

Quality Account 2022/23

An Overview

See the full document at:
www.whittington.nhs.uk/QualityAccount.

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

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.



Welcome from our CEO



Welcome to the 2021/22 Quality Account for Whittington Health NHS Trust. It is my first opportunity to sign off the annual quality account since I joined Whittington Health as Chief Executive in June 2022. I was delighted to join an organisation with a well-established commitment to ensuring that it offers the highest quality, person-centred, compassionate and above all, safe care. That commitment, and our passion for constantly challenging ourselves to do better for our patients and our colleagues is undiminished despite another very busy year.

I want to stress how hard all of my colleagues across Whittington Health have worked during past year. Despite this, more than 8 out of 10 people who received care from us during the year would recommend us if their friends or family needed care or treatment. This is a testament to their professionalism, dedication and continued commitment, for which I thank them all.

Quality accounts provide an important holistic overall view of how well we are living up to our ambition to provide the best care possible to all of our patients whether that care is provided in our hospital, in one of our many community locations, our dental centres or in their homes. The quality account continues to be a key method for giving patients, their loved ones, our community and stakeholders a view of how well we are performing.

Helen,
Helen Brown
Chief Executive Officer
Whittington Health NHS Trust

Our 2022/23 Priorities

We set ourselves five quality priorities for the year, these were:

- Reducing harm from hospital acquired deconditioning
- Improving communication between clinicians, patients, and carers
- Human Factors Education
- Improving blood transfusion care and treatment
- Addressing Health Inequalities in our local population



Reducing deconditioning harm

Project 1: Patients in hospital

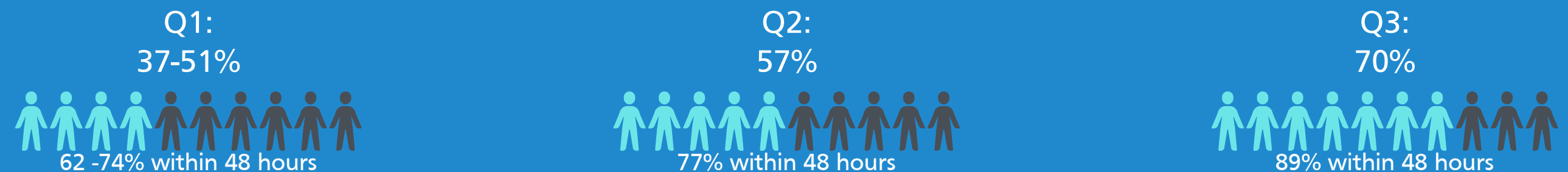


During 2022-23, project work was undertaken by multidisciplinary (MDT) colleagues within the acute settings to promote the importance of early mobilisation to reduce hospital acquired deconditioning.

Intervention across the year included:

- daily therapy attendance at ward board rounds and safety huddles
- using clinical frailty score to identify and prioritise those requiring early assessment of mobilisation
- development and promotion of clear therapy inclusion and exclusion criteria
- MDT Falls presentation at local Grand Round to promote links between deconditioning and mobility

Through the year there was an increase in patients having an assessment of their functional status within 24 hours of admission:



Coyle ward was identified as an appropriate focal point for a project to focus on increasing daily mobilisation of appropriate patients. In Q2, an audit of daily mobilisation showed an average of 69% of appropriate patients were mobilised each day. Following interventions that increased to 84%.

Reducing deconditioning harm

Project 2: Discharge

To reduce the number of people who are staying with us, and therefore experiencing some level of hospital related deconditioning we set ourselves the following goals:

To reduce length of stay through implementation of a delirium discharge pathway pilot.

This has been very successful in Islington, with the number of people discharged being higher than anticipated. Implementation in Haringey was delayed to January 2023 due to recruitment and funding challenges. The plan is to continue this priority until it is fully embedded in Haringey as well as Islington.

Reduce medically optimised patients by 50% on a daily basis.

This priority has not been achieved and will be rolled over to 2023/2024.

Virtual Ward Utilisation.

