Kingston Hospital
NHS Foundation Trust

Quality Priorities 2018-19 - Mid-Year Update

Trust Board	**Item: 9**
Date: 5th December 2018	**Enclosure: E**
Purpose of the Report: To provide the Trust Board with oversight and an update of progress against achievement of the Trust Quality Priorities.	
For: Information ☒ Assurance ☐ Discussion and input ☐ Decision/approval ☐	
Sponsor (Executive Lead):	Sally Brittain, Director of Nursing & Quality
Author:	Melanie Whitfield, Head of Patient safety, Governance and Risk
Author Contact Details:	melaniewhitfield@nhs.net
Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Risks identified for each Quality Priority
Legal / Regulatory / Reputation Implications:	CQC
Link to Relevant CQC Domain: **Safe ☒ Effective ☒ Caring ☐ Responsive ☐ Well Led ☒**	
Link to Relevant Corporate Objective:	Corporate objectives 1-4.
Document Previously Considered By:	EMC, 28th November 2018
Recommendations: The Board is asked to note progress made with the Quality Priorities for 2018/19 at the mid-year point.	

Quality Priorities 2018-19 - Mid-Year Update

Introduction

All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. This is called the Quality Report. Quality Reports aim to increase public accountability and drive quality improvement within NHS organisations by ensuring organisations review their performance over the previous year, identify areas for improvement, and publish that information, along with a commitment to the public about how those improvements will be made and monitored over the next year.

The Quality Report focuses on three areas that help to deliver high quality services:

- Patient safety
- How patients experience the care they receive
- How well the care provided works (clinical effectiveness)

Two quality priorities have been set in each of these three areas. This report details the mid-year progress made against the quality priorities: what has gone well, what are the challenges and risks, and what are the next steps.

The attached one page summaries for each of the quality priorities evidences progress using performance indicators wherever possible.

Summary of Progress

The Board will note that there is evidence of progress to be celebrated under each of the quality priorities for the year.

Whilst three of the priorities are red or amber rated, the action required to achieve these goals is far more complex and challenging than for the remaining three:

- Avoid delays in patient care on the wards (red / stable)*
- Increase the number of patients having day case surgery whenever it is safe and appropriate to do so (amber / improving)
- Improve our patient administration and communication processes in out-patients (amber / stable)

*RAG rating shows performance at M6 / performance trend

Key messages from the challenges and risks identified are that:

- pressures in the system (Winter/rising admissions) have a significant impact on the ability to focus on improvement and achieve progress, requiring constant and persistent senior leadership attention to mitigate the impact;
- effective engagement with system partners and stakeholders is essential to delivery of a number of our quality goals and the Trust is taking steps continuously to build relationships;
- maintaining strong governance and staff engagement internally are amongst the drivers towards achieving the quality goals by the year end. Steps are being taken to empower staff to innovate within the parameters required for safety and quality of experience. New technologies are being harnessed to increase efficiency and productivity wherever possible.

Recommendation

The Board is asked to note progress made with the Quality Priorities for 2018/19 at the mid-year point.

Quality Priority: Avoid delays in patient care on the wards

Kingston Hospital NHS Foundation Trust

Owner: Chief Operating Officer

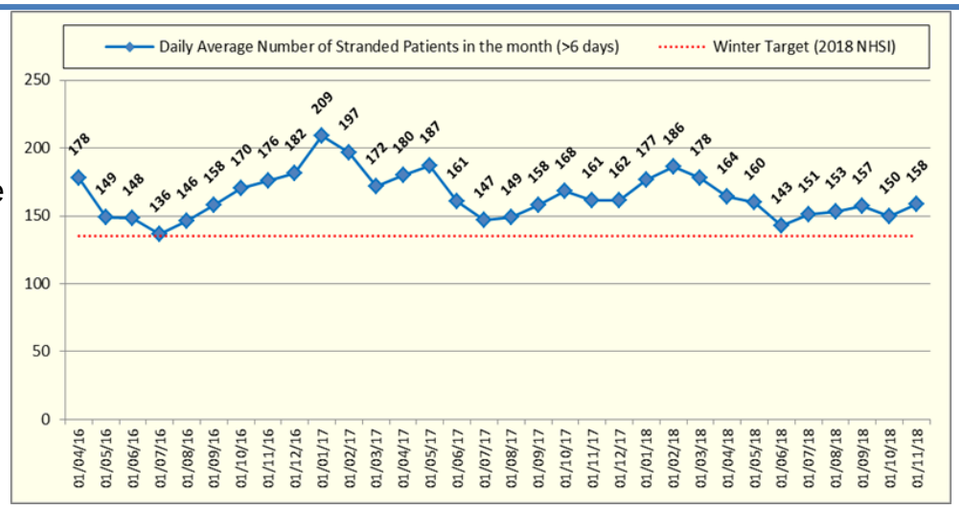
Status is **red*** and **stable***

November 2018

Safety

What are we trying to achieve?

