
Our Quality Improvement Plan following the CQC report

Welcome to LNWHT

Thanks to the CQC.....

“ Free quality advice”



The Trust

The Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust merged on 1 October 2014 to form London North West Healthcare NHS Trust.

We are now an integrated organisation that delivers acute and community care for the boroughs of Brent, Ealing and Harrow and a range of specialist care nationally.



The Trust

- We serve a population of 850,000
- We employ over 9,500 staff
- We have 1,240 inpatient beds
- We see on average 980 patients in the Emergency Department every day
- 2,000 patients attend outpatient clinics daily
- We provide 50 adult and 25 children's community services across six boroughs
- Key player in Shaping a Healthier Future programme
- We delivered our 2015/16 plan with a deficit of £83.3m


Summary from CQC visit in October 2015

- Overall Trust rating - Requires Improvement
- Good ratings for:
 - care of patients
 - a number of community services
- Received a warning notice in December 2015 for three key issues:
 - Elective High Dependency Unit (eHDU)
 - Surgical incident reporting (Datix)
 - Radiology staffing out-of-hours


Summary from CQC visit in October 2015

- Two areas rated inadequate:
 - Medical Care effective (including older people's care)
Northwick Park
 - Surgery (Safer Domain) – Northwick Park (reporting of incidents)
- Regulatory Notice
 - Duty of Candour – lack of moderate evidence for feedback to patients
- 85 Must Do's - we will improve month on month