This priority has been consistently achieved throughout 2022/2023. Virtual ward has exceeded past the initial 20 bed usage at times due to the successful utilisation and we plan to increase the use of Virtual Ward bed usage for 2023/2024.

Reducing length of stay for patients who require a 'Trial without catheter'.

This priority was not achieved as the pathway was only implemented in January 2023. This was due to funding being discontinued. Further funding streams have been agreed and the priority is being rolled over for 2023/2024



Reducing deconditioning harm

Project 3: Reducing Admissions



We set 2 goals to reduce admissions after patients had fallen at home:

- Goal 1: Utilisation of new falls pick up service to support people to be supported at home rather than requiring admission.
- Goal 2: Newly restructured Urgent Response and Recovery Care Group to streamline discharge and ensure patients are seen by the right clinician first time and within the new national guidance of 2 to 24 hours.

During the year we saw many more patients who had higher acuity (broadly speaking a measure of how unwell a patient is or the intensity of care they require) which meant that the falls pick up service could not be fully utilised. However, the urgent response and recovery care group trial managed to see a majority of patients within the time frame of 2 – 24hrs, however this was also a reflection of higher acuity patients and the majority of patients seen were unable to be streamlined due to the severity of their issues. We aim to continue this work during 2023/24.

Across all 4 quaters of the year, an average of 66.14 % of patients were seen within the requested timeframe.



Improving Communication

Project 1: Implementing the Patient Portal



The programme made excellent progress in 2022/2023, having undertaken a successful pilot in Haematology and Respiratory service in Q1 of 2022, we surpassed our patient registration target by 3% achieving 43%.

Full benefits of the portal (once fully deployed): Portal benefits include:

- Reduction of outpatient appointment letters being printed and posted
- Option to add appointments to personal calendars from the portal
- Patients don't need to worry about misplaced appointment letters or service contact details as these are available on the portal
- NHS App integration will see the portal accessible via the NHS app through a single point of access for our patients using their existing NHS log in.
- Portal users can autonomously cancel and reschedule their appointments without calling

Parallel to the Zesty Project, the Wayfinder Project has been gaining traction over the last few months and plans are for this to be ready for a go live decision by the end of January 2023. The Wayfinder Project is collaborative work with NHS England to integrate the Zesty Patient Portal into the NHS App for a single point of seamless access to outpatient appointment information.

Improving Communication

Project 2: Keeping next of kin updated (1)

We were keen to improve the timeliness of contact with a patient's Next of Kin (NOK) for those admitted to hospital. A baseline audit was conducted in May to establish the number of NOK details recorded on the inpatient electronic note system. It identified that 86% had NOK details recorded. For the remaining 14%, errors ranged from no information recorded, partial information recorded or incomplete telephone numbers recorded. This led to multiple changes ideas, including:

- Emergency Department (ED) staff handing out NOK information cards for patients to fill out whilst they were in the waiting area and returning to front desk once completed
- ED administrative team sharing ideas about how they record updates on the system, using free text areas to include date/time of NOK updates, as well as recording if patients declined to give details or reported no known NOK.
- A prompt to check NOK details via admission board rounds was introduced.
- IT reviewed accessibility of EPR, to ensure that staff who may receive updates to NOK details have the correct access to update the system.

Following introduction of these, NOK details were re-audited. Results showed that by October there was a 6% increase in patients with full and correct NOK information. Records with no information recorded fell from 8% at baseline to 3% by October. Although this shows improvement the standard for NOK contact details should be 100%, as in the event of emergencies or a change in a patient's ability to communicate and provide informed consent, NOK contact details would be required. So our work in this area will continue.



Improving Communication

Project 2: Keeping next of kin updated (2)



A baseline snap-shot audit of 30 patient records was conducted in May. 13 next of kins were contacted during their admission, 11 occurring within 24 hours of admission. Those not contacted included 15 patient (50%) where notes indicated there was no concern regarding the patient's communication ability, or capacity with the expectation that the patient would provide the information to their NOK themselves.

