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ISLINGTON

Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held on, **17 March 2015 at 7.30 pm.**

John Lynch
Head of Democratic Services

Enquiries to	:	Peter Moore
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Despatched	:	9 March 2015

Membership

Councillors:
Councillor Martin Klute (Chair)
Councillor Jean Roger Kaseki (Vice-Chair)
Councillor Raphael Andrews
Councillor Jilani Chowdhury
Councillor Osh Gantly
Councillor Mouna Hamitouche MBE
Councillor Gary Heather
Councillor Nurullah Turan

Co-opted Member:
Bob Dowd, Islington Healthwatch

Substitute Members

Substitutes:
Councillor Alice Donovan
Councillor Tim Nicholls

Substitutes:
Olav Ernstzen, Islington Healthwatch
Phillip Watson, Islington Healthwatch
Vacancy
Vacancy

Quorum: is 4 Councillors

A.	Formal Matters	Page

1. Introductions

2. Apologies for Absence

3. Declaration of Substitute Members

4. Declarations of Interest

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.
If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc -** Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out
duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body
in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have
a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5. Order of business

6. Confirmation of minutes of the previous meeting

7. Chair's Report

	The Chair will update the Committee on recent events.	
8.	Public Questions	
9.	Health and Wellbeing Board Update	
B.	**Items for Decision/Discussion**	**Page**
10.	Camden and Islington Mental Health Trust - 6 Month report back	1 - 12
	Presentation - Verbal	
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	Presentation - Verbal	
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13.	Work Programme 2014/15	19 - 20

The next meeting of the Health and Care Scrutiny Committee will be on 19 May 2015

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

Director of Corporate Resources

Care Quality Commission

Report on actions you plan to take to meet CQC essential standards

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	TAF
Our reference	INS1-859499139
Location name	St Pancras Hospital
Provider name	Camden and Islington NHS Foundation Trust

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service **How the regulation was not being met:** *The Trust did not have a clear action plan on the Psychiatric Intensive Care Unit showing when targets were completed or expected to be completed. Staff we spoke to on the ward were also not clear about progress with meeting targets. As this ward is undergoing such significant changes which could impact on patient safety and care clarity would be expected.* *This was in breach of Regulation 10(2)(c)*

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

1. Associate Divisional Director for Acute Services is leading the Rapid Improvement Programme and has:
   - established a Steering Group to project manage the action plan
   - worked with the staff on the ward to review and revise the action plan
   - appointed a substantive ward manager in post to provide leadership
   - reviewed the operational model
   - undertaken a full competency assessment of all staff
   - introduced training to meet assessed needs

   A revised action plan is in place with clear targets and timelines for completion
2. Consider staff rotation system to create interest and movement
3. Implement revised model of consultant input on PICU to improve clinical leadership and consistency of care
4. In line with the quality assurance framework, delivery of the Rapid Improvement Plan is being monitored by the Quality Review Group
5. Implement NAPICU standards

6. Consider potential to develop a centre of excellence with a focus on accreditation, benchmarking and research.
7. Continue to work with Oxleas and other Trusts to benchmark against best practice
8. Establish links with Bournemouth University and Higher Education England
9. Work with service users and carers to learn from their experience

Who is responsible for the action?	Associate Divisional Director for Acute Services

How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place to check this?

- Delivery of the improvement plan covers all aspects of patient care on the ward, including:
  - -General Standards
  - -Timely & Purposeful Admission
  - -Safety
  - -Environment & Facilities
  - -Therapies & Activities

  This is a whole system review which will ensure that improvements are embedded and sustainable
- Benchmark data will be included within the Trust's performance reports
- One element of the Quality Assurance Framework includes an annual programme of quality assurance reviews – auditing of the actions taken and improvements embedded will be included within this programme of work
- The Quality Committee, through the Quality Review Group, will monitor the implementation of this action plan to deliver the improvements

Who is responsible?	Chief Operating Officer

What resources (if any) are needed to implement the change(s) and are these resources available?

There is an established and resourced Risk and Quality Team within the Trust who will audit the actions taken and improvements made
The Steering Group is providing project management from within existing resources
There will be resource implications for the training packages identified and accreditation application

Date actions will be completed:	March 2015

How will people who use the service(s) be affected by you not meeting this regulation until this date?