- We want to ensure that patients do not have to experience any unnecessary waits during their in-patient stay. This will ensure that they can go home in the shortest time and early in the day. We know that this is better for patient experience but also reduces harm.
- Our primary improvement metric is the number of stranded patients – length of stay over 6 days



What is important to know?

- The top three causes of internal delays recorded on the PTL between April 2018 and November 2018 were DST Checklist, OT Discharge and Fast track.
- *Despite a significant rise in A&E attendances and emergency admissions in 2018/19, performance in terms of A&E waits and stranded patients has remained stable and equivalent to performance in 2017/18. This suggests improvements have acted to limit the negative impact of increases in demand during this period.

What's gone well?

- Red2Green in use on all wards
- Increase in patients discharged before midday
- 7 day Echo service launched
- 6 specialities have now moved to electronic referrals for inpatient reviews
- Zero tolerance to outliers on all wards
- Home First implemented on 2 wards
- Piloting integrated therapies team with community partners

What are the current challenges?

- Sustainable access to 'live' data relating to flow
- Remodelling the bed base
- Increasing emergency admissions

What are we doing about them?

- Developing the 'live' Red2Green dashboard
- Ongoing coaching support for Red2Green
- Pareto analysis of internal delays to focus our improvement work
- All clinical staff are being trained to use the Inpatient Tracking List (PTL)
- Bed base plan presented to A&E delivery board

What are the risks?

- Winter pressures on the system are likely to lead to a rise in stranded patients
- Adverse impact on readmission rates and patient satisfaction if patients are discharged too early
- Harm as a result of delays in care: 10 days of bed rest for someone aged 80+, is equivalent to 10 years of ageing in terms of reduced muscle mass.

How are we managing them?

- Winter planning is focusing on non-bed-based solutions but we are also remodeling wards to ensure that we can flex up the bed base more readily in response to increased admissions.
- Monitoring readmission rates as a balancing measure
- Our EndPJParalysis campaign is helping to ensure patients are up, dressed and as mobile as possible to avoid deconditioning

Key next steps

- The principle of our Winter Plan is based on maximising independence and returning people to their own home with supporting services which we know improves outcomes more than staying in hospital

Quality Priority: Avoid delays in patient care on the wards

Kingston Hospital NHS Foundation Trust

Safety

Stranded patients (>6 Days)

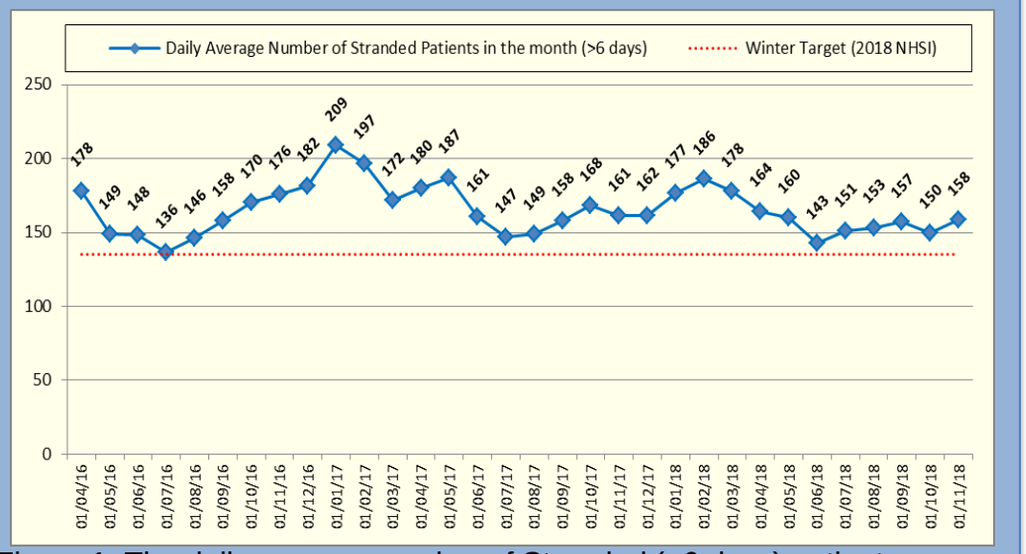


Figure 1: The daily average number of Stranded (>6 days) patients per month – from April 2016 to the 25th November 2018.

