

“A quality of care we would want for ourselves, our families and our friends”



**Richard Beeken**  
**Chief Executive**

# Our Ratings

	Safe	Effective	Caring	Responsive	Well-led	OVERALL
A&E	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical Care	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Critical Care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and Family Planning	Inadequate	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children and young people	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Inadequate	Inspected but not rated	Good	Inadequate	Inadequate	Inadequate
OVERALL	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate

# Our Ratings

	Safe	Effective	Caring	Responsive	Well-led	OVERALL
Community health services for adults	Good	Good	Outstanding	Good	Good	Good
Community health services for children	Good	Good	Good	Good	Good	Good
Community health inpatient services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Community dental services	Good	Good	Good	Requires improvement	Good	Good
OVERALL	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement

	Safe	Effective	Caring	Responsive	Well-led	OVERALL
OVERALL TRUST	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	INADEQUATE



# We have heard and responded to your concerns



Vacancy rates and temporary staff usage unacceptably high



Deteriorating RTT performance and lack of oversight of risk to patients resulting from this



Ineffective incident management - reporting and learning



Safeguarding of adults and children needs to improve



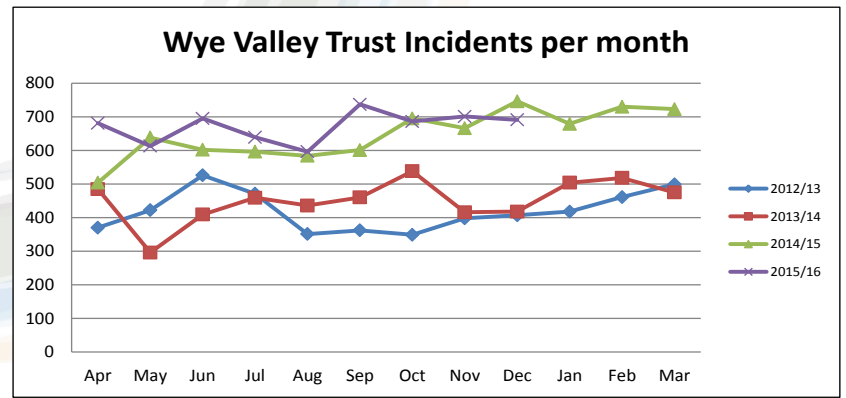
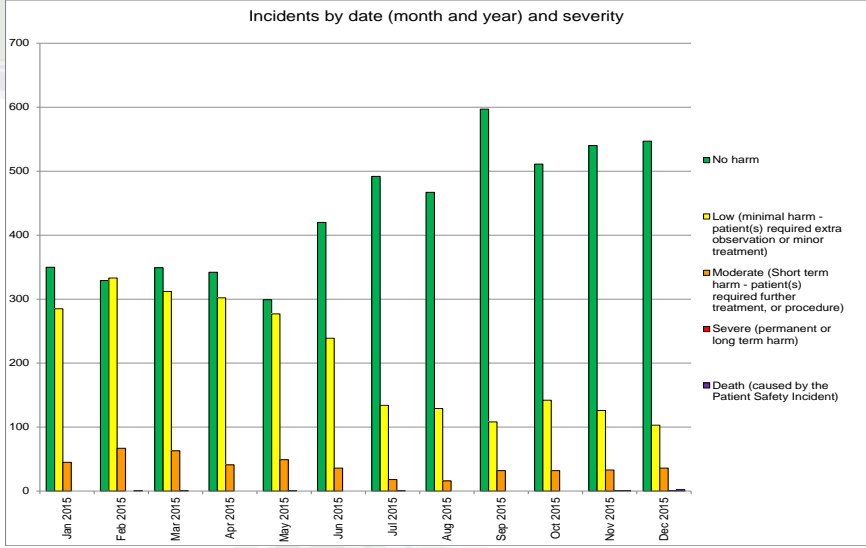
Inconsistent adherence to local policies and procedures





