

# Whittington Health NHS Trust Quality Account 2021/22



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## Part 1: Statement on Quality from the Chief Executive

### Part 1: Statement on Quality from the Chief Executive



Welcome to the 2021/22 Quality Account for Whittington Health NHS Trust. This is the second year where our staff have had to ensure quality against the backdrop of a pandemic, with the additional pressure that brings.

Both Whittington Health and the NHS as a whole have learnt a significant amount about COVID-19 since 2020. While the early waves had a significant cost, with lives lost or altered and staff trying to deal with distressing and stressful situations, it was imperative that we used the experience gained through them to treat and care for COVID-19 patients and keep non-COVID-19 patients safe. I am proud to say that we did just that. COVID-19 has also further highlighted the health inequalities in our local health population – so reducing health inequalities has become an additional priority going forward.

This year also saw increasing pace on recovering those services which were paused at the worst points of the pandemic. As with trusts up and down the country, we continue to work extremely hard to see and treat all of those who need it, some of whom have been waiting for longer than they or we expected would be necessary.

Some key highlights of 2021/22 on quality, and activities which contribute to quality are:

- We met our targets in our “Dear Patient” project, aimed at improving written communication between clinicians and patients based on direct feedback from patients as well as from GPs who also receive the letters.
- The legacy of our innovative partnership with pilots furloughed during the earlier stages of the pandemic in providing simulation training on human factors has continued and was highly commended at the HSJ Partnership Awards.
- We have recruited Enhanced Health Care Support Workers and trained them in preventing hospital de-conditioning and increasing mobilisation of patients.
- 83% of our eligible frontline staff were vaccinated against winter flu and in relation to COVID-19 vaccinations, 89% of our staff received their first vaccination dose, 84% received a second vaccination dose and 74% had a booster dose
- Maternity staff undertook a significant amount of work to consider the actions needed to assure ourselves against the recommendations from Dame Donna Ockenden’s review of maternity services at Shrewsbury and Telford NHS Trust, where we achieved 100% compliance.
- Our plans for maternity and neo-natal transformation have moved on significantly, including drawing up designs, working with patient representatives and a business case being approved.

This year has seen changes which also contribute to quality beyond the boundaries of our own organisation, in the further development of the Integrated Care System for North Central London and the establishment of the UCLH Provider Alliance. These will help to ensure more and better

collaborative working between all organisations involved in health and care for the benefit of local people.

Finally, this is my last quality account with Whittington Health and I leave to become the Chief Executive at University Hospitals Dorset NHS Foundation Trust. It has been a privilege to lead this organisation and over the last four and a half years to have played a central role in developing Whittington Health from a small hospital trust into a truly integrated care organisation, with hospital and community services working together – not just under the same banner – helping to demonstrate how this can be achieved to provide person-centred care. I am immensely proud of everything we have done – not least in the last two years with the challenges of a pandemic – and I am especially proud of the people that made it happen. While the pandemic may have tested our 'organisation with a soul' (as described by the Care Quality Commission), we kept that special connected caring feel.

I have no doubt Whittington Health will continue to go from strength to strength, to build on the innovation which I have had the privilege to see, to continue the vital role it plays in the local health and care system and to remain outstanding for caring. I will be taking everything I have learned here into my new role in Dorset to also help local people live longer healthier lives – the Whittington Health vision that will stay with me and guide me forever.

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**

## About the Trust

**Whittington Health is one of London's leading integrated care organisations – helping local people to live longer, healthier lives.**

We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden, and Hackney. We provide dental services in 10 boroughs. Whittington Health provided over 100 different types of health service (over 40 acute and 60 community services) in 2022/23. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

### **Our services and our approach are driven by our vision**

We have an excellent reputation for being innovative, responsive, and flexible to the changing clinical needs of the local population. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients.

**Our vision is: Helping local people live longer, healthier lives**

**What we do: Lead the way in the provision of excellent integrated community and hospital services**

**Our 2019/24 strategy has four main objectives:**



### **What is a Quality Account?**

Quality Accounts are annual reports to the public from providers of NHS healthcare that detail information about the quality of services they deliver. They are designed to assure patients, service users, carers, the public and commissioners (purchasers of healthcare), that healthcare providers

are regularly scrutinising each one of the services they provide to local communities and are concentrating on those areas that require the most improvement or attention.

Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of service, explaining where an organisation is doing well and where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement over the coming financial year.

The requirement for external review and assurance by an external auditor, has been removed again for this year by NHS England / Improvement due to COVID-19.

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

This section of the Quality Account describes the priorities identified for quality improvement in 2022/23. It also sets out a series of statements of assurance from the Board on key quality activities and provides details of the Trust's performance against core indicators.

### **2.1 Priorities for improvement 2020-23**

Our quality priorities are aligned to the Trust's commitment to helping local people live longer, healthier lives and build on factors such as quality performance, clinical or public proposals and our 'Better Never Stops' ambition, to continually improve and provide even better care. The Trust identified 4 key priorities for quality improvement pre pandemic in 2020, with a recognition that embedding change would take up to three years. The Quality Priorities for 2020-23 are set out below, with key targets and milestones to delivery within each year specified.

The progress made against priority areas for improvement in the quality of health services identified in the 2020/21 Quality Account can be found in '**Part 3: Review of Quality Performance**' which starts on page 49.

- Reducing harm from hospital acquired de-conditioning
- Improving communication between clinicians and patients
- Improving patient safety education in relation to human factors
- Improving care and treatment related to blood transfusion

The COVID-19 pandemic has further highlighted health inequalities in our local population, and as such has been identified as an additional quality priority for 2021-23, as well as being integrated into all our work.

- Reducing health inequalities in our local population

### **Our consultation processes**

Whittington Health recognises that to achieve sustainable improvement, projects need to be long-term and effectively monitored and so priorities were set as part of a three-year improvement plan 2020-23. However, given these were initially developed before the onset of the pandemic, the Trust felt that a full review of intelligence, patient feedback and stakeholder consultation was needed to ensure that these priorities were still reflective of the current need



To this end, the Trust has held several engagement events across the Trust and community sites to gather feedback from people who use our services and staff. This feedback was combined with intelligence from 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 and presented in a meeting with key stakeholders from Healthwatch and the Clinical Commissioning Group to help establish ongoing priorities and any new priorities to be added in 2022-23.

Throughout the pandemic ensuring our patients' safety while also providing a good experience and positive outcomes, has remained our top priority. We plan to hold a virtual event in the summer with Healthwatch and other key stakeholders to gather feedback on what is working well, and where we need to improve. This will help inform and support our ongoing work around the four key priority areas agreed with stakeholders in 2022.

The specific objectives, to achieve the priorities set for 2022/23 have 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 2022/23 objectives, have been shared with our commissioners, whose comments can be seen within the appendices.

### Monitoring of progress against priorities

We have developed a robust system to monitor and report on progress against the quality priorities. Each priority has a project work stream (which focus on the key objectives for the year) which is aligned to one of the three pillars of patient safety, patient experience or clinical effectiveness, and reports regularly to the relevant governance group (Patient Safety Group, Patient Experience Group and Clinical Effectiveness Group). The Quality Governance Committee review progress on a quarterly basis and any concerns are escalated to the Quality Assurance Committee, a committee of the Trust Board. Within each priority, key milestones and targets are identified to monitor progress which are reviewed in the context of the wider Quality Account priority ambition.

The key milestones and targets for Year 3 are highlighted below, and in the table that follows we have provided a rationale for selecting this area for focus, details of the improvement plans, and detail on the monitoring data and progress indicators.

- Improving communication between clinicians and patients and their carers (Ongoing priority, 3-year improvement plan 2020-23)
- Reducing harm from hospital acquired de-conditioning
- Improving blood transfusion safety culture at the hospital (Ongoing priority, 3-year improvement plan 2020-23)
- Reducing health inequalities in our local population (Year 2)
  - Including specific projects to Improve care and treatment of patients with sickle cell anaemia

Quality Account Priority	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 3
Reducing harm from hospital acquired de-conditioning	Deconditioning or 'PJ paralysis' can be attributed to long hospital stays and is a national priority. This issue is especially	The deconditioning work stream focuses on preventing functional decline in frail patients by:	Stream 1: Patients in Hospital 1. 65% of patients to have assessment of functional status within 24 hours

	<p>relevant during COVID-19 pandemic, due to the long recovery period for COVID-19 hospital ITU admissions and is linked to the Trust's priority to reduce health inequalities.</p>	<ol style="list-style-type: none"> <li>1. Early assessment of functional status on admission</li> <li>2. Early mobilisation</li> <li>3. Increase in physical activity of inpatients</li> <li>4. Discharge planning: reducing the length of time that patients who have been determined as medically fit to leave but remain in hospital.</li> <li>5. Preventing unnecessary hospital admissions through supporting patients to stay well in their home environments</li> </ol>	<ol style="list-style-type: none"> <li>2. 70% of patients to be mobilised within 24 hours</li> <li>3. Ensuring 15 number of patients are mobilised daily</li> </ol> <p>Stream 2: Discharge</p> <ol style="list-style-type: none"> <li>1. New delirium discharge pathway being piloted in 2022/23.to help patients get back to their homes sooner with extra support Success will be measured by number of patients taken home and their reduced Length of Stay in hospital.</li> <li>2. Reduce medically optimised patients by 50% on a daily basis.</li> <li>3. Ensure Virtual ward utilises 20 beds daily (4 of these for Delirium patients)</li> <li>4. Reducing length of stay for patients who require a 'Trial without Catheter' (TWOC) by at least one day.</li> </ol> <p>Stream 3: Reducing Admissions</p> <ol style="list-style-type: none"> <li>1. A new falls pick up service in the Rapid Response Team launched in 2022 to avoid patients being brought to hospital unnecessarily and staying well in their home environment. Success will be measured by patients seen and not needing hospital admission.</li> </ol>
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			<p>2. In conjunction with key partners the urgent community services will be restructured into an Urgent Response and Recovery care Group in 2022/23 to streamline discharge and ensure patients are seen by the right clinician first time and within the new national guidance of 2 hrs/24hrs</p>
<p>Improving communication between clinicians, patients, and carers</p>	<p>Poor communication between clinicians and patients/ carers has been highlighted as a contributory factor in incidents, complaints, and claims. A further analysis into the types of communication issues identified a number of areas to focus on for improvement.</p> <ol style="list-style-type: none"> <li>1. Problems with booking appointments is one of the top concerns flagged by patients with the Patient Advice and Liaison Service.</li> <li>2. Patients as well as GPs highlighted that written communication (ie discharge letters and clinic letters) were not written in patient-friendly language</li> <li>3. Communication with family or Next of Kin when patients are admitted to hospital has been highlighted in a number of complaints, as well as at coroner inquests.</li> </ol>	<p>Improving communication is a wide-ranging aim. For the purpose of the Quality Account the Trust has focused on a number of key projects; the appointment booking process, written communication following clinic appointments, and inpatient admission contact with Next of Kin.</p> <ol style="list-style-type: none"> <li>1. Project 1: Roll-out a digital patient portal (Zesty) to improve the quality and experience of Outpatient communication, enabling patients to get a greater role in planning their care.</li> </ol> <p>Zesty is an online, secure, interactive platform which is easily accessible to the patient. The platform will enable communication of appointments (bookings and amendments), information about conditions and procedures and clinical interactions, for example online follow-ups and patient completed questionnaires.</p> <ol style="list-style-type: none"> <li>2. Project 2: Improving timeliness of contact with a patient's Next of Kin (NOK) during</li> </ol>	<p>Project 1:</p> <p>By the end of 2022/23, we will have introduced Zesty in all outpatient clinics. 30% of outpatients to be onboarded to the app by end of March 2023.</p> <p>Success of the programme in improving outpatient communication with patients will be measured by patient feedback from use of the portal by conducting a survey post sign up, the number of patients using of the Zesty portal and improved timeliness of patient appointment correspondence, which in turn should reduce the 'Did not attend' (DNA) rate</p> <ol style="list-style-type: none"> <li>2. Named person to contact the patient's next of kin (NOK) on patient admission</li> </ol>

		an inpatient admission to hospital	<p>and NOK details to be checked within 24hrs of admission, this will be measured by a spot check audit of 30 number of patient details from the Medway patient administration system. 70% to be achieved by end of March 2023.</p> <p>3. 'Dear Patient' Letter Project priority for year 3 - Continue to embed the Dear Patient letter project across all services and professional groups. Success will be measured by increase in quality metrics, in particular letters written to patient and in clear language</p>
Improving understanding of human factors and the impact on making healthcare as safe as possible	Human error is a recurring theme in serious incidents, in particular Never Events in 2018 – 20. Human factors (HF) training can help design safe systems and processes that make it easier for staff to do their jobs effectively.	1. Deliver human factors education across the Trust through developing a sustainable, educational model which raises awareness of the practical implications of human factors on patient safety.	<p>1. Develop robust pathway to incorporate patient safety learning into the Simulation programme in a timely way</p> <p>2. Develop multiple channels to deliver patient safety syllabus level 1 'Basics of patient safety' to maximise exposure.</p>
Improving blood transfusion safety culture at the hospital	A blood transfusion is when a patient is given blood products from someone else (a donor). It is a procedure which can be lifesaving, however errors can occur if staff are not adequately trained,		<p>The year three priorities for the project involve focusing on the areas of low compliance with the e-learning.</p> <p>1. Vein to vein system to be in place by end of March 2023</p>

	while these incidents rare, they can be fatal. Ensuring staff are trained effectively, and the Trust systems align with the safe transfusion guidelines ( <b>right blood, right patient, right time, and right place</b> ) is essential to ensure patient safety.	<ol style="list-style-type: none"> <li>1. Implementation of a vein-to-vein system to minimise risk of error during blood transfusion process.</li> <li>2. Improving understanding of blood transfusion safety practices through training and awareness.</li> </ol>	<p>including fully electronic transfusion documentation</p> <ol style="list-style-type: none"> <li>2. To continue to increase compliance with blood transfusion training from the 2020 baseline, and achieve over 60% compliance by end of 2022/23.</li> </ol>
Reducing health inequalities in our local population	The COVID-19 pandemic has exposed health inequalities across the country. The virus has disproportionately affected Black Asian Minority Ethnic (BAME) communities, and the impact of lockdown measures have contributed to digital isolation.	<ol style="list-style-type: none"> <li>1. Project 1: Improve care and treatment of patients with sickle cell anaemia – Sickle Cell Improvement Project</li> <li>2. Project 2: Prostate cancer, pop-up barber shops</li> </ol>	<ol style="list-style-type: none"> <li>1. Ensure 100% of sickle cell patients receive 1<sup>st</sup> dose of pain relief within 30mins of attendance to ED.</li> <li>2. Hold 20 Prostate cancer events by end of March 2023</li> </ol>

## 2.2 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

### Mixed sex/gender accommodation declaration

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust are committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable.

Patients who are admitted to hospital or come in for a planned day case will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area.

There are some exceptions to this. Sharing with people of the opposite gender will happen sometimes. This will only happen by exception and will be based on clinical need in areas such as

intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained. This year due to COVID-19 reporting of this measure is still paused.

## 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 Adults and Children Declaration 2021/22

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 Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the two Heads of Safeguarding (adult and child) professionally reports to the Chief Nurse.

A Safeguarding Bi-Annual Report is produced which is reviewed by the Trust Board (covers both children and vulnerable adults).

Whittington Health is an active member of two local safeguarding children's partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required.

The Trust is a member of the local safeguarding adults' partnerships in Haringey and Islington and the Safeguarding Adults Partnership Assessment Tool is completed annually for both.

The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, Prevent, Deprivation of Liberty Safeguards and the Mental Capacity Act and monitors serious case review and Safeguarding Adult Reviews recommendations, this has continued throughout the Covid-19 national emergency. The committee reviews the Trust's responsibility across children and vulnerable adults.

## Subcontracted Services

Whittington Health provided 184 different types of health service lines in 2021/22. Of these services a number were subcontracted see appendix two.

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 integrated clinical service unit and contract management processes.

The income generated by the relevant health services reviewed in 2021-22 represents 100% of the total income generated from the provision of relevant health services that Whittington Health provides.

A breakdown of the individual subcontracted services can be found in Appendix 2

### Participation in Clinical Audits 2021/2022

During 2021/2022, 50 national clinical audits including 3 national confidential enquiries covered relevant health services that Whittington Health provides.

During that period, Whittington Health participated in 100% national clinical audits and 100% of national confidential enquiries of those it was eligible to participate in.

The national clinical audits and national confidential enquiries that Whittington Health was eligible to participate in, and participated in, during 2021/2022 are detailed in Appendix 1. 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.

Additionally listed are the 23 non-mandatory national audits, in which the Trust also participated during 2021/2022.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquiries in 2022/2023 by ensuring:

- National audit and national confidential enquiries will remain the key feature of our Integrated Clinical Service Unit (ICSU) clinical audit and effectiveness programmes.
- Learning from excellence will continue to form an intrinsic part of our work, and innovative ways of promoting and celebrating successes will be developed and shared.
- Patient and carer representation in national clinical audit will be prioritised.
- Multidisciplinary clinical effectiveness sessions will continue to include reflective learning on national clinical audit findings and quality improvement.
- The clinical effectiveness group will ensure actions from national audit reports are scrutinised and monitored at the highest level.

The reports of 34 national clinical audits/ national confidential enquiries were reviewed by the provider in 2021/2022.

### Example of results and actions being taken for a national clinical audit:

#### National audit for Cardiac Rehabilitation

The National Audit of Cardiac Rehabilitation (NACR) collects comprehensive audit data to support the monitoring and improvement of cardiovascular prevention and rehabilitation services in terms of access, equity in provision, quality, and clinical outcomes.

The quality and outcomes report 2021 includes all programmes in England, Wales and Northern Ireland. 30% of all programmes are certified green/good meaning they are providing the

recommended service by meeting the standards as set by the BACPR. Whittington Health cardiac rehabilitation service is certified.

#### **Areas of good practice identified:**

- Identifying patients eligible for referral to Cardiac Rehabilitation and assessing them as soon as possible after discharge.
- Delivering the six core components of Cardiac Rehabilitation to all eligible patients such as health behaviour change, risk factor and lifestyle modification and management of psychological therapies.
- Providing an individualised structured Cardiac Rehabilitation programme for each patient based on their needs and abilities.
- Ensuring patients had a final assessment on completion of the Cardiac Rehabilitation programme.
- Submitting data to the National Audit for Cardiac Rehabilitation

#### **National Emergency Laparotomy Audit (NELA)**

This audit is overseen by the Royal College of Anaesthetists and the Royal College of Surgeons.

NELA aims to enable the improvement of the quality of care for patients undergoing emergency laparotomy through the provision of high-quality comparative data from all providers of emergency laparotomy.

#### **The 7<sup>th</sup> Annual Report has highlighted the following actions to be taken forward:**

- NELA leads for Emergency Medicine are appointed with job planned time to work with Anaesthetic, Surgical and Radiology NELA leads.
- To commence antibiotic therapy immediately, in line with guidance and review the timeliness of interventions by using local NELA data.
- To improve Imaging for NELA patients, to include local workforce planning facilitates for consultant reporting whenever possible for this cohort. To appoint Radiology NELA leads with specific job planned time to perform this role. An in-house consultant to supervise co-validation of registrar reporting on pre-operative CT scans before outsourcing radiology reports for external review. Reporting of CT scans to be a standard item on review meetings.
- To assess and document frailty of patients over the age of 65 as part of risk assessment and for the replacement of the Consultant Geriatrician, Surgical Liaison post.
- To audit 'negative' laparotomies quarterly and record a review of the rationale for surgery

#### **Local Clinical Audits**

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in **2022/2023** by ensuring:

- Covid-19 clinical audit projects will remain a component of our local audit programmes. These audits remain essential to optimise the care of our patients and to best risk stratify for any further surge in coronavirus case numbers.
- Reactive local audits, vital to patient safety, will remain of intrinsic value to audit programmes, with further emphasis upon collaborative working across clinical effectiveness, patient experience, quality improvement and patient safety domains.
- Project proposals will continue to be subject to a centralised and multidisciplinary quality review to prevent duplication and to ensure alignment to speciality priorities.
- Bespoke clinical audit training packages will continue alongside our pre-existing workshops. These sessions will be open to staff of all designations and grades.

- 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.

The reports of 78 local audits were reviewed by the provider in 2021/2022.