There is a Rapid Improvement Team in place to manage and mitigate any risks during the turnaround period, however, the majority of the actions to address the issues that initiated the rapid improvement plan have now been implemented and the benefits are being realised. The further actions identified will build on good practice

Completed by: (please print name(s) in full)	
Position(s):	
Date:	

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CQC INSPECTION VISIT: 27TH MAY 2014

PROGRESS REPORT: 23rd February 2015

1. INTRODUCTION

Following their comprehensive inspection of the Trust in May 2014, the CQC reported their findings at a Quality Summit in August 2014 which included all our key stakeholders. From this, the Trust was able to develop a detailed action plan to address those areas where the CQC felt that the Trust needed to improve.

1.1 CQC Overall Summary of Findings

The trust was well-led by the Board the executive team and senior managers. Their work was supported by strong governance arrangements and a comprehensive quality assurance process. This meant that they wereaware of the areas that needed improvement and were at different stages of addressing them. People using the services were treated with dignity and respect. The majority of the service users and carers we spoke with said staff were kind and we observed many positive interactions. We also saw that the trust was supporting people to be actively engaged in their own care and also to be involved in the development of the services.

We saw many areas of good and innovative practice across a range of units and teams within each core services, and the trust had much to be proud of. We also found good collaborative working relationships with partner agencies such as social services. We saw that the trust genuinely wanted to put the people who used their services at the centre of their work.

There were, however, a few areas that could have an impact on the safety and effectiveness of the service being delivered. These were predominantly found in the inpatient, rather than the community, services. Although the trust had started to address these issues, there was still more to be done. Our greatest concerns were in the acute inpatient services where ligature points were putting people's safety at risk. In addition, the consistency of people's acute inpatient care was sometimes being affected by ward moves, which were not based on clinical need. We were also concerned about the safety of older people, as procedures to reduce the risk of falls were not being fully used.

At ward level, lessons from previous serious untoward incidents were not always being shared effectively to reduce future risks to people using the service. Staff, mainly in inpatient services, were not always confident in using the Mental Capacity Act 1983 and Deprivation of Liberty Safeguards (DoLS). This meant that people might not be properly involved in decisions about their care. In some cases, it meant that they could be deprived of their liberty without the correct authorisations in place, which would contravene their human rights.

It is our view that the provider needs to take steps to improve the quality and safety of their services. We found that they are currently in breach of regulations. We will be working with them to agree an action plan to help improve the standards of care and treatment.

The inspection team found areas of good practice which included:

- Staff supporting patients with care and compassion and a high level of commitment to providing a good quality service.

- The trust is well led by the Board, senior executive team and senior managers.
- Governance processes supported by quality assurance systems mean that the trust is aware of areas that need improvement and is at different stages of doing this.
- The trust is supporting people to be engaged in their own care and in the development of services
- Many examples of good and innovative practice as well as considerable clinical research
- Effective work with partner agencies and the voluntary sector.

However, the CQC felt that there were significant challenges, especially within the trust's inpatient services:

- Management of risks from ligature points – the ward staff could not clearly articulate how they would take a planned approach to keep people safe from the risk of ligatures.
- Learning from serious untoward incidents – lessons learnt do not always reach the staff on the wards so that issues can be addressed in a timely manner to prevent similar incidents happening again.
- Falls management for older people – staff are not following guidance to ensure people are fully assessed and reduce the risk of recurring falls.
- Mental Capacity Act and Deprivation of Liberty Safeguards - Many staff were not confident in their use of this legislation. There were very low numbers of applications for authorisations of DoLS.
- Pressures in acute inpatient services - ward moves for non-clinical reasons leading to care being moved between clinical teams without clear protocols in place Ensuring that where services have a rapid improvement plan in place that the timescales for actions to bring about change are clear and closely monitored – this applies to the Psychiatric Intensive Care Unit (Coral Ward)

The CQC identified all of the above areas as breaches in compliance with the regulatory standards and actions that the trust MUST take.

In addition to the above, the CQC identified a number of actions that the trust SHOULD take, although it is important to note that these did not include any breaches in the regulatory standards. Some of the actions that the CQC felt the trust should take were confined to a specific service, such as the issue of illegal drugs coming onto the acute wards and the use of face-down restraint. All of these actions are being addressed by the Trust as part of an overarching service improvement plan and implementation will be carefully monitored.

