

Commentary on Kingston Hospital NHS Foundation Trust Quality Accounts 2016-2017

Healthwatch Richmond considers the Trust's Quality Account (QA) for 2016/17 to be an accurate reflection of Kingston Hospital's achievements. The report is lengthy but does cover a wide range of topics, which are relevant and important for patient care. Once the report is finalised it would be useful to provide a shorter summary for the public to access. The explanations of terminology are helpful and would benefit from being in a separate appendix for ease of reference. The use of tables to lay out data is helpful but not always easy to follow, some of the figures are embedded in the text and should be in the tables.

The QA gives a positive picture of ongoing improvements and is clear about where there is still room for improvement. Overall the continued excellent work on improvements by the hospital is encouraging.

Priorities 2017-18

Patient Safety

We welcome the continuation of the Sign up to Safety Campaign and the encouragement of a culture of openness in the reporting of incidents and near misses. The benefit of the involvement of families and carers in incident investigations is also a positive step.

The additional improving safety awareness for staff through human factors training will support learning from incidents and is to be encouraged.

The measures to reduce hospital acquired infections caused by gram negative Bacteria is an important continuation of the work to reduce hospital acquired infections and improve infection control. This builds on the work of the previous 2 years and we welcome the improvements that have taken place and the recognition that there is more to be done to reduce this avoidable condition.

Clinical Effectiveness

The Trust has shown a clear commitment to their Dementia Strategy, an important initiative in the care of the growing number of patients who have dementia. We welcome this and the work they are doing supporting carers in conjunction with local support groups.

The four priority standards to increase seven day working provision are currently only being met for consultant daily reviews. It is not clear how they will meet all the targets and we would encourage the Trust continuing to work towards this.

Healthwatch Richmond is pleased to hear of the success of e-prescribing and electronic clinical records in A&E and inpatients wards and supports the roll out of this to outpatients departments. The benefit in releasing staff time for patient care, a reduction in delays or loss of records and a reduction in medical prescribing errors should have a positive impact on the quality of care.

Patient Experience

Healthwatch Richmond is concerned about the services and support for people with mental health conditions both in hospital and in the community. We are supportive of

these initiatives and welcome further information on the establishment of the multi-agency Mental Health Steering Group, the agreed improvement action plan and the patient experience data.

The introduction of the new Clinical Decisions Unit to improve the patient experience of Emergency Services is a positive initiative and we will welcome information on its impact.

The experience of patients with haematological cancer is concerning, with below average scores for 54 of 59 national indicators. This compares poorly with the Trusts care of patients with cancer in their specialist centre, the Sir William Rous Cancer Unit. We support the plan to move the service into the specialist unit and would welcome further information on the timescales involved.

Review of Priorities for 2016/17

Patient Safety

We welcome the decrease in the falls rate from 5.50 in 2015/16 to 5.11 2016/17 per 100 bed days and the plan to embed the Risk Assessment Tool across all areas. This should result in further reductions and we look forward to seeing the evidence for this in the National Audit in summer 2107.

It was disappointing that the targets were not all met for reducing the harm from sepsis. And we support the plans for further action on this priority. Sepsis and septic shock have high mortality and morbidity rates and measures to reduce the risk are very important. The planned introduction of new Sepsis electronic alerts and screening at triage, together with training and awareness campaigns is to be welcomed.

The reduction in vacancy rates and turnover of staff is positive although the current turnover is not given. The reduction in agency spend from 56% to 43%, the 2nd best performance in London is to be commended. The initiatives being made through working with Bank Partners and the South West London Bank Project and the Workforce Pay Control Group have been a success. We support the Trust continuing these measures to reduce reliance on agency staff.

Clinical Effectiveness

The reduction of re-admissions in non-elective surgery to below the benchmark was achieved A&E & AAU and Respiratory departments, but it was disappointing that this was not achieved for Trauma & Orthopaedics. It would be beneficial to explain why this happened and if there is any evidence of other factors, not focussed on, being important for this department. We would also welcome seeing these initiatives rolled out to other departments.

Reducing the length of stay (LoS) for frail and elderly patients, who weaken and have increased risks of falling or getting pressure sores or infections, is very important and there is clearly more work needed in this area. The reduction in Cardiology LoS is welcome and although there was a reduction for Elderly Care this was still well above the benchmark. It is worrying that the increase in the admission of patients over 80 has seen their LoS increase by 1.5 days and we would like to see further information on the factors

contributing to this increase. This is not a priority for 2017/18 but this work is important to continue across the trust, particularly in the light of the increasing age of patients being admitted.

Pain relief is an area frequently raised in complaints. Dementia patients are particularly vulnerable to not receiving enough pain relief and there is a need to ensure the most effective interventions to manage pain are being used. The positive improvements for patients with dementia is welcome as is the introduction of fascia nerve blocks for hip fracture patients. The additional training for staff for 2017/18 is welcome and we would expect to see further improvements in pain management.

Patient Experience

GPs and patients have been clear in the need for improvements in administration, the 38% reduction in complaints about administration achieved is a good start but falls short of the 50% target. We support the further improvements planned for 2017/18 and would wish to see a focus on the departments who receive the most concerns.

We are concerned that the initiatives to improve the patients' experience of discharge did not meet the 4% local target, which is higher than the national target of 2.5% and in some months there was actually an increase. We are aware that this is a complicated issue and we would like to see this work continued and more indication of where the delays are occurring in the system and borough specific information.

The improvements in end of life care have shown positive results in the annual Bereavement Survey. All aspects evaluated performed favourably against national benchmarks and we support the continuation of these initiatives.

Healthwatch Richmond was pleased to read about all the other achievements the Trust has made over the last year in addition to their key priorities.