Following this audit, stakeholders were identified and consulted as to how to improve timeliness of NOK contact, as well as developing clear criteria for those requiring an update within 24 hours.

This resulted in a number of changes including updating documentation and the inclusion of this as a specific item for discussion at multidisciplinary ward meetings.

Further audits conducted in August and October demonstrated an increase from 73% to 77% of those requiring NOK contact achieved within 24 hours of admission (7% above target).

Further work with patients and NOK suggest that there is a wide variation between individuals about the timeliness and frequency of expected communication. Project work has commenced to develop standard expectations for the provision of NOK contact. These ideas include developing a standard for MDT staff and a welcome pack for individual wards, outlining key information for patient and NOKs, including expectation and frequency of contact, visiting hours, how to arrange meetings when required.

Improving Communication

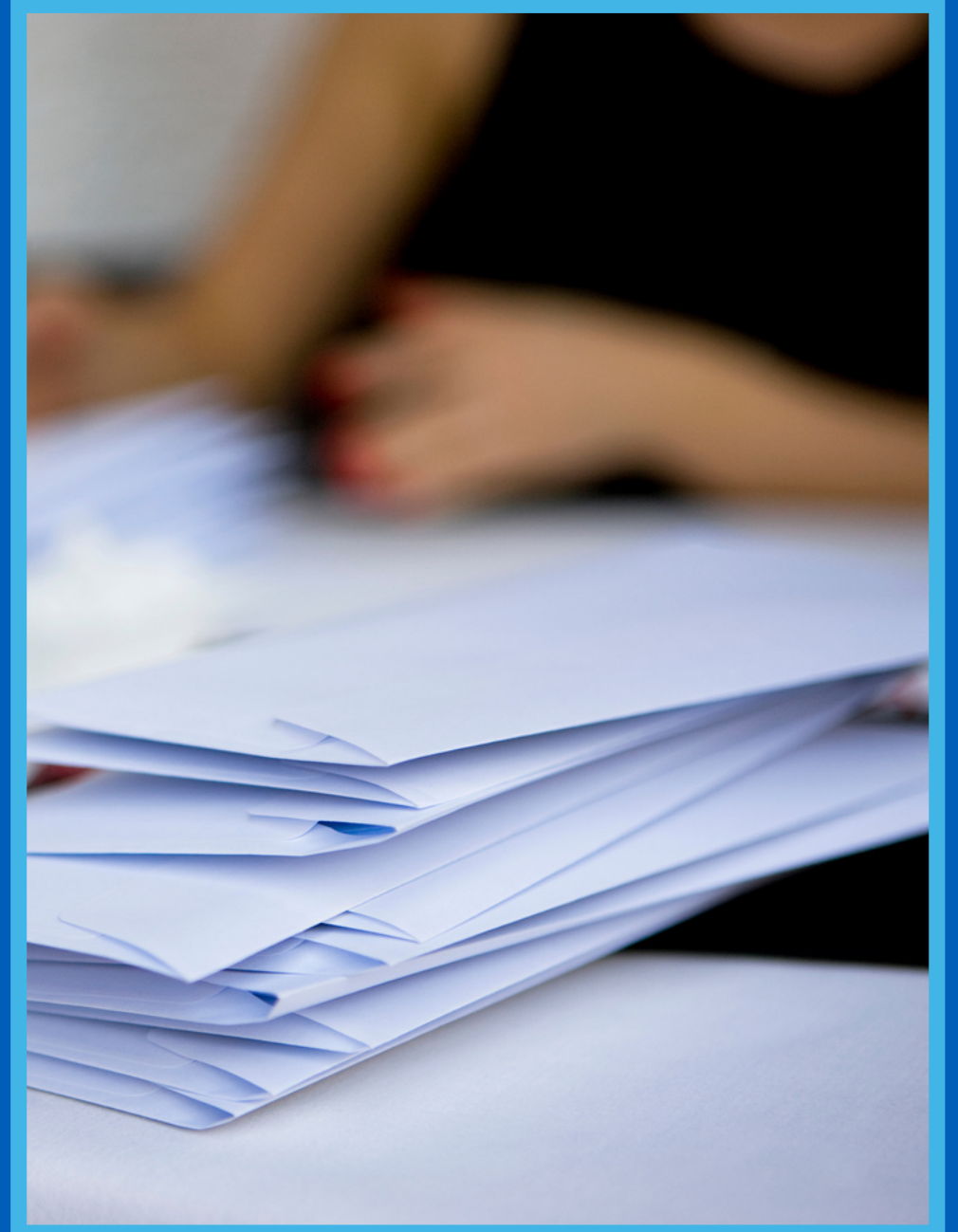
Project 3: Embedding 'Dear Patient Letters'

