NHS

Whittington Health
NHS Trust

Whittington Health NHS

DRIVING INNOVATION IN COMMUNITY CARE

We're recruiting district nurses.
Please call on:
020 3074 2506

Our Quality Account 2018 - 2019

Contents

Part 1: Statement on Quality from the Chief Executive

Welcome to the 2018/19 Quality Account for Whittington Health NHS Trust. Here, we outline how we performed on quality last year and set out our priorities for 2019/20. All of our priorities are produced in consultation with clinical staff, managers, patients and external stakeholders and I would like to thank them for taking the time to contribute to this process.

I am pleased to report that we successfully met 25 out of the 30 priorities we set ourselves for 2018/19. Particular highlights include improvements in District Nursing continuity of care, no avoidable grade 4 pressure ulcers in the hospital and more people with learning disabilities being involved in trust activities. We also increased the number of patients recruited to research studies, contributing to future clinical improvements, and significantly improved the response rate for the Friends and Family Test in podiatry, maternity and outpatients, helping us to learn more about the care and treatment we provide and where it can be improved.

We set ourselves stretching targets last year, so there were areas where more progress was needed and these will continue to be priorities for this year. These include reducing the number of outpatient clinic cancellations, seeing more patients with an autism spectrum condition or learning disability who come to our Emergency Department within 2 hours and completing more medicine safety reviews for grade 3 Acute Kidney Injury patients within 24 hours.

Other highlights of the year include

- The 2018 CQC Maternity Survey showed that 100% of women said they were treated with respect and dignity, 98% had confidence and trust in staff, and 96% felt involved enough in decisions about their care
- Our Improving Access to Psychological Therapies (IAPT) service in Haringey received Centre of Excellence status for Employment Support – the first and only IAPT service in the country to receive this
- We implemented the updated National Early Warning Score 2 (NEWS2) system
- CareFlow Vitals, a new system for electronically recording patient observations, was rolled out across our hospital wards
- Colette Datt, a Nurse Consultant in Children and Young People's services, took home the Nurse Leader of the Year Award at the 2018 Nursing Times Awards

- Our haematology team were 'Highly Commended' for their work to prevent patients from developing dangerous blood clots at the Anticoagulation Achievement Awards
- We had the third highest uptake of the flu vaccine by our staff across London at 83.4%
- More staff than ever before took part in the annual staff survey – 48% nearly 2,000 members of staff
- We led the way in educating people in and celebrating the services we have to support older people and provide the right care and treatment at an event for staff at Whittington Health as well as other local NHS, public and voluntary sector organisations involved in caring for older people

These are all the more impressive when we consider that they were achieved against a backdrop of increased demand in our services. We saw 108,640 people – a 6.7% rise compared to the previous year – attending to our Emergency Department (ED) throughout 2018/19. However, we provided many of these individuals with same-day care or treatment, meaning that the proportion of people who needed to be admitted to a hospital bed from our ED is actually coming down. These improvements, despite rising demand, are a testament to the hard work of our staff.

I am proud to say that the number of clinical audits we participated in went up last year. These audits, whether mandatory or not, are not only vital in helping us to continually improve the care and treatment that we offer, but also contribute to findings across the NHS to identify success or areas for action or further investigation. We took part in a total of 88 national clinical audits, national confidential enquiries and non-mandatory national audits in 2018/19.

Our 28 priorities for the coming year have been developed to reflect the needs of our patients and local community and will contribute to Whittington Health leading the way in the provision of excellent integrated community and hospital services. As part of this process, we have considered previous successes and challenges, looked at our new Strategy for 2019-2024 and engaged with staff, patients and stakeholders. 20 of them are new – 8 have been retained from last year because we believe that there is more to do or they are of particularly high importance. These form the basis of our focus on quality this year and will help us to achieve our ambition to become one of the leading NHS health care trusts. I look forward to reporting on our achievements and setting out how we will go even further to improve quality next year.

I confirm that this Quality Account will be discussed at the Trust Board, and I declare that to the best of my knowledge the information contained in this Quality Account is accurate.
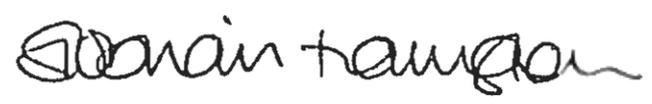
Siobhan Harrington
Chief Executive

Part 2: Priorities for Improvement and Statements of Assurance from the Board

As an integrated care organisation (ICO) with community and hospital services across Islington, Haringey and further, Whittington Health is in a unique position to deliver the strategic objectives of the North Central London (NCL) emerging and integrated care system that is, working in an integrated and collaborative way to provide high quality health and social care for our local population.

Our Trust's vision, embedded within our clinical strategy and quality account, is to 'help local people live longer, healthier lives'. A key strategic goal is to deliver the right care, at the right time, and at the right place for our patients. This is underpinned by the six strategic objectives for 2018-19 which are:

1. **Secure the best possible health and wellbeing for all our community**

2. **Integrate and coordinate care in person-centred teams**

3. **Deliver consistent, high quality, safe services**

4. **Support our patients and users in being active partners in their care**

5. **Be recognised as a leader in the fields of medical and multi-professional education, and population based clinical research**

6. **Innovate and continuously improve the quality of our services to deliver the best outcomes for our local population.**

The Trust strategic objectives have been revised for 2019-20 and the priorities for the next year have been aligned with the new four shared objectives:-

- **Deliver outstanding, safe and compassionate care in partnerships with patients.**
- **Empower support and develop engaged staff.**
- **Integrate care with partners and promote health and well-being.**
- **Transform and develop financially sustainable innovative services.**

Priorities for improvement 2019/20

This section of the Quality Account is forward looking and details the quality priorities that the Trust has agreed for 2019/20. The rationale for including these priorities is based on factors such as data from the previous year, clinical or public request, and an ambition to be a leading Health Care Trust.

Our quality priorities for 2019/20 are aligned to the Trust's commitment to helping local people live longer, healthier lives. A number of areas chosen as quality improvement priorities last year have been retained for the forthcoming year for one of three reasons:

- the 2018/19 targets were not met,
- we have made significant improvements in certain areas and wish to continue this progress,
- we consider certain areas as highly important to the trust.

We have also introduced new priorities that we believe are important to our patients and the community that we serve.

Our consultation process

Our quality priorities have been developed following consultation with staff and stakeholders and are based on both national and local priority areas.

We have utilised a range of data and information, such as learning from serious incidents, reviews of mortality and harm, complaints, claims, clinical audits, patient and staff experience surveys, and best practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and national audit data, to help establish what our 2019/20 priorities should be.

As part of our consultation process, external stakeholders, patients, and staff have been invited to share their views on our proposed quality priorities. A meeting was held with Health Watch Islington and Haringey in February 2019 to review and hear feedback to consider the priorities for our local population.

Further to this, each priority has been refined and agreed by clinicians and managers who will have direct ownership and approved at the relevant Trust committees. The quality account, including the 2019/20 priorities, have been shared with our commissioners and external auditors, whose comments can be seen within the appendices.

Priority 1: Improving Patient Experience

Our Patient Experience Quality Priorities for 2019/20 are below. Progress against these priorities is monitored at the patient experience committee and escalated to the quality committee as necessary. Performance information will be provided for key performance reports, integrated CSU dashboard reports and deep dives.

Domain	Rationale	Actions
Communication (Trust wide)	Improve the quality of information available to patients and families - This has been highlighted by Health Watch and is a top theme and area	1. We will continue with our trust wide review of patient information quality and availability and aim to improve information in accessible formats. 167 leaflets were reviewed and updated in 2018/19
		2. Explore better use of media and photo based patient information

Domain	Rationale	Actions
	of learning from PALS/complaints.	3. Review signage at the Trust site to ensure that the information provided in letters for appointments matches with the signage directing patients to appointments. (This is in response to concerns raised in the Health Watch 'Enter and View visit' report for imaging, fracture and antenatal clinics)
		4. Review noticeboards in 75% of Trust and community settings. Aim to standardise information available to patients and staff, to improve and build on the 'You said, We did' programme work started in 2018/19.
Patient Satisfaction (Hospital only)	Increase Patient Friends and Family Test (FFT) response in the Emergency Department	1. Increase the FFT completion rate to 15% -Overall completion rate for ED remains low at 13% for 18/19
		2. Increase the FFT rate of patients recommending treatment in ED to 86% (National average) - Overall recommend rate for 18/19 was 82%
Patient Feedback (Trust wide)	Develop a central catalogue of patient stories and empower staff and families to assist with the process	1. Increase the number of patient stories presented at Trust board, sub board committees and Integrated clinical service units (ICSU) boards to 24 in 2019/2020
		2. Have 10 patients physically attend to present their patient story in 2019/2020.
Volunteering (Community)	Expand the volunteering team to assist with community services to support patients at home.	1. Aim is to approve the volunteer strategy and develop specialised volunteer roles. Introduce 5 cohorts of volunteers supporting patients alongside Trust staff at community sites and in patient homes. Ensuring volunteers receive the same level of training as lone workers and safeguards are in place as lone workers.

Our Patient Safety Quality Priorities for 2019/20 are below. Progress against these priorities is monitored at the patient safety committee and escalated to the quality committee as required.

Domain	Rationale	Actions
Falls (Hospital)	National and local priority, learning from serious	1. We will increase compliance with our STOPfalls bundle to 85% on our adult inpatient wards

Domain	Rationale	Actions
	incidents, building on improvement work in 2018/19. Further work planned for 2019 to increase compliance. Falls CQUIN for the Trust in 2019/2020	2. Reduce the number of falls per 1000 bed days to 2.5 (18-19 total was 2.8)
		3. Reduce the number of falls resulting in severe harm or death by 25% compared to 2018/2019
Patient Safety Incidents (Trust wide)	Recent NRLS report has shown the Trust data quality and number of patient safety incidents reported could be improved.	1. Increase the number of 'Near miss/ good catch' patient safety incidents reported on Datix for 2019/2020 compared to 2018/2019
		2. Increase the overall number of incidents reported by 5% compared to 2018/19 (2018/19 total reported incidents 6754)
Acute Kidney Injury (Hospital)	National and local priority, target not achieved in 2018/19, ongoing priority for the trust	1. We will increase our medicine safety reviews for grade 3 AKI patients within 24 hours from 53% to 75% by March 2020
Pressure Ulcers (Trust wide)	National and local priority, learning from incidents and complaints, target not achieved in 2018/19, trust KPI	1. We will reduce the number of avoidable grade 4 pressure ulcers by 10% in Trust and community areas
		2. We will reduce the number of avoidable grade 3 pressure ulcers by 10% in Trust and community areas
		3. Improve the governance and oversight arrangements for investigating pressure ulcers to ensure appropriate investigation takes place in a timely manner.
Care of Older People (Trust wide)	Care of patients with dementia highlighted by Health Watch as a priority area, national audit data, national campaign, learning from incidents	1. We will promote John's campaign – '*for the right to stay with people with dementia*' – whilst patients with dementia our in our care
		2. All patients have a Rockwood Frailty Score and Comprehensive Geriatric Assessments completed on admission. We have a clearly defined Frailty Pathway and MDT approach in place.
		3. GPs are using EFi (Electronic Frailty Index) with EMIS; some of the Community Teams are using Rockwood Clinical Frailty Scale or Prisma 7.
Learning Disabilities and / or Autism	Improving experiences and increasing staff awareness of	1. Within our emergency department we will see 75% of patients with an autism spectrum condition or a learning disability in under two hours

Domain	Rationale	Actions
(Trust wide)	patients with LD and autism a priority for the trust and highlighted by Health Watch	2. Develop mandatory LD and Autism awareness training for all staff
		3. Develop a suite of learning resources to support staff, patients and families with LD and Autism
Mental Health (Hospital)	Experience of people with mental health in ED highlighted as an area for improvement by CQC at our 2015 inspection	1. Reduce the number of ED patients with mental health needs waiting over 24 hours for a mental health bed.

Our Efficiency, Research and Education Quality Priorities for 2019/20 are below. Progress against the patient flow action is monitored through ICSU performance and trust performance reports, clinical research and education are monitored by their respective committees reporting to Quality Committee, Workforce Assurance Committee and Trust Management Group.

Priority	Rationale	Actions
Development and Training roles within clinical workforce (Trust wide)	The Nursing Associate role is a new support role that sits alongside existing healthcare support workers and fully qualified registered nurses to deliver hands on care for patients.	1. Ensure an adequate number of vacant positions available for nurse associate graduates
	Clinical Workforce development and training is paramount to the Trust. A highly skilled and trained workforce provides better quality care	2. We will strengthen our work on development and leadership and in particular the development of our BAME staff through mentoring programmes.
Clinical Research (Trust wide)	Clinical research is how we develop new treatments and knowledge for better health and care, building the	1. Maintain the number of specialties participating in research.
		2. Develop a greater paediatric research portfolio.

Priority	Rationale	Actions
	evidence for new approaches that are safe and effective.	
Multi-Disciplinary Research (Trust wide)	Clinical research is how we develop new treatments and knowledge for better health and care, building the evidence for new approaches that are safe and effective.	1. Raise the profile of research with clinical teams so that it can become embedded in patient care.
Reducing 28 Day readmissions (Hospital)	28 day readmissions are an issue for the Trust. We want to ensure our patients are appropriately treated prior to discharge and the relevant safety netting procedures are in place to reduce 28 day re admissions to hospital	1. Increase utilisation of 'Hospital at home' service and 'Virtual Ward' to aid in expediting safe discharges but also in reducing the numbers of patients requiring potential readmission within 28 days of discharge. 28 day re admission rates to be monitored.
		2. Improve the quality and timeliness of discharge summaries being sent to GP's and primary care.
Staff wellbeing and engagement (Trust wide)	The most recent national staff survey results indicate that Bullying and harassment is still a cause for concern to the Trust. We aim to hold more inclusion and wellbeing events for staff to ensure a happy, motivated, effective workforce.	1. Improve culture at work for staff by ensuring there are bimonthly engagement / social events.
		2. Ensuring leaders and senior managers adopt a more robust and purposeful leadership style to support colleagues and tackle issues in timely and well-ordered fashion. Create a culture of openness where people feel comfortable raising concerns - Raise trust awareness about the role of "The Freedom to Speak Up Guardian". Ensure we act and deliver care meeting our Trust Core Values.
Integrated Multiprofessional Education (Trust wide)	Education and training of staff to create a workforce that is dedicated, motivated and trained to the highest standards to provide excellent quality medical care for all patients.	1. Develop new innovative placements for our Medical, AHP, Nursing and Midwifery students, focusing on driving the quality of the experience for both the student and the practice area. Increase placements by 5%
		2. Developing individualised learning experiences for our undergraduate workforce. Success to be measured using Student survey / feedback
		3. Increase the delivery of MDT training for post registration placements by 10%

Priority	Rationale	Actions
		4. Develop and implement a 'Learning from excellence' tool to enable staff to receive positive feedback to colleagues in relation to excellence at work.
Learning from National Audits and Compliance with NICE guidance (Trust wide)	To ensure that we provide adequate assurance on learning from National Audits and the implementation of the NICE Guidance and standards	1. Review of the governance and reporting framework from teams to quality committee

Statements of Assurance from the Board

The Trust provides statements of assurance to the Trust Board in relation to:

- Modern slavery
- Safeguarding children and young people
- Mixed gender hospital accommodation

Modern Slavery Act

It is our aim to provide care and services that are appropriate and sensitive to all. We always ensure that our services promote equality of opportunity, equality of access, and are non-discriminatory. We are proud of our place in the local community and are keen to embrace the many cultures and traditions that make it so diverse. The diversity of this community is reflected in the ethnic and cultural mix of our staff. By mirroring the diversity that surrounds us, our staff are better placed to understand and provide for the cultural and spiritual needs of patients. In accordance with the Modern Slavery Act 2015, the Trust has made a statement on its website regarding the steps taken to ensure that slavery and human trafficking are not taking place in any part of its own business or any of its supply chains.

Safeguarding Children and Young People

Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national safeguarding children standards and guidance to ensure that children and young people are cared for in a safe, secure and caring environment. The WH Safeguarding Children team works closely with the Safeguarding Adults lead to ensure a 'joined up' approach exists to safeguard the entire population the Trust serves. This includes fully embedding strategies linked to protection from domestic abuse, child sexual exploitation and adhering to the PREVENT strategy in protecting vulnerable groups from radicalisation.

Safeguarding and promoting the welfare of children is of paramount importance to the organisation. The welfare of children is embedded across every part of the Trust and in every aspect of our work. The Trust has clear controls and arrangements in place through regular audit, review and quality improvement led by skilled and competent named professionals, supported and challenged by the Trust Board and Clinical Commissioning Groups.

Whittington Health is an active member of three local Local Safeguarding Children Boards in Haringey, Hackney and Islington. Local Safeguarding Board Section 11 audits into safeguarding compliance across the Trust are completed, as required.

Mixed Gender Hospital Accommodation

To ensure that we met national reporting requirements in relation to mixed sex/gender accommodation, we revised our reporting of mixed gender accommodation breaches in the hospital for patients who were well enough to step down care from intensive care. This meant that we experienced incidents of mixed gender accommodation for a short number of hours for some patients. The initial reporting was significant with the first few months of 2018/19 reporting between 5-7 breaches each month. This reduced over quarter two and three then as winter progressed there were a small number of accommodation breaches. This was due to bed capacity issues within the Trust where there was no medical bed available; however, privacy and dignity were maintained at all times and patients were informed and comfortable.

Sub Contracted Services

Whittington Health provided 150 different types of health service lines (61 acute and 89 community services) in 2018/19. Of these services the following were subcontracted:

Organisation details	Service details
Barts Health NHS trust	Service and development support for immunology/allergy
Camden and Islington NHS foundation trust	Mental health services, ILAT , mental health lounge contract and psychological service
UCLH foundation trust	South Hub TB resources
UCLH foundation trust	ENT services
The Royal Free London NHS foundation trust	Provision of PET/CT Scans
The Royal Free London NHS foundation trust	Ophthalmology services

Middlesex University	Provision of Moving and Handling Training Sessions
GP subcontractors – Medical practices Morris House Somerset Gardens Tynemouth road	Primary care anticoagulation service for Haringey CCG
Whittington Pharmacy CIC	Provision of pharmacy services
WISH Health Ltd A network of 8 local practices – four in north Islington and four in west Haringey	Primary care services to the urgent care centre at the Whittington hospital

The Trust has reviewed all data available to them on the quality of care in these relevant health services through the quarterly performance review of the ICSU and contract management processes.

The income generated by the relevant health services reviewed in 2018-19 represents 100% of the total income generated from the provision of relevant health services that Whittington Health provides.

Participation in Clinical Audits 2018-2019

During **2018/19**, **62** national clinical audits including **7** national confidential enquiries covered relevant health services that Whittington Health provides.

During that period, Whittington Health participated in **100% of** relevant national clinical audits and **100%** of national confidential enquiries.