### **Example of results and actions being taken for a local clinical audit:**

#### **Lumbar Puncture Audit**

Lumbar puncture (LP) is a technique to sample cerebrospinal fluid (CSF) as a window into brain pathology. The procedure involves introducing a needle into the subarachnoid space of the lumbar sac, at a level safely below the spinal cord. It is important to identify contraindications before performing an LP. The most important contraindication for LP is an intracranial space-occupying lesion (SOL) with mass effect, as well as a posterior fossa mass, because it can lead to herniation of the cerebellar tonsils, regardless of the volume of CSF that is sampled. Herniation of the cerebellar tonsils is described as "coning" as the brain tissue, which is squeezed into a cone and eventually leads to death.

New consensus guidelines were published from international consortia in 2017, including the 'European Joint Programme for Neurodegenerative Disease Research' and 'Biomarkers for Multiple Sclerosis' consortia. These guidelines were published to reduce complication rates after LP and prevent herniation of the cerebellar tonsils. The Lumbar Puncture clinical audit was set out to ensure adherence to the 2017 consensus guidelines, following their publication using the following standards:

- A.** 100% patients should have a neurological examination including fundoscopy before an LP or a brain CT/ MRI scan, if neurological examination and fundoscopy could not be completed.
- B.** 100% patients should have a brain CT or MRI scan, if their presentation was associated with abnormal clinical signs on neurological examination, papilloedema on fundoscopy, reduced consciousness, compromised immune system, previous brain disease or recent seizures.

The compliance with Lumbar Puncture audit standard A and B was acceptable. There was no patient, who had herniation of the cerebellar tonsils because of an LP. In detail, 3% of patients had a neurological examination including fundoscopy before an LP. Additionally, 86% of patients had a brain CT or MRI scan, as neurological examination and fundoscopy could not be completed. Also, 91% patients had a brain CT or MRI scan, if their presentation was associated with abnormal clinical signs on neurological examination, papilloedema on fundoscopy, reduced consciousness, compromised immune system, previous brain disease or recent seizures.

#### **Action taken:**

A 'lumbar puncture procedure' note was designed and installed on to the electronic patient record system. This note includes documentation of the neurological examination and fundoscopy findings along with additional information on consent, description of the procedure and results. This note acts as a reminder for the clinician performing a neurological examination and fundoscopy before an LP, as well as a request brain imaging as indicated.

### **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 and demonstrates Whittington Health's commitment to improving the quality of care that is delivered to our patients and 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 recognised that research active hospitals deliver high quality care.

A new research strategy reflecting the aim of enabling local people to 'live longer healthier lives' has been established to benefit patient outcomes, staff recruitment and retention, revenue generation and the Trust's reputation. A key strategic goal is to become a *national leader* in integrated care, covering all facets of district general hospital and community health research, and how they relate. The trust's research portfolio continues to evolve to reflect the ambitions of our integrated care organisation (across hospital and acute, community health services, dental and mental health services).

The research portfolio spent time alternating between COVID-19 Urgent Public Health (UPH) studies and non-COVID research as the latter reopened nationally and capacity allowed. The number of patients receiving relevant health services provided or subcontracted by Whittington Health NHS Trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was 1,030 at the time of writing. These patients all participated in studies adopted to the National Institute of Health Research (NIHR) portfolio. This was a decrease to the previous year which had been the highest ever annual recruitment recorded in the Trust 1,241 which reflected the appetite for research and the high number of COVID-19 patients and studies. We have supported 29 NIHR portfolio adopted studies open to recruitment over the year, 6 Covid studies recruiting 699 and 23 non-Covid studies recruiting 331 participants. Five of the covid studies are badged as UPH and therefore national priority studies. Given the pandemic, comparison of total numbers of recruiting and follow-up studies is not equitable. We have broadly sustained the number of studies and it is reasonable to assert that emergency and integrated medicine has seen the bulk of research activity.

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 5 non-portfolio studies commenced in 2021/22, this was a welcome increase on the previous year (reversing last years' reduction of these studies) and reflects the increased engagement with research in response to the pandemic. Increasing, locally led 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. As a result of hosting two grants the trust will receive enhanced Research Capability Funding (RCF) in the next financial year which will in part be used to increase and encourage both portfolio and non-portfolio research activity within the trust.

## Registration with the Care Quality Commission (CQC)

Whittington Heath is registered with the Care Quality Commission (CQC) without any conditions. The CQC did not carry out any inspections of the Trust in 2021/22.

The table below provides the rating summary table for the CQC's final report published in March 2020 following its previous inspection in December 2019 of four core services (Surgery, Urgent and Emergency Care Services (ED), Critical Care, Community Health Services for Children Young People and Families and Specialist Community Mental Health Services for Children and Young People). The Trust's current CQC overall rating from that assessment is 'Good' for Whittington Health, with 'Outstanding' ratings for our community health services and performance against the CQC's 'Caring' domain.

	Safe	Effective	Caring		Responsive	Well-led	Overall
Acute	Requires Improvement	Good	Good		Good	Good	Good
Community	Good	Good	Outstanding		Good	Outstanding	Outstanding
Children's mental health services	Requires Improvement	Good	Outstanding		Good	Good	Good
Overall trust	Requires Improvement	Good	Outstanding		Good	Good	Good

The CQC action plan remains a focus for improvement; the actions are monitored by the responsible ICSU at their Quality Meetings and through the Trust's Better Never Stops programme.

The CQC have been consulting with the NHS since the start of the pandemic in 2020 regarding changing their approach to monitoring and inspections, they are moving to a more risk-based approach for service inspection which will focus on reviewing data collected to trigger 'Direct Monitoring Activity' conversations, if there are still concerns or further action required after these conversations are held, then this would trigger inspection activity. There will be a new assessment framework released by the CQC in 2022 to support this. Regular meetings have been held with our CQC Relationship manager during 2021/2022. These have mainly focused on the following areas:

- Staff wellbeing and support (during and post COVID-19)
- Restarting elective services post COVID-19
- Serious incident investigations and CQC enquiries
- Dental Services (Direct Monitoring Activity Conversation)
- Maternity Services – Core service focus
- Urgent and Emergency Care – Core service focus
- Pharmacy (Direct Monitoring Activity Conversation)

The most recent CQC Engagement meeting was held in February 2022 and focussed on Urgent and Emergency care and our CQC relationship manager was given significant assurance at the meeting.

## Secondary Uses Service

Whittington Health submitted records during 2021 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodes Statistics. 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 (%)
2021/22	Inpatient care	99.45%	99.91%
	Outpatient care	99.62%	99.96%
	Emergency care	84.58%	100.00%

Data Item Score Average - April 2021 - December 2021

## 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, UKGDPR 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 hopes to meet the majority of the mandatory assertions with an improvement plan in place for IG training which will likely be below the target of 95%. The Trust's DSP Toolkit submission and former IG Toolkit submissions can be viewed online at [www.dsptoolkit.nhs.uk](http://www.dsptoolkit.nhs.uk) and [www.igt.hscic.gov.uk](http://www.igt.hscic.gov.uk).

All staff are required to undertake IG training. In 2021 the Trust ended the year at 84% 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 Reportable Incidents

IG reportable incidents are reported to the Department of Health and Information Commissioner's Office (ICO). Reportable incidents are investigated and reported to the Trust's Serious Incident Executive Assurance Group (SIEAG), 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 reportable incidents and pro-actively monitors the action plans. The Trust declared two reportable incidents in 2021/22.

## Data Quality

The Trust continued to work on a data quality improvement plan with significant improvements noted in the targeted areas. Trust monitors all national data submissions data quality at the point of submission and responds to any issues raised by NHS Digital with any remedial action required. Where system limitations have existed, the Trust continues to work with system suppliers to include fixes in the scheduled system upgrades as part of the supplier contracts. A regular review of the Data Quality Maturity Index (DQMI) scores published by NHS Digital Monthly is done at the Data Quality Group as well as the RIO User Group to highlight specific data quality issues requiring attention and to update on progress on data quality improvement initiatives.

To improve data quality in 2022-23 the trust will be continuing to embed the following actions:

- Use of data quality dashboards for services to individually monitor their own data quality as required.
- Issuing of regular data quality reports to specific services identified as requiring improvements
- Continue monitoring data quality for each of the Integrated Clinical Service Units (ICSUs) through the Data Quality Group
- Undertake to complete any data quality related actions as stipulated in the Data Quality Improvement Plan (DQIP) requirements of Schedule 6 of the NHS Standard Contract
- Undertake regular internal clinical coding audits.
- Systematic use of benchmarking of data
- Running a programme of audits and actions plans
- Actively engage in any national or NCL-wide data quality improvement initiatives such as meeting the Emergency Care Data Set (ECDS) Conformance Indicators

## End of life care

### **Whittington Health End of Life Care Activity & Strategy Update – May 2022**

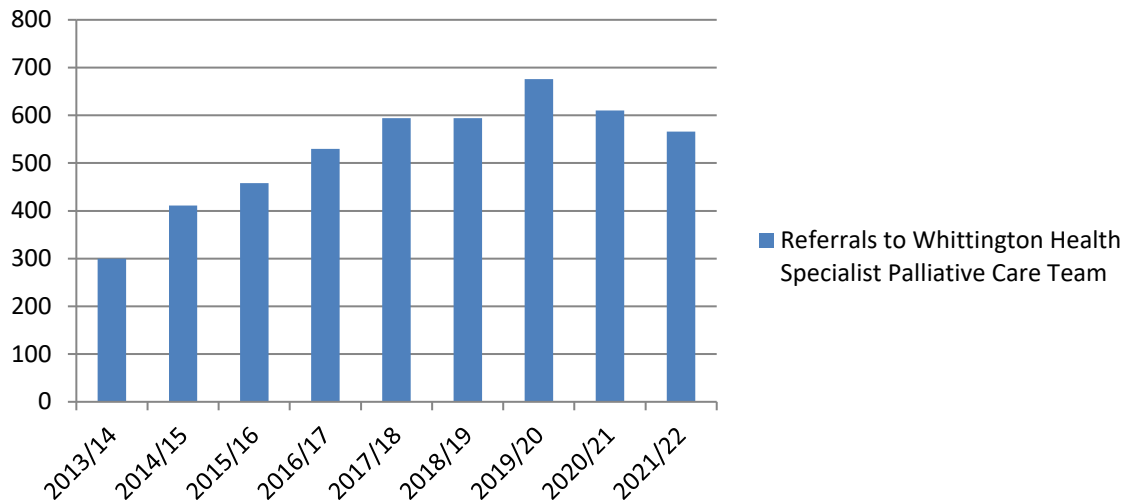
The past year has continued to be challenging for End of Life Care services. Though the numbers of patients dying from Covid has reduced, the team are still seeing a high number of patients and families with complex palliative care needs both in the hospital and community.

At Whittington Hospital we cared for 436 patients who died during an acute admission in 2021-22. The WH End of Life Group is co-chaired by the Executive Medical Director) and Chief Nurse and clinically led by Dr Anna Gorringer (palliative medicine consultant). It meets quarterly and leads the delivery of continuous improvement in end of life care (EoLC) within the Trust.

### **Adult Specialist Palliative Care Service**

The Whittington Hospital Specialist Palliative Care team is a liaison service providing advice and guidance to the acute hospital teams caring for patients with palliative care needs. The team manage physical symptoms, provide psychological support to patients and families, and engage in advance care planning to ensure that patients are discharged to their preferred place of care and die in their preferred place of death. Our referrals were slightly lower in 2021/22, at 566, however the complexity of our caseload has increased, particularly the amount of complex family support required.

## Referrals to Whittington Health Specialist Palliative Care Team



The Trust participated in the 2021 National Audit of Care at the End of Life (NACEL). The summary scores for data collected relating to hospital deaths in April and May 2021 include:

Key Theme	National Summary Score	Whittington Hospital Summary Score
Recognising the possibility of imminent death	87.1%	91.7%
Communication with the dying person	7.9	8.5
Communication with families and others	7.0	6.9
Involvement in decision making	9.5	9.8

Data from NACEL, CQC reports, complaints and incidents and feedback from patients and carers are used to guide the activity of the EoLC group. Whittington Health Specialist Palliative Care Team (SPCT) provides two fundamental services:

A specialist palliative and end-of-life assessment and advice service for the hospital clinical team.

Education for non-specialist clinicians delivering palliative and end of life care

The team are a visible presence across all hospital adult wards, including ambulatory care and ED. They have robust relationships and have maintained regular contact with the Haringey (North London Hospice) and Islington (CNWL) community palliative care teams despite Covid restrictions.

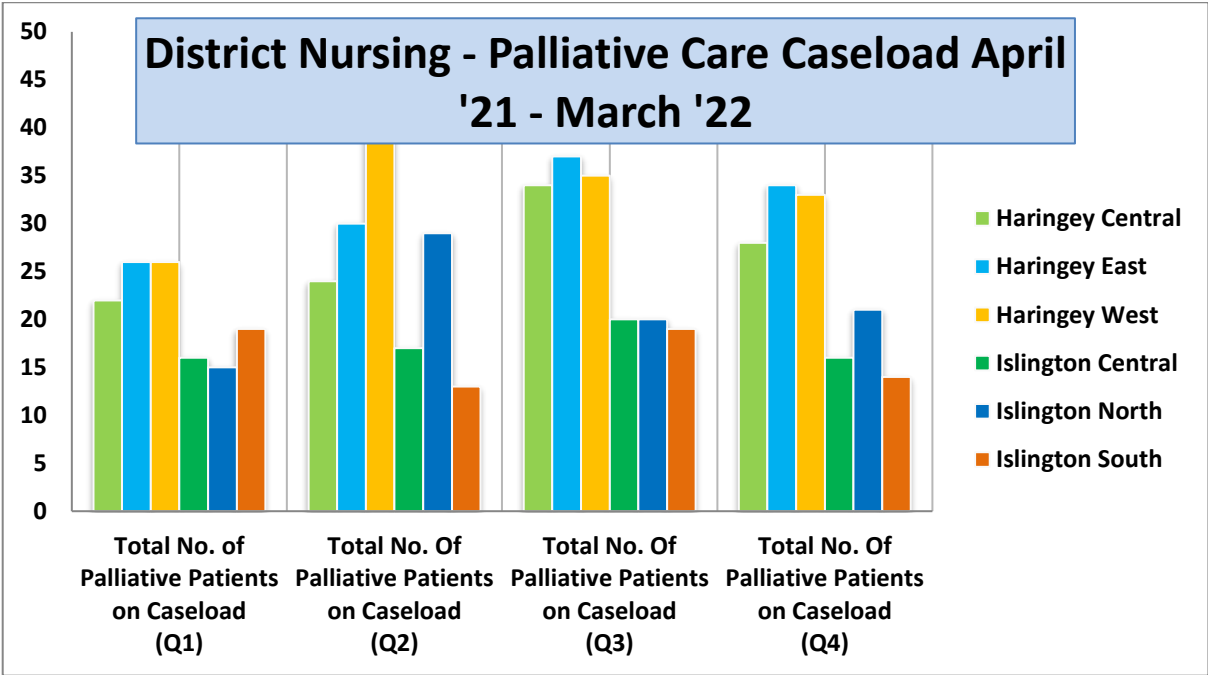
Coordinate My Care (CMC) is a pan-London urgent care service that allows personalised urgent care plans to be created and shared across organisational boundaries. It promotes integrated care and help people achieve their preferences for place of care and death. The plans are flagged with NHS 111, the London Ambulance Service (LAS), A&E departments and out-of-hours GP services, so

that in urgent and emergency situations staff can access a patient’s care plan. CMC is being replaced in 2022 by a new Pan-London Urgent Care Plan.

**Adult Community Palliative Care**

Specialist community palliative care continues to be provided by two trusts: Central and North West London Foundation trust (CNWL) for Islington and the North London Hospice for Haringey. This is provided in partnership with the Whittington Health district nursing service who provide the care including symptom control, psychological support and other nursing care.

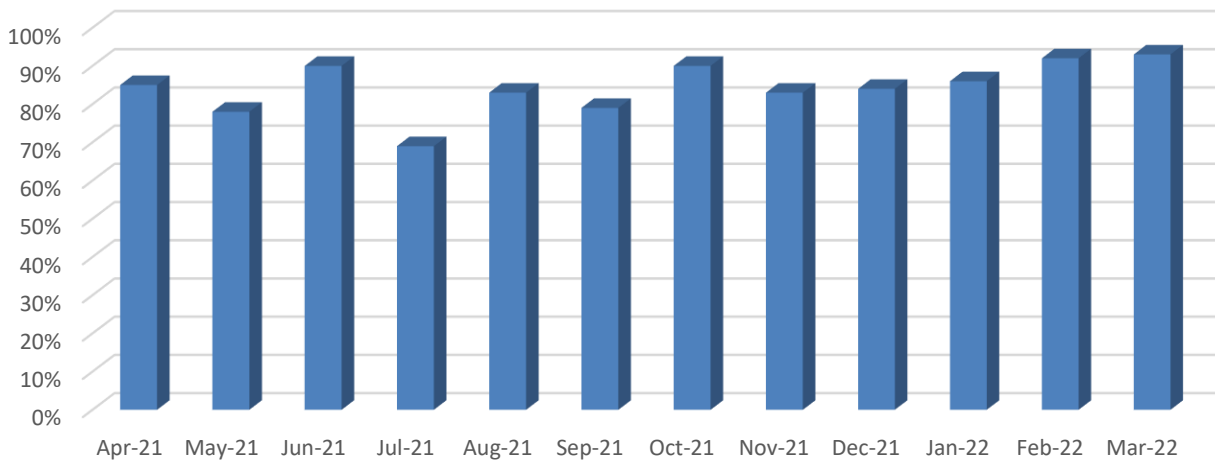
Graph: Palliative care caseload per team in 21/22.



The district nursing service work hard with their palliative care patients to keep them at home if that is what their preference is as their preferred place of death. Overall the target of 70% of patients achieving their preferred place of death was met.

Graph: Average % of those patients dying in their place of choice in 21/22 on the DN caseload.

Average % of those EoLC patients dying in their place of choice

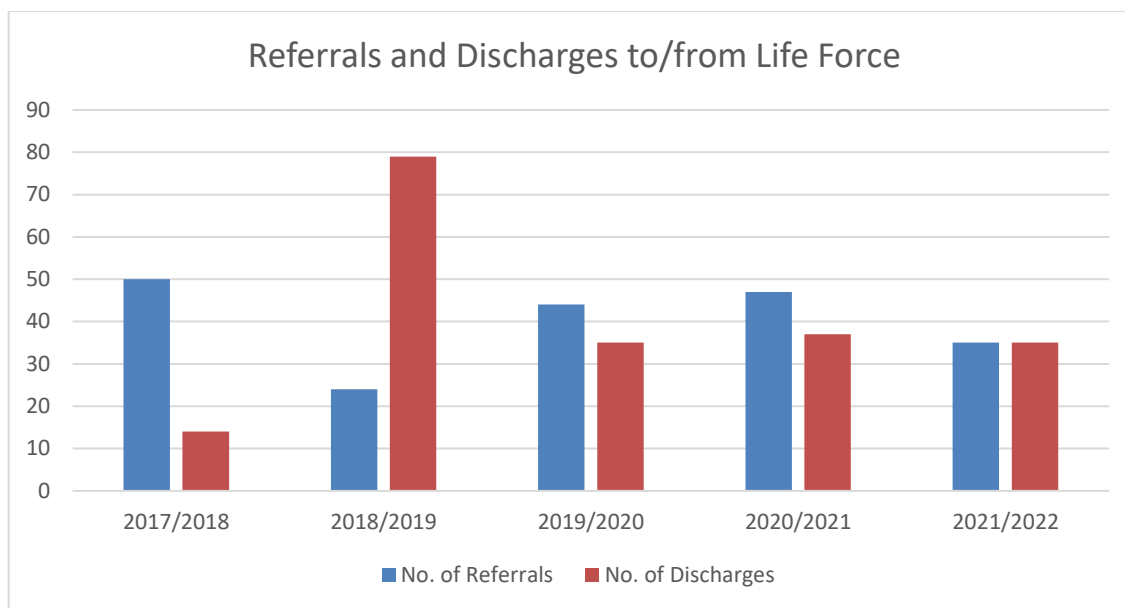


### **Paediatric Palliative Care Services (Life Force)**

Life Force is a team of specialists, who provide care and support to families who have a child with a life limiting or life-threatening condition, living in the boroughs of Camden, Haringey and Islington. They are a multi-disciplinary team consisting of paediatric specialist nurses, respite nursery nurses, play specialist / youth worker and psychologists. They work in conjunction with Great Ormond Street, which provides the support of a Palliative Care Consultant and a 24 hours 'out of hours' telephone support service. Life Force continues to offer preferred place of death (PPD), providing support at any chosen location, i.e., home, hospital, or hospice.

