

**Whittington Health Board**

**QUALITY PROGRESS REPORT September 2011**  
**David Williams Assistant Director of Governance**  
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**QUALITY & PATIENT SAFETY COMMITTEE PROGRESS REPORT**

**Background**

The Quality and Patient Safety Committee held its inaugural meeting on 26<sup>th</sup> September 2011. It has superseded the Clinical Quality Assurance and Governance Board, and the Quality and Workforce Committee from the former Provider Services Alliance and reports directly to Trust Board. This report provides a summary of key items discussed and decisions made. It also provides a summary of key indicators and narrative on development of the Quality Dashboard.

**Quality and Patient Safety Committee Work areas**

The Quality and Patient Safety Committee covers 3 main domains: Safety, Clinical Effectiveness, and Patient Experience, within these domains they are broken down into discreet areas of activity which are detailed below (note some of the themes are cross cutting and therefore cover all or more than one domain) this list is not exhaustive but is included to give an illustration as to the breadth of review by this committee.

**Domain (1) Safety:**

- NHS Litigation Authority (NHSLA)
- Environmental
- Complaints/Incidents/Claims
- Infection Control
- Serious Incidents (SI's SUI's)
- Prison Healthcare Death in Custody (DIC)
- Patient Safety (CAS Alerts, Medication errors, Slips Trips and Falls, Pressure Ulcers and Wound Management, Nutritional Screening, Essence of Care etc).
- Safeguarding Vulnerable Adults and Children
- Workforce and Mandatory Training

## **Domain (2) Clinical Effectiveness:**

- Care Quality Commission Registration/ Service Reviews/ Visits/Quality and Risk Profiles
- NHS Litigation Authority (NHSLA)
- Environmental (Patient Environment Action Team “PEAT” Scores)
- CQUIN / Quality Frameworks
- Quality Innovation Productivity and Prevention (QIPP), Productive Series (NHS Institute for Innovation and Improvement).
- National Institute for Clinical Excellence (NICE)
- Equality and Diversity
- Audit Programmes

## **Domain (3) Patient Experience:**

- Environmental (Patient Feedback) (Complaints/PALS/Claims)
- Complaints/PALS/Incidents/Claims
- Patient and Public Involvement (PPI)
- Patient Experience and Patient Satisfaction

## **Recommendations:**

The Board is asked to note and agree the content of this report on progress in relation to the domain areas identified within the report.

The Board is asked to seek ongoing assurance from the Quality and Patient Safety Committee through further progress reports in relation to the progress and performance of these related areas as part of the development of the Integrated Care Organisation Whittington Health.

**Care Quality Commission (CQC) Registration process** – As part of the new registration assessment process we must show how we are meeting the new essential standards of quality and safety across all of the regulated activities. To assist in evidencing papers you are asked to indicate on the CQC Outcome Measures Table which of the outcome measures your paper relates to. You can select more than one outcome measure if relevant. *(For further information on the criteria for each outcome please see following link.)*

[http://www.cqc.org.uk/db/documents/Essential\\_standards\\_of\\_quality\\_and\\_safety\\_March\\_2010\\_FINAL.pdf](http://www.cqc.org.uk/db/documents/Essential_standards_of_quality_and_safety_March_2010_FINAL.pdf)

**Public and Patient Involvement** – There is a section within the paper which identifies patient and public involvement areas completed.

**Equality Assessment** – Not completed

**Risks** – Main risks relate development of Quality Monitoring arrangements for Whittington Health however this is being further developed with a dashboard report being implemented during November 2011.

**Legal Implications** – Refer to legal claims section of this paper.

**Resource Implications** – (People) This report was developed within a short timeframe and will therefore be further developed with input from Risk & Governance, Clinical Effectiveness and Performance and Planning leads.

**Next Steps** – The report will be developed to ensure this withstands robust scrutiny and challenge as part of the developmental program as an aspirant Foundation Trust, ensuring we meet the Quality and Governance Framework for robust Quality reporting.

**CQC Outcome Measures Table (Please select outcome measure/s)**

No	Outcome Measure/Standard	Related to
1	Respecting and involving people who use services	X
2	Consent to care and treatment	
3	Fees etc.	
4	Care and welfare of people who use services	X
5	Meeting nutritional needs	
6	Cooperating with other providers	
7	Safeguarding vulnerable people who use services	X
8	Cleanliness and infection control	
9	Management of medicines	X
10	Safety and suitability of premises	
11	Safety, availability and suitability of equipment	X
12	Requirements relating to workers	X
13	Staffing	X
14	Supporting workers	X
15	Statement of purpose	
16	Assessing and monitoring the quality of service provision	X
17	Complaints	X
18	Notification of death of a person who uses services	X
19	Notification of death or unauthorised absence of a person who is detained under the Mental Health Act 1983	
20	Notification of other incidents	X
21	Records	
22	Requirements where the service provider is an individual or partnership	
23	Requirement where the service provider is a body other than a partnership	
24	Requirements relating to registered managers	
25	Registered person: training	
26	Financial position	
27	Notifications: notice of absence	

No	Outcome Measure/Standard	Related to
28	Notifications: notice of changes	

## EQUALITY IMPACT ASSESSMENT TOOL

### Stage 1                      Screening

#### Question 1

For each of the six equality categories, ask the five questions in the table below.