# How we have responded – October 2014 - September 2015

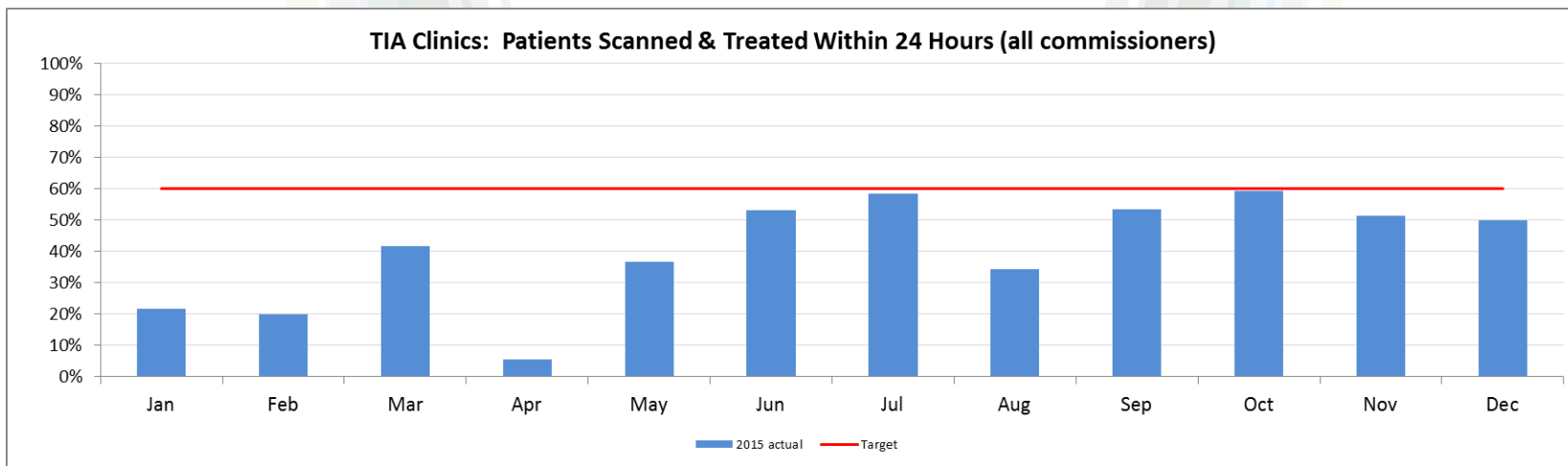
- More Executive Team stability and continuity
- Improved patient safety culture and reporting
- Strong safety thermometer performance
- Improved ED and emergency admission patient safety and continuity of care





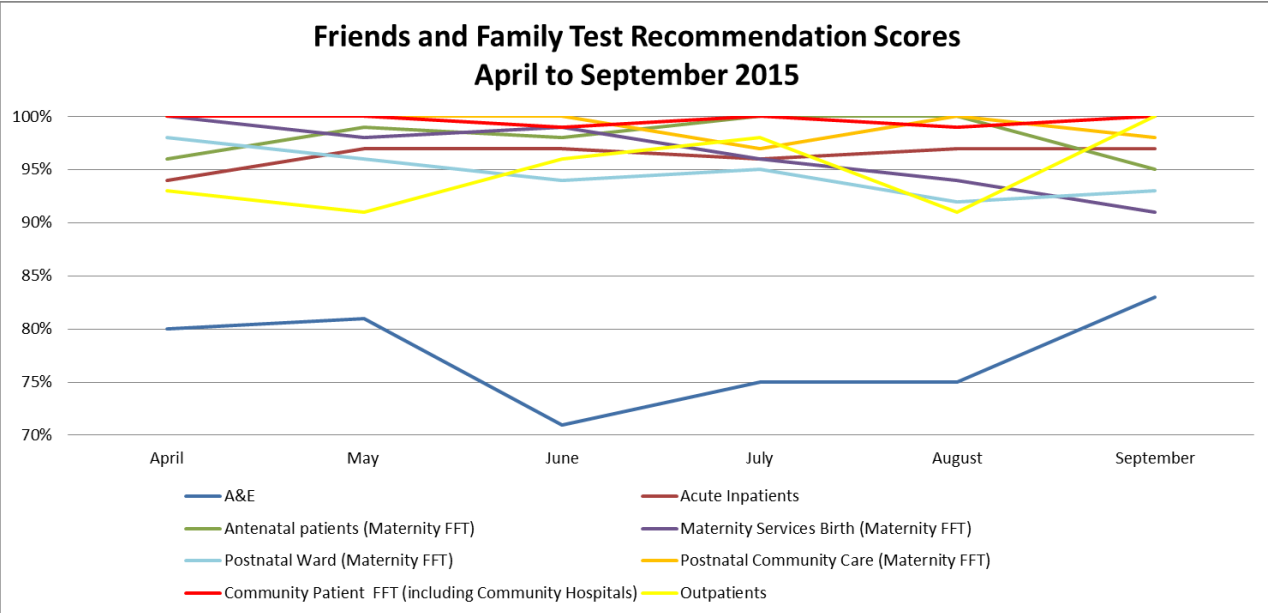
# How we have responded – October 2014 - September 2015

