

King Edward's Hospital Fund for London  
King's Fund Centre, 126 Albert Street, London NW1 7NF

QUALITY CIRCLES IN THE HEALTH SERVICE  
Result of postal survey circulated in 1987

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**QUALITY CIRCLES IN THE HEALTH SERVICE**

Result of postal survey circulated in 1987

(\* after the name of the Health Authority indicates *in house* QC workshops)

**NORTH WEST THAMES REGION**

Barnet Health Authority

**Location of circles:** A/E; Childrens Ward; Pharmacy; Works Dept; X-ray Dept;  
Family Planning Service

**Contact:** Ann P.Harrison, Quality Assurance Co-ordinator  
Barnet Health Authority  
District Offices  
Colindale Hospital  
Colindale Avenue, London NW9 5H9

(01-200 1555 ext 283)

.....

Hillingdon Health Authority

**Location of circles:** Theatres x 2; Outpatients; Medical Wards x 2;  
Bioengineering; Radiotherapy Secretariat;

**Contact:** Derek Williams, Assistant Director of Nursing  
Services  
Mount Vernon Hospital  
Hillingdon Health Authority  
Northwood, Middlesex

(09274 26111)

.....

South Bedfordshire Health Authority \*

**Location of circles:** Support Services at District Headquarters; Maternity &  
Antenatal Clinic; Catering; Outpatients; Laundry;  
Health Centres; Pharmacy; A & E Department.

**Contact:** Peter Wood, Acting Director of Quality Assurance  
South Bedfordshire Health Authority  
Bute House  
7 Dunstable Road  
Luton, Beds LU1 1BB

(0582 37121 ext. 373)

.....

Harrow Health Authority

Location of circles: Maternity Unit

Contact: Miss V.White, Director of Nursing Services  
Harrow Health Authority  
Northwick Park Hospital  
Watford Road  
Harrow, Middlesex HA1 3UJ  
(01-864 5311 ext.2242)

.....

**NORTH EAST THAMES REGION**

City and Hackney Health Authority \*

Location of circles: Out-patient Departments; Surgical wards; Theatres;  
Intensive Care Units; Night Duty; Stoma Therapy Dept.

Contact: Miss S.E.Osborne  
Assistant General Manager, Acute Services  
Homerton Hospital  
Homerton Row  
London E9 6SR  
(01-985 5555 ext.7215)

.....

**SOUTH EAST THAMES REGION**

Brighton Health Authority

Location of circles: Long stay geriatric ward; Geriatric ward; Eye hospital

Contact: Martin Smits, Assistant Chief Nursing Officer  
Brighton Health Authority  
Brighton General Hospital  
Elm Grove  
Brighton BN2 3EW  
(0273 696011)

.....

Hastings Health Authority

Location of circles: Long term care of the elderly

Contact: Andrew Backway, Assistant District Training Officer  
Hastings Health Authority  
School of Nursing  
19 Holmesdale Gardens  
Hastings  
(0424 434513 ext.417)

.....

**SOUTH WEST THAMES REGION**

Mid Downs Health Authority

**Location of circles:** Bewbush Bungalow, Crawley; Childrens Bungalow,  
Horsham.

**Contact:** Mrs M.Tovey, District Nursing Adviser  
Mid-Downs Health Authority  
Butlers Green Road, Hayward Heath,  
West Sussex RH16 4BE

(0444 441666)

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**SOUTH WESTERN REGION**

Gloucester Health Authority \*

**Location of circles:** All in Mental Health Unit: ward; occupational therapy  
department; small group homes.

**Contact:** Dr G.Leyshon, District Medical Officer  
Gloucester Health Authority  
Rikenes  
Montpellier  
Gloucester GL1 1LY

(Glos. 29421 ext.209)

.....

North Devon Health Authority

**Location of circles:** Community Hospitals and Acute Unit

**Contact:** Mr K.McKeever, Senior Nurse Information/Research  
North Devon Health Authority  
Riversdale  
Litchdon Street  
Barnstaple  
North Devon EX32 8ND

(0272 75851)

.....

Frenchay Health Authority \*

**Location of circles:** Surgical Ward; Admissions; Portering Department;  
Neuro X-ray

**Contact:** Mrs Annabelle Dudman, Staff Dev. & Training Officer  
Frenchay Health Authority  
Personnel Department, Frenchay Hospital,  
Frenchay, Bristol BS16 1LE

(Bristol 701212 ext.2074)

.....

