Kingston Hospital **NHS**
NHS Foundation Trust

Quality Account 2016/17 & 2017/18 Quality Priorities

Trust Board	**Item: 12**
Date: 25th January 2017	**Enclosure: H**

Purpose of the Report:

To provide the Board with the timeline for the creation of the 2016/17 Quality Account; the most up to date guidance on production of the account; and the selection of the 2017/18 Quality Priorities. Due to the timelines on voting on the Quality Priorities, the Board will be informed at the Board meeting of the selected priorities, following the close of the survey on 22nd January 2017.

For: Information ⊠ Assurance ☐ Discussion and input ☐ Decision/approval ⊠

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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Links to corporate risks associated with improving quality
Legal / Regulatory / Reputation Implications:	CQC & Department of Health compliance with annual report requirements

Link to Relevant CQC Domain:
Safe ⊠   Effective ⊠   Caring ⊠   Responsive ⊠   Well Led ⊠

Link to Relevant Corporate Objective:	Corporate Objective 1
Document Previously Considered By:	N/A – Timetable details process for arriving at potential Quality Priorities

Recommendations:

The Trust Board is asked to:

a) **Note** the proposed timeline for production of the 2016/17 Quality Account and the 2017/18 Quality Account objectives; and

b) **Note** and **approve** the 9 selected priorities for 2017/18 (which will be tabled at the Trust Board meeting following closure of the survey on 22nd January 2017)

Quality Account 2016/17 Plan & 2017/18 Quality Priorities

Purpose:
To provide the Trust Board an overview of the process for producing the 2016/17 Quality Account, and actions taken and to be taken, in identifying the 2017/18 Quality Account Objectives.

Introduction:
Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of the services delivered. The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services offered. It allows leaders, clinicians, governors and staff to demonstrate commitment to continuous, evidence-based quality improvement, and to explain progress to the public.

At the Trust Board in May 2016, the Board received the final draft of the 2015/16 Quality Account before being published in June 2016. The Quality Account objectives published in the current version are as follows:

Safety

1. Reduce use of agency staff by reducing vacancies
2. Reduce avoidable harm from sepsis
3. Reducing falls in the hospital setting

Effectiveness

4. Reduction in patient reported pain
5. Reduction in readmissions in non-elective care
6. Reduction in length of stay

Patient Experience

7. To transform administration across the hospital
8. Improve end of life care
9. Improve experience of discharge.

Developing the Quality Priorities and Local Measures of success:
The Quality Account looks forward to 2017/18 and the measures of success in achieving the Trust Quality priorities in three dimensions Patient Safety (Prevent Harm), Clinical Effectiveness (Improve Clinical Outcomes) and Patient Experience (Listen and respond to patients concerns). Three priorities in each domain will be chosen.

Our Quality priorities are developed in partnership with our local community partners and commissioning bodies and will include existing areas of performance where there is room for improvement and a priority.

Each Quality Priority will have a measure of success will have an action plan and be monitored within a designated group. The proposed measures and outcomes will be detailed within Section 2 of the Quality Account.

NHS England sent a letter to Trusts 6 January 2017 confirming 'For 2016/17, there will be no change to the reporting and recommended audit arrangements for Quality Accounts'. The following has however been requested to be included:

- How the Duty of Candour is being implemented
- Patient Safety Improvement Plan as part of the Sign up to Safety Campaign
- Most recent NHS Staff survey results for indicators KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months) and KHF21 (percentage believing that Trust provides equal opportunities for career progression or promotion) for the Workforce Equality Standard
- Trusts CQC ratings grid and plan to address any areas rated requires improvement or inadequate and by when they are expected to improve.

Selection of Priorities:

In order to develop the Quality Priorities for 2017/18, the Trust is undertaking a survey to gather the views of patients, staff, Volunteers, Members, Governors and other stakeholders on what they felt the Trust needed to focus on to ensure ongoing improvements to the quality of care. The information from this survey will be used to inform the development of the Quality Account.

- The "long list" of potential priorities was developed using a range of sources including:

  - Clinical Quality Report performance (areas of underachievement)
  - Clinical Effectiveness Committee (areas of focus for coming year)
  - Clinical Quality Improvement Committee (areas of focus for coming year)
  - Executive Management Committee (proposals for inclusion reflecting local key issues)
  - Quality Assurance Committee (feedback on areas of focus)
  - Council of Governors (Governors Quality Scrutiny Committee)
  - Proposed Corporate Objectives 2017/18
  - Sign up to Safety Projects
  - Feedback received through forums during the year e.g. Healthwatch Forum

Appendix 2 provides a list of theof the potential Quality Priorities for 2017/18 which have been widely distributed to staff, members, volunteers, stakeholders and via the Trusts social media. These are being voted on until 22nd January 2017. The Board will be informed of the outcome of this voting, and therefore the selected 9 priorities at the Board meeting on 25th January 2017.