Question	Age	*Disability	Race	Religion and belief	**Gender	Sexual orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	NO	NO	NO	NO	NO	NO
Is there potential for, or evidence that, the proposed policy will promote equality of opportunity for all and promote good relations between different groups?	NO	NO	NO	NO	NO	NO
Is there potential for, or evidence that, the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	NO	NO	NO	NO	NO	NO
Is there public concern (including media, academic, voluntary or sector specific interest) in the policy or service about actual, perceived or potential discrimination against a particular population group or groups?	NO	NO	NO	NO	NO	NO
Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?	NO	NO	NO	NO	NO	NO

\*Remember for disability to look at the needs or impact on the following groups: people with a visual impairment; people with a hearing impairment /Deaf; people with mobility problems including wheelchair users; people with a long-term condition i.e. enduring mental health problem; learning disabled.

\*\*Include transgender/transsexuals

**If the answer to any of the above is 'yes', you may need to carry out an equality assessment in the relevant equality area(s).**

**Question 2: why have you come to these conclusions?**

This is a summary paper of quality reporting for Whittington Health, this summary paper is covering process and activities and as such does not impact on individual matters related to equality.

Based on the information set out above, I have decided that an equality impact assessment is not necessary.

Signed: David Williams

Service and Directorate: Assistant Director of Governance      Date: September 2011

The full paper then follows.

## **Quality and Patient Safety Committee:**

The Quality and Patient Safety Committee held its inaugural meeting on 26<sup>th</sup> September 2011. It has superseded the Clinical Quality Assurance and Governance Board, and the Quality and Workforce Committee from the former Provider Services Alliance and reports directly to Trust Board. This report provides a summary of key items discussed and decisions made. It also provides a summary of key indicators and narrative on development of the Quality Dashboard.

An action log has been created to ensure handover of outstanding Quality areas from the predecessor committees.

This report will provide some summary information until the formal quality dashboard has been developed by the Planning and Performance Directorate.

## **Governance Structures and reporting arrangements:**

The Governance Structures of Whittington Health have been mapped to ensure that any predecessor committee work areas have been included within the replacement committees, all committees now have representative from across the organisation to ensure that the work of both acute and community staff is covered.

Divisional reports will be submitted to the Quality and Patient Safety Committee on a 6 monthly basis.

A structured work program has been developed for reporting.

A quality dashboard is under development by the Performance and Planning Directorate, first draft report November 2011 “see further information within the main body of the report”.

Detailed lists of domain work areas:

### **Domain 1 Safety:**

- NHS Litigation Authority (NHSLA)
- Environmental
- Complaints/Incidents/Claims
- Infection Control
- Serious Incidents (SI's)
- Prison Healthcare Death in Custody (DIC)
- Patient Safety (CAS Alerts, Medication errors, Slips Trips and Falls, Pressure Ulcers and Wound Management, Nutritional Screening, Essence of Care, VTE assessments etc).
- Safeguarding Vulnerable Adults and Children

## **Domain (2) Clinical Effectiveness:**

- Care Quality Commission Registration/ Service Reviews/ Visits/Quality and Risk Profiles
- NHS Litigation Authority (NHSLA)
- Environmental
- CQUIN / Quality Frameworks
- Quality Innovation Productivity and Prevention incl: (Productive Series (NHS Institute for Innovation and Improvement.
- National Institute for Clinical Excellence (NICE)
- Equality and Diversity
- Audit Programme

## **Domain (3) Patient Experience:**

- Environmental
- Complaints/PALS/Incidents/Claims
- Patient and Public Involvement (PPI)
- Patient Experience and Patient Satisfaction

**Narrative feedback from the first committee:** see executive summary document which details key items discussed.

## **Quality Dashboard Development:**

Key actions or developments planned:

Development of a structured quality dashboard, (target date November 2011) this is underway with a draft populated dashboard being reviewed at the Quality and Patient Safety Committee on the 21<sup>st</sup> October 2010.

At the committee there will be a review of identified indicators and the benchmarks used to create and provide assurance on related indicators.

The first draft dash board indicators are detailed below and will be used to inform the Quality Report which will detail areas of concern and actions being taken to improve upon, all indicators will be developed to ensure they are able to stand up to external and internal scrutiny and challenge and meet the requirements of the Monitor (Quality and Governance Framework).

Domain Areas for key indicators agreed so far or under development:

Safety:

- MRSA
- C Difficile
- E Coli
- MSSA
- Serious Incidents (SI)
- Hospital SMR
- Deaths in low risk conditions

- Deaths after surgery
- Post operative sepsis
- Grade3/4 Pressure Ulcers (linked also to SI)
- Falls in Hospital
- VTE Screening
- Hospital acquired VTE rate
- Appropriate prophylaxis for VTE

Additional areas for consideration:

- Resus
- Urinary Tract Infections
- Nutritional Screening

Clinical Effectiveness:

- Safety Alerts
- Emergency re admission rate
- Helping older people recover their independence after injury or illness
- Emergency admissions rate for Long Term Conditions
- Emergency admissions rate for paediatric conditions (asthma, epilepsy, diabetes)
- Emergency admission rate for VTE
- Safeguarding
- Incident reporting rate (1000 admissions, contact, population, bed days). Measure to be defined.

