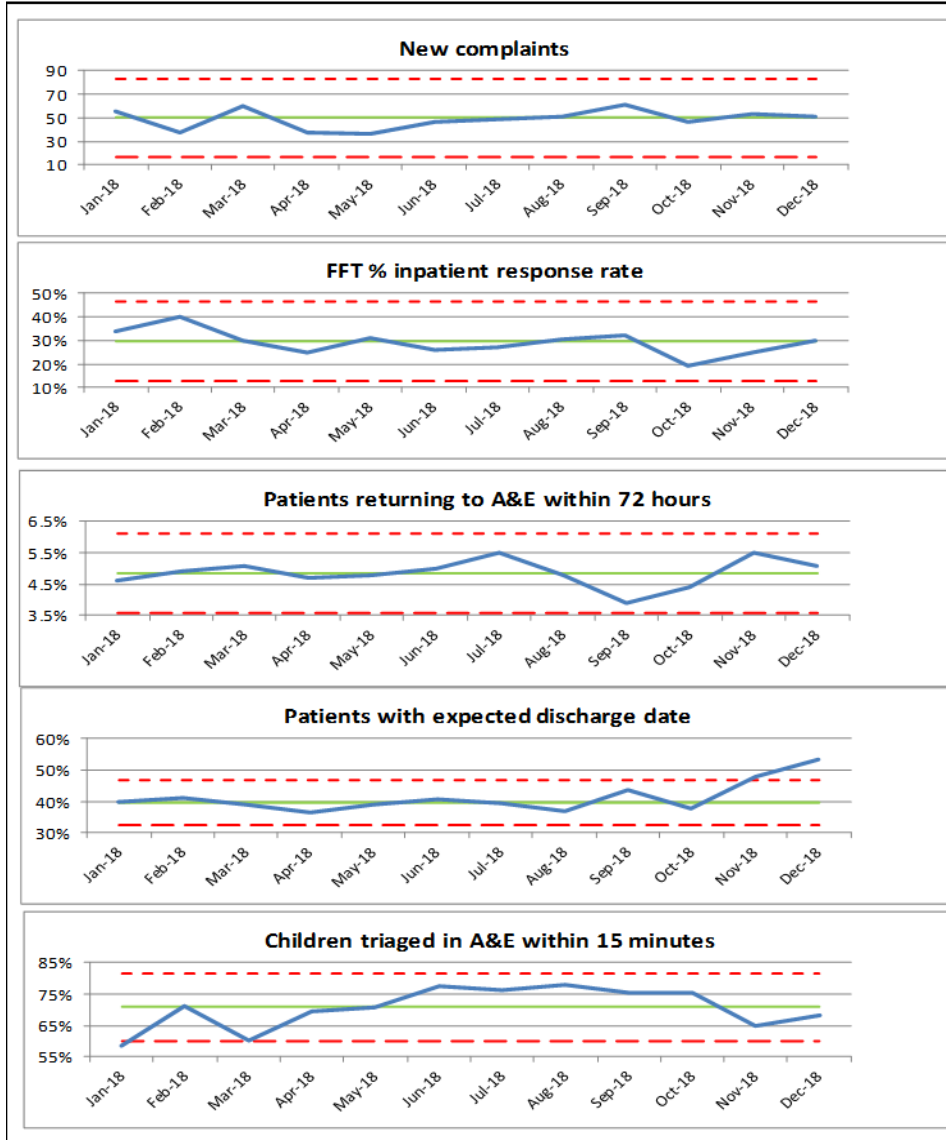


Quality: patient experience

PATIENT EXPERIENCE - LEADING INDICATORS (SPC)