In order to produce the Quality Priorities and annual Quality Account the following groups are formally consulted:

  - Staff, volunteer & member Survey (through *Survey Monkey* as above)
  - Healthwatch Kingston (formal letter)
  - Healthwatch: (formal letter)
    - Richmond
    - Wandsworth
    - Merton
    - Sutton
    - Surrey Downs
  - CCG: (formal letter)
    - NHS Richmond CCG
    - NHS Wandsworth CCG
    - NHS Merton CCG
    - NHS Sutton CCG
    - NHS Surrey Downs CCG
  - South West London Commissioning Support Unit (formal letter)
  - Councils of Governors (via Governors Quality Scrutiny Committee (GQSC))

Audit and completing the Quality Account:

The Trust's Auditors will start auditing the delivery of the 2016/17 Quality Account indicators in February 2017.

- Additionally the Trust is required to undertake a review of a local indicator included in the Quality Account. This should be selected by the Governors of the Trust. As last year, it is proposed that a recommendation will be made to the Governors that the locally selected indicator is the third mandated indicator (not chosen by the Trust). This would allow us to benchmark ourselves against best practice nationally.

- The Quality Account is to be completed in line with the annual report timescales and posted /uploaded to Monitor portal with the Annual Report end of May 2017. It is to be sent to the Parliamentary Clerk's office, with the Annual Report on 23 June 2017, and published externally by 30 June 2017. A more detailed list of the dates for delivery of the Quality Account is attached at Appendix 1. These may be subject to change if further guidance is issued.

The Trust Board is asked to consider:

a) **Note** the proposed timeline for production of the 2016/17 Quality Account and the 2017/18 Quality Account objectives

b) **Note** and **approve** the 9 selected priorities for 2017/18 (which will be tabled at the Trust Board meeting following closure of the survey on 22nd January 2017

Appendix 1

Draft 2016/17 Quality Account Timetable

Date	Milestone	Stakeholder/ Lead
During November December 2016	Priorities long list developed includes discussion with EMC, QAC, CQIC, GQSC and Healthwatch	HoQG / DoNPE
December 2016	Initial planning meeting with auditors	DON/ HoQG
January 2017	Proposed measures of success identified. Feedback and timetable approved.	CQIC/QAC
11 January 23	Launch survey about our priorities for 16/17 Quality Account	HoQG
17 January 2017	Proposed measures of success discussed at COG	GQSC/COG
22 January 2017	Survey ends	Comms
23 January 2017	Survey results collated and tabled as a Board paper for approval of selected Quality Priorities 2017-18	HoQG
25 January 2017	Trust Board approve QA process and selected Quality Priorities 2017-18	Trust Board
10 February2017	Team Brief to all staff to include feedback on measures of success	DDON/ HoQG/Communications
15 February 2017	Quality Priorities 2017-18 with worked up details and measures presented to CQIC	CQIC
3 March 2017	Receive narrative return for achievements in the previous year to be included in "looking back" section BIU to provide data for the year to date (further population at year end required)	All authors
13 March 2017	Circulate first draft of report	HoQG
14 March 2017	External audit of the mandatory and local indicators	HoQG/GT
15 March 2017	CQRG review Identified priorities and agree final list	HoQG
16 March 2017	Audit Committee review Identified priorities and sign off final list	AC
29 March 2017	Comments back from draft report circulated on 13 March	Review of draft
7 April 2017	Second draft of report to include comments on first draft	HoQG
10 April 2017	Final data for year-end to be included in report (data tables to be updated)	Business Intelligence
12 April 2017	Approve Second draft of report	CQIC approval
13 April 2017	Quality Account draft sent for comment to be circulated to external stakeholders and external audit	HoQG
30 April 2017	Ensure all external stakeholder face to face briefings are completed Ensure all internal stakeholder face to face briefings are completed	HealthWatch/ CCG/ QIWG/ OSC/ Clinical Divisions
Early May 2017	External Audit undertake top-up testing of the local and mandatory indicators to complete the full year's testing	HoQG/GT