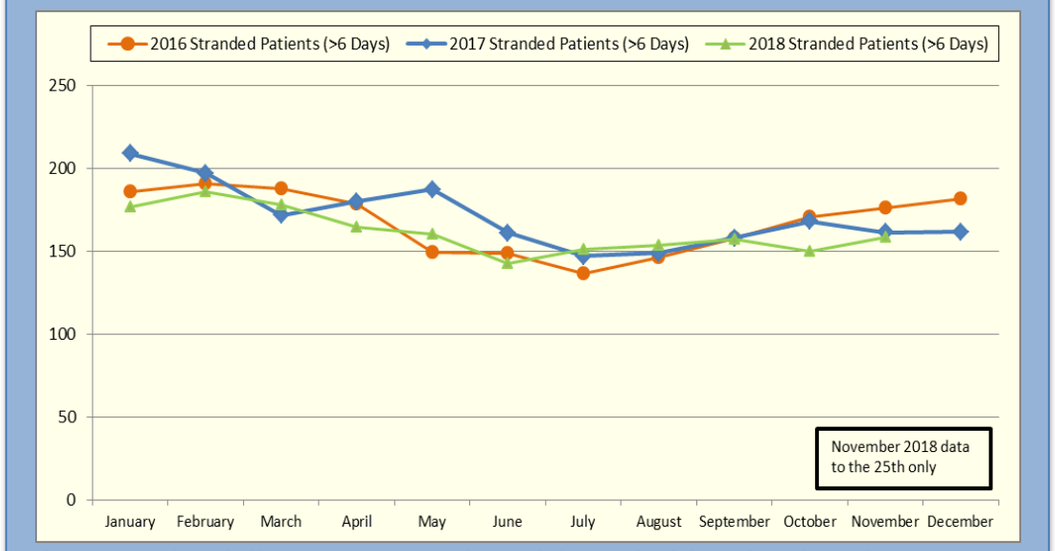


Figure 2: The daily average number of Stranded (>6 days) patients per month – year on year overlay.

Super Stranded (>20 days)

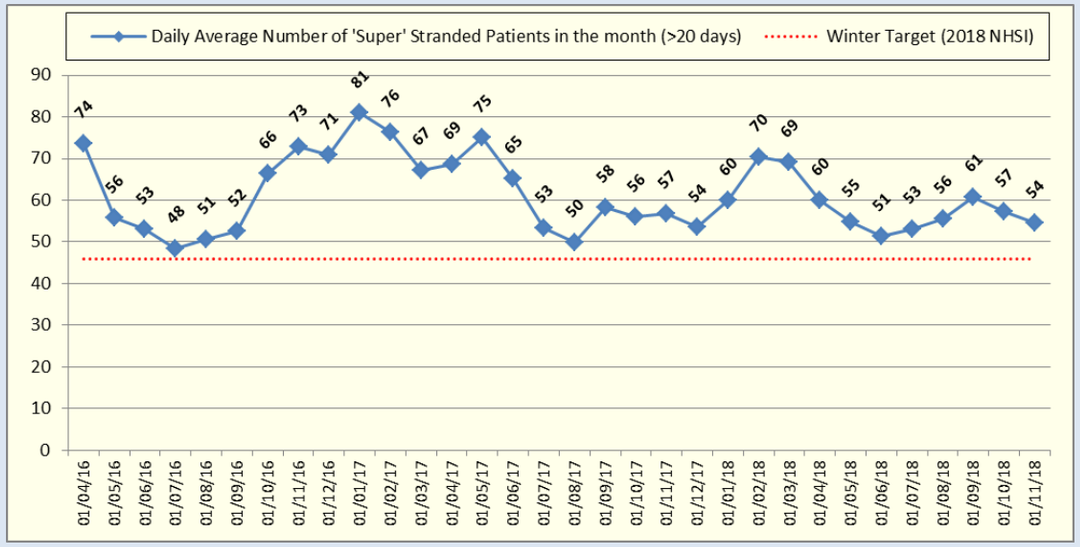


Figure 3: The daily average number of 'super stranded' (>20 days) patients per month – from April 2016 to the 25th November 2018.

