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# Part 1: Statement on quality from the Chief Executive

## Purpose of the Quality Account

Whittington Health's Quality Account forms part of the Trust's annual report to the public. It describes our key achievements on the quality of patient care for 2012–13, as well as areas for improvement. It also sets out our key quality priorities for the year ahead.

The development of our Quality Account has involved identifying and sharing ideas and information across the integrated care organisation (ICO), particularly with our consultants, nurses, therapists, quality teams, governors and non-executive directors, and most importantly with our patients. We have also consulted with our colleagues in local community services, and other local NHS acute trusts.

## Quality vision for Whittington Health

Whittington Health brings together former community services in Haringey and Islington with The Whittington Hospital to form one of the first integrated care organisations (ICO) in the UK. As an ICO, we can provide world class health care across the acute hospital and community for the benefit of the local population. Over the last year, Whittington Health has worked in partnership with the local community, local authorities, general practitioners, schools, and service users to deliver our strategic objectives. Our five objectives place the patient at the centre of healthcare and recognise the importance of healthy living and disease prevention in achieving better health for all. They are:

- Developing integrated models of care
- Ensuring 'no decision about me without me'
- Providing efficient and effective services
- Improving the health of local people
- Establishing a culture of innovation and continuous improvement.

Our 2012–13 key aims to support these objectives were set out in our last Quality Strategy, published in 2012. Some of these aims have been achieved and need to be sustained, and, in other areas, we have achieved some improvement but still require further work. We will also continue to push forward with the priorities identified in last year's Quality Account. This account also includes information relating to last year's performance against national and local quality measures, which have helped us to identify our priorities for going forward.

Whittington Health recognises that we are living in a changing health care climate and, as with all NHS

trusts, will continue to face challenges, particularly financial, which make it all the more important to keep safe, high quality patient care as our focus. We also need to ensure savings are made by driving up efficiency, integrating care pathways and cutting waste, raising quality and continuing to improve our patients' experience and their outcomes.

This year we published our Estates Strategy which outlined our plans to modernise the underlying fabric of The Whittington Hospital. This recognised that many of our services are now based in the community and we have moved from being purely a hospital provider to an ICO with an extensive network of community property, some of which we own. The strategy describes our plans to invest in services such as maternity, education and ambulatory care by selling buildings that are currently used to house administrative staff. It also explains the need for staff to be more appropriately placed according to the services they provide and for us to ensure we are financially viable as we continue our journey to becoming a foundation trust.

This strategy has proved very divisive among our stakeholders, in part because we did not consult early enough, resulting in reactive communications and we have struggled to put across our rationale. Recognising this error, we embarked on a three-month listening exercise and have been consulting widely about how best to proceed to ensure we can deliver excellent healthcare and retain the confidence of our community.

In February, we saw the publication of the Francis report, a deeply shocking condemnation of care within the NHS. We recognise it is our duty to provide high quality, safe, compassionate care to all who use our services and, despite the challenging times ahead, compassionate care will remain a central value to our service delivery and transformation. Our Trust has been reflecting on the recommendations and consulting with our stakeholders, particularly our staff, on lessons we can draw from the report and ensuring that we have the right culture and systems in place for the future care of our patients.

## Key quality achievements and developments

The hard work and dedication of our staff has led to several key achievements over the past year. These have provided us with strong foundations upon which we can continue to build and deliver our vision for the Trust.

With safety at the heart of everything we do, I am delighted that the Whittington Hospital continues to be one of the safest hospitals in the country.

On one of the key mortality indicators, the hospital has had for seven consecutive quarters the lowest Standardised Hospital Mortality Index in England. The index is based on deaths in hospital and 30 days after discharge. Our rate is 0.71 for the 12 month period to February 2013 (latest published data), significantly ahead of the expected average value of 1.0.

The Whittington Hospital has also won the national CHKS Patient Safety Award 2013. Based on a range of indicators including hospital-acquired infections and mortality, this award recognises our outstanding performance in providing a safe hospital environment for patients.

In February 2013, we were visited and inspected by the Care Quality Commission (CQC), which is responsible for ensuring that all health and social care meets national standards on quality and safety. The CQC team visited many services across the Trust and spoke to many service users, staff and relatives. The findings from their visit were very positive, although one area was highlighted as needing improvement. The report is discussed in full later in the document. We will be working hard over the next few months to improve the standard of care that we provide to ensure that our services are world class across the organisation.

We achieved NHSLA level 1 last year from the NHS Litigation Authority, which supports trusts with risk

management, and have been working hard towards achieving level 2. The Trust is now preparing for an assessment. The achievement of NHSLA level 1 for Whittington Health as a whole and level 2 for maternity services from our litigation insurers is an important measure of how safe our services are, and provides assurance that the key governance arrangements are in place that ensure safety and high quality services.

### Trust Board endorsement

I confirm that this Quality Account has been discussed at, and endorsed by the Trust Board.

### Chief Executive's signature

I declare that to the best of my knowledge the information contained in this Quality Account is accurate.



**Yi Mien Koh**

Chief Executive  
Whittington Health





# About the Trust

Whittington Health provides hospital and community services to around 440,000 people living in Islington and Haringey, as well as other London boroughs including Barnet, Enfield and Camden.

In 2011, The Whittington Hospital combined with community health services and we now have 4,000 staff delivering care from more than 30 locations across Islington and Haringey.

With both hospital and community services, we are an "integrated care organisation" which means we can improve our patients' experience by bringing services closer to home and ensuring the way patients receive healthcare is as joined up as possible between their GP, health facilities in the community and, when appropriate, the hospital. The Trust's aim is to continue to give people the most advanced care with quicker recovery times and, where possible, enable our patients to receive their care at home and in the community. This is now considered the best way to provide healthcare to maintain health and well being.

We also have a highly regarded educational role, teaching 200 undergraduate medical students, as well as nurses and therapists each year, and providing a range of educational packages for postgraduate doctors and other healthcare professionals.

In the coming year, we have plans to build a new same day treatment centre so that patients can be treated faster and avoid admission. We are also introducing a new electronic patient record which is the foundation of the Trust's IT strategy to become one of the first paperless organisations in the NHS.

**The Trust provides hospital and community services to around 440,000 people**



## Part 2:

# Priorities for improvement

This section outlines our quality priorities for the coming year and reviews our progress on our goals for 2011–12.

### Our quality priorities for 2013–14

Quality of care – safety, effectiveness and patient experience – is at the forefront of everything we do.

Our quality account priorities for this coming year were selected following consultations with external stakeholders, including our commissioners, patient representatives, shadow governors, and GPs, as well as our staff. We have also reviewed complaints received, incidents that have occurred this year and improvements still to be made.

The priorities support our strategic objectives which underpin our vision for the future of the organisation. Our Quality Strategy also aligns our priorities with the NHS Outcomes Framework. This national framework gives an overview of how well the NHS is performing with the emphasis on patient outcomes. It focuses on improving health in five areas:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment; and protecting them from avoidable harm.

As part of our process, we have also considered priorities that are important for our local community and will have the greatest impact on their health. As an organisation intent on joining up hospital and community services, we are looking to strengthen our role in health promotion and the prevention of illness, as well as caring for people when they are unwell. Our priorities this year reflect this aspiration as we strengthen the integration of our services.

### Our priorities for 2013–14 will be:

- Priority one: Undertake routine integrated care case conferences
- Priority two: Ensure clinicians are trained in consultations that support shared decision making and goal setting with patients
- Priority three: Ensure patients waiting for physiotherapy and podiatry receive their initial treatment in a timely fashion
- Priority four: Improve our success rate in helping people to stop smoking and reduce the harm caused by alcohol
- Priority five: Extend ambulatory care, reducing the proportion of patients who need hospital admission.

Table 1 outlines in more detail why we have chosen our priorities, how we will measure success and how they sit with Trust and national objectives.

**Table 1: Draft quality priorities 2013–14**

Whittington strategic objective	Draft quality priorities 2013–14	NHS Outcomes Framework domain	Why have we selected this objective?	What does success look like?
1. Develop integrated models of care	Undertake integrated care case conferences. Multi-disciplinary working between providers is key to the success of integrated care. This objective aims to embed them into routine practice.	Enhancing quality of life for people with long term conditions ( <i>domain 2</i> )	To integrate patient pathways to optimise outcomes and patients' experience of care.	Participate in at least 4 integrated care case conference meetings per month per CCG and complete 95% of resulting actions.

Table 1: Draft quality priorities 2013–14 (continued)

Whittington strategic objective	Draft quality priorities 2013–14	NHS Outcomes Framework domain	Why have we selected this objective?	What does success look like?
2. Ensure 'no decision about me without me'	Ensure that clinicians are trained in consultations that support shared decision making and goal setting with patients.	Enhancing quality of life for people with long term conditions ( <i>domain 2</i> ) Ensuring that people have a positive experience of care ( <i>domain 4</i> )	Engaged or 'activated' patients take more control of their conditions, have greater self confidence, seek help faster when things go wrong and save resources.	35-40% of selected patients to have completed the program. 25% of relevant clinicians trained this year to support shared decision making and goal setting with patients.
3. Develop 'efficient and effective' services	Ensure patients waiting for physiotherapy and podiatry receive their initial treatment within a timely fashion.	Help people to recover from episodes of ill health or following injury ( <i>domain 3</i> ).	Long waits for some community treatments upset patients and GPs, and are not appropriate for a community-facing healthcare organisation.	Improved patient satisfaction and reduced complaints. Reduced time to first appointment, meeting commissioned targets. Improved primary care satisfaction.
4. Improve the health of local people	Improve success rate in helping people to stop smoking and to reduce the harm caused by alcohol.	Preventing people from dying prematurely ( <i>domain 1</i> ).	50% of illness is related to behaviour, and lifestyle choices such as smoking and drinking have a significant effect on long term health, society and the health economy.	Percentage of admitted patients who are smokers given therapy to help quit smoking : a minimum of 14%. Screen 90% of patients attending ED (Emergency Department), UCC (Urgent Care Centre) and MAU (Medical Assessment Unit) for alcohol usage. Offer brief intervention to 90% of patients found to have harmful levels of alcohol use in ED, UCC and MAU. 90% of patients with harmful alcohol use to have this information sent to GP within agreed timescale.
5. Foster a culture of innovation and continuous improvement	Extend ambulatory care, reducing proportion of patients who need hospital admission.	Help people to recover from episodes of ill health or following injury ( <i>domain 3</i> ). Care for people in a safe environment, and protect them from avoidable harm ( <i>domain 5</i> ).	Patients treated by ambulatory care are more likely to remain mobile and independent and less likely to suffer complications of care.	Provide alternative to admission for patients with Ambulatory Care Sensitive Conditions attending A&E, and ensure they have a management plan agreed with care co-ordinators for community and mental health services. This will contribute to the 3% reduction in overall emergency admissions.

# Quality goals agreed with our commissioners for the year ahead (CQUINS)

A proportion of Whittington Health's income in 2013–14 is conditional on achieving quality improvement and innovation goals agreed between the Trust and our local Clinical Commissioning Groups. Under the Commissioning for Quality and Innovation

(CQUIN) payment framework, these goals were agreed as representing areas where improvements will result in significant benefits to patient safety and experience. Outline details of the CQUINs for the year ahead are summarised in *Table 2*.

**Table 2: CQUINS: the year ahead**

CQUIN scheme	Rationale / objectives
<b>Venous thromboembolism (VTE)</b> <i>Risk assessment and appropriate preventative treatment</i>	VTE is a significant cause of mortality, long-term disability and chronic ill health.
<b>Friends and Family Test</b>	The Friends and Family Test will provide regular, detailed feedback from patients about their experience. A number of different services will use the test, including Maternity and the Emergency Department. Staff will also be surveyed as part of the national staff survey.
<b>Dementia screening in &gt;75 yrs for emergency admissions</b>	To make sure we screen those patients who are admitted as an emergency for dementia.
<b>NHS Safety Thermometer</b>	This involves a series of measures to improve patient safety and benchmark us against other organisations.
<b>Improvement in chronic obstructive pulmonary disease (COPD)</b>	To improve long term prognosis and progression of the disease and quality of life, reduce worsening of symptoms, reduce hospital admissions and re-admissions.
<b>Alcohol screening in the Emergency Department</b>	To make sure patients with alcohol problems are identified and that their GPs are informed, so that they can offer support.
<b>Stop smoking interventions in The Whittington Hospital</b>	Up to one in five deaths in London is due to smoking, yet there are cost effective interventions that can be used in hospitals to reduce mortality, improve health and prevent admissions.
<b>Avoiding un-necessary hospital admissions</b>	New models of care allow patients to be treated on an ambulatory basis in hospital clinic setting or in their own homes. This improves the patient experience and allows patients to stay in their own home.
<b>Supporting patients to self care</b>	Evidence shows that this enables patients to take more control over their conditions, have greater self confidence and to seek help faster when things go wrong.



# Progress report on our 2011–12 priorities

Although the Trust has agreed five new priorities outlined in *Table 1*, we will continue to focus on the priorities set last year, particularly where there is a need for further improvement.

## Priority 1: Reducing the harm caused by smoking and alcohol.

### What did we say we would do?

Ensure that smoking and alcohol cessation advice and support is available to those who need it.

### How did we measure our success?

We aimed to obtain details of smoking and alcohol usage from 90% of our patients. The Trust wanted to ensure that people who were drinking enough to increase the risk of health problems received a brief intervention to help them make positive decisions for their future health. We also aimed to persuade 15% of smokers to quit.