The national clinical audits and national confidential enquiries that Whittington Health was eligible to participate in, and participated in, during 2018/19 are listed below. This includes the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title of audit	Management body	Participated in 2018/19	If completed, number of records submitted (as total or % if requirement set)
BAUS Urology Audits - Percutaneous Nephrolithotomy (PCNL)	British Association of Urological Surgeons	✔	11 cases
Case Mix Programme (CMP) - Intensive Care Audit	Intensive Care National Audit & Research Centre	✔	625 cases
Elective Surgery (National PROMs Programme)	NHS Digital	✔	185 cases

Falls and Fragility Fractures Audit programme (FFFAP) – Inpatient Falls	Royal College of Physicians of London	✓	Organisational Questionnaire submitted. Data collection commenced Jan 2019 – 1 case
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	Royal College of Physicians of London	✓	116 cases
Inflammatory Bowel Disease (IBD) programme / IBD Registry	IBD Registry Limited	✓	109 cases
Learning Disability Mortality Review Programme (LeDeR)	University of Bristol's Norah Fry Centre for Disability Studies	✓	7 cases
Major Trauma Audit	Trauma Audit & Research Network	✓	128 cases 68% case ascertainment
Myocardial Ischaemia National Audit Project (MINAP)	National Institute for Cardiovascular Outcomes Research	✓	92 cases

National Audit of Breast Cancer in Older People	Royal College of Surgeons	✓	68 cases
National Audit of Intermediate Care	NHS Benchmarking Network	✓	185 cases
National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society	✓	130 cases
Bowel Cancer (NBOCAP)	NHS Digital	✓	64 cases
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre	✓	41 cases
National Diabetes Audit - Adults - National Diabetes Foot Care Audit	NHS Digital	✓	44 cases
National Diabetes Audit - Adults - National Diabetes Inpatient Audit (NaDIA)	NHS Digital	✓	Submitted Organisational questionnaire as required
National Diabetes Audit - Adults - National Diabetes Harms Audit (NaDIA)	NHS Digital	✓	2 cases
National Diabetes Audit - Adults - National Core Diabetes Audit	NHS Digital	✓	2130 cases
National Diabetes Audit - Adults - National Pregnancy in Diabetes Audit	NHS Digital	✓	36 cases 86% case ascertainment rate as 5 patients moved out of area

Audit	Organisation		Cases
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	✓	103 cases
National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research	✓	126 cases
National Joint Registry (NJR) - Knee and Hip replacements.	Healthcare Quality Improvement Partnership	✓	Ongoing
National Lung Cancer Audit (NLCA)	Royal College of Physicians	✓	104 cases
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	✓	3485 cases
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health	✓	456 cases
National Oesophago-gastric Cancer (NAOGC)	NHS Digital	✓	21 cases
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	✓	Ongoing 2018/19 data to be submitted by 31 May 2019. 111 cases recorded locally as at March 2019
National Prostate Cancer Audit	Royal College of Surgeons	✓	92 cases
Sentinel Stroke National Audit programme (SSNAP)	Royal College of Physicians	✓	137 cases 88% case ascertainment rate as 17 cases not included
Feverish Children (care in Emergency Departments)	Royal College of Emergency Medicine	✓	132 cases
Vital Signs in Adults (care in emergency departments)	Royal College of Emergency Medicine	✓	126 cases
VTE risk in lower limb immobilisation (care in emergency departments)	Royal College of Emergency Medicine	✓	131 cases
National Adult Community Acquired Pneumonia Audit	British Thoracic Society	✓	Ongoing Project: 1.12.18 - 31.5.19
Non-Invasive Ventilation	British Thoracic Society	✓	Ongoing Project: 1.2.19 – 30.6.19
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Public Health England	✓	35 cases
National Audit of Dementia - care in general hospitals	Royal College of Psychiatrists	✓	50 cases
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics & Child Health	✓	43 cases

National Comparative Audit of Blood Transfusion programme: Management of Massive Haemorrhage	NHS Blood and Transplant	✓	5 cases
National Early Inflammatory Arthritis Audit	British Society for Rheumatology	✓	309 cases
National Cardiac Rehabilitation Audit	University of York	✓	419 cases
Reducing the impact of Serious infections (antimicrobial resistance and sepsis) - antibiotic consumption	Public Health England	✓	On going reviews the number of antibiotics dispensed per 1,000 admissions. Data submitted quarterly to PHE
Reducing the impact of Serious infections (antimicrobial resistance and sepsis) - antimicrobial stewardship	Public Health England	✓	On going 30 patients diagnosed with sepsis randomly selected each quarter
Surgical Site Infection Surveillance Service	Public Health England	✓	On going no infections occurred
Seven Day Services Self-Assessment Survey	NHS England	✓	138 cases
National Audit of Care at the End of Life	NHS Benchmarking Network	✓	27 cases

Maternal, Newborn and Infant Clinical Outcome Review Programme data on 21 cases were submitted to MBRRACE-UK who allocate to the appropriate work stream			
Perinatal Mortality Surveillance	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Perinatal morbidity and mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Maternal Mortality surveillance and mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Maternal confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing

Medical, Surgical and Child Health Clinical Outcome Review Programme			
Young People's Mental Health	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	3 cases
Long-term Ventilation in children, young people and young adults	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	On going
Acute Heart Failure	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	3 cases

Cancer in Children, Teens and Young Adults	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	No applicable cases. Organisational questionnaire submitted
Perioperative Diabetes	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	4 cases
Pulmonary Embolism	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	3 cases
Acute Bowel Obstruction	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	On going 1 case submitted

Mental Health Clinical Outcome Review Programme			
Suicide, Homicide & Sudden Unexplained Death	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), University of Manchester	✓	If cases identified to WH then participate - none to date
The Assessment of Risk and Safety in Mental Health Services	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), University of Manchester	✓	

National Asthma and Chronic Obstructive Pulmonary Disease Audit programme			
Asthma Paediatric in Secondary Care	Royal College of Physicians	✓	Commences June 2019
Pulmonary rehabilitation	Royal College of Physicians	✓	Commenced March 2019
COPD in Secondary Care	Royal College of Physicians	✓	108 cases
Adult Asthma in Secondary Care	Royal College of Physicians	✓	24 cases

Additional (non-mandatory) National Audits undertaken during 2018/19

Title of audit	Management Body	Participated in 2018/19	Status
National study of HIV in Pregnancy and Childhood	NSHPC	✓	On going
BLISS Family Friendly audit	BLISS Charter	✓	completed

Study	Organisation		Status
IMAGINE: Ileus MAnaGement INtErnational An international, observational study of postoperative ileus and provision of management after colorectal surgery	EuroSurg Collaborative	✓	completed
National clinical audit on the management of bullous pemphigoid	British Association of Dermatologists	✓	completed
PELOTS Paediatric Evaluation of the London Major Trauma System	London Major Trauma System	✓	completed
The Ricochet Study	British Society for Gastroenterology, Birmingham Clinical Trials Unit, Pancreatic Cancer UK, WM Research Collaborative	✓	completed
RCR national audit of radiology involvement in cancer multidisciplinary team meetings	Royal College of Radiology	✓	completed
United Kingdom Obstetric Surveillance System – national audits of rare conditions of pregnancy	UKOSS National Perinatal Epidemiology Unit	✓	On going
Each Baby Counts & NHS Resolution	Royal College of Obstetricians and Gynaecologists	✓	On going
Community Services Benchmarking Project 2018	NHS Benchmarking Network	✓	Completed
Compliance with the BSH guidance for the management of acute chest syndrome in sickle cell disease	NHS England, CQUIN	✓	completed
National Lung Cancer Audit (NLCA) Spotlight Audit	Royal College of Physicians	✓	completed
Acute management of ankle fractures (AUGMENT)	British Orthopaedic Foot & Ankle Society	✓	completed
NAMM - National audit of meningitis management	Royal Liverpool University based on UK Joint Specialist Society Guidelines	✓	completed
Fever in returning Traveller	Collaborative audit of North London Hospitals	✓	On going
Antimicrobial prophylaxis for surgical patients national audit	Collaborative audit with Barts Health NHS Trust	✓	Completed
NCL improving access to Diabetes Inpatient Specialist Nursing	NHS England Diabetes Transformation Fund Project	✓	On going
Respiratory Complications after Abdominal Surgery (RECON)	STARSurg Collaborative	✓	Completed
National Mortality Case Record Review Programme	Royal College of Physicians	✓	On going

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires in **2019/20** by ensuring:

- National audit and national confidential enquiries will remain the key component of our Integrated Clinical Service Unit (ICSU) Clinical Audit and Effectiveness programmes;
- Performance outcomes will be discussed appropriately, with multidisciplinary focus where possible and cascaded to all staff grades;
- Collaborative clinical and managerial leadership will remain optimal in order to ensure national project completion and reflection;
- There will be continued emphasis upon learning from excellence;
- A clinical audit patient ambassador role is to be considered and patient/carer representation in national clinical audit is to be prioritised;
- Multidisciplinary quality governance sessions will continue to include reflective learning on national clinical audit findings;
- In-house clinical audit workshops will continue to provide practical support to staff.
- Consideration will be given to the introduction of a National Clinical Audit Working Group, with a primary aim to oversee national audit projects and action plans. This forum would run in addition to the existing reporting structure and would include representation from the area of clinical risk and legal services.

The reports of **18** national clinical audits/ national confidential enquiries were reviewed by the provider in 2018/19 and Whittington Health intends to take the following actions to improve the quality of healthcare provided:

Fractured Neck of Femur - Care in the Emergency Department

The Fractured Neck of Femur Audit is overseen by the Royal College of Emergency Medicine (RCEM). Across the country 65,000 patients a year suffer a fractured neck of femur, the majority presenting via the Emergency Department (ED). The focus in ED should be on pain relief including nerve blocks and making the correct diagnosis through the use of MRI and CT scans, where necessary. The purpose of the audit is to identify current performance in EDs against Royal College of Emergency Medicine clinical standards.

Of the nine standards audited, Whittington Hospital did not achieve any of the standards set by RCEM.

Actions taken following the audit:

1. An Emergency Department consultant has assented to the role as the fracture neck of femur lead to ensure that local trust guidelines are being followed;
2. The ED fracture neck of femur pathway has been updated to reflect the RCEM guidance and ED are utilising the trust guidelines with slight alterations in that most of the fascia iliaca blocks are performed by appropriately by trained ED consultants and registrars. These are usually performed using ultrasound guidance for those who have been appropriately trained to do so. The fracture neck of femur lead is also meeting with a multidisciplinary team including representation from geriatrics and the musculoskeletal advanced recovery team in order to facilitate further development of the pathway.
3. Our local clinical management guideline has been updated to reflect NICE guidance. Updated content was reviewed and ratified at the Trust Clinical Guidelines Committee in 2018

National Emergency Laparotomy Audit

This audit is overseen by the Royal College of Anaesthetists and the Royal College of Surgeons, reviewing the care of patients who undergo emergency bowel surgery via laparotomy.

In the past year, and the fifth consecutive year of data entry, a total of 103 cases were submitted to the national database by Whittington Health.

Data collection is now prospective rather than retrospective. This means that the surgeons and anaesthetists will enter data to the national database at the time of surgery.

This has resulted in the Trust consistently being shown as 'green' with ≥ 85% of caseload entered on the NELA progress list.

In April 2019, the national audit is launching a best practice tariff which relates to increased revenue for a Trust performing emergency laparotomies. The criteria for meeting the tariff are as below:

- All appropriate cases to be entered on to the national database.
- 80% of patients need to receive consultant delivered care AND be admitted to critical care.
- A pathway of care on how these patients are managed is to be created and agreed.

Whittington Health has introduced a proactive, multidisciplinary, multi-grade NELA working group to oversee all aspects of the study. This has included significant preparatory work in advance of the Best Practice Tariff launch.

What actions have we taken to improve upon last year's performance?

In last year's quality account it was highlighted that there was a gap in the care for our elderly patients who undergo this type of surgery.

In the intervening period, the NELA audit has been instrumental in securing a geriatric liaison consultant. This will allow specific and appropriate management for this cohort of patient, whilst enabling compliance with the requirement of a surgical liaison geriatrician assessment.

Following the publication of the Year 4 report for 2016/17 data, we noted that the standard on CT scan performed and reported by a consultant radiologist before surgery was 55%. This appeared significantly lower than the national mean of 73%.

Following discussion with the Radiology department, a prospective, in-house review of our year 5 data was therefore undertaken and this demonstrated that 88% of scans were reported by a consultant, with the remaining 12%, reported by a registrar.

Radiology consultant membership of the NELA working group is now in place, to ensure all future data compliance for this standard is robust and appropriately validated.

Neonatal Intensive and Special Care (NNAP)

NNAP monitors aspects of the care that has been provided to babies on neonatal units in England, Scotland and Wales.

In one year, approximately 95,000 of all babies born will be admitted to a neonatal unit which specialises in looking after babies who are born too early, with a low birth weight or who have a medical condition requiring specialist treatment.

At Whittington Hospital, 5/8 standards audited achieved above the national average, with two standards achieving 100% as below:

Your baby's care

Measuring standards and improving neonatal care

WHITTINGTON HOSPITAL takes part in the **National Neonatal Audit Programme (NNAP)** which monitors aspects of the care that has been provided to babies on neonatal units in England, Scotland and Wales. This poster shows how the 2017 results for WHITTINGTON HOSPITAL compare with national rates, as indicated in the NNAP 2018 Annual Report on 2017 data.

Antenatal steroids

Mothers who delivered babies between 24 and 34 weeks gestation who were given antenatal steroids. This is recommended to help prevent breathing problems in baby.

93% — National rate 89%
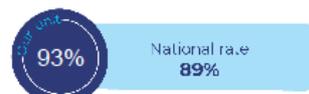
Antenatal magnesium sulphate

Mothers who delivered babies below 30 weeks gestation who were given magnesium sulphate in the 24 hours before delivery. This is recommended to help prevent cerebral palsy in baby.

57% — National rate 64%

Temperature on admission

Babies born at less than 32 weeks gestation who had an appropriate temperature (between 36.5°C and 37.5°C) on admission to the neonatal unit.

62% — National rate 64%

Consultation with parents

Documented consultation with parents/carers by a senior member of the neonatal team within 24 hours of a baby's admission.

100% — National rate 95%
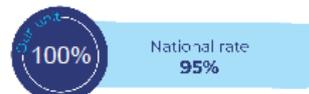
Parents on ward rounds

The proportion of admissions where parents were present on at least one consultant ward round during a baby's stay.

82% — National rate 74%
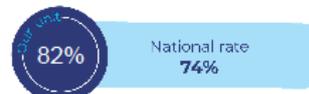
Screening for retinopathy of prematurity

Babies who are born weighing less than 1501g, or are born at less than 32 weeks gestation who receive on-time screening for retinopathy of prematurity

100% — National rate 94%
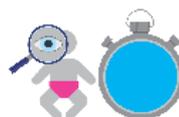
Mother's milk at time of discharge

Babies born at less than 33 weeks who were receiving some of their mother's milk, either exclusively or with another form of feeding, when they were discharged from neonatal care.

81% — National rate 60%

Follow-up at two years of age

Babies born at less than 30 weeks who had received documented medical follow-up at two years of age.

60% — National rate 63%
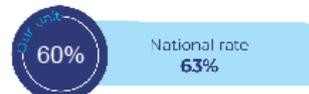
Please see **Poster 2** for this unit's response to the results.
To find out more about how we use your baby's information, please visit:
www.rcpch.ac.uk/nnap

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

Actions taken:

The following actions are being taken to address the lower performing areas:

- To support and improve awareness of giving antenatal magnesium sulphate

to mothers of 30 weeks gestation, the Neonatal and Maternity Unit are participating in the PreCePT (Prevention in Cerebral Palsy in Pre-term labour) study.

- The standard of temperature on admission is 2% below national average but above average for NE and Central London. However, there is ongoing awareness for all staff.

- Ongoing appointments and improved administration has helped to increase the number of neurodevelopmental follow up appointments at 2 years. It is estimated that this has now increased from 60% at the time of the audit to 70% of children receiving an appointment.

The reports of **69** local clinical audits were reviewed by the provider in **2018/19** and Whittington Health intends to take the following actions to improve the quality of healthcare provided:

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in **2019/20** by ensuring:

- Reactive local audits, vital to patient safety, will remain the key component of the Integrated Clinical Service Unit (ICSU), Clinical Audit and Effectiveness programmes;
- Project proposals will continue to be subject to a centralised quality review in order to prevent duplication and to ensure alignment to speciality priorities;
- Demonstrable improvements to patient care and service provision will be identified on a rolling basis to support organisational 'learning from excellence' initiatives;
- Clinical speciality performance in relation to local clinical audit will continue to be monitored on an ongoing basis, with regular reporting via the ICSU Board meetings;
- In-house clinical audit workshops will continue to provide practical support to all staff grades;
- Correct, legible and appropriate clinical documentation remains an intrinsic area of medico legal practice. A new clinical documentation audit will be relaunched to work on a rolling basis throughout the year, reflecting the standards that are a requirement of our Records Management Policy.

Anaphylaxis NICE Guidelines: Are we following the guidelines or is there is still a need to improve adherence?

Accepted as an abstract by the Royal College of Paediatrics and Child Health

In the UK the incidence of anaphylaxis is increasing and it is estimated that 220,000 people up to age of 44 years have a nut-induced anaphylactic reaction with a risk of recurrence. It is also estimated that 1/1,333 of England's population has experienced anaphylaxis at some point in their lives and there are approximately 20 deaths per year.

The audit was to ascertain if the Paediatric Department at Whittington Hospital are following the NICE Guidance -published December 2011 - on *Anaphylaxis: assessment and referral after emergency treatment* with regard to the assessment and referral process of children being treated for anaphylaxis.

Aim:
Our team investigated whether the paediatric staff in the Emergency Department, have been following the NICE guidelines in regard to the assessment, management and referral process of children treated for anaphylaxis.

Method:
A total of 23 children up to the age of 16 years were included in this project and followed retrospectively over a 12 month period. Their clinical notes were reviewed to assess the presence of the key criteria points of the guideline. The Anaphylaxis NICE data collection tool was utilised.
Data was then analysed and compared, to assess our level of compliance.

Results:
Good compliance (>95%) was demonstrated in the following areas:
- documentation of acute symptoms;
- admitting patients for observation;
- referring patients to an allergy service;
- offering appropriate adrenaline auto injector to take home.

Acceptable compliance (75% - 94%) noted in;
- documenting the circumstances prior to the onset of symptoms.

There was notable poor compliance (<74%) with the following:
- recording the time of onset of anaphylactic reaction;
- information provision to patients and parents on anaphylaxis follow-up and self-management.

Conclusion:
In general, there is good adherence to the anaphylaxis NICE guideline. However, there are some areas for improvement. It was observed that in cases where an anaphylaxis discharge checklist document was used, the department was more compliant with the guidelines. Improving department education and providing a checklist to be completed with every adrenaline auto injector being prescribed may improve guideline adherence.

Actions:
- The discharge checklist was updated to support information required;

- Further education of staff was undertaken both at the induction of new staff members and in departmental teaching sessions;
- Re-audit has been scheduled take place within 12 months.

Management of Fragility Fractures in Orthopaedic Outpatient Clinic

Fragilit fractures are fractures that result from mechanical forces that would not ordinarily result in fracture, known as low-level or 'low energy' trauma. The World Health Organization has quantified this as forces equivalent to a fall from a standing height or less.

Reduced bone density is a major risk factor for fragility fracture. Other factors that may affect the risk of fragility fracture include the use of oral or systemic glucocorticoids, age, gender, previous fractures and a family history of osteoporosis.