Referrals to Life Force are accepted for the four ACT categories of palliation. Referrals have reduced in 2021/2022 however the cohort of children with neurology and neuro disability and post covid infection, have become increasingly symptomatic requiring increased contacts from Life Force.





In the year 2021-22 there were 12 deaths.

Achievements in 2021/2022 include: the team offered increased support for secondary care and community providers who have less experience with caring for a child at EOL; the format of “Memory Day” was changed to a virtual/face to face model to engage with more families; the team worked with Noah’s Ark to share learning and support Noah’s ark staff competency; delivery of staff wellbeing sessions; and the team initiated and are leading on an NCL CYP Palliative Care Network

## Learning from Deaths

### Number of Deaths

During 2021/2022 there were 435 inpatient deaths at the Trust (this figure excludes patients who have died in the Emergency Department or in patients cared for outside of hospital). This comprised the following number of deaths which occurred in each quarter of the 2021/2022 reporting period:

- 92 In the first quarter
- 115 In the second quarter
- 111 In the third quarter
- 117 In the fourth quarter.

### Oversight

The Trust has an embedded process to screen, review and investigate inpatient deaths. Each Clinical Directorate has a mortality review process to undertake reviews on any appropriate deaths and to identify learning. The Mortality Review Group provides scrutiny of mortality surveillance to ensure the Trust is driving quality improvement by using a systematic approach to mortality review and learning from death. The Group reports to the Quality Governance Committee, cascading upwards to the Quality Assurance Committee and the Trust Board, via a Quarterly Learning from Deaths report, authored by the Associate Medical Director for Learning from Deaths and the Project Lead for Mortality.

### Reviews

95/435 deaths for the year were identified as meeting the criteria for a structured judgement review. By 31 March 2022, of the 95 identified deaths, 53 case record reviews had been carried out.

The table below shows the number of case record reviews by quarter and the number of deaths judged more than likely than not to have been due to problems in care:

	Quarter 1 2021/22	Quarter 2 2021/22	Quarter 3 2021/22	Quarter 4 2021/22
Number of case record reviews	17	13	13	10
Number of deaths judged probably avoidable (more than 50:50)	0	1	0	0

There was one death that was noted to be more than 50:50 likely to be avoidable. This was a patient who developed hospital acquired COVID-19. The patient was medically fit for discharge for 4 days prior to contracting COVID-19; this identifies an opportunity for them to leave hospital sooner – possibly but not definitely avoiding catching COVID-19. Incubation periods can be 6 days. All care, allocation to wards and subsequent isolation of this patient was according to appropriate guidance.

### Summary of Themes, Learning and Actions from Case Record Reviews

From the deaths reviewed in 2021/22 the main themes, learning and actions are:

Care of patients with co-existent physical and mental illness - one patient with serious mental illness (SMI) showed that their death from physical illness was not influenced by their mental health condition. The review identified the patient's mental health did not lead to a delay in investigations or treatment.

Good practice was also identified in care of a patient with learning difficulties particularly in team liaison with the hospital providing specialist care for an existing physical health problem.

The Associate Medical Director for learning from deaths carried out a thematic review of deaths from sepsis. Following this and the appointment a sepsis nurse, subsequent mortality reviews in Q3 have shown care meeting all timings for care and antibiotic administration.

Most mortality reviews identified good standards of care, with relatives expressing thanks for the care of their loved one. Early end of life care and palliative measures were taken in many cases. A joint mortality meeting between the Critical Care Unit, Respiratory and Rheumatology teams identified missed opportunities to review the treatment escalation plan decision in a complex patient but whose prognosis was likely to be poor and lessons have been learnt around using hospital interpreters for treatment escalation plans and Do not attempt cardiopulmonary resuscitations (DNACPR) decisions was identified as being important, when there are language barriers, to allow better understanding for patients and their relatives.

The licensing of new agents to reverse dual oral anticoagulants has been highlighted and may prevent deaths in the future.

### Medical Examiners at Whittington Health

A Trust Lead Medical Examiner (ME) was appointed in April 2020 and four additional Medical Examiners were appointed in January 2021. A further recruitment process appointed three new MEs in March 2022.

The ME provides independent scrutiny of all deaths in the acute hospital. The role includes a review of the case notes, discussion with the members of the clinical team, a supportive discussion with the bereaved family and issue of an accurate medical certificate of cause of death. The ME acts as a medical advice resource for the local coroner. The ME also advises on the selection of cases for a structured judgement review (SJR). A ME Officer was recruited and commenced employment in 2021.

The Lead Medical Examiner, and the Associate Medical Director with the responsibility for learning from deaths, are part of a larger, multi-disciplinary, Mortality Review Group. This Group will continue to progress learning from deaths and provide quality assurance for case record reviews.

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

The Trust reports within stated requirements, the readmission data is reviewed thoroughly and compared closely to the metric that is used for routine board and departmental monitoring of readmissions.

\*Data is reported against the month of discharge of the emergency readmission

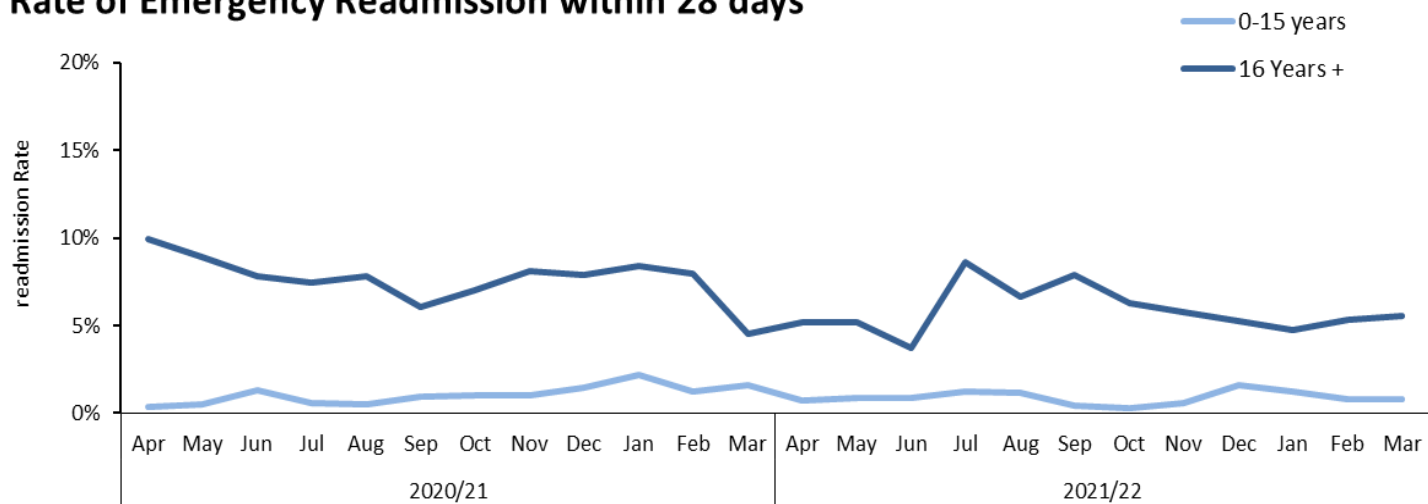
\*Data excludes patients between 0 and 4 years at time of admission or re-admission. Cancer and

Maternity admissions and readmissions are excluded. Patients who discharged themselves are also excluded.

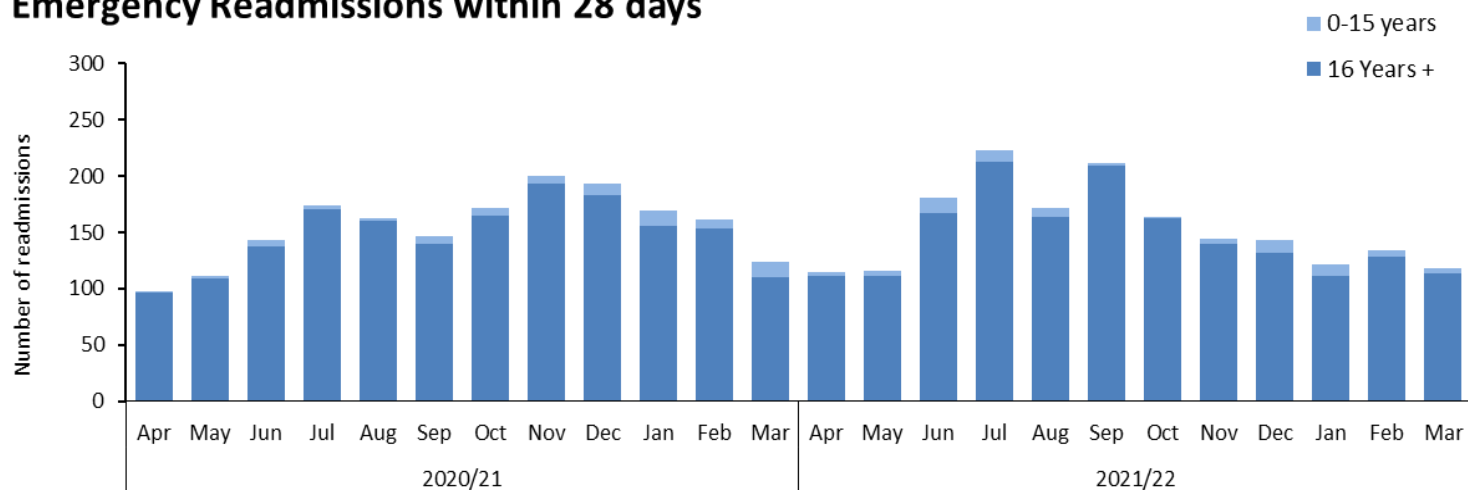
National data has not been published beyond 2011/12. Consequently, national comparison is not available, and this information is generated locally by the trust.

During 2021 the Trust has focussed on scoping and implementing initiatives to improve patient flow within the hospital and ensure safe discharges but, also reduce the numbers of patients requiring potential readmission within 28 days of discharge. Lots of work has taken place in relation to flow within the Emergency Department (ED). Streaming pathways have been implemented to try and reduce admissions and reduce waits against the 4 hour target, improving patient experience. Our 'Multi Agency Discharge Event's' (MADEs) are now part of business as usual. They have regular input from Social Care, Clinicians, District Nursing and GPs to ensure patients are discharged to the most appropriate place for their care in a timely manner. The data table that supports the graphs below can be found in Appendix Three.

## Rate of Emergency Readmission within 28 days

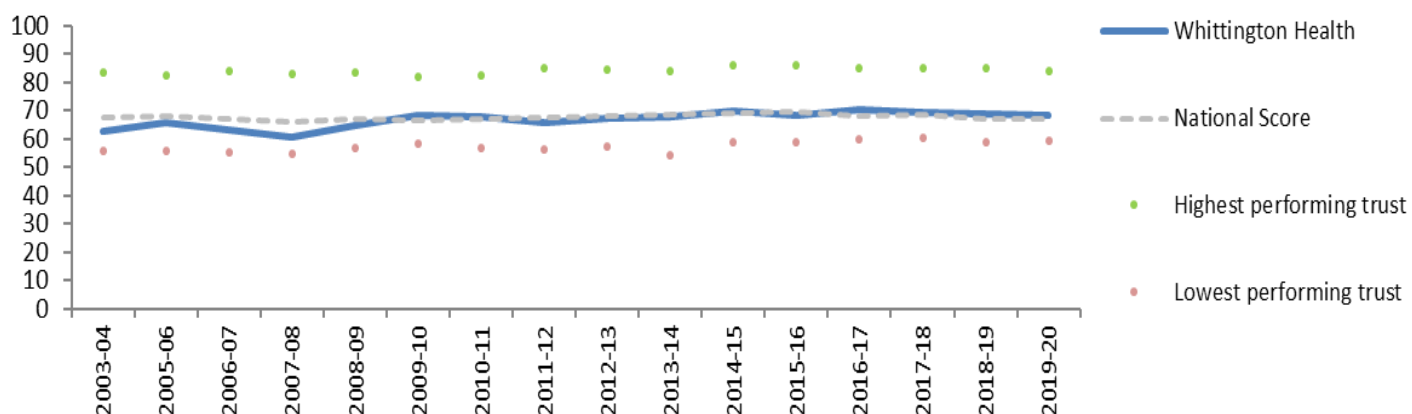


## Emergency Readmissions within 28 days



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

### Responsiveness to the Personal Needs of Patients



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
2018-19	69	67	85	59
2019-20	69	67	84	60

The collection of this data was suspended from the start of the COVID-19 pandemic and has not restarted. The data collected above is the most recent data that is available.

## Staff Friends and Family Tests

### Listening to Our Staff

Whittington Health conducted its eleventh 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 52% which is higher than last year's 51%, and above the median average, 46% in comparison to similar trusts. This is the first year the survey results are aligned to the People Promise. There are seven People Promise elements which replace the old themes in addition to the existing elements of staff engagement and morale. A total of 117 questions were asked in the 2021 survey, of these 92 can be positively scored, with 60 of these which can be historically compared. Most questions and some key themes and indicators (Staff engagement, Morale, WRES and WDES) have been maintained and historical comparability has been upheld where possible and can be compared year on year.

The purpose is to give staff a voice and provide managers with an insight into morale, staff engagement, wellbeing, culture and perception of service delivery.

In 2020 NHS England and NHS Improvement took the decision to combine Acute trusts and combined Acute and Community trusts into one benchmarking group after analysis of the 2019 survey showed no substantial difference in the occupation group profiles or the overall distribution of scores or the survey themes for the two types of organisation. Whittington Health has been part of this newly combined Acute and Acute & Community Trusts group since 2020.

### Staff Engagement Indicator

For the 2021 Staff Survey the key findings that make up the engagement score of staff are:

- Staff recommendation of the trust as a place to work or receive treatment (Advocacy)
- Staff motivation at work
- Staff ability to contribute towards improvements at work (Involvement)

Whittington Health's Staff Engagement score for 2021 is 6.9, which is a drop from 7.1 the last two consecutive years. The Trust has worked hard to develop a compassionate and inclusive culture, and this is evidenced in part by remaining above the national average of 6.8.

### Staff Morale Indicator

Whittington Health's theme score of 5.6 for staff morale which is slightly below the average of 5.7 and a reduction from the previous two consecutive years where morale stood at 5.8. The reduction follows a similar trend with other Acute and Acute Community Trusts, experiencing a reduction in staff morale, where best and worst scores in the group have seen a drop of 0.2 on average.

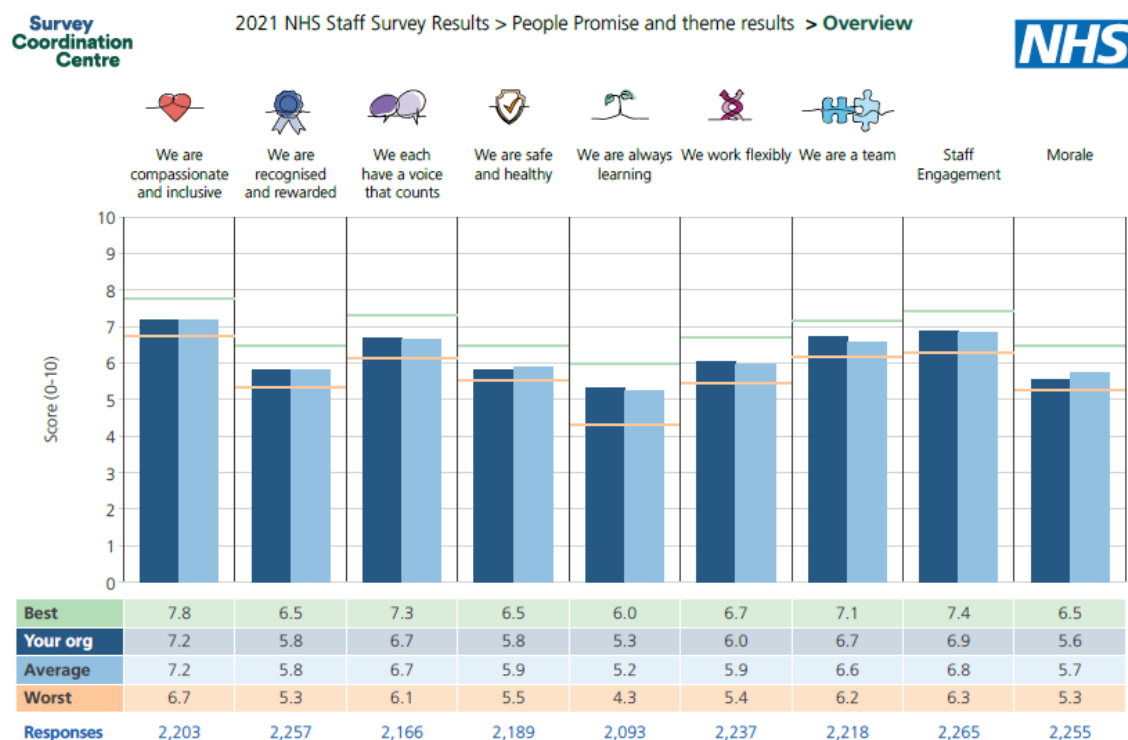
The key findings that make up the Morale score are:

- Staff retention/turnover – thinking about leaving the organisation
- Work pressures
- Stressors

### Top Ranking Scores

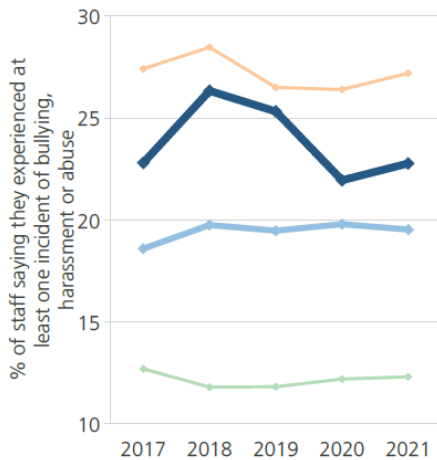
In 2021 Whittington Health is not ranked as 'worst' or 'best' in any of the themes. The Trust is slightly above average for four of the themes, average for three themes and slightly below average for two themes.

### Whittington Health – 2021 overall results – Themes



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

In 2021, Whittington Health has declined in this domain by 0.9% and remains 'below average'. This will remain an area of priority for the organisation for 2022/23.



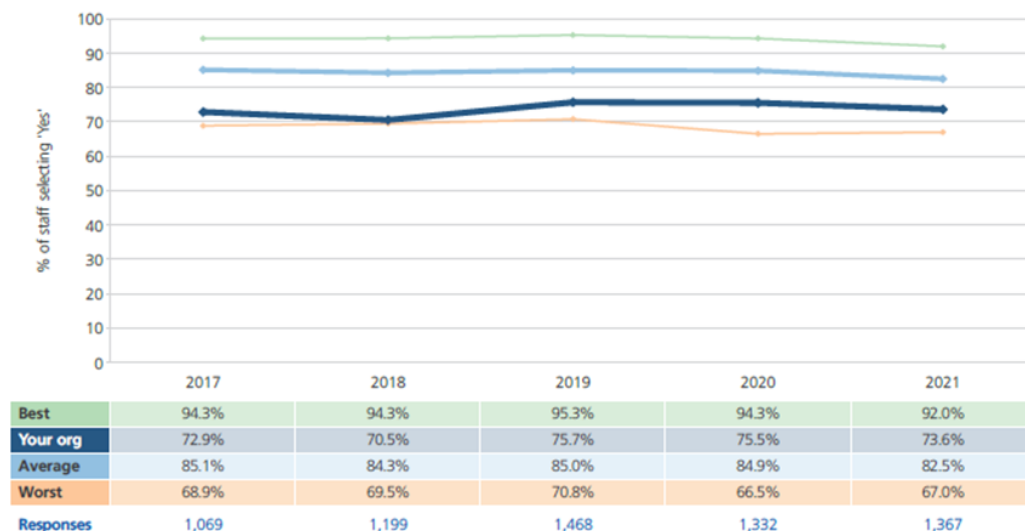
Worst	27.4%	28.5%	26.5%	26.4%	27.2%
Your org	22.8%	26.3%	25.3%	21.9%	22.8%
Average	18.6%	19.7%	19.5%	19.8%	19.5%
Best	12.7%	11.8%	11.8%	12.2%	12.3%

Responses 1,583 1,841 2,259 2,067 2,102

## Percentage of Staff Believing the Trust Provides Equal Opportunities for Career Progression/Promotion

A new scoring calculation to Q15 has been introduced for the question: "Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?". All data from previous years have been re-calculated to allow backwards comparability.

