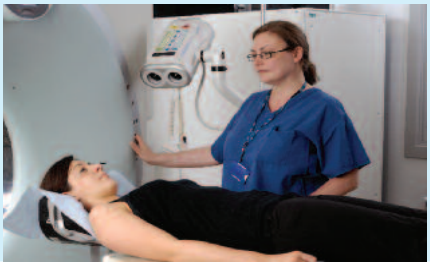
The Whittington Hospital NHS
NHS Trust

The Whittington Hospital NHS Trust
Quality Account 2009/10

...the hospital of choice for local people

The Whittington's Quality Commitment



The Whittington Hospital NHS Trust aims to be the hospital of choice for local people. It is important for us to deliver the highest quality care that we can, and I am pleased to introduce our first Quality Account. This includes our priorities for the year ahead as well as information about the quality and safety of our services and feedback from our patients. For those who want to find out more about the Whittington please look on our website – www.whittington.nhs.uk.

Our primary aim is to improve patient safety and much of the Quality Account reflects this. In 2009 we were the second safest hospital nationally, according to the HSMR – Hospital Standardised Mortality Ratio – ratio figures. This is a ratio of 74.9 compared to the national average of 100. We will continue to strive to improve this further.

Our recent Investor in People award underlines our commitment as a corporate citizen and is an excellent reflection of our focus on our staff well-being.

I am also pleased to confirm that the content of this Quality Account has been endorsed by our Trust Board and has taken into account feedback from our shadow governors, our local population via LINKs and our Commissioning Support Agency. I hope you find it an interesting and informative read. We would welcome your thoughts and feedback about the Quality Account including any modifications you would be interested to see next year – if you want to let us know your views please contact Deborah Goodhart on 020 7288 5983.

Rob Larkman
Chief Executive

1. Priorities for Improvement

Patient safety: our number one priority for improvements in patient safety in the year ahead is to reduce the risk of patients who are admitted to hospital developing blood clots – you may have heard of these described as DVTs or venous thrombo-embolisms. This is the priority also identified by Sir Bruce Keogh, Medical Director for the NHS. To achieve improvement we plan to ensure that not just some but all adult patients admitted to the Whittington are assessed for their risk of blood clots, and have appropriate treatment to prevent them. We will give patients written information about these risks too, since some patients may still be at risk after leaving hospital, and may need to continue the preventive treatment for a few weeks at home. We will measure the proportion of patients who are assessed for risks of blood clots and the proportion that are given appropriate preventive treatment. We aim to achieve full compliance with these measures before March 2011.

Our second priority in 2010 is to add a more systematic search for areas in which care can be improved. Whilst we already monitor adverse events that happen to our patients through incident reporting, reviews all deaths in hospital and patient feedback systems, the new system involves sampling medical records every month to identify ways to reduce risk. This is recommended by the Patient Safety First Campaign as an effective way to identify risks to patients. During this year we plan to not only implement the Global Trigger Tool but to make changes to our systems as a result of what it shows us.

Our third priority for improving patient safety this year is to reduce the number of falls causing harm to patients in hospital. We assess all older people admitted to hospital for their risk of falling and aim to put measures in place to reduce risk for these. We will extend this risk assessment to younger patients, some of whom are at risk of falling due to the nature of their illness.

Clinical effectiveness: our first priority is put a determined effort in to improving the quality of care for our patients by improving our written communications with general practitioners. This will improve the continuity of your care leading to safer and more effective care and better outcomes for our patients. In particular we plan to liaise better with GPs about patients' medication, so that patients are on the best possible drugs for their medical conditions, and not given any drugs that they don't really need. This proposal should reduce waste in the system and also save money for those patients who have to pay for their own prescriptions. We will measure the roll out of an electronic discharge form that includes the range of information requested by our Primary Care Trusts.

Our second priority for improving clinical effectiveness is to roll-out the enhanced recovery, fast-track recovery, programme for patients having operations at The Whittington. We have already done a lot of work on this for patients having bowel cancer surgery. For this group the average length of stay has reduced over the last three years and patients who leave hospital are well and able to manage at home. Our length of stay for people having bowel cancer surgery is now the second lowest in London and in the best 10 per cent across England with no increase in readmission rate. Over the year ahead we plan to spread the use of the techniques that help people to recover faster after operations to include other types of surgery.

Thirdly we plan to send imaging, endoscopy and pathology reports to consultants electronically rather than by paper. This should improve the efficiency of care provided and may help to reduce inappropriately long hospital stays for our patients.

Patient experience: we want to improve the experience of patients at the Whittington by fulfilling The Whittington Promise:

- We will be clean
- We will be welcoming and caring
- We will be well organised
- We will offer the best possible treatment
- We will give you information and listen to what you tell us

For the year ahead our patient experience priorities are as follows:

Firstly we will work to increase the number of patients who feel involved in decisions about their care. Our results from the national patient survey suggest that our performance in this area was average last year. To improve on this we will work with our doctors and nurses so that they understand the importance putting the patient first and supporting them to make decisions for themselves.

Secondly we plan to implement the dementia care pathway recommended by Healthcare for London. This will involve working with our primary care colleagues and with social services so that we identify people with dementia earlier and ensure they receive appropriate care for their physical, psychological and social needs.

Thirdly we are introducing a more systematic approach to learning from patient feedback. This will involve using information from a variety of sources including surveys, complaints, focus groups, incident reports and our Patient Advocacy and Liaison Service to identify significant themes for improvement. We will then implement practice development plans to improve what we do.