Aim:

This re-audit was undertaken in order to identify the number of patients presenting with a fragility fracture, who were suitably assessed for future risk of fracture.

The NICE guidance on *Osteoporosis: assessing the risk of fragility fracture*, published in August 2012 and updated in February 2017, states that risk of future fractures should be assessed and managed appropriately in specific populations of patients presenting with fragility fractures to fracture clinic.

The British Orthopaedic Association Guidelines further state that all patients presenting with a fragility fracture must be provided with written information giving advice on the nature of fragility fractures, bone health, lifestyle, nutrition and bone protection treatment.

Our audit results showed a higher number of patients being identified as having a fragility fracture in comparison to the previous audit, but poor compliance with early identification and/or appropriate risk assessment.

Action taken:

- Education of fracture clinic healthcare providers, emphasising the importance of considering fragility fracture risk. This was achieved through audit presentation and the creation of posters to be displayed in fracture clinic;
- The assessment of fragility fracture risk is now undertaken in fracture clinic using Q-fracture score. The Q-fracture score estimates an individual's ten year risk of developing both hip and major osteoporotic fractures, including hip, spine and wrist. The score is then discussed and agreed by the orthopaedic team;
- A GP standard letter is now to be given to the patient during clinic, stating that the patient has a fragility fracture and needs further assessment and appropriate management of future risk.

Have all new referrals for atrial fibrillation been seen within one week of being referred?

Atrial fibrillation (AF) is the most common sustained cardiac rhythm disorder. It is a significant risk factor for stroke, as people with AF have a five-fold increased risk when compared to people with a normal heart rhythm. The major aim of AF treatment is to prevent ischaemic stroke by providing anticoagulation to those at risk.

The aim of this audit was to determine if all new referrals for AF are seen within one week of being referred, in line with the London Clinical Networks 'Excellence in anticoagulant care'.

The audit identified that 37% of our patients were seen within one week of being referred.

Action taken:

- A review is underway to determine if more rooms can be available for patient counselling in order to minimize the waiting time. Whilst outstanding, this

issue has been escalated to the Trust's Risk Register.

- Pharmacy staff have been trained to deliver anticoagulation counselling on the wards, thereby reducing the waiting time.
- The direct oral anticoagulants (DOAC) referral form has been simplified and approved at CCG level.
- The counting for the referral now commences on the day that a complete referral is received to ensure that screening delay will not exceed the one week time limit.

Islington Nursing Home Nutrition Screening and Care Planning Audit

The NICE guidance on *Nutrition Support for Adults: oral nutrition support, enteral tube feeding and parenteral nutrition* published in February 2006, outlines the importance of nutritional screening. Screening should be carried out by health care professionals with the appropriate skills and training. The guidance also states that people in care homes should be screened on admission and when there is clinical concern.

A validated screening tool such as the British Association for Parenteral and Enteral Nutrition (UK) (BAPEN) Malnutrition Universal Screening Tool (MUST) is recommended.

The audit reviewed the following criteria, none of which achieved the 100% standard set:

1. Referrals to the dietitians should include a weight, height, BMI and MUST score;
2. The MUST score documented on the referral form is accurate;
3. Patients referred to the dietitian were appropriately identified as having a MUST >2;
4. Patients referred to the dietitian have a food chart in place;
5. Patients referred to the dietitian have a nutrition care plan in place.

Most referrals to the dietitian were appropriate but often the referrals did not contain accurate MUST scores. This could indicate that some patients are being identified as high risk too late. Only some patients had nutrition care plans or a food chart in place before the dietitian review, which can result in further deterioration of nutritional status. Lack of food charts also makes it difficult for the dietitian to complete their nutritional assessment and can result in delayed or insufficient care.

Action taken:

- The audit was discussed with the nursing home managers in order to gain their feedback and for them to identify areas with which they require support;
- Nursing home managers to allocate a nutrition champion. This has now been achieved in most of the homes.
- In November 2018, a nursing home training day was held to show the nursing home staff how to calculate MUST and how and when to refer to a dietitian. Additional guidance was provided on information to be included on the referral form, the importance of care plans and the availability of resources to support this.
  On the day, a care plan was devised, which is to be used in all homes as well as a dietitian screening tool.
- Training will continue via a new style of consultation entitled, 'group consultations'. The first of these has already been held and received positive feedback from the patients and staff who took part. Group consultations will now be rolled out to other nursing homes.

Seasonal influenza vaccination of inpatients admitted to hospital with acute exacerbations of COPD – a missed opportunity?

Background:

A high number of patients are admitted to Whittington Hospital each year with acute exacerbations of chronic obstructive pulmonary disease (AECOPD). Acute exacerbations are often triggered by respiratory viruses including influenza and are associated with significant morbidity and mortality. Patients with COPD are at a higher risk of death following influenza infection.

NICE guidelines state that all patients with COPD should receive annual seasonal influenza vaccination; however, we have anecdotally noticed inpatients with COPD who have had repeat admissions in the winter flu season with neither prior flu vaccination nor vaccination during admission.

Aim:

- To identify inpatients admitted with COPD who neither had flu vaccine prior to admission nor were offered it on discharge;
- To implement change by adding flu vaccination status to the COPD discharge bundle and encourage pharmacists and junior doctors to identify and offer flu vaccination to inpatients with COPD.

Results:

There were 92 admissions to Whittington Hospital between October 2017 and March 2018, with acute exacerbations of chronic obstructive pulmonary disease. Of these admissions, a total of 11 were re-admissions and one was disqualified as an infective exacerbation of bronchiectasis rather than COPD.

Of these patients, a total of 63 had a working Medical Interoperable Gateway. A Medical Interoperable Gateway refers to information that is available from the GP about a patient, for example; medicines prescribed and test results.

We noted:

- Forty seven patients had a flu jab before admission;
- Five patients received a flu jab during admission;
- Three patients had a flu jab after discharge;
- Eight patients had not received a flu jab by the end of March.

Those without flu jabs represent 12.6% of the total patient population. These patients had missed opportunities before, during and after admission.

Influenza vaccination timings

- 74% — Before admission
- 8% — During admission
- 5% — After admission
- 13% — Missed opportunity
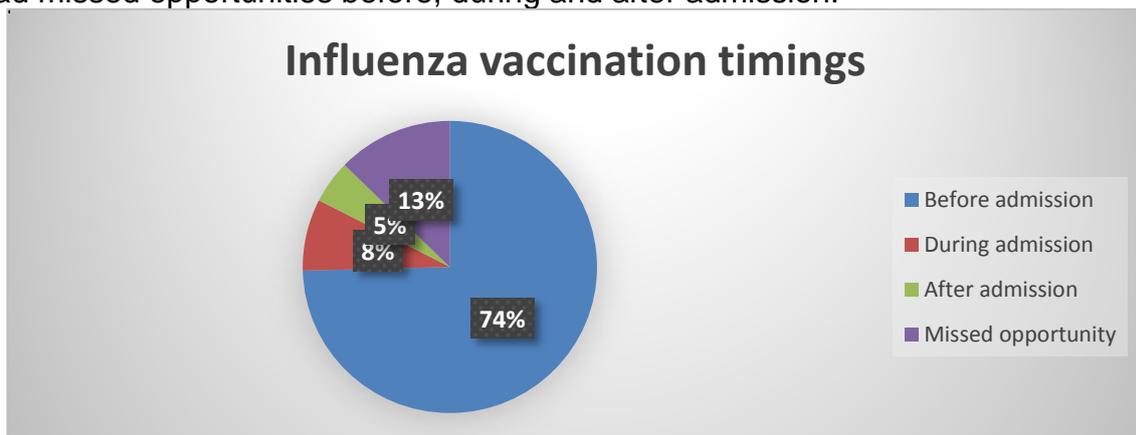
Recommendations

- To add influenza vaccination to the COPD discharge summary, thus making it a compulsory component of patients with AECOPD being discharged home. If the patient is too unwell at that time, the GP should be prompted in the discharge letter to supply this later;
- To add influenza vaccinations to the medicine reconciliation for pharmacists;

- To ensure adequate supply of vaccinations on the wards;
- To add a "flu jab" box on the ward discharge board;
- To re-audit next flu season (October-March), in order to compare results.

This audit was submitted to and presented at Primary Care Respiratory Society. Abstract below;

Seasonal influenza vaccination of inpatients admitted to hospital with Acute Exacerbations of COPD - a missed opportunity?

Pierre Vila, Kristina Foley, Ameet Vaghela, Louise Restrick

Whittington Health Integrated Respiratory Team - London N19 5NF

Introduction

- Acute exacerbations of COPD (AECOPD) are often triggered by respiratory viruses including influenza and are associated with significant morbidity and mortality[1]

- Around 2% of admissions for acute respiratory illness are explained by influenza and 10% of GP consultations for acute respiratory illness are influenza related[2]

- Annual influenza vaccination is a high value intervention in COPD (Figure 1; COPD Value Pyramid) and is recommended by NICE[3]

- Historically, hospitals do not offer influenza vaccinations to patients admitted with AECOPD during the "flu season"
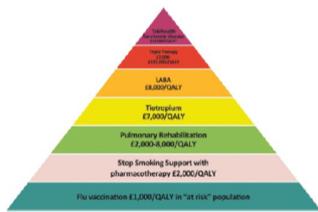
Thorax 2014;69:973-975

Figure 1: COPD "Value" Pyramid developed by the London Respiratory Network 2011

Aims

1. To quantify the number of inpatients admitted with AECOPD at one London Acute Trust who did not receive their recommended influenza vaccination during a 6 month "flu season"
2. To evaluate the role of offering vaccination during admission to patients admitted with AECOPD
3. To use this data to develop out inpatient team approach to addressing influenza vaccination in a systematic way.

Methods

- Data* was collected retrospectively on patients admitted with AECOPD between October 2017 and March 2018 (representing one "flu season").

- Patients were identified via COPD national audit data, and data collected from GP summary care records, hospital discharge summaries and hospital electronic prescribing records

- Re-admissions and other primary respiratory conditions were excluded

*Data refers to patient details (age, smoking/tobacco dependence (self-reported), MRC breathlessness, spirometry, and admission date); and outcomes (dates of vaccination administration).

MRC BREATHLESSNESS SCALE

1. I get breathless on strenuous activity.
2. I walk slower than people my age on the level because of breathlessness.
3. I get short of breath when hurrying on the level or on a slight hill.
4. I have to stop for breath after walking 100 metres or after a few minutes on the level.
5a. I am too breathless to leave the house but independent in washing and/or dressing.
5b. I am too breathless to leave the house and dependent in washing and dressing.

Results & Case for change

- 63 patients were admitted between October 2017 and March 2018 with AECOPD

Age	
Mean (range)	48 (39-94) years
Smoking /tobacco dependence (self-reported)	
Current smoker	29/63 (46%)
Ex-smoker	34/63 (54%)
FEV1	
Mean (SD)	0.91 (0.39) litres
FVC	
Mean (SD)	1.91 (0.70) litres
MRC breathlessness score	
Median (range)	4 (2-5)

Table 1: Patient demographics

- 16/63 patients (25%) were not vaccinated pre-admission
- Of these 5/16 (31%) were vaccinated during admission
- Only 3/11 (27%) discharged without influenza vaccination were subsequently vaccinated

**Timing of influenza vaccination relative to inpatient admission**

- Before admission: 47
- During admission: 5
- After admission: 3
- Not vaccinated: 8
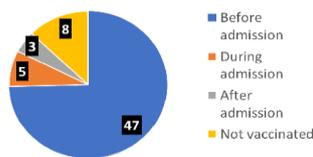
Figure 2: Timing of influenza vaccination relative to inpatient admission

Discussion

- Patients admitted to hospital with AECOPD are recognised to be one of the patient groups at highest risk of harm from influenza, and therefore at the greatest need of influenza vaccination

- Whilst 75% of patients had received vaccination pre-admission, 13% of this vulnerable group had still not been vaccinated by "flu-season" end.

- This data suggests that hospital admission should be used as an opportunity to offer influenza vaccination to patients admitted with AECOPD who have missed out on vaccination prior to admission.

- This approach has also been recommended in the new NICE guidance 'Flu vaccination: increasing uptake' published in August 2018. This guidance recommends that patients in eligible groups should be offered flu vaccination "at every opportunity", including outpatient clinics and hospital admissions[4].

- We believe that offering influenza vaccination to inpatients with COPD, who are no longer unwell from infection, in the 24-48 hours prior to discharge, is a safe and high value intervention for this patient group, particularly when comparing the relative costs of vaccination versus readmission secondary to influenza[4].

- We believe there is a strong case for systematically including the offer of influenza vaccinations to inpatients admitted with AECOPD.

Next steps & recommendations

- We recommend that hospital trusts explore the value of providing influenza vaccination to inpatients with COPD who have not already received theirs in the "influenza season" in a trust-wide systematic way.

- At our trust we have added influenza vaccination as a component of our COPD discharge bundle (figure 3), and will evaluate the impact in the the coming "flu season" (2018/19)

References
1. Miles, G. Influenza vaccination: helping respiratory consultations. Primary Care Respiratory Update. 2018; 5 (2):23-26
2. Cromer D, van Hoek AJ, Jit M, Edmunds WJ, Fleming D, Miller E. The burden of influenza in England by age and clinical risk group: a statistical analysis to inform vaccine policy. J Infect. 2014;68(4):363-71
3. Chronic obstructive pulmonary disease in over 16s: diagnosis and management. Clinical guideline [CG101]. NICE, June 2010
4. Flu vaccination: increasing uptake. Clinical guideline [NG 103]. NICE, August 2018

Figure 3: Whittington Health COPD discharge bundle

Participating in Clinical Research

Involvement in clinical research demonstrates the trust's commitment to improving the quality of care we offer to the local community as well as contributing to the evidence base of healthcare both nationally and internationally.

Our participation in research helps to ensure that our clinical staff stay abreast of the latest treatment possibilities and active participation in research leads to better patient outcomes.

We are four years on from the ratification of the Whittington Health Research strategy that underpins the clinical strategy and reflects the aim of enabling local people to 'live longer healthier
lives'. A key strategic goal is to become a leader of medical, multi-professional education and population based research.

Participation in clinical research demonstrates Whittington Health's commitment to improving the quality of care that is delivered to our patients and also to making a contribution to global health improvement. We are committed to increasing the quality of studies in which patients can participate (not simply the number), and the range of specialties that are research active, as we recognise that research active hospitals deliver high quality care.

The trust's research portfolio continues to evolve to reflect the ambitions of our integrated care organisation and also reflects the health issues of our local population. The research portfolio includes:

Anesthesia	Bariatrics
CAMHS	Dermatology
Diabetes and endocrine	Emergency medicine (and ICU)
Haemoglobinopathies	Gastroenterology
Health visiting	Hepatology
Infectious diseases (TB)	IAPT
MSK	Microbiology
Orthopaedics	Oncology
Speech and language	Paediatrics

therapy	
Urology	Surgery
	Women's health

In 2018/19, 1,074 patients who received their care through Whittington Health were recruited into studies classified by the National Institute of Health Research (NIHR) as part of the NIHR research portfolio. This is the highest annual number recruited at Whittington Health and represents an increase of 323 patients compared to last year and 532 on the previous year.

There were 50 NIHR portfolio studies in progress and recruiting at Whittington Health last financial year compared to 39, 48 and 41 studies in 2017/18, 2016/17 and 2015/16 respectively. Having seen a reduction in the number of studies but improved our recruitment to time and target (RTT) metrics in line with the NIHR High Level Objectives last year we have been able to maintain better RTT metrics and increase study numbers this year ensuring improved quality and quantity in the delivery of studies.

Portfolio adopted studies are mainly, but not solely, consultant led and are supported by the trust's growing research delivery team to facilitate patient recruitment. In addition to the NIHR portfolio studies, an additional 10 non-portfolio studies commenced in 2018/19, unfortunately a reduction of 50% on the previous year. Increasing locally lead and locally focused research is a vital aspect of delivering the research strategy. Most non-portfolio research studies are undertaken by nurses, allied health professionals, and trainee doctors and the impact of these studies are frequently published in peer reviewed publications, at conference presentations, and are valuable in their ability to innovate within the trust. In addition, small locally funded studies can provide the evidence needed to secure grant funding for larger scale projects and their potential to build capacity and capability to undertake larger research studies should not be underestimated.

Development of nursing and multidisciplinary research is evolving with the successful award to a nurse consultant from the national Institute for Health research (NIHR) to build research and evidence based capacity across the clinical workforce. This work will start in 2019.

CQUIN Payment Framework

A proportion of Whittington Health's income is conditional on achieving quality improvement and innovation goals between Whittington Health and our local CCGs through the Commissioning for Quality and Innovation payment framework.

Our CQUINs for 2017-19 are:

- Improvement of Staff Health and Wellbeing
- Reducing the impact of Serious Infections (AMR and Sepsis)
- Improving services for people with mental health needs who present to ED
- Transitions our of Children and Young People's mental health services
- Offering advice and guidance
- NHS e-Referrals
- Supporting proactive and Safe Discharge
- Improving the assessments of wounds
- Personalised care and support planning

Our CQUINs for 2019-2020 are:
• Antimicrobial Resistance
• Staff Flu Vaccinations
• Alcohol and Tobacco (screening for use)
• Three High Impact Actions to prevent hospital falls
• Same Day Emergency Care

Further details of the agreed goals for 2017-19 are available electronically at:

https://www.england.nhs.uk/wp-content/uploads/2018/04/cquin-guidance-2018-19.pdf

In 2018/19, 2.5 percent of our income was conditional on achieving quality improvement and innovation goals agreed between Whittington Health and our local commissioners through the CQUIN payment framework. These goals were agreed because they all represent areas where improvements result in significant benefits to patient safety and experience. Both Whittington Health and our commissioners believed they were important areas for improvement.

There is a CQUIN Project Manager who leads the CQUIN projects and is responsible for the achievement of CQUINs. There is also a clinical lead and operational lead for each individual CQUIN.