**OXFORD REGION**

West Berkshire Health Authority

**Location of circles:** Surgical Ward; Occupational Therapy; Rehabilitation Ward; X-ray Dept; Elderly Care Ward.

**Contact:** Ms E.H.Thompson, ADNS/Quality Assurance  
West Berkshire Health Authority  
Nursing Administration  
Abbey Building  
Bathurst Hospital  
Reading  
Berkshire

(0734 583666 ext. 3577)

.....

**NORTH WESTERN REGION**

Bolton Health Authority \*

**Location of circles:** Elderly wards; Personnel Department.

**Contact:** Mr M.J.Curwen, Unit Personnel Manager  
Bolton Health Authority  
Bolton General Hospital  
Minerva Road  
Farnworth  
Bolton BL4 0JR

(Bolton 390805)

.....

**WALES**

Gwent Health Authority

**Location of circles:** Mental Handicap; Care of the Elderly; Catering

**Contact:** Miss Diana Morris, Quality Assurance Officer  
Gwent Health Authority  
Mamhilad House  
Mamhilad Park Estate  
Pontypool  
Gwent NP4 0YP

(04955 2401 ext.2802)

.....

**MERSEY REGION**

Southport and Formby Health Authority \*

**Location of circles:** Mental Handicap Ward; ESMI Day Hospital;  
Administration; Night Nursing Team; Activities Unit  
and Recreation Hall; Psycho-geriatric Ward.

**Contact:** David J.Allman, Unit General Manager (Psychiatric  
Services)  
Southport and Formby Health Authority  
Greaves Hall Hospital  
Banks  
Nr. Southport, Merseyside.

(0704 27451)

.....

Warrington Health Authority

**Location of circles:** a. Orthopaedic; Surgical; Medical; Geriatric;  
b. Mental Handicap.

**Contact:** a. Mr E.Cooper, Assistant UGM, General Nursing  
Warrington District General Hospital  
Lovely Lane  
Warrington WA5 1QG

(Warrington 35911)

**Contact:** b. Mr J.R.Lawson  
Manager  
Mental Handicap Unit  
Newchurch Hospital  
Twiss Green Lane  
Culcheth  
Warrington WA3 4DJ

(Culcheth 4251)

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**YORKSHIRE REGION**

Airedale Health Authority

**Location of circles:** Medical Wards x 2; Surgical Wards x 2; Paediatric Ward  
(Medical & Surgical)

**Contact:** Mr J.K.Cubbin, Unit Patient Care Manager/D.N.Adviser  
Airedale Health Authority  
Airedale General Hospital  
Skipton Road  
Steeton  
Keighley  
Yorks BD20 6TD

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York Health Authority \*

**Location of circles:** Elderly Services Unit

**Contact:** Mrs I.Sandywell, Manager Elderly Services  
York Health Authority  
City Hospital  
Haxby Road  
York  
YO37JR

(0904 31388)

.....

Leeds Western Health Authority

**Location of circles:** Minor Injuries Unit; School of Nursing; Mental Illness  
Wards x 4; Community Health Centre; Day Hospital.

Mrs Sylvia Craven, Deputy Director of Quality  
Assurance  
District Headquarters  
Leeds General Infirmary  
Leeds  
LS1 3EX

(0532 432799 ext.2642)

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**TRENT REGION**

South Lincolnshire Health Authority

**Location of circles:** Accident & Emergency Personal Service Team; Quality  
Assurance Team

**Contact:** Janice L.Coe-Legg, Quality Assurance Manager  
South Lincolnshire Health Authority  
The Pilgrim Hospital  
Sibsey Road  
Boston, Lincs PE21 9QS

(0205 64801 ext.2286/2336/2339 Bleep 114)

.....

South Derbyshire Health Authority

**Location of circles:** Psychiatric Unit

**Contact:** Valerie Gillespie, Senior Nurse (Standards of Care/  
Research)  
Southern Derbyshire Health Authority  
4th floor, Boden House  
Main Centre, Derby DE1 2PH

(363971 ext.254)

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● Leicestershire Health Authority

**Location of circles:** Four circles in 'care of the elderly'; Trauma Unit;  
White collar circle in the D.H.Q; Labour Ward.

**Contact:** Nigel Hobson, Senior Nurse Quality Assurance  
Leicestershire Health Authority  
24 - 28 Princess Road West  
Leicester LE1 6TY

(0533 559777 ext.332)

OR Mr W.Pointon  
Quality Assurance Officer  
St Mary's Hospital  
Thorpe Road  
Melton Mowbray,  
Leicestershire

.....  
**WEST MIDLANDS REGION**

Solihull Health Authority

**Location of circles:** Community Unit

**Contact:** Linda Richardson, Coordinator of Services for the  
Elderly,

Community Health Services  
Marston Green Hospital  
Berwicks Lane  
Marston Lane  
Birmingham B37 7XR

(021-779 6035)  
.....