10 May 2017	Amendments to draft report based on the final responses received from external stakeholders	HoQG
12 May 2017	Feedback from Auditors & confirmation no material issues identified Any further evidence to be provided (external comments received/ changes made based on comments)	HoQG/GT
16 May 2017	Final Draft report for Trust Board to be approved (teleconference with Chair of QAC)	HoQG / DoNPE
24 May 2017	Final draft report to Trust Board for approval	HoQG / DoNPE
26* May 2017	Posted and uploaded to Monitor portal with the Annual Report	HoQG
27* June 2017	Sent with the Annual Report to the Parliamentary Clerk's office	HoQG/Company Secretary
Immediately post June 2016 Trust Board	Approval of Final Quality Report - Publication on intranet/ hard copies available / notices erected at main entrance / Trust-wide email/ upload to NHS Choices website / post to Department of Health	Communication Team/ Finance Department

*Subject to change when guidance is finalised

AC	Audit Committee
BIU	Business Intelligence Unit
CCG	Clinical Commissioning Group
CoG	Council of Governors
CQRG	Clinical Quality Review Group
DoNPE	Director of Nursing and Patient Experience
EMC	Executive Management Committee
FTG	Foundation Trust Governors
GT	Grant Thornton UK LLP (External Audit)
GQSC	Governors Quality Scrutiny Committee
HoQG	Head of Quality Governance
OSC	Overview and Scrutiny Committee
QA	Quality Account
QAC	Quality Assurance Committee
QIWG	Quality Improvement Working Group
TB	Trust Board

Appendix 2 - Potential Quality Account Priorities 2017/18 list to be voted on

Domain 1: Patient Safety – prevent harm

☐ **Implement measures to reduce hospital acquired infections caused by gram negative bacteria**

The Trust has made significant improvements in reducing hospital acquired infections such as MRSA bacteremia and Clostridium difficile, and has had a significant focus on improving the recognition and management of sepsis. There is growing concern nationally and internationally regarding the rise in antimicrobial resistance and specifically gram negative infections. Gram negative bacteria such as E. coli can cause blood stream infections in hospitalised patients In selecting this quality account priority the Trust would focus on further improvements to infection control, which will include; antibiotic prescribing practice; and the management of Catheter Associated Urinary Tract Infections (often linked to gram negative bacteremias), both of which require working with colleagues in primary and community care to achieve.

☐ **Improve the management of diabetes in the inpatient setting**

This is important as the prevalence of diabetes in the UK continues to rise. This means that we are seeing more patients with type 1 and type 2diabetes throughout our services. One of the areas of improvement we have identified through national clinical audits is how we manage diabetes for patients receiving inpatient care. We will therefore focus on improving this aspect of care and will include how we prevent and treat hypos (low blood glucose), documentation of foot risk and planning diabetes care during the perioperative period (around the time of an operation).

☐ **Improve learning from incidents**

The Trust encourages a culture of openness and reporting of incidents and near misses. The Trust wants a culture of high incident reporting and zero harm. An increase in incident reporting should not be taken as an indication of worsening patient safety, but rather an increasing level of awareness of safety issues amongst staff across the organisation. The information that is learnt from such reporting is used to improve patient and staff safety. Information about our incidents is reported to the National Reporting and Learning System (NRLS) so that nationally this information can also be learnt from. In selecting this priority we will focus on making it simpler for staff to report incidents; increase the number of incidents and near misses we report; and undertake more improvement programmes as a result of incident and near miss analysis. We will also ensure that we are even more transparent with staff and the public in changes we have made directly linked to incident reporting analysis.

☐ **Improve safety awareness for staff through human factors training**

Research into safety in complex systems like healthcare tells us that human factors such as teamwork, communication, situational awareness and leadership are significant in the causes of failures. However we also know that training in these areas can improve outcomes for patients and have a positive impact on staff morale. Developing a Trust wide programme for human factors training would facilitate better awareness of these issues and support our safety improvement initiatives.

Domain 2 - Clinical Effectiveness - improve clinical outcomes for our patients

☐ **Commence implementation of e-prescribing and electronic clinical records in the outpatient setting**

The Trust has already introduced electronic prescribing and electronic records to inpatient wards and A&E. This is important because implementing electronic patient records and information technology solutions help reduce the amount of time staff spend on administrative tasks. This releases more time for them to provide patient care. It also allows us to introduce systems that support improved patient safety, for example electronic records cannot be lost or delayed getting to a consultation in the same way paper records can be, and are always available for clinical care. This quality goal would mean we would focus on rolling out these systems to outpatient areas.