- Achieved
- Not achieved
- No requirement
- Awaiting confirmation

CQUIN Scheme	Rationale/Objectives	Compliance			
Improvement of Staff Health and Wellbeing	To improve the support available for NHS staff to help promote their health and wellbeing in order for them to remain healthy and well.	Q1	Q2	Q3	Q4
Reducing the Impact of Serious	To make sure that the appropriate patients who attend the trust in an	Q1	Q2	Q3	Q4

		Q1	Q2	Q3	Q4
Infections (AMR and Sepsis)	emergency are screened for sepsis, and receive the necessary antibiotics To reduce antibiotic consumption, encourage focus on antimicrobial stewardship and ensure antibiotic usage is reviewed within 72 hrs of prescribing.	🟩	🟩	🟩	🟧
Improving Services for People with Mental Health who present to ED		Q1	Q2 🟥	Q3	Q4
Transitions out of Children and Young Peoples Mental Health Services	To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.	Q1	Q2	Q3 ⬜	Q4
Offering Advice and Guidance	Improve GP to access consultant advice prior to referring patients in to secondary care.	Q1	Q2	Q3	Q4
NHS e-Referrals	All providers publish all of their services and make all first outpatient appointment slots available on e-referral service by 31 March 2018.	Q1	Q2	Q3	Q4
Supporting Proactive and Safe Discharge	Enabling patients to get back to their usual place of residence in a timely and safe way.	Q1	Q2	Q3 🟥	Q4
Improving the Assessments of Wounds	To increase the number of full wound assessments for wounds which have failed to heal after 4 weeks	Q1 ⬜	Q2	Q3 ⬜	Q4
Personalised Care and Support Planning	To identify the groups of patients who would benefit most from the delivery of personalised care and support planning and provide this support to them.	Q1 ⬜	Q2	Q3 ⬜	Q4
Improving Haemoglobinopathy Pathways through ODN Networks	To improve appropriate and cost-effective access to appropriate treatment for haemoglobinopathy patients by developing ODNs and ensuring compliance with ODN guidance through MDT review of individual patients' notes.	Q1	Q2	Q3	Q4
Nationally Standardised Dose Banding for Adult Intravenous Anticancer Therapy (SACT)	To ensure that we minimise the amount of Oral Chemotherapy that is prescribed, yet not taken by patients - by reviewing length of prescription courses	Q1	Q2	Q3	Q4

Registration with the Care Quality Commission (CQC)

We are registered with the CQC without any conditions. During 2018/19, we participated in the following external quality assurance reviews

In November 2017 a Joint Targeted Area Inspection focusing on Neglect occurred across Haringey Local Safeguarding Children's Board (LSCB). The formal response to this inspection was provided in February 2018, and an extensive action plan with 132 actions has been produced through the LSCB partnership, which has been being implemented throughout 2018. All Whittington Health actions in the LSCB action plan have been completed, with no red actions remaining. Whittington Health undertook a Section 11 LSCB audit in February 2019 which provided evidence of the sustainability of the actions undertaken.

A Joint Targeted Area Inspection focusing on Sexual Abuse in the Family Home occurred across Islington LSCB area in November 2018. The formal response to this inspection was released on 29th January 2019 by the lead inspectors Ofsted. Whittington Health Services were inspected by a CQC team as part of this process. Services specifically reviewed included Children's Emergency Department, Community Child and Adolescent Mental Health Services (CAMHS), and School Nursing and Maternity, as well as a range of other agency and multi-agency services. A multi-disciplinary action plan is being developed to address the areas for improvement noted in the report.

On 27th February 2019 the CQC visited the Child and Adolescent Mental Health Inpatient unit - Simmons House- for an unannounced monitoring visit of the Mental Health Act' (MHA). Their particular focus was in relation to compliance with MHA paperwork. Their findings and feedback were provided to the organisation on the 13th March 2019. The feedback was very positive. They noted further improvements had been made since they last inspected the service in November 2017. The inspectors spoke very highly of the staff and patients they observed during their inspection. This was reflected in the CQC report. There were 4 recommendations made by the CQC inspectors with no patient specific recommendations. A supporting action plan detailing the trusts response and supporting actions addressing the CQC recommendations was submitted to the CQC on 2nd April 2019.

The CQC's last targeted inspection of the organisation took place in October 2017 and was published in February 2018. It's overall rating remains as 'Good' with the hospital moving from Requires Improvement to Good.

Using the CQC inspection methodology, which indicates that all services rated as good will be re-inspected within 3.5 years, we would expect our next inspection to be conducted around summer 2019. The new methodology also includes Well Led and the Use of Resources which will be undertaken by NHS Improvement alongside CQC.

Overall rating for this trust	Good	🟢
Are services safe?	Requires improvement	🟠
Are services effective?	Good	🟢

Are services caring?	Outstanding	☆
Are services responsive?	Good	🟢
Are services well-led?	Good	🟢

Secondary Uses Service

Whittington Health submitted records during 2018/19 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodes Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number and which included the patient's valid General Medical Practice Code were as follows:

	Percentage of records which included the patient's valid NHS number (%)	Percentage of records which included the patient's valid General Medical Practice Code (%)
Inpatient care	97.80%	99.90%
Outpatient care	98.30%	100%
Emergency care	92.60%	99.90%

Information Governance (IG) Assessment Report

Information governance (IG) is to do with the way organisations process or handle information. The Trust takes its requirements to protect confidential data seriously and over the last 5 years have made significant improvements in many areas of information governance, including data quality, subject access requests, freedom of information and records management.

The Data Security and Protection (DSP) Toolkit is a policy delivery vehicle produced by the Department of Health; hosted and maintained by NHS Digital. It combines the legal framework including the EU General Data Protection Regulations 2016 and the Data Protection Act 2018, the Freedom of Information Act 2000 and central government guidance including the NHS Code of Practice on Confidentiality and the NHS Code of Practice on Records Management. The framework ensures the Trust manages the confidential data it holds safely and within statutory requirements.

During the year the Trust implemented an improvement plan to achieve DSP Toolkit compliance and to improve compliance against other standards. As a result, the Trust met the majority of the mandatory assertions and declared 100% compliance for 2018/19 against the mandatory assertions with an improvement plan in place for IG training which was declared at 76% against a target of 95%. The Trust's DSP Toolkit submission and former IG Toolkit submissions can be viewed online at www.dsptoolkit.nhs.uk and www.igt.hscic.gov.uk.

All staff are required to undertake IG training. In 2018/19, the Trust reached an

annual peak of 81% of staff being IG training compliant. The compliance rates are regularly monitored by the IG committee, including methods of increasing compliance. The IG department continues to promote requirements to train and targets staff with individual emails includes news features in the weekly electronic staff Noticeboard and manage classroom-based sessions at induction.

Information Governance Serious Incidents
IG serious incidents are reported to the Department of Health and Information Commissioner's Office (ICO). Serious incidents are investigated and reported to the Trust's SIEAG Panel, relevant executive directorate or ICSU and the Caldicott Guardian and the Senior Information Risk Owner (SIRO).

The IG committee is chaired by the SIRO who maintains a review of all IG serious incidents and pro-actively monitors the action plans. The IG serious incidents declared during 2018/19 were as follows:

Date of incident	Nature of Incident	ICO Outcome
May 2018	Theft of a backpack of a containing health visitor sheet and diary.	No further action
June 2018	Inappropriate access to staff member's medical record another staff member.	Update from ICO not available
Jan 2019	Staff member inappropriately disclosed the phone number of safeguarding patient's foster carer to the patient's husband, the subject of safeguarding issues.	Update from ICO not available

Data Quality

The trust monitors the quality of data through the use of quarterly benchmarking reports.

In order to improve data quality in 2019-20 the trust will be continuing to embed the actions identified from 2018/19:

- Introduction of data quality dashboards for services to individually monitor their own data quality as required.
- Strengthening the trust Data Quality Group and ensuring representation from each of the seven Integrated Clinical Service Units (ICSUs). This group is responsible for implementing the annual data improvement and assurance plan and measures the trust's performance against a number of internal and external data sources.
- Taking measures to improve the coding of activity
- Systematic benchmarking of data

- Running a programme of audits and actions plans

Whittington Health has been supplying demographic and risk factor information consistently since the service commenced in October 2015.

Clinical Coding Audit

Whittington Health was subject to the Payment by Results clinical coding audit during the 2018/19 reporting period. Trusts are required to meet 95% accuracy for primary procedure and diagnostic codes, and 90% accuracy for secondary codes.

The error rates reported in the latest (November) published audit for diagnosis coding and clinical treatment coding are:

Area Audited	% Diagnoses coded correctly		% Procedures coded correctly	
	Primary	Secondary	Primary	Secondary
General Surgery	89.19	77.91	96.87	95.65
Trauma & Orthopaedics	95.00	85.9	86.49	84.31
General Medicine	95.00	91.35	100	96.55
Paediatrics	90.91	96.15	88.89	33.33
Gynaecology	87.18	58.49	89.19	78.43
Overall	**91.50**	**84.91**	**91.73**	**87.31**

The trust is taking a number of actions in 2019-20 to improve our clinical coding performance including:

- Acting on feedback from the national audit and coding some care as 'palliative' where this was previously not included
- Having access to more information from clinicians through more detailed recording, death certificates and access to new information (via ICE).
- The coding team have established working relationships and lines of communication with many of the clinical teams which allow them to raise queries and clarify clinical details in a timely way.
- The team had a number of experienced staff leave the Trust in 2018. Posts have been recruited to and bank staff are supporting where possible to ensure the department can improve on the coding performance for last year.

Learning from Deaths

During the period 1 April 2018 to 31 March 2019, 433 Whittington Health patients died in our inpatients or in our emergency department. The following number of deaths occurred in each quarter of 2018/19:

- 109 in the first quarter (April-June 2018)
- 84 in the second quarter (July-Sept 2018)
- 117 in the third quarter (October-Dec 2018)
- 123 in the fourth quarter (Jan – March 2019)

By 31 March 2019 the number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 69/109 deaths in the first quarter
- 50/84 deaths in the second quarter

Quarter 3 and 4 death reviews are still in progress, these figures will not be available prior to the quality account publication.

Key learning identified from the patient mortality reviews includes:

- Ensuring there are more robust mechanisms in place to ensure that our clinically deteriorating patients are referred to our critical care outreach teams in a timely and appropriate way.
- Ensuring we embed learning from end of life care discussions.
- Ensuring all investigations on patients (imaging, pathology) are reviewed and acted upon in a timely and appropriate way.

Actions taken in response to the findings include:

- Presentation of patient cases to a wide audience
- Developing and embedding NEWS2 national early warning scores 2 and escalation protocols in response to introduction of electronic observation systems across the organisation.
- Improved processes of maximising learning from all deaths
- Extending the learning from deaths process to investigate and learn from deaths in patients up to 30 days post discharge.
- 19/20 work commencing around introduction of Medical Examiner.

Patient Reported Outcome Measures (PROMs)

Whittington Health participated in the PROMs project during 2017/18, although at the time of review, there were not sufficient numbers of responses to produce any statistically significant results (a minimum of 30 post-operative results for a given procedure are required). In 2016/17 there were also insufficient response numbers at the time of reporting, however subsequent publications eventually showed 226 responses from 572 eligible hospital procedures which demonstrated post-operative health gains in line with national averages.

Groin Hernias and Varicose Vein Procedures (note that the most recent finalised data is for the period Apr17-Sep17)
Table 1: Pre-operative participation and linkage

	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate	Pre-operative questionnaires linked	Linkage Rate	Linkage rate (16/17)	National Linkage Rate
All Procedures (Apr17-Sep17)	161	41	5.5%	21	1.2%	2.7%	1.9%
Groin Hernia (Apr17-Sep17)	152	41	7.0%	21	1.2%	1.8%	8.9%
Varicose Vein (Apr17-Sep17)	*	*	*	*		3.3%	2.3%

Table 2: Post-operative issue and return							
	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue Rate	Post-operative questionnaires returned	Response Rate	Response rate (16/17)	National Response Rate
All Procedures (Apr17-Sep17)	41	31	5.6%	15	8.4%	3.9%	0.9%
Groin Hernia (Apr17-Sep17)	41	31	5.6%	15	8.4%	4.3%	3.1%
Varicose Vein (Apr17-Sep17)	*	*	*	0		3.3%	3.2%

Hip replacements and Knee replacements (note that the most recent finalised data is for the period Apr17-Mar18)

Table 1: Pre-operative participation and linkage							
	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate	Pre-operative questionnaires linked	Linkage Rate	Linkage rate (16/17)	National Linkage Rate
All Procedures (Apr17-Mar18)	303	140	6.2%	111	9.3%	3.6%	5.4%
Hip Replacement (Apr17-Mar18)	155	51	2.9%	45	8.2%	1.4%	6.8%
Knee Replacement (Apr17-Mar18)	148	89	0.1%	66	4.2%	5.9%	4.3%

| Table 2: Post-operative issue and return	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue Rate	Post-operative questionnaires returned	Response Rate	Response rate (16/17)	National Response Rate
All Procedures (Apr17-Mar18)	140	116	82.9%	80	69.0%	7.9%	0.1%
Hip Replacement (Apr17-Mar18)	51	49	96.1%	33	67.3%	3.0%	0.9%
Knee Replacement (Apr17-Mar18)	89	67	75.3%	47	70.1%	2.8%	9.5%

| Table 3: Oxford hip/knee score (i.e.: Post-operative health gain)					* trusts with <30 responses excluded from highest/lowest
Oxford hip/knee score	Whittington Health	National avg health gain	National lowest health gain	National highest health gain	Whittington Health 16/17
Hip Replacement (Apr17-Mar18)	21.326	22.21	16.6452	28.4643	19.292
Knee Replacement (Apr17-Mar18)	12.5091	17.102	10.7986	21.7681	12.826

Percentage of patients 0-15 and 16+ readmitted within 28 days of discharge

Emergency Readmissions within 28 days
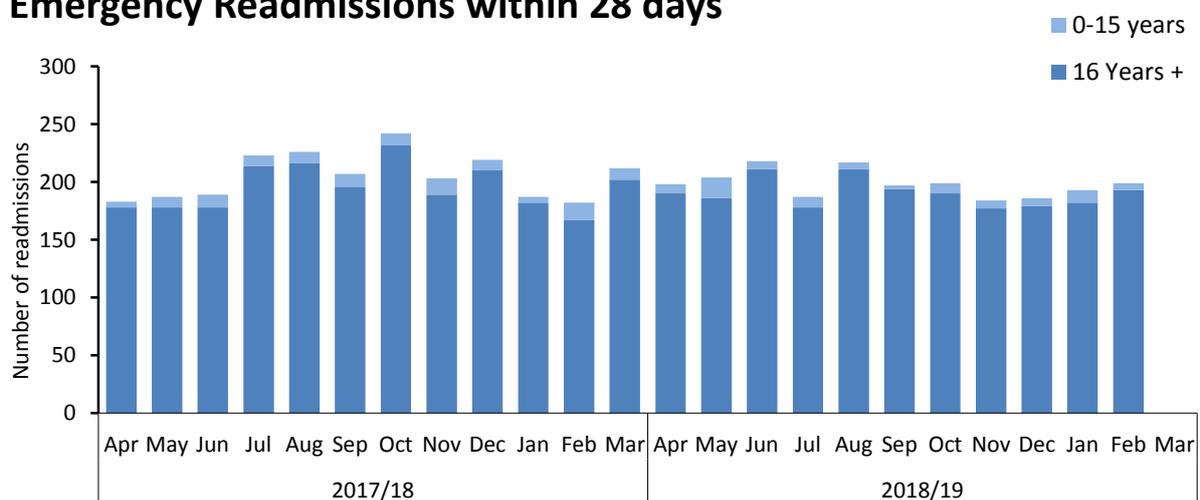
Rate of Emergency Readmission within 28 days
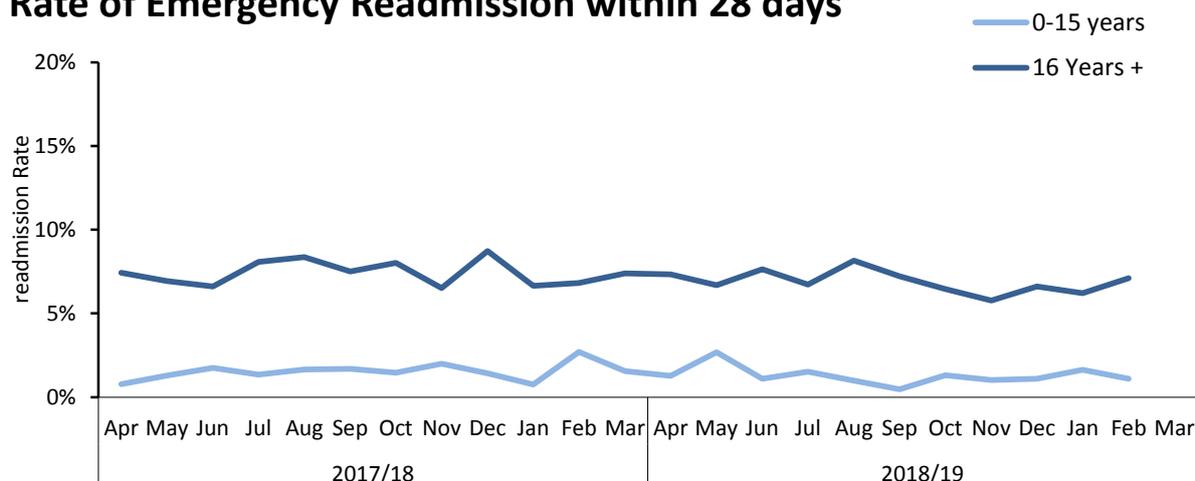
*Data excludes patients between 0 and 4 years at time of admission

The trust's Responsiveness to the Personal Needs of its Patients

Whittington Health's responsiveness to the personal needs of its inpatients, based on the national inpatient survey, are displayed below. A trust's responsiveness is the weighted average score from five questions (score out of 100) and a higher score is indicative of better performance.

Year	Whittington Health	National Score	Highest performing trust	Lowest performing trust
2003-04	63	67	83	56
2005-06	66	68	83	56
2006-07	63	67	84	55
2007-08	61	66	83	55
2008-09	65	67	83	57
2009-10	69	67	82	58
2010-11	68	67	83	57
2011-12	66	67	85	57
2012-13	67	68	84	57
2013-14	68	69	84	54
2014-15	70	69	86	59
2015-16	68	70	86	59
2016-17	70	68	85	60
2017-18	70	69	85	61

In order to improve our responsiveness to the personal needs of our patients in 2019-20 we are:

Responsiveness to the Personal Needs of Patients
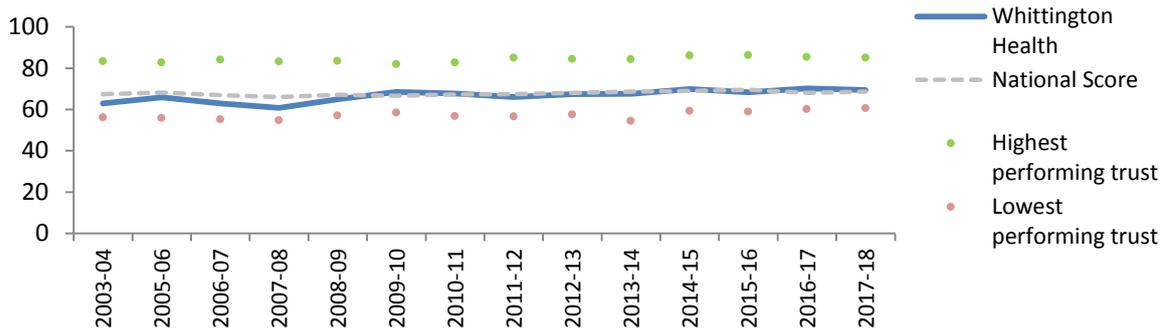
The Whittington Health performance score was two percent higher than the national average in 2017/18 this has been maintained since 2016/17. This is indicative of a trust that listens to its patients and responds to their needs.

Staff Friends and Family Tests

Listening to Our Staff

Whittington Health conducted its eighth national staff survey as an integrated care organisation (ICO). The survey was distributed to all staff, rather than a sample, and achieved a response rate of 48% which is the highest response the Trust has received to date and an increase of 6% from last year's 42% response rate. The survey asks members of staff a number of questions on their jobs, managers, health and wellbeing, development, the organisation, and background information for equality monitoring purposes. The purpose is to give staff a voice and provide managers with an insight into morale, culture and perception of service delivery. The trust is very positive about the increase in the response rate and has worked hard to develop a listening culture.