### How did we do?

#### Smoking

We have improved the recording of patients' smoking status and this has helped us to work with GPs and patients in supporting them to stop. We are currently screening 90% of patients that use our services, as shown in Figure 2. We realise that people will make their own choices about their health but we know that, by giving the right advice and support, we can support people to make positive choices about their health. By March 2013, we had given over 80% of smokers advice (Figure 1).

By March 2013, we knew the smoking status of 90% of patients admitted to hospital (Figure 2):

#### Alcohol screening

Unfortunately, we did not achieve our goals this year. Initially we focused this intervention in our Emergency Department, as many of the patients that we see in ED provide us with a health promotion opportunity. Over the last year, our ED has needed to change the way it is working in order to improve efficiency and patient satisfaction. This has resulted in the staff taking on many extra essential assessments for patients coming into the department and we have been unable to focus on the health promotion activity in the way that we had planned. This has resulted in us only actively screening 0.7% of ED patients who were identified as needing the intervention (8 out of 1201).

Figure 1: Smoking CQUIN (% smokers given advice) ▼

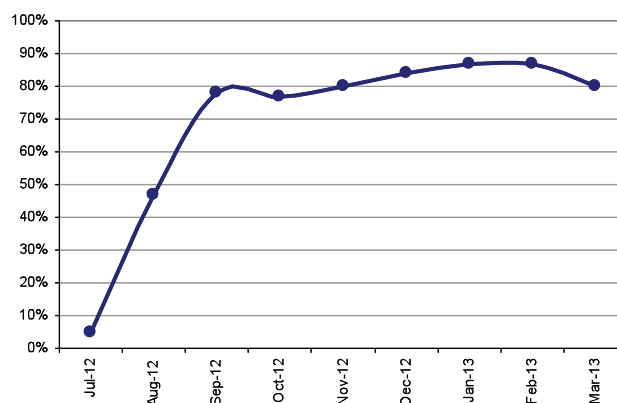
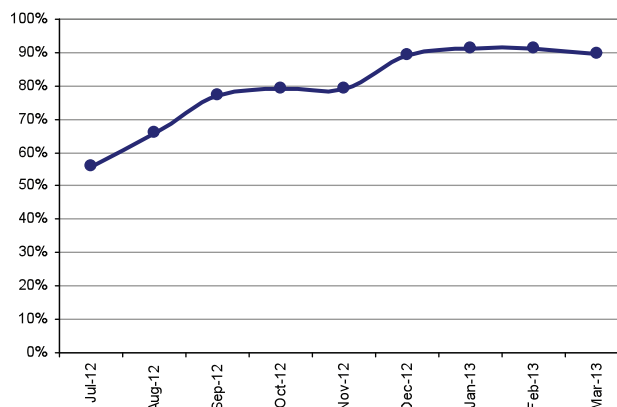


Figure 2: Smoking CQUIN (% admissions where smoking status recorded) ▼



## Priority 2: Improve the way we communicate and ensure that respect, dignity and compassion are at the heart of our relationships with service users.

### What did we say we would do?

We wanted to improve the number of patients who felt involved in decisions about their treatment and care. The Trust was also looking to ensure that patients felt that their privacy was respected at all times. Our aim was to reduce the number of people who told us that doctors and nurses spoke about them as if they were not there by 50%.

### How did we do?

The above objective was measured by asking patients whether the following statements were true:

- I feel I was treated with kindness and compassion
- I was involved as much as I wanted to be in decisions about my care
- I feel I was given enough privacy when discussing my condition and treatment
- Staff talked about me as if I were not there.

The baseline performance was measured from our electronic patient experience trackers (PET) which are used on wards, in outpatient clinics, the emergency department and many community locations. Where these were unavailable, we measured against 2011 data from the National Inpatient Survey.

Table 3 shows the results from both the PET machines and the survey.

**Table 3: Responses from patients: Respect, dignity and compassion**

Question	PET 2011–12 Inpatient 2011	Percentage improve goal	Inpatient 2012	PET 2012–13
Kindness and compassion	85% strongly agree and agree	2% increase	Not on survey	88% (3,547/4,051) <b>(3% improvement)</b>
Involved in decisions	81% strongly agree and agree	2% increase	89% (251/285) <b>(8% improvement)</b>	86% (3,410/3,980) <b>(5% improvement)</b>
Given enough privacy	89% always and sometimes agree (IP survey)	2% increase	94% (261/285) <b>(5% improvement)</b>	89% (2,968/3,630) <b>(same)</b>
Talked about as if not there	30% doctors 38% nurses always and sometimes (IP survey)	<b>2% decrease</b>	28% doctors 24% nurses (68&78/285) <b>(2% &amp; 14% improvement respectively)</b>	18% doctors 17% nurses (241/1,486) <b>(12% and 21% improvement respectively)</b>

The results suggest that progress is being made across all areas and that the Trust is likely to achieve the improvement goals by April 2013.

### I feel I was treated with kindness and compassion

Although this question is not included on the inpatient survey in 2012, we exceeded our target of a 2% improvement from the PET data. This demonstrates an overall improvement in the experience of patients in this area.

### I was involved as much as I wanted to be in decisions about my care

The inpatient survey showed an 8% improvement on the previous survey (although numbers filling out the survey are limited, so this result should be treated with caution). The PET data revealed a 5% improvement across the year.

## I feel I was given enough privacy when discussing my condition and treatment

The inpatient survey showed a 5% improvement on the previous year, which is the measure against which it was set. The inpatient PET data achieved the same level to the national survey at 95%. Across the Trust, the figure was lower, however. This was notable in the Emergency Department and some outpatient clinics.

### Staff talked about me as if I were not there

Our target was to reduce this factor by 50% from last year's percentage. This would equate to 15% of doctors and 19% of nurses being reported as talking to patients as if they were not there. Despite significant improvement on both the inpatient survey and in the PET data, we did not meet the target 50% reduction. It should be noted however, that it was almost a 50% reduction based on the PET data which uses a significantly larger sample.

The inpatient survey revealed a 2% (doctors) and 14% (nurses) improvement on the previous inpatient survey, a 12% improvement on the PET questions for doctors and a 21% improvement for nurses.

### Summary

Significant improvements can be noted in terms of improved patient experience, and the PET data provides a greatly increased pool of feedback to rely on. We will continue our work in this area to make further improvements.

## Priority 3: Reduce the number of patient falls to achieve the top 10% of national benchmark data.

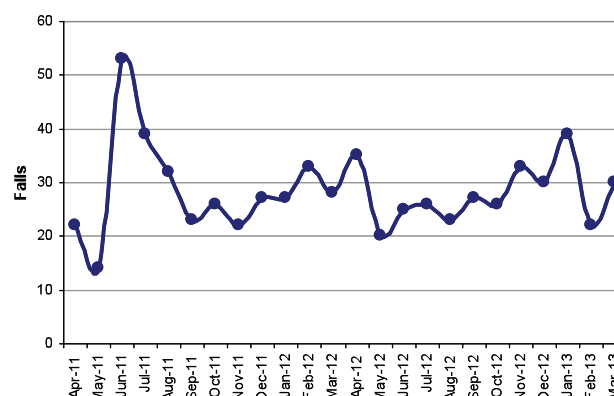
### What did we say we would do?

Work to reduce the rate of people falling in our care by 50% compared to the previous year.

### How did we do?

During the year 2011–12, there were 346 falls of patients in our care and in 2012–13 there were 336 falls. This represents only a 2.9% reduction in patients falling in our care. We recognise that there is still much work to be done to reduce this number.

Figure 4: Acute inpatient falls ▼



### What are we doing to improve?

All staff, including new starters to the Trust, will receive training in falls prevention if they are working in areas that are likely to involve caring for people who are at risk of falling. For those patients who do fall, we have introduced strict guidance and protocols of how they should be looked after to ensure that they get better quickly and do not fall again. Although we did not achieve the 50% reduction, we plan to continue to work towards this goal in the coming year. All patients are risk assessed for their likelihood of falling and actions are put in place to reduce this risk as much as possible.

## Statement of assurance from the Trust Board

### Review of services

During 2012–13, Whittington Health provided 115 NHS services delivered through three divisions, and did not sub-contract any services. The Trust has reviewed all data available to it on the quality of care of those services.

The income generated by the NHS services reviewed in 2012–13 represents 100% of the total income of the Whittington Health.

The Trust Board receives, reviews and acts on quality data on a regular basis, as key quality indicators are included in the Trust's Performance Dashboard. It also receives regular comprehensive patient feedback reports including information on complaints, our Patient Advice and Liaison Service (PALS), litigation and local patient survey findings.

# Participation in Clinical Audits 2012–13

During the year, 40 national audits and 10 national confidential enquiries covered NHS services that Whittington Health provides.

Whittington Health participated in 90% of national clinical audits and 100% of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that Whittington Health participated in and for which data collection was completed during 2012–13 are included in *Table 4*; listed alongside are the number of cases submitted to each audit or enquiry or the percentage of the number of registered cases required by the terms of that audit or enquiry.

**Table 4: Participation in clinical audits**

Title (listed in alphabetical order)	Participation during 2012–13	If data collection completed, cases submitted (as total or %)
Acute coronary syndrome or Acute myocardial infarction	Yes	Ongoing
Adult asthma	Yes	23 patients
Adult community acquired pneumonia	Yes	69 patients
Adult critical care	Yes	Ongoing – 782 patients with 100% submission
Bowel cancer	Yes	Ongoing
Bronchiectasis	No	No – robust local audit to benchmark outcomes
Cardiac arrest	No	Reasons provided below*
Comparative audit of blood transfusion	Yes	Ongoing
Diabetes (adult)	Yes	37 patients
Diabetes (paediatric)	Yes	Ongoing – 75 patients
Emergency use of oxygen	Yes	19 patients
Epilepsy 12 (childhood epilepsy)	Yes	Ongoing
Falls and bone health	Yes	All aged 65+
Fever in children	Yes	50 patients
Fractured neck of femur	Yes	50 patients
Heart failure	Yes	Ongoing – 60 patients
Heavy menstrual bleeding	Yes	Ongoing
Hip fracture database	Yes	Ongoing
Inflammatory bowel disease	Yes	Ongoing

\* NCAA reason(s) for non-participation: The Trust undertakes its own cardiac arrest audit, which is reported monthly to Divisional Board and every 2 months to the Resuscitation Committee. The National Standards for Resuscitation have said this audit should be considered but is not essential, and our existing data is very robust.



**Table 4: Participation in clinical audits** (continued)

Title (listed in alphabetical order)	Participation during 2012–13	If data collection completed, cases submitted (as total or %)
Lung cancer	Yes	Ongoing
National joint registry	Yes	Ongoing
Neonatal intensive and special care	Yes	Ongoing – all admissions to unit
Non-invasive ventilation	No	Robust local audit undertaken
Paediatric asthma	Yes	38 patients
Paediatric pneumonia	No	Robust local audit undertaken
Pain database	Yes	Ongoing
Potential donor	Yes	Ongoing
Renal colic	Yes	47 patients
Trauma	Yes	Ongoing
<b>ADDITIONAL</b>		
Venous thromboembolism risk assessment (CQUIN)	Yes	Ongoing
BTS care bundles (CAP)	Yes	Ongoing
National audit of intermediate care	Yes	40 patients
Evaluation of London Trauma System on Quality and process of Care	Yes	Commenced Feb 2013 – 1 case submitted
Controlled drugs	Yes	Ongoing
National Audit Project (NAP5): Accidental Awareness during General Anaesthesia	Yes	Ongoing
National Metabolic and Bariatric Surgery Registry	Yes	Ongoing
National Comparative Audit of Blood Sample Collection & Labelling)	Yes	109 patients
National Paediatric Chemotherapy dataset	Yes	Ongoing – monthly submissions
National Paediatric Cancer Registry	Yes	Ongoing
National Diabetic Foot Ulcer Audit	Yes	11 patients

**Table 5: Confidential enquiries**

Title (listed in alphabetical order)	Acronym	Participation during 2012–13	Cases submitted
<b>Asthma deaths</b>	NRAD	Yes	2
<b>Child health</b>	CHR-UK	Yes	Ongoing dependent upon case identification
<b>Maternal infant and perinatal</b>		Yes	Ongoing
<b>National Confidential Inquiry into Suicide and Homicide by people with mental illnesses</b>	CISH	Yes	Ongoing
<b>Elective surgery (National PROMs Programme)</b>		Yes	Ongoing

**Table 6: National Confidential Enquiry into Patient Outcome and Death (NCEPOD) eligibility and participation:**

Title (listed in alphabetical order)	Participation during 2012–13	Percentage of cases submitted
<b>Bariatric surgery (report published Oct 2012)</b>	Yes	100%
<b>Cardiac arrest procedures (report published June 2012)</b>	Yes	100%
<b>Alcohol related liver disease (ARLD)</b>	Yes	100%
<b>Subarachnoid haemorrhage</b>	Yes	100%
<b>Tracheostomy care</b>	Yes	Ongoing Feb – June'13

The reports of 26 national clinical audits and national confidential enquiries were reviewed by the provider in 2012–13 and Whittington Health intends to take the following actions to improve the quality of healthcare provided.

Whittington Health intends to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires 2013–14 by ensuring:

- Each of the three divisions will have an agreed annual clinical audit (quality improvement) programme which will align the Division's overall audit strategy with the Trust's overall audit strategy and priorities. National audit and national confidential enquiries will be a key component of programmes.
- Appropriate priorities are reflected in divisional programmes, and capacity is channelled away from small ad-hoc audits to major audits vital to safety and quality without losing flexibility or suppressing good local ideas.
- Performance in national audit will continue to be acknowledged through the annual Clinical Audit Awards.