Sandwell Health Authority

**Location of circles:** Community Unit

**Contact:** Mr I.McArdle, Consumer Affairs Adminsitrator  
Kingston House  
438 High Street  
West Bromwich  
West Midlands  
B70 9LD

(021-553 6151 ext. 296)  
.....

Dudley Health Authority

Location of circles: Elderly Mentally Ill Continuing Care Ward

Contact: Mr K.J.Salmon, District Nursing & Consumer Services  
Adviser

Dudley Health Authority  
District Headquarters  
12 Bull Street, Dudley,  
West Midlands, DY1 2DD

(Dudley 56911 ext.282)

.....

**NORTHERN REGION**

East Cumbria Health Authority

Location of circles: Mental Health Unit - Two elderly wards;  
Hospital Launderette.

Contact: G.Blamires, District Personnel Officer  
Cumberland Infirmary  
Carlisle, Cumbria.

OR David Spencer  
Patient Services Manager  
Garlands Hospital  
Carlisle, Cumbria.

.....

Hartlepool Health Authority

Location of circles: Medical Ward; Catering; Domestic; Works.

Contact: Mr C.Thompson, Support Services Manager/  
Q.C.Facilitator  
Hartlepool Health Authority  
General Hospital  
Holdforth Road, Hartlepool,  
Cleveland TS24 9AH

(0429 266654 ext.2455)

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**WESSEX REGION**

Basingstoke and North Hampshire Health Authority

Location of circles: Psychiatric Nursing Services

Contact: Roger Barfoot, Health & Clinical Studies Manager  
Donald Burrell Centre  
Basingstoke District Hospital  
Basingstoke, Hants.

(473202 ext.5420)

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## QUALITY CIRCLE ACHIEVEMENTS

(in alphabetical order of the Health Authority)

1. Problem
2. Brief outline of the problem and how it was reduced or resolved.
3. General comments

.....QCQCQCQC.....

### AIREDALE HEALTH AUTHORITY

1. Staff on a medical ward were concerned about the large amount of information required by patients and their relatives/friends at the time of admission to hospital.

2. When a patient is admitted he/she needs to be given a lot of information about the hospital. The nurses in the Quality Circle were concerned about the presentation of this information.

Questionnaires were developed and distributed to patients and visitors. The questionnaires aimed to:

- a. discover how much information was being given to the two groups.
- b. find out if the two groups needed any additional information.

The completed questionnaires were analysed and the results were used to help compile new style information booklets. Two booklets were produced, one for patients and one for relatives/friends. These were used during a trial period of one month together with an evaluation questionnaire.

The booklets were well recieved and at the time of contributing to this section on achievements, the booklets were about to be printed and tried out on three other wards.

A new visitors' noticeboard has also become a feature on the ward.

3. Although this problem had not yet been completely solved, the project was well advanced and had been given management support. All the nurses on the ward had said they were more aware of the need to select the right time to convey information and they were also sensitive to the fact that often individuals can only assimilate a certain amount of information at any one time.

Further information about this achievement can be obtained from Miss J.M.McCutcheon, Sister, Airdale General Hospital (0535 52511 ext 237)

.....QCQCQCQC.....

## **CITY AND HACKNEY HEALTH AUTHORITY**

1. 'Nightwatch' - Night Duty, St Bartholomew's Hospital.  
The borrowing between wards at night and the I.V. drugs left over from the day shift to be given by the night staff.

2. Data collected proved the reality of this problem. Simply increasing everyone's awareness to the facts produced a marked reduction in the problem and increased cooperation between day and night staff. A follow-up survey was planned for three months after the initial improvements.

.....

### **1. Theatre, St Mark's Hospital**

One of the first solutions this Quality Circle produced was a teaching programme for visiting medical staff. The members are multidisciplinary and illustrate the value of QCs NOT ONLY being about solving problems. In bringing different disciplines together, those working in the Unit appear to be more proactive than reactive in their work.