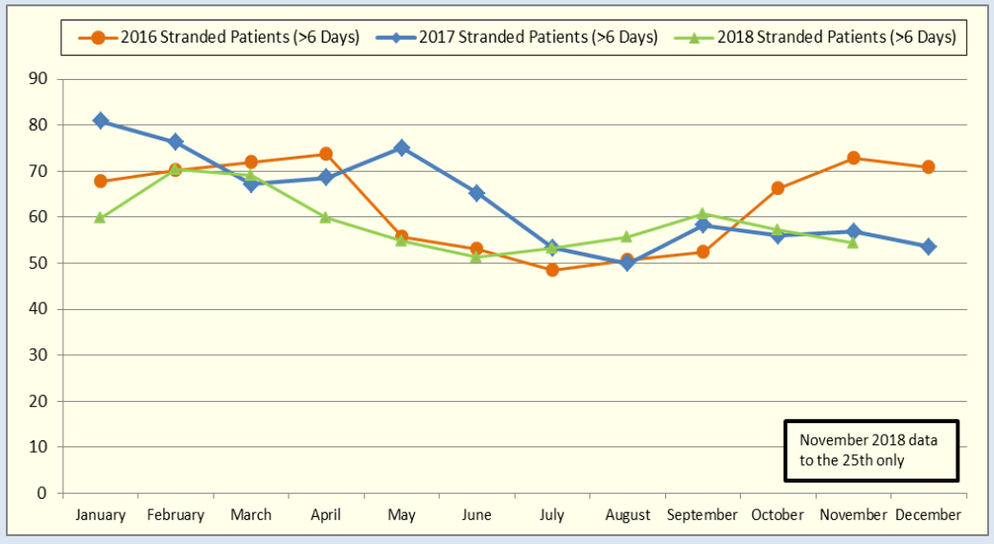


Figure 6: The daily average number of 'super stranded' (>20 days) patients per month – year on year overlay.

Quality Priority: Develop and implement a process to ensure we spread learning from adverse incidents, complaints and all patient feedback

Kingston Hospital NHS
NHS Foundation Trust

Owner: Director of Nursing & Quality

Status is **green** and **stable**

November 2018

Safety

What are we trying to achieve?

- Develop and implement a corporate process to ensure that we share learning from patient safety investigations (including incidents, serious incidents, mortality and structured judgment reviews, complaints, inquests) and from patient feedback throughout the Trust.
- Building on last year's quality priority about learning from incidents we will develop our processes to ensure that this learning is shared Trust-wide, disseminated to the front-line staff and we can measure the resulting change.

Measures of success?

- Measuring safety and learning from incidents in the NHS is complex and challenging.
- Our primary measure is progress against our agreed milestones to develop and implement improved processes – currently on track
- Qualitative CQC feedback in relation to Safety: "Staff understood their responsibilities to raise and record safety incidents, concerns and near misses and were able to give examples of learning from incidents."

What is important to know?

- In 17/18, the Trust reported on average 462 patient safety incidents per month. During the first 6 months of 18/19 , the Trust has reported an average of 452 incidents per month.
- In September 2018, the Trust reported 377 patient safety incidents. Most incidents are categorised as falls incidents, maternity incidents, and care and treatment incidents.
- 16 Serious Incidents (SI's) have been declared during the first 6 months of 18/19.
- Most SI's were categorised as delay in diagnosis (5), Treatment delay (3), and Maternity incident (3).

What's gone well?

- Trust-wide Shared learning newsletter and a Shared learning bulletin with a shared folder where all staff can access it.
- 'Shared learning' button added to the 'Quality, Risk, and Safety' page of the Trust's intranet.
- SIG meeting is well established and shares learning from SIs, a recent audit evaluated this process very well.
- Fortnightly Triangulation group established to identify themes and trends, and ensure a cohesive approach to investigations.
- Strengthened escalation of patient safety incidents for investigation as moderate RCAs or serious incidents.

Current challenges?

- Achieving consistency around learning and governance frameworks
- Accurately recording the effect of improvements for this goal
- Operability of risk management system

What are we doing about them?

- A campaign approach to further support investigating and learning from the incident system.
- Continued discussion on how else we can share the learning from cases, through the Triangulation meeting, SIG and SJR meeting.
- Link in with other Trust-wide meetings (such as Mortality, Deteriorating patient)
- Re-vamped monthly newsletter to cover wider learning
- Application of QI methodology to assist with implementation and measuring success
- Reviewing scope of risk management system – procurement process under way.

What are the risks?

- Winter pressures and consequent potential increase in incidents has an adverse impact on our capability to investigate and disseminate learning in a timely way

How are we managing them?

- Targeted support from Patient Safety, Governance and Risk team in response to increased incidents

Key next steps

- Comprehensive review of Structured Judgement Reviews (SJRs) and Serious Incidents (SIs) to identify themes
- Exploring areas with high levels of SIs or repeated themes to identify barriers to shared learning

Quality Priority: Improve our patient administration and communication processes in out-patients

Kingston Hospital NHS Foundation Trust

Owner: Medical Director	Status is amber and stable	November 2018

Experience

What are we trying to achieve?

- Poor administrative and communication processes cause distress and inconvenience to our patients and staff. Improving these processes would enhance patient experience also help us make care more efficient for patients and staff.
- We want to achieve this as part of an overall transformation of outpatient services. Working collaboratively to ensure that everything we do as a system adds value to patient care and experience.

Measures of success?

- Our FFT performance since April 2018 have sustained at above 90% of patients recommending our outpatients services
- We consistently benchmark well against our peer Trusts for Did Not Attend (DNA) rates (8.2% vs peer average of 11.1% for months 1-5 2018/19)
- Issues relating to communication and administration continue to feature in the top five themes for both complaints and PALS concerns

What is important to know?