Finally we want to increase the proportion of patients who would recommend the Whittington to a friend or relation. The Whittington is one of the first Trusts to capture the Net Promoter Score from patients. We ask patients whether they would recommend the Trust to friends and relatives. The results are used at Trust-wide levels and across departments. This data comes from the real time questionnaires that our patients can complete at kiosks in outpatient clinics and the emergency department or on hand-held devices on the wards. We want to further embed the Whittington Promise to increase our Net Promoter Score as a measure of patient experience and continually improve our score.

2. Statements relating to quality of NHS services provided

During 2009/10 The Whittington provided 334 NHS services and sub-contracted no material NHS services.

The Trust has reviewed all the data available to it on the quality of care in all of these NHS services.

The Trust made 100 per cent of its income by providing the services as reviewed in 2008/09.

During 2009/10 twenty one of the national clinical audits and eight of the national confidential enquiries covered NHS services that The Whittington provides. During the same period the Trust participated in 95 per cent of the national clinical audits and 100 per cent of the national confidential enquiries for which it was eligible.

The national clinical audits and national confidential enquiries that the Trust participated in and for which data collection was completed during 2009/10 are listed below.

National Audit	Type of Audit	Number of cases required and submitted	% required by the audit
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	elective and emergency surgery in the elderly	5/5	100%
NCEPOD	parenteral nutrition	9/9	100%
NCEPOD	deaths in acute hospitals	10/10	100%
NCEPOD	acute kidney injury	4/4	100%

Ongoing NCEPOD studies in which we are participating include Surgery in Children, and Peri-operative care.

The reports of seven national clinical audits were reviewed by the provider in 2009/10 and the Trust intends to take the following actions to improve the quality of healthcare provided.

Audit title — **National Confidential Enquiry into Maternal and Child Health**

Actions ongoing

- identifying all pregnant women with history or examination suggesting heart disease and referring to obstetric medicine clinic
- improve-pre-pregnancy counselling for women with pre-existing medical conditions such as diabetes by ongoing work with primary care
- improve mental health support for women after childbirth by working with primary care trust to support this

Audit title:	**National confidential enquiry into Suicide and Homicide by people with mental illness**
Action ongoing	- continuing education and vigilance among staff regarding risks

Audit title:	**National Comparative Audit of the use of Fresh Frozen Plasma**
Actions ongoing	- ensure documentation in the health records of the indication for the use of fresh frozen plasma and re-audit to confirm this practice - laboratory staff to continue to challenge clinicians if requests for fresh frozen plasma do not meet hospital guideline

Audit title:	**Right patient, right blood**
Actions ongoing	- identify transfusion champions for all clinical areas to promote good practice in blood transfusion - ensure that all relevant staff continue to have regular training updates in transfusion practice - publish regularly to ward managers lists of staff who have and have not achieved competency assessment in transfusion

Audit title:	**Serious hazards of transfusion**
Actions ongoing	- introduction of electronic support system for transfusion safety - ensure that all relevant staff continue to have regular training updates in transfusion practice

Audit title:	**NCEPOD acute kidney injury report**
Actions ongoing	- out of hours access to interventional radiology to relieve obstructed kidneys is present some but not all of the time. Ongoing work with neighbouring hospitals to rectify this - audit of out of ITU cardiac arrests has started but first cycle not yet complete

Audit title:	**Systemic anti-cancer therapy**
Actions ongoing	- continuing audit of any deaths within 30 days of receiving anti-cancer therapy

The reports of more than thirty local clinical audits were reviewed by the provider in 2009/10 and the Trust intends to take the following actions to improve the quality of healthcare provided.

Below are examples of actions ongoing resulting from local speciality audits undertaken during the 2009/10 clinical governance year. Not all local audits are included; more information is available from our Clinical Audit Office.

Anaesthetics:

Audit title: **'Saving Lives - Peripheral cannula insertion and care in inpatients theatres.'**

Action ongoing: snapshot audits and periodical education.

Critical care:

Audit title: **'Hemofiltration Audit March 2010'**

Actions ongoing: updating guideline on anticoagulation treatment; further education of healthcare practitioners; audit to assess compliance with guideline for use of anticoagulation.

Emergency department:

Audit title: **'Audit of fallers attending A&E'.**

Actions ongoing: funding sought for a falls/fracture liaison nurse as recommended by the Royal College of Physicians; ongoing education of healthcare professionals to identify patients at risk of falls.

Imaging:

Audit title: **Provision of out-of-hours interventional radiology services in the London Strategic Health Authority**

Actions ongoing: strategic planning for out-of-hours interventional radiology across London is recommended; National audit is recommended; it is unlikely these findings are unique to London.

Infection control:

Audit title: **'Targeted Antibiotic Point Prevalence Audit'**

Actions ongoing: Antibiotic guide with stickers and pocket cards used.

Medicine:

Audit title: **'An audit of amputations in people with Diabetes at The Whittington 2006 – 2008'**

Actions ongoing: to continue to educate healthcare professionals at the Whittington and in local primary care trusts about the best management for diabetic patients with foot ulcers and for those who have to undergo amputations.

Obesity Surgery:

1) Audit title: **Bariatric Support Line Activity**

Actions ongoing: Continuing group education sessions for groups of 12 – 15 new patients; improve the service we deliver through support group.

2) Audit title: **Preventing blood clots in patients having obesity surgery**

This showed patients were getting correct preventative treatment while in hospital.

Actions ongoing: to continue preventive treatment for a week after discharge from hospital

Oncology:

Audit title: **Audit of Antibiotic Prescribing in Neutropenic Sepsis Patients.**

Action ongoing: the introduction of pre-printed antibiotic labels to improve both accuracy of dosing and monitoring of this medication.

