b>Must Do 4</b> - Ensure staff have a full understanding of local fire safety procedures, including the use of fire doors and location of emergency services (PAEDS)	Completed – monitoring compliance with improvement walks
<b>Must Do 5</b> - Ensure hazardous waste including sharps bins is stored according to related guidance and EU directives. This includes the consistent use of locked storage facilities. (PAEDS)	Completed
<b>Must Do 6</b> - Take action to improve the response to patients with suspected sepsis	Completed – Metrics have shown improvement and national CQUINs met to date
Must Do 7 - Take action to improve the levels of resuscitation training	Completed
Must Do 8 - Ensure all patients attending the ED are seen by a clinician in a timely manner	Continued work in ED that includes this 'Must Do' and preparation for winter pressures



## **EXECUTIVE TEAM UPDATE**

- Matthew Hopkins (CEO) back after successful kidney transplant
- Nadeem Moghal (Medical Director) back after cancer recovery
- Deborah Tarrant (People & Organisational Devt Director) back after illness
- Sarah Tedford (Chief Operating Officer) has moved on – process of permanent recruitment under way – Jon Scott, interim COO
- New Director of Communications appointed to be announced

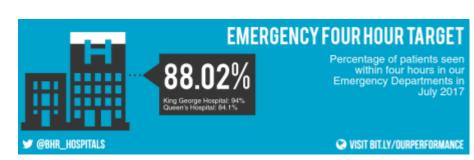








### PERFORMANCE HEADLINE SUMMARY





#### REFERRAL TO TREATMENT

Percentage of people waiting less than 18 weeks once referred to our hospitals by their GP in July 2017

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#### FRIENDS AND FAMILY TEST

Percentage of patients who would recommend our services to their friends and family in July 2017

VISIT BIT.LY/OURPERFORMANCE



#### **BEDOCCUPANCY**

Percentage of beds occupied in our hospitals in July 2017

VISIT BIT.LY/OURPERFORMANCE



#### INFECTION PREVENTION

Number of MRSA and C.Diff cases in our hospitals during July 2017

VISIT BIT.LY/OURPERFORMANCE



#### MORTALITY

The Summary Hospital-level Mortality Indicator (< 100 is better than average) from March 2016 to February 2017

VISIT BIT.LY/OURPERFORMANCE



### REFERRAL TO TREATMENT

- 92% national Referral To Treatment standard hit for first time in 3 years – three months ahead of trajectory
- Massive effort from staff and primary care colleagues
- Just 8% of patients waiting longer than 18 weeks for June and July
- At beginning of 2014, waiting list included over 1,000 people waiting longer than 52 weeks – now down to around single figures
- Huge joint recovery plan (delivered in partnership with local commissioners) has seen thousands of patients treated
- Thousands of extra clinics and nearly 100,000 appointments delivered



## RECRUITMENT AND WORKFORCE

- Continued focus on recruiting and retaining staff (especially nurses)
- Specialist Recruitment Nurse now in post and working on strategy
- Student Open Evening tonight (September 27)
- Very successful recruitment event at Queen's, with another one in the pipeline
- Excellent engagement and support from local media partners





## STROKE SERVICES

- Demand on our stroke services continues to increase
- Need to provide strategic focus and leadership
- New Director of Stroke Services:
   Dr Sree Andole very experienced expert lead





## THE PRIDE WAY – RAPID PROCESS IMPROVEMENTS

- Electronic Discharge System (July) focus on reducing the lead time in getting the EDS from ward to pharmacy, so discharge can occur more quickly and smoothly
- Serious Incidents (August) identifying how we can take more immediate actions after the report of a Serious Incident, so changes can be implemented more quickly
- Building on work already undertaken focusing on the First 24 Hours for frail and elderly patients
- Pride Way Leaders the next step to make sure our leaders are the very best they can be



## **SERVICE RELOCATIONS – BEDDING IN WELL**

- Antenatal, Pre-Assessment, and Phlebotomy relocating main operations to King George.
- The space, facilities and services are better, providing patients with a safer, improved experience.
- More room, more natural light, better cubicle space, and new waiting areas.
- Space for future expansion, bigger scanning rooms, and a children's play area.



## **IMPROVING TECHNOLOGY**

- Bluespier theatre management
- VitalPac software system to record patient data at bedside



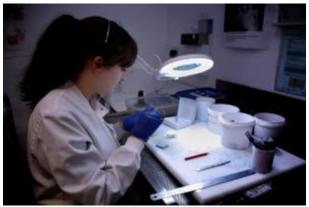




## **UPCOMING PRIORITIES**

- Substantial investment and capital redevelopment over Winter
- Emergency Department/Urgent Care
   Centre improvements at both Queen's and
   King George Hospitals
- Surgical Assessment Unit opening
- Major new scanning equipment in radiology – Halcyon and True Beam
- Pathology equipment upgrade to improve our assessment of samples
- NICU/Children's short stay assessment unit







## **ANY QUESTIONS?**