# Examples of care improvements driven by clinical audit

## 1. NCEPOD Bariatric Surgery: Too lean a service? (2012)

This National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report highlights the process of care for patients aged over 16 who underwent bariatric surgery for weight loss. The report takes a critical look at areas where the care of patients might have been improved during the whole patient journey, from referral to follow up. Remediable factors have also been identified in the clinical and the organisational care of these patients.

### Steps to improve care for bariatric patients

- A group education session for all patients is run by a specialist nurse and dietician. We also have a monthly support group and patients are encouraged to attend a minimum of one session. Any patients who are identified as needing weight loss intervention are given the pre-operative Cambridge diet. This is managed by the dietician and a Professor of Nutrition and Endocrinology.
- All patients attend a pre-assessment clinic. This is nurse-led, with doctors called as required. There is a specialist pre-assessment clinic run by anaesthetists that sees patients referred specifically for assessment or those identified by nurses in the pre-assessment clinic as 'high risk'.
- We run a multidisciplinary team meeting twice a month to review patients to ensure they are getting the best care. The team includes surgeons, anaesthetists, a bariatric physician, psychiatrist and specialist dieticians and clinical nurse specialists, as well as administrative support staff.
- All patients are seen after an operation by the dietician and nurse on the ward prior to discharge and given advice on what to do in the event of a complication as well as supporting written information and all contact numbers.

## 2. Surviving sepsis (College of Emergency Medicine)

We conduct annual audits led by the National College of Emergency Medicine for fever in children, ureteric colic, sepsis and recording of vital signs. The Emergency Department take a collective responsibility to improve standards of care and we have taken a number of steps to improve the care of patients with sepsis this year:

- Early identification of patients with sepsis, and rapid start of a 'resuscitation bundle': a package of evidence-based guidelines to direct the best

care within two hours. We include sepsis in junior doctors' teaching and have introduced a sepsis assessment procedure to ensure that patients are seen by a senior clinician on arrival.

- Prompt administration of IV antibiotics: we have raised awareness among nursing staff to ensure antibiotics are given as soon as they are prescribed.
- Re-audit: we undertake re-audit annually, to ensure that we are continuously improving.

## 3. Fever in Children (College of Emergency Medicine)

This is a national audit of the treatment of feverish children (under 5 years of age) who attend our Emergency Department (ED) with a medical condition against the clinical standards set by the College of Emergency Medicine (CEM) Clinical Effectiveness Committee (CEC).

### How are we improving care?

- By acting very quickly and assessing the vital signs of children within twenty minutes of arrival, encouraging staff to document capillary refill or blood pressure and assessment using the Glasgow Coma Score.
- Ensuring that we identify every child with this problem by carrying out investigations in "high red risk" patients with no apparent source of infection.

## 4. The Annual National Paediatric Diabetes audit 2010–11 (published September 2012)

This national programme will improve the care provided to children with diabetes and improve their outcomes and experiences and that of their families. The Children's Diabetes Audit will complement the other national programmes and audits led by the RCPCH for the benefit of all children.

The Annual National diabetic audit demonstrated that we had collected the most important data well, with only a very small number (1.5%) of patients with missing glycosylated haemoglobin data (HbA1c, the single best measure of good diabetic control).

### How we are improving care in this area

- Improving documentation of patients' Body Mass Index (BMI), performing more foot examinations and more blood tests for urea and electrolytes.
- The Best Practice Tariff has outlined new high standards which we plan to implement.



- We have established a North Central London diabetes network to support the delivery of the implementation of the best practice tariff.
- Developing an approach to care that encourages hospitals in the network to work more closely together to look after all diabetic patients in our sector.
- We are increasing resources to include a diabetes nurse and fulltime (rather than half-time) dietetic support.

The reports of 225 local clinical audits were reviewed by the provider in 2012–13 and Whittington Health intends to take the following actions to improve the quality of healthcare provided.

Whittington Health intends to improve further the processes for monitoring the recommendations of local audits for 2013–14 by ensuring:

- A programme of clinical audit awareness sessions, half-day teaching workshops and ad hoc information dates planned by the Clinical Governance Department. These sessions will be available for Acute and Community staff, with initial emphasis upon divisional leads and junior medical staff. Sessions will reinforce the importance of the audit cycle and how clinical audit can be used to improve patient care.
- A new guide for clinical staff on how to undertake audit at Whittington Health will be developed to complement the teaching programme.
- Discussions will continue with the local clinical audit network to arrange a number of peer review visits from other high performing organisations and also informal visits to neighbouring NHS Trusts in order to benchmark structures, processes and resources to support clinical audit.

- Each Divisional Board will seek assurance that monitoring arrangements are in place in all aspects of divisional quality governance, to include Clinical Audit and Effectiveness.
- Clinical audit actions will be assigned to a senior clinician and managerial representative if appropriate, with specific time scales for completion.

## 5. The impact of electronic prescribing on clinical pharmacist Interventions and drug chart accuracy

Clinical pharmacist interventions were recorded on a 16 bed cardiology ward for a seven week period six months before the introduction of Electronic Prescribing and Medicines Administration (EPMA). Clinical pharmacist interventions were then recorded for the same ward over a seven week period six months after the introduction of EPMA.

This audit forms part of the benefits realisation work which is necessary to provide evidence that the implementation of EPMA is providing the expected improvements. This information together with other sources of information, such as feedback from clinical incident reports, will assist in evaluation of this patient care initiative and ensure that ongoing implementation is safe. The data on medication related problems identified by the clinical pharmacist can be used to assess the impact of clinical pharmacist on wards, quantify workload and identify areas for future training.

### How this audit improves patient care

- The positive effect of Clinical Decision Support (CDS) alerts for contra-indications, allergic reactions, drug interactions and duplications has been shown. This demonstrates the potential for further development of drug order sets and clinical guidance at the point of prescribing.



- The audit has highlighted improvements to patient safety resulting from EPMA, with a big reduction in incorrect patient details, incomplete allergy information, missing drug charts, illegible handwriting, transcription errors, the need for clarification of medication and administration related problems.
- Areas for further improvement have been identified, including non-formulary drug prescribing, administration times and prescribing to prevent and treat blood clots, which can be investigated in more detail to further improve patient care.
- Further audits will be conducted in areas such as Paediatrics to ensure that EPMA roll-out continues to provide the expected benefits to patient safety and care.

## 6. Application of the Acute Exacerbation of COPD Care Bundle – how are we doing and what’s going wrong?

Morbidity and mortality from COPD remains high. Evidence shows that timely initiation of smoking cessation and pulmonary rehabilitation are cost and clinically effective interventions to improve health outcomes and reduce mortality. The COPD care bundle has been used to identify those suitable and systematically implement these interventions.

### How this audit is improving patient care

- Education and awareness, especially around the definition of AECOPD (versus pneumonia) and the importance of application of the bundle;
- Junior doctors (through induction);
- Better coding of episodes;
- Supporting consultants to provide correct diagnosis on post take ward round, as this is where mislabeling can arise (including simplification of the COPD clerking proforma);
- A part time project manager was assigned to oversee the COPD CQUIN project.

## 7. An audit of sedation log books in use across Community Dental services (2011–12)

An audit was undertaken against national Department of Health guidance of all five sedation log books in use across Community Dental services during the period of October 2011 to October 2012.

### How is this audit improving patient care?

- All five sites carrying out conscious sedation and using controlled drugs have now been issued with a controlled drugs book by pharmacy.
- All entries are signed by both a nurse and countersigned by the clinician responsible for administering the controlled drug.

- The time of administration of the controlled drug is recorded.
- The dose of controlled drug administered is recorded at each site.
- The amount of midazolam wasted and whether it has been disposed of in the sharps box is recorded.
- Explicit guidance on safer management of controlled drugs has been disseminated to all staff who handle and/or administer controlled drugs for the purpose of conscious sedation.
- This audit will be repeated annually.
- Correct use of controlled drugs record book will become part of annual in house sedation training.
- All of these actions ensure the safer delivery of these medicines to our patients.

## 8. Quality of Practice Record Audit: Health Visiting and Family Nurse Partnership

*‘Qualitative auditing considers the quality of the recording on file, and whether it reflects good practice’.*

This audit assessed the quality of practice recorded in the case records of children with child protection plans and children with unresolved child protection concerns, and/or children receiving an enhanced Health Visitors intervention in Islington. The case record is a tool for the practitioner and a record of practice for all professionals involved in a child’s care. It shows information gathered and evidence obtained to support a professional assessment, analysis and evaluation of the child’s needs and review of the intervention plan. Case records are evidence of work undertaken and also a record of the involvement of the child and family in the decision-making process.

A total of 40 randomly selected children’s Health Visiting and Family Nurse Partnership Service case records were audited. Practitioners were also selected at random by the Locality Managers to participate in the audit.

### How is this audit improving patient care?

- The audit has provided a baseline measurement of quality in a number of practice areas.
- On an individual level, results will guide conversations with practitioners about specific practice areas so they can reflect upon and improve their practice.
- On a service level, results will provide evidence of quality of practice, the development of authoritative practitioners, the impact of training, supervision, knowledge and skills and conversely gaps and challenges in practice which need addressing.

## 9. An Audit of the Diabetes Annual Review Assessment of Patients seen in the Whittington Diabetes Outpatient Dept in 2011

This audit involved a detailed review of 100 set of notes of patients seen for annual review assessment in the diabetes clinic in Sept 2011, with emphasis on reviewing 'action taken' if results were unsatisfactory. It also allowed for comparison with previous Diabetes Annual Review Audits and the National Diabetes Audit data for The Whittington, 2010–11.

### How this audit is improving patient care

- We are re-enforcing the importance of recording NICE Diabetes care processes to outpatient doctors and nurses (both of whom frequently change over).
- We are re-enforcing the importance of implementing NICE Diabetes care processes to outpatient doctors when out of target aims.
- Feeding back to individual doctors their 'performance rating' from the 100 patient audit.
- Liaising with local community partners regarding improvement in diabetes care in the community to allow discharge for a larger group of patients.

## 10. An audit of Nasogastric Tube Placement and Position Check

A National Patient Safety Alert (NPSA) was issued in March 2011. We decided to implement a protocol in response to this, utilising innovative technology to ensure education and continual learning for junior doctors requesting check chest x-rays for nasogastric tube (NGT) position. A review of case notes prior to and after the launch of NPSA guidelines was undertaken.

### How this audit is improving patient care

- The implementation of the protocol has contributed to a more rigorous documentation of checking of nasogastric tube position. There has evidently been caution on the part of clinicians, with a significant reduction in utilisation of nasogastric tube usage in the hospital. There is still, however, a tendency to insert these tubes in the late evening despite requests for tube insertion being made during working hours.
- Having identified the out of hours tube insertion, we plan to ensure that this practice is limited and, if NG tube is needed, that it is inserted during working hours.

## Participation in clinical research

532 patients receiving NHS services provided or sub-contracted by Whittington Health were recruited during 2012–13 to participate in research approved by a research ethics committee.

Participation in clinical research demonstrates Whittington Health's commitment to improving our quality of care and to making our contribution to wider health improvement. Our clinical staff keep up-to-date on the latest potential treatments and active participation in research improves patient outcomes and helps provide better health for the population. This year, the Trust was involved in conducting 138 clinical research studies across 28 specialities and approved 31 new projects during the same period.

There were 85 clinical staff participating in research approved by a research ethics committee at the Trust during the reporting period.

Additionally, in the last three years, 485 publications have resulted from our involvement in clinical research, showing our commitment to transparency and desire to improve patient outcomes and experience across the NHS. The Trust's strategic aims include improving the health of the local population. We have research programmes in clinical specialities that reflect the health concerns of the local population, including cancer, haemoglobinopathies, critical care, infection, women's health, continence science, and speech and language therapy.

## Quality goals agreed with commissioners (CQUIN framework)

One and a half percent of Whittington Health's income in 2012–13 was conditional on achieving quality improvement and innovation goals agreed between Whittington Health and our local commissioners through the Commissioning for Quality and Innovation (CQUIN) payment framework.

These goals were agreed because they all represent areas where improvements result in significant benefits to patient safety and experience. Both the Whittington Health and our commissioners believed they were important areas for improvement.

A preliminary assessment of the outcome of these improvement schemes is shown in *Table 7*. The full analysis of achievement against each scheme's objectives is still being carried out and a final report will be published in the summer.



**Table 7: Performance against CQUINS**

CQUIN scheme	Description	Achievement
<b>Venous thrombo-embolism (VTE) (blood clots)</b>	90% of patients assessed for VTE on admission and repeated at 24 hours. 95% of patients receive appropriate VTE prophylaxis.	Achieved
<b>Patient experience</b>	Improvements in survey scores on selected questions on the national survey and in local surveys for children's services.	Partial achievement
<b>Enhanced Recovery (ER) programme</b>	Reporting on the National ER Database. Reporting on the emergency laparotomy network audit. Goal directed fluid therapy for planned colorectal surgery and for emergency abdominal surgery. Achievement of median target length of stay for some surgical procedures.	Achieved
<b>Improvement in chronic obstructive pulmonary disease (COPD)</b>	85% of all patients admitted with COPD to receive a COPD care bundle consisting of; i. referral to smoking cessation service; ii. enrolment into a pulmonary rehabilitation programme; iii. self management plans and rescue medication packs; iv. education on good inhaler technique; v. appropriate follow up once discharged.	Achieved
<b>Safety thermometer</b>	Monthly prevalence audit of all inpatients and district nurse patients to check for presence of; i. urinary catheter infections; ii. falls; iii. pressure ulcers; iv. VTE.	Achieved
<b>Alcohol screening in the Emergency Department</b>	All adult patients to be surveyed on their alcohol intake and to receive brief advice and offer of referral to a specialist service if required.	Not achieved
<b>Stop smoking interventions in the Whittington Hospital</b>	All adult inpatients are asked their smoking status, offered brief advice to quit, prescribed nicotine replacement therapy and offered referral to a local stop smoking service.	Partial achievement
<b>Dementia screening in &gt;75 yrs for emergency admissions</b>	All patients 75 years or older admitted as an emergency are screened for dementia and diagnostically assessed and referred to a specialist service if required.	Partial achievement
<b>NICU inappropriate admissions and follow up care in community</b>	To make sure that babies who have spent time in the Neonatal Intensive Care Unit are followed up appropriately in the community, and that inappropriate admissions are avoided.	Unknown at present
<b>Cancer staging</b>	To make sure we record cancer staging for all patients diagnosed with cancer.	Unknown at present



# Statements from the Care Quality Commission (CQC)

Whittington Health is registered with the Care Quality Commission (CQC) and its current registration status is without conditions. The CQC has not taken enforcement action against Whittington Health as of 31 March 2013. Whittington Health has participated in the following special reviews or investigations by the CQC during the reporting period:

## Routine inspections

- Haringey Children's Services – 23/07/2012
- Simmons House (Child and Adolescent Mental Health) – 20/09/12
- Islington Re-ablement Service (London Borough of Islington Service Managed by Whittington Health) – 18/01/2013.