- Of 45 upheld complaints in 2017, 32 related to outpatient admin and communication processes
- The majority of PALS concerns raised in 2017/18 related to appointments and communication concerns.
- A range of service developments have been carried out since April 2018 targeting improvements in waiting times and communication with patients (described below)

What's gone well?

- The introduction of Open Access Breast clinics has reduced waiting times for patients and improved patient experience
- Implementation of Call & Arrive system in SWRU provides patients with real-time waiting information
- Anticoagulation have been added to the Netcall telephony system to ensure an effective service for those patients
- Letters amended to include 'bring a friend'
- More patients accessing Straight to Test pathways) is reducing waits in colorectal and upper GI
- Radiology patient experience improved through CT Direct booking (Patient facing)
- Protocols for video consultations are in development and have been tested with cardiology patients
- Data collected telephone calls answered within 30 seconds and calls abandoned sent to service lines each month for action
- National Cancer Survey Results showed improvements for administration and experience of clinics

Current challenges?

- Effectively engaging partner organisations, patients and the public in our work to transform outpatients
- Resource limitations have been highlighted by most specialties

What are we doing about them?

- We are working with clinical leads across primary and secondary care to explore how we can improve collaborative working.
- We have surveyed patients, secondary care clinicians and GPs to seek their views about outpatient services
- Patient partners participated in our recent launch event for Outpatient transformation
- Scoping paper being presented to EMC to discuss resource issues**.**
- Quality Improvement team are supporting KHFT specialties to apply lean improvement principles

What are the risks?

- Changes to models of care delivery could result in the Trust losing income as care is delivered in different settings or remotely
- Failure to engage patients in the outpatients programme could miss opportunities for co-design of solutions and fail to improve patient experience

How are we managing them?

- A joint programme board has been established with the CCG to ensure concerns about income do not become barriers to innovation
- We are consulting patients as part of the follow-up review. An engagement strategy will be developed as part of the transformation plans.

Key next steps

- A series of 100 day improvement initiatives will be launched from December 2018 to accelerate improvement in outpatient processes in Gynaecology, Cardiology, Urology and Respiratory.
- Further specialties will join the programme in 2019

Quality Priority: Increase response rates for Friends and Family Test (FFT)

Kingston Hospital NHS
NHS Foundation Trust

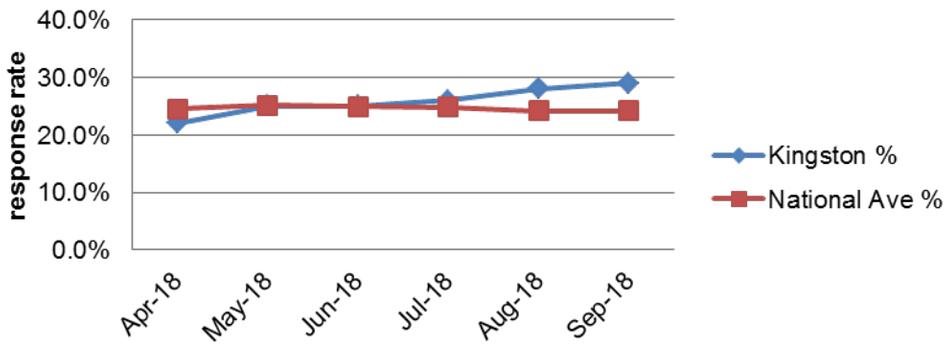
Owner: Director of Nursing & Quality	Status is green and stable	November 2018

Experience

What are we trying to achieve?

- We want to increase response rates and the reliability of FFT data in order to improve confidence in survey findings and to encourage staff to use the results as a driver for quality improvement.

Kingston compared with national FFT response rate



What is important to know?

- Since April 2018 over 46000 patients have given us feedback on their experience of care by taking part in the FFT.
- Our response rate is increasing and compares favourably with the national average, although response rates vary across different care settings.

What's gone well?

- IT issues with iPads have been corrected.
- Increased response rates are supporting an increase in patient satisfaction rates.
- Additional information given with the patient feedback has allowed real time action and service improvements which have been sustained.

What are the current challenges?

- Maintaining confidence in the data received – software issues are inflating false negative response rates.
- Ensuring FFT maps accurately to departments at a level to provide meaningful feedback (particularly in outpatients)
- Variation in response rate across different areas

What are we doing about them?

- Technical change requests continue to be made with the provider, to try to reduce the false negative '% recommend' response rates.
- Information service team are supporting us to ensure FFT data can be correctly matched with clinic codes
- Developing localised improvement trajectories for selected services.

What are the risks?

- Risk of losing momentum if staff are not able to easily access timely and up-to-date FFT feedback

How are we managing them?