Other issues were cross-cutting and required action trust wide as follows:

- The CQC felt that recruitment, especially of nurses, remains a challenge despite a very active recruitment campaign. The trust should continue to actively recruit for staff in line with the workforce plan until the numbers of permanent staff improve and the use of temporary staff is reduced.
- Improvements in the areas identified in the medicines risk register need to be implemented to make sure medicines are managed safely.
- The trust should aim to provide psychological therapies that reflect patient choice about the timing and venue for the appointment and type of therapy received

2. GOVERNANCE ARRANGEMENTS FOR THE DELIVERY OF THE ACTION PLANS

In order to try and address the complexity of delivering a range of actions, many of which, cut across different services within the Trust, it was decided to structure these actions into “cross-cutting themes. Given the number of “cross-cutting themes” and service specific actions that make up the overall action plan, a programme management approach has been adopted to ensure that delivery of the plan is co-ordinated and inter-dependencies can be managed effectively.

There will be a risk-based approach to the delivery of the action plan ensuring that patient safety and compliance actions have priority focus and implementation is regularly reviewed on that basis.

Individual executive directors of the Board have lead responsibility for delivery of the action within their sphere of responsibility and the executive director with responsibility for the overall delivery of the plan is the Director of Nursing and People.

A named lead has been identified to take responsibility for co-ordinating actions within each of the “cross-cutting themes”, reporting through to a programme management group led by Ann Hunt, as the CQC Programme Manager. This group, which also includes Associate Divisional Directors, reports through and is accountable to the Quality Review Group for the timely delivery of the action plan.

Further work is planned to seek assurance and evidence that the improvements have been embedded within clinical practice and the benefits realised. This will be done through a series of audits and quality assurance reviews over the coming months.

The Quality Review Group which is chaired by the Director of Nursing and People receives a progress report at every meeting and a more detailed review of the themed action plans on a monthly cycle. The Quality Review Group, through the chair, reports progress to the Quality Committee of the Board at their bi-monthly meetings. The chair of the Quality Committee reports through to the Trust Board.

3. ACTION PLANS: PROGRESS REPORT

3.1 Rapid Improvement Plan: Coral Ward

The actions within the rapid improvement plan for Coral Ward which can be delivered by the local team, have all been completed. The remaining actions are interdependent on other projects within the Trust and include:

- Risk assessment training provided by the Practice Development Nurses on a local delivery basis, with the Care Academy moving risk training forward more broadly;
- Environmental issues which will be addressed as part of the design features of the planned refurbishment which is due to start on 23 February 2015
- Therapeutic activities which is one of the cross-cutting themes for the CQC trust-wide action plan

3.2 Ligature Reduction Programme

In August 2014, the Trust embarked on a major programme of improvement works to reduce the number of ligature points within the inpatient environment. The schedule of work includes the St Pancras site and the Highgate Mental Health Centre. Work commenced at the Huntley Centre and this is now complete with the final two wards on the St Pancras site, Montague and Sutherland, due to be completed by the 7th April 2015.

Work is due to start at the Highgate Mental Health Centre, with the total refurbishment of Coral Ward, at the end of February 2015. The programme will also include improvement works and the reduction of ligature points on all wards at the Highgate Mental Health Centre and will extend through to February 2016.

The Trust has introduced a programme of ligature risk assessment and management which every ward undertakes on a 6 monthly basis, and following any environmental changes or incidents. Work is underway to establish and embed the process and will include a programme of training for ward staff, specifically focusing on the link between assessed environmental risks and the formulation of care plans to manage individual clinical risk. The revised Ligature Risk Policy was launched at the beginning of December 2015 and serves to reinforce these initiatives.

The programme of training that is currently being developed will link in with the patient safety workshops which have been tailored to meet the needs of individual wards and teams and was completed at the end of January 2015.

The ligature reduction programme is continuing with work being undertaken to identify and assess the residential and community premises. This work is planned to start in April and complete by December 2015.

3.3 Management of Falls

In June 2014, a “Falls Summit” was held and a plan of work developed to establish a baseline position to confirm current practice and shortfalls from which to develop a plan of action. A Falls Management Group has been established to direct the programme of work which is already well underway.