Dear Patient Letters project has been running in the Trust since 2020, aiming to increase the usefulness of letters provided to patients about appointments they have attended. In previous years the project has seen success in delivering teaching and training on how to write letters in a patient friendly format

Awareness raising and promotion of these standards has continued throughout the year, including targeting of new medical staff at induction via training and induction packs, as well as using staff communications to highlight the importance of writing in patient friendly format. The library service runs regular sessions for staff across different forums regarding Health Literacy training, highlighting the importance of patients understanding their letters.

Services other than medical specialities have reporting adopting the practice including Intermediate Care Rehabilitation services. The Learning Disability service has also carried out a project to develop easy read formats of appointment letters and information about various inpatient processes, such as having an operation, going to the Emergency Department, and attending appointments.

Results across the year demonstrate uptake of the Dear Patient Letters project remains variable. Given this, further ideas for improving communication with patients' needs to be considered. A working group is currently being established to review the current processes for developing and reviewing patient information, such as leaflets, with a key focus on ensuring information is provided in an appropriate format for those with lower-than-average health literacy, as well as those with additional needs.



Human Factors



Due to the introduction of Patient Safety Incident Response Framework (PSIRF) this priority has been superseded.

The Patient Safety Incident Response Framework was published in Q2 2022/23 which replaces the previous Serious Incident Framework (2015). The PSIRF is not a different way of describing what came before – it fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement with a focus on systems-based investigations and human factors.

The transition to PSIRF is inextricably linked with human factors awareness and understanding. PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.

PSIRF supports organisations to respond to incidents in a way that maximises learning and improvement rather than basing responses on arbitrary and subjective definitions of harm.

Whittington Health has laid some of the groundwork for this transition through the increased use of After-Action Reviews (AAR's) and work will continue as we transition over the next 12 months to the new framework.

Blood Transfusion Care

Project 1: Implementing vein-to-vein tracking

We set ourselves the ambition to have a vein to vein system to be in place by end of March 2023 including fully electronic transfusion documentation to minimise risk of error during blood transfusion process.

The Vein to Vein 'BTrack' system implementation has not been achieved this year. Due to issues with the third party provider and suitability of the system.

The Trust is exploring recourse for the contractual obligations not being met with the provider due to the timelines for completion being unrealistic.



Blood Transfusion Care

Project 2: Blood Transfusion training



We wanted to improve understanding of blood transfusion safety practices through training and awareness for our staff. We set ourselves the goal of increase compliance with blood transfusion training from the 2020 baseline and achieve over 60% compliance by end of 2022/23.

The Blood Transfusion team have worked extremely hard over the last few years to improve training compliance amongst staff groups. Compliance has exceeded the quality improvements targets set for 2022/2023. The Trust average for all clinical staff stands at 66% as of March 2023, this represents a 267% increase on 2019/2020 baseline of 18%.

This was achieved by:

- Simplifying the E-learning process enabling staff to comply
- Monitoring Blood Transfusion training in the same way as other mandatory training subjects on the mandatory training matrix (Elev8)
- Linking the training to the appraisal system has elevated its importance to staff.