Orthopaedics:

Audit title: **'Audit Examining Pain Following Total Knee Replacement Surgery'.**

Actions ongoing: to use patient-controlled analgesia as a first choice of post-operative pain relief and if this not suitable to ensure that adequate alternative treatment is given.

Paediatrics and Neonatology:

1) Paediatric audit title: **'Case note audit – Ifor Ward'**

Actions ongoing: providing staff with a name and grade stamp; Small stickers or a change in the set up of hospital continuation paper; Education and awareness about the importance of making an adequate discharge entry and ensuring designation.

2) Neonatal audit title: **'Neonatal Abstinence Syndrome.' (babies of mothers who use injected recreational drugs)'**

Actions ongoing: increased awareness of screening to enable early detection of hepatitis C in a high-risk group of mothers and babies; improved communication and partnership of the neonatal and paediatric services with regards to the management of babies with neonatal abstinence syndrome.

Pathology:

Audit title: **'Cervical Cancer Audit'**

Action ongoing: Annual re-audit

Pharmacy:

Audit title: **'Biannual audit of antimicrobial policies'**

Actions ongoing: a pocket antimicrobial guide provided to all junior medical staff to improve accessibility and profile of the antimicrobial guideline; Introduction of antibiotic stickers; Antimicrobial Prescribing Score Cards to be developed to provide a standardised method for feedback and benchmarking.

Surgery:

The department of surgery takes part in the national bowel cancer audit, the national mastectomy and breast reconstruction audit and the national audits on diverticular disease, carotid surgery and consent for operation.

1) Audit title: **Accuracy of emergency surgical diagnoses**

This showed that the accuracy of emergency surgical diagnoses was maintained after surgical junior doctors changed their patterns of work in line with the European Working Time Directive.

Action ongoing: to continue monitoring the quality of emergency surgery

2) Audit title: **Management of patients with acute pancreatitis.**

This showed that the death rate for patients at the Whittington with acute pancreatitis was less than half that expected.

Action ongoing: where acute pancreatitis has been caused by gallstones, to plan surgery earlier after diagnosis.

3) Audit title: **Methods of diagnosing bowel cancer**

This showed that some groups of patients can safely have flexible sigmoidoscopy rather than full colonoscopy as their diagnostic test to confirm or exclude a diagnosis of bowel cancer. Flexible sigmoidoscopy is a simpler and safer test.

Action ongoing: to modify clinical guideline for investigating patients with symptoms suggesting possible bowel cancer.

Therapies:

Audit title: **'To audit the effectiveness of current dietetic outpatient obesity service.'**

Actions ongoing: using resources based on the 'DOM UK resources' for weight loss; Incorporating behaviour change techniques; More individualised care; Improving referrals on to specialist weight management services once set up.

Urology:

Audit title: **'Sepsis related to prostate biopsies'**

Actions ongoing: standardise antibiotic protocols; Re-audit in 2010/11 audit year.

Women's Health:

Audit title: **'Maternity Case Note Audit September 2009'**.

Actions ongoing: continuing education of practitioners using training days, newsletter, prompts and regular meetings.

At least 259 patients receiving NHS services provided by the Trust were recruited during 2009/10 to participate in research trials approved by a research ethics committee.

0.5 per cent of Trust income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the Trust and the Acute Commissioning Agency through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009/10 are available on request.

The Whittington Hospital NHS Trust is required to register with the Care Quality Commission and we have been registered with no compliance conditions from April 2010 to March 2011. The CQC has not taken enforcement action against the Trust during 2009/10

The Trust is subject to periodic reviews by the CQC and the last review was on 25 November 2009. The CQC reviewed our compliance with the Code of Practice for the Prevention and Control of Health Care Acquired Infections, and found no evidence that the trust had breached the regulation. They identified one area for improvement, which was to ensure we have effective arrangements for the decontamination of patient equipment, in particular commodes and mattresses. Actions have been put in place to address this, and there is ongoing monitoring of compliance. The Trust has not taken part in special reviews by the CQC during 2009/10.

Data quality:

The Trust submitted data during 2009/10 to the Secondary Uses Service

Chart A

Initiative	Results 09/10 (based on requirements version 7)	Comparison Results 08/09 (based on requirements version 6)
Clinical Information Assurance	83% (GREEN)	83% (GREEN)
Confidentiality and Data Protection Assurance	73% (GREEN)	63% (AMBER)
Corporate Information Assurance	66% (AMBER)	58% (AMBER)
Information Governance Management	75% (GREEN)	66% (AMBER)
Information Security Assurance	76% (GREEN)	73% (GREEN)
Secondary Use Assurance	78% (GREEN)	75% (GREEN)

Footnote: The Trust was subject to PbR clinical coding audit during the reporting period 2009/10 by the Audit Commission and the error rates (mistakes in coding) reported in the latest published audit for that period for diagnosis and treatment coding were 90 per cent accurate on main diagnosis and 90 per cent accurate on main procedure.

for inclusion in Hospital Episode Statistics which are included in the latest published data. 93 per cent of the records in the published data included the patient's valid NHS number (98 per cent for elective admissions) and all included the patient's valid General Medical Practice Code (for those registered with a GP). The low rate for NHS number reflects the significant number of patients - seven per cent - who attend our Emergency Department who are not registered with a GP.

The Trust score for 2009/10 for information quality and records management, assessed using the Information Governance Toolkit was as shown in chart A

3. Review of quality performance

3.1 Patient safety

Our patient safety strategy is to work towards having no avoidable deaths and no avoidable patient harm. The Whittington is part of the Patient Safety First Campaign and through this has introduced several new ways to improve patient safety.