On the 29th January 2013, the Whittington Hospital was visited by the CQC as part of a standard

inspection of quality and care standards. We fell short on one standard out of the 11 assessed: care and welfare of people who use services. This related to the care of older people with acute medical problems being looked after in wards that were not specific to their needs. This was judged to have a moderate impact on people who use the service and we were asked to take action. The Trust took this very seriously and, within 24 hours, rectified the problem on the ward identified and drew up a robust action plan to stop further occurrences. We are currently reviewing our bed configuration to ensure that this does not happen again.

The CQC observed many examples of good practice and spoke to many staff and patients during the inspection.

People we spoke to told us:

"...on one ward we observed a doctor conversing with a patient and their relatives in Greek, in line with their cultural needs..."

"staff introduced themselves at the start of the shift."

"they discussed all the choices and what was best for me."

"they (staff) are always available to answer questions"; "I have been given lots of information and support."

The CQC reported: "... during our visit we observed staff responding quickly to call bells..."

"...we observed lunch being served in a number of wards all of which had protected meal times... meals were conducted in a relaxed and pleasant manner... Staff used a red tray system to identify those needing support or encouragement to eat..."

# Quality of Data and Information Governance

Reliable information is essential for the safe, effective and efficient operation of the organisation. This applies to all areas of the Trust's activity from the delivery of clinical services to performance management, financial management and internal and external accountability. Understanding the quality of our data means we can accurately measure our performance, make quality decisions and enable healthcare improvements.

Whittington Health's operational divisions have responsibility for data quality in their areas. The Trust has a Data Quality Group which includes representation from each division. This group is responsible for implementing an annual data improvement and assurance plan, and measures the Trust's performance against a number of internal and external data sources.

In 2013–14, the Trust is investing £7m in a new electronic patient record system that will put the organisation at the forefront of the national Digital First Strategy, increasing efficiency and improving the patient experience.

In March 2013, the Trust invited the National Intensive Support Team (IST) to review processes for managing Referral To Treatment (RTT) and Cancer pathways. As a result of these reviews, and in anticipation of the introduction of a new electronic patient record system, the Trust initiated in April a major six month programme to audit and improve data quality for waiting lists for non-urgent treatment, within the Patient Administration System (PAS), in order to ensure clean data migration to the (EPR). This has involved a full waiting list validation exercise to ensure our data is of the utmost quality, as well as a redesigned programme around how we report internally and externally.

## NHS Number and General Medical Practice Code Validity

Whittington Health submitted records during 2012–13 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

The percentage of records in the published data – which included the patient's valid NHS Number was:

*97.2% for admitted patient care; 98.5% for outpatient care; and 88.4% for accident and emergency care.*

Those which included the patient's valid General Practitioner Registration Code were:

*100% for admitted patient care; 100.0% for outpatient care; and 99.9% for accident and emergency care.*

**Table 8: Data completeness**

	NHS Number Completeness	GP Practice Code
Inpatient	97.2%	100.0%
Outpatient	98.5%	100.0%
Accident & Emergency	88.4%	99.9%

*Figures relate to the period April 2012 – February 2013 (Source: SUS Data Quality Dashboards).*

### Information Governance Toolkit attainment levels

The minimum requirement level for trusts is Level Two. The organisation had achieved 88% of this requirement by March 2013 and substantial assurance from external auditors Parkhill of a “generally sound system of internal control designed and operating in a way that gives a reasonable likelihood that the system’s objectives will be met”.

### What does this mean?

This means that, although Whittington Health has achieved high standards of governance for the

management, protection and quality of patient and staff information in many areas, there are still areas for improvement, especially with respect to the management of health and corporate records and Information Governance training compliance. The work to achieve these remaining standards is monitored by the Trust Audit and Risk Committee.

### Clinical coding audit

The Audit Commission decided not to audit clinical coding accuracy at Whittington Health in 2012-13. The Trust achieved accuracy scores of over 90% in 2011-12 for diagnostic coding and met the required standard.





## Part 3: Review of quality performance

As well as monitoring our quality priorities, the Trust Board receives a monthly report (the “Dashboard”) on all national performance indicators. This report is part of the Trust’s Board papers and is published on the Trust’s website. *Table 9* shows the Trust’s performance this year against the national standard.

**Table 9: National performance indicators**

Goal	Standard/benchmark	Whittington performance
RTT 18 Week Waits: Admitted Patients	90% of patients to be treated within 18 weeks	91.2%
4 hour ED wait	95% to be seen within 4 hours	95%
RTT 18 Week Waits: Non-Admitted Patients	95% of patients to be treated within 18 weeks	98.6%
RTT 18 Week Waits: Incomplete Pathways	92% of patients to be waiting within 18 weeks	93.6%
Outpatient follow up ratio	London upper quartile performance	Action plans in place for all specialties; some but not all met the standard in 2012–13
Operations cancelled for non-clinical reasons	0.8% of elective admissions. Patients should be re-booked within 28 days of their cancelled operation date.	0.7% of elective admissions were cancelled on the day for non-clinical reasons. Two patients were not rebooked within the 28 day standard.
Waits for diagnostic tests	99% waiting less than 6 weeks	98.4%
Day surgery rate	Audit Commission benchmark	73%
OPD DNA rate (hospital)	8%	13.3%
Community Adults’ Services DNA rate	10%	9.7%
Community Children’s Services DNA rate	10%	10.4%
Average length of stay for all acute specialties	1 day reduction	5.7 days
Staff sickness absence rate	Local target: <3%	3.1%
Ward cleanliness score	95%	97.2%
Elimination of mixed sex accommodation	0 mixed sex breaches	0 breaches
New Birth Visits (Islington)	95% seen within 14 days	74.3%
New Birth Visits (Haringey)	95% seen within 14 days	59.7%
Sexual Health services	100% offered an appointment within 2 days	100%



**Table 9: National performance indicators** (continued)

Goal	Standard/benchmark	Whittington performance
<b>Cancer waits</b>		
Urgent referral to first visit	93% seen within 14 days	91.6%
Diagnosis to first treatment	96% treated within 31 days	100.0%
Urgent referral to first treatment	85% treated within 62 days	86.2%
<b>Maternity</b>		
Bookings by 12 weeks, 6 days of pregnancy	90%	89.8%
One to one midwife care in labour	100%	99.5% of audited deliveries
Smoking in pregnancy at delivery	<17%	7%
Rate of breast feeding at birth	>78%	92%
<b>Complaints</b>		
New complaints	no benchmark for ICO	Average of 44 complaints received per month (across community and acute services)

Patients whose treatment included palliative care	Whittington Health	National Average
% of deaths with palliative care coding	14.4%	18.9%

### Patient Reported Outcome Measures (PROMs)

PROMs measure a patient's health status or health related quality of life from the patient's point of view, typically based on information gathered from a questionnaire that patients complete before and after surgery. The NHS Outcomes Framework includes PROMs scores as an important means of capturing the extent of patients' improvement in health following ill health or injury.

Data for Whittington Health for the period April 2011 to September 2012 reviewed shows no data published for groin hernia, knee replacement, hip replacement or varicose vein surgery due to low numbers. As this is such an important measure of how patients are progressing after having treatment, we have suggested the inclusion of building statistical data sets for Whittington Health during 2013–14.

### Clostridium Difficile (C Diff) rates per 100,000 bed-days

During 2012–13, Whittington Health had a C Diff infection rate of 15.2 per 100,000 bed days.

### What we are doing to improve Clostridium Difficile rates

We are already doing very well in keeping rates down; however, we aim to improve these rates even further over the coming year.

### Patient safety incidents resulting in harm

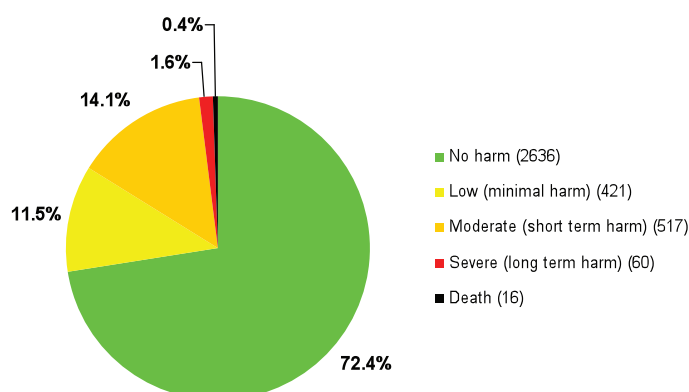
Data is made available to the Trust by the Health and Social Care Information Centre regarding the number and rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage that resulted in severe harm or death. This information is taken from the National Reporting and Learning Service (NRLS), formerly part of the National Patient Safety Agency, which has now closed and whose work is being transferred to NHS England as part of the reorganisation of the NHS.

The NRLS publishes data 6 months in arrears, and the latest figures cover April –September 2012. Whittington Health is benchmarked against other 'Medium Acute Trusts'. This does not take into account the fact that Whittington Health includes a

very wide range of community services for both adults and children as well as prison healthcare in Pentonville, perhaps the largest and busiest remand prison in the UK.

Internal analysis of the figures for Whittington Health for the whole of 2012–13 shows that there were 3669 reportable patient safety incidents, of which 3003 occurred within hospital services and 666 in the community. These break down in terms of patient harm as in Figure 3:

**Figure 3: Degree of harm from patient safety incidents**



Nationally, 67% of incidents result in no harm, with just less than 1% of incidents resulting in severe harm or death. According to the NRLS, Whittington Health is currently in the lowest 25% of similar organisations for the number of incidents reported per 100 patient admissions – but timelier reporting in the last six months will bring Whittington Health closer towards the mean.

As can be seen, the great majority of incidents in Whittington Health result in no harm or low harm, similar to the national picture. There is a slight excess over national figures of reports of severe harm, largely reflecting the caseload in community nursing and the number of grade 3 pressure ulcers reported and investigated, and which often take time to heal.

Deaths included seven cardiac arrests where unfortunately the patient could not be resuscitated. There were two reports of the deaths of prisoners in Pentonville. All deaths in custody are treated as Serious Incidents and have to be formally investigated.

### What we are doing to improve

In order to improve, we are ensuring that all deaths are subject to review by senior medical staff to see if better management could have changed the outcome, reporting to the Trust Patient Safety Committees.

### Safety Alerts

The Trust receives safety alerts from national external bodies, such as the National Patient Safety Agency (NPSA), which warn us about equipment or drugs that have been shown to be faulty in other organisations, and could therefore potentially harm our patients or staff. A process is in place to ensure that these alerts are acted on, thus reducing the chance of harm.

Progress against the action points in the alerts are monitored via an overall action plan and reported to Patient Safety Committee every month. The Patient Safety Committee will report the alert fully implemented when all actions are completed.

### Emergency re-admissions to hospital within 28 days of discharge

Whilst some emergency readmissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each patient's needs, careful planning, support and aftercare. Domain 3 of the NHS Outcomes Framework includes emergency readmission within 30 days of discharge from hospital as an important measure of far we are helping people to recover from ill health following injury. Our Quality Strategy aspires to ensuring low readmission rates within 28 days of being discharged. Our performance over the last 4 years is listed in Table 10:

**Table 10: readmission rates**

Age	2009–10 Whittington	2009–10 England	2009–11 Whittington	2010–11 England	2011–12 Whittington	2012–13 Whittington
0–15	8.5%	10.2%	7.5%	10.2%	8.2%	9.6%
16+	11.5%	11.2%	12.4%	11.4%	12.6%	13.2%

Source: 2009–10 and 2010–11 Whittington and national data is taken from the Compendium of Population Health Indicators published by the NHS Information Centre for Health and Social Care. As 2011–12 data is not due to be published until December 2013, we have applied a similar methodology to local data to calculate figures for 2011–12 and 2012–13. National data for this period is not yet available.

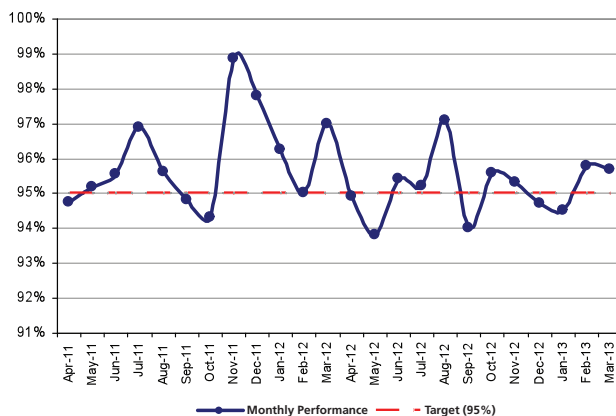
## What we are doing to improve

We are undertaking a systematic review of processes and systems in order that all patients are discharged appropriately, and are working with the divisions to implement this.