Examples of good practice



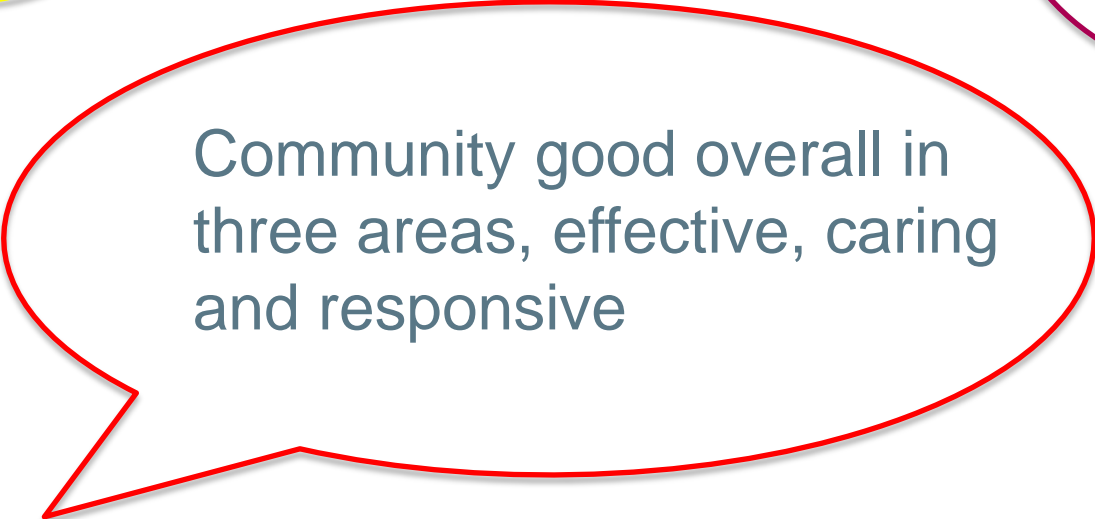
Good overall
for caring –
all areas



Good overall
End of Life
for
community



A newly
opened
Emergency
Department



Community good overall in
three areas, effective, caring
and responsive

Examples of good practice



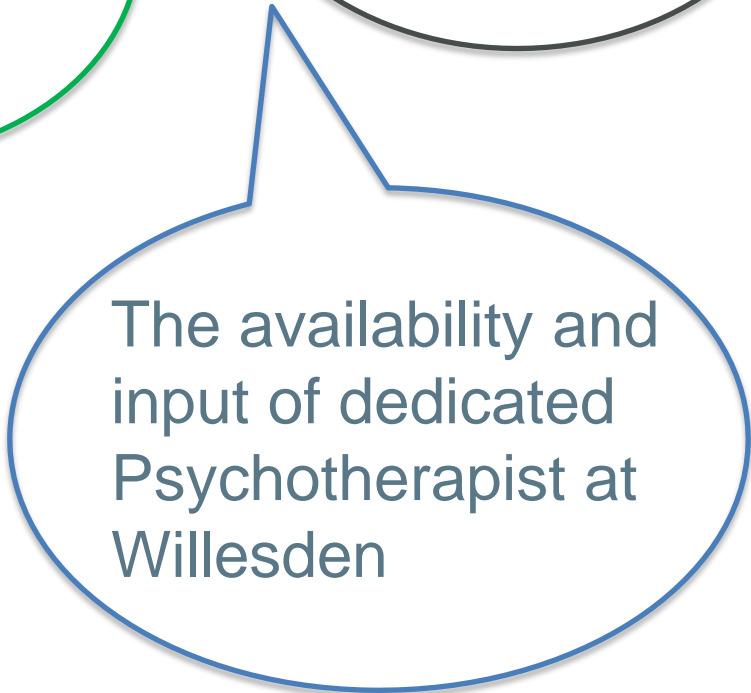
Recognition of
dedicated staff



Research
projects –
including
stroke



Refurbished
Jack's Place



The availability and
input of dedicated
Psychotherapist at
Willesden

Responding to concerns - Well Led

- ✓ Integration of Community Services across all divisions
- ✓ Governance structures embedded
- ✓ Address Fit and Proper persons test
- ✓ Regular Staff Forums led by CEO including:
 - Strategy, Vision and Values, Quality Accounts*
 - Acuity and Dependency, CQC*
- ✓ Safely closed Ealing Paediatrics in-patient services as part of the reconfiguration of service and staff across North West London

Elective HDU

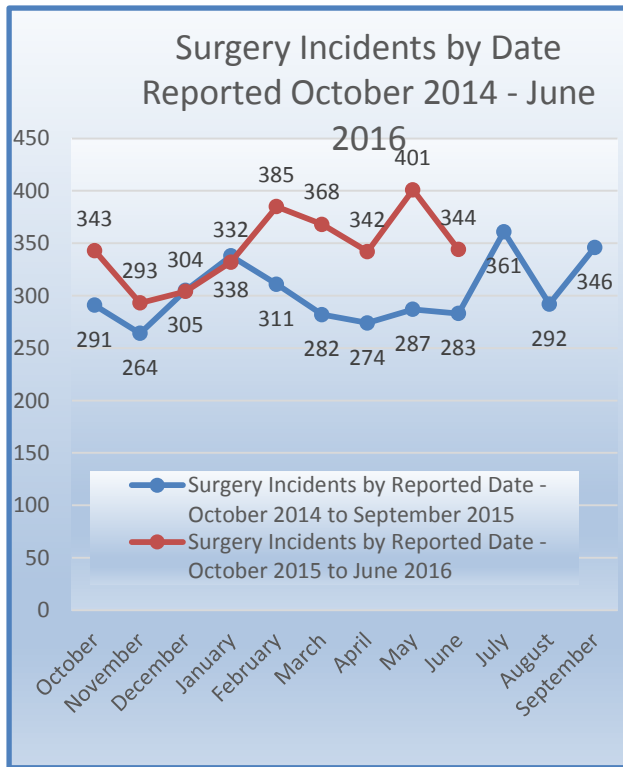


- ✓ eHDU returned back to a Surgical Intensive Recovery Unit (SIRU) model
- ✓ Standing Operating Procedure in place and ongoing audit
- Critical care review and ICNARC data highlight the need for increased capacity in the Intensive Care Unit (ICU) and High Dependency Unit (HDU)
- ✓ Business case currently under discussion with Commissioners for new surgical ICU/HDU in place by 2017

Surgery (Safe Domain)

- ✓ New Divisional Structure – two Divisions now:
 - Surgery
 - St. Mark's
- ✓ Improved surgical pathways from the Emergency Department (ED) to surgical intervention
- ✓ Safer Surgery Checklist – audit and review
- ✓ Strengthen Governance arrangements in relation to incident reporting
- ✓ Renewed emphasis on serious incident management and feedback

Surgery Datix reporting and feedback (improved reporting)



- ✓ Improved reporting
- ✓ All Consultants sent a letter from Chief Medical Officer reminding them of their responsibility
- ✓ Requested all Consultants have an NHS email for routine feedback
- ✓ Reminder also placed in Team Brief for all staff
- ✓ Regular training and dissemination sessions
- ✓ Regular reporting through local and corporate Clinical Quality and risk

Medicine (effective domain)

- ✓ New Divisional Structure - two Divisions
 - Emergency and Ambulatory Care
 - Integrated Medicine