- Two weekly report to services will help early identification of problems and more responsive feedback to services

Key next steps

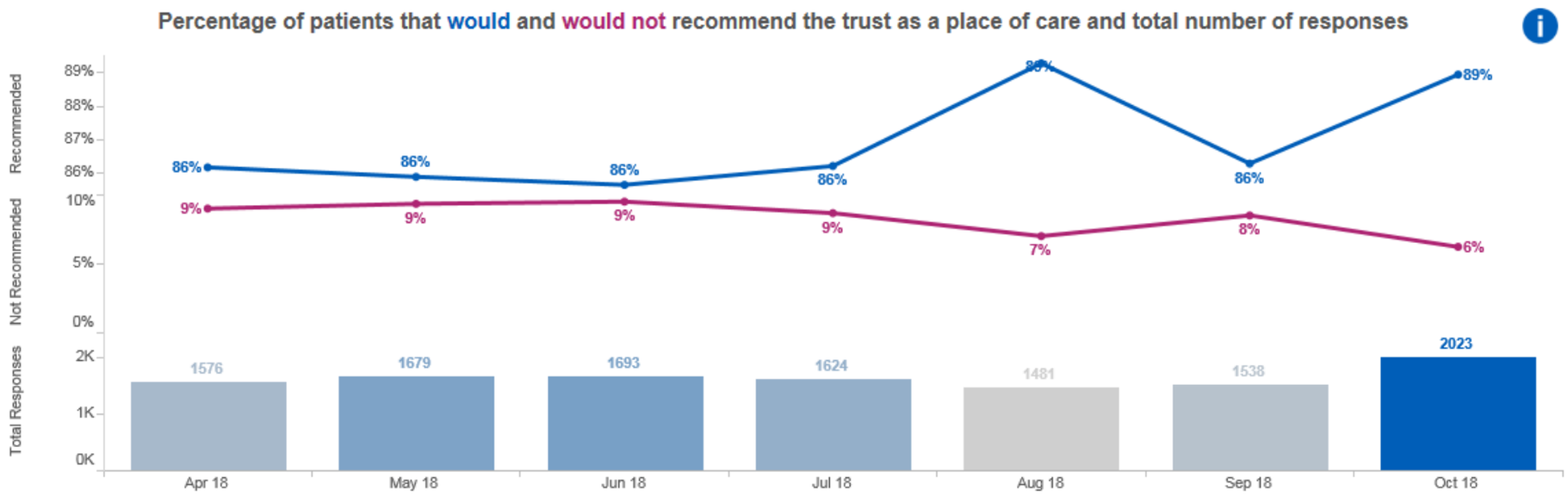
- Raising profile of FFT feedback in service performance and governance meetings
- Employing visual management principles to Increase the visibility of FFT feedback for front line staff, enabling them to use the data to drive improvements in care.

Quality Priority: Increase response rates for Friends and Family Test (data from NHSI)

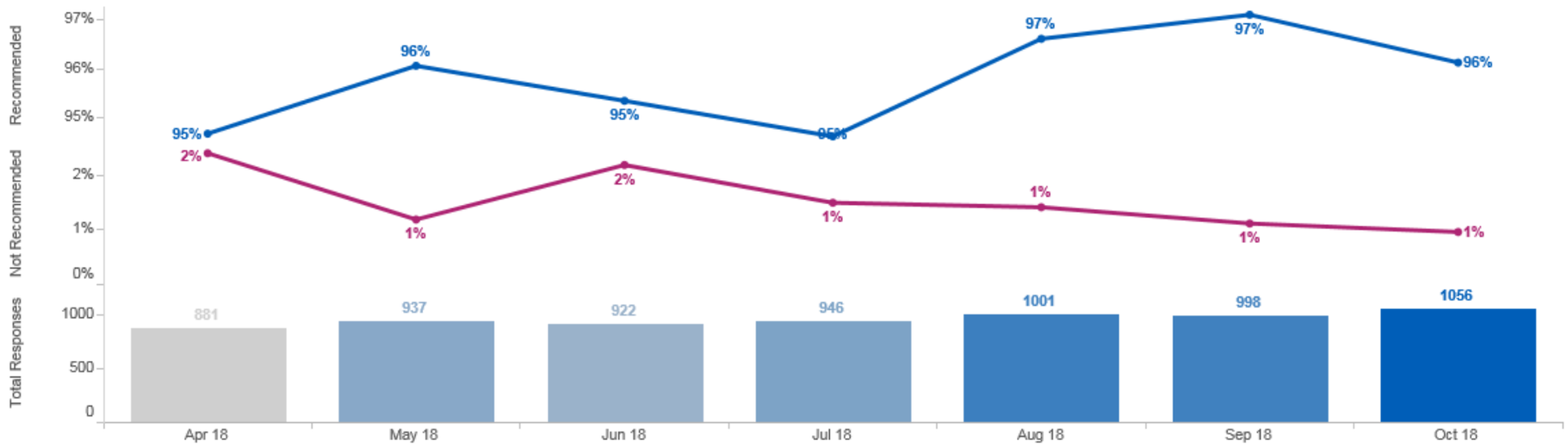
Kingston Hospital NHS
NHS Foundation Trust