Patient Experience:

- Net promoter score - wards
- Net promoter score - outpatients
- Net promoter score - emergency department
- Community patient experience measures
- Single sex accommodation
- Cleanliness (hand hygiene compliance)
- Complaints per 10,000 activity
- Complaints responded in time
- Learning difficulties

Additional areas for consideration:

- Privacy and dignity



Early warning scores:

- Staff sickness
- Vacancy Rates (3/6 months) linked to CQC requirements
- Turnover
- Mandatory Training

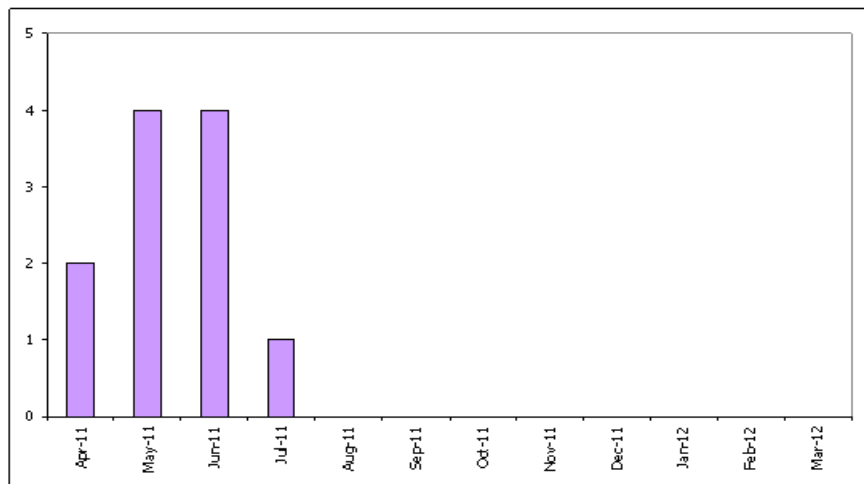
**How will we know where to focus our attention?**

The table below depicts the example ratings for the quality dash board; this will be used to focus attention on those areas that require further drill down deeper involvement and investigation. These ratings will be supported by clearly identified indicators and benchmarks.

Rating	Colour Code
Above Standard	Green
At risk/near miss	Orange
Below standard	Red
As expected (Dr Foster)	Blue
Under development	Yellow
Not applicable	Grey

**Example quality indicators are detailed below and are for illustrative purposes only:**

**Pressure Ulcers Grade 3 & 4**



Targets for reduction by 70% acute services and 30% Community, however the aim is to strive for a much greater reduction within community services and quality improvement actions are underway to address this.

## Acute Patient Safety Indicators

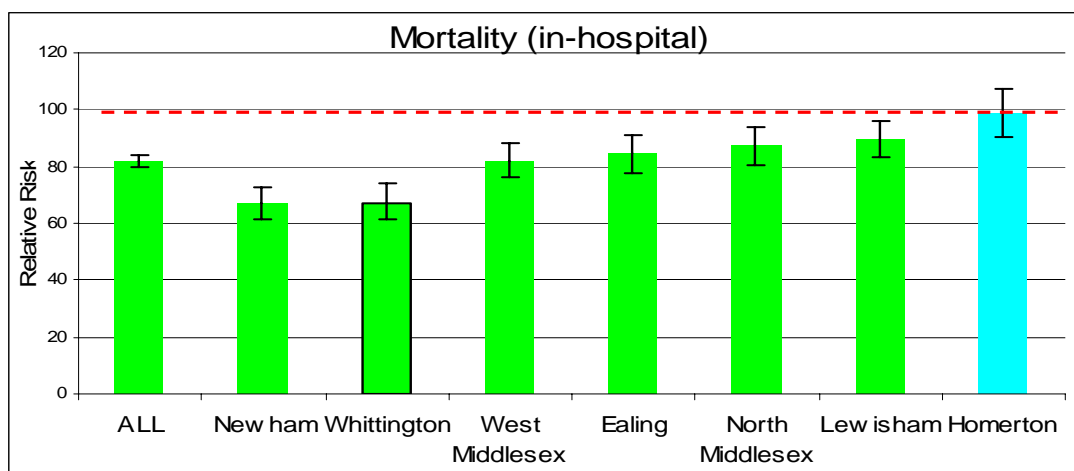
Indicator	Observed	Expected	Observed rate/K	Expected rate/K
Deaths in low-risk diagnosis groups*	6	18.9	0.26	0.83
Deaths after surgery	16	24.9	94.12	146.29
Post-operative sepsis	3	2.1	7.94	5.59

### Key (from Dr Foster)

- the lower end of the 95% confidence interval is above the national average.
- the higher end of the 95% confidence interval is below the national average.
- the relative risk equals the national average value within 95% confidence.

\* values are derived from the national average crude rate and are not casemix adjusted.

Mortality in Hospital Against a Peer Group of similar London hospitals - last 12 months (Jun 10 - May 11)



## DOMAIN: SAFETY

### Care Quality Commission:

Whittington Health was registered without restrictions with the Care Quality Commission with effect from the 1<sup>st</sup> April 2011.

A compliance program is being developed during 2011-2012 to include site visits with reviews and discussions with a cross section of staff and additional support to services to further develop and enhance evidence collection and review processes.

To date mock CQC responsive visits have been conducted within Maternity Services, Mercers Ward and within the Healthcare Team at HMP Pentonville.

A further program of planned and responsive visits is to be developed for the remainder of the financial year.

It is anticipated that as part of the Governance restructure the organisation will focus on this more and more to assure ourselves of the quality of services.