Staff Engagement Indicator

The Care Quality Commission (CQC) report provides an overall indicator of staff engagement for Whittington Health, calculated from nine of the questions. The scoring range has changed this year from 1-5 to a 0-10 point scale (with 0 being poor and 10 being high engagement). Whittington Health staff engagement score in 2018 is 7, which is the national average as well as the average for Combined Acute & Community Trusts. Whilst the nine questions for providing an overall engagement indicator are the same, the previous '32 key findings' in which different questions sat, have now been replaced by ten themes, and all nine questions now make up the 'Staff Engagement' theme

Staff Engagement	Whittington Health Scores	National Scores: Average Combined Acute &

		Community
I would recommend WH as a great place to work	59.2%	61.1%
I am happy with the standard of care provided	69%	69.9%
Care of patients is a top priority for Whittington Health	78.1%	76.5%
I am able to make suggestions to improve the work of my team / department	73.3%	75.2%
There are frequent opportunities for me to show initiative in my role	74.3%	73.4%
I am able to make improvements happen in my area	58.3%	56.5%
I look forward to going to work	58%	59.3%
I am enthusiastic about my job	71.2%	74.8%
Time passes quickly when I am working	75.7%	77.6%
Overall Engagement Score	**7**	**7**

Top Ranking Scores

Last year the 43 combined acute and community trusts in England were placed in order from 1 to 43 against the 32 'key findings'. In 2018, the same trusts are ranked against the ten themes under 'best', 'worst' and 'average'. This year Whittington Health was not placed in the 'best' ranking for any of the 10 themes and reported at the 'worst' for four of the themes, as detailed below:

Theme	Whittington Health – overall trend
Equality, Diversity & Inclusion	Ranked with '**worst** trusts'. Decline from last year
Health & Wellbeing	Ranked with '**worst** trusts'. Decline from last year
Immediate Managers	Ranked as '**below average**'. Decline from last year
Morale	Ranked with '**worst** trusts'. *No ranking from previous years*
Quality of Appraisals	Ranked as '**above average**'. Decline from last year
Quality of Care	Ranked as '**above average**'. Decline from last year
Safe Environment – Bullying & Harassment	Ranked with '**worst** trusts'. Decline from last year
Safe Environment - Violence	Ranked as '**below average**' Decline from last year
Safety Culture	Ranked as '**below average**'. Same as last year
Staff engagement	Ranked as '**average**'. Same as last year

This is possibly the result of the increased attention and focus on culture throughout the organisation, and the invitation to staff to discuss and share experiences so that they can be improved. We were advised at the outset when commissioning external research into our culture that this may be the initial outcome before things improve.

The table below present the results of significance-testing conducted on this year's theme scores, and those from last year, detailing Whittington Health theme scores for both years and the number of responses on which they are based.

Whittington Health – local changes

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	8.6	1613	8.3	1861	↓
Health & wellbeing	5.6	1652	5.5	1894	Not significant
Immediate managers	6.7	1621	6.6	1896	Not significant
Morale		0	5.7	1846	N/A
Quality of appraisals	5.6	1337	5.5	1576	Not significant
Quality of care	7.6	1529	7.5	1766	Not significant
Safe environment - Bullying & harassment	7.7	1589	7.4	1852	↓
Safe environment - Violence	9.5	1586	9.4	1851	↓
Safety culture	6.6	1631	6.6	1873	Not significant
Staff engagement	7.0	1679	7.0	1935	Not significant

Percentage of Staff Experiencing Harassment, Bullying or Abuse from Staff in the Last 12 Months

In 2017, the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months, was one of the Trust's bottom ranking scores, at 22.5% and in 2018 it has gone up to 25.8% which is ranked in the category of 'worst' for national similar trusts. After the 2017 survey, the trust sponsored a piece of independent research led by Professor Duncan Lewis on the level of bullying and harassment within the trust and the workplace culture. The organisation was informed after the 2017 research survey was conducted, that the results may worsen as staff felt encouraged to speak up.

Key findings from the survey include:
• While 25% reported bullying/harassment, 72% did not.
• 35% of respondents reported observing bullying and harassment.
• Respondents reporting most bullying and harassment emanating from managers and colleagues
• Evidence of inappropriate manager behaviours and a perceived unwillingness by the Trust to do anything when issues were raised.
• Excessive work demands, poor clarity around role and staff fit to strategic goals and objectives, poor change management processes/engagement with change.

- Bullying and Harassment directly impacting upon communications and willingness to speak up which has implications for the effectiveness of the Freedom to Speak Up Guardian role.

- Bullying and Harassment negatively impacting organisational citizenship behaviours but not adversely affecting collegiate citizenship.

- Bullying and harassment directly negatively affecting line manager relationships and a perceived lack of senior manager commitment to safe psychological working which ultimately impacts on organisational effectiveness as well as job satisfaction

C.550 members of staff contributed to the subsequent listening events offering their thoughts on what actions to take in light of the findings.

To continue to engage staff a new PulsePoint survey has been introduced, undertaking a quarterly 'pulse check' of staff satisfaction asking a different question each quarter on a topic that matters to staff. The results from the first PulsePoint that asked how satisfied staff were with the trust's response to bullying and harassment is being fed back to the Board at the end of April 2019.

Percentage of Staff Believing the Trust Provides Equal Opportunities for Career Progression/Promotion
The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion is also one of our five bottom ranking scores, at 73% in comparison to the national average of similar trusts at 85%. The Trust has joined the NHS Improvement 'Inclusion Labs' project to help improve our inclusion performance and has increased the Inclusion Team to support this work.

Progress on the 2017 Staff Action Plan
The focus in 2017 was by aggregating the results in four ways:

1) 2016 focus areas where there has been no significant improvement

2) where there has been deterioration in local performance

3) where the Trust compares less favourably with other combined acute and community trusts

4) additional themes picked up from analysis of staff free text

These themes were shared with the ICSUs and Directorates so they could focus on the areas most relevant to them, working from the top and cascading downwards, using the '*We Said We Did'* templates to capture improvement work at team level

To support managers and ensure staff were included in the process a number of workshops and support was offered by HR and Organisational Development to 'hot spot' teams. This included attending senior team Away Days, helping managers facilitate workshops to share the data and identify improvement areas, team development workshops, coaching and in some areas mediation.

Below are the comparisons of 2017 and 2018 key findings in relation to 2017 focus areas

2017 Focus Areas	Key Finding	2017	2018	Significant change (as reported by NHS Co-ordination Centre)
Equality & Diversity	KF 20. Percentage of staff experiencing discrimination at work in the last 12 months	19%	22%	Significant increase
	KF 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion Q14 Organisation acts fairly	73%	70%%	Not significant
Errors & Incidents	KF 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	87%	89%	Not significant
Health and Wellbeing	KF 17. Percentage of staff feeling unwell due to work related stress in the last 12 months	45%	44%	Not significant
	KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	56%	55%	Not significant
	KF16. Percentage of staff working extra hours	75%	75%	No change
	KF 19. Organisation and management interest in and action on health and wellbeing	3.53	3.46	Significant decrease
Job Satisfaction	KF 8. Staff satisfaction with level of responsibility and involvement	3.87	3.86	Not significant
	KF 14. Staff satisfaction with resourcing and support	3.21	3.22	Not significant
Violence, Harassment and Bullying	KF 23. Percentage of staff experiencing physical violence from staff in last 12 months	3%	3%	No change

	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	29%	32%	Not significant
	KF. 26 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	22.5%	25.8%	Not significant

Whilst each ICSU/Directorate has identified their own areas of focus across the 2018 ten themes, the whole trust has a commitment to:

a) creating a culture that is equal and welcomes diversity, as well as;
b) ensuring staff health and wellbeing is supported.

The Trust successfully bid to be one of four London Trusts to join the new NHSI/UCLP Culture and Leadership Collaboration that commenced in January 2019 and runs until 2020.

The Collaborative offers direct teaching, action learning, expert and experienced speakers as well as coaching to support the development of an internal change team (and wider reference group of 100-150 staff) who will help deliver a 2-3 year programme of social movement, helping to develop a culture of compassion and inclusion

The change team and wider reference group will be multidisciplinary and representative of the diverse workforce it serves with sponsorship and support from the Board.

Patient Friends and Family Tests

Whittington Health NHS Trust is dedicated to providing patients with the best possible experience whilst accessing our services. We understand that in order to improve patient experience and quality of care, we need to ensure that our services are listening and responding to patient feedback. We know that improving patient experience and treating our patients with dignity, compassion and respect has a positive effect on recovery and clinical outcomes. One of the primary models we employ trust wide to collect patient feedback is the Friends and Family Test (FFT). The FFT asks patients whether they would recommend Whittington Health NHS Trust to their friends and family if they needed similar treatment.

Across 2017/18 the Trust collected 42,080 FFT. For 2018/19, the total amount of FFT collected increased to 44,061. In 2018/19 the average recommend rate across services was 91.76%, this is an increase from 2017/18's average recommend rate of 91.65%.

Emergency Department Attenders Recommending Care 17/18 & 18/19
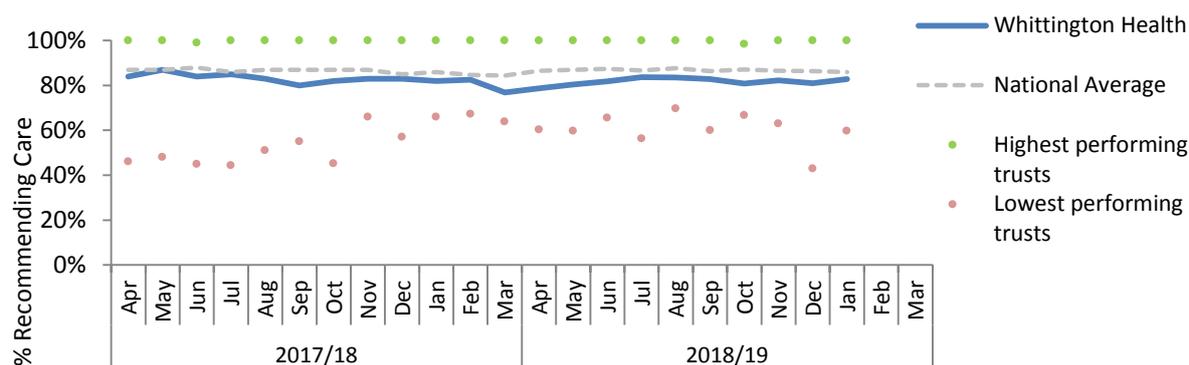
We are ongoing with work to improve our recommending rate within the Emergency department. Actions here include:

- The department has allocated a patient experience lead from the nursing team. The patient experience team meet monthly with the lead to forward actions towards improving patient experience.
- A child friendly FFT survey was designed and implemented for usage in ED paediatrics.
- Enhanced presence of volunteers throughout 2018/19 to support with FFT collection.

Inpatients Recommending Care 17/18 & 18/19
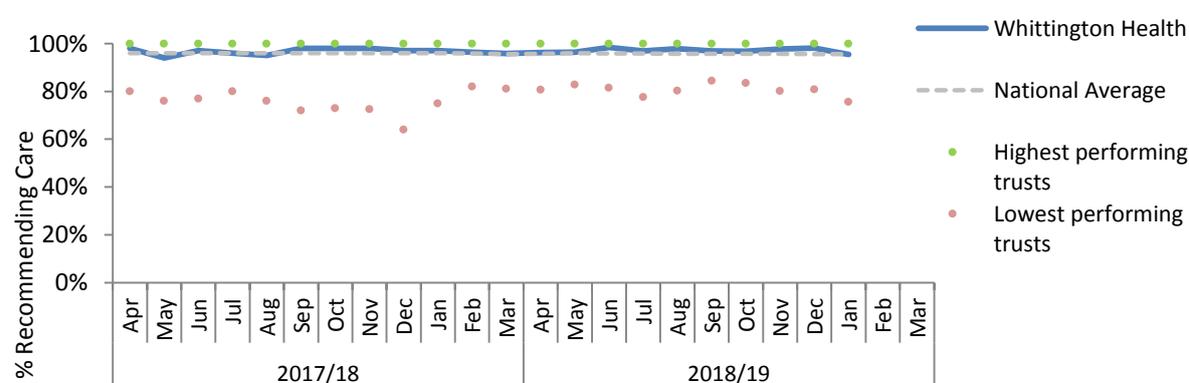
There has been a consistent improvement among the inpatient recommending rate throughout 2018/19, with the Trust typically performing above the national average. Work ongoing and completed towards improving patient experience and FFT responses has included:

- Introducing RITA (Reminiscence Interactive Therapy and Activities) in response to patient feedback on one of our busier inpatient wards...
- Launching our Sleep Well initiative to improve the night time experience for patients on our adult inpatient wards. This work has been developed in response to patient feedback collected locally through FFT as well as our national surveys.
- An increase in over 30% for the total number of volunteers supporting staff and inpatients on our wards through 2018/19 compared to the previous year.

Community Service Users Recommending Care 17/18 & 18/19
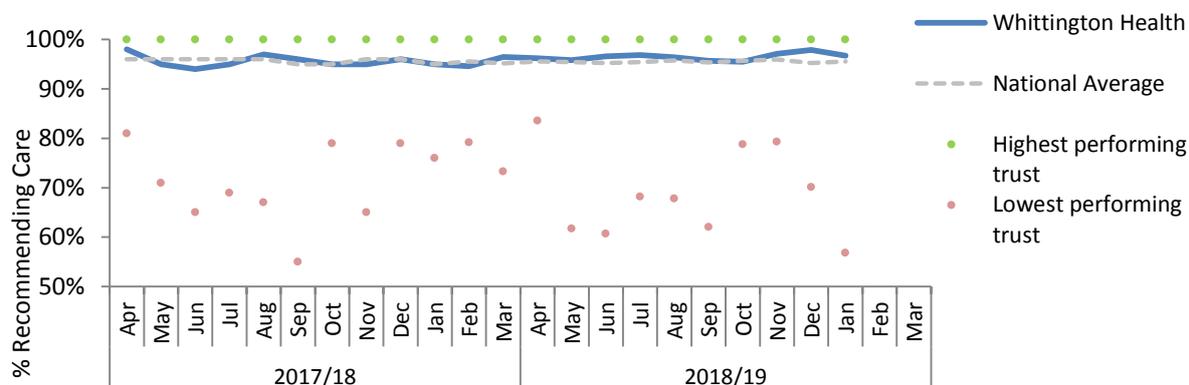
The recommendation rate for FFT collected throughout our community services across 2018/19 has consistently exceeded the national average. In addition to this, the Trust has consistently recorded significantly higher response total than the national average. Only in December 2018 did the Trust's community services record fewer responses than the national average. Actions taken over 2018/19 included:

- One of the patient experience priorities for 2018/19 was to improve the collection of FFT response from podiatry by 50% from the previous year. This was achieved. For 2017/18, podiatry collected 463 FFT; in 2018/19, podiatry collected 1,365 FFT. This sustained improvement has been driven by the SMS FFT alerts introduced in the service.
- Introduction of an iPad stand for the Child Development Centre in St. Ann's. The patient experience team are working with community services and IT to support the allocation of iPads for FFT collection at community sites.

We will be taking the following actions to increase our response rates in 2019/20:

- Enhance the level of volunteer support throughout our community teams in accordance with the voluntary service strategy.
- Expand the distribution of service specific comment trend analyses to ward and service managers to raise awareness around FFT feedback.
- Improve the recommend and response rates in the Emergency Department.

Venous Thromboembolism (VTE)

Every year, thousands of people in the UK develop a blood clot within a vein. This is known as a venous thromboembolism (VTE) and is a serious, potentially fatal, medical condition. At Whittington Health we strive towards ensuring all admitted patients are individually risk assessed and have appropriate thromboprophylaxis prescribed and administered. In 2018/19 we achieved above 95% compliance for VTE risk assessment except for the August and September months. The Trust had

just had its new cohort of trainees and the training on VTE assessments was not robust at this time.

In an effort to continuously improve, our medical colleagues undertake regular audits to ensure VTE compliance is robust and aligned with best patient outcomes.

VTE Risk Assessment Rates 17/18 & 18/19 to date
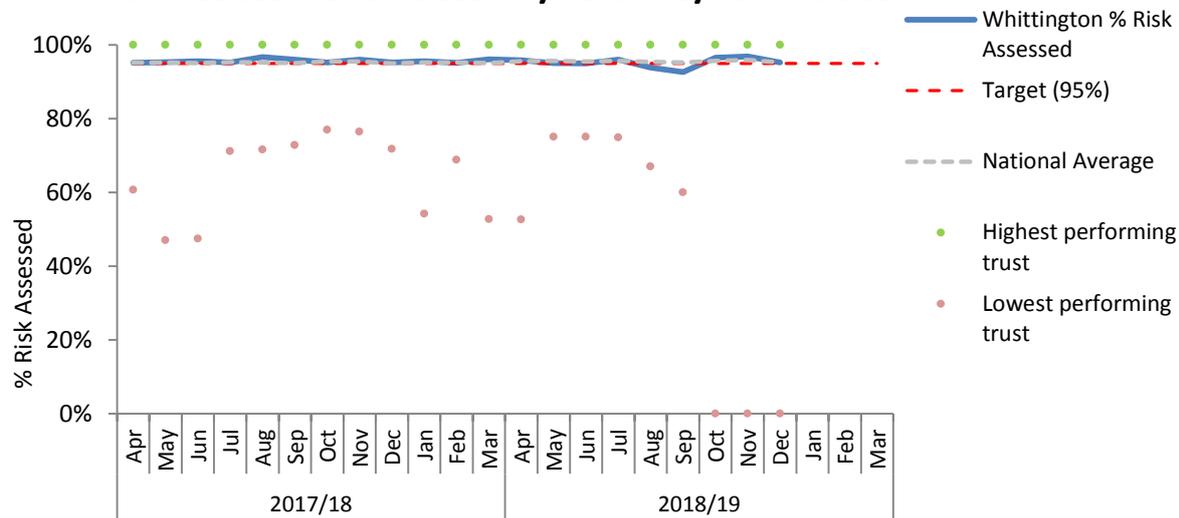
The trust is taking the following actions in 2019-20 to further improve our VTE rates:

- Providing bespoke education on VTE assessments for clinicians
- Ward managers receive a daily email each morning with the patients on their ward who require VTE assessment. This is then picked up with junior doctors
- Matrons carry out regular audits of VTE compliance on their wards

Clostridium Difficile

Whittington Health NHS Trust agreed ceiling trajectory for *Clostridium difficile* infections (CDI) in 2018/19 was set at 16 cases. There were 13 CDI's that were Trust attributable. Two of these were identified with no lapse in care whereas 8 notably had lapses of care that may have contributed to infection. Three CDI were deemed with no clear outcomes leading to a change in the process for investigating these infections during Q3. Further actions taken to reduce the number of *Clostridium difficile* cases that are attributable to Whittington Health include:

- Post infection review (PIR) focusing on all aspects of the patient pathway from admission to diagnosis.
- Specimens suspected of cross infection sent to the PHE reference lab for further identification.
- Action plans devised for all CDI's specific to each case, clinical area and speciality.
- Outstanding actions escalated and reviewed at the Infection Prevention and Control Committee (IPCC) meeting.