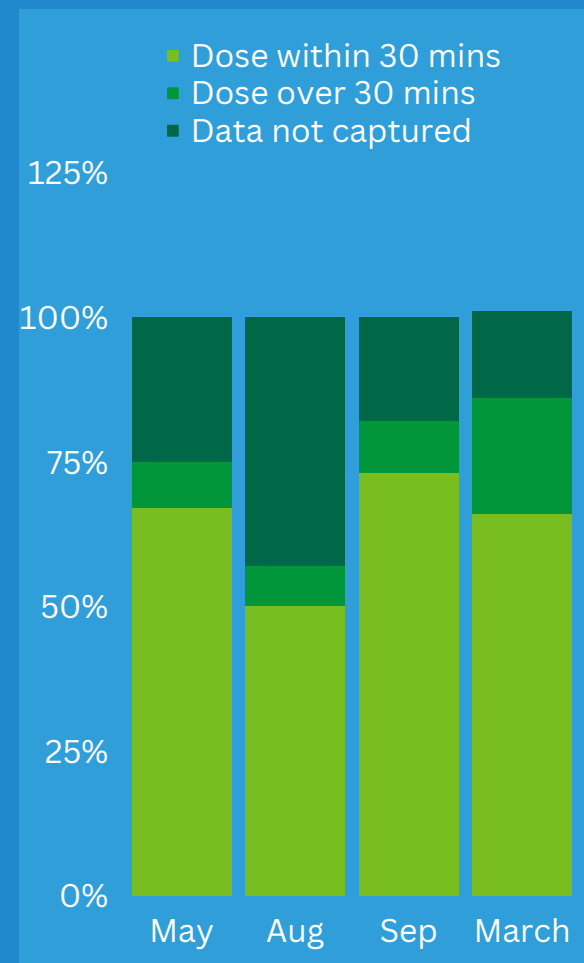
Training compliance continues to improve and will continue to be monitored on a yearly basis. The yearly compliance tracker is below which illustrates the great work that the team have been doing to improve training numbers.

Doctors' training compliance remains low and will be a focus for the team going forward.

Addressing Health Inequalities

Project 1: Improving Sickle Cell Anaemia Care

We recognise that the care that patients with Sickle Cell Anaemia often do not receive the quality of care they should. One of the key messages that those with the condition say, nationally, is that they do not receive pain relief quickly enough when they present in the Emergency Department (ED). We therefore set ourselves the goal of ensuring that 100% of sickle cell patients receive 1st dose of pain relief within 30mins .



On review of the data, data had not been captured for some cases due to discrepancies in the data being held in paper format.

September data demonstrates an average time of 21.67 minutes to receive pain relief, compared to 29.96 minutes in March. March includes an outlier of 104 minutes.

QI projects have been commenced aiming to improve experience and efficiency of care for Sickle Cell Disease. This includes ED staff training to reduce bias and increase awareness of need for urgency with medicine prescription. This work will continue into 2023-2024.

Within Research the Sickle and Thalassemia Alliance for Research held its first meeting and has appointed two paediatric research nurses to further the aims of the alliance in increasing the availability of research for this patient cohort.



Addressing Health Inequalities

Project 2: Raising awareness of prostate cancer



The target of 20 prostate cancer events has not been met this year, this was due to staff leading on the priority leaving the Trust. However, a Prostate Cancer Conference was held during Q2 2022/23, funded by Macmillan Cancer Support.

Speakers included: people with lived experience of prostate cancer, radiographer, psychosexual nurse specialist, dietician, representative from Maggie's. The all-day event focussed on health and wellbeing, living with diagnosis, recovering from treatment and side effects.

Roughly 70 people attended, with 85% of those that completed questionnaires about the event being patients. 100% reported the conference was very useful or useful, and respondents had the opportunity to suggest further areas of information that they would like to receive.

During the last financial year, we started a colorectal support group for patients who have ceased active treatment and are currently on the remote monitoring pathway. The groups meet 4 times a year and it has been very beneficial for the patients that have attended.

We have submitted a grant application to hopefully enable us to run Sex and Intimacy workshops for patients affected by cancer diagnoses. If successful plan on running a series of workshops for patients and staff (separately). The aim will be for some of the sessions to be gender specific and some to cater for the needs of more marginalised groups (e.g., LGBTQI+ communities).



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