Deaths in hospital: The Hospital Standardised Mortality Ratio (HSMR) is a measure of how many patients died in the hospital during the year compared to how many would be expected to die. The national average is 100. At the Whittington our HSMR has fallen every year for the last five years and last year it was the second lowest among acute hospitals in England. For the calendar year 2009 our HSMR was 74.9. This translates into 148 deaths avoided compared with a similar hospital with a HSMR of 100. We now review the health records of every patient who dies at the Whittington so we can find lessons to apply to reduce risks to other patients in the future.

Patient Safety Walkabouts are carried out regularly by our senior managers, doctors and nurses, where they visit wards to ask staff and patients about what their concerns are about patient safety. As a result specific actions are taken to address these concerns.

Our theatre teams have introduced the World Health Organisation Surgical Safety Checklist to reduce the risk of errors or delays during operations. A recent audit showed all of our operating theatre teams are using this checklist and that it has increased the efficient running of operating lists as well as improving patient safety.

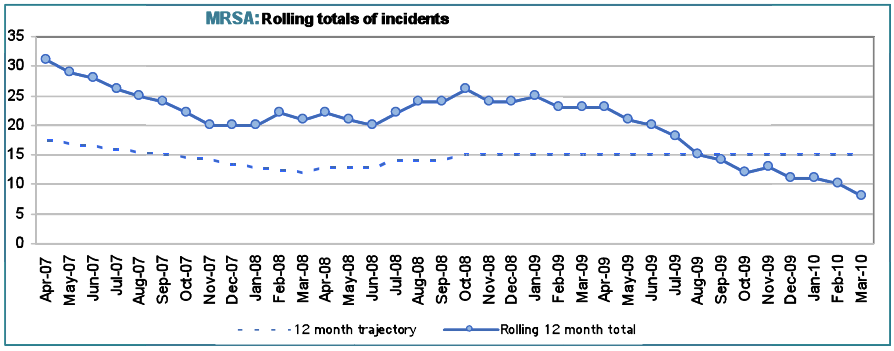
Chairman Joe Liddane says "It's great to see our hospital making a priority of these rigorous procedures. The Board regularly discusses and reviews safety issues and there's nothing more important to us"

Medicines management: In the three months to January 2010 there were 58 medication incidents recorded at the Whittington. Fortunately none of these were high risk. New systems have been put in place to improve the way we manage medicines.

- In high risk areas the ward pharmacists are giving feedback directly to junior doctors to improve their prescribing.
- We have introduced a new safer drug chart that should reduce the risks associated with prescribing oxygen and warfarin. The same new drug chart has also been introduced at the Royal Free and University College Hospitals which will improve safety since many staff rotate between these hospitals.
- In 2010 we plan to introduce electronic prescribing with automatic support to ensure the correct doses of drugs are prescribed and to avoid adverse drug interactions.
- The anaesthetic department in collaboration with Pharmacy is working to improve drug safety in theatres. All anaesthetic rooms and emergency equipment have already been standardised based on "lean thinking".

Falls: There were 500 falls in the hospital in 2009/10, of which seven resulted in a fracture. We are concerned about this and want to reduce this risk. All older patients admitted to the Whittington are assessed for their risk of falling, and where necessary steps are taken to reduce these risks. In 2010 we will extend the falls risk assessment and actions to all adult patients.

Infection: The risk of serious infection has fallen significantly at the Whittington in the last year. Only eight patients have had MRSA blood stream infections since April 2009 and the rate of infective diarrhoea caused by *Clostridium difficile* has also fallen to 49 during the whole year. The infection rate after hip and knee replacement has fallen. In the third quarter if 2009/10 the infection rate after hip replacement was 3.4 per cent, after

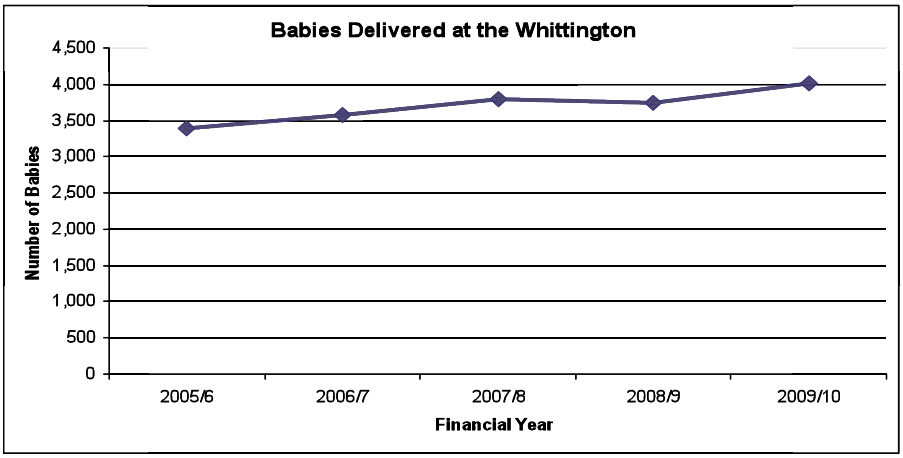


knee replacement 0 per cent and after surgery for a broken hip 2.4 per cent. Only two patients developed blood stream infections after central venous line placement and none developed pneumonia from being on a ventilator since continuous monitoring of these infections started in July 2009.