- A trust-wide falls lead has been identified: Fiona Nolan, Deputy Director of Nursing and Research (from September 2014).
- Following a review of available falls assessment tools, the Falls Risk Assessment for the Elderly (FRAsE) tool was selected as most comprehensive.
- A review of NICE guidance was carried out to inform a revision of the Trust Falls policy which has been revised and includes the FRAsE tool with requirements for frequency of assessment
- A baseline assessment of all patients in every inpatient ward in the Trust was conducted on 18th June 2014, to ascertain whether a falls risk assessment had been carried out, whether care plans reflected falls management, and whether MDT discussions took place around falls management.
- The baseline assessment was repeated on 9th July 2014, and extended to include crisis houses.
- Training for staff on the older adult inpatient wards is on-going.
- The Trust has received funding to appoint a Falls Management trainer for a three month period and recruitment is underway to appoint to that role.

- The Trust has reviewed the designation of its older adult wards to provide separate facilities for people with functional mental health problems from those with organic mental health problems.
- Falls champions have been appointed for older adult wards.

Work in progress:

- Appointment of Falls Champions across all of the services whose role will be to attend training; act as a contact for the Trust lead; ensure the policy is available and accessible for all staff and that falls and falls management are discussed at MDT reviews;
- Establishment of a group to include the Falls Champions who will meet to share learning from falls and to review the MDT processes for managing falls.

3.4 Mental Capacity Act 2005

The Trust has reviewed the governance and management arrangements for the mental health law function, and has appointed a Mental Health Law Manager and a Mental Capacity Act lead who will take up their posts with the Trust in March 2015.

The Mental Capacity Act and Deprivation of Liberty Safeguards policy has been revised and will be implemented in February 2015.

A "Mental Capacity Act" campaign is taking place across the Trust during February 2015 – this is with the aim of raising awareness about mental capacity and deprivation of liberty; providing literature and resources for staff; delivering briefings and training sessions.

Training, delivered by Middlesex University, is scheduled for March 2015 and an extensive programme of training on the MCA and DoLS is currently being commissioned and will be delivered over the next three months. A training plan has been developed and will be delivered by the Mental Health Law Manager and the Mental Capacity Act Lead.

The Mental Health Law Committee has been restructured and is chaired by a non-executive director, membership has been strengthened and the Terms of Reference refocused to ensure that the governance of the mental health law function is robust and provides appropriate assurance to the Board.

3.5 Risk Management ("including sharing the learning")

Learning from Incidents:

- Learning the Lessons Workshops for clinicians as a core part of all level 2 investigations has been introduced;
- The Serious Incident Management Policy has been reviewed to strengthen the processes and accountabilities for learning from incidents, introducing the requirement for team managers to confirm report issued have been shared with the team members.
- A Serious Incident Review Group is being established which will include the Associate Clinical Director for each of the Divisions to ensure clinical leadership in the management of and learning from serious incidents.
- The Trust has worked with the Service User Alliance to develop a protocol for sharing the learning from serious incidents;

- The Trust has utilised the Department of Health benchmarking of restraint and patient safety incidents.

Risk assessments in place for people going on leave.

- A working group has been established to review the arrangements and management for people going on leave and those who present as AWOL.
- The AWOL and Leave Policies are being reviewed to tighten the processes, including a full risk assessment for people going on leave.
- Staff at the Trust are working closely with the police to develop a joint approach;
- Access and egress points at the HMHC have been reviewed and all obvious AWOL routes have been closed down.

Management of Illegal Drugs on Wards:

- The Trust Search Policy has been reviewed setting out responsibilities of staff with regard to maintaining a drug free inpatient environment.
- Training workshops for staff are schedule for March 2015
- Schedule of drug dog visits to acute inpatient wards has been established.

Update PMVA training:

- All relevant policies have been reviewed and updated to reflect the latest guidance and respond to "Positive and Proactive Care: Reducing the Need for Restrictive Interventions (DH2014)
- A detailed project plan is in place with clear deliverables and named individuals who are accountable for delivering within agreed timescales.
- All incidents of restraint are reported via the DATIX reporting system and are closely monitored, particularly prone restraint, quality of care planning and de-briefing post restraint. The goal is to eradicate the use of prone restraint and to reduce the overall use of restrictive interventions.
- After Action Review training is being delivered to help improve the quality and recording of debriefs post incidents.
- A change to mandatory training on PMVA to ensure that staff are better skilled in de-escalation and conflict resolution, enabling them to identify the antecedents of violence and aggression early and use less restrictive means to address patient distress

Risk Management Training:

- A Clinical Risk Management Training Strategy has been developed and is currently out to consultation within the Trust.