- Bespoke education sessions on *Clostridium difficile* was carried out in the clinical areas as well during induction and update teaching sessions.
- A multi-disciplinary clinical review of all cases and rapid feedback of lapses in care to prompt ward-level learning has been adopted since November, 2018.
- The robust clinical review process is being supported by the CSU and all outcomes are reported to the CCG.

For 2019/20 our ceiling trajectory has been set at 19. The reason this has been increased, is because, nationally, the time between admission and a specimen being determined as Trust attributable has been decreased by 24 hours. A review of the cases from 2018/19 determined that there would have been no more Trust attributable cases under the revised system.

Clostridium Difficile Rates
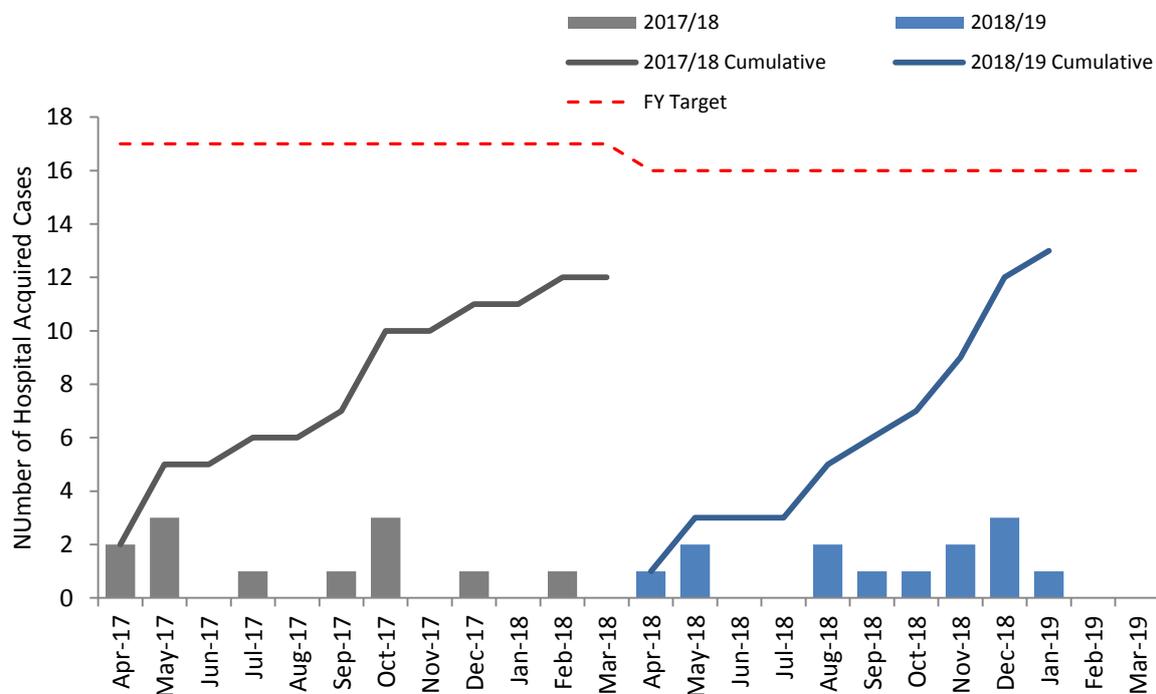
CDiff Rates per 100,000 bed days
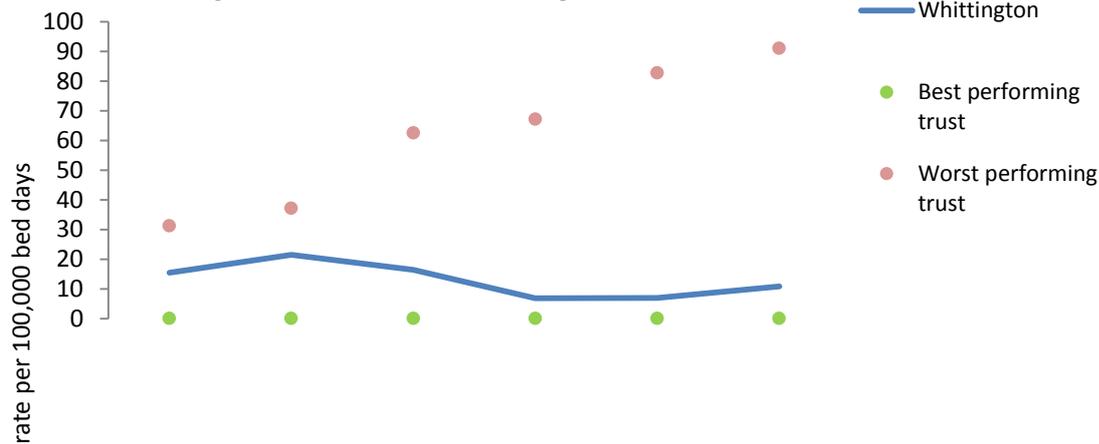
Trust-attributable Clostridium difficile infection rates at The Whittington Hospital NHS Trust rate as a 'good news story'. If not comparing to a 'like for like' organisation i.e. size and complexity, Whittington Health demonstrate year on year lower than trajectory for reducing Clostridium difficile infections since 2014.

When benchmarking against England according to fingertips https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/4/gid/1938133070/pat/158/par/NT_trust/ati/118/are/RKE/iid/91968/age/205/sex/4 we rate over the last four years as best performing.

From 1st April 2019 Trusts/CCG performance will look different in 2019/20 from previous years as PHE have altered the surveillance definitions around C. difficile infection, meaning that more cases will be considered "hospital acquired" going forwards. See the detail below.

Summary of changes to C. difficile surveillance definitions:

•Change to 'Trust case' attribution, from 72 hours post admission to 48 hours. This brings C. difficile in line with blood stream infection reporting and attribution. There will be no change to way we report as a result of this, but a small number of cases that would have been community-attributed will become Trust-attributed.

•'Hospital associated' C. difficile will include two categories of cases:

•Hospital onset – healthcare associated cases (HO-HA). These are cases where the C. difficile sample is taken 48 hours post admission. This category is synonymous with the Trust-attributable category we have used in prior years.

•Community onset – healthcare associated cases (CO-HA). These are cases where the C. difficile sample is taken pre 48 hours post admission, but where the patient has had an in-patient admission in the 4 weeks prior to the current C. difficile positive result. These cases would previously have been classified as 'non-Trust'

Patient Safety Incidents

Whittington Health NHS Trust actively encourages incident reporting to strengthen a culture of openness and transparency which is closely linked with high quality and safe healthcare. The latest NHS Improvement report shows that we have a very good reporting culture within the organisation, placing us in the top quarter for incident reporting across the country.

Historically, it appeared that the Whittington Health NHS Trust had a higher proportion of incidents causing moderate-severe harm or death compared to the national average for acute non-specialist trusts. However, as the chart below demonstrates, there has been a significant change in the reporting culture in recent years and the classification process for grading the harm of incidents has been aligned with other NHS organisations.

Incident Harm Grading Chart


Incidents by level of harm
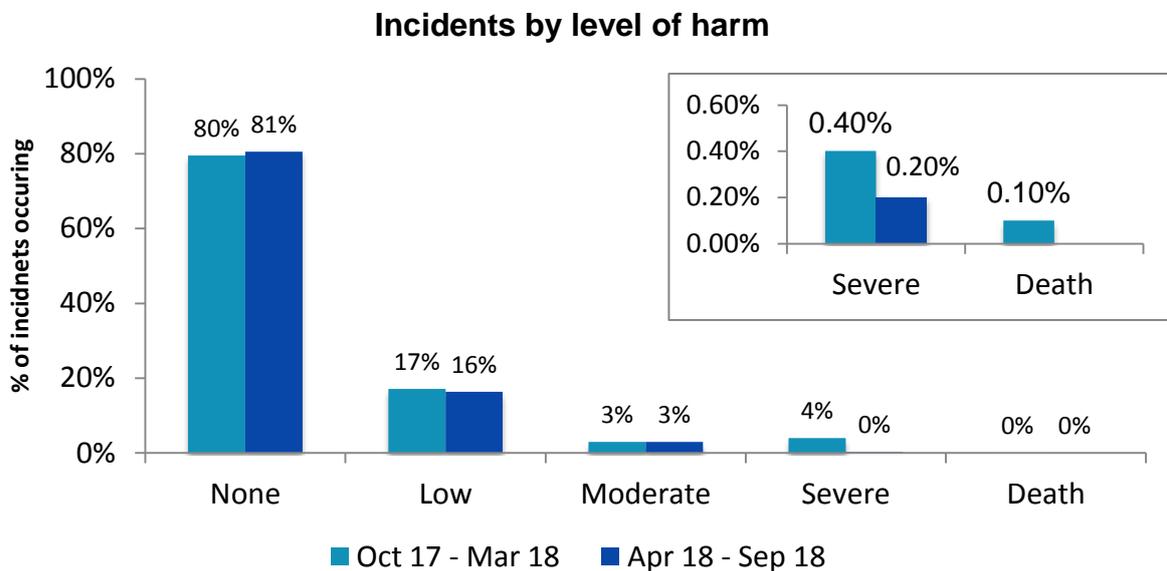
Incidents reported to NRLS (Moderate, Severe and Death caused by the Incident)
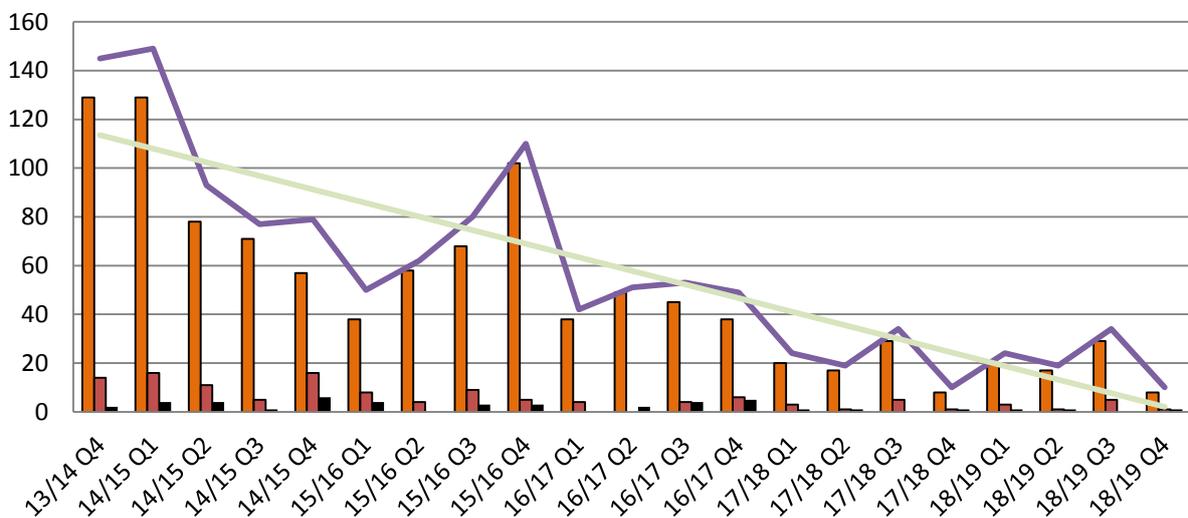
In 2018/19 there were a total of 32 serious incident investigations declared within the trust compared to 38 in 2017/18. During 2017/18 unfortunately the trust recorded one never event, in December 2018, a wrong site surgical procedure. Patient was due for an elective revision of the left shoulder replacement. They received an inter-scalene block awake under ultrasound guidance with peripheral nerve stimulation on the wrong (right) side.This was discovered before any surgery was performed and there was no repeated on-going harm to the patient.

The learning from the incident was disseminated across the organisation and the 'Stop Before you Block Process' was further embedded into clinical practice with audit built into sustainability of practice.

Precentage of incidents causing severe harm or death
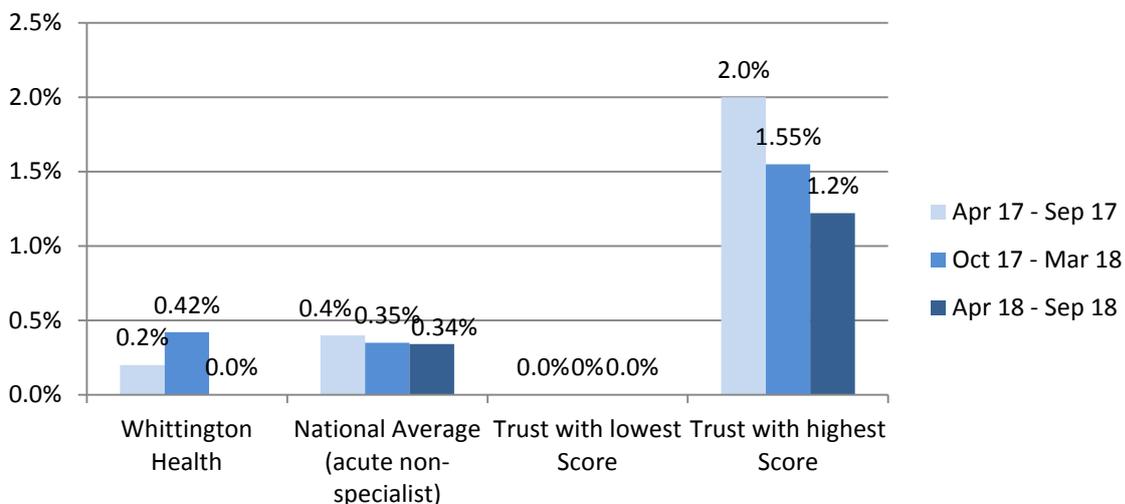
Number of Incidents per 1000 beddays
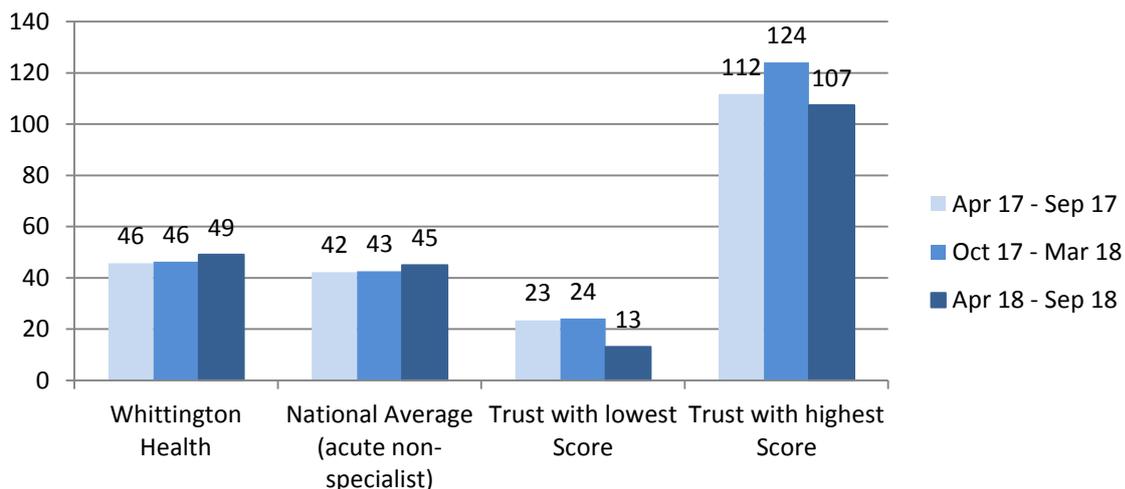
Since 2014 there has been a statutory duty of candour to be open and transparent with patients and families about patient safety incidents which have caused moderate harm or above. The trust complies with its statutory obligations but also strives to apply being open principles for low harm patient safety incidents which do not meet the statutory criteria.

Central Alerting System (CAS) Alerts

Patient safety alerts are issued via the CAS, which is a web-based cascading system for issuing alerts, important public health messages and other safety information and guidance to the NHS and other organisations. The Whittington Health NHS Trust uses a cascade system to ensure that all relevant staff are informed of any alerts that affect their areas. In 2017/18 all CAS alerts were responded to within the predetermined timeframe for the alert and is reported regularly at the trust's Patient Safety Committee.

Freedom to Speak Up

The Trust is committed to encouraging openness and honesty in the workplace, and creating a supportive culture where members of staff feel able to raise concerns without any fear of repercussions. The Trust welcomes genuine concerns and is committed to dealing responsibly, openly and professionally with them.

Staff are encouraged to raise concerns about risk, malpractice or wrongdoing that they think is harmful to the service we deliver. Just a few examples of this might include (but are by no means restricted to):

- unsafe patient care
- unsafe working conditions
- inadequate induction or training for staff
- lack of, or poor, response to a reported patient safety incident
- suspicions of fraud (which can also be reported to our local counter-fraud team)
- bullying and harrassment

Healthcare professionals have a professional duty to report a concern.

A whistleblowing policy has been in place at the Trust since 2012. It was reviewed in February 2017 and February 2018 following the launch of the National Guardian Office and, Freedom to Speak up role.

The Trust employed a full time 'Freedom to Speak Up Guardian' in November 2018 to assist staff with raising concerns and to provide confidential advice. Prior to this the role was undertaken by the Associate Director of Nursing for the Children and Young People ICSU.

Seven Day Service Standards

The 7 Day Hospital Services (7DS) Programme supports providers of acute services to tackle the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England.

This work is built on ten clinical standards, four of which were prioritised for delivery to ensure that patients admitted in an emergency receive the same high quality initial consultant review, access to diagnostics and interventions and ongoing consultant-directed review every day of the week.

- Standard 2: Time to initial consultant review
- Standard 5: Access to diagnostics
- Standard 6: Access to consultant led interventions
- Standard 8: Ongoing daily consultant-directed review

We are not fully compliant with our access to 7DS for Echocardiograms and this has been risk assessed, discussed with relevant clinical leads and escalated to the CCG's via Clinical quarterly review group.

A repeat audit looking at compliance with standards 2, 5, 6 and 8 will be carried out by June 2019.

There is a self-assessment for the remaining standards 1, 3, 4, 7, 9 and 10. We are fully compliant with these standard 1, 3, 7, 9 and 10. We are partially compliant with standard 4 about handover of patients, our move to electronic systems of patient handover in the next 12 months we allow us to be fully compliant.

Part 3: Review of Quality Performance

This section provides details on how the trust has performed against its 2018/19 quality account priorities. The results presented relate to the period April 2018 to March 2019 or the most recent available period.

🟥	Priority not achieved
🟩	Priority achieved

Priority 1: Improving Patient Experience

What were our aims for 2018/19?

- *Development of a Patient Experience Strategy in consultation with patients and families*

The patient experience strategy was developed throughout 2018/19, taking into account the views of patients, Health Watch and our multi-disciplinary teams. The strategy was ratified at Quality Committee in January 2019 and was approved at Trust Board in March 2019. An implementation plan is being developed and the Trust's communications team have created a short animation for patients, the public and staff highlighting the key messages and the ambitions from the strategy. The Strategy will be launched later in 2019.

What were our aims for 2018/19?

- *We will complete a trust wide review of patient information quality and availability and aim to improve information in accessible formats*

Targeted reviews of particular areas are taking place and information being updated accordingly (current resource only allows a targeted approach). A number of services across the organisation were updated this year.

The Trust will build on the excellent work started in 2018/19 for the coming year 2019/20. Further work is taking place updating patient information and leaflets. We will also be reviewing signage and correspondence (Patient letters) to ensure that they contain the right information.