☐ **Increase seven day working provision.**

Emergency services are available every day in the hospital but access to seeing senior doctors and to diagnostic tests is better Monday to Friday than at the weekend. This objective would focus on delivery of the four national priorities to have available the same standards every day. These are; being seen by a Consultant within 14 hours of arrival in hospital, every 12 hours whilst acutely unwell and every day when needed thereafter, and access to emergency diagnostic tests within one hour and urgent within 12 hours seven days a week. Achieving these standards will mean that we avoid delays for our patients and may reduce the length of time they have to spend in hospital.

☐ **Develop the Trust's next three year (2017-2020) dementia strategy and implement year one**

Over the last three years the Trust has focused on improving the care provided to patients with dementia, and support to their carers. This strategy has now come to an end and building upon this the Trust would like to develop a further strategy for the next three years. Successes over recent years include the opening of a new dementia friendly ward and the development of therapeutic activities for patients. This objective would enable the development of a new strategy which would focus on areas for further development and we would commence delivery of its first year plans. Dementia remains an important concern for our local population given its prevalence and increasingly ageing population.

☐ **Improve the efficiency of pathways of care for patients with long term ophthalmic conditions**

The Trust treats over 50,000 people within the Royal Eye Unit, ophthalmology service at Kingston Hospital. With an ageing population the demand on ophthalmology services is increasing. Patients with chronic diseases such as glaucoma or macular degeneration are the most vulnerable and at greatest risk of irreversible loss of vision. These patients require long-term follow-up appointment checks and treatments. We know that we can do more to improve the efficiency of these services so that patients have timely access to appointments. This quality priority will therefore focus on making these improvements to ensure there is sufficient capacity and an improved experience of the appointments process for our patients.

Domain 3 - Patient Experience - listen and respond to patients' concerns

☐ **Understand and improve the experience of patients with mental health conditions using hospital services**

One in four people in the UK experience a mental health problem each year. A high percentage of patients at Kingston Hospital will therefore have both a physical and mental health issue. This objective would therefore focus on better equipping our staff to be able to recognise and care for patients' mental health needs. This would include introducing mental health first aid training to key staff and more specialist training in key areas such as A&E, paediatrics and older peoples' wards. We would also undertake work to better understand the experience of patients with mental health services using our services. This objective will also involve us working collaboratively with colleagues from South West London & St Georges Mental Health Trust.

☐ **Improve the experience of patients using the emergency department**

The Trust sees and treats over 110,000 patients a year through its two emergency departments – the main Emergency Department (which includes paediatric A&E) and the Royal Eye Unit Emergency service. Over the last year the Trust has made further improvements to the Emergency Department, in order to improve experience of waiting. This has included the opening of a new Clinical Decisions Unit in November 2016. We know from our CQC inspection in 2016, our A&E survey results and other sources of feedback e.g. complaints; and Friends & Family Test results that there is opportunity to improve the experience of patients using these services. This objective would therefore focus on improving the experience for patients in both the main Emergency Department and in the Royal Eye Unit.

☐ **Improve the experience of patients with haematological cancer**

The Trust has made significant improvements in the care of patients with cancer, which has resulted in us being one of the best in the country for improving patient pathways to achieve cancer wait targets. We do recognise from the results of patient surveys that in the haematology cancer pathway there is an opportunity to improve patient experience. This would include redesigning the environment of care for patients receiving treatment at Kingston Hospital and moving the service into an expanded Sir William Rous Cancer Unit. This move would have the additional benefit of giving patients easier access to the Macmillan Information Centre and wellbeing support which is located in the unit.

☐ **Understand & improve the experience of patients from the local Korean population, as a model for improvement for other seldom heard groups and/or those with protected characteristics**

There are groups in the communities that we serve that are seldom heard or who have additional needs. In order that we meet these needs specific attention is required so that we can ensure our services are equally accessible, and no groups are disadvantaged or have a poor experience of our services. Examples of this include people with vision or hearing impairment, are lesbian, gay, bisexual or transgender or those from black, Asian or minority ethnic groups. We know from census data that the local Korean population is estimated to be the highest in Europe. The Trust has started to engage more with the Korean community through its Governing Body, but we believe there is more that could be done. This objective would therefore focus on furthering this work and developing the approach to this as a model for future targeted work with other minority groups, the aim of which is to improve access and experience of services at the hospital.