In 2021 Whittington Health has scored 'below average' in Q15 and has experienced a 1.9% decrease since 2020. The trust is below average by 8.9%. Work to promote career development opportunities and development programmes are underway.



Responses 1,069 1,199 1,468 1,332 1,367



## People promise elements and theme results Covid-19 Classification

A new section in the benchmark reports has been introduced since 2020 and has now been aligned to the People Promise elements and the themes of 'Morale' and 'Engagement'. This section shows the breakdown of themed scores for staff in the following subgroups and the average across Acute and Acute Community Trusts:

- Staff who worked on a Covid-19 specific ward or area at any time
- Staff who have been redeployed at any time due to the Covid-19 pandemic
- Staff who have been required to work remotely/from home due to the pandemic

### Theme scores by COVID-19 subgroup

*\*Where the organisation has scored average, it is marked as '☹', above average as '😊' and below average as '☹'.*

Theme	All staff	Worked on COVID-19 specific ward or area	Redeployed	Required to work remotely or from home
We are compassionate and inclusive	7.2 ☹	7.1 ☹	7.1 ☹	7.4 ☹
We are recognised and rewarded	5.8 ☹	5.8 ☹	5.8 ☹	6.2 ☹
We each have a voice that counts	6.7 ☹	6.6 ☹	6.6 ☹	6.9 ☹
We are safe and healthy	5.8 ☹	5.5 ☹	5.6 ☹	6.0 ☹
We are always learning	5.3 ☹	5.4 ☹	5.4 ☹	5.4 ☹
We work flexibly	6.0 ☹	5.8 ☹	5.9 ☹	6.5 ☹
We are a team	6.7 ☹	6.6 ☹	6.7 ☹	7.0 ☹
Staff Engagement	6.9 ☹	6.9 ☹	6.9 ☹	7.1 ☹
Morale	5.6 ☹	5.5 ☹	5.5 ☹	5.7 ☹

### Progress on the 2020 Staff Action Plan

In response to advice provided by the NHS Co-ordination Centre, the Trust sought to create action plans that focused on a small number of key areas to ensure progress is made and staff can experience the changes.

On receipt of the 2020 survey results the Workforce Directorate provided summaries of Integrated Care Service Units (ICSU) and Directorate results with three suggested focus areas for each ICSU and Directorate and a high-level action plan template.

The themes and templates were shared with all the leads who were then tasked with 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 (OD) to 'hot spot' teams. This included attending senior team Away Days, helping managers

facilitate workshops to share the data and identify improvement areas.

The scoring matrix from the 2021 staff survey, which illustrates the changes in scores from the 2020 survey can be found in Appendix 4.  
Details of local changes in relation to the staff survey can also be found in Appendix 5.

Patient Feedback: Learning from National Patient Survey Results

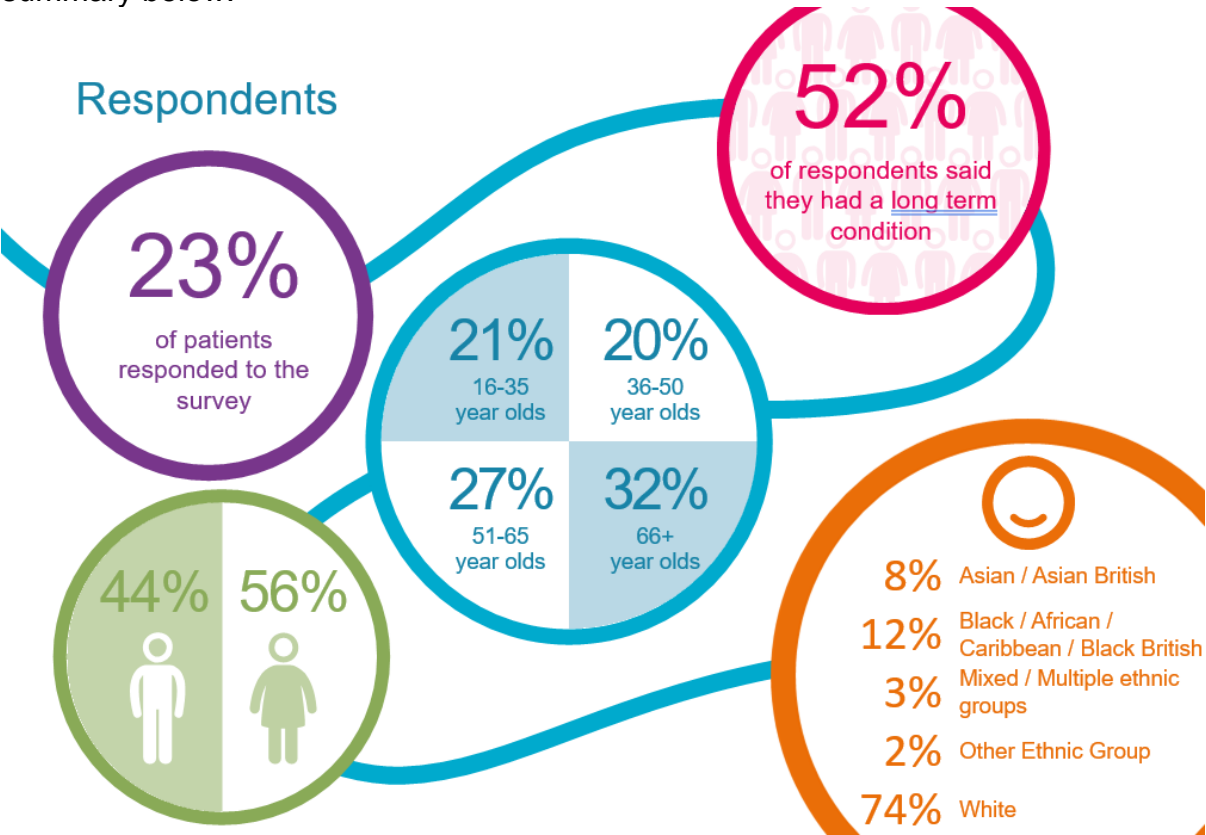
Learning from national patient surveys

The Trust received results for four national patient experience surveys during 2021/22. These were:

- 2020 Urgent and Emergency Care Survey (September 2021)
- 2020 Adult Inpatient Survey (October 2021)
- 2020 Children & Young People (December 2021)
- 2021 Maternity (February 2022)

Urgent and Emergency Care Survey 2020

23% of patients responded to the 2020 survey which was the same percentage as completed responses for 2019. The key improvements and issues to address are summarised in the executive summary below:



## Urgent and Emergency Care Survey 2020 Results

Top 5 scores vs Picker Average	Trust	Picker Avg
Q28. Received test results before leaving A&E	89%	80%
Q45. Expected care and support available after leaving A&E	84%	78%
Q42. Enough information to care for condition at home	91%	86%
Q39. Told side-effects of medications	64%	60%
Q21. Right amount of information given on condition or treatment	81%	78%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
Q43. Staff discussed transport arrangements before leaving A&E	26%	50%
Q35. Able to get suitable food or drink	58%	67%
Q33_5. Saw the cleaning of surfaces	67%	74%
Q5. Waited under an hour in the ambulance	92%	95%
Q9. Waited under an hour in A&E to speak to a doctor/nurse	84%	87%

Most improved scores	Trust 2020	Trust 2018
Q28. Received test results before leaving A&E	89%	78%
Q42. Enough information to care for condition at home	91%	82%
Q24. Staff did not contradict each other	87%	79%
Q32. A&E department was very or fairly clean	97%	89%
Q41. Told who to contact if worried	76%	70%

Most declined scores	Trust 2020	Trust 2018
Q35. Able to get suitable food or drink	58%	61%
Q9. Waited under an hour in A&E to speak to a doctor/nurse	84%	87%
Q12. Informed how long would need to wait	45%	47%
Q29. Understood results of tests	97%	99%
Q5. Waited under an hour in the ambulance	92%	93%

Regarding **Q35** (Able to get suitable food or drink), a new vending machine has been installed in ED, so we would expect to see this score improved in the upcoming survey. Work is ongoing to understand the issues surrounding staff discussing transport arrangements with patients before leaving the department.

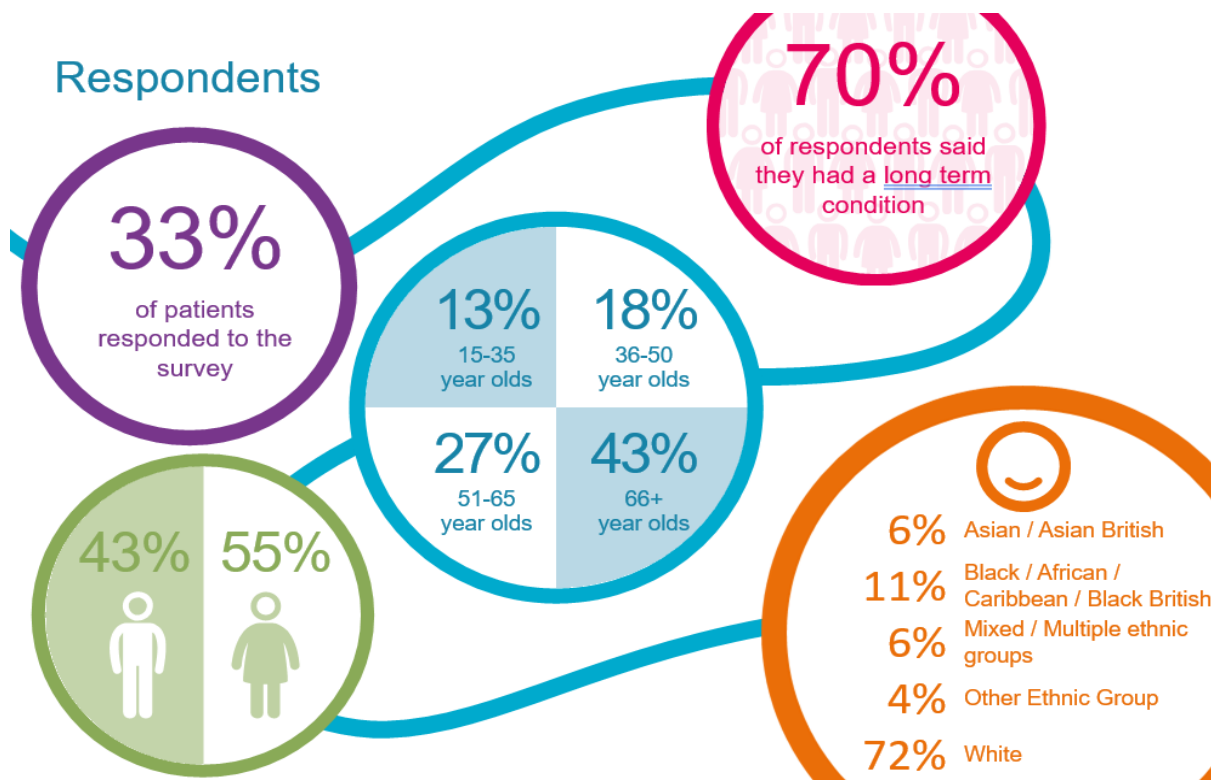
### Adult Inpatient Survey 2020

33% of patients responded to the 2020 survey which was the same percentage as completed responses for 2019. Unfortunately, there were no completions in other languages, no completions over the telephone and no requests for paper accessible, which is something the Patient Experience Team are looking to address for the upcoming Inpatient Survey.

The adult inpatient survey changed from paper only to a mixed mode methodology including push to online. The online survey was available in nine non-English languages and BSL. It also included accessibility options, such as automatic connection with screen readers, font and colour adaptability. Patients were sent reminders to complete via SMS (if we were provided with their mobile number) and by post. Respondents were also able to complete over the telephone (including access to other languages) and request braille, large print, or easy read versions of the questionnaire.

The key improvements and issues to address are summarised below:

## Respondents



## Adult Inpatient Survey 2020 Results

### Most improved scores since 2019

- ↑ 55% Q12. Food was very good or fairly good
- ↑ 87% Q10. Able to take own medication when needed to
- ↑ 88% Q40. Knew what would happen next with care after leaving hospital
- ↑ 75% Q38. Given written/printed information about what they should or should not do after leaving hospital
- ↑ 90% Q37. Given enough notice about when discharge would be

### Top 5 scores vs the Picker Average

- 92% Q33. Explained well how procedure had gone
- 93% Q39. Given information about medicine at discharge
- 84% Q26. Given enough privacy when discussing condition or treatment
- 17% Q47. Asked to give views on quality of care during stay
- 88% Q40. Knew what would happen next with care after leaving hospital

### Our views

- 79%** Q46. Rated overall experience as 7/10 or more
- 97%** Q45. Treated with respect and dignity overall
- 98%** Q16. Had confidence and trust in the doctors

### Bottom 5 scores vs the Picker Average

- 55% Q12. Food was very good or fairly good
- 60% Q2. Did not mind waiting as long as did for admission
- 79% Q46. Rated overall experience as 7/10 or more
- 78% Q36. Staff discussed need for additional equipment or home adaptation after discharge
- 78% Q7. Staff completely explained reasons for changing wards at night

Key improvements are in our response to Q12 (Food was good or fairly good), up from **44%** to **55%** in comparison to 2019, however this is still far short of the national average of **70%**. Between

January and mid-February 2022, a trial of a fully plated meal service was introduced across all areas, and we hope these positive changes will be reflected in next year’s annual patient survey results.

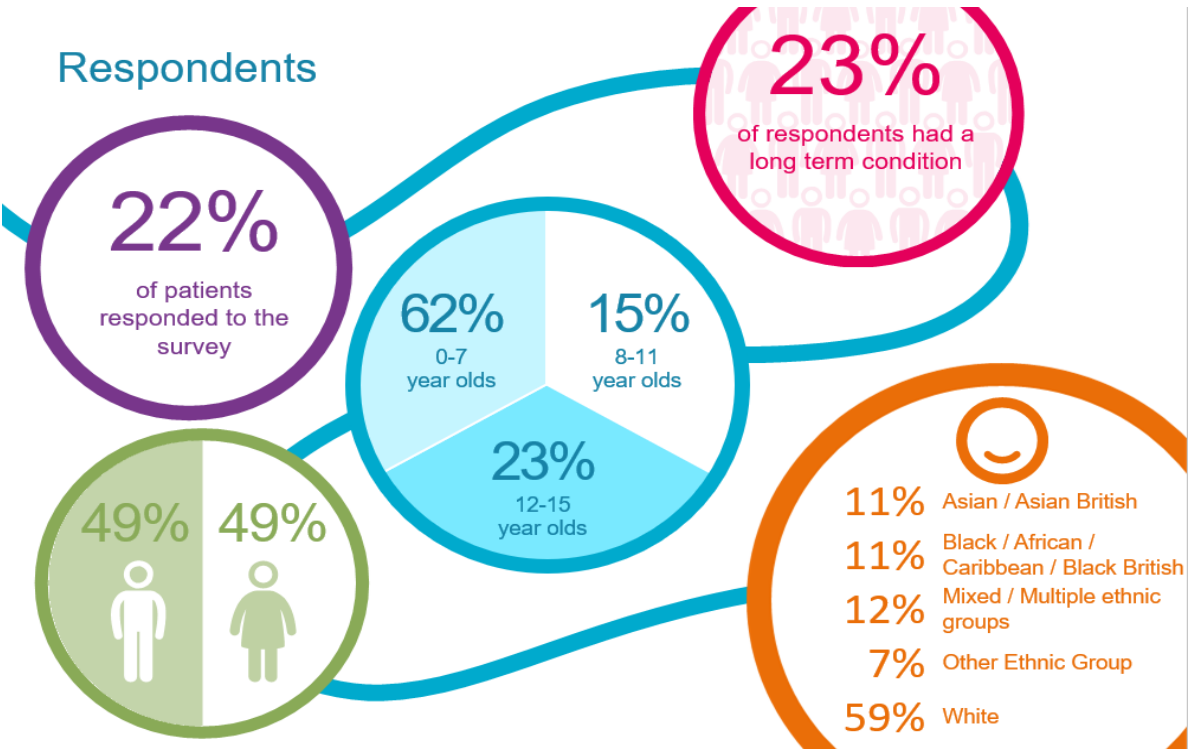
On a related note, only **90%** of patients felt they had enough to drink compared to a national average of **95%**, which has been looked at since the results of this survey were published in coordination with ward managers and matrons. In response to the findings, it was agreed that water should be made more readily available, staff should make a point to regularly ask patients whether they would like more to drink, and the Patient Experience Team are currently looking into the purchase and distribution of water dispenser points throughout the inpatient areas.

On a positive note, during visiting restrictions last year, **88%** of patients felt able to keep in touch with family and friends due to the successful roll-out of the **‘Stay Connected’** Family Liaison programme which will continue with the help of Whittington Health charity funding. This provided families with access to communication services to keep in touch with their loved ones such as ‘With You’ audio messaging, and ‘Thinking of You’ paper postcards. This was in combination with the facilitation of zoom calls and dealing with lost property requests. This is very welcome feedback considering the impact on hospital services during the COVID-19 pandemic.

In addition, there is an ongoing focus on discharge planning which is continuing to improve patient experience and feedback in these areas.

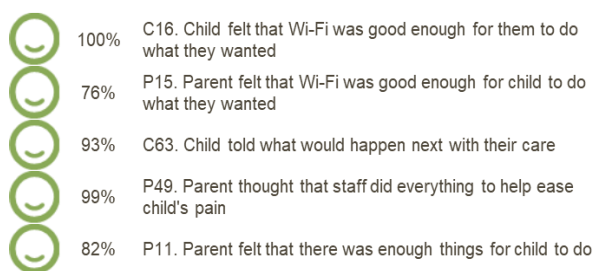
**2020 Children & Young People’s Survey**

22% of patients responded to the 2020 survey which was lower than completed response rate in 2018 (27%). This may have been due to another patient experience survey being undertaken at the same time to establish parents and young people’s experience of the north central London Southern children and young people inpatient Hub merged service as part of major incident planning during the second wave of the pandemic (COVID-19 Delta variant).

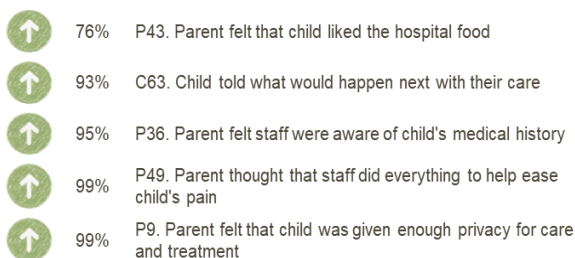


## Children & Young People's Survey 2020 Results

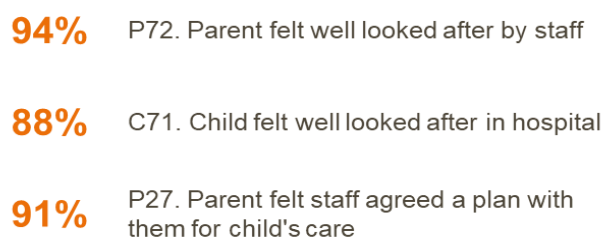
### Top 5 scores vs the Picker Average



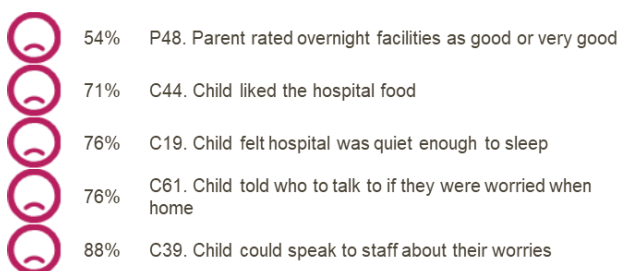
### Most improved scores since 2018



### Our views



### Bottom 5 scores vs the Picker Average



Key Improvements noted regarding food, with **76%** of parents reporting that their child liked the food provided, compared to 2018 score of **66%**, although only **71%** of children reported liking the food (national average **85%**).

This is likely the result of the inpatient catering being brought back in-house as referenced in the response in the inpatient survey results above.

In contrast, there was a reduction in the response by parents when asked if they were able to prepare food in the hospital (**36%** compared to our 2018 score of **55%**), which will have been impacted by changes in Infection Prevention and Control guidelines for the inpatient wards (including the children's wards) during the pandemic.