### Four hour A&E wait

We have worked hard over the last year to ensure that people attending our Emergency Department do not have wait more than four hours to be seen and assessed. This year we met the national standard despite increasing rates of attendance, seeing 95% of patients within four hours.

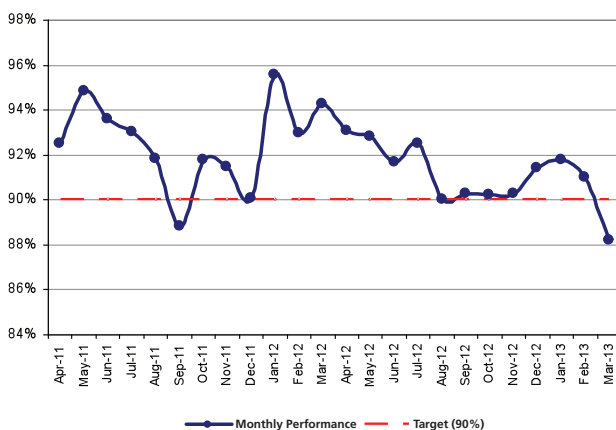
**Figure 4: Emergency Department 4-hour performance**



### 18 week wait

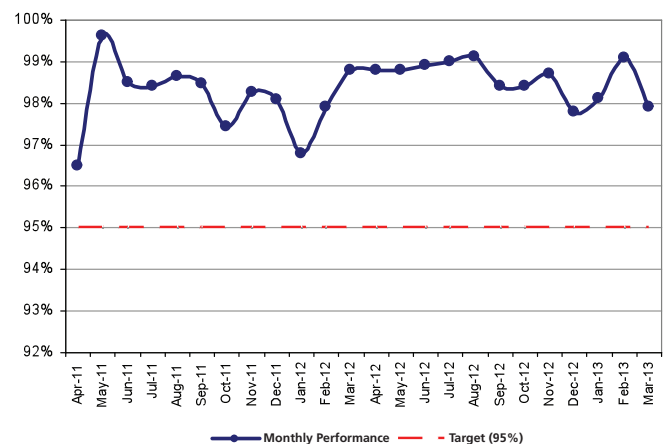
At Whittington Health we want to ensure that patients are seen as soon as possible once they are referred to us. We aim to ensure that people should not wait for treatment for more than 18 weeks, which is a national target. We get this right 90% of the time. We aim to maintain this consistent level of performance over the coming year. Figures 5, 6 and 7 show our performance against the national standard over the last two years.

**Figure 5: 18 Weeks RTT admitted performance**

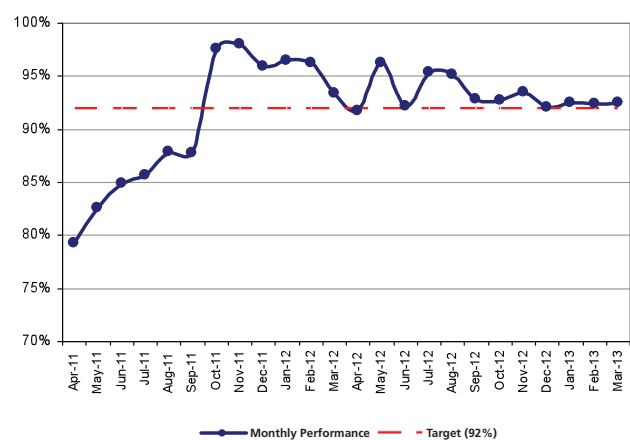


We have to treat all patients within 18 weeks of referral to us. The graph shows referral to treatment time for both admitted and non admitted patients.

**Figure 6: 18 Weeks RTT non-admitted performance**



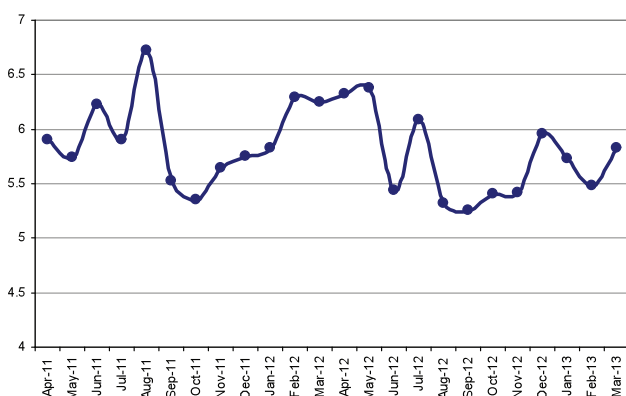
**Figure 7: 18 Weeks RTT incomplete performance**



## Length of stay

Reducing the length of stay of our patients is an important objective to achieve because it is not good for people to spend too long in hospital. As an integrated care organisation, we have a strong commitment to developing services outside of hospital so that patients don't have to stay in hospital to continue treatment. Sending people home with the right support and follow-up means that people suffer fewer complications from being in hospital. Our current average length of stay is 5.7 days.

**Figure 8: Average length of stay**



## Never events

The National Patient Safety Agency has developed a list of 25 "Never Events" that are applicable to acute trusts. These are events that should never happen during a healthcare episode, since they are all avoidable and can have serious consequences for the patient if they do occur. Whittington Health has had three "Never Events" over the past 12 months; these were categorised under the following areas of speciality: Maternity Retained Swabs, and Surgery Retained Instrument.

All of the Never Events have been treated as Serious Incidents. They were fully investigated using Root Cause Analysis (RCA) methodology, and actions have been taken to reduce the risk of them happening again through revisions to both local and corporate policy and procedures, retrospective and real time audits, changes to procurement and use of alternative supplies to support safety arrangements, sharing of learning, and the application of learning to training programs.

External assurance on compliance has been achieved through evidence reviews with NHS London Patient Safety Team and Quality Leads from North Central London Commissioning Agency for the two Maternity Never Events.

A similar process will be followed up for the third Never Event which related to a retained instrument within Surgery.

## Revalidation

The General Medical Council (GMC) has introduced a process of revalidation of doctors to check that they are fit to practise. The Whittington fully subscribes to this and has completed a self-assessment, based on a national format, to assess our readiness to take forward the processes necessary for revalidation. These include effective appraisal and strong quality governance. Twenty percent of our non-training grade doctors will be assessed for suitability for revalidation in the first year (April 2013–March 2014). The following two years will see the remaining 80% of consultants assessed, with 40% in each year.

## Staff views on standards of care

Staff feedback on quality of care provides an important indicator and can be a helpful measure of improvement over time. The NHS Staff Survey includes the following statement: "if a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation" and asks staff to whether they strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

Table 11 shows the percentage agreeing or strongly agreeing with the statement: "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation".

**Table 11: Staff feedback on quality of care**

Whittington 2010	73%
Whittington 2011	70%
Whittington 2012	65%
2012 National Average	60%
2012 Best Non-Specialist Acute	86%

Scale is 1-5, with a score of 5 meaning staff were very likely to recommend services \*\* responders etc.

## What we are doing to improve?

Whilst we have a higher percentage of staff recommending the service than the National Average, we were disappointed with the response rate (268/4000 staff) and that the percentage of staff recommending the service has decreased over the last 3 years. We have a new Executive Director of Organisational Development who is working on a strategy to improve staff engagement in a meaningful way.

During the last year we have rolled out a new incident reporting system that enables staff to let us know about cases where some aspect of care has gone wrong, or had the potential to go wrong. This is done online, so that our Risk Management Team know about the incident as soon as it is logged, thus



enabling appropriate action to be taken. As with complaints, this allows us to identify which areas of the hospital and what types of things we need to improve.

Over the last two years, our Executive Team and other members of the Trust Board have continued the Patient Safety Walkabouts and 'Quality Walkabouts' have this year been initiated. These involve visiting various wards, departments and services to ask staff and patients directly for their views on what can be done to improve patient safety and quality of care. Resulting action plans are monitored by the Executive Committee. The Patient Safety Walkabouts have been extended to community services this year.

We have also developed a "discharge alert" process, so that if the hospital sends someone home whom staff in the community are concerned about, they can easily raise an alert, so we can investigate and address the issues raised.

We also have a "Whistle Blowing Policy" so that if a staff member has a concern, they can safely report it without fear of come-back.

For the second year running we undertook a quality survey to provide an opportunity for staff to report any areas of concern, and also what has gone well over the last year. The response rate was not as we had hoped this year and as the survey forms an important element in our quality account development we will be working to improve the response rate, support staff in being able to develop and deliver their quality goals and ensure that our systems and processes support open and transparent discussion of quality concerns.

## Integration of services and enhanced recovery

Over the year, we have made significant progress on one of our key strategic goals to integrate models of care by redesigning services around patients' needs and preferences.

The aim is to make treatment as seamless as possible so their care is not delayed and their recovery as fast as possible. For those with long term conditions, we are working in partnership with GPs, councils and other local providers to keep people healthy and prevent hospital admission wherever possible. In this way, we hope to improve the overall health of our local population.

We also focus on innovation and improvement of services through working together and listening to patients and carers. We wish to improve outcomes for the population, and intend to do this through working with partners in the delivery of services to patients and improving the pathways of care to ensure a more seamless service.

The content of this contribution to the Whittington Health Quality Account 2012–13 has been endorsed by senior leaders within Whittington Health and has also been shared with a number of other partners and community forums to gain feedback on the content and the language used in the development of this account.

Over the next year we aim to continue to transform care pathways, to ensure that patients are treated in the best place, with the best possible joined up care. We will ensure that all patient information is seamlessly available throughout the organisation with the introduction of electronic patient records, planned for later this year.





## A mother's story about an integrated pathway

At a Trust Board meeting, a mother spoke movingly about her son, born with a rare form of muscular dystrophy. He is fully ventilated, and has been looked after by our complex care team for twelve years. His mother explained how her son's package of care is provided by a combination of support workers and highly trained paediatric nurses. They enable him to attend school and live an active, rich life. Photographs showed her son participating in a wide range of activities. A member of the Community Children's Nursing Service, gave the inside story on this latest example of the NHS and the Whittington at our best. Many parts of our organisation come together to care for the boy. Despite highly complex health needs, he has had very few admissions to hospital or episodes of illness. His mother emphasised the positive contribution that this makes to the life of the whole family.

## Enhanced recovery

The Enhanced Recovery Programme in surgery consists of specialist nurses working in conjunction with the patient's consultant surgeon to provide the patient with support and teaching prior to the day of their surgery; enhanced nutrition, excellent pain relief, reassurance and counselling throughout their stay; and follow up in the community with rapid access to expert advice if they experience any difficulties in the post-operative phase. The aim is to enable the patient to know what to expect, to be an equal partner in their care and be as independent earlier so that they can return to their own environment as soon as is safely possible.

The programme has been extended to hip and knee surgery, as well as all emergency surgical patients and gynaecological surgery. The programme will be further extended in 2013–14 to include those having urological surgery, those having bariatric (or weight loss) surgery, and those women who have elective caesarian sections in maternity.

Additionally, significant progress has been achieved among those elderly patients who fracture their hips and come in to hospital, particularly in terms of adequate pain relief, having surgery as early as possible, and with regard to joint working between teams to support the complex orthopaedic, medical and rehabilitation needs of these patients. All of this helps to ensure that this group of patients do not stay longer in hospital than is necessary. This will continue to develop in 2013–14, as these patients are frail and vulnerable, and are nationally recognised to have a high mortality rate.

Enhanced recovery programmes help our patients get better more quickly and safely following surgery, so they can go home sooner. We started with patients having bowel surgery, and now started to use this approach for patients having hip and knee replacement surgery.

The values which underpin the programme are:

- Quality counts: efficiency must go hand in hand with safety and patient centred care.
- Function is as important as medical fitness in promoting independence, wellbeing and longer life.
- Multidisciplinary, multiagency, integrated care is critical to achieving high quality, consistently good care.
- Early senior review by a consultant is key to putting patients on the right pathway first time.
- Every day matters: services should maximise the activities which add value to patients.
- Prompt care is good care.
- Patients and their carers have an important, active role to play in their recovery.
- Home is the best place for patients to recover unless there is a specific risk issue which means this would not be in their best interests.



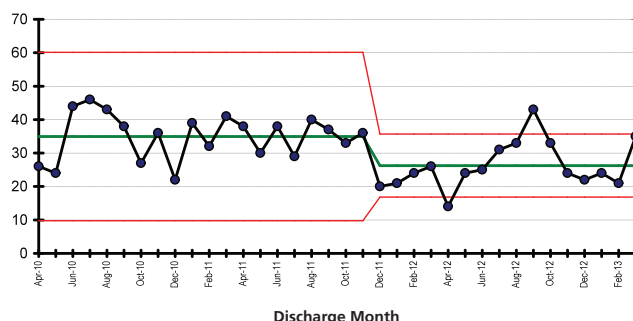
Whittington Health has already achieved some impressive improvements in the way patients move through the hospital and back into the community

1. Greater consultant presence in the ED, and the option to offer patients the chance to be seen in an Ambulatory Emergency Care Clinic run jointly by ED and Acute Medicine. This means that fewer patients who come to the Emergency Department need to be admitted in order to receive the care they need. For those who do need to come in, fewer patients wait for long periods of time for a bed to become available.
2. Ambulatory Emergency Care (AEC) clinics were first introduced into Whittington Health in February 2012, as clinics co-located with the Emergency Department. These clinics are consultant-led between Monday and Friday 9.00 – 5.30, and are nurse-led at weekends. Referrals are received primarily from GPs via telephone call to the attending consultant, and by selecting patients from ED who are amenable to same day emergency care or supported early discharge from the medical wards. AEC provides a high quality service with senior decision making, as well as one-stop diagnostics and easy access to specialist advice, with the aim of reducing unnecessary admissions.