We aim to screen all patients having surgery and all patients admitted to hospital for MRSA infection risk, and where necessary give treatment to suppress bacteria found on their skin. In March 2010 we screened 86 per cent of people having planned surgery and 92 per cent of emergency admissions. Dr Julie Andrews, our Director of Infection Prevention and Control has led these improvements and in spring 2010 she was a finalist in the British Medical Journal Clinical Leadership Awards.

Pressure sores: are now rare at The Whittington and the total incidence in 2009/10 was 1.58 per cent, well below the national average. One patient had agrade four – most serious – pressure sore in the year. Our tissue viability nurse Jane Preece ensures that staff assess all patients for risks of pressure sores and where needed, patients are given special protective mattresses.

Safeguarding children and vulnerable adults: we are very aware of potential risks to vulnerable patients, especially children and some adults. We have actively collaborated in several recent reviews where there have been concerns about child protection, and external feedback to the Whittington has been that we have the necessary systems in place. Nevertheless we continue to seek further ways to ensure that children who come to the Whittington are safe. Eighty five per cent of our staff have received training in child protection in the last 12 months.



3.2 Clinical Effectiveness

Emergency medicine: 82,557 patients were seen in our emergency department including 20,059 children. 7549 patients were admitted as emergencies. The number of attendances at the emergency department has increased from 78,252 five years ago. 98.64 per cent of our emergency patients were seen, treated and admitted or discharged within four hours of arrival, setting us among the most efficient emergency departments in London.

The majority of patients admitted as emergencies are placed in the acute admissions unit and this has helped us to reduce our length of stay by 1.26 days over the last three years.

This ward is due to expand in 2010 so that all adult acute admissions should benefit from the streamlined acute medical care offered. For patients admitted as emergencies we have several same day electronic referral systems to gain specialist opinions in areas such as cardiology, neurology and cancer care and we have networked links to specialist centres for when patients need particularly complex care. The recent addition of early referral to a cancer specialist based at the Whittington has saved this group of patients an average of nine days in hospital and enabled them to avoid many unnecessary and sometimes unpleasant tests

Women's and children's health: 4,021 babies were delivered at the Whittington in 2009/10.

All of the mothers had one to one midwife care when in established labour and 89 per cent mothers started breast feeding their babies. Our new birthing centre has been popular with mothers who seek a low-tech low-stress birth environment. For mothers who require more medical assistance in labour, there is direct consultant presence on the Labour Ward for 48 hours a week, with plans to increase to 72 hours in May 2010. The rate of infection in women having babies delivered by caesarean section was only 5.5 per cent at The Whittington between April and September 2009 compared with a national benchmark of 10.4 per cent.

We would like all pregnant women to book in to antenatal care as healthy as they can be. At the moment, not all women book in before they are twelve weeks pregnant. We are working with our colleagues in pregnancy care to encourage more women to book in early.

In early 2010 we appointed a new consultant paediatrician who specialises in the care of children with emergency conditions, and an

additional consultant who specialises in newborn babies because of the rising birth rate.

Long-term conditions: our chronic respiratory disease service, working closely with primary care trusts, continues to support patients with severe lung disease at home, with high levels of patient and GP satisfaction. We estimate that this service saves at least 1000 bed days in hospital per year for this group of patients. We have a busy service to manage patients with tuberculosis and have recently taken on screening for tuberculosis for patients in London prisons.

The Whittington is a key partner in the diabetic Co-Creating Health Programme that has helped patients to manage their own diabetes better and reduced their need for hospital admission.

There is an active collaboration between the Whittington and local primary care trusts on the management of heart failure, led by Dr Suzanna Hardman. This has led to a considerable reduction in the death rate from heart failure for our patients. The Whittington is working with local health care networks for patients having heart attacks or strokes. Patients with heart attacks are taken straight to the Heart Hospital, and from July 2010 patients having strokes will be taken straight to the Hyper-acute Stroke Centre at University College London Hospital.

Patients who need anticoagulation (blood-thinning drugs to reduce risk of stroke) can usually have their care managed on a routine basis by our anticoagulation network which runs through pharmacies in primary care with back-up support at the Whittington.

Outpatient clinics: we are working on a project to improve efficiency in our outpatient clinics. At present approximately 14 per cent of patients do not attend the appointment they have booked, despite the fact that we send reminders by letter or text message in most cases. We know that people are more likely not to attend if they have had their appointment changed by the hospital, and so we are working to reduce such changes. At the same time we are using some evening and weekend clinics to provide a wider range of appointment times for patients and reduce waiting times. Where additional urgent patients have to be seen, clinics are sometimes very busy. When this happens and there are delays for waiting patients, we endeavour to give them information about the likely wait and can offer them tea/coffee vouchers to use in the nearby hospital restaurant.

Diagnostics: The Whittington offers an integrated diagnostics service to general practitioners, providing rapid electronic transmission of results and telephone advice support. Radiology images are reported promptly for both primary care and hospital patients, and a trial period of "real-time" reporting for the emergency department is under way to help with the management of our emergency patients. In addition emergency ultrasound scanning is available in the emergency department, with out of hours access to both CT and MRI scans where necessary.

In 2009 the Whittington Endoscopy Unit achieved "JAG" accreditation, meaning that it has met a series of high standards of care for patients needing endoscopy or colonoscopy. The out of hours endoscopy service was extended to run 24 hours a day, seven days a week. We are now extending our interventional radiology service on a network basis which means that some patients with internal bleeding may be able to have this treated without needing open surgery.