3.6 Ward Transfers for non-clinical reasons

- The Bed Management Policy has been reviewed and revised to ensure that beds are utilised efficiently and effectively and to strengthen the protocol for the transfer of patients between wards
- The Bed Management Group meets weekly to review bed availability and bed pressures
- Ward transfers are closely monitored and all transfers for non clinical reasons are reported via DATIX

- Ward transfer protocols have been strengthened
- The service has conducted a “deep dive” review of the acute care pathway to identify where the pressures are and establish the patient profile. This has been shared with commissioners.
- Meridien (consultants) are working with the Recovery and Rehabilitation service to look at ways of improving efficiency and effectiveness within the service which will help to reduce pressure on the acute care pathway

3.7 Recruitment of Nursing Staff

- A Working Group has been established to focus on recruitment and safe staffing
- Recruitment campaigns are being planned for both R&R and Acute services
- A one-off Recruitment Summit led by the Director of Nursing is schedule for 26th February 2015 to focus on:

  1. A plan for “readiness to work” for the finalists at Middlesex University
  2. The Trust’s 2-year workforce plan (led by HR in conjunction with the divisions)
  3. A solid and achievable “Recruit and Retain” programme

3.8 Patient Choice in Psychological Therapies

- IAPT workers are located in 90% of GP practices and make use of a variety of additional community resources for the IAPT services;
- Working practices in all psychological therapy services has been reviewed to improve efficiencies and maximise the number of therapy slots available.
- Following a bid to local commissioners we have received waiting list funding to increase treatment slots and have now appointed 4.4wte new posts to our Traumatic Stress Clinic and 3.2wte new posts to our psychosis psychological therapy team located in the Rehabilitation and Recovery Service. With respect to services for young people (aged 17-24) we have also appointed new staff to our CDAT (0.4 wte), PD (0.4wte) and IAPT (1.0wte) services with a specific remit to hasten access to therapy for this vulnerable cohort.
- Evening clinics until 8pm on two nights per week are being run from one of our community bases – both individual and group therapy sessions. Plans are underway to introduce evening clinics for CDAT services at St Pancras hospital site;
- The service offers the full range of NICE concordant therapeutic interventions and all services offer patient choice within these parameters. If the evidence base is not available or applicable, agreement is reached in collaboration with the patient, on an integrative, needs-led approach. Wherever possible and where requested, patients are offered a choice in relation to therapist gender and experience.
- Timing and venue for appointments is always negotiated with the patient and are flexible within the limits available. Options available will be improved by developments above. CDAT and IAPT services also have a small home treatment team for patients who are unable to leave their home or whose treatment requires home treatment.
- The two borough-based services have been merged onto one site;
- A new service specifically for young adults, Mind the Gap, was introduced on 4th December 2014;

3.9 Learning Disability Services

- A project group has been established that includes representatives from community LD and Dunkley Ward to deliver improvement plans;
- Work is underway to identify a “champion” within each of the services
- A training and awareness programme has been developed for Dunkley Ward staff and LD champions across the rest of the service delivered by LD community and service users. The training will be delivered during April, May and June;
- Work is underway with staff on Dunkley Ward to support the development of Health Action Plans and the interface with care planning;
- There is a time-limited group with a remit to establish the information requirements and access rights for each of the system. Standard protocols will then be developed to provide guidance for staff to ensure that accurate and contemporaneous information is uploaded to the correct system. Where required staff training will be provided.

Ann Hunt
CQC Programme Manager
23/02/15

NHS
Islington
Clinical Commissioning Group

MEETING:	Islington Overview and Scrutiny Committee
DATE:	
TITLE:	Patient Experience: Friends and Family Test (FFT)
LEAD DIRECTOR:	
AUTHOR:	Martin Machray
CONTACT DETAILS:	Director of Quality and Integrated Governance, Islington CCG Islington Clinical Commissioning Group/ Islington Council 338-346 Goswell Road London EC1V 7LQ Telephone: 0203 688 2930 Email: martin.machray@nhs.net

1. EXECUTIVE SUMMARY

This paper looks at how GP practices in Islington have been introducing the Friends and Family Test (FFT) and the scores from the patient FFT for the main providers of secondary healthcare for Islington residents. It also compares the FFT results with results of the national patient surveys for these providers.