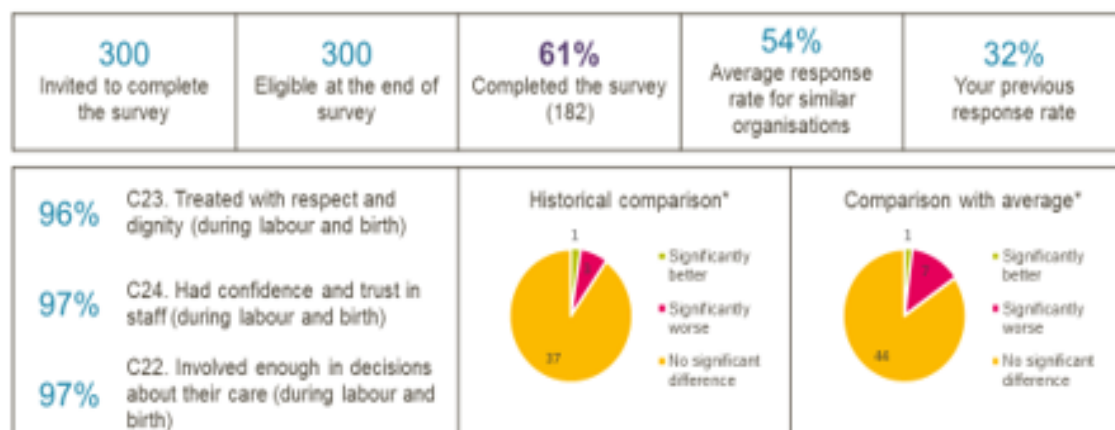
**100%** of children felt that the WIFI was good enough for them to do what they wanted (compared to **84%** national average).

**88%** of children felt they could speak to staff about their worries (below national average of **94%**).

The Patient Experience Team are in the process of arranging a consultation with Picker to go through these results and create an action plan to improve for the next survey.



## 2021 Maternity Survey



\*Chart shows the number of questions that are better, worse, or show no significant difference

Top 5 scores v s Picker Average	Trust	Picker Avg
D7. Found partner was able to stay with them as long as they wanted (in hospital after birth)	91%	33%
C10. Involved enough in decision to be induced	88%	83%
B4. Given enough information about coronavirus restrictions and any implications for maternity care	79%	74%
C14. Partner / companion involved (during labour and birth)	88%	85%
B3. Offered a choice of where to have baby	84%	80%

Bottom 5 scores v s Picker Average	Trust	Picker Avg
F7. Felt midwives aware of medical history (postnatal)	63%	73%
B16. Provided with relevant information about feeding their baby	72%	81%
F17. Received support or advice about feeding their baby during evenings, nights or weekends	61%	70%
C9. Felt they were given enough information before induction	78%	87%
B12. Given enough support for mental health during pregnancy	74%	82%

Most improved scores	Trust 2021	Trust 2019
F12. Staff asked about mental health (postnatal)	95%	87%
F8. Felt midwives listened (postnatal)	98%	93%
D8. Found hospital ward very or fairly clean	95%	90%
F13. Given information about changes to mental health after having baby	87%	85%
D6. Treated with kindness and understanding (in hospital after birth)	94%	92%

Most declined scores	Trust 2021	Trust 2019
B5. Given enough information about where to have baby	75%	92%
C18. Not left alone when worried (during labour and birth)	67%	82%
F6. Saw the midwife as much as they wanted (postnatal)	56%	68%
C4. Felt staff created comfortable atmosphere during labour	84%	94%
C3. Felt they they were given appropriate advice and support at the start of labour	83%	89%

Key highlights to note include the excellent response rate of **61%** which compares to **32%** for the previous survey 2019.

This is due to the engagement work the Patient Experience Team undertook with the Maternity management to promote the survey, as well as other forms of feedback such as Friends and Family Test surveys. Posters were put in visible areas, and clinical leads were placed in charge of promoting the survey directly to patients.

Whittington was the first hospital in London to safely risk assess to ensure that partners could continue to visit and join and stay during a baby's birth and post delivery period during the pandemic;



this is reflected in the positive response relating to feedback about partners’ being able to stay (91% compared to national average of 33%).

The CQC provided benchmarking reports for London from the 2020 survey and the Whittington achieved first best response in London for involvement of partners compared with average trust score across England.

**National Cancer Patient Experience Survey 2020**

The National Cancer Patient Experience Survey 2020 was made voluntary during the pandemic and unfortunately Whittington Health did not have the capacity to run it locally, therefore there are no results for 2020. The Trust will be participating in the 2021 survey and questionnaires have gone out for this.

**Patient Feedback: Friends and Family Tests**

In December 2020, NHS England updated guidance to reinstate the collection of FFT data after a pause in reporting due to the COVID-19 pandemic. Throughout 2021, FFT reporting has steadily recovered from the pandemic, although many challenges have remained, including the second surge in January 2021 and various peaks throughout the year (i.e., Omicron variant in December 2021) affecting the ability of some services to report regularly.

The Patient Experience Team have been working with the Voluntary Services to ensure FFT results collected via handwritten postcards are uploaded to the electronic reporting system regularly, although many services upload the data locally. There has been a renewed focus to roll out a digitisation of FFT collection methods, including automated SMS texting, which is currently used in Emergency, and Day Treatment Centre, and will be live in community physiotherapy services in mid-2022 following a successful pilot. iPads and devices have been used in various services to collect FFT data. Moving forwards, the introduction of trust wide QR codes will assist with the streamlined collection of data, allowing more patients to provide feedback from their own devices and minimising the need for physical collection over time.

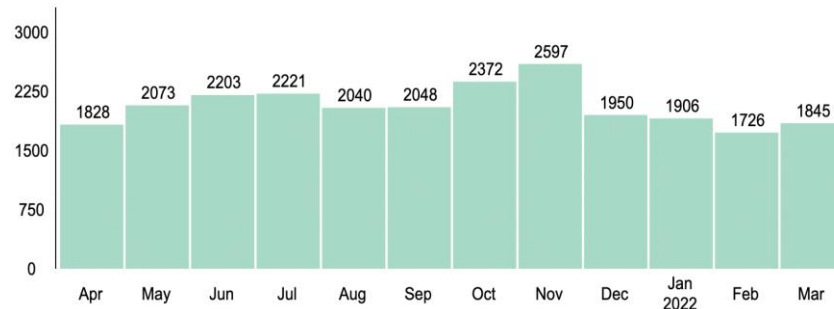
The table below shows the average FFT score for the year 2021-2022, showing a small reduction in 6).

Percentages of Very good/good and poor/very poor  
(FFT - All, 1/4/2021 to 31/3/2022)



The table below shows the total number of responses for 2021-2022 and highlights the steady increase in response rates across the Trust after the peak of the pandemic until the Omicron variant in Q4.

Number of surveys completed each month (FFT - All From 1/4/2021 to 31/3/2022)  
24809 Surveys



Over the past 24-month period, the low point was April 2020, which saw only 739 FFTs collected trust-wide, compared to the post-pandemic high-point in Nov 2021 which saw 2597 - an increase of over 250%. However, this is still slightly below the pre-pandemic high-point in Jan 2020 of 2937.

## 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. The Trust policy requires all admitted patients are individually risk assessed and have appropriate thromboprophylaxis prescribed and administered. In 2020/21 national reporting was suspended due to the COVID-19 pandemic, however the Trust still recorded data locally in 2020/21 and the Trust achieved 81% compliance with risk assessments.

However, in April 2021 the Trust's VTE RA rate was 76.44% and some actions have been taken to improve VTE risk assessment compliance because of the drop in VTE rates showed.

The appointment of a consultant haematologist with a specialist interest in VTE and a new part time VTE pharmacist - who have focused on further improvements in this area - have brought a good increase in compliance. In fact, in January 2022 the Trust VTE RA compliance raised to 93.1% with a better and closer rate to the National Standards of 95%.

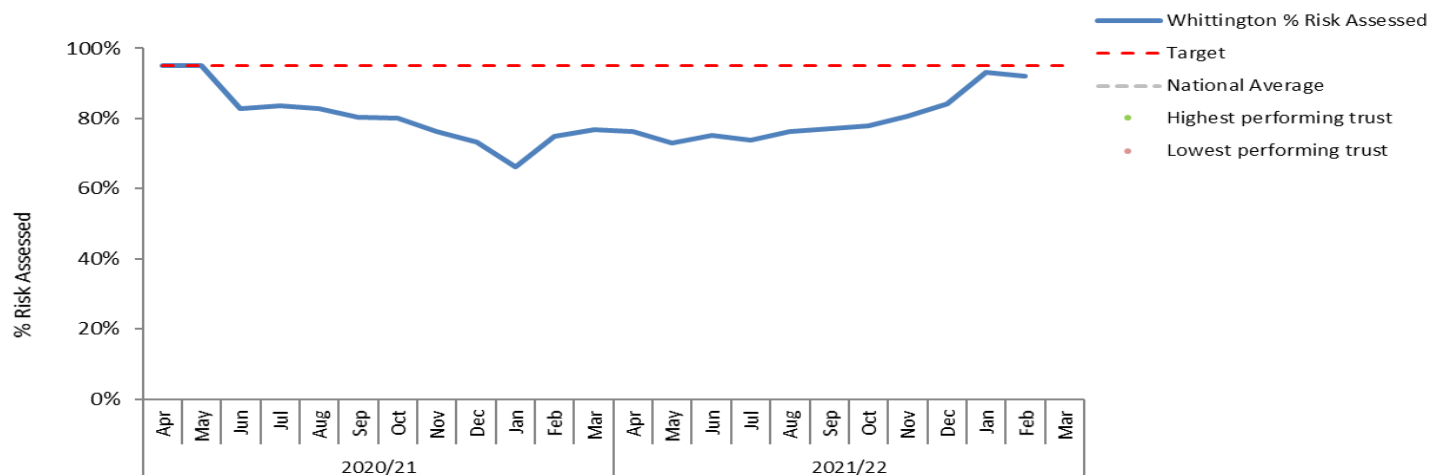
The following actions have been taken:

- Education and training of junior medical and surgical staff with step-by-step guide on how to complete the electronic non-mandatory VTE RA form.
- Daily prompting of Drs on the wards to complete VTE RA non-mandatory forms based on a daily list of patients provided by Information Technology.
- Close co-operation between the VTE pharmacist and Information Technology to switch from a non-mandatory VTE RA on ICE Sunquest to a mandatory VTE RA form on Careflow clinical noting which happened in November 2022.
- Patients' awareness information posters created and circulated on the wards throughout the hospital.
- A children's VTE information leaflet created to increase safety in more vulnerable group of patients.
- A weekly VTE team meeting established to review actions to be taken to increase VTE RA compliance and policies/guidelines e.g., sub-massive PE, ectopic pregnancy VTE guidelines.
- A Thrombosis Committee also established starting from March 2022 with a multidisciplinary representation.

- A Quality Improvement project will be published internally as an example of successful change implementation.
- Root cause analysis continue to represent an educational tool for healthcare professionals on VTE thromboprophylaxis and the VTE pharmacist and the team are keen on keep collecting data to prove our Trust standards and implementing a robust reporting system.

The team is working towards an application as VTE Exemplar Centre.

### VTE Risk Assessment Rates 20/21 & 21/22 to date



## Infection prevention and control

A senior lead nurse leads the trust Infection Prevention and Control (IPC) procedures, in collaboration and under the direction of the Chief Nurse and Director of Allied Health Professionals, who is the Accountable Officer, and Director of Infection Prevention and Control. The Infection Prevention and Control Team (IPCT) provide a full service to hospital, dental, mental health and community services across Whittington Health NHS Trust. Operationally, they are a team of senior IPC nurses, practice educators and an information analyst who support national, regional and local reporting on health care acquired infections (HCAI), Trust attributable bacteraemia such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Escherichia Coli (E. Coli); Clostridium Difficile infections, HCAI outbreaks; Seasonal respiratory illness e.g., Influenza and Sars-Cov-2 (COVID-19) across the Trust.

The focus is on prevention of infection through education, training and surveillance. The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

## Health Care Acquired Infections (HCAI)

Nosocomial or Health Care Acquired Infections (HCAI) are defined as those occurring:

- as a direct result of treatment in, or contact with, a health or social care setting
- because of healthcare delivered in the community healthcare-associated infections

- outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, norovirus).

(NICE Quality Standard- 13 - 2016)

The UK Health Security Agency (UKHSA) monitors the numbers of certain infections that occur in healthcare settings through routine surveillance programmes and advises on how to prevent and control infection in establishments such as hospitals, care homes and schools.

### **Management of healthcare associated infections**

Whittington Health's infection prevention and control policy documents the importance of preventing and reducing rates of HCAI and the surveillance of potential incidents. This remains critical for inpatients who are at risk as they provide essential information on what and where the problems are and how well control measures are working.

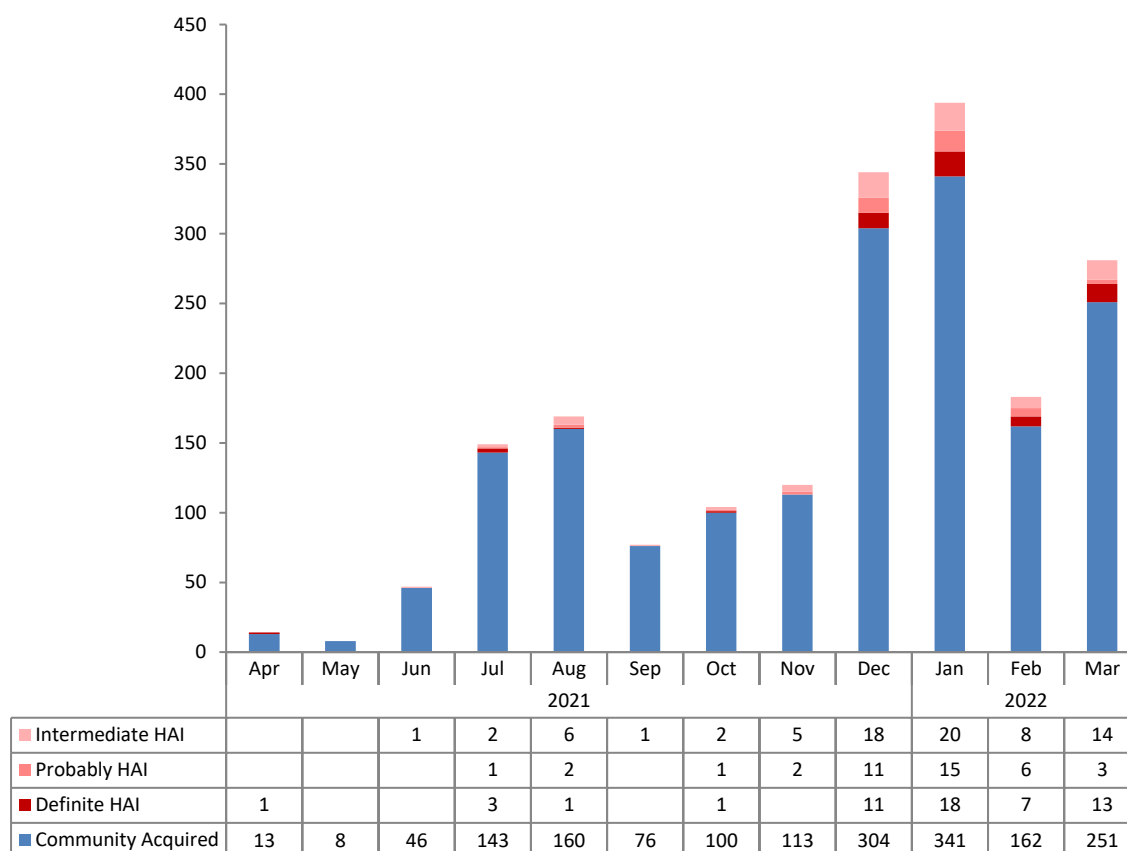
### **Health Care Acquired Infections – COVID-19**

The Trust has captured data on HCAI COVID-19 infections since March 2020 and have recorded 55 definite COVID-19 HCAI cases in the reporting period 2021/22.

The Trust reports daily on all HCAI COVID-19 infections. The Trust tests and retests all admitted patients for COVID-19 in line with national guidance.

Rises in cases occurred in July-Aug 21 and again in Nov-March 2022. This occurred despite the focus and attention on safe infection control and prevention precautions and was linked to the increase in the significant community transmission rate of COVID-19 found in the local population.

**Number of Covid-19 positive cases by month / classification**



**Table: Number of Covid-19 positive cases by month / classification 2021/22**

*NB Definite HCAI COVID-19 infections are defined as patients who test positive on Day 15 or later of admission; Probable HCAI infections are defined as patients who test positive Day 8 – 14 admissions; Intermediate HCAI infections are defined as patients who test positive Day 3 – 7 admissions; and Community Acquired are defined as pre-admission or up to day 2 of admission.*

To monitor compliance with Infection Prevention and Control during the pandemic, in May 2020 NHS England/Improvement (NHSEI) developed a Board Assurance Framework self-assessment. The framework covered 10 key lines of enquiry across IPC, environment, patient pathway and staff. The Trust has completed this self-assessment and it was reported to the Trust Board in July 21.

There is regular updating of the COVID-19 IPC guidance, and this is incorporated within local policies and guidelines to ensure all staff are kept up to date on Department of Health and NHSEI changes.

## Health Care Acquired Infections – Other infections

The Infection Prevention and Control team continue to support the hospital and community services by performing the post infection reviews which focus on all aspects of the patient journey from pre-admission through to discharge when the patient acquires a HCAI. This includes a multi-disciplinary clinical review of all cases with rapid feedback of good practice and/or any lapse in care identified to prompt ward-level learning; these are discussed at the Infection Prevention and Control Committee (IPCC) meeting to ensure Trust wide level sharing, learning and an appropriate platform for escalating outstanding actions.

The increased use of key antibiotics required during the acute and subsequent phases of the COVID-19 pandemic in combination with the altered surveillance definitions of health or community acquisition of infection may have resulted in an increase of cases of Clostridium Difficile (C. Diff) in 2021/22 compared with previous years. Importantly Whittington Health continues to report zero cross infection in relation to this infection.

The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

MRSA (Methicillin Resistant Staphylococcus Aureus)	There is a zero tolerance on MRSA blood stream infections (BSI) unfortunately there was one reported case in the reporting year. Trust wide learning outcomes identified are supported by the IPC education team and clinical teams.
Clostridium Difficile Infections (CDI)	The Public Health England (PHE) limit recommended for 2020/21 for CDI within the Trust was set at 10, Whittington Health reported 14 cases of CDI (Hospital onset, healthcare associated (Day 2 or later since admission HOHA) and 4 cases (Community onset, healthcare associated (Up to 28 days since discharge COHA) which was above the target. This was challenging however the causes of all cases investigated, and all considered unavoidable but there were learning opportunities from lapses in care. Two distinct themes from post infection reviews (PIR) were: <ol style="list-style-type: none"> <li>1) delay in sending stool occurring in the HOHA cases. This may have resulted in delayed treatment and a HOHA (hospital onset infection as opposed to community).</li> <li>2) documentation lacking e.g., records of stool charts, patient's normal bowel habits</li> </ol>
E. Coli Bacteraemia	There were 22 Trust-attributed E. coli blood stream infections (BSI) this year. The national objective in line with the UK five-year plan 'Tackling antimicrobial resistance 2019-2024' is to halve healthcare associated Gram-negative BSIs, by March 2024. The trust is striving to achieve this target. Issues identified are shared as learning. The annual E. coli work programme has been reviewed and requires refocus and trust wide engagement to help reduce these BSI's.
Influenza	This winter, there were 21 cases of admitted patients found to have Influenza. Cases have risen this year but still not a usual influenza season.
Surgical Site Infections (SSI)	Whittington Health met the mandatory reporting for SSI surveillance to UKHSA 'at least 1 orthopaedic category for 1 period in this reporting year'. <b>July to September 2021 SSI data:</b> 22 Repair of neck of femur operations – 2 surgical site infections 12 Large bowel surgeries – 4 surgical site infections <b>October to December 2021 SSI data:</b> 27 Repair of neck of femur operations – 0 surgical site infections. 12 Large bowel surgeries – 5 surgical site infections <b>January to March 2022 SSI data:</b> Data to be finalised and reconciled to UKHSA by 30th Jun 2022

The number of operations occurring are small and could distort percentages. Infections are reviewed by teams and are being monitored closely.

## Patient Safety Incidents

### Patient safety incidents

The Trust actively encourages incident reporting to strengthen a culture of openness and transparency which is closely linked with high quality and safe healthcare.