Surgery: during 2009/10 3,139 patients had emergency surgery and 17,158 had planned surgery at The Whittington and 85 per cent of planned surgery was carried out in our large modern day surgery unit. We have established programmes for keyhole surgery and fast-track recovery for patients with bowel cancer, and keyhole short-stay surgery for patients needing weight loss operations. Patients with broken hips benefit from early operations and a multi-disciplinary team approach to their care. At The Whittington 70 per cent of patients with a hip fracture had operations within 24 hours of admission compared to the national average of 37 per cent. In 2010 we are introducing a computerised system for booking and running operating lists that should improve our efficiency.

Trauma: from April 2010 patients from North and East London with major trauma, such as multiple fractures or gunshot injuries will be taken directly to the Royal London Hospital by ambulance, rather than to any other hospitals. The Royal London runs a special Major Trauma Unit and has shown a halving of the death rate for these groups of patients compared with other hospitals across England. However patients with less severe trauma will still come to the Whittington where we operate a Trauma Team response round the clock and deliver special training and quality checks on this service.

Cancer: almost all the patients who are referred to us with a possible diagnosis of cancer are seen quickly and all are managed by a specialist multi-disciplinary team. We take part in the recognised national audits for lung and bowel cancer to ensure that we deliver good quality care. For example for our bowel cancer patients the death rate after surgery is less than half that expected, and we assess an average of 17 lymph nodes per patient after surgery compared with the national standard of 12. This means we have a more accurate assessment of the stage of cancer and can provide further treatment where

necessary to improve patients' outcomes. For certain rare cancers, including stomach or prostate cancer, or surgery for cancer secondaries in the liver, if patients need major operations or radiotherapy they are transferred to University College Hospital or to the Royal Free Hospital since these are our local Cancer Centres. In most cases the patients can then return to the Whittington for follow-up and further care. Most common chemotherapy, and treatments such as blood transfusion or drainage of fluid collections, can be done in our modern chemotherapy day unit at The Whittington.

Haematology: The Whittington is a specialist centre for managing patients with sickle cell disease and thalassaemia. The large majority of treatment for these patients can be carried out without admission to hospital. We work on a network basis with Royal Free and University College Hospitals which specialise in other blood disorders such as leukaemia.

Critical Care: The Whittington Hospital Critical Care Unit was expanded three years ago to include 15 beds in new spacious premises. High quality care is provided and the Intensive Care Unit standardised mortality rate has fallen from 1.28 in 2004/5 to a very impressive 0.57 in 2009/10 (national average is 1.00).

Workforce: The Whittington was proud to achieve an Investors in People award for the whole organisation in January 2010. Our Human Resources Department provides training and support to a high standard. In the last national staff survey (2009) 72 per cent of our staff said they had been appraised during the year. Ninety nine per cent of consultants were appraised and set personal development plans for the year ahead which puts us in a good position in preparing for medical revalidation with the GMC. Our average sickness rate for the financial year 2009/10 was four per cent and our average staff turnover rate for the year 2009/10 was 11 per cent.

We are part of the productive ward programme in which more nursing time is freed up for direct patient care and our nurse to bed ratio is 1.3, the fourth best in London acute hospitals. In the national staff survey in 2009 the trust came in the top 20 per cent of all trusts for staff recommending it as a place to work or receive treatment.

Education and training: The Whittington has a strong tradition of excellence in education and training. We continue to receive positive reports from the Medical School regarding the quality of our undergraduate teaching and in 2009. Twenty-two Whittington doctors and nurses received top teacher awards and one received an Excellence in Medical Education Award from UCL Medical School.

In postgraduate medical education our reputation for excellence was confirmed by external reports in 2009/10 which showed that The Whittington:

- was top in London for overall job satisfaction for Foundation Year 1 medicine and Year 2 surgery doctors and fourth in London for Core Surgical Training.
- was top in London for overall job satisfaction for paediatric trainees
- In the School of Surgery visit in October 2009 our orthopaedic higher training was described as having a "strong learning culture" and "not only would all the trainees recommend their posts, but a high proportion has already asked to return to the hospital"
- in the MRCP PACES (postgraduate medical exams) in the past two years 12 of 13 trainees at the Whittington passed the exam at their first attempt.
- in the London Deanery Quality Liaison visit in February 2010 the visiting team was impressed by the enthusiasm and commitment of the faculty and had no significant concerns about the education provision at the Whittington. We believe that delivering excellent training helps us to deliver excellent services.

3.3 Patient experience

The Whittington Promise says "we will give you information and listen to what you tell us" The feedback that we get from patients is really important to help us improve our services. We listen to formal and informal feedback including both local and national patient surveys, complaints and messages via our website. The public march in support of our Emergency Department in early 2010 showed the value placed on our services by the community we serve.

Surveys: The Whittington is committed to surveying patients on a monthly basis and continues to see improvements across all questions.

In 2009 our patient survey showed 67 per cent of our patients had trust and confidence in our nurses and 75 per cent in our doctors. Seventy nine per cent of patients felt they were treated with dignity and respect and 54 per cent said they were involved in decisions about their care. Overall 78 per cent rated their care as very good or excellent. These responses see The Whittington as one of the best performing Trusts in London where traditionally patient response views have been lower than the national response rate.

A recent survey by Islington PCT showed that some patients were not able to leave hospital as promptly as they should have because of waiting for medicines or sick certificates. We plan to improve this to avoid patients having to wait.

New Access Centre and Linked Appointments: over the last year we have integrated our Admissions and

Appointments offices into a single Access Centre to make it easier to respond to patient enquiries about bookings. We have introduced evening bookings where hospital staff telephone patients who have been referred for an appointment or a test and agree with them a suitable date for this to happen. Similarly we have linked some special tests with follow-up appointments. For example if a patient has been seen in the orthopaedic clinic and requires a MRI scan we can now book the scan on a day that suits them and then ensure that they have an appointment back in the clinic to discuss the result within two weeks of the scan.