- **Strengthened process and engagement – mortality governance**
- **No MRSA bacteraemia for >1000 days**
- **Improved stroke and TIA performance, despite resilience issues**





# How we have responded – October 2014 - September 2015



- **FFT response rate and results improvement**
- **Fundamentals of daily living improvements - ED and CAU**
- **Consultant recruitment – surgical specialties and acute medicine**
- **Improved staff engagement**

## Safeguarding

- **Regular reviews of staff knowledge by Safeguarding Team and Quality and Safety Team**
- **Detailed case note reviews**
- **Introduction of Integrated Paediatric Health Record**

## Medicines Management

- **NSI reporting now includes missed doses**
- **Missed dose audit – December 2015**
- **Access to bedside lockers resolved**
- **Parent to child medication policy adopted**





## Agency Staff Reduction

- **New, standardised induction checklist in place**
- **Regular spot check process established**
- **Band 5 nurse vacancy rate will be reduced by over 50% by March 2016**

## RTT and Patient Safety

- **420,000 open pathways nearing completion of validation**
- **Admitted pathways PTL revised – Nov 2015**
- **Non-admitted pathways PTL – Dec 2015**
- **Follow-up waiting list management and process – Cardiology, Plastics, Gastro, Respiratory in place – remaining specialties in development**
- **New '4 point' process adopted**
- **Long waiters harm review process agreed with local GPs and CCG**
- **Realistic and evidence based RTT Recovery Plan in development**



## Quality Governance Improvement

- Executive Leadership – Medical Director
- New Executive panel oversight of SI's, RCA's and associated learning
- Quality Governance systems external review – GGI
- Executive oversight of Divisional quality governance arrangements

## Emergency Department Consultant staffing

- Benchmarking with other Trusts complete
- ED consultant rota being reviewed – weekend cover
- ED strategic workforce plan to be refreshed





# Exiting Special Measures – Our Quality Improvement Plan

-  Thematic, programme based approach with greater emphasis on measuring intended outcomes
-  Quality Governance & Risk
-  Reducing harm
-  Organisational Development
-  Estates Strategy
-  Patient experience and involvement
-  Safeguarding
-  Urgent Care
-  Stroke Service



# Exiting Special Measures – Our Quality Improvement Plan



New Improvement Director – Programme Management Approach / measurement of outputs and outcomes



New 'buddy' organisation - common characteristics



Text of CQC report shows progress made and where further progress needs to be seen



Targeted challenging yet realistic exit timetable from Special Measures

# Ongoing systemic challenges – no quick fix



Diseconomy of scale and lack of resilience  
(i.e. bed capacity)



Recruitment (nursing and medical) and  
retention



Capital investment in outmoded estate



Financial health – the whole Herefordshire  
system



Clinical and organisational strategy ('One  
Herefordshire')



Incremental rebuilding of reputation



Thank You