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### **1. I.C.U. Homerton Hospital**

The initial brainstorming produced 20 problems which subsequently condensed into 4 main sections; two of these sections were: maintenance of standards and monitoring the low suction equipment. Subsequently the manufacturers of the low suction equipment were asked to examine the machinery and later diagnosed a ruptured diaphragm. All similar machines in the Hospital were examined and some were found to be in a similar unsatisfactory state. A contribution to the maintenance of standards was achieved in looking at this one aspect of care and the benefits were felt by those working in other parts of the Hospital.

.....QCQCQCQC.....

## **EAST CUMBRIA HEALTH AUTHORITY**

1. a. Ward '29' (elderly): Laundry problems, marking of clothes etc.  
b. Launderette: Unacceptably high temperatures in the Launderette. Unsatisfactory finishing of dry cleaned clothing.

2. a. Centred on problems and inadequate procedures when dealing with personalised clothing from the Hospital Launderette. Also a myriad of associated problems. No cost implications but many issues successfully resolved.

b. Inadequate ventilation system solved by installing one costing several thousand pounds. Dry cleaning problem solved by installing a finishing machine the cost of which has been justified.

continued.....

3. It was useful for two Circles in different parts of the organisation to be able to resolve interdepartmental problems, together.

.....QCQCQCQC.....

#### **GWENT HEALTH AUTHORITY**

1. Lack of social activity for the elderly people.

2. Long stay elderly people live in a hospital which is ill equipped for them i.e. upstairs with no lifts as an alternative. (The hospital is likely to close in the near future). The stairs have limited the amount of social activity which can be developed but for the present a social club has been started once a week. Residents were coming down the stairs once a week to a communion service so the club has been scheduled to follow the service.

1. Making the initial approach to relatives re. implementing training programmes for their mentally handicapped relatives.

2. Some relatives had not been in contact for several years; when approached about the training for their handicapped relative, some of them resisted the suggestion as they feared this meant the resident was about to be discharged. A letter outlining the training and the reasons for it was composed and personal contact by the social worker helped reduce the initial resistance.

3. The system has now been in use for several months and is working well.

1. Handover difficulties in transferring mentally handicapped residents to the community.

2. There is no set pattern and no one responsible for the handover of care, this is currently being looked at by the Quality Circle.

.....QCQCQCQC.....

#### **HARROW HEALTH AUTHORITY**

1. Waiting times for an appointment and whilst in ante natal and gynaecology outpatient clinics.

2. Busy clinics were receiving an ever increasing number of appointments thereby further increasing the pressure on the clinics. The Quality Circle collected data on the patients using the services and on the medical and nursing staff trying to provide the service. From the information collected the eventual result was an improvement in medical staffing arrangements in the clinics and an improved monitoring of the booking system.

3. Although patient numbers are still high, sorting out problems in advance of clinic days has kept disruption and delay to a minimum.

.....QCQCQCQC.....

**HARTLEPOOL HEALTH AUTHORITY**

1 Training of domestic staff in specialist area.

2 Prior to Quality Circle investigation there had been no organised training of relief domestic staff in specialist areas such as operating theatre and ITU.

The Circle produced an on-going training programme for staff involved which has eliminated the operational difficulties and waste of resources.

3 The circle identified a problem which the supervisory staff had not highlighted to managers. Subsequently the Circle produced and implemented a continuing arrangement to resolve the problem.

.....QCQCQC.....

**HILLINGDON HEALTH AUTHORITY**

1. Lack of patient facilities 'out of hours' concerning services from Pathology, X-ray, Physics, Portering and Canteen.

2. Patients were frequently having to make a return visit to the departments already listed and could not have the services of the Canteen or Portering at lunchtime or after 5pm.

The Circle collected data over a period of one month re. the lack of facilities and subsequently invited the Heads of Services from Pathology, X-ray and Portering to each attend a Circle meeting, in order to discuss the reality and consider solutions. (The Physics Department and the League of Friends Canteen were contacted by a representative member of the Circle).

Approximately 75% overall success was achieved by mutual cooperation and the 'Hospital Comforts Fund' purchased, and maintains, a vending machine for the out-patient department.

X-ray bookings and instructions (in most cases) booked by casualty or duty radiographer.

'Late' blood samples taken by doctor and processed by duty technician.

Physics sent details and arrange appointment direct with patient.

Porter contact system improved.

.....QCQCQC.....

**LEICESTERSHIRE HEALTH AUTHORITY**

1. Unsatisfactory clothing for elderly patients.
2. The Quality Circle collected facts re. the unsatisfactory clothing on a ward caring for elderly patients. Some of the major concerns were:
  - a. stockings wouldn't stay up
  - b. many articles of clothing needed repair.
  - c. personal clothing was not available.
  - d. storage of clothing was unsatisfactory.