The report highlights that Islington GP Practices have implemented systems for the capture of FFT surveys and are now looking to increase the number of responses received. The main secondary healthcare providers for Islington residents have continued to improve their FFT scores and now have above London and national average scores, which indicates improved patient satisfaction.

2. INTRODUCTION

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience.

FFT is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. In 2013/14 FFT was introduced for providers of NHS funded acute services for inpatients and patients discharged from A&E via a national CQUIN (Commissioning for Quality and Innovation) which is an additional payment made to NHS providers to enable commissioners to reward quality innovation. FFT has since been extended to include: all women who use NHS funded maternity services (October 2013); a Staff FFT process to allow staff feedback on NHS Services (April 2014); and GP services (December 2014).

3. GENERAL PRACTICE

3.1 Friends and Family Test (FFT)

As highlighted earlier, FFT was introduced into GP practice on 1 December 2014. In order to assess how the implementation process is progressing we contacted eight GP practices across the different Islington CCG localities. All practices had a system in place and had received some FFT responses, with the highest number recorded as of beginning March 2015 being 95. Most practices had plans to increase FFT uptake with more publicity and patient awareness.

All practices contacted stated that they had received mainly positive results, the surgery which received 95 responses had a recommendation rate of 83% (patients 'extremely likely' and 'likely' to recommend the practice). No practice at the time of being contacted had displayed their results, but all practices had plans to display the results in the practice. Results from January and February's data for all the GP practices will be available to the public, practices and commissioners on 27 March. The data will be placed on the NHS England website www.england.nhs.uk, it is anticipated that March's data will be published on the NHS Choices website www.nhs.uk in May 2015 and each month thereon.

3.2 GP National survey

The national GP survey is a questionnaire sent to households across England asking about resident's experience of GP services. The questions cover: accessibility; waiting times; opening hours; and overall patient experience. The most recent data was collected in Quarter 4 2013/14 and Quarter 2 2014/15 published in January 2015.

Response rates: for the Islington CCG area 15,390 surveys were distributed, 26% (4,043) of these were responded to, which is in line with other inner London Boroughs but below the England average response rate of 33%.