- ✓ Dementia Strategy August 2016 with a focus on
 - John's story
 - Dementia champions
 - Dementia training

- ✓ A greater focus on End of Life Care
 - Identifying champions on wards
 - Linking it with our CQUINS
 - Focus on communication – Sage and Thyme Training
 - Needing to learn from areas such as – Meadow House Hospice

Medicine (effective domain)

- ✓ Focus on frailty and Ambulatory care
- ✓ Increased emphasis on nutrition and hydration
- ✓ Established a Deteriorating Patient Group
- ✓ Improving Emergency Department Performance
- ✓ New modular ward beds open

ED Performance

- ✓ One of the most improved London Acute Trusts
- ✓ Transformation programme in place
- ✓ Reducing London Ambulance Service (LAS) breaches
- ✓ Working with external agencies
- ✓ Introduced **RED** and **GREEN** days
- ✓ Greater ownership of patient breaches by all specialties
- ✓ Focus on frailty and ambulatory care
- ✓ Tasked department with ensuring compliance with national audits



Radiology

- ✓ Reviewed staffing guidance against Royal College of Radiology
- ✓ Reviewed on-call arrangements
- ✓ On-call Consultant available for all three sites out-of-hours
- ✓ On long weekends we have on-site Consultant presence specifically to review registrar reported scans to avoid unacceptable delays in reviews (eight hours)

Radiology

- ✓ We have a Radiology Consultant on the seven day Regional North West London working group and BMA group to assure us that we deliver the recommended national working patterns and processes, due for implementation in April 2017
- ✓ We are reviewing job plans to provide on-site weekend cover this year

Risk and Governance

- ✓ Increased awareness of statutory requirements to inform patient of any incidents verbally or written within 10 days. (Duty of Candour)
- ✓ Recording of Duty of Candour has improved and is monitored externally
- ✓ Formalised reporting of incidents at clinical quality and risk committees at local and corporate levels
- ✓ Systematic approach to local and national audits with new lead in place
- ✓ Focus on themes and trends “learning from mistakes” and sharing across divisions and Trust
- ✓ Human factors training commenced in Surgery Division


MISTAKES



Click here for upcoming learning sessions for all clinical staff

- ✓ Every month, the Trust is holding learning sessions so that staff can learn from serious incidents and never events that have occurred within the organisation
- ✓ A different theme is presented monthly on different sites and all staff are invited to attend
- ✓ National exemplar for nasogastric tubes



Ward: Date: Completed by:	Patient label:
Nasogastric tube insertion care bundle	
Box A. Pre insertion assessment. Before a decision is made to insert a NG tube, an assessment must be undertaken to identify that NG feeding is appropriate for the patient, and this decision must be recorded in the patient's notes by two healthcare professionals, including a senior doctor responsible for the patient's care, and preferably a dietitian.	
Assessment for NG insertion documented by two healthcare professionals?	Yes/No
Is patient able to consent to the procedure? If no, then Consent form 4 to be completed	Yes/No
Has procedure, including risk of accidental lung insertion, been explained to the patient?	Yes/No
Verbal consent obtained?	Yes/No
Should a new tube be inserted out of hours (between 8 pm and 8am)?	Yes/No
Tube insertion details. Tubes should not be inserted after 8 pm unless documented by medical team.	
Date and time of insertion	
Inserted by (print name)	
Witnessed by (print name)	
Size and make of tube, ie SFR Corpak Corflo	
NEX* + 5cm (*nose, earlobe, xiphisternum) cm	
Nostril used - L/R	
Method of securement ie Nasofix / tape/ bridle	
External length once secured cm	
Box B. Tip assessment details – pH of aspirate. pH of aspirate is the first line test, except for patients with a neurological deficit. A pH of 5 or below is indicative of gastric placement. The pH of newly inserted tubes must be independently checked by 2 people each using a separate pH strip (the same aspirate can be used for both strips). Both values obtained must be 5 or below in order to use the tube. If not, a fresh sample must be tested. If still not both 5 or below the tube must be x-rayed.	
Checker 1	Name (print)
Checker 2	Name (print)
	pH value
	pH value
Box C. Tip assessment details – X-ray. X-ray should be used for patients with a neurological deficit, or when no aspirate could be obtained, or if the pH was not indicative of gastric placement (ie more than pH 5 on 2 or more occasions at 30 minute intervals). The x-ray request form must indicate the purpose of the x-ray is to determine NG tube tip position. X-rays must be interpreted by a radiologist.	
Indication for X-ray, ie neurological deficit, no pH, pH > 5	
Date and time of X-ray	
X-ray result, ie NG has passed down more past level of diaphragm and coarcted to air	
Any instructions for ward staff, ie tube should be advanced 5-10 cm before using	
Is it safe to use tube	Yes/No
Xray interpreted by (print name)	
Box D. Tip assessment details – Direct vision. If the tube has been inserted with the aid of a laryngoscope, endoscope or fluoroscopy.	
Method used	
Inserted by (print name)	
NG tube identification sticker.	
Date and time of insertion	
NG tube identification sticker.	
Date and time of insertion	
London North West Healthcare 	