Incident reporting demonstrated a continued rise prior to the beginning of the pandemic before reaching its nadir during the first wave with just 354 incidents reported in April 2020. There has been a slow recovery back to pre-pandemic levels of incident reporting; however incident reports are currently on a downward trend. The patient safety team is looking at factors that may have caused this trend and, in the meantime, is raising awareness of the importance and usefulness of incident reporting through training based on the national patient safety syllabus.



Figure 1 • Patient safety incidents reported in Whittington Health in 2020/21 and 2021/22 with moving average

### Serious Incidents

The Serious Incident (SI) Executive Approval Group (SIEAG), comprising the Medical Director, Chief Nurse and Director of Allied Health Professionals, Chief Operating Officer, the Associate Director of Quality Governance and Serious Incident Coordinator, meets weekly to monitor and review SI investigation reports as defined within NHS England's Serious Incident Framework (March 2015). In addition, internal root cause analysis investigations and resulting recommendations and actions are monitored and reviewed by the panel.



All SIs are reported to North East London Commissioning Support Unit via the Strategic Executive Information System (STEIS) and a lead investigator is assigned by the Clinical Director of the relevant Integrated Clinical Service Unit (ICSU). All SIs are uploaded to the National Reporting and Learning System.

In 2021/22 there were 26 SIs reported on STEIS. As illustrated in the graph below, the number of Serious Incidents declared as a proportion of all patient safety incidents has been reducing since 2015. This is a positive trend, indicative of an open, transparent safety culture where reporting of incidents is encouraged, with a higher volume of incidents which are near misses or low harm incidents.



Table 2: Serious Incidents declared, as a proportion of all patient safety incidents 2015-2020

In relation to maternity and neonatal incidents the Healthcare Safety Investigation Branch (HSIB) published a report in September 2021, which conducted a thematic analysis of the first 22 national investigations. The analysis used a robust, scientific approach and identified the following three recurring themes, which represent the most significant threat to patient safety:

- access to care and transitions of care (when patients move between care providers or care settings)
- communication and decision making
- checking at the point of care.

An analysis of Serious Incidents at Whittington Health in 2021-22, correlates with these findings, and these have been highlighted as areas for improvement in 2022-23, seeking to learn from national recommendations.

In preparing for the new Patient Safety Incident Response Framework, Whittington Health have reviewed processes in 2021-22 to ensure that the identification of systems issues and human factors remain at the forefront of our work with a focus on learning and improving practice. To that end, SIEAG have supported the use of alternative tools, such as process mapping, After Action Reviews and retrospective audits, to drive change.

Completed investigation reports with a summary letter, highlighting key findings and changes made as a result, are shared with the patient and/or family member, generally accompanied with a telephone discussion, or face to face meeting when socially distancing rules allowed.

Lessons learned following each investigation were shared with all staff and ICSUs involved in the care provided, through various methods including the ‘Big 4’ in theatres, and ‘message of the week’

in maternity, obstetrics and other departments. Learning from incidents is shared through Trustwide multimedia including a learning zone on the Trust intranet, a regular patient safety newsletter, the Chief Executive's monthly team briefing and the weekly, electronic all staff Noticeboard.

### **Never Events**

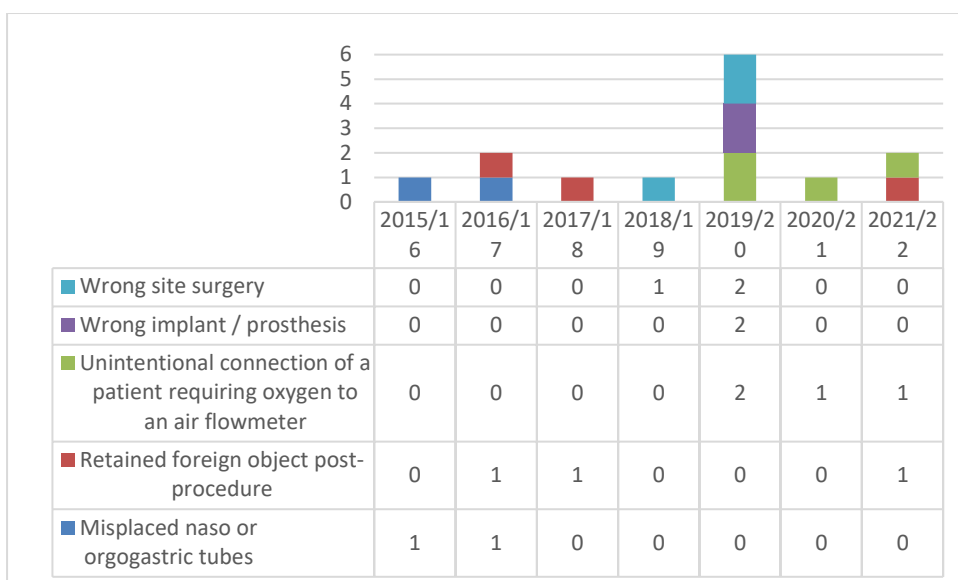
A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented- this is a list of specific events defined nationally.

During 2021/22, the Trust reported a total of two Never Events in 2021/22: one in the 'Retained foreign object post procedure' category and the other in the 'Unintentional connection of a patient requiring oxygen to an air flowmeter' category.

The first Never Event related to a retained swab following a forceps delivery at Whittington Health. The woman was from out of borough and consequently was not visited by the Whittington Health community midwifery and Health Visiting teams' post-discharge. The patient attended a private clinic due to continued pain and discharge after initial treatment in primary care and a retained vaginal swab was identified and removed. Whittington Health were then alerted to the incident and an investigation undertaken. The number of swabs, needles and instruments documented as correct on count sheets, however several actions are needed to review the swab counting procedures, reintroduce training, documentation on white boards and amend SOPs to avoid staff changes at critical times.

A second Never Event related to inadvertent connection of a patient to air instead of oxygen, the patient was mobilizing independently and had kept their nasal cannula on when going to toilet (they were disconnected from the wall gas). The patient then reconnected themselves to the meter on the wall (inadvertently connecting to the air flowmeter which had been incorrectly left in situ, rather than oxygen). The incident was identified within five minutes and there was no harm to the patient. The use of air flowmeters had been identified nationally as presenting a high risk of human error, noting that irrespective of mitigating controls in place, incidents were still occurring. The National Patient Safety Alert in June 2021 required all Trusts to replace the use of air flowmeters with alternative devices by 16 November 2021. This incident occurred during the risk assessment period while alternative devices were being considered. All air flowmeters have now been removed and replaced with compressor machines removing the risk of reoccurrence.

A gap analysis of the Trust's risk mitigation controls to prevent Never Events occurring was completed in January 2022. This report was discussed at the Quality Governance Committee and highlighted the importance of ensuring checklists, including LocSSIPs were fit for purpose and of implementing physical barriers where possible (e.g., stopping usage of air flowmeters).



**Figure 2 • The number of Never Events reported by Whittington Health from 2015/16 to date by date declared**

### Duty of Candour

Since 2014 there has been a statutory duty of candour (CQC Regulation 20) 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 Trust uses a cascade system to ensure that all relevant staff are informed of any alerts that affect their areas. In 2021/22 the Trust received thirteen safety alerts (of which twelve were National Patient Safety Alerts issued by NHS Improvement/NHS England). These have each been actioned and closed as appropriate. Safety alerts are reviewed by the relevant group — for example Patient Safety Alerts are reviewed at Patient Safety Group, and Estates and Facilities alerts are reviewed at Health and Safety Committee — in addition, there is a six-monthly Safety Alert Group in place to review performance regarding the closure of all CAS alerts.

The Quality Governance Committee monitors compliance with CAS alerts, and the Quality Assurance Committee receive updates on any concerns as part of the quarterly Quality report.

### Freedom to Speak Up

The Freedom to Speak Up Guardian (FTSUG) for Whittington Health is continuously working to engage with teams and services across Community and Hospital departments and strengthen its relationships across the trust. The Guardian has adapted to meet the needs of staff over the course of the COVID-19 pandemic where there are less opportunities to meet staff face to face. As the year has ended more people have been preferring face to face appointments as prior the pandemic.

The Guardian has worked closely with the communications team to review the Trust's media activity and promotion to refresh a focus on speaking up. The Trust launched the new Speak Up badges to improve the visibility of the Speak up Advocates network and allies across the Trust. The new badges state 'Freedom to Speak Up, Speak to me' encouraging people to approach the network. The Intranet page was improved, enabling everyone to access it through the main page on the site. An all-staff email was sent to everyone in the organisation about Freedom to Speak Up (what we do, who we are and how to contact us). Another email is scheduled to be sent Spring 2022 as a reminder that everyone can reach out in a safe confidential way. Posters across the community health sites are being updated displaying information about the Speak Up Advocates working on that site. The Guardian continues to be part of the Nurse, Midwives and Allied Health Professionals Preceptorship Study Day and Newly Qualified Nurses Orientation Training, Health Care Support Worker (HCSW) Development Programme and Medical Education Induction to explain how to raise concerns safely and confidentially, raising the profile of FTSU. The Guardian continues to attend the Trust Induction Day for all new starters.

The collaboration between the FTSUG and the Organisational Development (OD) Team and Human Resources (HR) continues to be fundamental to reinforce learning and acting on the concerns received. This collaboration has allowed the trust to challenge cultural behaviours, bullying and harassment and detriment in a serious, committed, and constructive way.

The Guardian has offered regular supervision and support to consolidate the network of Speak Up Advocates. Currently the network, representing diversity, equality, and inclusion across the Trust, has 45 Advocates, across job roles and services. They are trained to actively listen to colleagues raising concerns and provide unobstructive emotional support for staff in difficult meetings.

Whittington Health has been working closely with the joint Directors of Race, Equality, Diversity & Inclusion and all the Staff Networks to listen to staff concerns, promote a healthy and positive Speak Up culture and help remove additional barriers that staff may face in speaking up. Collaboration and mutual support are growing between the FTSUG and the Networks leadership, who have been escalating concerns and signposting accordingly to the Guardian some of the concerns raised within the network's members.

During this year, the FTSUG received 84 initial concerns that required action. These 84 concerns created 84 new opportunities for change and improvement. We always thank staff raising concerns for this valuable contribution. Considering the impact of COVID-19 and winter pressure, it is encouraging to see the number of concerns is returning to the levels seen prior to the Pandemic. Only two concerns were anonymous and have been reported internally and investigated. This hopefully represents a gradual change to an open and positive culture for raising concerns and that staff are starting to feel more confident and safer to disclose their identities while speaking up. 54 concerns presented an element of bullying or harassment. 14 involved patient safety/ experience. Aligned with the National figures reported by the Guardians to the National Guardian office, the percentage of cases at Whittington Health involving an element of patient safety or quality of care has decreased, while cases involving elements of bullying and harassment have also dropped.

The plan for the next twelve months is to focus on the response of managers and leaders to staff who speak up and will be focused on a new NGO Freedom to Speak Up e-learning package, in association with Health Education England. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, focuses on listening and understanding the barriers to speaking up. Also, following the National Workforce Race Equality Standards (WRES) in depth review of race equality and the WRES data at Whittington Health there was feedback that some staff

report still feeling cautious of speaking to the FTSUG or Advocates. Communication and work to support B.A.M.E staff gaining further confidence in the role will be a priority over the next 6-12 months. Proactive engagement with our temporary, Agency and Bank workers, is also a priority for the next 12 months.

### Guardian for safe working hours – (GoSWH)

Despite the complexities and challenges that the COVID-19 pandemic continues to bring to the training of junior doctors over the last year, there has continued to be significant emphasis on the safety of their working hours. This has been reflected in the ongoing engagement with the process of monitoring the safe working hours of junior doctors through the exception reporting process. A large number of additional hours have been worked by doctors in training over and above their rostered hours and these have been recorded and reimbursed with time off in lieu or payment where it has been safe to do so.

This year has seen ongoing issues with significant staff shortages and rota gaps across all training grades due to high levels of sickness as we have seen across the wider NHS. This year we have also seen a higher than ever number of trainees choosing to work less than full time. We have continued to call upon the flexibility and maturity of the trainees to engage with senior colleagues in working to meet the challenges the pandemic has continued to present and their hard work and resilience is to be commended. The Clinical Directors have also been tasked to draw up plans to minimise rota gaps in the future

There continues to be good engagement with the process of exception reporting as laid out in the 2016 terms and conditions. There has been ongoing effort to encourage all specialities to promote and encourage the use of exception reporting.

The Guardian of Safe Working has worked closely with the junior doctors forum to ensure there is a proactive approach to compliance with the 2016 terms and conditions. There has been work to ensure meaningful reviews in areas where there appear to be more reporting working with trainees and consultants to try to review and changes working practices where possible.

### Seven Day Service Standards

Whittington Health has participated in the 7 Day Hospital Services (7DS) Programme since 2017. The programme supports providers of acute services in tackling the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. The Trust has made progress with all 4 priority standards, particularly Standard 6 where the Trust is now fully compliant for the first time this year. The Trust continues to do focussed improvement work on the remaining priority standards to move towards 100% compliance:

- **Standard 2:** Time to initial consultant review: this has been reaudited in 2021 and still shows that the Trust meets the standard for patients admitted from 20:00-0800 and 08:00-15:00 but do not meet the standard for formal complete consultant review (called post take ward round) in over 50% of these patients admitted from 15:00-20:00 despite there being onsite consultant cover. This cover has oversight of admissions and ensures prioritisation of the sickest patients for early review. Due to the significant numbers of patients presenting over this time not all patients get reviewed within this standard. Quality Improvement (QI) interventions changing the shift pattern without lengthening the time on site have not improved this figure significantly this year. The Acute Medicine team is this year auditing to assess if there is clinical risk associated with not meeting this standard to understand if it supports progressing to a




business case to significantly expand consultant numbers required to extend on site hours to 08:00-22:00.

- **Standard 5:** Access to diagnostics: The MRI service is now available during daytime hours 7 days a week on site for spinal cord compression with out of hours cover still provided at The National Hospital for Neurology and Neurosurgery (NHNN). Echo cover increasing with training programme underway of Intensive Care Unit, Emergency Department, and acute medical staff to provide 7-day cover by 2023.
- **Standard 6:** Access to consultant led interventions: All areas are compliant with either onsite or as network pathway with partner Trusts. Access to 24/7 Interventional Radiology is via an onsite 6-day daily service with emergency out of hours cover provided by University College Hospital which is working well.
- **Standard 8:** Ongoing daily consultant-directed review: the Trust has implemented 3 levels of review built into handover system for out of hours but current weekend consultant staffing in medicine not adequate to allow consultant level ward reviews rather this task is delegated to the ward registrar who asks for consultant input from the on call consultant if required

The Trust is fully compliant with the remaining standards 1, 3, 4, 7, 9 and 10 which are assessed through self-assessment annually.

## Part 3: Review of Quality Performance

This section provides details on the progress the Trust is making with the Quality Account priorities 2020-23. the Key milestones and targets were identified for Year 2 (2021/22), and notwithstanding the impact of the impact of the COVID-19 pandemic the Trust has made significant progress.

	Priority not achieved
	Priority partially achieved
	Priority achieved

### Priority 1: Improving communication between clinicians, patients, and carers

#### Aims for 2021/22:

**Project 1:** Improve the quality of outpatient clinical letters to make them more user-friendly for patients and focused on what 'matters to me' as the patient.

1. To improve the number of consultant-written letters addressed to patients by a further 10% on 2020 baseline
2. To increase the number of letters that use clear language by a further 10% on the 2020 baseline
3. Expand the project to non-consultants and HCPs who write letters to patients.

**Project 2:** Roll-out a digital patient portal (Zesty) to improve the quality and experience of Outpatient communication, enabling patients to get a greater role in planning their care. Zesty is an online, secure, interactive platform which is always easily accessible to the patient. The platform will enable communication of appointments (bookings and amendments), information about conditions and procedures and clinical interactions, for example online follow-ups and patient completed questionnaires

1. By the end of 2021/22, we will have introduced Zesty in all outpatient clinics. Success of the programme in improving communication with patients will be measured by patient feedback, patient usage of the Zesty portal and improved timeliness of patient appointment correspondence, which in turn may reduce the DNA rate.

### What did we achieve in 2021/22? – Project 1 Improve the quality of outpatient clinical letters

In 2020, the “Dear Patient” project began with the aim to make the letters written following attendance at an outpatient clinic more useful to patients. We had previously seen success in improving Inpatient Discharge Summaries and making these more useful to patients and so this seemed like the next step. Patients had told us anecdotally that they did not find these useful, and clinicians could see that they were written in language that other clinicians would understand rather than the patients. The work began by speaking with a range of patients and discussing what they would like to see in a letter and would find useful. These discussions produced six aspects that we would work to improve. After meeting with patients, we introduced the project to local GPs as we recognised, they are recipients of the letters too. The measures we set out to work on were:

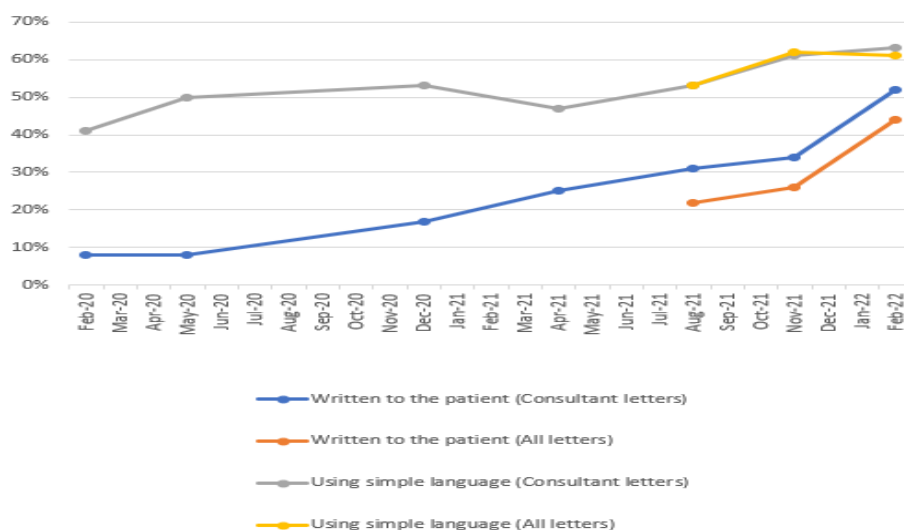
1. Letters addressed to the patient and cc'd to the GP (this has been recognised as being best practice by the Academy of Medical Royal Colleges)
2. Using clear language and explaining medical terminology
3. Have clear next steps
4. To be clear if the patient is discharged or to be followed up
5. Have some safety netting to inform the patient or GP what to do or what to look out for
6. Contain practical advice to help the patient self-manage their condition. (Note, we introduced this measure in 2021)

Since the project began, we have provided teaching and training in writing letters this way, giving the patient comments as to why we are making changes. We have also given feedback to departments, and some individuals and shared good practice.

The specific targets for 2021-22 were to increase the letters addressed to patients by 10%, increase letters using clear language by 10% and expand the projects to all healthcare professionals who write clinic letters (in the first year, the focus was on consultant-written letters). These targets have all been met and the results for these are below. Consultant written letters addressed to patients increased by 35% which was a very good result. In 2021, the project was expanded to look at letters written by Allied Health Professionals, Junior Doctors and Nurses who write letters. Since the project began, we have not received as much feedback as we had hoped for but the comments, we have had have been positive. One doctor in a different Trust received a letter and contacted us, saying it had made him reflect on his own letter writing. We have been contacted by two other Trusts who read about our work on this project and want to do something similar, and so they have asked for advice and to hear further information. The aim of this project has been to improve written communication between clinicians and patients. We have measured the progress of the project quarterly. This was done by choosing a two-week period and then reading a letter written by each clinician in that period, looking at which of six aims were met. In the most recent letters audited (written in February 2022), 110 consultant- written letters were read, and 239 by other Healthcare Professionals (including junior doctors, nursing staff and therapists).



Results of 2021-22 targets



Moving forward, in 2022-23, the QI Lead will continue to monitor these letters to ensure the improved standard remains. Successes have been seen when sending personalised emails to staff writing good letters, attending departmental meetings and discussing them, and producing 'league' tables of how each department is doing against each other. This healthy competition helped to drive the quality of some departments up.

#### What did we achieve in 2021/22? – Project 2 1. By the end of 2021/22, we will have introduced Zesty in all outpatient clinics

During 2021/22 further work on the bi-directional integration to allow for cancellation and rebooking of appointments in the portal has been carried out between the Zesty/System C development team. The solution for paper letter suppression has been agreed between all parties. Work on the letter templates for the portal was carried out by the Whittington team.