Patients are either treated and discharged back to their GP, or brought back to the service for follow up interventions and investigations. Patients are often seen by a single professional (57% of patients), but can also be seen by two (39%) or three (3%) professionals during an AECS visit, reflecting the varied complexity of cases.

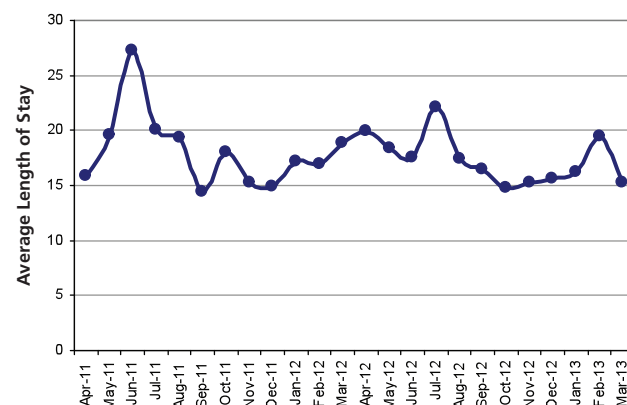
The service has shown some success in reducing admissions for pulmonary embolism, DVT and cellulitis (see Figure 9). This equates to around 120 admissions saved over a 12 month period.

**Figure 9: Number of admissions by month (DVT / PE / Cellulitis)**



3. A new rota in the Medical Assessment Unit has established a 'consultant of the week' system. Patients receive greater continuity of care and prompt senior review as a result. Seven day support is also available from the Facilitated Early Discharge Service (FEDS) team, which aims to get patients home from Mary Seacole North & South as quickly as possible, with the health or social care support they need.
4. The length of time elective (planned) cases spend in hospital has already been decreasing for several years. Non-elective (emergency) patients are now also benefiting from shorter stays in hospital. The length of stay on our Care of the Elderly wards has seen a dramatic change. It may seem counterintuitive to say that sending older people home more quickly is a good thing, but there is a body of evidence which suggests that long stays in hospital can mean that many elderly people leave hospital with an impairment which they did not have before they were admitted; for example, washing, dressing or cooking for themselves. These impairments can have long lasting effects, with some patients still not at their preadmission level of fitness a year after being discharged.

**Figure 10: Elderly care non-elective average length of stay**



5. Patients with Fractured Neck of Femur now follow an enhanced recovery pathway from their arrival in the Emergency Department (ED), through theatres and onto an orthopaedic ward, where care is provided by Orthopaedic and Care of the Elderly medical teams. The results at Whittington Health are among some of the best in the country: patients move through the steps in the pathway promptly. More importantly, more patients survive the trauma of breaking a hip, and comparatively few suffer harm in the form of pressure ulcers.

**Table 12: Outcome measures for fractured neck of femur (NOF) patients**

Outcome Measures	Whittington	London	England
Average time from admission to operation (hours)	22.4	31.5	31.9
Average time to admission to Orthopaedic ward (hours)	9.4	15.7	9.0
% patients developing pressure ulcers	2.3	3.8	3.4
Mean length of stay (days)	17.6	20.6	19.6
In hospital mortality %	3.8	8.4	8.4
30 day mortality %	9.0	13.0	14.4

Information suggests that these changes have been made without damaging quality, safety or patient experience. Complaints about discharge from hospital remain low; there are comparatively few safety alerts issued for patients who have been sent home; rates of readmission remain similar; and the Trust remains one of the safest in the country, according to Hospital Standardised Mortality Ratio and Summary Hospital Mortality Indicator published by Dr Foster.

**To ensure that all out-patients are welcomed, treated correctly and promptly and given full information about their visit and on-going care**

We are continuing to focus on the ways we can improve the experience of patients in our clinics. We acknowledge that we do not always get it right, and where this has been the case, we have taken measures to improve. The yearly national outpatient survey has provided useful information about how patients experience the department and, together with electronic local surveys, we have identified specific areas for improvement. This has included ensuring that the information provided to patients is fit for purpose. Outpatient appointment letters are being updated; leaflets are being created and renewed; and information about who the staff are in a clinic is being made more visible through name badges and staff boards. Staff have also participated in bespoke customer service training and afternoons particularly to examine how the experience of patients can be improved in the department.

### Progress against previous priorities

**To reduce the number of healthcare attributable pressure ulcers both within the hospital and the community**

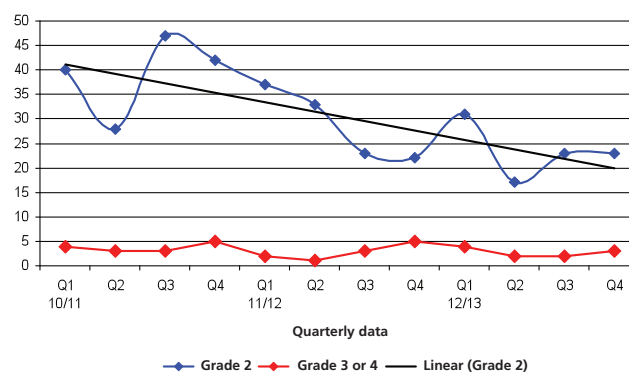
Year-on-year, we aim to reduce the number of pressure ulcers that occur when people are in our care in both the hospital and in the community. Pressure ulcers are graded from 1 to 4: the most important to prevent are Grade 2 and above, as these constitute more serious skin damage and pose a risk of infection, as well as being extremely uncomfortable for patients. We aim to prevent

pressure ulcers both from occurring and from deteriorating, so we monitor Grade 2 sores, in order to ensure that we can pick up any significant skin damage early on.

The number of Grade 3 or Grade 4 pressure ulcers acquired within the Hospital has regrettably remained largely the same, with 15 in 2010–11, 11 in 2011–12 and 11 in 2012–13.

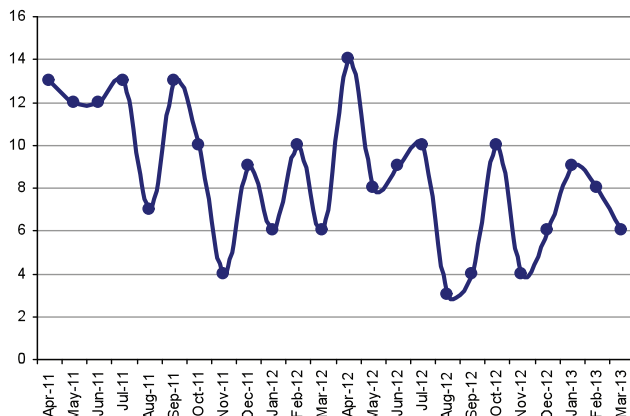
Grade 2 pressure ulcers, however, have reduced from 157 in 2010–11 to 115 in 2011–12 and 94 in 2012–13. Improvement has been particularly marked in the surgical wards.

**Figure 11: Hospital acquired pressure ulcers (April 2010 to March 2013)**



We are also focusing our work on preventing pressure ulcers from occurring in the community patients under our care, but this is more challenging to achieve. Full community data is not available for Quarter 1 2011–12, but the number of Grade 3 and Grade 4 pressure ulcers has unfortunately increased from 50 in 2011–12 to 67 in 2012–13. There is a target to reduce this by 50% in 2013–14. Reporting of Grade 2 ulcers has also increased, from around 100 in 2011–12 to 157 in 2012–13. There is a new strategy to address pressure ulcer care in the Trust and a dedicated Pressure Ulcer committee exists to review actions and progress.

**Figure 12: Inpatient acquired Grade 2 pressure ulcers**



**To reduce the risk of patients who are admitted to hospital developing blood clots**

Venous thrombo-embolism (VTE) is one of the most common causes of avoidable hospital death and because of this has been nationally recognised as an area for improvement and focus. People are 1,000 times more likely to suffer a blood clot simply by being admitted to hospital. This is very expensive for the NHS and society and very unpleasant and sometimes fatal for patients.

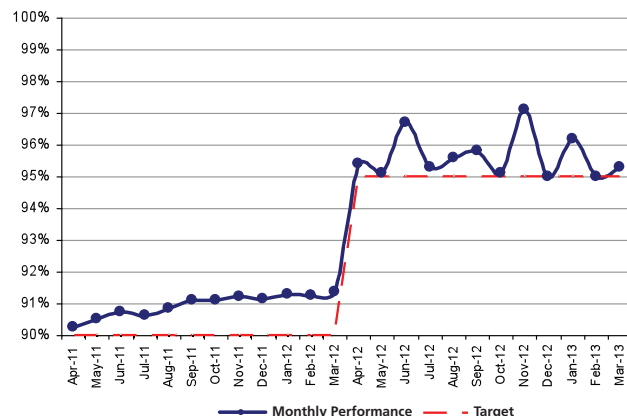
England's approach to VTE prevention has been recognised as being one of the most comprehensive in the world.

Since the implementation of commissioning for care quality innovation (CQUIN), Whittington Health has consistently performed well in accordance with national standards. We ensure admitted patients receive an initial venous thromboembolism (VTE) risk assessment on admission, providing individualised intervention with mechanical and/or pharmacological thromboprophylaxis.

Our dedicated VTE working group undertakes weekly audits to ensure patients are receiving the most appropriate blood clot prevention treatment. We utilise this opportunity to engage, support and educate front-line clinical staff in delivering safe and timely blood clot prevention.

Figure 13 shows our performance to date against our goal of 95% of patients receiving a risk assessment:

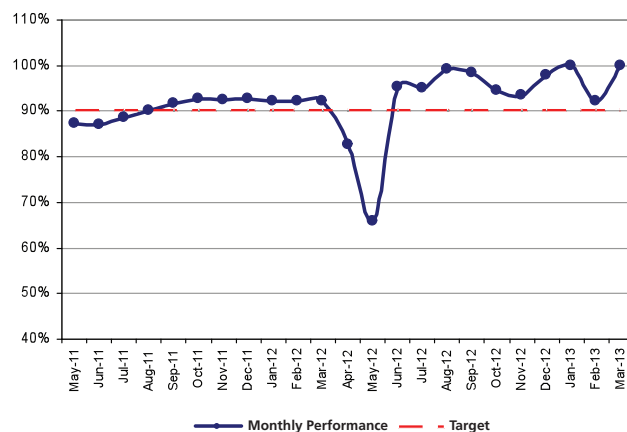
**Figure 13: VTE assessment rate**



**Appropriateness of prescribing for VTE prevention**

Figure 14 shows that approximately 95 -100% of patients receive the most appropriate treatment in order to prevent any occurrence of VTE:

**Figure 14: VTE appropriate prescribing**



**To establish daily consultant ward rounds at weekends and on bank holidays, for all inpatient areas**

Daily consultant ward rounds are in place for the majority of our specialties, including paediatrics, maternity, neonatal care, intensive care, Emergency Department, Medical Admissions Unit and surgery; this includes over weekends and on Bank Holidays. On the medical wards, consultant ward rounds now take place round all new admissions, 7 days per week and 12 hours per day.



The Trust is developing new electronic systems of communication with GPs which will embed results, discharge, and outpatient letters directly into the individual patient's primary health care record. Results are already being transmitted electronically for Pathology, and approximately 90% of Imaging results are also currently delivered electronically. There are some practices in Haringey which lack the computer configuration to currently accept results electronically. We are contacting those practices with a view to resolving the problems and stopping all hard copy printed results.

### ***Improve the outcomes for the 'deteriorating patient'***

We understand and passionately believe that patients who come in to hospital, become unwell and have their condition deteriorate should be quickly identified, and their need for higher levels of care recognised and swiftly provided in order to avoid unexpected deterioration and death.

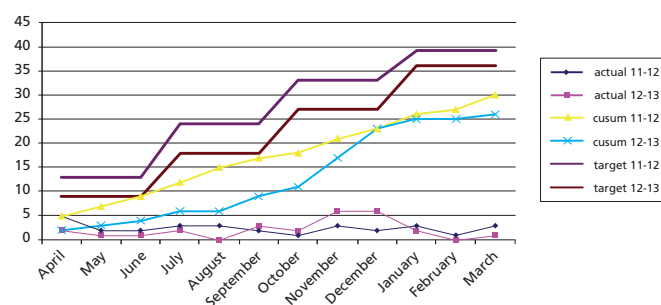
Whittington Health joined a large group of hospital trusts to form an action group to reduce the number of unexpected deaths among inpatients, by reducing the number of cardiac arrests occurring on our wards. This is something that has been highlighted recently in the Francis report into Mid-Staffordshire NHS Trust. We are pleased to say we have one of the lowest numbers of cardiac arrest and unexpected death per 1,000 admissions in our sector.

If a patient starts to deteriorate, clinical staff recognise this by use of an observation chart, which has been reformatted to display warning colours from green to red as the observations change. Staff then call the doctors in charge of the patient's care and the critical care outreach team (a team of advanced highly trained ICU sisters / charge nurses led by an ICU consultant). Together they assess and treat the patient, ensuring that treatment is timely and preventing their further deterioration. If the patient requires high dependency or intensive care, this begins on the ward, transferring the patient to the ICU safely and as quickly as possible.

Figure 15 is a graph showing Whittington Health's performance in terms of cardiac arrests in inpatient areas for adults and children. Those that occurred in ICU or Theatres are not included, as these groups of patients are highly unstable and are not deemed preventable in terms of deterioration in their condition, as all care is already being provided for them.