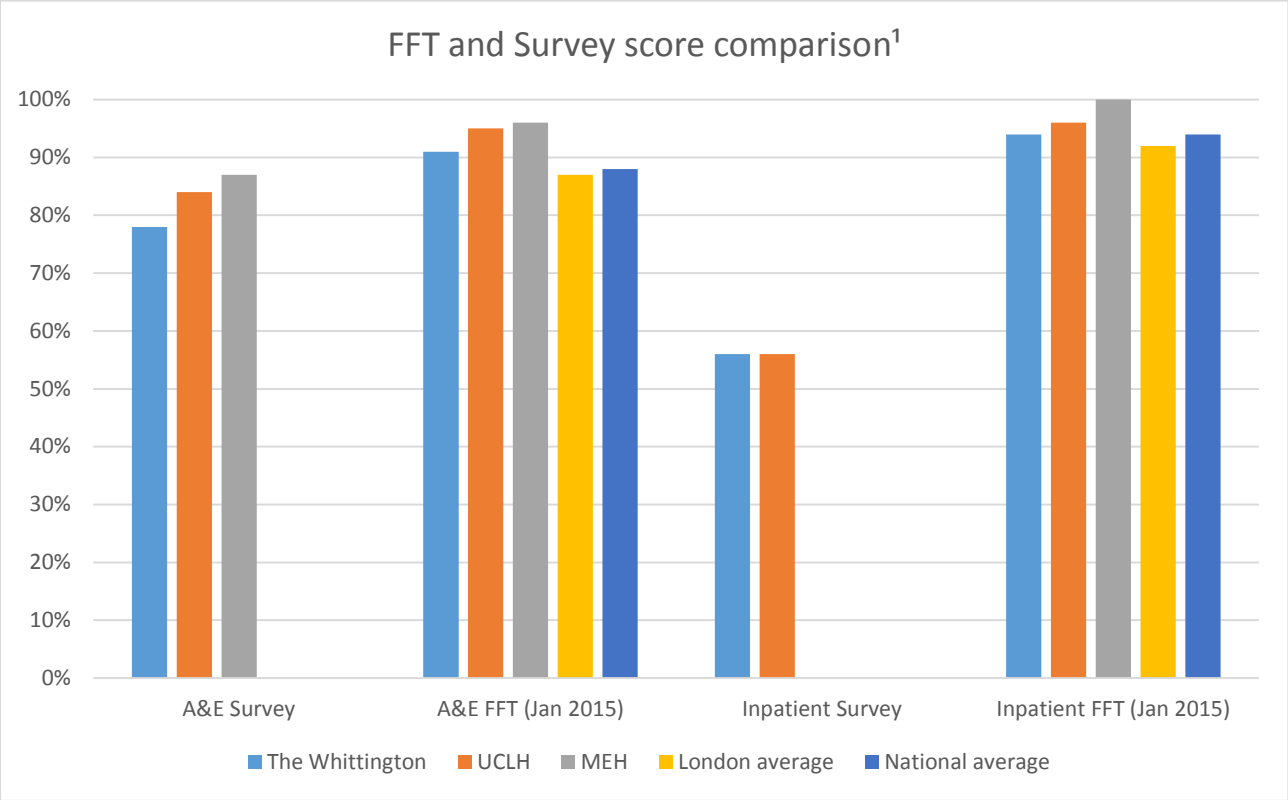
Results: 37% of Islington residents felt their 'overall experience' of GP practice was 'very good', this in line with the London average (36%) but slightly less than the national average (43%). A slightly higher proportion than average of Islington residents feel that their GP practice is 'fairly poor' (6%) when compared with the London and national average (5%).

Seven Islington GP practices had combined scores for 'very good' and 'fairly good' above or equal to 90%. Only four Islington practices had scores below 70% for the same indicators, the lowest Islington practice score was 62%. 45% of residents in the Islington CCG area would 'definitely recommend' their GP practice to someone who has just moved into the area, this is slightly higher than the London average (43%) but below the national average (47%). Most other results are in line with national figures. Two Islington GP practices had recommendation levels ('definitely' and 'probably' recommend) above or equal to 90%, only one Islington practice had recommendation levels below 50% (at 46%).

4. SECONDARY HEALTHCARE PROVIDERS

The initial requirement in 2013 was for the provider to achieve a combined response rate of 15% across A&E and inpatient care. The 2014/15 CQUIN requires Trusts to average a response rate for Quarter 4 2014/15 of 20% in A&E and 30% in inpatient services. There is no target with relation to the score, which may differ depending upon the type of services provided. The full results of the FFT for each provider is published on the NHS Choices website www.nhs.uk .

Table 1: Comparison of January 2015 FFT scores and National Patient Survey results by provider and where applicable national and London averages.



[1] The figures from the national patient survey have been turned into percentages for ease of comparison no London or national average figures were available

5. THE WHITTINGTON

A&E FFT response rates and score: the proportion of people attending A&E completing the FFT survey has averaged around 16%, which equates to approximately 2,500 patients completing the survey per month. Since December 2013 the number recommending the Trust has been 82% - 91% with the latest figure (January 2015) being 91% of people attending A&E recommending the Trust. When compared with other London Trusts, the satisfaction levels in A&E have been slightly higher than the London average.

A&E National Survey: the 2014 A&E Survey was conducted across Quarter 4 2013/14. As with all participating hospitals, surveys were sent to 850 patients. 198 responses were received from Whittington patients (a response rate of 23%). The score The Whittington received for 'overall experience' was 7.8/10 (10 being the highest) which was similar to other Trusts and in line with FFT scores.

Inpatient FFT response rates and score: since December 2013 and throughout 2014/15, 35% – 45% of inpatients, (which equates to around 300 – 450 patients per month) have completed the survey. Between April 2013 and January 2015, the proportion of inpatients recommending The Whittington (those who are 'likely' and 'extremely likely' to recommend the Trust as a place to be treated or cared for) has varied from 87% to 94%. The most recent results (January 2015) were 94% of inpatients recommending the Trust. When compared with other London Hospitals Inpatient satisfaction levels over the year have been slightly lower than the average London Hospital.