The Quality Circle looked into the possible solutions and were able to identify an area where a hanging rail could be placed and where clothes could hang. Personal clothing was introduced. By co-opting the Laundry Supervisor onto the Quality Circle, a system to reduce the turn-round of patients clothes from 3 days to 36 hours was also developed.

3. Management had been aware of this problem but had not started to tackle it because of other priorities and of forseeing some of the difficulties which might be encountered in changing an established practice. The Quality Circle identifying and working on the problem created more commitment to wanting to find a solution. There was an improvement in the quality of care the staff were able to give; an improvement in self esteem for patients; support and encouragement from relatives.

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1. Poor presentation of food for patients
2. The Quality Circle brainstormed some of the requirements for GOOD presentation of food and then began to collect data about the current system for delivering and serving food.

By co-opting the senior cook onto the Quality Circle, many minor problems were solved and the presentation of food improved.
3. Three main initiatives were also started by the Quality Circle, as indirect improvements in looking at this problem.
  - i. the patients Day Room /Dining Area was improved by moving furniture around to create a more homely environment.
  - ii. an illustrated menu book was devised to give residents more information about what was on the menu.
  - iii. china mugs were purchased to replace the polythene beekers previously provided.

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1. Lack of meaningful activity for long stay care of elderly patients.

continued.....

2. At the time of contributing to this section of achievements the Quality Circle had completed its Cause and Effect diagram using the following six headings on the 'cause' ribs of the diagram: People; Equipment; Work Method; Recreation; Environment; Communication. Almost 150 main and subsidiary causes were identified and grouped on the Fishbone Diagram. The Quality Circle activity had reached the stage of 'incubating' the ideas as well as bring the diagram to the attention of other staff for their comments.

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1. Loss of obstetric equipment. (Quality Circle on Acute Labour Ward)

2. The Quality Circle brainstormed all the problems of the labour ward and voted 'loss of equipment' as the most important problem they could tackle as a group project.

At the time of contributing to this section of achievements the Quality Circle had collected data and estimated the loss of equipment to cost in the region of £2,000 per annum. The Quality Circle had reached the stage of looking at ways of reducing the loss.

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1. Poor quality of feeding utensils and crockery (Quality Circle caring for the Elderly)

2. The Quality Circle had completed a 'cause and effect' analysis on 'what makes for GOOD crockery and cutlery' (using the postive rather than the negative effect improved the details on the 'causes'). At the time of contributing to this section of achievements the Quality Circle had collected data using a separate data collection sheet for each day over a two week period and had reached the stage of being ready to brainstorm creative solutions to the problems.

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#### **NORTH DEVON HEALTH AUTHORITY**

1. a. Nursing Hand-Over Procedure

(Part of this procedure is conducted at the patient's bedside)

b. Marketing the service.

(Major rebuild of the hospital entrance to provide a staffed reception counter in pleasant surroundings which replaced a Victorian style lobby with only a bell to summon attendance. Voluntary monies provided)

(Refreshments - tea/biscuit trolley, provided for out-patients. Voluntary manpower and monies provided).

continued.....

c. Bereavement Counselling

(In conjunction with the major rebuild, the office of the Sister-in-Charge was moved to facilitate pleasant surroundings in which the bereaved can be seen).

d. Information for patients and their visitors

(Booklet for Community Hospitals to hand to patients and visitors).

Further information about these achievements can be obtained from Sister Rumsam-Watho, Ilfracombe (Tyrell) Hospital, St Brannocks Park Road, Ilfracombe.

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1. Skill-Mix

(A review of the trained and untrained nursing establishment has led to a re-mix of less trained and more untrained staff to provide a better cover for rotas and an improvement in the care of residents).

Further information about this achievement can be obtained from Mr N.Prance, Russell House, Chuirch Road, Ilfracombe.

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1. a. Training for nursing auxiliaries.

(A re-training programme for auxiliaries with more than 5 years continuous service has been introduced with the programmes scheduled by the District School of Nursing.)

b. Nursing Care

(Norton Scoring to be introduced into care plans and assessment sheets).

Further information about these achievements can be obtained from Sister N.Baker, Lynton Hospital, Lee Road, Lynton.

.....QCQCQCQC.....

**SANDWELL HEALTH AUTHORITY**

1. 18% of visits by Health Visitors were abortive because they did not gain access to the clients. This was wasteful of resources both in time and money. It was also a waste of the Health Visitor's skills and resulted in stress and frustration to the individual Health Visitor.

continued.....