What were our aims for 2018/19?

- *We will better our 'quality of food' score from the 2017 National inpatient survey, which is based on patient feedback*

This priority has not been met; however, there will be a significant focus from the nutritional steering group in addressing this which will report to the Patient Experience Committee.

Local patient experience feedback throughout 2018/19 has not noted an improvement on patient views around inpatient wards' meals. The 2017 inpatient national patient experience survey presented a marginal improvement on the previous year's feedback around food: 56% of patients reported food was fair or poor in 2017, as compared with 51% in 2016.

The Trust has decided not to make this a priority for 2019/20 as there is significant work underway to review patient food which will be reviewed at patient experience committee.

What were our aims for 2018/19?

- *We will ensure a full range of food choices are available on all hospital wards*

The Trust is currently considering options for the future provision of the service. A key element in all options is to provide ward hostesses to manage the food service on the wards. This will help to address a number of current issues regarding service delivery and quality.

Facilities and the nutrition team have been working with Sodexo to introduce a new menu - this should start from then 1st April 2019. A finger food menu was introduced in 2018.

What were our aims for 2018/19?

- *We will ensure 95% of patients arrive 15 minutes prior to their appointment*

- *We will ensure 95% of patients are picked up within one hour of their appointment ending*

- *We will complete a survey of patients using hospital transport to establish if providing a 'call ahead' has improved patient experience.*

This priority has been achieved. Cumulative percentage for December is at 99.48% for Whittington health and 99.42% for Haringey patients arriving 15 mins prior to their appointment.

Cumulative percentage for December is at 98.75% for Whittington health and 97.43% for Haringey patients being picked up within one hour of their appointment ending.

The Transport service provides a call ahead a few days prior to the patient's appointment. They check the patient transport requirements and ensure the patient is still fit to attend.

Feedback from patients has been very positive. 89% of patients reported receiving a call prior to the transport arriving. 98% of patients reported that the transport crew introduced themselves and clearly explained what would happen during the journey. 97% of patients reported arriving on time for their journey. 100% of patients reported being treated with dignity and respect.

What were our aims for 2018/19?

- *We will reduce outpatient clinic cancellations by 3% from our 2017/18 monthly average*

Not achieved - Trust cancellation rate for 18/19 12.7% (Monthly average) compared with 11.9% (Monthly average) in 17/18. There has been significant improvement.

As the DrDoctor contract has not been renewed the text reminder service for all specialties will move to the Remind+ (Netcall) provider. This will be a phased roll over and will be completed by the end of April (30/04/2019). The Chief Information Officer has developed a task and finish group to manage this change. The transition will mean patients will still receive text messages for their outpatient appointments with specific telephone numbers to call the respective booking teams to manage their appointments leading to an anticipated increase in activity.

This is an intermediary solution until the IM&T directorate can procure a viable text message solution that fully integrates with the Trust's PAS system (Medway). There is an increased risk of higher DNA rates as patients are relying on successfully getting through to a member of the administration team to reschedule their appointments as well as added administration pressure of managing the increasing number of phone calls.

The DrDoctor platform in which patients have access to for additional information about their appointments will still be live for all patients 6/8 weeks after contract termination. There will be a communication strategy to raise awareness of the changes in process.

The classification of cancellations needs to be considered in 2019 as it includes appointment times that change on the same day but are still recorded as cancellations.

What were our aims for 2018/19?

- *We will improve the continuity of care from district nursing with a particular focus on patients of concern (palliative care patients, those in receipt of continuing healthcare funding, safeguarding concerns and patients with pressure ulcers)*

- **Palliative care patients:** We have launched our End of Life toolkit in February 2019. This includes our excellent care in the last days of life booklet which advocates and supports patient choice regarding preferred place of care. We have also identified a link palliative care nurse for each team who will provide most of the care to the palliative care patients to improve continuity.
- **Continuing healthcare funding:** Haringey - We have appointed a named nurse in Haringey responsible for completing assessments across all four district nursing teams. This has reduced the backlog and attendant complaints regarding wait times. Islington CHC patients are now reassessed by the continuing healthcare team. Safeguarding concern: Patients with ongoing safeguarding concerns are logged as such in eCommunity and discussed with the lead DN for the teams on a monthly basis and updates inputted.
- **Patients with pressure ulcers:** streamlined the reporting and management adding regular meetings with TVN, Lead DN, and risk management team to strengthen process and learning. An updated dashboard in Datix management has been created to increase focus and transparency.

What were our aims for 2018/19?

- *In podiatry we will achieve a 50% increase in Friends and Family Test response rates, whilst maintaining the trust 90% recommendation rate for the service*

This priority has been achieved. The Friends and Family test results for Podiatry have shown an increase of approximately 150% from the most recent round of response rates. This increase has been achieved due to the utilisation of SMS Friends and Family links sent to patients alongside radar reporting, and also due to an enhanced focus on collecting feedback among the local teams.

What were our aims for 2018/19?

- *We will equal or reduce the number of avoidable falls in the hospital resulting in serious harm to patients compared to 2017/18*

This priority has been achieved.

There was reduction in falls with harm as seen in the graph below, between November 17 and August 2018 on Inpatient Wards with the STOPfalls Project.

We have had 3 severe harm incidents and 3 moderate harm incidents (moderate harm incidents peaked in Q3, with 5 reported). This is suddenly increase in severe harm incidents, with none reported in the financial year prior to quarter 4
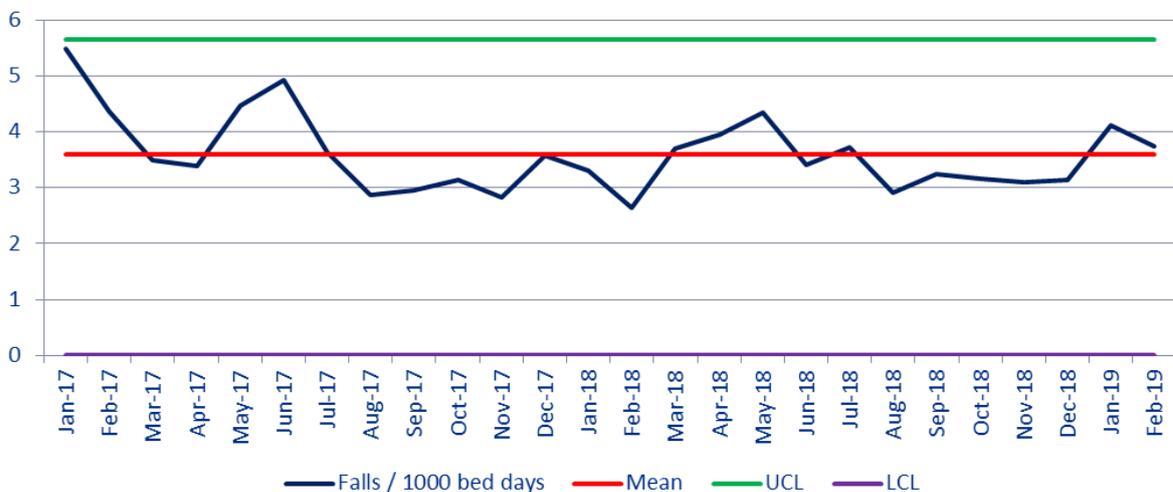
What were our aims for 2018/19?

- *We will increase compliance with our STOPfalls bundle to 85% in our acute assessment units and care of older people wards*

We will have achieved partial success with increased compliance with our STOPfalls bundle to 85% in our care of older people wards.

- To continue to reduce harm caused by falls within the hospital and aim for 100% compliance with the STOPfalls bundle, to work on embedding Johns campaign in practice
- To continue to monitor falls throughout the organisation and target areas using QI methodology that require improvement.
- In Sept 2018 we held an Older Peoples Celebration Day with the following work streams of Frailty, Falls, Dementia, Delirium and Parkinson's disease as a showcase of all work that supports older people across the ICO, this was so well received and reviewed that we hope to make it an annual event.
- A CPEN learning event was held in Jan 2019 this was a great success, so

much so we have been asked to provide another day in April, all WH staff are invited to attend

- We have submitted an application for UCLP QI funding regarding a project around Enhanced Care, falls awareness and prevention would be a part of the training package for this project
- Falls training will be included in corporate induction and mandatory training refresher courses as from May 2019.
- Prior to this we are planning to relaunch STOPfalls at the end of April, in a week of Falls awareness across the acute trust in response to the spike in falls that has been experienced recently.
- Baywatch will be the main focus of this awareness raising, as following its initial success following launch in 2017 our recent audits have highlighted poor understanding as to how Baywatch is intended to be implemented.

What were our aims for 2018/19?

- *We will develop a mandatory training package for falls prevention*

Falls lead attended Mandatory Training working group – 'foot in the door'
Mandatory training package for falls has been developed.
Falls mandatory training will start in May 2019.

What were our aims for 2018/19?

- *The Critical Care Outreach Team (CCOT) will review 90% of patients with a grade 3 AKI within 24 hours of detection*

The CCOT team have achieved the 90% and above consistently from Apr 18 - Feb 19.


% Grade 3 AKI reviewed in 24hrs
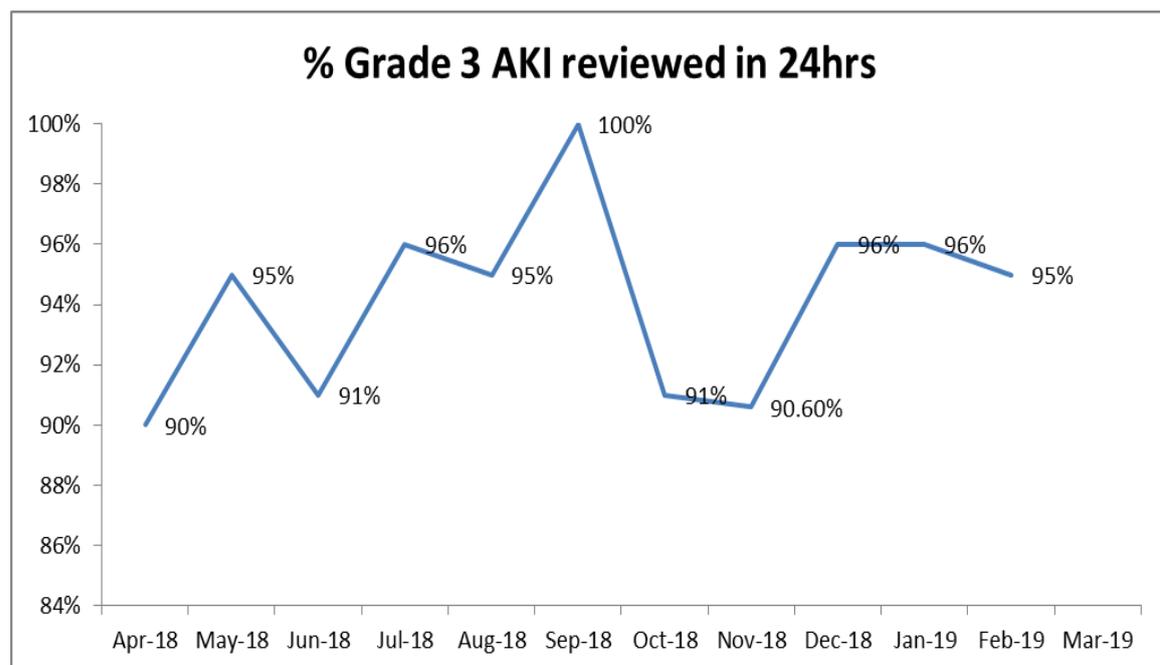
What were our aims for 2018/19?

- *We will increase our medicine safety reviews for grade 3 AKI patients within 24 hours from 53% to 75% by March 2019*

Priority not met.
Target has been achieved for Q2 2018/19; however, not consistently being met.

Month	No of AKI 3's	No of reviews within 24 hours	% within 24 hours
Apr-18	15	13	87%
May-18	10	6	60%
Jun-18	10	5	50%
Jul-18	14	12	86%
Aug-18	16	13	81%
Sep-18	18	13	72%
Oct-18	23	13	57%
Nov-18	20	13	65%
Dec-18	24	12	50%
Jan-19	25	16	64%
Feb-19	21	12	57%
Mar-19	26	12	46%

AKI 3 Medicine Reviews % within 24 hours
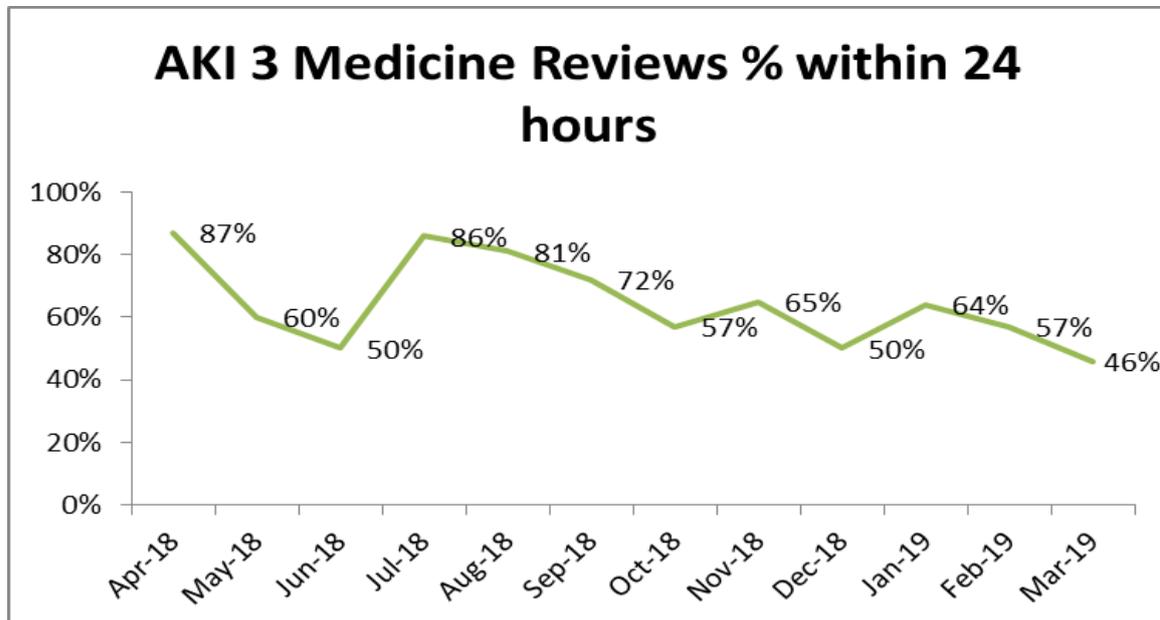
What were our aims for 2018/19?

- *We will reduce the number of avoidable grade 4 pressure ulcers from 5 in the community and continue to maintain 0 within the hospital*

Priority achieved

Two attributable Grade 4 pressure ulcers have been declared from in 2018 -19 in the community

No category 4 pressure Ulcers for 8 months up to April 19.

Datix dashboard developed
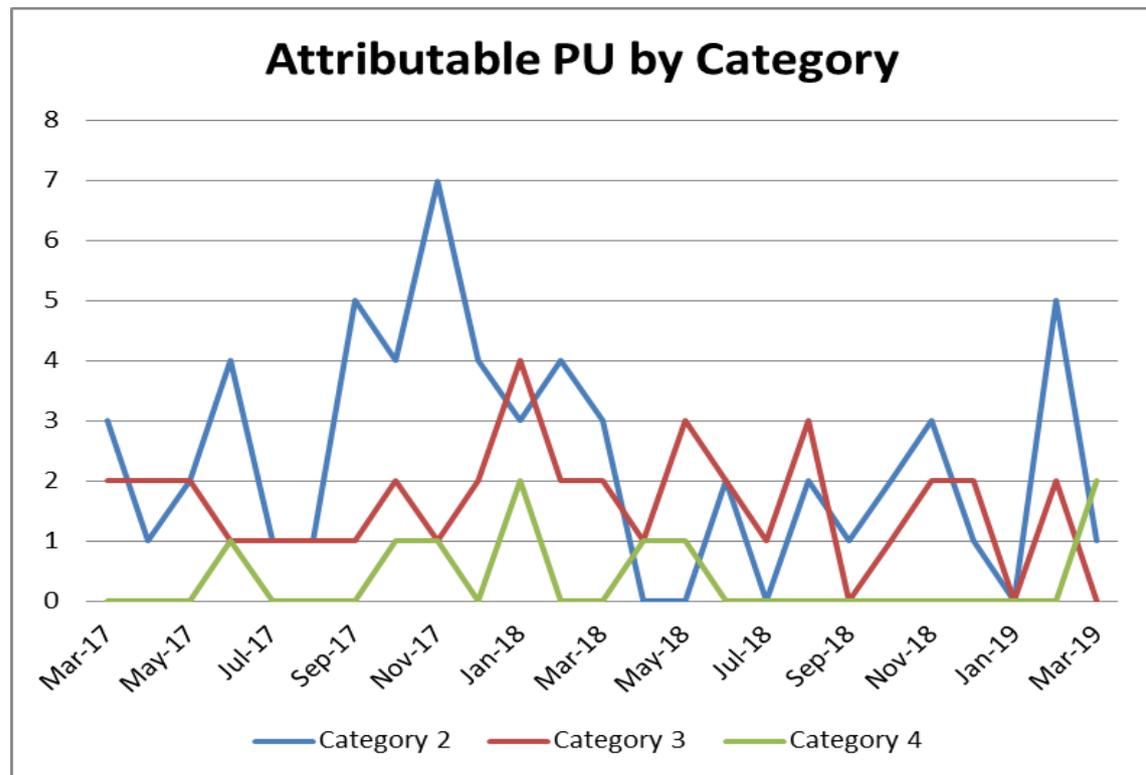
Attributable PU by Category

Legend: Category 2, Category 3, Category 4

- *We will promote John's campaign – 'for the right to stay with people with dementia' – whilst patients with dementia our in our care*

Priority not achieved.

Dementia Study Day relaunched in March 2019 with the aim to run these quarterly.
There is a dementia task group reviewing training and management of dementia pathway. The trust are due to go out to advert for a Dementia CNS who will lead on the implementation of the John's Campaign.

Planned visit to Homerton Hospital to see John's Campaign in practice

Frailty pathway was relaunched on 23rd April 2018.

Patients 75 and above are screened in ED RAT using the Rockwood Frailty score.

Patients who score 5 and above and have the possibility of being discharged that day are referred to the 'Ambulatory Frailty Pathway' for a comprehensive geriatric assessment and supported discharge.

Frailty Group meets weekly to review project/PDSA progress.

Outcomes from 2018 / 19
3658 Rockwood Frailty Scores recorded in the first year of implementing our Frailty Pathway

Within our first year our ambulance arrivals, 75 and over, given a frailty score: 44%

Electronic Comprehensive Geriatric Assessments completed: 118

375 patients seen under the medical frailty stream

Priority partially met: ED achieving an average 73.5% patients seen within 2 hours (range 63% - 89% Apr-Sept 2018)

Priority achieved.

- Work undertaken with interim LD lead to provide LD people with taster volunteering sessions
- LD stall in atrium advertising for volunteers
- Volunteers with LD to support and recruit new volunteers during LD week
- Met with LD lead to discuss further actions for recruitment into

- volunteering roles
  - Volunteer team has formed a link with Samuel Rhodes school (special needs school for children aged 5-19 in Islington) and three volunteers from the school are ongoing in their application
  - Volunteer team will be involved in the autism project (TAP), in offering three 10 week voluntary administrative placements to autistic service users.