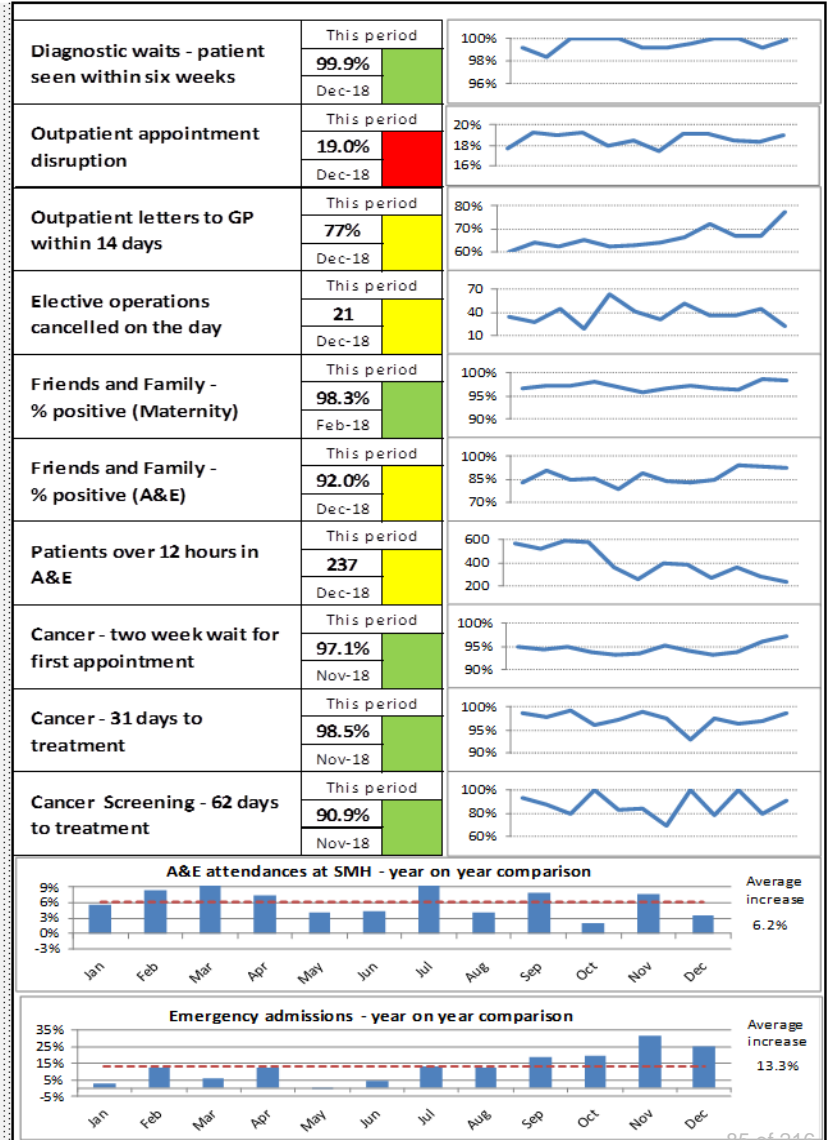
Lead - Quality Committee

Information derived from internal sources



PATIENT EXPERIENCE - TREND INDICATORS

Information derived from internal sources



Quality: patient experience

Accolades

Count of Type	Month received										Grand Total
Division	Apr-2018	May-18	Jun-2018	Jul-2018	Aug-2018	Sep-18	Oct-18	Nov-2018	Dec-2018	Grand Total	
IECC	508	479	491	476	462	488	509	489	1	3903	
Specialist Services	269	251	213	282	256	255	175	212	39	1952	
Women & Children	103	72	132	168	152	113	229	231	383	1583	
Surgery	176	25	231	162	101	174	245	267	5	1386	
Integrated Medicine	103	88	109	108	129	168	142	116	9	972	
Corporate/Non-Clinical Support Services	1	1	5	4		6	2	4	3	26	
Grand Total	1160	916	1181	1200	1100	1204	1302	1319	440	9822	

Complaints

New complaints received in December was 51. At end of Q3 there is a 9% increase in the number of new complaints compared with 2017/18.

Thematically The subject code most commonly used was for Communication across 13 cases. T&O were the specialty with the highest number of new complaints at 8. These were primarily focused on surgery waiting times.

Speed of response Dec 79% of 25 day cases. We have sustained performance above 85% over the last 6 months. It is predicted that we will recover the position for January and remain ambitious to sustain our good performance.