Inpatient National Survey: the last national inpatient survey was conducted across Quarter 3 and 4 2013/14. 294 responses were received (response rate of 35%), the score The Whittington received for 'overall views and experience' was 5.6/10, this was similar to other Trusts and in line with the FFT scores received.

6. UNIVERSITY COLLEGE LONDON HOSPITALS (UCLH)

A&E FFT response rates and scores: response rates at UCLH A&E have varied significantly over the months since FFT was introduced from a 50% response rate in December 2013 (surveying 2529 patients) to a 16% response rate in November 2014. The most recent rate has been 26% (January 2015). The A&E score has generally improved over recent months from 85% (December 2013 and June 2014) to 95% (January 2015). This slightly higher than the London average.

A&E National Survey: from the 2014 survey the UCLH score for overall experience at A&E was 8.4/10 which was similar to other Trusts and in line with the FFT scores.

Inpatient FFT response rates and scores: since May 2013 the FFT response rate has been between 25% and 35% of inpatients providing a completed FFT survey. The percentage of people recommending UCLH for inpatient care since April 2013 to January 2015 has usually been above 95%. This is above the London average.

Inpatient National Surveys: UCLH had a response rate of 42% for the 2014 inpatient survey. The score UCLH received for overall views and experience was 5.6/10 this was similar to other Trusts (same as The Whittington) and in line with the FFT scores received.

7. MOORFIELDS EYE HOSPITAL (MEH)

A&E FFT response rates and scores: Since November 2013 response rates have been around 27% for each month (which is approximately 2,000 patients responding each month). The percentage of people recommending MEH A&E since April 2013 to January 2015 has consistently been around or above 95% making MEH one of the most recommended Trusts in London.

A&E National Survey: 312 responses were received for MEH (a 32% response rate). The overall score for experience at MEH A&E was 8.7/10. The slightly higher score than The Whittington or UCLH is in line with the FFT score MEH receives.

Inpatient FFT response rates and scores: MEH has a low volume of inpatient activity. The Trust regularly achieve over a 70% return rate for inpatient services (which is approximately 60 - 70 patients per month). MEH has consistently achieved between 96% and 100% of patients recommending inpatient care at MEH.

Inpatient National Survey: Due to the low level of inpatient activity the national inpatient survey is not conducted for MEH.

8. CAMDEN AND ISLINGTON FOUNDATION TRUST (CIFT)

FFT: Implementation of FFT is part of the CQUIN for Mental Health Trusts this year (2014/15). The Trust have highlighted that the FFT questions have been incorporated into the current inpatient and community patient experience survey. There are no results to date.

National Surveys: The Community Mental Health survey was conducted at the start of 2014. CIFT had 200 responses and the score was 7.5/10 which is in line with other providers.

9. CONCLUSION

The FFT scores and national survey scores for Islington providers are in line with national and London scores. Islington CCG will continue to monitor and engage with healthcare providers for Islington residents to ensure that they continue to improve patient satisfaction.

The CCG will regularly review FFT and national survey findings in relation to Islington GP practices. When required the CCG will liaise with NHS England and Islington GP practices to ensure practices are supported both in the implementation of FFT and to identify improvements which can be made in service delivery.

Martin Machray
Director of Quality and Integrated Governance
Islington CCG

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HEALTH SCRUTINY COMMITTEE
WORK PROGRAMME 2014-15

17 MARCH 2015

1. Camden and Islington Mental Health Trust – 6 month report back (as requested by Committee – 16/09/14)

2. NHS Trust - Moorfields

3. Scrutiny Review – Patient Feedback - Witness evidence

4. Work Programme 2014/15

19 MAY 2015

1. Membership, Terms of Reference and Dates of Meetings

2. Child Protection in Islington – Annual Update

3. Islington CCG

4.111/Out of Hours service

5. Scrutiny Review – Patient Feedback – Draft Recommendations

6 Work Programme 2014/15 and prioritisation of scrutiny topics

FUTURE ITEMS:
GP APPOINTMENTS – 12 MONTH REPORT BACK
NHS TRUST QUALITY ACCOUNTS
DAMPNESS – HEALTH IMPLICATIONS

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