Priority 3: Improving Clinical Effectiveness (Research & Education)

What were our aims for 2018/19?

- *We will achieve the national target of 95% of critical care unit ward-able patients being stepped down within 4 hours*

This table shows the percentage of patients who require step down bed following admission to the critical care unit from 2017 to date in 2019

Although not achieved, there has been significant progress as seen for 2019 data below. Actions taken include:

- The Unit Matron or Nurse-in-charge attends the 08:30 bed meeting and highlights any patients who are ready for discharge or potentially ready after consultant review.

- There has been a full revision of the bed management policy with particular emphasis on CCU and the need for timely discharges.

- If at 4 hours following decision to transfer, an appropriate clinical bed has not been identified, the CCU Nurse in Charge will escalate to bronze team. If transfer has not taken place at 3 hours following decision to transfer, the CCU Nurse in Charge will escalate to the Associate Director of Nursing for that ISCU. In the event of a plan not in place at 4 hours, the situation will be reported as an incident. The Site Management Team will inform Silver on call out of hours of any patients who have breached.

Percentage of Delayed Discharges > 4hrs
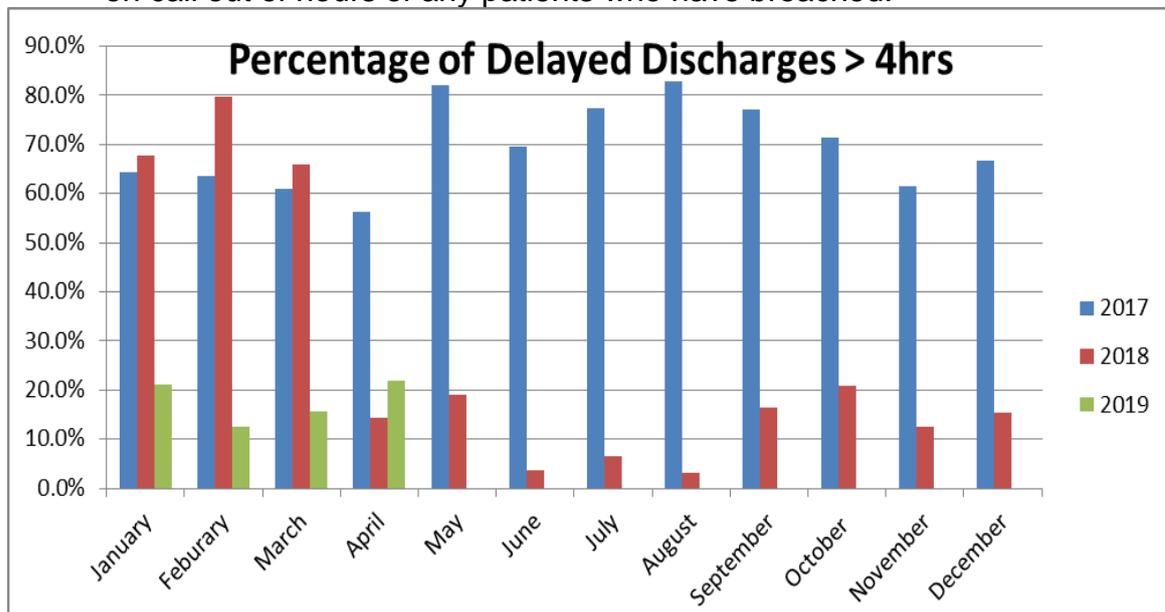
- *We will develop a criteria-led discharge process at point of triage within the emergency department*

We have developed a robust criteria led discharge system which involves trained triage nurses discharging certain presenting complaints from triage, this enables a reduction in waiting times for adults and paediatrics patients who do not require an assessment from a Clinician, thus reducing the number of patients within the department contributing to our Key performance indicators.

We are in the process of developing a streaming model into the Whittington Emergency department. This will include all patients being streamed by an experienced nurses either to an alternative health service or into a queuing system, either avoiding triage altogether or placing them into a queue for triage for a detailed assessment.

The Rapid assessment area is staffed by a see and treat ENP and Rapid assessment Clinician who will 'pull' patients from the queue and initiate all treatments and investigations which reduces the time to wait for treatment before being seen by a clinician. The ENP sees and treats the minor injuries that require little intervention and time which then allows all other clinicians to dedicate their time to those that require it.

- *We will establish robust pathways between the Emergency Department and specialist onsite assessment units (GAU, AEC, EPU) and aim to stream 3% of presenting patients*

Priority achieved.

Achieved 3.3% streamed to AEC (Average for the year) Pathways have been established between ED and AEC, UCC.

- *We will introduce the delirium rapid assessment test - 4AT - and TIME (trigger, investigate, manage, engage) bundle for delirium identification and streaming on the AAU for patients over 65*

Priority achieved.

Delirium QI project started in July 2018 on AAU. The Delirium Screening Test implemented is the 4AT - this a document used by various settings internationally and it is in our delirium guideline.
We created a Delirium Care plan to be started by nurses when the patient has Delirium.
We created a Delirium Screening bundle on ICE.

The delirium care plan and 4AT are currently paper forms.

Liaising with teams regarding adding 4AT to the medical clerking documentation.

We are using "pink flower" magnets as Delirium identifiers as well as the blue "forget me not" magnets for Dementia - this is used on patient boards, helpful during board rounds.

What were our aims for 2018/19?

- *We will increase the number of haematology patients involved in clinical research*

Priority achieved.

We have recruited 41 haematology patients into two research studies since April 2018 and through collaboration with UCLH have referred 5 patients to participate in trials not open at Whittington Health, so far 3 of these patients have been recruited. (In 2017/18 we did not recruit any haematology patients however we did have patients in follow up stages of trials).

What were our aims for 2017/18?

- *We will increase the number of clinical specialities and the number of nurses, midwives and AHPs undertaking research in 2018/19 compared to the previous year.*

Priority achieved.

Additional specialties taking part in research include bariatrics and community SLTs as well as expansion of the portfolio in recently engaged specialities such as anaesthetics and orthopaedics. There has been an increase in the number of nurses, midwives and AHPs taking on the role of PI or supporting studies in other ways - midwifery, in particular the community teams have seen the biggest increase with midwives delivering a novel intervention in the REACH trial.

What were our aims for 2017/18?

- *We will exceed the 724 patients recruited into research trials during 2017/18*

Priority achieved.

During 2018/19, 1,023 patients who received their care through Whittington Health were recruited into studies classified by the National Institute of Health Research (NIHR) as part of the NIHR research portfolio, once expected uploads are completed this is predicted to reach 1,050. This compares to 284 patients in 2013/14, 701 in 2014/15 and 720 in 2015/16, 515 in 2016/17 and 751 in 2017/18

What were our aims for 2017/18?

- *We will increase the number of 'Learning Together' interprofessional workshops from 7 in 2017/18 to 10 in 2018/19*

Priority achieved.

11 'Learning together' interprofessional workshops were undertaken in 2018/19.

What were our aims for 2017/18?

- *Increase teaching satisfaction from 60% to 75% for all medical student placements and increase overall satisfaction for nursing and midwifery courses.*

Priority achieved.

Teaching satisfaction for Nursing placements for 2018/19 was 94%. Medical Student feedback was also very positive 90% of undergraduate medical students rated their Whittington Health placement as very good or excellent.

What were our aims for 2017/18?

- *We will increase the content available on the Whittington Moodle (electronic platform for education) and aim to develop a minimum of 5 new educational modules.*

41 courses currently available on Whittington Moodle @ 31/03/2019 compared with 18 for 2017/18.

Part 4: Other Information

Goal	Standard/benchmark	Whittington performance	
		18/19	*17/18*
ED 4 hour waits	*95% to be seen in 4 hours*	**88.03%**	*89.4%*
RTT 18 Week Waits: Incomplete Pathways	*92% of patients to be waiting within 18 weeks*	**92.2%**	*92.2%*
RTT patients waiting 52 weeks	*No patients to wait more than 52 weeks for treatment*	**2**	*5*
Waits for diagnostic tests	*99% waiting less than 6 weeks*	**98.9%**	*99.1%*
Cancer: Urgent referral to first visit	*93% seen within 14 days*	**94.2%**	*94.7%*
Cancer: Diagnosis to first treatment	*96% treated within 31 days*	**100.0%**	*100.0%*
Cancer: Urgent referral to first treatment	*85% treated within 62 days*	**86.0%**	*88.1%*
Improved Access to Psychological Therapies (IAPT)	*75% of referrals treated within 6 weeks*	**94.9%**	*95.8%*

The Whittington Health NHS Trust considers that this data is as described because it is collected, downloaded and processed in a robust manner, and checked and signed off routinely.

In 2018/19 the trust has performed well compared to benchmarking for local performance indicators and has exceeded standards for Cancer, IAPT and RTT 18 week waits. However, there are two areas where the trust has not met these standards and is taking the following actions to achieve the 'ED 4 hour wait' ,'RTT patients waiting 52 weeks' and 'Waits for diagnostic test' goals.

Examples of actions include:

- We implemented the updated National Early Warning Score 2 (NEWS2) system
- Continue with the excellent work started in 18/19 implementing robust streaming pathways between emergency department triage service and specialist inpatient assessment units, aim to stream 5% of patients for 2019/2020 to these pathways.
- Revision and recruitment of the emergency department workforce in order to facilitate rapid assessment treatment (RAT) criteria led discharges
- Developing enhanced roles for nurses and health care assistants within the emergency department.

- Build on the Frailty work that was started in 2017/18 – Aim to further increase awareness of the 'Ambulatory Frailty Pathway' and increase the number of patients arriving via ambulance being given a frailty score to 50% (44% achieved in 18/19)
- Continue training and promotion of a pre-11 a.m. discharge culture
- System wide improvement: working with Haringey and Islington and the wider Sustainability and Transformation Programmes to improve the performance of ED.

Summary Hospital-Level Mortality Indicator (SHMI)

The SHMI is the ratio between the actual number of patients who die following admission to hospital and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The SHMI score represents a comparison against a standardised National Average. The 'national average' therefore is a standardised 100 and values significantly below 100 indicate a lower than expected number of mortalities (and vice versa for values significantly above).

Patients who are coded as receiving palliative care are included in the calculation of the SHMI. The SHMI does not make any adjustment for patients who are coded as receiving palliative care. This is because there is considerable variation between trusts in the coding of palliative care.

Using the most recent data published in February 2019 which covers the period from October 2017 to September 2018, the SHMI score for the Whittington is 0.770

Lowest National Score: 0.6917 (Homerton University Hospital NHS Foundation Trust)
Highest National Score: 1.2681 (South Tyneside NHS Foundation Trust)

The Whittington Health NHS Trust considers that this data is as described as it is produced
by a recognised national agency and adheres to a documented and consistent methodology.

Whittington Health is taking the following actions to further improve this score and the quality of its services, by:
- Providing regular learning events and resources for all staff to facilitate learning from incidents and findings from unexpected deaths;
- Ensuring that all inpatient deaths are systematically reviewed, and that any failings in care that suggest a death may have been avoidable are identified, systematically shared, learned from, and addressed

Whittington Health Quality Account

Healthwatch Haringey and Islington Response 2019

We welcome the Trust's accounts and the improvements that have been made during the year. Both Healthwatch Islington and Haringey attend the Patient Experience Committee and have been involved in the development of the Patient Experience Strategy which has now been signed off. We look forward to supporting the Trust to monitor the implementation of the Strategy.

We particularly welcome the work being undertaken to improve access and support for people with Learning Disabilities and/or Autism, and, as highlighted by the CQC, those with mental health needs attending the Emergency Department.

We note that the Trust is working to improve patient communication. This is a positive first step, but we wonder whether there is sufficient resource allocated to this huge task. Residents in both boroughs talk about the lack of clear, timely information about services and we feel that there is still some way to go with improving this. The issue has been raised through Healthwatch work and through patient complaints. In particular, letters still seem to arrive late and options such as e-mail communication are not always offered, hospital signage and letters don't use consistent language and patient leaflets are not always clearly written. Patient Involvement in this area of work may help. We note that the Patient Experience Committee has picked this up and welcome any progress on these issues.

We still have concerns about waiting times for community services. Progress is being made but there are still long waits in some areas. We note that the CQC found that 100% of women using maternity services were treated with respect and

dignity, though we have had some feedback that the culture of the maternity ward could be improved.

Moving forward we are also very keen to ensure that the diverse needs of our respective populations are taken in to account in the development of the Trust's Clinical and Estates Strategies. We hope the Trust will be ambitious in its plans to support the community to stay well, and to reduce health inequalities. We look forward to working with them in the year ahead.

Commissioner feedback

NHS Islington Clinical Commissioning Group (CCG) is responsible for the commissioning of Health services from Whittington Health NHS Trust on behalf of the population of Islington and all associate CCGs. In its capacity as lead co-ordinating commissioner NHS Islington CCG welcomes the opportunity to provide a statement for Whittington Health NHS Trust 2018/19 Quality Account.

The CCG met with the Trust on a monthly basis at its Clinical Quality Review Group meetings (CQRG) throughout 2018/19. The purpose of CQRG meetings is to enable both commissioners and providers to systematically monitor areas of clinical quality as specified in the NHS Standard Contract, under pinned by the quality schedule. The forum is where commissioners are provided with assurance regarding the quality of care and services provided by the Trust.

Whittington Health is a stable provider in terms of key quality indicators, rated as 'Good' overall by the CQC. Islington CCG has a mature relationship with the Trust and has a good track record of a fully rounded view of quality, underpinned by a sound clinical perspective. There have been robust discussions with the Trust regarding the targets achieved and those that require further work.

Islington CCG confirms that the document received complies with the required content as set out by the Department of Health or, where the information is not yet available, a placeholder inserted. The information provided within the account has been checked against data sources made available, as part of existing contract/performance monitoring discussions and the data presented within the account is accurate in relation to the services provided. The layout of the report is easy to follow and user-friendly.

In 2018/19, the Trust set an ambitious 30 priorities. 25 out of 30 priorities were achieved. Where the priority was either not or partially achieved, the Trust has taken it forward as a priority in 2019/20. The commissioners commend the Trust for this.

Commissioners acknowledge that the Staff Friends and Family Test results for 2018 present a challenge for the Trust and look forward to seeing improvements realised in 2019/20, as a result of the completion of the improvement plans in place.

The CCG support the 28 priorities identified by the Trust for 2019/20. Twenty of the priorities are new and eight carried forward from 2018/19. The priorities focus on:

Patient Safety
Communication
Patient
Satisfaction
Patient Feedback
Volunteering

Patient Experience
Falls
Patient Safety Incidents
Acute Kidney Injury
Pressure Ulcers
Care of Older People
Learning Disabilities and / or Autism
Mental Health

Clinical Effectiveness
Development and Training roles within clinical workforce
Clinical Research
Reducing 28 Day readmissions
Staff well-being and engagement
Integrated Multi-professional Education

The CCG looks forward to the year ahead, building on the supportive and collaborative relationships of 2018/19 and will continue to provide the support and constructive challenge required to offer good quality, safe acute and community services.

We will continue CQRG meetings and, in collaboration with the Trust undertake focused bimonthly clinical visits that include appropriate executive, clinical and operational presence. This will ensure a proportionate approach to the assessment, assurance and improvement of the quality of care delivered by the Trust whilst the evolving integrated care system and associated assurance and accountability structures are developed.

We look forward to working with the Trust in this new way and to hearing about progress against the Trust's chosen priorities for 2019/20.

Tony Hoolaghan

Tony Hoolaghan
Chief Operating Officer
NHS Islington Clinical Commissioning Group

How to provide feedback

If you would like to comment on our Quality Account or have suggestions for future content,
please contact us either:

By writing to:
The Communications Department,
Whittington Health,
Magdala Avenue,
London. N19 5NF

By telephone:
020 7288 5983

By email:
communications.whitthealth@nhs.net

Publication:

The Whittington Health NHS Trust 2019-20 Quality Account will be published on the NHS Choices website on the 29th June 2019.

https://www.nhs.uk/pages/home.aspx

Accessible in other formats:

This document can be made available in other languages or formats, such as Braille or Large Print.

Please call **020 7288 3131** to request a copy.

Annex 2: Statement of directors' responsibilities for the quality report

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

• The Quality Account presents a balanced picture of the Trust's performance over the period covered;

• The performance information reported in the Quality Account is reliable and accurate;

• There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;

• The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and

• The Quality Account has been prepared in accordance with Department of Health guidance.

The Quality Account presents a balanced picture of the Trust's performance over the period covered, in particular, the assurance relating to consistency of the Quality Report with internal and external sources of information including:

• Board minutes for the period April 2018 to May 2019;

• Papers relating to quality reported to the Board over the period April 2018 to May 2019;

• Feedback from the Commissioners, NHS Islington CCG dated 28 May 2019;

• Feedback from Islington Healthwatch dated 11 June 2019;

• Feedback from Haringey Healthwatch dated 11 June 2019;

• The Trust's annual complaints & PALS report to the Quality Committee, dated 10 May 2019 – the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 for 2018-19 has not been completed.

• The Picker NHS inpatient survey 2018 dated February 2019;

• The Trust's "Listening to Our Staff" survey 2018;

• The Head of Internal Audit's annual opinion over the trust's control environment for 2018/19;

•The annual governance statement dated 28 May 2019;

• The Care Quality Commission's Intelligent Monitoring Report dated February 2018.

The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and The Quality Account has been prepared in accordance with the Department of Health guidance.

The directors confirm that to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.
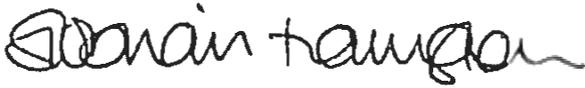
Siobhan Harrington

Chief Executive

Steve Hitchins

Chairman

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF THE WHITTINGTON HEALTH NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of The Whittington Health NHS Trust's Quality Account for the year ended 31 March 2019 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following indicators:

- The percentage of patients risk-assessed for venous thromboembolism; and

- The rate of clostridium difficile infections.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the Directors and the auditor

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;

- the performance information reported in the Quality Account is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;

- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and

- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;

- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and

- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2018 to May 2019;

- papers relating to quality reported to the Board over the period April 2018 to May 2019;

- feedback from the Commissioners, NHS Islington CCG dated 28 May 2019;

- feedback from Islington Healthwatch dated 11 June 2019;

- feedback from Haringey Healthwatch dated 11 June 2019;

- the Trust's annual complaints & PALS report to the Quality Committee, dated 10 May 2019 – the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 for 2018-19 has not been completed.

- the Picker NHS inpatient survey 2018 dated February 2019;

- the Trust's "Listening to Our Staff" survey 2018;

- the Head of Internal Audit's annual opinion over the trust's control environment for 2018/19;

- the annual governance statement dated 28 May 2019;

- the Care Quality Commission's Intelligent Monitoring Report dated February 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of the Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and the Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;

- making enquiries of management;

- testing key management controls;

- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

- comparing the content of the Quality Account to the requirements of the Regulations; and

- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by the Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;

- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and

- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

KPMG LLP
Chartered Accountants
Canary Wharf
London
E14 5GL

27 June 2019