Further information was required to define a solution for handling of attachments in the portal. Zesty have requested this from Fun Asset/Xerox and it is now in place. Discussions have taken place on the use of SMS and onboarding of patients to use the portal. Information has been provided to Whittington on the likely SMS costs and the expectations of patient adoption rates which are achieved via this method.

It was planned to have the Zesty portal implemented by the end of Q4 2021/22 but due to vital integration works taking place ahead of go live. It is now scheduled to be implemented in Q1 2022/23.

A robust communications plan, which includes social media, local newsletters, posters, and online content has been drafted with assistance from the Trust Communications Team ahead of the launch in Q1. The online platform will allow our patients to benefit from their appointment information readily available online and a reduction in paper mail. Once this

phase of the project goes live, focus will be to onboard majority of our patients on to the platform within the first 6 months followed by commencing works to allow patients to reschedule their appointments as well.

Benefits can be measured by patient feedback, patient usage of the Zesty portal and improved timeliness of patient appointment correspondence, which in turn should assist in reducing DNAs. Patient benefits include better physician-patient relationships, improvements to patient safety, patient-provider communications and adherence to medications and advice.

## Priority 2: Improving patient safety education in relation to human factors

### Aims for 2021/22:

Following the success of the 'pilot simulation programme' in 2020/21, in year 2, the focus was on sustainability and expansion.

1. To continue delivering the pilot sim programme across the hospital, using HF champions (as the pilots return to flying).
2. To expand human factors education into community settings.

### What did we achieve in 2021/22?

During 2021/22, simulation training continued across the Trust, including in-situ simulations particularly in the Emergency Department and on the Critical Care Unit. As expected, the aviation pilots, who were instrumental in the 'pilot sim programme' during the first year of the pandemic, returned to flying but the focus on non-technical feedback from simulations has continued.

Observation of communication techniques and leadership skills are given equal focus to technical competencies, in recognition of the importance of human factors in preventing harm.

This understanding and awareness of human factors has also been reflected in a more systems-based approach to learning from incidents. In preparation for the introduction of the Patient Safety Incident Response Framework in June 2022, which will replace the current Serious Incident framework, the Trust has adopted a variety of tools to investigate incidents and ensure issues are identified in a timely way, improvements made, and learning shared widely.

This includes an in-situ process mapping exercise in maternity unit, following a medication error during labour. The exercise was multi-disciplinary with midwifery, pharmacy, obstetrics and governance staff in attendance and focused on identifying solutions to the environment, equipment and processes to mitigate risk rather than relying on reminders to staff. A similar approach was taken in Outpatient pharmacy to mitigate the risk of human error with Controlled Drugs handling.

Improving understanding of human factors and the impact on making healthcare as safe as possible remains a high priority nationally and for the Trust and will continue both as a Quality Account commitment in 2022/23 and as part of the local implementation of the National Patient Safety Strategy.

### Priority 3: Reducing harm from hospital acquired de-conditioning

#### Aims for 2021/22:

1. To trial a new enhanced Health Care Support Workers (HCSW) model which will include a training programme for mobilising patients.
2. To recruit five enhanced HCSWs for the hospital wards during 2021/22.

#### What did we achieve in 2021/22?

New questions have been added into the Therapy notes section on Medway (Patient administration system) which asks if the patient has been out of bed / walked today? This is graded using the John's Hopkins mobility scale. There are plans to expand this to the nursing notes section on Medway in 2022, and there are also plans to include this information in the Anglia ICE information for when patients return to their place of residence which will aid District nursing teams and social care.

19 Enhanced Health Care Support Workers have been recruited in 2021/22. 13 of these have attended the enhanced health care support worker training course which includes an element on hospital de-conditioning and prevention as well as care of patients living with dementia.

We have also purchased an 'Age simulation suit' which can be utilised by all staff members. This suit offers staff the opportunity to experience the impairments of older person. It is a full body suit that stimulates the effects of age reduced muscle strength, changes in sensory recognition and decreased range of movement. Wearers of the suit are given unique insight into the main effects of aging; it is hoped that this will inspire empathy and understanding in staff and will enhance training and simulation scenarios.

### Priority 4: Improving blood transfusion care and treatment

#### Aims for 2021/22:

1. To increase training by 30% on the overall trust baseline for 2020,
2. To increase nursing compliance by 20% on the 2020 baseline.
3. To continue the communication campaign around the importance of completing blood transfusion training for patient safety

#### What did we achieve in 2021/22?

Improvement goals for 21/22 were not achieved. To sustain improvements with compliance requires managers to have access to data for their staff and for individuals to have awareness of their mandatory training requirements. Measures to tackle the low compliance issues are through Elev8, the new learning platform, the design will alert staff of their mandatory requirements. The e-learning modules are grouped for all the different staff roles to aid navigation and identification of individual e-learning requirements, it also gives managers the ability to monitor compliance for their team. Users also have the option to opt out via elev8 if Blood Transfusion is not a requirement for their role. It is important

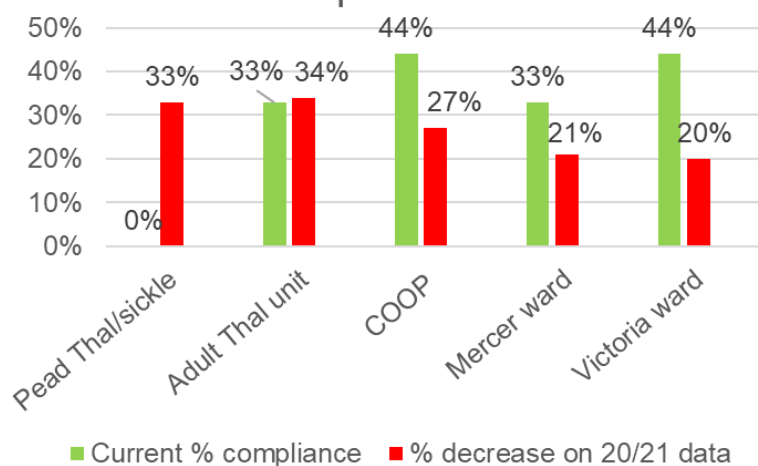
that staff are encouraged to 'opt out' to remove the need for them to be compliant with training that is not required for their role.

- 320 clinical doctors of all grades were included, of those 79 are compliant (25%) an increase of 7%
- 452 qualified nurses of all grades were included of those 197 are compliant (44%) an increase of 3%
- 15 Operating department practitioners were included, of those 4 are compliant (27%) down 2%

### 21/22 Targets met



### Largest decrease in compliance



Although the target of increasing the training target by 30% compliance was not achieved, there has been improvements. Overall average trust compliance was 30% up 2% on 2020/21. This was an increase of 10% overall from 2019 (20% compliance baseline).

## Training Compliance Results by ICSU

### CYP ICSU Results

ICSU average 34%

20/21 Nurses 32%

21/22 Nurses 54% ↑ 22%

20/21 Doctors 9%

21/22 Doctors 11% ↑ 2%

### EIM ICSU Results

ICSU average 39%

20/21 Nurses 41%

21/22 Nurses 44% ↑ 3%

20/21 Doctors 18%

21/22 Doctors 31% ↑ 13%

### S&C ICSU Results

ICSU average 36%

20/21 Nurses 47%

21/22 Nurses 38% ↓ 9%

20/21 ODP team 29%

21/22 ODP team 27% ↓ 2%

20/21 Doctors 29%

21/22 Doctors 34% ↑ 5%

### ACW ICSU Results

ICSU average 9%

20/21 Nurses 0%

21/22 Nurses 40% ↑ 40%

20/21 Midwives 10%

21/22 Midwives 6% ↓ 4%

21/22 Doctors 10%

21/22 Doctors 15% ↑ 5%

An extensive communication campaign has been run throughout 2021/22 to improve awareness of mandatory e-learning compliance for all staff groups involved in the transfusion process. To achieve this multiple communication methods were used. Such as:

- Posters in clinical staff areas
- Screen savers
- Newsletter
- Intranet
- Spotlight on safety
- Direct emails

## Part 4: Other Information

### Local Performance Indicators

Goal	Standard/benchmark	Whittington performance			Comments
		21/22	20/21	19/20	
ED 4 hour waits	95% to be seen in 4 hours	78.30%	87.4%	83.8%	

Goal	Standard/benchmark	Whittington performance			Comments
		21/22	20/21	19/20	
RTT 18 Week Waits: Incomplete Pathways	92% of patients to be waiting within 18 weeks	74.4%	65.6%	92.1%	April 21 to Feb 22 (March 22 not yet available)
RTT patients waiting 52 weeks	No patients to wait more than 52 weeks for treatment	7093	11094	2	*Total Breaches reported as part of monthly submission, not individual patients. April 21 to Feb 22 as March 22 not yet available
Waits for diagnostic tests	99% waiting less than 6 weeks	94.1%	72.1%	99.3%	
Cancer: Urgent referral to first visit	93% seen within 14 days	74.8%	94.6%	94.8%	April 21 to Feb 22 (March 22 not yet available)
Cancer: Diagnosis to first treatment	96% treated within 31 days	95.3%	98.1%	98.8%	April 21 to Feb 22 (March 22 not yet available)
Cancer: Urgent referral to first treatment	85% treated within 62 days	61.1%	73.8%	84.0%	April 21 to Feb 22 (March 22 not yet available)
Improved Access to Psychological Therapies (IAPT)	75% of referrals treated within 6 weeks	91.4%	93.8%	95.1%	April 21 to Feb 22 (March 22 not yet available)

### Summary Hospital-Level Mortality Indicator (SHMI)

The most recent data available (published March 2022) covers the period November 2020 to October 2021

<b>Whittington Trust SHMI score:</b>	0.87	Compared to 0.90 reported for November 2020 to October 2021 period
<b>Lowest National Score:</b>	0.72	Chelsea And Westminster Hospital NHS Foundation Trust
<b>Highest National Score:</b>	1.19	Norfolk and Norwich University Hospitals NHS Foundation Trust

16 Trusts including Whittington Health NHS Trust were graded as having a lower-than-expected number of deaths.

14 Trusts were graded as having a higher-than-expected number of deaths.

92 remaining Trusts were graded as showing the number of deaths in line with expectations.

"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).

### Health Watch Islington feedback

Healthwatch Islington recognise the extreme pressure that services are under, exacerbated by the pandemic. Whittington Health has been an active partner in the vaccine roll-out and strived to keep delivering high quality, timely services within this context.

We'll continue to work with the Trust to ensure that problems with non-Emergency Patient Transport are dealt with. This is a complex and ongoing issue influenced by a number of factors including ambiguous criteria from NHS England and a complex, multi-partner commissioning process. We are pleased to be receiving less resident and GP concerns about this issue but will continue to work closely with the Trust on this.

Whittington Health involved us in a discussion about their priorities. These priorities make sense to us and we look forward to working with them particularly on those priorities relating to communication between healthcare professionals and patients, to ensure these are accessible (Healthwatch England will be leading work on the Accessible Information Standard and we will share this learning and good practice). We hope to also work closely with the Trust on addressing population health inequalities.

We will continue to work closely with Whittington colleagues at the Integrated Care Board and Whittington's Patient Experience Group as well as through Fairer Together Borough Partnership and the Partnership's Challenging Inequality workstream.

Emma Whitby, Chief Executive.

Healthwatch Islington



### Health Watch Haringey feedback

We were pleased to see Whittington Health NHS Trust's Quality Account.

Whittington Health NHS Trust has had a challenging year, with the continuing pressures of the Covid-19 pandemic but has managed to maintain its commitment to providing accessible high quality services to local people.

We welcome, as part of its ongoing priorities, improving communication between clinicians and patients, as we often find a lack of communication, or a misunderstanding, can have a very adverse effect on patient experience and patient care.



We are also really pleased to see as one of its new priorities reducing health inequalities in the local population, as this is something we have been focused on for the past few years, trying to ensure that all sections of Haringey's diverse communities have access to high quality health and care services and support, as and when they need it.

We have also been working in partnership with Whittington Health this year on the new investment and service developments going into Wood Green. There has been engagement with local people on the new Community Diagnostics Centre (CDC) opening this Autumn, and the relocation of some of Whittington Health's community health services to Wood Green next year, as part of a new Integrated Health and Wellbeing Hub in the heart of Wood Green and the local community. We have been impressed with Whittington Health's commitment to engage with local people and service users, and to involve them so they have a real say in shaping their services.

We look forward to continuing to work with Whittington Health over the coming year as this, and other projects, come to fruition and help ensure the Trust continues to deliver accessible high quality services to local people and patients, co-designed by the local people they are designed to serve.

**Rakshita Patel**

Research and Engagement Manager  
Healthwatch Haringey



## Commissioner feedback

23 June 2022

Laycock Professional  
Development Centre  
Laycock Street  
London  
N1 1TH

020 3688 2900  
northcentrallondonccg.nhs.uk

## **Quality Account 2021/22 - Statement from North Central London Clinical Commissioning Group**

North Central London Clinical Commissioning Group (CCG) is responsible for the commissioning of Health services from Whittington Health NHS Trust on behalf of the population of North Central London.

NCL CCG thanks Whittington Health NHS Trust for sharing the 2021/22 quality account and welcomes the opportunity to provide a commissioner statement having reviewed the information contained with the account. Where possible, information has been cross referenced with data made available to commissioners during the year.

Throughout 2021/22, the CCG have continued to maintain an open and ongoing dialogue with the Trust. Commissioners have attended the Trusts internal Quality and Safety meetings to obtain assurance on the safety and quality of care provided by the organisation, in addition we have maintained regular meetings with the quality team and Chief Nurse.

Commissioners note the progress outlined in the account against the 2021/22 quality priorities and continue to recognise the positive strides the Trust has taken through a number of initiatives including the work to improve the usefulness of letters sent to patients following an outpatient appointment, and those sent by allied health professionals.

The CCG commend the Trust for the immense support they have provided to the NCL health and care system in response to the second year of the Covid-19 pandemic. In particular the work to support vaccine roll out and boosters for patients and staff. The CCG would like to thank the staff for their flexibility and responsiveness during what has continued to be a difficult time both professionally and personally.

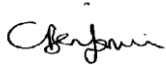
It is positive to see that the trust has co-produced a patient and carer experience and engagement strategy. It is clear that the service user, and their families, voice is important to the Trust and they continue to demonstrate commitment to an extensive programme of work in relation to co-production, Experts by Experience and service user Engagement & Involvement.

Commissioners continue to fully support the five priorities identified by the Trust for 2020/23 which are:

- Reducing harm from hospital acquired de-conditioning
- Improving communication between clinicians and patients
- Improving patient safety education in relation to human factors
- Improving care and treatment related to blood transfusion
  - Including specific projects to improve care and treatment of patients with sickle cell anaemia
- Reducing health inequalities in our local population

The ICS looks forward to hearing of progress against the Trust's chosen priorities for 2022/23 and the impact the achievements have had for patients, families, carers and staff. The ICS will continue to work collaboratively with the Trust to support transformation within health services and the development of objectives within the Integrated Care System.

Yours sincerely



**Charlotte Benjamin**  
**Chair North London CCG**



**Frances O'Callaghan**  
**NCL CCG Accountable Officer &**  
**ICB Chief Executive Designate**

## 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](mailto:communications.whitthealth@nhs.net)

**Publication:**

The Whittington Health NHS Trust 2019/20 Quality Account will be published on the NHS Choices website by the 15<sup>th</sup> December 2020.

<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 in the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amended Regulations 2011).

In preparing the Quality Account, 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, in particular, the assurance relating to consistency of the Quality Report with internal and external sources of information including:

- Board minutes.
- Papers relating to the Quality Account reported to the Board.

- Feedback from Health Watch.
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009.
- the latest national patient survey.
- the latest national staff survey.
- feedback from Commissioners.
- the annual governance statement; and
- CQC Intelligent Monitoring reports.

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 reported 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 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.

Handwritten signatures of Siobhan Harrington and Baroness Julia Neuberger.

**Siobhan Harrington**  
Chief Executive

**Baroness Julia Neuberger DBE**  
Chair

## Appendix 1: National Mandatory and Non-Mandatory Audits 2020/21

### National Child Mortality Database Programme: Suicide in children and young people thematic report 2021:

Every child or young person who dies by suicide is a precious individual and their deaths represent a devastating loss for parents, siblings, grandparents, carers, guardians, extended family and friends. Suicide leaves a legacy for families that can have an impact on future generations and the wider community. As with all deaths of children and young people, there is a strong need to understand what happened, and why. We must also ensure that anything that can be learned to prevent future deaths by suicide from happening is identified and acted upon.

This National Child Mortality Database (NCMD) thematic report aims to identify the common characteristics of children and young people who die by suicide, investigate factors associated with these deaths and identify common themes to help inform policymakers, commissioners, those providing services to children and young people and those involved in reviewing deaths of children and young people. It also aims to contribute to the existing evidence base in this area to inform ongoing and future research into the mental health of children and young people.

The report looks at deaths that occurred, or were reviewed by a CDOP, between 1 April 2019 and 31 March 2020 and therefore does not cover the period of the COVID-19 pandemic.

#### Actions Taken:

- Teaching has taken place and continues for paediatric trainees at induction and on I for ward for 'HEADSS assessment by paediatric trainees on over 12's presenting in ED with mental health concerns. This will help to elicit further psychosocial concerns (to include bullying, safety at home, school concerns).
- All young people presenting with self-harm or suicidal ideation are reviewed by a CAMHs clinician before discharge unless there are very extenuating circumstances as it was identified of those young people who committed suicide, many had a history of self-harm.
- Bereavement was noted to have been present for those who committed suicide and to be taken forward via psychosocial assessment in those presenting with mental health concerns.
- Many of the young people who completed suicide were not in contact with mental health services and it is thought that a HEADSS could take place on all adolescents.
- Poor communication between services were frequently reported, and this can be improved by discharge planning meetings for the complex patient.
- Suicide prevention training should be made available within the Trust. This could become part of mandatory training.
- Improve awareness of the impact of domestic abuse, parental physical and mental health needs, and conflict at home. This could become part of the current safeguarding training.
- For all young people presenting with a mental health crisis, a safety plan should be done with the young person and carer which includes crisis line numbers etc. This will improve information and advice available to

parents/carers, primary care and community services about monitoring (signs to be concerned) and support for children and young people, including those who disengage with mental health services. This should include access to local crisis helplines and national resources.

### **The National Lung Cancer Audit: 2022 annual report has highlighted the following to be taken forward:**

Identified action to achieve the 28-day pathway compliance.

- Reduce time to CT
- Reduce wait time for PET
- Ensure patients without cancer are informed rapidly.

We have a plan to make Lung cancer paperless, thus reducing delays at front end. There is an aim to discuss re-introduction of allocated PET slots for Whittington patients at UCLH. Letters are being dictated immediately so that the CT result is known.

### **Additional actions:**

- Data collection is to be improved so that we can accurately measure tissue diagnosis for Patient with Stage I-II and PS 0-1.
- To ensure that all patients are seen by a lung cancer nurse specialist. New post commenced in February 2022.
- To reduce delays between diagnosis and oncology treatment, the National Lung Optimal Cancer Pathway compliance is to be maintained which includes links between Whittington Health and UCLH for cancer biopsies. Discussions are being held with Pathology service at UCLH.

