Appendix 3c

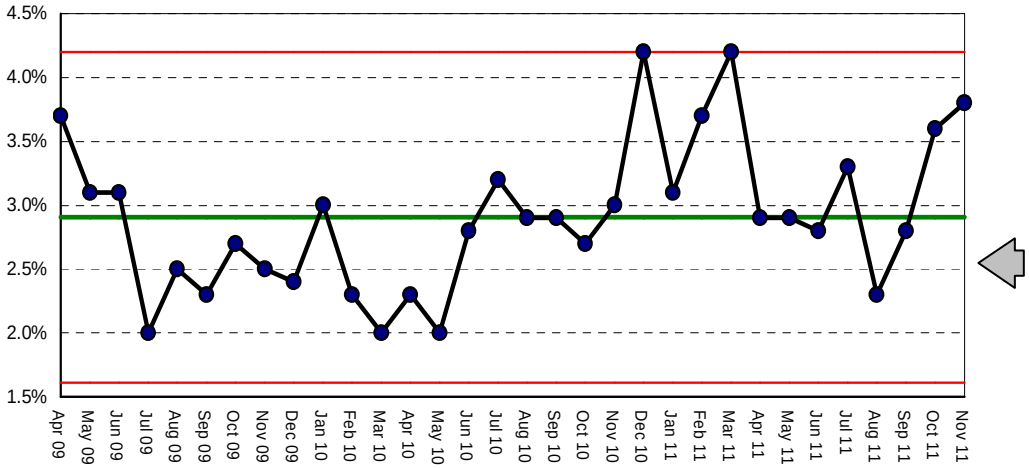
Whittington Health NHS

QUALITY & SAFETY DASHBOARD

Period: November 2011

Divisional Narrative: Women, Children & Families

Indicator: Sick Absence Rates	This period	
Analysis of the issues	Last period	



Trust target is 2.5%
This report only covers Acute not community staff as still not mapped on ESR, The run chart is for sept however the sickness rate for October is 5.1 so has deteriorated There are currently 12 staff in the acute part of the division on long term sick with either chronic or serious conditions.
The accuracy of the report is an issue as some staff still now conversant with ESR and end dates for sickness have skewed these figures

Action plan
Sickness monitoring and follow up reinforced
Remind staff of ensure closing off sickness episodes on ESR
Reinforcement of staff support available
Anticipate high sickness to continue in winter months as several staff off currently with noro virus, anticipate improvement in March

Progress Report
No significant improvement as yet, need more timely sickness report to check data for accuracy and to correct any inaccuracies in a timely fashion. Writing narrative in Jan on Oct sickness rate. Nov and Dec sickness remains high, At time of writing one Consultant has returned from sick leave on restricted duties

Indicator: Mandatory Training	This period	
	Last period	

Analysis of the issues

Percentage of staff having attended mandatory training in the last two years
Target = 95%

August 2011 78%
September 2011 72%
October 2011 71%
November 2011 72%
December 2011 55%

Data recording issues, not all training recorded on ESR
Community data not up loaded

Action plan
Positive drive to increase medical compliance so in Oct/ Nov on trajectory to reach target by January
Mandatory training cancelled in Nov because of the strike
On line training now available

Progress Report
Currently undertaking data validation following detailed report received 31 Dec. Early feedback suggests data inaccurate as several staff have attended courses however these are not entered as complete on ESR only booked. Data cleansing being undertaken this month. Drop in achievement likely to be because of transfer of staff into the Division from outpatients.
Reinforcing need to achieve target at all meetings across the division.

Indicator: Patient Experience	

Analysis of the issues
Several different methods used across the division but only net promoter used to report on this indicator See below for more detail.

Patient and Public Involvement (PPI)
Numerous methods of PPI have been engaged across a variety of community settings.
Labour ward forum has users and Neonatal unit undertakes ongoing survey's of parents
The maternity service liaison committee (MSLC) was reviewed in 2011 resulting in 2 successful public meetings where women came to discuss their views and opinions of the service
This highlighted a need for Jewish patients and as a result a new community ante natal clinic for Jewish women was established and has proved to be very successful and well received
Shabbos Room was open in 2011 for any family to use who have relatives in the hospital – this is used regularly 2-3 /week

Patient Experience and Patient Satisfaction
There is evidence of effective engagement with children and families. A new innovative toolkit is being implemented into Islington community children's services which is based on a cartoon 'Fabio' the frog and is geared towards children and young people. It can also be adapted to work alongside children's communication aids, translated into a number of languages and offers a voice activated response as well as for children who can read, ideal for children with learning disabilities http://www.nptoolkit.com
Gynaecology outpatients use patient touch screens and this clinic receives the highest score in the hospital. A patient satisfaction survey reported in May 2011 found that 83% of those surveyed reported the care they received as excellent with 17% reporting the care as very good. Results from this survey were very positive.

Actions taken:

- **Ensure patient information is up to date and widely available**
- **Update internet information**

Recommendations:

- **Role out of patient screens in all maternity wards and Simmons House**
- **Support to produce comprehensive report collating all the different information and ensure we act on it and share learning**

Progress Report

Outpatients continuing to achieve positive scores
Management trainee gathering data to update intranet information, currently focus on OFSTED inspection taking up staff time but will review this work in a months time

Progress
Continue to see high level reporting, anticipate seeing a rise in January as we have to vacate the obstetric theatre for maintenance work for approx 8 weeks, actions to mitigate risk in place , however this does not remove risk altogether

Indicator: Incident Reporting	
Analysis of the issues Incident reporting rates are not assessed as the RAG methodology does not fit with this indicator. Nevertheless Women, Children & Families does stand out as a high reporting Division. This is seen as a positive. We have an open no blame culture	
Action plan Still no divisional incident report as yet available but the highest number of incidents recorded are on Labour ward, the maternity unit has an excellent culture of reporting and has a monthly Risk management meeting where analysis of incidents and learning is shared Robust clinical incident committee in place for acute maternity and paediatrics, will review community representation SI in maternity not an outlier in the sector and have noted good practice in reporting incidences	

Indicator: Cleanliness	This period	
	Last period	
Analysis of the issues Hand Hygiene for Cellier Mother = 85% (RED) Ward Cleanliness audit for Ifor = 93% (AMBER)		
Action plan Matron and ward sister reinforcing good practice		
Progress Update As above		