The number of cardiac arrests in 2011–12 was reduced to 30, with another reduction achieved to 26 in 2012–13. These are displayed on Figure 15 as 'cumsum 11–12' and 'cumsum 12–13'.

**Figure 15: Numbers of adults and children who sustain a cardiac arrest as inpatients 2011–12 comparison with 2012–13**



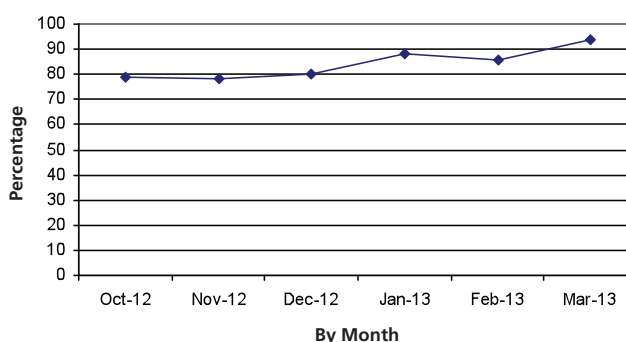
The survival rate to discharge alive for adults and children sustaining a cardiac arrest as an inpatient has also been increased. It now stands at 42%, against a national average which is reported at between 11 and 21%. This is due in part to investment in the deteriorating patient project and the resuscitation team, better training and practice in the resuscitation and excellent care of these patients in the post-resuscitation recovery phase of their treatment, which includes placing them in a cooling process to reduce brain injury from the cardiac arrest.

There is an in-depth analysis of every death which occurs at Whittington Health to ensure that all instances of deaths following cardiac arrest are fully investigated and to implement any changes in practice which may be needed.

### ***To increase the number of patients who feel involved in their care***

One of the key questions identified from the 2011 survey was whether patients felt they were involved as much as they wanted to be in the decisions about their care. In January 2010, around 70% of patients agreed with this. This has seen a gradual but steady increase since that time and in the last six months, figures have increased from around 80% to around 90%. These results are shown in Figure 16.

**Figure 16: Number of patients who feel involved in their care**





We are focussing on ways to improve the experience of patients in our clinics. We have used the DVD "The Clinic" to help train outpatient teams in how to improve patient care. We have listened to patients and provided pagers in our most overcrowded clinics so that they can get a coffee and not miss their appointment slot. We have also appointed more cancer clinical nurse specialists to try to provide increased support and information for patients.

#### ***To implement the Healthcare for London Dementia Care Pathway***

The Healthcare for London guidance on dementia advises that an acute trust should have strong clinical leadership, provide basic training for all new nurses, and provide specialist training for those nurses working with older people. We have designated a lead consultant and lead matron to champion this work. Part of the strategy is aimed at improving care of patients with dementia on Care of Older People (COOP) wards; specific actions that have been taken include:

- Ensuring training is received by all staff working on COOP wards.
- Launch of new documentation.
- Improved care on COOP wards by rolling out agreed signage by NLHA Dementia Partnership Group.
- Updating guideline on management of delirium.

In addition, a new project has been set up to evaluate a care pathway to improve care and service delivery for those with dementia in hospital and at home. The project is funded by the Burdett Trust and will improve the experience of care for some of our most vulnerable patients.

#### ***To introduce a systematic approach to learning from patient feedback***

Historically, feedback from patients was collected in a variety of separate, disjointed ways across the Trust, which did not allow us to obtain or act on an overall picture. In 2011, efforts were made to bring together the various types of patient experience data, such as complaints, incidents, claims and surveys, and so on. There is now an integrated quarterly report for incidents, complaints, claims and inquests. There is also a quarterly patient experience report which considers data from surveys, the 'friends and family test', PALS etc.

There has been ongoing work to ensure that more patients are asked about their experience of Whittington Health. Every ward and clinic now has an electronic patient experience tracker with an electronic survey. Questions have been updated to reflect areas of required improvement based on national surveys, CQUINs and identified quality metrics. Surveys across various departments have been matched as much as possible so that they can be compared: for example, the questions the paediatric clinic are essentially the same as in other clinics, but use different language.



The goal for the following year is to bring together the various kinds of feedback received in the community. Currently there are different surveys being used in different services and we intend to minimise these differences and ensure that every service has the means to gather and use feedback received.

As part of our patient experience work, we also hear patient stories at our Trust Board meetings. We have included patient stories under relevant headings throughout this Quality Account.

***To increase the number of patients who would recommend the Trust to a friend or relation***

In 2012, the Prime Minister announced a new way of measuring patient experience which, in April 2013, became a requirement for all inpatients who stay more than 24 hours, and all those who attend the emergency department (ED) and are discharged from there.

Whittington Health was already asking patients a similar question: "How likely is it that you would

recommend the Whittington to a friend or colleague?". However, we quickly updated our surveys to begin with the mandated question: "How likely are you to recommend our ward / A&E department to friends and family if they needed similar care or treatment?".

It is expected that every eligible patient will be asked to complete the survey, and the initial target is that at least 15% will actually do so. Whittington Health was an early implementer of this question, which is now asked not only in the hospital but also in the community. We continue to work on making completion of the survey a part of the discharge process, and we have seen a steady increase in the number of patients telling us what they think.

The result of these responses is measured as a 'Net Promoter Score' (NPS). The NPS only counts in the positive those who would be highly likely to actively recommend the hospital to others. This score will be published on our Trust website as well as NHS Choices and therefore will be easily comparable to other Trusts and locations.





# Dealing with inequalities

## Learning disabilities

Whittington Health is committed to providing the best possible care to ensure good health outcomes for people who have learning disabilities and their families. We recognise that people who have learning disabilities often have poorer health than the rest of the population and have therefore been working to improve the care we provide to reduce these inequalities. Our Trust Board has reinforced our commitment to this by signing the 'Our Hospital' Charter and the Mencap 'Getting it Right' Charter. The Charter is on our customer facing pages on the Trust website and also on the intranet, so individual staff can sign up to it too.

We were pleased to welcome Mencap to the hospital for their hospital road show. The event was attended by 127 staff from across the hospital, including medical, nursing and ancillary staff. The Mencap trainers fed back:

- 'Excellent sessions with full commitment from staff'
- 'Staff were very learning disability aware and committed to make hospital experience positive'.

The road show was also extremely well evaluated by staff who attended, and we hope to be able to do something similar next year.

We have a learning disability group in the Trust consisting of representation from acute, community, prison and specialist learning disability health staff. We have champions for learning disability across the organisation. We have a Non-Executive Director as a Board Champion, as well as a consultant champion and champions from wards and departments both in the hospital and in the community. The action plan for the group includes the agreed targets set by NHS London as part of the annual Self Assessment Framework (SAF).

In the latest SAF, Haringey and Islington showed considerable improvement since last year, and Whittington Health did very well in demonstrating improvements in the Equality Delivery System (EDS), safeguarding and quality. We have increased the number of easy read leaflets available, including leaflets about how to make a complaint, as well as more general information about Whittington Health.

We provide specialist health services for people who have learning disabilities living in the London Borough of Haringey. We employ specialist learning disability nurses, occupational therapists, speech and language therapists and physiotherapists, all of whom

work in the Haringey Learning Disabilities Partnership. We also provide specialist therapies to Islington Learning Disabilities Partnership. In addition we have an acute learning disability liaison nurse working at Whittington Hospital.

The Haringey Learning Disabilities Partnership has been engaged in a lot of training to support other Trust colleagues, the community, the private and voluntary sector and others in understanding and responding to the needs of people who have learning disabilities. The Trust supports both Haringey and Islington Learning Disabilities Partnership Boards through engagement with the health delivery groups and the 'Valuing People' agenda.

Over the next year, the strategy for learning disabilities that was written in 2010–11 will be updated to incorporate some key targets. We hope to strengthen the role of our champions by increasing their knowledge and confidence in relation to meeting the needs of people who have learning disabilities. We want to make sure that all our staff understand issues related to making reasonable adjustments, safety, capacity and consent. We intend to demonstrate improved health outcomes for people who have learning disabilities that use our services. Our specialist learning disability staff will be reporting on health inequalities through the introduction of the new Health Equalities Framework (HEF), an outcome measurement tool that will show if the impact of what they do reduces health inequalities.

In response to the recent Government report on Winterbourne View, we have strengthened our strategy to ensure that people from Haringey who are placed outside the Borough for health care have safe, person centred and effective care and treatment, and do not suffer from inappropriate extended or delayed discharge.

## A carer's story

Hearing the first-hand experiences of patients, carers and staff is a Board priority. In March 2012, a mother whose child suffers from the neuro-developmental disorder Rett Syndrome told us of the difficulties of ensuring that Whittington Health staff truly understood her daughter. We have now signed up to an agreement to make sure that all patients with learning disabilities receive a personal and focussed approach to their care.

## Safeguarding children

Whittington Health is committed to safeguarding children and young people by ensuring that safeguarding and promoting the welfare of children is embedded across all services.

Section 11 of the Children Act (2004) places a duty on every NHS Trust to have arrangements in place to ensure that the organisation and all staff working within it have regard to the need to safeguard and promote the welfare of children. In compliance with this responsibility the following arrangements for safeguarding children are in place:

- Whittington Health meets statutory requirements in relation to Disclosure and Barring Service (DBS) checks. All relevant staff complete a DBS check prior to employment and those staff working with children are required to complete an enhanced level of assessment. Systems are in place to ensure that all members of staff who work with vulnerable adults or children, or staff who have access to patient's personal information have a DBS check every three years.
- The legacy organisations (Haringey PCT, Islington PCT and The Whittington Hospital) have individual safeguarding children policies in place. Guidelines and policies will be combined during 2013. All safeguarding children policies and systems are reviewed as part of Whittington Health's quality assurance process.
- Whittington Health has a process in place for following up children who fail to attend health appointments, both in hospital and in the community, to ensure that their welfare is not adversely affected.
- Whittington Health has an audit programme to assure the Trust Board that safeguarding children systems and processes are working.
- Safeguarding Children supervision is mandatory for all professionals who work with children and families and is available for all other staff. Supervision is provided by appropriately trained and experienced lead professionals and is monitored by the safeguarding children committee.
- An action plan is in place to ensure that all staff are trained to the appropriate level. Currently, 87% of Whittington Health staff have completed Level 1 Safeguarding Children training in the last 3 years.
- Whittington Health has the full complement of Named Safeguarding Children Professionals who lead on issues in relation to safeguarding children.
- The Director of Nursing is the Executive Director Lead for Safeguarding and chairs the Whittington Health Safeguarding Children Committee. The Trust Board receives updates and an annual Safeguarding Children report.



- Whittington Health is represented on Local Safeguarding Children Boards in Islington and Haringey.

## Safeguarding adults

We understand that some of our patients are not always able to make health decisions for themselves and in these case we have a duty to ensure that they receive compassionate, appropriate care that meets their needs and is in their best interests. This can sometimes include serious decisions about their health and their future and we are working towards strengthening the way in which we do this through our safeguarding adults committee. In the next year we plan to work more closely with our partners, including the Islington safeguarding service and the IMCA service (independent mental capacity advocates). Our plan for the year ahead includes:

- Increasing the training for our staff on the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS).
- Reviewing policies that set out the principles of care for vulnerable patients such as the 'do not resuscitate' policy, to ensure that serious decisions about health are made at the right time, with the right people and in the best interests of the patient.

## Prison population

Whittington Health provides a plain film reporting service for Tuberculosis screening, involving several prisons within the United Kingdom. It also provides dental and medical services at Pentonville. We recognise that prisoners often experience complex and challenging health needs and we have developed a programme of improvement to ensure that these needs are met and care delivered in a way which recognises the unique needs of this vulnerable group.

# Equality and diversity

In January 2012, Whittington Health published its equality objectives in accordance with its Public Sector Equality Duty (PSED) under the Equality Act 2010. The equality objectives reflect our mission, which is to provide 'outstanding care and patient experience', and the organisational values recently developed enforced that commitment. The organisation's strategic goals and values complement the equality objectives, which are:

1. Ensure better healthcare outcomes for all, regardless of race, gender, sexuality or religion;
2. Improve access to healthcare and the experience of services;
3. Empower, engage and support our staff;
4. Ensure inclusive leadership at all levels of the organisation that reflects the diversity of our community.

The Whittington Health Public Health Programme Board, which was set up in August 2012, acts as a reference group for monitoring health inequalities across Haringey and Islington Boroughs, with a broad cross-section of representatives with a focus on improving healthcare.

Customer care training with an emphasis on equity and fair treatment has been a particular focus for front-line and support staff throughout 2012; over 80% of staff have received training in equality and diversity. A range of leadership programmes have been available, with the intention to increase and update the leadership skills of medical, clinical and professional staff to contribute to the enhancement of patients and service users' experiences at the point of care and other sources of engagement.

## Improving the population's health

As an integrated care organisation, we are committed to improving the health of our population. Our prevention work is steered by a Public Health Programme board, chaired by the CEO.

We have embarked on an innovative project, with London Deanery support, to engage our local population in a dialogue about their health. Visitors to our website and users of our service have been invited to take an online health risk assessment ([www.whittingtonhealth.com](http://www.whittingtonhealth.com)). This gives feedback on their health and highlights areas for improvement, signposting the user to relevant local community support services to help them when appropriate. We are currently trying to get this online tool funded so that it can be expanded to be available via websites hosted at other local organisations, such as local councils.

Whittington Health will be hosting a Darzi Fellow for the period of one year from August 2013 to join us on our programme of work supporting people with long term conditions to self manage. This work is assisted by the Health Foundation as we continue to share our learning on how to embed self management support both locally and nationally.