2. The objectives of the Quality Circle were:

- a. to identify the reasons for non access visits.
- b. to reduce the time wasted on non access visits.
- c. to reduce costs incurred through non access visits.
- d. to improve the morale of health visitors by reducing the stress and frustration if non access visits reduced.

The Circle identified the major causes as:

- a. inadequacies in communication within the department, with other departments and other agencies.
- b. 'image' problems of health visiting as an activity.
- c. the need for improved efficiency in health visiting.

Recommendations were made in each of these areas.

3. The Quality Circle was successful in the sense that it identified what had generally been agreed to be the major causes of the problem through the use of staff directly experiencing the problem. The solutions are those suggested by staff and not imposed by others. Working on this problem also produced staff development benefits because it promoted team work in problem solving and increased individual abilities in making both written and oral presentations.

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**SOLIHULL HEALTH AUTHORITY**

- 1.
  - a. Demand for incontinent aids.
  - b. Budget overspent.
  - c. Need to offer choice/give information to clients
- 2.
  - a. We have looked at our inco aids and changed our order to meet needs i.e. type, make of garment. District nurses are to undertake regular assessments of each client requiring aids thereby regularly monitoring the situation.
  - b. We re-assessed our budget in discussion with the Unit Accountant and found past discrepancies. A new budget holder was identified and has sole responsibility for coding to INCO BUDGET.
  - c. We have held two Continence Exhibitions for the public in Solihull. We plan to hold a study day for staff in the Autumn of 1988.
- 3. We have clarified our budget position and identified problem areas which should not crop up in the future. This has been a very worthwhile exercise. Also, we feel there is a need for further education of staff and public hence the exhibitions and study day.

.....QCQCQC.....

## **SOUTH BEDFORDSHIRE HEALTH AUTHORITY**

1. Clarification of the roles of clinic clerks in the ante-natal clinic.

2. This Circle consists of clinic clerks in the ante-natal clinic. There are 22 clerks with varying designations e.g. clinic clerk, ward clerk, reception area, co-op clerk. Also, since the introduction of computerisation, many were anticipating problems and pressures. Some had been in the post for a number of years before computerisation had been thought of. The Quality Circle looked at what had to be done within the Department and they looked at this from the customers point of view. How does someone get into the system? They identified 98 processes. They then looked at what each of them did within their tasks which resulted in all the clerks re-writing their job descriptions. They also eliminated 7 different named designations and are now called clerical officers. They designed their own uniforms with scarves etc. and also upgraded the ante-natal clinic area.

3. Improvement in morale made the group work better as a team and raised their awareness to each others problems.

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1. Space utilization

2. This Quality Circle is the Support Staff to Directors and Senior Officers at District Level.

The problem the group identified was that the Secretaries and Support Staff were not in the same location as their Directors and the related problems of communication, cover etc. which this created. The Circle looked at space utilization in the building and produced a proposal to move people around in order to resolve the problem and thereby make better use of resources. The outcome has been that a number of offices have been changed and this has started a re-examination of the service given from the District Headquarters to the public. Plans for a reception area and increased security in the District Offices are now being considered.

3. The results have produced a closer working environment and people are more aware of the problems and difficulties. This initiative by a Quality Circle has increased the credibility of the Circles in the organisation.

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1. General Enquiry Desk

2. In 1986 a snapshot was taken of people visiting both the Outpatients Department and the Accident and Emergency Department. A Quality Circle looked at the patients arriving in these departments and the subsequent difficulties they encountered moving around the organisation for different services. The information gathered continued.....

illustrated that there were seven entrances in the Hospital and people became lost (this even occurred when people had visited the Hospital on several occasions). The eventual solution to this problem was to design a new general enquiry desk and to improve the sign posting of the Hospital so that everyone now comes through one entrance and is immediately met by a reception area. In this area is a receptionist, a security officer, a porter and voluntary workers. Patients and visitors are asked to report to this area where they are then directed to the relevant departments.

3. This project was a fairly large undertaking for a Quality Circle but the outcome has been most satisfactory for all concerned. The financial commitment from Management (for an enquiry desk and uniforms for the reception staff) was an indication of their support to Quality Circles. This solution also contributes to a more caring environment for patients and visitors.

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1. Standards of Hygiene re. Crown Immunity

2. When this Circle brainstormed their problems many of them grouped around the issue that they were not meeting the Health Circular Standard on food hygiene, due to old equipment. The first piece of equipment they looked at were the fridge/freezers. Nine of the ten fridge/freezers were constantly breaking down and this meant a regular contravening of the required standards because cooked and uncooked food was having to be put together. The cost of repairs was also a drain on the small budget. After their presentation, resources were made available for new fridge/freezers and plans are also in hand to enlarge the walk-in area.