Title of Audit	Management Body	Participated in 2021/2022	If completed, number of records submitted (as total or % if requirement set)
Pain in Children (care in Emergency Departments)	Royal College of Emergency Medicine	✓	Data submitted: 107 cases (c/f from 2020/21 for completion)
Case Mix Programme (CMP)	Intensive Care Society	✓	Data submitted: 399 cases
Falls and Fragility Fractures Audit Programme (FFFAP) - Inpatient Falls	Royal College physicians	✓	Data submitted: 2 cases
Falls and Fragility Fractures Audit Programme (FFFAP) - National Hip Fracture Database	Royal College Physicians	✓	Data submitted: 150 cases
Inflammatory Bowel Disease (IBD) programme	Inflammatory Bowel Disease Registry	✓	Data submitted: 27 cases
LeDeR - learning from lives and deaths of people with a learning disability and autistic people	NHS England	✓	Data submitted: 5 cases



Title of Audit	Management Body	Participated in 2021/2022	If completed, number of records submitted (as total or % if requirement set)
National Diabetes Footcare Audit	NHS Digital	✓	Data submitted: 125 cases
Diabetes (Adult - national core)	NHS Digital	✓	Data submitted: 1159 cases
National Pregnancy in Diabetes audit	NHS Digital	✓	Data submitted: 20 cases
National Diabetes Inpatient Safety Audit	NHS Digital	✓	Data submitted: 2 cases
National Audit of Breast Cancer in Older Patients	Royal College of Surgeons	✓	Data submitted: 42 cases
National Audit of Cardiac Rehabilitation	University of York	✓	Data submitted: 361 cases
National End of Life Care Audit	NHS Benchmarking Network	✓	Data submitted: 24 cases
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics & Child Health	✓	Data submitted: 48 cases
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre	✓	Data submitted: 58 cases
Myocardial Infarction Audit Project	Barts Health NHS Trust	✓	Data submitted: 66 cases
National Heart Failure Audit	Barts Health NHS Trust	✓	Data submitted: 41 cases
National Child Mortality Database	University of Bristol	✓	Review of published reports
2021 national comparative audit of NICE quality standards 138.	NHS Blood & Transport	✓	Data submitted: 40 cases
National Early Inflammatory Arthritis Audit	British Society for Rheumatology	✓	Data submitted: 167 cases
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	✓	Data submitted: 76 cases
Oesophago-gastric cancer (NAOGC)	NHS Digital	✓	Data submitted: 18 cases
National Bowel cancer Audit	Health & Social Care Information Centre	✓	Data submitted: 94 cases
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership	✓	ongoing

Title of Audit	Management Body	Participated in 2021/2022	If completed, number of records submitted (as total or % if requirement set)
Lung cancer (NLCA)	Royal College of Surgeons	✓	Data submitted: 79 cases
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	✓	Data submitted: 3532 cases
Neonatal Intensive and Special Care (NNAP)	The Royal College of Paediatrics and Child Health	✓	Data submitted: 499 cases
National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health	✓	Data submitted: 103 Cases
National Prostate Cancer Audit	Royal College of Surgeons	✓	Data submitted: 103 cases
National Pleural Services Organisational Audit	British Thoracic Society	✓	organisational questionnaire only
National Smoking Cessation Audit	British Thoracic Society	✓	Data submitted: 124 cases
National Outpatient Management of Pulmonary Embolism Audit	British Thoracic Society	✓	Data submitted: 6 cases
Sentinel Stroke National Audit Programme (SSNAP)	Royal College of Physicians	✓	Data submitted: 168 cases
SAMBA Organisational 2021	Society for Acute Medicine's Benchmarking Audit	✓	Data submitted: 58 cases
Major Trauma: The Trauma Audit & Research Network (TARN)	Trauma Audit & Research Network	✓	Data submitted: 207 cases
Pain in Children (care in Emergency Departments)	Royal College of Emergency Medicine	✓	Ongoing data collection - audit to finish October 2022
Infection & Prevention Control	Royal College of Emergency Medicine	✓	Ongoing data collection - audit to finish October 2022
NDA Integrated Specialist Survey- Sept 2021	National Diabetes Audit	✓	organisational questionnaire only

### Mental Health Clinical Outcome Review Programme

Suicide and Homicide	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - University of Manchester	✓	If cases identified to WH then participate - none to date
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**Maternal, Newborn and Infant Clinical Outcome Review Programme**  
data on 19 cases were submitted to MBRRACE-UK who allocate to the appropriate work stream

Perinatal Confidential Enquiries	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
Perinatal mortality surveillance	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
Maternal mortality surveillance and mortality confidential enquiries	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
national perinatal mortality review tool	MBRRACE-UK, led from the University of Oxford	✓	Ongoing

**Medical, Surgical and Child Health Clinical Outcome Review Programme**

Chron's Disease	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Ongoing
Transition Study from Child to Adult Health Services	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Ongoing
Epilepsy: Hospital attendance	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	5/6 cases = 84%

**National Asthma and Chronic Obstructive Pulmonary Disease Audit programme**

Paediatric Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 90 cases
Pulmonary rehabilitation	Royal College of Physicians	✓	Data submitted: 38 cases
COPD in Secondary Care	Royal College of Physicians	✓	Data submitted: 185 cases
Adult Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 116 cases

## Non-mandatory audits 2020/21:

### Temperature in the first hour of life of very premature and term neonatal cohorts admitted to the Neonatal Intensive Care Unit

It has been found that hypothermia after delivery is associated with increased mortality and morbidity in very preterm children. The International Liaison Committee on Resuscitation stated in 2015 that the baby's temperature should be maintained between 36.5°C - 37.5°C, through stabilisation and admission. The National Neonatal Audit Programme to which Whittington Health NHS Trust participates sets the standard of at least 90% of babies should have a temperature taken within an hour of birth with the result being in the normal range. Over a period of 5 years, Whittington Hospital data has been higher than the national average but has not met the standard.

The aim of the audit was to identify whether the neonates admitted to the NICU were normothermic (within normal body temperature) when their temperature was taken within the first hour. If not, we determined to identify possible factors that may have contributed to hypo/hyperthermia, for example, gestation, birth weight, location of admission and time taken to arrive in the Neonates Intensive Care Unit (resuscitation).

The results of the audit found that in the < 32-week cohort 77% of infants were normothermic within 1 hour of birth which is an improvement but did not meet the recommended level. It appeared that as gestation increases towards 32 weeks, there is a decrease in the number that are normothermic. In all gestation cohort there was a higher percentage of hypothermic group admitted from theatre.

#### Actions taken:

- To review the education on thermoregulation for medical and nursing staff, to utilise teaching sessions for junior doctor team and nurses, and to add poster aide memoires in the delivery rooms.
- A Normothermic checklist was created for use in resuscitation.
- Increased use of plastic bags in resuscitation will include all babies < 32 weeks gestation **and** <1500g.

### COVID-19 pandemic: An audit of record keeping in paediatric dental emergencies

The Whittington Health Community Dental Service (CDS) provided one of the main urgent dental services for both adults and children across London during the COVID-19 pandemic when access to routine primary care services was not possible.

Children are frequently referred to Whittington CDS on a referral only basis due to various circumstances including the need for sedation or general anaesthesia services, learning and physical disabilities, trauma and complex medical and dental histories. Building on from our service evaluation of the urgent dental care hubs, we examined one month of retrospective data from three urgent dental care hub sites during the peak of the pandemic to reflect on the record keeping of the paediatric dental emergencies, including a special focus on dental trauma. This aimed to explore the quality of record keeping for children, highlight strengths and identify any areas for improvement. Good record keeping ensures that a thorough history is

obtained. This can facilitate accurate diagnoses and management for each scenario, and ultimately improve the long-term prognosis of the teeth. The gold standard is 100% compliance (based upon FGDP guidance)

## Conclusions

Areas of strength:

- Emergency appointment record keeping regarding complaint, medical history, intra oral exam, attends with and treatment planning
- Trauma history regarding mechanism and timing of injury

Areas for improvement:

- Emergency appointment: recording of extra oral examination, clarity on who attends with the child, diagnosis, reason if not taking radiographs, ethnicity recording consistency
- Trauma history: location of injury and fragment, LOC, other injuries, trauma tests, occlusion.
- 

## Recommendation/Action Plan

- Trauma proforma to be uploaded to SOEL
- Emergency appointment template
- Reminder for all dentists about record keeping
- Repeat audit cycle to be undertaken.

## Evaluation of brief COVID-19 psychological first aid intervention via Haringey Improving Access to Psychological Therapies (IAPT)

The COVID-19 pandemic has resulted in unprecedented disruption to the fabric of society, the NHS and economy. Early research has also shown that the pandemic has posed a significant threat to psychological health and exacerbated existing mental health inequalities (Jia et al. 2020). Individuals have faced a panoply of stressors including serious illness, bereavement, social distancing, and unemployment.

In the light of the pandemic, IAPT services have aimed to address the specific psychological needs of individuals who have been directly impacted by COVID-19, e.g., front-line health and social care staff, those who suffered with COVID and/ or bereavements.

We aimed to help to characterise the accessibility, efficacy, and acceptability of the First Aid Covid Intervention for service-users directly impacted by the pandemic, to inform future provision that responds to a widespread crisis.

## Key findings:

Key Findings	
Rapid response!	Total number of treatment sessions likely to match national rates for normal provision.
Recovery rates (37.3%) lower than IAPT targets (50%)	Reliable improvement (54.7%) close to service target (55%)
One third of all clients were discharged without further support after completing CFA.	We do not know about the stability of outcomes (e.g., no follow-up)
Significant decrease in anxiety/depression symptoms following brief 3-session intervention.	However, study design has considerable limitations.
Staff identified both successes and challenges faced in delivering CFA	Staff recommendations offer an array of options for delivering fast-turnaround / brief interventions that respond to national crises.

### Recommendations:

- Explore alternative implementation strategies e.g., Phased approach.
- Review and refine eligibility criteria.
- Administer a Traumatic Screening Questionnaire
- Review offers for support with bereavement.
- Ensure demographic data and MDS collection are prioritised for meaningful evaluation of new projects.
- If using the fast-track screening process, it may be helpful to provide clients with an explanation for collecting demographic data or mandatory boxes on the form.
- Review the way in which sessions are spaced out to promote greater adherence to MDS completion and of course, therapeutic momentum.
- Ensure problem descriptors are updated.
- Staff perspectives are incredibly valuable. It may be helpful to routinely seek feedback on any new interventions/programmes of delivery to guide service development.
- Staff recommendations can be utilised in the context of future provision of support during national/global crises.

Title of Audit	Management Body	Status
United Kingdom Obstetric Surveillance System – national audits of rare conditions of pregnancy	UKOSS National Perinatal Epidemiology Unit	on target
Each Baby Counts & NHS Resolution	Royal College of Obstetricians and Gynaecologists	on target
COVIDSurg Study: COVIDSurg Cohort - non cancer patients	national priority	Data submitted
Mandatory Surveillance of Healthcare Associated Infections	Public Health England	Data submitted
Surgical Site Infection Surveillance Service	Public Health England	Data submitted
National study of HIV in Pregnancy and Childhood (NSHPC)	NSHPC	Data submitted



RESECT (transurethral Resection and Single instillation intravesical chemotherapy Evaluation in bladder Cancer Treatment)	British Urology Researchers in Surgical Training collaborative (BURST)	Data submitted
COVID-19 Process Audit: a quality improvement initiative	NHS England	on target
British Spinal Registry	British Spine Registry	Data submitted
National Bariatric Surgery Registry	British Obesity & Metabolic Surgery Society	Data submitted
Patients attending the ED from nearby prisons – would a 111 referral system be useful to streamline attendances to appropriate areas of care.	London Health & Justice	Data submitted
CDK4-6 inhibitors during the COVID-19 pandemic – administration, safety & outcomes. Real world data from the UK	Guys & St Thomas Hospital	Data submitted
UK Audit of the Management and Treatment of PBC	national audit - Cambridge University Hospital	Data submitted
Intermediate Care (undertaken by the Islington Community Rehabilitation Team)	NHS Benchmarking Network	Data submitted
Intermediate Care (undertaken by the Rapid Response virtual ward + UCLH@Home)	NHS Benchmarking Network	Data submitted
TRANSFER study: Threatened preterm birth, Assessment of the Need for in utero transfer between 22+0-23+6 weeks' gestation	University of Birmingham, University Hospitals Bristol & Weston NHS Foundation Trust	on target
The HAREM Study (Had Appendicitis and Resolved/Recurred Emergency Morbidity/Mortality) 1 year follow up	World Society of Emergency Surgery	Data submitted
ToRCH audit in decompensated liver cirrhosis	BASL/BSG Decompensated Cirrhosis Care Bundle	Data submitted
Year 4 Learning Disability Improvement Standards	NHS Benchmarking	Data submitted
Understanding Childhood Epilepsy with Centro-Temporal Spikes (CECTS)	NICE guidance	on target
Audit of use of PET imaging during neoadjuvant chemotherapy for breast cancer	local priority, UCH	on target
Cardiovascular outcomes after major abdominal surgery - CASCADE	STARSurg and EuroSurg	on target
Audit of Reversal of anticoagulation (warfarin/DOACs) in trauma patients	London & SE Trauma & Haematology Group	on target



## Appendix 2 - Subcontracted Services

Organisation	Service Details
Camden and Islington NHS foundation trust	Psychological service
UCLH foundation trust	South Hub Tuberculosis resources
UCLH foundation trust	Ears Nose and Throat services
UCLH foundation trust	Provision of PET/CT scans
The Royal Free London NHS foundation trust	Ophthalmology services
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 Thrombosis Research Institute	The Provision of 2 clinical sessions
Camden and Islington NHSFT	Provision of associate hospital managers panels and training under MHA
Tavistock and Portsman	CCN209- Agreement for the provision of services from Tavistock and Portsman NHS Foundation Trust – CAMHS OOH consultants
UCLH	SLT 4 days per week provision at Whittington
NHS Blood and Transplant	Contract for the supply of blood, blood components and services
NHS Blood and Transplant	Contract for the supply of Tissue and Ocular products
UCL Foundation Trust	Renewal addendum of combined screening services detailed in COMB1
Newcastle Upon Tyne Hospital NHS Foundation Trust	Department tests a wide range of patient and environmental specimens to detect the presence of pathogenic micro-organisms.
Epsom & St Helier University Hospital NHS Trust	Pathology Testing Service Department offers analytical service for the assay of 2 range of biochemical parameters Random USHIAA - £30.69 / 24h U Metadrenalines - £32.05
Calderdale and Huddersfield NHS FT	Agreement relating to National Pathology Exchange Service (NPEx)

Highgate Private Hospital,	Various surgical specialities and MRI
BMI The Garden Hospital	Various surgical specialities

### Appendix 3 - Patients 0-15 and 16+ readmitted within 28 days of discharge

0-15 years			16 Years +		
Readmissions	Discharges	Readmission rate	Readmissions	Discharges	Readmission rate
7	639	1.1%	205	2913	7.0%
2	688	0.3%	163	2791	5.8%
9	629	1.4%	143	2899	4.9%
6	664	0.9%	167	2860	5.8%
6	601	1.0%	179	2582	6.9%
3	615	0.5%	177	2556	6.9%
9	669	1.3%	187	2842	6.6%
5	675	0.7%	166	2780	6.0%
7	645	1.1%	157	2532	6.2%
7	621	1.1%	169	2703	6.3%
4	607	0.7%	151	2616	5.8%
3	525	0.6%	117	1977	5.9%
1	308	0.3%	96	967	9.9%
2	387	0.5%	109	1220	8.9%
6	447	1.3%	137	1748	7.8%
3	547	0.5%	171	2296	7.4%
3	570	0.5%	160	2042	7.8%
6	630	1.0%	140	2302	6.1%
7	715	1.0%	165	2353	7.0%
7	683	1.0%	193	2383	8.1%
10	674	1.5%	183	2322	7.9%
13	599	2.2%	156	1853	8.4%
8	632	1.3%	153	1922	8.0%
14	875	1.6%	110	2442	4.5%
4	573	0.7%	111	2132	5.2%
5	595	0.8%	111	2134	5.2%
14	1549	0.9%	167	4476	3.7%
10	805	1.2%	213	2476	8.6%
8	704	1.1%	164	2464	6.7%
3	762	0.4%	209	2657	7.9%
2	722	0.3%	162	2583	6.3%
4	670	0.6%	140	2431	5.8%
11	684	1.6%	132	2521	5.2%
10	790	1.3%	111	2329	4.8%
6	765	0.8%	128	2392	5.4%
5	639	0.8%	113	2049	5.5%

## Appendix 4 – Staff Survey score matrix 2021 Whittington Health Directorate/ICSU Report

The directorate/ICSU results for Whittington Health contain the results by directorate or ICSU for People Promise elements and theme results from the 2021 NHS Staff Survey. The below directorate results are compared to the unweighted average for the organisation.

*\*Each 2021 theme score for ICSUs and Directorates is graded in green with a '↑' symbol if the score is above organisational average, and red where the score is below organisational with a '↓' symbol. Where an ICSU or Directorate has scored the same as the organisations averaged it is graded black with a '-' symbol.*

Theme	WH Overall	ACW	ACS	COO	CYP	EIM	Facilities	Finance	IT	Medical Dir.	Nursing & Patient Exp.	Procurement	S&C	Trust Secretariat	Workforce
We are compassionate and inclusive	7.2	6.6 ↓	7.4 ↑	7.4 ↑	7.6 ↑	7.2 -	6.8 ↓	7.0 ↓	7.4 ↑	7.4 ↑	7.7 ↑	7.3 ↑	6.8 ↓	8.0 ↑	7.6 ↑
We are recognised and rewarded	5.9	5.3 ↓	6.0 ↑	6.3 ↑	6.3 ↑	5.9 -	5.6 ↓	5.9 -	5.9 -	6.3 ↑	6.8 ↑	6.2 ↑	5.1 ↓	7.2 ↑	6.4 ↑
We each have a voice that counts	6.7	6.1 ↓	6.9 ↑	7.4 ↑	7.0 ↑	6.7 -	6.5 ↓	6.6 ↓	6.9 ↑	6.8 ↑	7.5 ↑	7.1 ↑	6.4 ↓	8.0 ↑	7.0 ↑
We are safe and healthy	5.8	5.4 ↓	5.9 ↑	6.1 ↑	5.9 ↑	5.6 ↓	6.2 ↑	6.4 ↑	6.7 ↑	6.6 ↑	6.3 ↑	6.4 ↑	5.4 ↓	6.4 ↑	6.6 ↑
We are always learning	5.3	4.8 ↓	5.8 ↑	6.1 ↑	5.4 ↑	5.3 -	5.1 ↓	4.8 ↓	5.2 ↓	5.2 ↓	5.8 ↑	5.2 ↓	5.0 ↓	6.2 ↑	5.9 ↑
We work flexibly	6.1	5.2 ↓	6.1 -	6.7 ↑	6.6 ↑	5.9 ↓	6.0 ↓	6.4 ↑	6.8 ↑	6.7 ↑	7.2 ↑	6.4 ↑	5.5 ↓	7.3 ↑	7.2 ↑
We are a team	6.8	6.1 ↓	7.0 ↑	7.6 ↑	7.1 ↑	6.8 -	6.0 ↓	6.6 ↓	7.0 ↑	7.0 ↑	7.4 ↑	6.8 -	6.3 ↓	7.8 ↑	7.1 ↑
Staff Engagement	6.9	6.4 ↓	7.0 ↑	7.6 ↑	7.1 ↑	6.9 -	6.8 ↓	6.8 ↓	7.0 ↑	7.0 ↑	7.5 ↑	7.1 ↑	6.6 ↓	7.9 ↑	7.2 ↑
Morale	5.6	5.0 ↓	5.7 ↑	5.8 ↑	5.7 ↑	5.6 -	5.8 ↑	5.8 ↑	6.0 ↑	6.0 ↑	6.1 ↑	6.0 ↑	5.3 ↓	5.7 ↑	6.0 ↑

## Appendix 5 – Local changes and outcomes from 2021/22 staff survey

### Whittington Health – local changes

The table below presents the results of significance testing conducted on Staff Engagement and Morale from last year\*. There are no historical data for the seven People Promise elements. The table further details the organisation's theme scores for 2021 and the number of responses each of these are based on.

**Table to show Whittington Health – local changes**

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			<b>7.2</b>	2203	N/A
We are recognised and rewarded			<b>5.8</b>	2257	N/A
We each have a voice that counts			<b>6.7</b>	2166	N/A
We are safe and healthy			<b>5.8</b>	2189	N/A
We are always learning			<b>5.3</b>	2093	N/A
We work flexibly			<b>6.0</b>	2237	N/A
We are a team			<b>6.7</b>	2218	N/A
Themes	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
Staff Engagement	<b>7.1</b>	2164	<b>6.9</b>	2265	↓
Morale	<b>5.8</b>	2151	<b>5.6</b>	2255	↓

\* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

## Appendix 6 – Clinical Coding External Audit Results 2021/22

<b>Primary Diagnosis</b>	<b>Number of cases</b>	<b>% Coding correct</b>
Number of primary diagnoses	200	
Number of primary diagnoses Correct	186	<b>93.50 %</b>

<b>Secondary Diagnosis</b>	<b>Number of cases</b>	<b>% Coding correct</b>
Number of secondary diagnoses	1320	
Number of secondary diagnoses correct	1265	<b>96.17 %</b>

<b>Primary Procedures</b>	<b>Number of cases</b>	<b>% Coding correct</b>
Number of primary procedures	113	
Number of primary procedures correct	107	<b>95.16 %</b>

<b>Secondary Procedures</b>	<b>Number of cases</b>	<b>% Coding correct</b>
Number of secondary procedures	287	
Number of secondary procedures correct	277	<b>96.88 %</b>



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