Experience

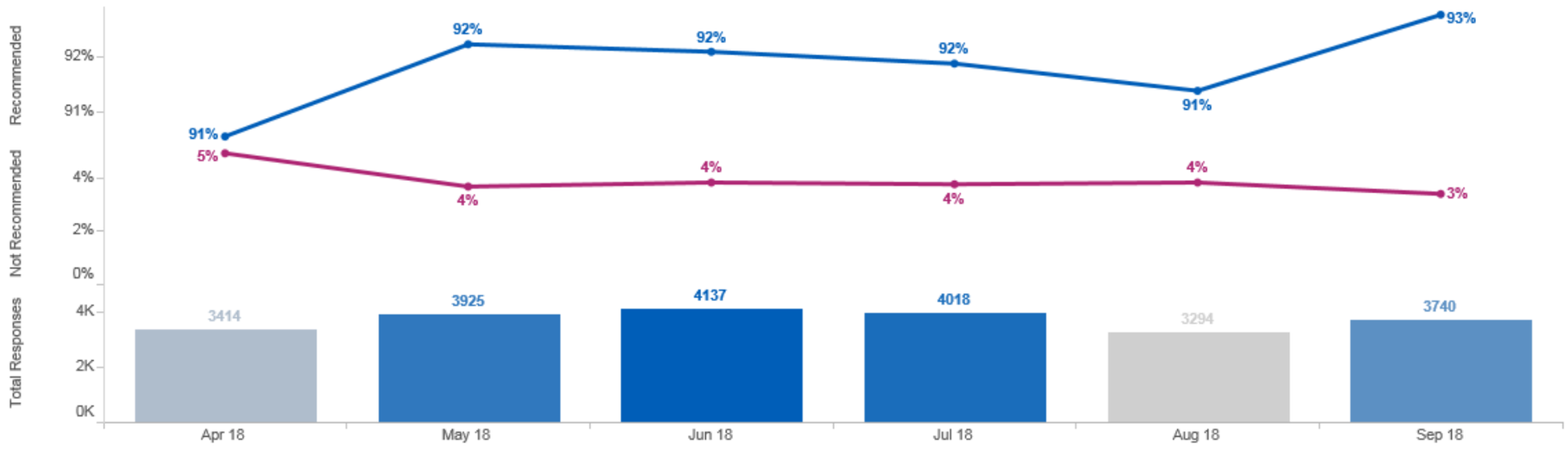
A&E



Inpatients



Outpatients



Quality Priority: Increase the number of patients having day case surgery whenever it is safe and appropriate to do so

Kingston Hospital NHS
NHS Foundation Trust

Owner: Director of Strategic Development	Status is **amber** and **improving**	November 2018

Effectiveness

What are we trying to achieve?

- The aim is to ensure that patients receive care in the optimal setting, increasing patient satisfaction and efficiency.
- This will be achieved by 1) shifting procedures into day case and outpatient settings where this is clinically appropriate and 2) improving utilisation of DSU to facilitate this

KPI Metrics:

- Session utilisation in DSU has increased from 66% in Apr-18 to 73% in Oct-18.
- FourEyes analysis indicates opportunity to do more cases in existing sessions, ie efficiency. The opportunity in DSU has fallen from 27% in 17/18 to 23% in 18/19m1-5.
- Outpatient hysteroscopy rates have increased from 46% in Apr-18 to 54% in Oct-18.
- From Apr- to Oct-18, 0LoS surgical cases have increased by 39%, and DSU activity has increased by 31%

What is important to know?

- The Theatre Productivity Programme includes additional work being undertaken at Kingston Hospital from external Trusts. The majority of this work will be day case procedures and therefore day case figures will increase as a result of this. However, if capacity freed up through improved utilisation in DSU is used to accommodate external work this will impede our ability to reduce the number of 0LOS patients in main theatres

What's gone well?

- Significantly improved data quality and reporting to support decision making
- Implementation of phase 1 of the Gynae Outpatient Hysteroscopy project
- Improved utilisation overall in DSU and cases per list increased in targeted specialties
- Reestablishment of Theatres User Group
- Revised scheduling processes resulting in fewer lists left unused due to leave

What are the current challenges?

- There are insufficient outpatient procedure facilities to transfer the maximum amount of procedures.
- Lack of space can adversely impact the efficiency of the consenting process resulting in late starts
- Ensuring buy in of all clinicians to new ways of working

What are we doing about them?

- We are considering the potential to address the shortage of outpatient procedure facilities as part of the estates strategy and in the meantime we are reviewing the potential to use underutilised capacity at Queen Mary's Hospital.
- Isabella has been converted to a multi-specialty shortstay ward, streamlining flow, and patients can be consented here or in Admissions on the Day.
- The Theatre User Group is clinically led and discussions are ongoing with clinical teams

What are the risks?

