KHFT Draft Quality Priorities 2020/21

Council of Governors	**Item: 8**
Date: 21st January 2020	**Enclosure: E**
Purpose of the Report: To present the draft Quality Priorities for 2020-21. The Trust Board will be asked to approve the Quality Priorities at their meeting on 29th January 2020.	
For: Information ☒ **Assurance** ☒ **Discussion and input** ☒ **Decision/approval** ☐	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	
Legal / Regulatory / Reputation Implications:	Required for annual quality report
Link to Relevant CQC Domain: **Safe** ☒ **Effective** ☒ **Caring** ☒ **Responsive** ☒ **Well Led** ☒	
Link to Relevant Strategic Theme:	Quality
Document Previously Considered By:	Quality Improvement Committee Quality Assurance Committee
Recommendations: To note the draft Quality Priorities for 2020/21.	

KHFT Quality Priorities 2020/21

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. They do this 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.

Each year Kingston Hospital selects a number of quality improvement priorities and publishes a review of progress on these priorities in the Quality Report.

For 2020/21, three of our quality priorities will be embedded within our Patient First strategic framework and will be the 2020/21 breakthrough objectives for our 'Quality' strategic theme. As such they have been preselected to support our 3-5 year goal of 'no avoidable delays in patient care'. This provides better alignment with Trust strategy and helps to ensure our improvement efforts are focused on these areas.

Patient First Theme	Strategic Quality Priorities - 2020/21 Breakthrough objectives
Quality 3-5 year goal: No avoidable delays in patient care	**1. Increase the proportion of patients who are safely discharged without delay when they no longer require a hospital bed for their care** *A core element of the Emergency Care Programme and the integrated discharge work we are undertaking with our health and social care system partners. This aims to contribute to reducing length of stay and maximising patients' independence and recovery.*
	2. Reduce avoidable admissions and increase the proportion of emergency patients who go home the same day their care is provided *Supports the implementation of the NHS Long Term Plan and is an essential component of our Emergency care programme. This quality priority aims to benefit both patients and the healthcare system by reducing waiting times and unnecessary stays in hospital.*
	3. Ensure patients get the right appointment, first time, without delay *A core element of the Kingston & Richmond Planned Care Transformation programme and one of the most frequently requested priorities in additional feedback received from our stakeholders. This aims to improve the administration and coordination of outpatient services. This will impact on patient experience and help to reduce delays and waste caused by cancellations, rebooking and non-attendance.*

These quality priorities will be refined as part of our ongoing process to develop and approve our Patient First strategy for 2020-2025.

The remaining three quality priorities have been selected from a long list of areas that target specific gaps in quality. These were selected following a process of evidence review, consultation and feedback from stakeholders, including our governors and members.

CQC quality domain	Quality Priority	Rationale
Patient Experience	**4. Improve how we work with patients and families to recognise, acknowledge and plan for the possibility of death.***	Delivering end of life care that meets NICE quality standards should contribute to improving the effectiveness, safety and experience of people approaching the end of life, and their families. Delay in recognition that a patient is dying leaves a limited amount of time to discuss and implement an individual plan of care *A recent National Audit of Care at the End of Life indicated that Kingston Hospital has improved in this area over the past year, particularly in relation to recognising the possibility of imminent death. There remains significant room for improvement and this priority scored highest in our stakeholder survey.*
Safety	**5. Reduce the proportion of women who experience postpartum haemorrhage**	Postpartum haemorrhage (PPH) is heavy bleeding after birth. It is important that it is treated very quickly so that a minor haemorrhage doesn't become a major haemorrhage, which can be life-threatening. *While serious complications are rare, we do not currently meet our target for PPH rates at Kingston Hospital- in 2018/19, **218 women (4% of total births)** lost over 1500ml of blood after birth, with the target rates for PPH of 1500ml or more set at **<2.79%.** This indicates there is room for improvement in the prevention, early recognition and treatment of PPH. This priority scored joint third in our stakeholder survey.*
Clinical Effectiveness	**6. Improve the proportion of patients who are assessed for their risk of developing delirium**	Everyone presenting to hospital or long-term care should be assessed for their risk of developing delirium. People who develop delirium can be at risk of other problems such as falls and pressure sores. People who are already in hospital may need to stay for longer and are more likely to go into long-term care. *The Annual National Audit of Dementia from July 2019 highlighted delirium screening as a local and national priority for improvement. Improvements in the effectiveness of identification delirium at Kingston Hospital will have an impact on a great number of our patients. This priority scored joint third in our stakeholder survey.*

*This quality priority has been updated since the survey following the release of provisional data from the 2019 National Audit of End of Life Care

The remaining three proposed quality priorities were not selected for 2020/21. This table provides a brief summary of the rationale for this decision.

Quality Priority	Rationale for non-selection
Engage more patients in quality improvement	This proposed quality priority was a continuation of the 2019/20 quality priority. We have made progress in 2019/20 with engaging more patients in QI, with the number of QI groups and initiatives with patient engagement **increasing from 11 in April 2019 to 29 in November 2019**. This priority was ranked lower in our stakeholder survey, with many people recognising that great progress had already been made in this area. Despite non-selection as a quality priority, this will continue to be a key part of our Patient First strategy and the newly established Patient and Public Involvement collaborative will ensure we build on the excellent progress.
Reduce the rate of emergency caesarean sections	This priority was ranked lowest by our stakeholders. Kingston Hospital has a higher than expected rate of emergency caesarean sections (current rate is **16%**, whilst the target rate is **<13%**). Increasing the proportion of safe vaginal deliveries continues to be a priority for our maternity services and this work will continue as a local quality improvement project.
Reduce delays for patients in adult inpatient wards	This priority was ranked highly in our stakeholder survey. Following a review of our strategic quality priorities, this has now been incorporated into the priority '**Increase the proportion of patients who are safely discharged without delay when they no longer require a hospital bed for their care** '. This is a continuation and expansion of a 2019/20 quality priority and links to a wider programme of work to improve flow through the hospital.