### Outcomes from the review of the Quality and Risk Profile July 2011.

Latest Risk Estimates by the CQC: This table provides a summary of the information contained within the Quality and Risk Profile and provides an estimate of the risk of non compliance against each of the 16 essential standards of quality and safety, however as this is an aggregated picture this does not pick up on the nuances of specific elements contained within the QRP and as such should be reviewed in conjunction with the detailed report which is (117) pages in total.

Outcome Description	Previous Risk Estimate	Current Risk Estimate
Outcome 1 (R17) Respecting and involving people who use services	High Green	Low Neutral
Outcome 2 (R18) Consent to care and treatment	Low Neutral	Low Neutral
Outcome 4 (R9) Care and welfare of people who use services	Low Green	Low Green
Outcome 5 (R14) Meeting nutritional needs	Low Green	High Green
Outcome 6 (R24) Cooperating with other providers	Low Neutral	Low Neutral
Outcome 7 (R11) Safeguarding people who use services from abuse	Low Neutral	Low Neutral
Outcome 8 (R12) Cleanliness and infection control	Low Neutral	Low Neutral
Outcome 9 (R13) Management of medicines	High Green	Low Neutral
Outcome 10 (R15) Safety and suitability of premises	Low Green	Low Green
Outcome 11 (R16) Safety, availability and suitability of equipment	Insufficient Data	Insufficient Data
Outcome 12 (R21) Requirements relating to workers	Low Neutral	Low Neutral
Outcome 13 (R22) Staffing	Insufficient Data	Insufficient Data
Outcome 14 (R23) Supporting staff	Low Neutral	Low Neutral
Outcome 16 (R10) Assessing and monitoring the quality of service provision	Low Neutral	Low Neutral
Outcome 17 (R19) Complaints	Low Neutral	Low Neutral
Outcome 21 (R20) Records	Low Neutral	Low Neutral

It should be noted that there are limitations to the current Quality and Risk Profiles being created as they contain legacy information from the

predecessor PCT organisations for (Haringey and Islington) and as such the document needs a detailed scrutiny and review.

**Key themes coming from the QRP which require attention are:**

- Results from the 2010 Staff Survey and subsequent surveys.
- Negative comments from the public to the CQC (note these are not further quantified within the QRP so we are unable to analyse these issues). However the information is provided on the NHS Choices website and will form part of the Patient Experience Action Plan.
- Results from Inpatient/Outpatient Surveys which feed our need to improve the patient experience. (Maternity).
- Hand washing Materials, (Haringey Teaching PCT) it is unclear whether this is PCT Commissioning or a Community Services issue, however robust arrangements are in place for Community Services in respect of infection control.
- PEAT Score for cleaning at St Anns (Greentrees Rehab Services), this is a known issue which is under management by the divisional leads for this service and engagement by the Estates and Facilities team for Whittington Health in conjunction with Barnet Enfield and Haringey Mental Health Trust and North Central London (NCL).
- Three month vacancy rates for clinical staff, this is an area identified which are monitored by the CQC and as such would be subject to scrutiny, in particular this important in considering Patient Safety/Experience and the impact of the CIP programs on Quality for the organisation.
- Proportion of published violence against staff, this was reported for Whittington Hospital, Islington and Haringey Community Services, (note date period is to the end of March 2010).
- Staff experiencing harassment or bullying from patients/relatives in the last 12 months (December 2010 dataset).
- Information Governance Mandatory Training (31<sup>st</sup> March 2011).
- PROMS Participation rate total number of valid pre operative questionnaires received.
- Response to the BLISS Baby report survey of neonatal units (July 2010 dataset).
- Secondary Uses Service datasets (March 2011).

**NHS Litigation Authority (NHSLA):**

Whittington Health, as a new ICO, is seeking to be accredited by the NHSLA at Level 1 in mid February 2012 and thereafter, as soon as is practicable, to achieve level 2 against the minimum risk standards. As the organisation responsible for managing legal claims against the NHS, the NHSLA is particularly interested in how members of the pooled risk scheme learn from experience and this is the title of Standard 5 in the risk standards.

Standard 5: 'Learning from Experience' includes six interconnected criteria designed to assure the NHSLA that an organisation has approved documented processes for managing the risks and processes involved in:

- 5.2 The reporting of all internally and externally reportable incidents;
- 5.3 Listening to and responding and making improvements when patients, their relatives or carers raise concerns or complaints;
- 5.4 Managing all claims in accordance with NHSLA requirements;
- 5.5 Investigating all incidents, complaints and claims;
- 5.6 Ensuring a systematic approach to the aggregation and analysis of incidents, complaints and claims on an ongoing basis;
- 5.7 Encouraging learning and promoting improvements in practice, based on individual cases and the aggregated analysis of incidents, complaints and claims;

Organisations need to demonstrate that all of the above are implemented and monitored. This report is a first attempt to draw together information to identify any significant trends, including areas of common experience or opportunities to share learning. It will also provide evidence for the NHSLA that Whittington Health is integrating the experience of the community with the acute services and fulfilling the requirements for aggregation, analysis and improvement described in Criteria 5.6 and 5.7 above.

#### **Workforce:**

The focus of the Quality and Patient Safety Committee was a review of Mandatory Training, discussions were also held concerning the need for the development of an organisational Workforce Strategy and the impact of this on workforce transformation for a transforming organisation.