Activity

New Local (PES) Patient Experience Surveys. – there were two new surveys started in November relating to :

- 5638 - Thame Community Hub PES– extension of chemotherapy services to be implemented at Thame Community Hub.
- 5641 Emergency Alert Card Usage PES – Telephone survey

Key Achievements

- A&E reported a 27.4% response rate and a 92% approval rating based on 1329 responses which is the highest number of responses and response rate ever achieved by A&E and this is as a direct result of the healthcare communication pilot that is underway.
- Regular feedback review meetings in A&E with clinical and non clinical staff to discuss potential learning from feedback and looking at top 5 issues in historical feedback to help us in current winter pressures.
- We are now receiving voice messages from patients in A&E and Community services that can be saved and used as service improvement tools.
- Another volunteer has been interviewed and has accepted the offer to help with making personal phone calls to recently discharged patients to ask about their stay and record and manage any questions that may arise
- Set up front line staff training sessions to improve first impressions within urgent care – local test sessions with small number of reception staff arranged to get staff input into the training session and then roll out to all staff.
- The interactive voice message feedback service is now live in our FFT pilot and is bringing in voice feedback for our A&E and community teams and very rich voice data is being analysed by the divisions for action in January 2019.

Key Priorities

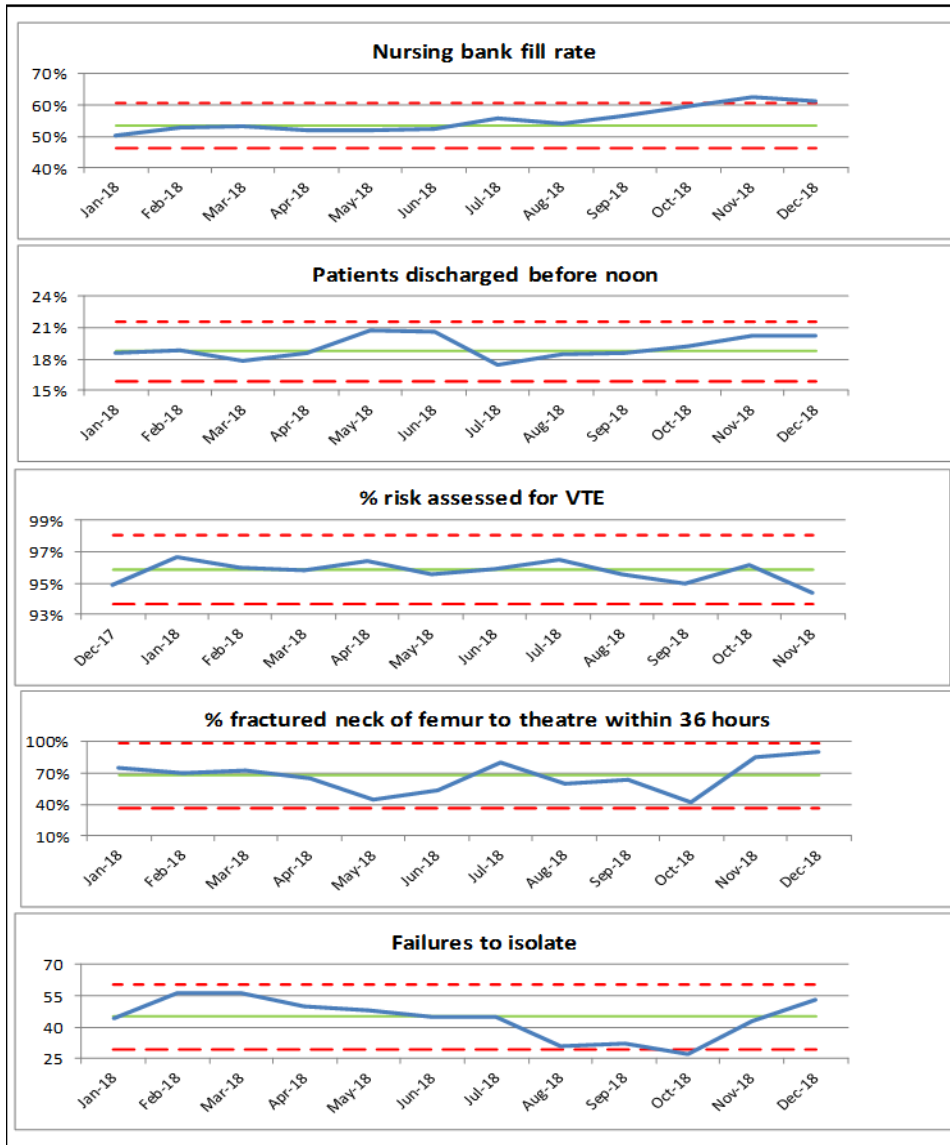
- Write and share an A&E winter pressure report, providing top 5 patient feedback concerns for focus over the winter season.
- Complete final welcome letter checks for publication.- January 2019
- Trust wide training sessions 2019 to promote a culture of early resolution at local level to reduce formal complaints