3. Certainly an outcome which raised the morale of staff and gave them credibility within the organisation.

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1. The plated meal system.

2. The problem identified by the Circle was the difficulties they were having due to the introduction of a new system. They had too many staff on duty when demands were low and too few staff on duty when demands were high. The Department was running at over 700 hours a week overtime simply to meet this new system. The Circle introduced new rotas for staff which were accepted by 66 of the 67 staff. (The catering manager had tried to introduce new rotas for six years without success, the Circle managed to achieve it in approximately 16 weeks).

2. There was improved morale in the department and increased credibility within the organisation. There are now three Circles within this Department and a waiting list for further ones. There was a financial saving of over £19,000 a year in less overtime.

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**SOUTH DERBYSHIRE HEALTH AUTHORITY**

1. Emergency fire procedure.
2. a. Is there a need for staff to congregate at Reception?  
b. Who is the responsible officer?  
c. Who makes the decision (there is no fire)?  
d. No staff evenings, nights, weekends.  
e. Confusion over roles.  
f. Lack of clarity for staff who work in other areas.  
g. No tanoy in outlying areas.  
h. Evacuation procedure?  
i. What is the role of the Fire Officer?  
j. Too many different alarm systems.  
k. Sound of bells not uniform.  
l. Too many false alarms.  
m. Lack of communication and education.  
n. Staff apathy.  
o. Role of first aiders?  
p. Staff do not read instructions.

**Solutions:**

1. No need to congregate at Reception.
2. Two people should be nominated responsible officers.
3. Two way bleeps should be provided for responsible officers.
4. One nominated officer to remain at Reception. Second nominated officer to go to scene of fire. Member of P.S.O. staff to report to Reception to escort fire service to scene of fire.
5. When one officer is absent another must be nominated and all necessary personnel notified.
6. Porters/Engineers/Works staff to go straight to the scene of the fire - other staff to stand by ready for evacuation procedure.
7. All tanoy systems must be working in all areas.
8. Nominated officer at scene of fire to relay to officer at Reception - false alarm or more help required. Receptionist to relay over tanoy.
9. Main Hall to be unlocked by Catering Staff as soon as alarm sounds.
10. Weekends and Nights: One officer only - straight to scene and relay back to Reception. All available staff to scene.
11. More fire drill practice.
12. Reminder to staff of moral obligation if off duty and on the premises.
13. Role of Fire Officer (adviser)
14. All departments should have a regular fire test.
15. Proper training packages.
16. More Departmental drills.

More information about this QC achievement can be obtained from Mark Cockayne, Hospital Manager, Kingsway Hospital, Derby. DE3 3LZ (Derby 362221)

.....QCQCQCQC.....

## **SOUTH LINCOLNSHIRE HEALTH AUTHORITY**

The Out Patients Circle have looked at name plates for Doctor's desks and are monitoring responses. The Circle are also considering displaying photographs of staff.

The Accident and Emergency Circle have outlined an induction programme for new staff, showing how the department works and its relationship to other departments. The Circle have also put up a poster entitled 'I'm waiting and wondering....why?' It explains to patients possible reasons for their wait in a chatty and friendly way.

These initiatives have greatly improved the atmosphere in the departments - for both patients and staff.

.....QCQCQCQC.....

## **WEST BERKSHIRE HEALTH AUTHORITY**

1. Constable Ward: Inadequate toilet facilities for rehabilitation patients.

2. The eventual causes were identified as:
- lack of space.
  - wrong facilities.
  - ill-design.

and it was in these areas that data collection was concentrated.

From the data, the following conclusions were made: due to lack of adequate toilet facilities there is -

- an increase in incontinence of patients.
- non constructive use of nursing time.
- loss of dignity and independence for rehabilitation patients.
- poor nursing practice due to extensive use of commodes.

The benefits of having adequate toilet facilities were identified as:

- 99% reduction of patients arriving at toilet, incontinent.
- release of nursing time for more constructive use.
- increase in morale and independence of patients.
- improvement in nursing care

From the data collected and the available relevant literature, the eventual solutions suggested were:

- Alteration to existing ward toilets.
- To re-site ward toilets
- To move the ward downstairs.

..... continued.....