Birth centre: user feedback has shaped the development of our maternity services through direct involvement in our labour ward forum, our antenatal screening committee and midwifery liaison committee. User views were key in developing our midwifery-led Birthing Unit that opened last year and has proved very popular.

Learning from complaints: we ensure that we learn from patient complaints in order to improve our services. For example our booking and cancellation procedures are being review with the aim of ensuring more reliable service for patients and appointment times in the day treatment centre are to be staggered rather than having groups of patients arrive at once

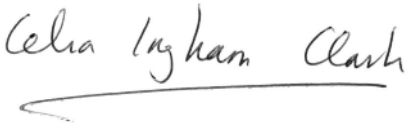
Extending the range of feedback: since 2009 we have used a "Customer-focused Marketing Model" in which we have rolled out electronic kiosks and hand-held screens to enable patients on the wards in clinics and in the emergency department to give feedback to us to help us improve our services. They can be used in languages other than English and with iconography so can be used by those with limited literacy such as children. So far more than 5,000 people have completed these short surveys and this has helped us to make changes such as improving cleaning schedules in public areas. In addition our Director of Primary Care has held a series of focus groups with patients and carers to wider the range of feedback that we receive. This patient feedback is shared with clinic and ward staff. All this information will be used to help us identify themes for improvement in the year ahead. At Board level patient experience is fed in via the Trust Dashboard and from patient surveys and we have the local LINK representative at every Trust Board meeting.

Patient information leaflets: in the last year we have extended the range of information leaflets that we provide for patients and updated those already existing. They are now available on our intranet so they can be printed off where they are needed and given to patients to support the information they have been told by the doctor or nurse. For some specialist areas such as bariatric surgery and bowel cancer surgery we are developing DVD or web-based visual material to improve patient information. When new clinical guidelines are agreed we ask that a patient information leaflet is produced to go with each of these.

Making difficult decisions: there are many potentially difficult decisions that need to made about the care of patients in hospital. We have an active Clinical Ethics Committee to provide advice and guidance at such times. For patients who need support to take decisions about their own care we have a Patient Advocacy and Liaison Service and where patients do not have the capacity to decide for themselves we have well-established links to Independent Mental Capacity Advisors.