Quality: patient safety

PATIENT SAFETY- LEADING INDICATORS (SPC)

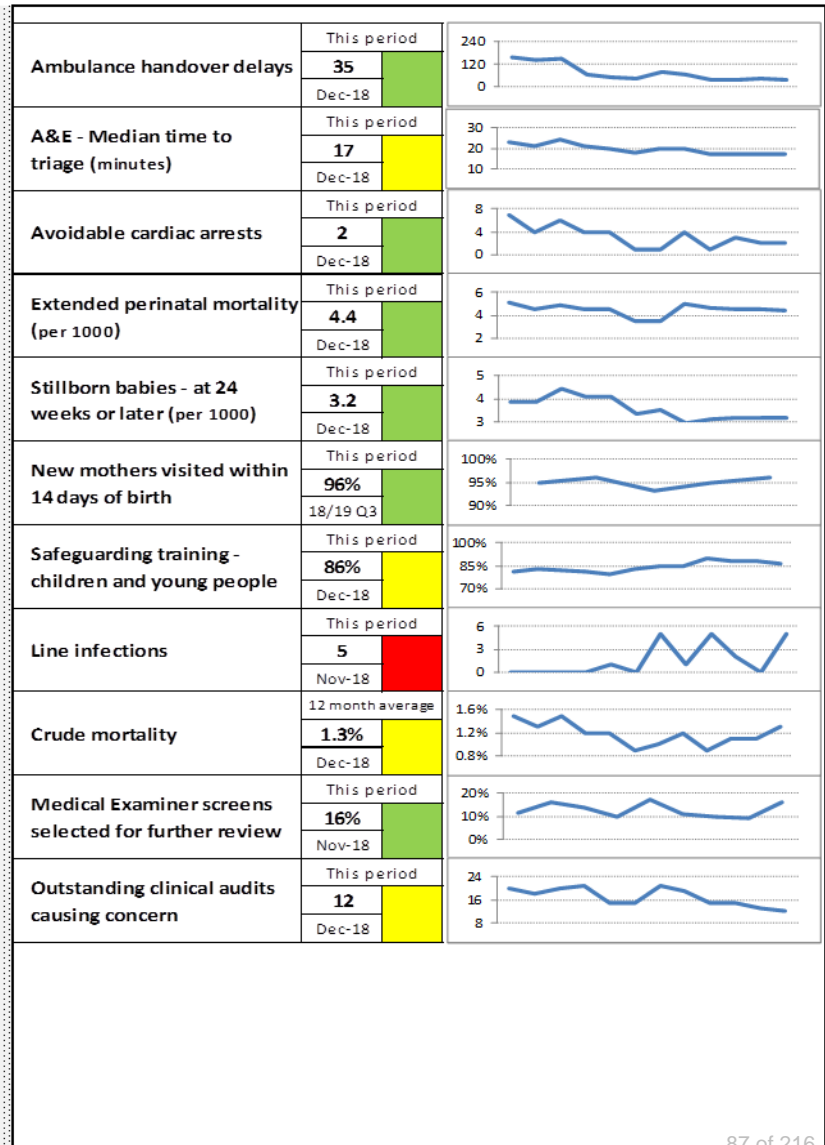
Lead - Quality Committee

Information derived from internal sources



PATIENT SAFETY - TREND INDICATORS

Information derived from internal sources

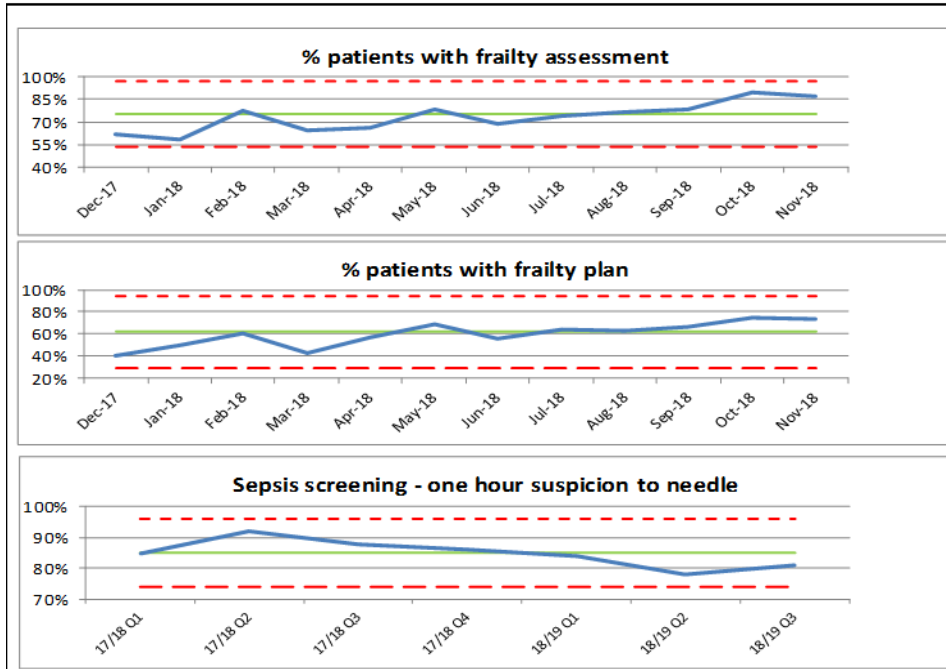


Quality: patient safety

PATIENT SAFETY- LEADING INDICATORS (SPC)