- Procedure failure rates could increase if patients are treated in lower acuity settings
- Readmission rates could increase if patients are discharged too early
- Patient experience could deteriorate as a result of setting changes or earlier discharge

How are we managing them?

- Monitoring procedure failure rates and reviewing service provision if there are significant changes
- Monitoring readmission rates as a balancing measure as part of the Model Ward metrics
- We are focusing on increasing response rate and visibility of patient feedback through work in response to our FFT quality priority; introduction of the day case bay on Isabella Ward should improve patient experience for day case patients being seen in main theatres

Key next steps

- Implement a points system to further strengthen scheduling
- Pursue opportunities at QMH to undertake outpatient procedures
- Increase the percentage of all day lists as these have higher levels of efficiency
- Develop permanent reporting with clinical teams
- Establish the case for digital consenting
- Improve understanding of cost and income per list

Quality Priority: Staff engagement in quality improvement

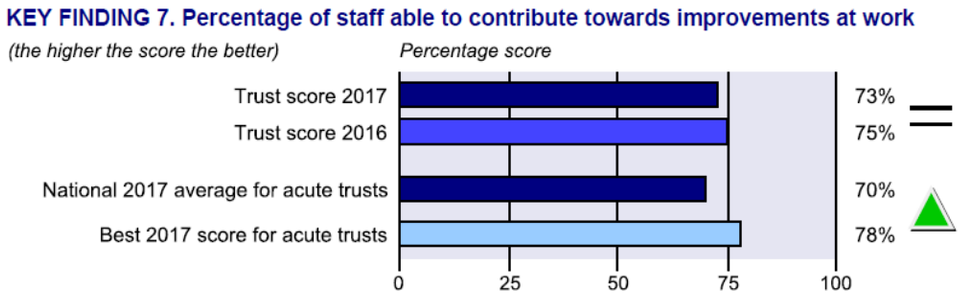
Kingston Hospital NHS Foundation Trust

Owner: Medical Director	Status is **green** and **stable**	November 2018

Effectiveness

What are we trying to achieve?

- Increase staff engagement in quality improvement (QI) activities in the Trust.
- There is evidence that outstanding NHS Trusts prioritise staff engagement and that this is linked to their involvement in quality improvement activity. We will create opportunities for staff to make improvements in their daily work and to develop their quality improvement skills



What is important to know?

- Our 2017 staff survey placed us in the top 20% of Trusts for staff engagement in improvement
- Building capacity and QI capability is an important enabler to staff engagement.
- We've now trained over 400 staff in systematic improvement methods. We are on track to reach our aim of 1000 staff trained by 2020
- 52 staff have enrolled on our Yellow belt Lean development programme since April 2018 – these staff are supported to deliver priority QI projects

What's gone well?

- 52 staff have enrolled on the Yellow Belt programme with 89% retention rate.
- CQC feedback: "Services gathered people's views and experiences, and acted on them to shape and improve the service and culture. Leaders and staff strived for continuous learning, improvement and innovation."
- On October, Trust Senior Leaders met to consider how systematic quality improvement can be embedded into the Trust's strategy and culture

What are the current challenges?

- We need to ensure that quality improvement activity in frontline services is aligned to Trust priorities and supported in line with our approach.
- We need to align quality assurance, quality control and quality improvement structures and processes to ensure a consistent approach and common language
- The training programme relies on expanding the pool of improvement experts who can provide mentoring through the Improvement Faculty.

What are we doing about them?

- We have revised our processes for registering and tracking QI work. The new proposals will support ownership at speciality level.
- We are working with the Deputy Director of Nursing to refine the focus of the Nursing Qi and audit programme and ensure if is driving improvement aligned to priorities
- We are exploring how we can use apprenticeship levy funding to commission a pilot programme of advanced improvement practitioner (Green Belt) training for key staff in early 2019

What are the risks?

- Risk that improvement projects happen 'under the radar' and benefits or learning are not recognised and shared.
- As services come under increasing pressure, our yellow belt participants feel they are less able to find time to engage in improvement work

How are we managing them?

- Our new processes are helping ensure all QI projects are registered and followed up to determine lessons learned.
- Our new Lean methodology incorporates some principles that allow improvement to be embedded into daily work and promotes small-scale, iterative tests of change.

Key next steps

- In Q3 2018/19 we will launch a Qi Collaborative aimed at improving shared learning and connecting staff across the Trust and in partner organisations.
- By the end of 2018/19 we will have trained over 70 staff to Lean Yellow belt level and supported them to undertake an improvement project
- By April 2019 we will develop a strategic plan to resource and support a whole organisation transformation to a culture of improvement