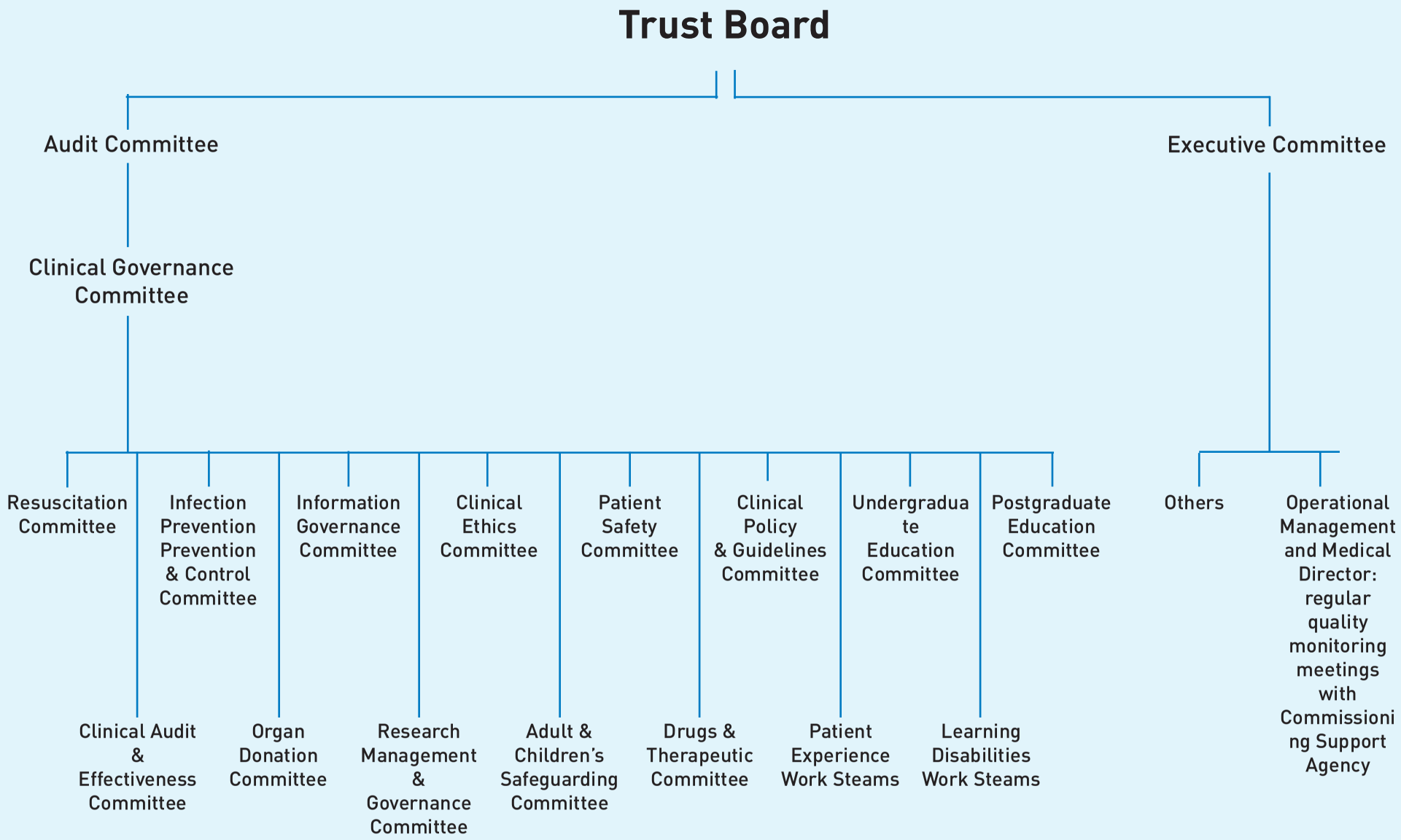
3.4 Conclusion

The Whittington aims to be 'the hospital of choice for local people'. To do this we know we need to continuously strive to improve what we do for our patients and to work closely with primary and tertiary care and social care colleagues to deliver effective and efficient services. We recognise that we are part of a changing landscape of healthcare and must meet the "Quality and Productivity Challenge" in tight economic circumstances. We believe that we can achieve this by putting the patient at the heart of all we do and by an unrelenting drive to improve quality both within The Whittington Hospital and across the wider network of healthcare in North London.



Celia Ingham Clark
Medical Director

The Whittington Hospital NHS Trust


Trust Board
Audit Committee
Executive Committee
Clinical Governance Committee
Resuscitation Committee
Infection Prevention Prevention & Control Committee
Information Governance Committee
Clinical Ethics Committee
Patient Safety Committee
Clinical Policy & Guidelines Committee
Undergraduate Education Committee
Postgraduate Education Committee
Others
Operational Management and Medical Director: regular quality monitoring meetings with Commissioning Support Agency
Clinical Audit & Effectiveness Committee
Organ Donation Committee
Research Management & Governance Committee
Adult & Children's Safeguarding Committee
Drugs & Therapeutic Committee
Patient Experience Work Steams
Learning Disabilities Work Steams

Appendix 2 Clinical Audit Training Sessions 2009

Date	Speaker	Title
6 Jan	Robin Burgess (CEO, Healthcare Quality Improvement Partnership)	The power of audit - making it work for you
11 Feb	Elaine Oxley (NHS Islington)	Deprivation of Liberty Safeguards (DOLS)
5 Mar	Dr Clarissa Murdoch (Consultant Physician)	Keeping our patients' confidences ... How well do we do?
7 Apr	Ella Segaron (Nutrition)	Can morbidly obese patients awaiting bariatric surgery achieve a 10% weight loss prior to surgery and what is its significance?
6 May	Dr Ahmed Chekairi (Consultant Anaesthetist) Jennifer Johnson (Theatre Matron)	Safe Surgery Saves Lives!
11 Jun	Dr Julie Andrews (Consultant Microbiologist)	"Targets and beyond" - an update on infection control audit work.
7 Jul	Prof Mike Roberts (Associate Director of National COPD audit 2008)	National COPD audit update
Aug	NA	
8 Sept	Scott Lister (Organ Donation Co-ordinator, Chelsea and Westminster Hospital)	Organ Donation - addressing the crisis
8 Oct	Abdul Adamu and James Dalton (Haematology)	Traceability – blood components and products
3 Nov	Caroline Fertleman (Child Protection)	The fall out from Baby P
9 Dec	Dr David Patterson (Professor of Cardiovascular Medicine)	Cardiology charter mark audit presentation

Clinical Audit Training Sessions 2010

Date	Speaker	Title
12 Jan	Ms Kirsty MacLean Steel (NICE)	The role of audit in guideline implementation
8 Apr	Dr Ihuoma Wamuo & Mr Joe Liddane	'Clinical Governance Training Session Awards Ceremony 2010'
8 June	Dr Clarissa Murdoch	Consent and Mental Capacity Act

Appendix 3 Key Performance Indicators

Clinical Quality Indicators	Performance Indicators
MRSA cases	Elective operation cancellations
MRSA screening	Choose and Book slot availability
Clostridium Difficile cases	ED 4 hour waits
SUI and patient safety	31 day cancer target
Global Trigger Tool	62 day cancer target
Safe Surgery Checklist	2 week cancer target
Wound infection rates	2 week RACP target
Patient experience	ED handover
Avoidable mortality	First to follow-up ratios
TB testing	Day case rate
Medicines management	7 day emergency readmission rate
Pressure ulcers	ED short stay admission rate
Smoking cessation	Consultant to consultant referrals
Nutritional assessment	Procedure on day of admission
Obesity - Indicator details to be decided	Excess bed days
Hepatitis B post exposure vaccination	Procedures of limited clinical evidence
Smoking at maternity booking	Critical care days
Caesarean rate	Mixed sex wards
One to one midwife care	
Early access to maternity services	
Breastfeeding initiation	

These reports are available on request.

Appendix 4 Involvement of other organisations

This Quality Account was sent in draft form to our governors, to our local Primary Care Trusts and Commissioning Agency, to our LINKs and to NHS London. Feedback from there has been incorporated into the Quality Account. Some of the specific changes include:

- Addition of an appendix showing our governance structure
- Clarifying what is meant by 'error rates' in clinical coding
- Making clear the numbering of the pages
- Adding a point on encouraging more pregnant women to book in early for antenatal care

We plan to monitor our progress against our priorities laid out in this Quality Account by bringing regular reports to Trust Board during the year to ensure we maintain momentum for improvement.


The Whittington Hospital
The Whittington Hospital
NHS Trust
NHS
Emergency Entrance
Emergency Department
Labour Ward
Main Entrance
on Magdala Avenue