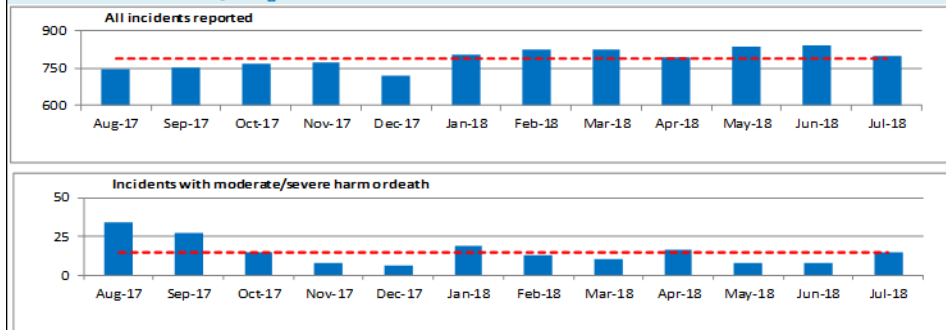
Lead - Quality Committee

Information derived from internal sources



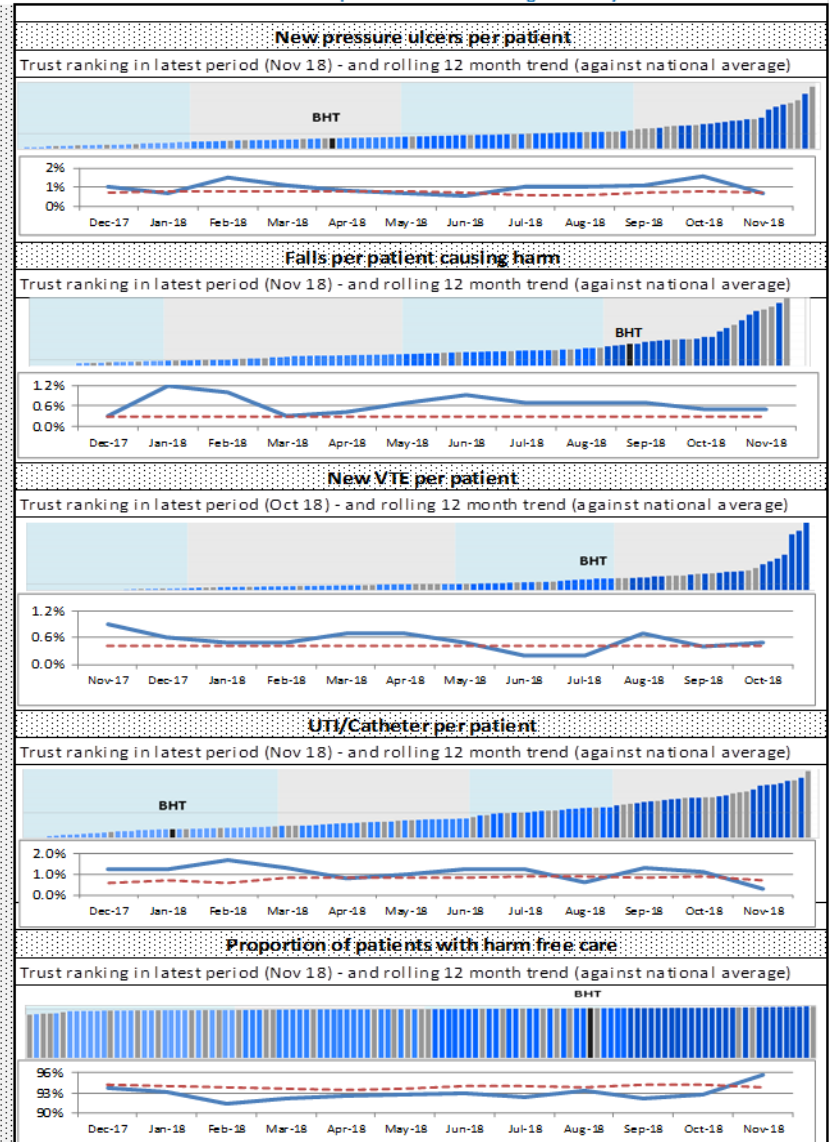
Safety incident reporting

Information source is CQC Insight



PATIENT SAFETY - TREND INDICATORS

Information source is NHSI Model Hospital - for benchmarking nationally



Quality: Key Issues and Learning

Trust wide Serious Incident Learning Group December 2018

Handover and Safety Huddles were discussed with case studies.

A Safety Huddle Driver Diagram was shared. Key learning - variation in 'Handover' trust wide. **Recommendation-** standardisation safety huddles

Never Event (October 2018) learning

- Handover is critical; shift handovers should be structured
- Forcing function to reduce recurrence- removing the equipment/dressing
- A clear leader should be designated for each team, to ensure clarity of roles and responsibilities.
- Staff must focus on their assigned area of work other than in an emergency

Ward safety boards

There has been a focus on standardisation and using the board to prompt quality discussions on safety and quality rounds. "Sharing the quality story".

Mortality review and alerts including 2018 Figures

- **99.8% compliance** of all medical examiner screens for Adult Deaths at BHT in 2018- **1189 deaths screened**
- Annual mean SJR selection **12%**
- **88% no care problems** identified
- SJR completion- compliance **up to 81%**
- **535 compliments** received- **34% led to excellence reporting**
- Definition of Care Problems for Mortality Review for adoption from Jan 1st 2019
- Amendment to Mortality Review Policy approved via TPSG
- Lead Medical Examiner presented at Frimley Park Medical Examiner Training Day Dec 2018
- Learning from Mortality Review leading to sepsis actions and improvements in Q3 compliance
- Quarterly meetings with Learning Disability Nurses and Regional Lead now established
- Planned visits by Hillingdon and Northampton to BHT Medical Examiner Service Jan 2019
- BHT representation at National ME conference Jan 2019

Service Improvements

Recent Key Achievements and key priorities:

Building capability for continuous improvement at BHT:

- Quality service improvement redesign (QSIR) network formed; 1st meeting held in December 2018 with mentors
- 2 QSIR practitioners working towards achieving teaching status
- QSIR communication strategy being developed
- Learning framework approved at Executive management committee

Progress continues in several ongoing service improvement project areas including:

- Non Invasive Ventilation pathway
- Bariatric Surgery
- Urgent Care
- Remote monitoring for pre-operative assessment to save patients time and travel

CQC insight

There has been no publication of the CQC insight report since October 2018