#### **Claims and Inquests:**

The process of management of claims has identified that claims often come without prior contact or they may arise as result of a formal complaint. Sometimes a known incident results in a claim. In Q1, three of the new claims had already been investigated as complaints and closed and two incidents resulted in claims. None of the claims related to Serious Incidents. One claim against the Whittington Hospital was subject of a coroner's inquest.

#### **Whittington Hospital site**

For the period 1 April to 30 June 2011, 12 new claims were notified covering: Orthopaedics (2 claims), General Surgery (5), Gynaecology (1), Obstetrics & Paediatrics (1), Medicine (1) ED (1) and Obstetrics (1). As at 30 June 2011 there were 107 open claims dating from 2002, with a potential settlement value of £48,195,000.

During Q1 a number of cases were closed or settled. 8 claims were closed either because they were previously settled or because the claim was withdrawn or otherwise not pursued.

**Five claims were settled with a combined quantum of £340,000:**

- Obstetric claim settled for £260,000 failure to carry out an episiotomy leading to third degree tear;
- Orthopaedic claim settled for £35,000 patient suffered nerve damage following surgery.
- Surgical claim settled for £10,000 failure to treat with correct antibiotic following bariatric surgery leading to infection and further surgery;
- Orthopaedic claim settled for £22,000 unsuccessful spinal operation;
- Medical claim settled for £13,000 in respect of an elderly patient who contracted C Diff whilst on the ward and died.

*During investigations in relation to a claim panel solicitors may make Risk Management Recommendations (RMRs) about improvements in the service provision which has led to poor care and subsequent injury. These RMRs are sent by panel solicitors to Head of Legal Services for action and to the NHSLA and the NHSLA also pass these on directly to the Executive Director of Nursing and Patient Experience so as to ensure Board knowledge of these recommendations for improvement in care.*

**Haringey and Islington Community Services:**

No new claims were notified in Haringey and Islington for Quarter one, prior to April 2011 (7) claims will be managed within Whittington Health but settled through NCL cluster. Four of these claims relate to Pentonville prison with an estimated total quantum of £594k.

Examples of outstanding claims which show the complexity of some cases include:

- Claim 1. A personal injury claim brought in relation to injuries sustained as a result of negligent treatment during an attempted ear syringing procedure (perforated ear drum). An offer in settlement has been made.
- Claim 2. Claim brought for breach of duty of care, and unnecessary pain and suffering. Claimant had been shot by police before arriving at HMP Pentonville and is claiming that his medical needs were not addressed adequately. This is a joint claim with 9 defendants, which includes the Whittington Hospital.
- Claim 3. A DDA claim for negligent treatment, personal injury brought by Claimant who was a paraplegic patient. The claim includes damages for breach of rights and disability discrimination contrary to

the Discrimination Act 1995. This is a joint claim with 3 defendants. A Part 36 offer has been made.

- Claim 6. Claim of clinical negligence against GPs (PCT employed practice) in respect of a delayed diagnosis of cancer, failure to refer for appropriate investigations or to the appropriate hospital specialists causing unnecessary pain and suffering.

### Inquests:

Table of inquests by speciality:

Specialty	No of reports
Surgery	1
Emergency Department	2
Medicine	1
COOP	1
Respiratory medicine	1
Orthopaedics	1
District Nursing (Haringey)	2
HMP Pentonville	3

An Inquest on 11<sup>th</sup> May 2011 was held. The patient was brought to Emergency Department by ambulance with active CPR ongoing. On arrival the patient had no pulse or respiratory effort and no cardiac rhythm when monitored. Advanced life support guidelines were followed and the resuscitation team was lead by the SpR. It was decided that a thrombo-embolic event was the most likely possible reversible cause of the arrest and the team members including two ST4s from ED and the ST5 duty medical registrar made a decision to thrombolysed the patient and thereafter to continue with resuscitation efforts. These efforts were unsuccessful. No

evidence of thrombosis at PM therefore Coroner required SpR to attend the Inquest to explain decision to thrombolysed. No criticism of care. The majority verdict was death from natural causes.

Of the other 5 Inquests involving the hospital held during the first quarter of 2011/12 the verdicts were two from natural causes and one from self neglect. None of the cases heard in Q1 represented a potential risk to the Hospital. The three inquests linked with Pentonville Prison that were held in quarter 1 2011/2012 were all in relation to Deaths in Custody: a narrative verdict as the prisoner died as a result of an act of self-harm by suspension of a ligature; a verdict of death due to dependency of substances; and thirdly a verdict of death due to natural causes as a result of liver disease.

The District Nursing case in Table above has also been declared as a serious incident the verdict was death by natural causes but the Coroner made some recommendations – and has been incorporated into a service wide Quality Improvement Action plan.

### **Central Alerting System (CAS) Patient Safety Alerts Status since January 2011:**

- 95 Alerts received
- 64 No action required
- 28 Completed
- 3 Ongoing
- 1 Alert over due at April 2011 (Completed and closed July 2011)

The overdue alert was in fact compliant following a retrospective review of the alert criteria.