**1. Lack of Inservice Training within the Occupational Therapy Department.**

Using problem solving techniques and collecting data relevant to the problem the Circle was able to plan an on-going inservice timetable for the O.T.Department. In order to ensure that Inservice Training is achieving its main aim i.e. providing staff with further knowledge and information, the Circle designed an evaluation form which is completed by the participants at the end of each talk. The results are analysed and used by the organisers and the speakers.

**1. Redlands Ward: Overall aim - to improve the nursing care of patients.**

Twelve problems on the initial list were solved quickly and with simple solutions. The first major problem to be looked at was the inadequacy of the initial information given to patients on admission. This was felt to be a potential safety hazard both on the ward and when the patient was discharged from the ward.

A survey of 50 patients confirmed this theory. Clearly some patients were either not being given all the information they required or were just not able to absorb what they had been told. Leaflets have now been produced for routine operations e.g. hernia repair; cholecystectomy; mastectomy; excision of breast lump; pilonidal sinus; thyroidectomy. These leaflets are offered to patients to read at their leisure and supplement the information given by medical and nursing staff.

**1. X-ray Department: Improvements in the Department.**

The initial brainstorming list produced 200 ideas (not all practical!). The first problem to be tackled was that some patients were unnecessarily anxious when they came for an X-ray. Data was collected (from a 'sample' of 300!) which confirmed the theory. The eventual main causes for this anxiety were identified as:

- a. lack of information.
- b. waiting time.

The eventual recommendations from the group in order to reduce the anxiety of patients were:

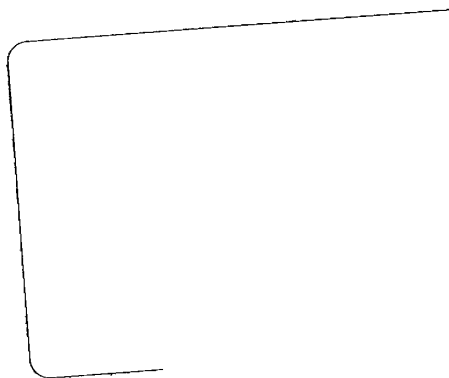
- a. a new set of ward information sheets and appointment slips.
- b. to change from blue disposable gowns to white cotton X-ray gowns.(It was calculated that there would be a repayment period of 18 weeks).
- c. to install an Intercom System.

(The benefits of this last recommendation were numerous: reduce time spent looking for Radiologist; reduce time spent fetching the Dark Room technician; would ensure that the patient for the next appointment was changed and ready for examination; would increase communication between the Senior Radiographer and Reception, so that continued.....

information about delays could be quickly passed on; would ensure trolley and equipment required was ready for the next examination; there would be fewer interruptions for the patient and less embarrassment).

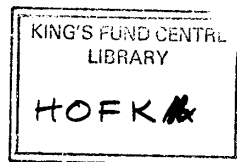
More detailed information about these and other QC achievements can be obtained from Ms E.H.Thompson, ADNS/Quality Assurance, West Berkshire Health Authority, Nursing Administration, Abbey Building, Battle Hospital, Reading, Berkshire. (Telephone: 0734 583666 ext.3577) OR Sister Mary Kenyon, Gainsborough Ward, Battle Hospital, Reading (Telephone: 0724 583666 ext. 3335).

.....QCQCQCQC.....





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September 1988

### QUALITY CIRCLES IN HEALTH CARE

Where are Quality Circles being used in health care?

What are Quality Circles achieving?

Could we consider a Q.C. support network in health care?

In attempting to answer these enquiries a questionnaire was circulated to all Health Authorities in 1987. The responses do not represent a complete picture of Quality Circles being used and developed but are the result of completed questionnaires kindly returned. It might be useful to know that although the information was collected in 1987 the entries were subsequently checked for accuracy in June 1988.

The examples of Quality Circle achievements covered such a range of detail (from one line sentences to a couple of pages) that it was found impossible to present them in a standard format however, it is hoped that sufficient information has been given to enable direct contact with the appropriate Health Authority.

The information contained in the following pages is based entirely on written comments supplied by a representative from each Health Authority - there has been no auditing of the programmes.

In 1989 it might be possible to consider producing a more comprehensive list of Quality Circles in Health Care, therefore additions, and alterations by December 1988 would be most welcome. Of course, producing a revised list would depend on the responses and comments received.

Finally, my sincere thanks to those who completed the questionnaires and to all who have patiently waited for the outcome. The result is not as I had originally envisaged but is the reality of the information received.

Christine Davies (Miss)  
Project Officer



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