Instructions

1. Complete Box A and place in medical notes
2. Complete Box B, C or D depending on method of assessment used and place in medical notes
3. Complete both NG tube identification stickers and attach one to the NG tube and the other on the NG tube position ongoing check list
4. File this backing sheet in designated audit tray/folder for your clinical area

Patient Experience



- ✓ A range of quality metrics displayed on the ward
- ✓ “You said We Did” Boards
- ✓ Re-focused Patient Experience Group – active involvement
- ✓ Engaging with Healthwatch and patients
- ✓ Recent cancer survey results overall positive
- ✓ Quality Accounts focus on key areas
- ✓ Patient videos to Board
- ✓ FFT results in ED
- ✓ 1st Nurse in the country to get 5* across all areas for FFT (IBD)
- ✓ Safely closed Ealing Paediatrics in-patient services as part of the reconfiguration of services across North West London

Workforce Quality and Safety

- ✓ New HR and Organisational Development (OD) Director in post
- ✓ Development of People Strategy
- ✓ Review of recruitment function – reducing vacancies and time taken to recruit
- ✓ HR restructure underway with an OD function - supporting Trust wide integration
- ✓ Events - annual open day and staff well-being health days planned
- ✓ Work with Staffside



Workforce Quality and Safety

- ✓ Work on culture and values commenced
- ✓ More regular staff surveys are being introduced
- ✓ Bank and Agency cross sector workstream established



Workforce Quality and Safety

Nursing and Midwifery

- ✓ Staffing now reviewed every day via safety brief with acuity
- ✓ Midwifery ratio 1:29 and Green in recent LSA report
- ✓ One of only 12 Trusts in Carter review using CHPPD (Care Hours Per Patient Day) initial findings not an outlier
- ✓ Annual Nursing and Midwifery and Health Visitors conferences established
- ✓ Reduced Nurse agency spend by 32% - improving quality and reducing cost

Medical workforce

- ✓ Part of North West London seven day a week working group
- ✓ New workforce model being established in ED
- ✓ Working with Health Education England on developing new roles
- ✓ Number of experienced Physician Associates from USA - working in the organisation

Workforce Quality and Safety

Number of Permanent Consultants Recruited by Specialty from October 2015	
Specialty	Count of FTE
Anaesthetics Medical N.W.L	2
Clinical Haematology N.W.L	1
Endocrinology N.P.H	2
Orthopaedics N.P.H	1
Clinical Genetics	1
Radiology Medical N.W.L	4
Vascular Surgery N.P.H	1
A.M.U Medical E.H	1
Meadow House Medical E.C.S	1
Elderly Care E.H	1
Grand Total	15

Compliance %		
MaST	Oct-15	May-16
Overall Vacancy %	14.4	11.2
Nurse Vacancy %	21.5	14.7
Sickness Rate %	3.5	3.1
Turnover Rate %	17.9	16.1

Estates



- ✓ Estates strategy “hand in hand” with Clinical strategy
- ✓ Health and Safety Fire compliance rolling programme
- ✓ Access to Capital – a challenge
- ✓ Work completes on new Haematology daycare centre October 2017
- ✓ Exploring land release to support further investment and development
- ✓ Shaping a Healthier Future supporting investment to deliver new models of care
- ✓ Mock Place inspections including patient representatives
- ✓ 2nd highest backlog maintenance requirement in the country

Summary

- Looking forward to working with partners to address a range of issues
- We welcome the review by the CQC
- Lots to do!
- Committed to the challenge
- This is not a quick fix

**“This is not the end,
This is not even the beginning of the
end,
But it is perhaps the end of the
beginning”**

Winston Churchill