### **Patient Safety Incidents:**

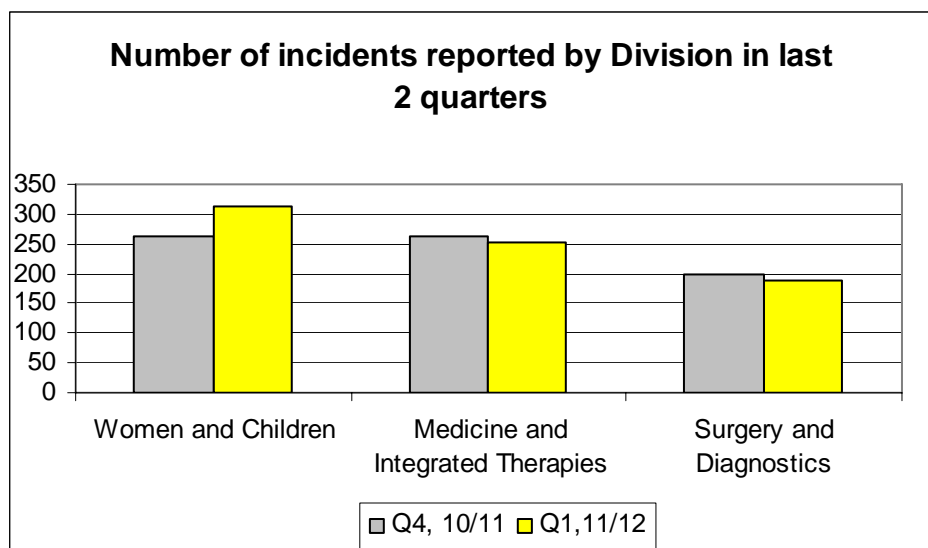
There are limitations to the data contained within report; therefore fully integrated Incident Reports will be developed for Quarter 2 2011/12 this is in part due to technical issues with the reporting from 3 legacy databases.

A meeting is planned to address these issues moving forward.

### **Summary of Patient Safety Incidents within Whittington Hospital (Acute services)**

Reporting trends by Division in Whittington Hospital





Most incidents resulted in no harm or low harm:

Severity	Q4 2010/11	%	Q1 2011/12	%
No harm	333	45.1%	279	36.5%
Low harm	223	30.1%	284	37.1%
Moderate harm	164	22.2%	181	23.7%
Severe harm	17	2.3%	14	1.8%
Death	2	0.3%	7	0.9%
<b>Total</b>	<b>739</b>		<b>765</b>	

Every patient safety incident is classified into a range of categories. The table below shows how these are broken down against each Directorate.

Category of incident	Women, Children and Families	Medicine and Therapies	Surgery and Diagnostics
Abusive, violent, disruptive or self-harming behaviour		6	
Access, Appointment, Admission, Transfer, Discharge	26	62	8
Accident that may result in personal injury	2	74	36
Anaesthesia	2		
Clinical assessment (investigations, images and lab tests)	8	4	8
Consent, Confidentiality or Communication	13	5	5

Diagnosis, failed or delayed	6	10	7
Implementation of care or ongoing monitoring/review	8	21	17
Infrastructure or resources (staffing, facilities, environment)	59	13	21
Labour or Delivery	111		
Medical device/equipment	10	2	21
Medication	24	21	14
Patient Information (records, documents, test results, scans)	26	9	16
Security		2	2
Treatment, procedure	17	23	34
<b>Total</b>	<b>312</b>	<b>262</b>	<b>161</b>

Each category can be further broken down into sub-categories:

<b>Category</b>	<b>Number of incidents:</b>	<b>(Sub-category)</b>	<b>Of which:</b>
Accident that may result in personal injury	115	Slips, trips, falls and collisions	106
Infrastructure or resources (staffing, facilities, environment)	95	Lack of/delayed availability of facilities/equipment/supplies	41
Labour or Delivery	111	Post-partum haemorrhage > 1,000ml	38
<b>Access, Appointment, Admission, Transfer, Discharge</b>	<b>96</b>	<b>Discharges</b>	<b>36</b>
		<b>Transfers</b>	<b>33</b>
Medication	60	Administration or supply of a medicine from a clinical area	31
Treatment, procedure	78	Resuscitation	25
Infrastructure or resources (staffing, facilities, environment)	95	Adverse events that affect staffing levels	24
Medical device/equipment	33	Medical Devices	23
Labour or Delivery	111	Injury or poor outcome for the mother	21
Patient Information (records, documents, test results, scans)	51	Patient's case notes or records	20

Implementation of care or ongoing monitoring	46	Pressure sore / decubitus ulcer	18
<b>Total (for all categories)</b>	<b>765</b>	<b>Total</b>	<b>416</b>

It can be seen that, as with complaints and PALS, problems with appointments and discharges feature prominently, as do issues of Clinical Care.

### **Serious Incidents (SI's):**

Serious Incidents increased in the last two quarters from 6 in Q3 2010/11 to 16 in Q4 2010/11 and to 21 in Q1 2011/12. This increase in reported numbers is explained by the requirement for all Grade 3 and 4 pressure ulcers acquired while on the caseload of community services or in acute care to be reported to NHS London. These have been included on the most recent SI tracker, which now includes pressure ulcer incidents from the autumn of 2010 relating to Haringey and Islington. The Q1 incidents represent the baseline for the ICO as an organisation.

In Q1, (12) pressure ulcers were reported; (3) from the Acute Wards, (2) from Islington community services and (7) from Haringey. The organisation has agreed to participate in a variety of initiatives including Safety Express to reduce the numbers of Pus. For 2011/2012 the ICO is required to reduce the number of PU's by 70% in acute services and by 30% in the community though the Quality and Patient Safety Committee felt the community target should be raised further for internal quality improvement.

Following a review of processes all services are using a consistent approach to Root Cause Analysis (RCA). Further to this a pressure ulcer serious incident panel chaired by the Deputy Director of Nursing meets monthly to review RCAs and to ensure action plans are progressing and completed. A detailed report has been written covering the community experience over the last 12 months and there has been considerable learning in the community especially in the need for nurses to escalate concerns early and for improved case management of complex cases. A local database of all known patients with pressure ulcers is maintained in Haringey District Nursing, a database exists in Islington also. There is an expectation that reporting will continue to increase as the quality improvement action plans are implemented, however it is hoped that Q2 will begin to show improvements.

The unexpected death in hospital of a patient following a hypoglycaemic episode at home is the subject of an Inquest looking into the circumstances under which the patient who self-administered insulin was managed. The internal investigation has already identified actions to improve care planning and the need to assess the ability of patients to self-administer medication among other points.

### **Safeguarding:**

A routine safeguarding Children and safeguarding Adult report will be reported to this committee.

In addition there is a Child Protection Dashboard being created to allow for responsive reviews for areas of concern.

**Complaints, Patient Advice and Liaison Service (PALS) Patient Experience, Patient and Public Involvement (PPI):**

Complaints and PALS services for Whittington Health are now being managed centrally by the Team based at the Hospital site a combination of former Community and Hospital teams, this change occurred in August 2010.

**Complaints summary data:**

**The Incidence of complaint received in selected services**

Division	Service	Number of Complaints	Quarter Activity	Number of contacts per complaint	No of Complaints per 10,000 activity, Q1	No of Complaints per 10,000 activity, Q4 2010/11
Medicine & Therapies	Emergency Dept	14	21865	1562	6.4	5.6
Medicine & Therapies	District Nursing	9	54927	6103	1.6	1.2
Medicine & Therapies	Podiatry community	3	17897	5965	1.7	1.1
Medicine & Therapies	Physio community	2	17107	8554	1.2	1.9
Surgery and Diagnostic	Outpatient Dept	3	68670	22890	0.4	?
Women Children and Families	Maternity and Obstetrics	14	17947	1282	7.8	12
<b>All Divisions</b>	<b>All services Q1</b>	<b>130</b>	<b>circa 1.85 million</b>	<b>circa 14,230</b>	<b>0.7</b>	<b>0.6</b>

Overall, there has been a very slight increase in the number of complaints per contact in Q1, rising from 0.6 to 0.7 per 10,000 contacts. Maternity and Obstetrics had the highest level of complaints relative to activity with 7.8 complaints per 10,000 contacts, however this is a significant improvement on the previous quarter where 12 complaints per 10,000 contacts occurred. In the same quarter in the previous year, 6 complaints per 10,000 contacts were received.

The number of district nursing complaints disguises a higher level of complaints in Haringey this quarter at 3 per 10,000 contacts against 1.2 overall. This is not explained and may be a blip but it is the case that there has been a considerable reorganisation of teams and of staff within the Haringey teams this quarter which may have temporarily destabilised the service. This will be reviewed in the next quarter to see if the trend continues and whether there are particular issues.

The Emergency Department received a higher number of complaints compared to community services; however this is in part due to the different environment of the hospital and the way in which complaints are more likely to encompass more than one service area. ED complaints levels are less than in the previous quarter when there was nine complaints per 10,000 activity and slightly higher than the same quarter in the previous year when there were 5.6 complaints per 10,000 activity.

The table shows the main complaint issues:

<b>Top 10 Complaints</b>	<b>Number</b>	<b>%</b>
Clinical Care	30	19%
Attitude	30	19%
Communication/Information	29	18%
Waiting times/delays	17	11%
Failure to treat	14	9%
Appointments	10	6%
Prescribing	8	5%
Missed Diagnosis	4	
Cleanliness	2	
Other	15	9%
<b>Total</b>	<b>159</b>	

#### **PALS summary data:**

PALS queries are more varied but analysis shows that similar issues to complaints are near to the top of the list:

<b>Top 10 PALS queries</b>	<b>Number</b>	<b>%</b>
Appointments	111	36%
Communication/Information	70	23%
Clinical Care	27	9%
Waiting times	12	4%

Results	9	3%
Discharge	8	3%
Attitude	7	
Medical Records	7	
Cleanliness	3	
Other	57	18%
<b>Total</b>	<b>311</b>	

**Patient Experience:**

The monthly patient surveys conducted in the Whittington Hospital are based on in-patient experience and identify more environmental, experience concerns, including boredom as things patients would wish to change but appointments and waiting as well as communication still feature prominently:

<b>Top 10 from local patient surveys</b>	<b>Number</b>	<b>%</b>
Food	34	<b>27%</b>
Too noisy	16	<b>13%</b>
Would like TV or Radio	16	<b>13%</b>
Waiting	13	<b>10%</b>
Temperature (Too Hot/Too cold)	10	8%
Communication	6	5%
Too few Nurses	5	
Single Rooms	5	
Attitude	3	
Other	18	14%
<b>Total</b>	<b>126</b>	

**Table of reporting across Incidents, SI's Complaints Claims and Inquests by all Services and locations, broken down by Division.**

(Where no report was made a location or service is not listed).

<b>Women, Children and Families</b>	<b>Incidents reported</b>	<b>SIs</b>	<b>Complaints</b>	<b>New Claims</b>	<b>Inquests</b>
Labour Ward	112		15	1	

CAMHS - Simmons House (I)	38				
Birth Centre	35				
Cellier Ward	30		7		
Cearns Ward	24				
Antenatal Clinic	22		1		
Health Visiting (I)	22		3		
Ifor Ward	17				
Operating Theatre - Labour	15		8		
Murray Ward	12		5		
Patient's Home	8		2		
Recovery Room - Labour Ward Theatre	8				
Neonatal Intensive Care Ward (NICU)	6	1		1	
Clinic 4C	6				
Paediatric Ambulatory Care Unit (PACU)	5				
Children's Community Nursing (I)	5				
Paediatric Office	2				
Special Care Baby Unit (SCBU)	2				
Speech and Language Therapy Islington targeted services (mainstream schools and under 5s) (I)	2				
Maternity Day Unit/MAU	1	1			
Children's Community Nursing - Life Force Team (I)	1				
ISCS - South Locality Team (I)	1				
School Health (I)	1		1		
CAMHS (1)	-		1		
3B (Gynaecology)	-	1	1		
DTC (Gynaecology)	-		1	1	
Women's Diagnostic Unit	-		1		
Sexual Health	-		1		
Specialist Schools Therapies (OT/SLT)			3		
Other	7	1	-		
<b>Total</b>	<b>382</b>	<b>4</b>	<b>50</b>		
<b>Percentage of all events:</b>	<b>41%</b>	<b>20%</b>	<b>32%</b>		

<b>Integrated Care and Acute Medicine</b>	<b>Incidents reported</b>	<b>SIs</b>	<b>Complaints</b>	<b>New Claims</b>	<b>Inquests</b>
District Nursing (Islington)	52	2	2		
Mary Seacole (North)	36	1			

Emergency Department (Adult and Paediatrics)	33	1	10	1	2
Mercers Ward	28				
Greentrees Rehabilitation Unit (H)	26				
Mary Seacole (South)	25		2		
Cavell Ward	22		3		
Cloudesley Ward	21				
Meyrick Ward	19	1	5		
District Nursing (Haringey)	16	6	6		1
Montuschi Ward / Coronary Care Unit	15				
Isis Ward	13		1		
Emergency Department (Paediatrics)	11		2		
Nightingale Ward	11	1	1		1
Eddington Ward	8				
Substance Misuse Service	7				
Urgent Care Centre	5				
Community Matrons (H)	3				
Continuing Care (I)	2				
Reach Team (I)	2				
ICCT (H)	1				
Palliative care (H)	1				
Physiotherapy	1		4		
Nutrition and Dietetics (adult) (I)	1				
Physiotherapy and MSK Triage (I)	1				
Bladder and Bowel	-		1		
Podiatry	1		3		
Clinic 3B	-		3		
Clinic 3A	-		2		
Clinic 3D	-		1		1
Other areas	5		2		
Pentonville GP (NHS Islington)	2		8		
Pentonville Primary Care Nursing (NHS Islington)	6		1		
Pentonville other	1	1	4		
Pentonville Substance Misuse Service (C&I Foundation Trust)	9		5		
<b>Total</b>	<b>366</b>	<b>13</b>	<b>66</b>		
	<b>40%</b>	<b>65%</b>	<b>41%</b>		

<b>Surgery Diagnostics and Cancer</b>	<b>Incidents reported</b>	<b>SIs</b>	<b>Complaints</b>	<b>New Claims</b>	<b>Inquests</b>
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Victoria Ward	37	2	1		
Operating Theatre - Main Theatres	30		3	4	1
Coyle Ward	21	1	2		
Critical Care Unit (CCU) / Intensive Care Unit (ITU)	20		1		
Recovery Room - Main Theatres	13				
Betty Mansell Ward	12		2		
Imaging	10		1		
Day Treatment Centre	8		5		
Thorogood Ward	6				
Chemotherapy Suite	4			1	
Patient Admissions Unit (PAU)	4				
Biochemistry Laboratory	4				
Microbiology Laboratory	4				
Anaesthetic Room - Main Theatres	2				
Endoscopy Suite	2				
Clinic 3A	2		1		
Clinic 3D	1				
Day Treatment Centre - Anaesthetic Room	1				
(GAU) Gynaecology Admission Unit	1				
Clinic 4B	1		1	1	
Haematology Laboratory	1				
Histology/Histopathology Laboratory	1				
Pathology	1				
Mercers (Oncology)	-		4		
Isis Ward	-				
1B			6	2	
3C	-		3		
3B	-		1		
Clinic 4A	1		6		
Isis	-		1		
Other	2		4		
<b>Total</b>	<b>162</b>	<b>3</b>	<b>42</b>		
	<b>18%</b>	<b>15%</b>	<b>27%</b>		

### Key actions:

The development of this report is an iterative process and will be further developed on the basis of the development of the Quality Dashboard and feedback from the related committees this report is submitted to.

The emphasis of reporting moving forward in terms of governance development is that all reports will focus on why things are happening, and what actions are being taken to rectify, mitigate risk and improve quality and the patient experience.

The reports will therefore become more outcomes focussed.

**Recommendations:**

The Board is asked to review the content of this report and progress in relation to the domain areas identified within the report.

The Board is asked to seek assurance through further progress reports in relation to the progress and performance of these related areas.