# Speciality progress reports

## ► Anaesthetics and Critical Care

*Quality improvement goals achieved last year*

- We have made considerable progress in developing an “anaesthetic quality score card” incorporating core outcome indicators of patient safety and clinical effectiveness.

### *Patient Safety Monitoring:*

- Indicators of anaesthetic safety have been established and an annual monitoring report produced using data from the DATIX incident reporting system. This has demonstrated the safety of our anaesthetic service during 2011–12 as follows:
- Overall numbers of reported incidents low (0.6% compared with national numbers)
- No deaths due to anaesthesia
- One incident of serious harm caused to a patient
- One anaesthetic “near miss” never event
- 8 incidents related to drug errors
- 7 incidents related to equipment malfunction
- This gives us confidence that our anaesthetic service is very safe as well as providing us with a better understanding of where to target our efforts to improve anaesthetic safety.

### *Clinical Effectiveness Monitoring and Improvement:*

- We have been working on identifying the anaesthetic contribution to reducing surgical morbidity and thereby reducing the length of stay for surgical patients.

### *Patients suffering from a Fractured Neck of Femur:*

- In 2012, we had 133 patients with fractured neck of femur (compared to 101 in 2011). The average time to operation from admission was 22.4 hours (compared to 31.5 hours for London and 31.9 hours nationally).
- Early surgery in these patients contributed to less morbidity and a shorter length of stay in hospital. The average was 17.6 days (20.6 London and 19.6 nationally), compared to 21 days in 2011. In hospital mortality was 3.8% and 30 day mortality 9% (8.4% and 14.4% nationally respectively).
- This demonstrates the valuable contribution of the anaesthetic service in ensuring that these elderly patients are operated on promptly – a contribution which has led to a reduction in morbidity and a shorter hospital stay.

### *Patients undergoing Major Joint Surgery:*

- Patients undergoing major joint surgery (total hip or knee replacements) have been enrolled in the Enhanced Recovery Programme. Effective pain management is an essential part of this programme. This year there has been a greater contribution from the Acute Pain Service (APS) in educating patients about their pain management. Realistic patient expectations, awareness of pain assessment tools and pain management strategies have all contributed to the reduction in patient time spent in hospital.
- This year the APS and the anaesthetic department provided more epidurals, spinals and newer techniques of providing analgesia e.g. TAP blocks under ultrasound guidance.
- The global nausea and vomiting rates for all techniques (11%) continues to be lower than the national average (25%), meaning patient discomfort is reduced and patients experience better care.

## ► Anaesthetics and Critical Care *(continued)*

*Quality improvement goals achieved last year*  
(continued)

*Areas for improvement this year*

### *Patient Complaints:*

- During 2012, very few patients complained about anaesthetists or the anaesthetic service. Three complaints were addressed to the PALS service and five formal complaints were logged on DATIX (incident reporting system). The common theme of these complaints was problems with pain relief (mainly in obstetrics). There were three concerning the Chronic Pain Clinic.

### *Developments in Preoperative Assessment:*

- The Pre-operative Assessment (POA) service has been working on implementing a one-stop clinic so that patients are effectively assessed well before their surgical date while keeping to a minimum the number of journeys they have to make to the hospital.
- Scoring systems like 'STOP-BANG' have been introduced as part of pre-operative assessment in weight loss surgery, with the aim of reducing the need for sleep studies and unnecessary admissions to high dependency care.

### *Theatre/Anaesthetic Productivity Monitoring and Improvement:*

- Prioritise improvements in staff performance and identify performance indicators to monitor changes in theatre productivity and efficiency.

### *Patient Safety Monitoring and Improvement:*

- Continue to monitor this process, improve feedback to staff and identify areas to further improve anaesthetic safety.

### *Clinical Effectiveness Monitoring and Improvement:*

- Develop further improvements in the anaesthetic and pain management services so they contribute to reduced morbidity in patients undergoing all types of major surgery (including orthopaedic, colorectal, bariatric, gynaecology and obstetric surgery).
- Continue to produce and present annual reports on anaesthetic quality as requested by the Surgical Division.

## ► Cardiology

*Quality improvement goals achieved last year*

- Compliant with NICE Heart Failure Quality Standards (2011) for high risk patients. The inpatient mortality for those admitted with Congestive Cardiac Failure (CCF) is consistently lower than expected, with SHMI reporting inpatient CCF deaths below 80% of those expected.
- Two week review for all patients following hospital admission for heart failure.
- We have continued to demonstrate a further improvement in our services in the 2012 Customer Excellence Annual Health Check.
- Maintained quality standards for heart failure inpatient care and diagnostics.
- 100% compliance with post-acute coronary syndrome (ACS) secondary prevention therapies – Myocardial Ischaemia National Audit Project (MINAP) 2012.
- Introduced a hyper-acute Acute Coronary Syndrome (ACS) pathway (direct transfer from the Emergency Department to UCLH Heart Attack Centre for high risk ACS patients) and further updates to ACS protocols (including earlier mobilisation and discharge of low-risk presentations).

*Continued overleaf ►*

## ► Cardiology (*continued*)

### *Areas for improvement this year*

- Aim for compliance with NICE Heart Failure Quality Standards for high risk patients.
- Aim to demonstrate a further improvement in our services in the 2013 Customer Excellence Annual Health Check including ongoing transformational work.
- Maintain high quality cardiac care for both inpatients and outpatients.

## ► Care of Older People

### *Quality improvement goals achieved last year*

#### *Fractured Neck of Femur (NOF)*

We now provide an orthogeriatric liaison service and work closely with orthopaedic and anaesthetic colleagues to care for this vulnerable group of patients, and strive to achieve the targets set out in the Best Practice Tariff for fractured neck of femur. From February 2013, the service will be provided five days a week (Monday – Friday) with cross cover.

In 2012, we had 133 patients with fractured neck of femur (compared to 101 in 2011). 62 % were over the age of 80 and 80% were admitted from their own homes. Three patients (2.3%) had a fracture as a result of a fall in the hospital (compared to 4.2% SHA and 3.9% nationally). Average time to operation from admission was 22.4 hours (compared to 31.5 hours SHA and 31.9 hours nationally). Average time to admissions to the orthopaedic ward was 9.4 hours (compared to 11.2 in 2011 and 15.7 hours SHA and 9 hours nationally). 2.3% of patients developed pressure ulcers which is a significant reduction from 6.9% in 2011 (3.8% SHA and 3.4% nationally in 2012). 42.9% were seen pre-operatively by a geriatrician (84.2% SHA and 72.2% nationally) but over 90% were seen post-operatively. Falls and bone health assessments were performed in 97% of patients. The average length of stay was 17.6 days (20.6 SHA and 19.6 nationally) compared to 21 days in 2011. In hospital mortality was 3.8% and 30 day mortality 9% (8.4% and 14.4% nationally respectively).

#### *In-hospital falls*

For the pilot Royal College of Physicians audit of falls in care settings in 2011, we reported 405 falls in the year to end of March 2011 (4.5/1000 bed days). There were 14 fractures, with nine fractured necks of femur. Since January 2012, there has been a renewed drive to reduce falls on wards. The multidisciplinary falls group meets regularly and compulsory training sessions are held regularly so that all staff can attend, including new starters. From January 2012 to the end of December 2012, there were 291 falls on the wards (3.6/1000 bed days for first two quarters of 2012). There were three fractured necks of femur and one sub-dural haematoma. Ongoing review and training is essential to maintain this reduction in falls. A post fall protocol has also been introduced jointly completed by nursing and medical staff to improve care of those who have fallen and reduce delays to assessment and investigation.

#### *Dementia*

Up to 25% of acute admissions have dementia. Patients with dementia have longer lengths of stay and are more at risk of falls and less likely to be discharged to their own homes.

The dementia CQUIN unfortunately only started in early December. The aim of the CQUIN is to increase awareness of dementia in hospital admissions and improve care for this vulnerable group. The CQUIN has three main aims:

1. Identifying people with dementia (previously diagnosed or newly reported by asking the "national awareness question");
2. Assess people with possible dementia (AMTS and MMSE, bloods, but brain imaging only if otherwise indicated);
3. Refer on for advice and management (local agreement is to advise GP to refer to memory clinic).

*Continued overleaf ►*

## ► Care of Older People *(continued)*

*Quality improvement goals achieved last year*  
*(continued)*

In December, we screened 72% of emergency admissions over 75 for dementia: 77 % of these had a dementia assessment. For 100% of those patients whose outcome was positive or inconclusive, the GP was advised in the discharge letter to refer the patient to local memory services. Training and education is ongoing to increase these numbers and increase awareness of the importance of screening and referral. Screening, assessment and referral rates are 90% or above for last 3 months. By identifying people earlier we will help people with dementia obtain the right treatment and support, and allow them and their carers to plan for the future. Treatments can slow the progression of the disease and reduce the need for admissions to long term care.

### *Surgery*

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) recommends routine daily review by medicine for elderly patients undergoing surgery. Within our current resources, we cannot achieve this on general surgery, urology or gynaecology wards. The orthogeriatric post described above will provide this service for acute and elective orthopaedic patients. At present, Dr Mitchell does a weekly surgical liaison round and attends the Multi Disciplinary Team meeting (MDT) on the general surgery ward.

### *In-patient care*

As well as regular consultant-led ward rounds and MDT meetings, the care of the elderly consultants visit the wards daily to review new and sick patients with the junior staff. We are currently adapting enhanced recovery principles to improve patient flows and patients' experience in the acute setting. Implementing daily board rounds on all wards in the hospital is the start of this programme. Daily board rounds (Monday to Friday) are occurring on both of the Care of the Elderly wards and are attended by medical, nursing, therapy and social care teams to review medical, therapy and discharge plans daily and reduce avoidable delays. Data is now collected regularly to show where delays are occurring so these can be addressed. Average length of stay (LoS) on the Care of the Elderly Wards has reduced. (LoS medical has reduced from 14 to 10.7 days). In Dr Foster surveys, we performed well on elderly LoS and readmission rates and have a low standardised mortality ratio. We still have problems with consultant cover for wards and board rounds for annual and study leave and Friday cover on Meyrick Ward.

The FEDS therapy team now operate a seven day service picking up patients in the Emergency Department and Medical Assessment Ward (MAU) and working with community services to avoid admission or get people home sooner, but with the support and therapy they need. They provide the service into people's homes to bridge the gap between hospital and community. They can carry out assessments for the Islington Re-ablement Service as well as the community therapies, thereby facilitating a seamless transfer without duplication.

### *Dementia care*

- The Trust was successful in obtaining a grant from the Burdett Trust for Nursing: "Empowering nurses to develop an innovative, person-centred approach to improving and maintaining the health and wellbeing of older people living with dementia and their families". A project manager was appointed and started work in January 2013 (for 2 years). She will work in the acute site and across the community to lead on education and training and Care Pathway Development. This will be valuable in embedding practices that lead to better care for dementia patients both in hospital and the community.

### *Surgical liaison*

- Improve care of older people requiring surgery in line with NCEPOD recommendations.

*Areas for improvement this year*

*Continued overleaf ►*

## ► Anaesthetics and Critical Care *(continued)*

*Areas for improvement this year*  
*(continued)*

### *Integrated Care:*

- Consultant participation in weekly teleconferencing with community teams, GPs in Islington and Haringey to facilitate patient management in the community and reduce the need for in-patient stays.
- Developing day hospital services alongside the major investment planned for integrated Ambulatory Care Centre with daily COOP clinics, joint assessments with therapists, co-ordinated care for complex patients in the community via a virtual ward run with community matrons and the Hospital-at-Home service.

## ► Community Dental

*Quality improvement goals achieved last year*

- 95% of patients rated the service they received as excellent or good.
- 90% of patients reported that they were involved as much as they wanted to be in decisions about their care.

### *In our walk-in Urgent Dental Service in Camden:*

- 95% of patients reported they were treated with dignity and respect.
- 91% of patients reported they would definitely recommend this service to a relative or friends.

### *In our Oral Surgery Service:*

- 93% of patients said they were very satisfied with the service they received.
- 97% of patients reported they were involved as much as they wanted to be in decisions about their care.
- We have expanded our services for children across Haringey and Enfield, so that those with high rates of decay are referred for specialist management in our dental services, thus providing 'Care Closer to Home'. In 2012–13 we have accepted 317 patients for specialist paediatric dental treatment in Haringey and Enfield who would otherwise have been referred to secondary care in central London for general anaesthesia: this ensures care closer to home. We have been able to treat 75% of the patients in local clinics, using alternative treatment modalities, without recourse to general anaesthesia.
- We have developed sedation services for patients with special care needs across Haringey and Enfield to reduce the need for general anaesthetics for dental treatment. We have increased our provision of intravenous (IV) sedation for patients with learning difficulties in order to reduce the numbers of patients treated under general anaesthesia. In 2012 we increased the overall numbers of adult patients receiving their treatment under IV sedation by 60%, and reduced the number of adult patients treated under general anaesthesia by 20%.
- We aim to improve the quality of dental care for children in Islington by working with our local partners in general dental practice and supporting them with specialist advice, skills and health promotion resources. We have recruited an oral health promoter who has visited 20 general dental practices across Islington, providing them each with health education resources, as well as the Department of Health's Prevention Toolkit. We have also offered support in the form of training in paediatric dentistry and the delivery of preventive care using fluoride in practice.
- To ensure that all patients attending for treatment, at each visit, have the opportunity to feedback on services and specifically comment on whether they would recommend the service to family and friends.

*Areas for improvement this year*

*Continued overleaf ►*



## ► Community Dental *(continued)*

### *Areas for improvement this year*

*(continued)*

- To introduce regular team meetings at every clinic with a specific focus on reviewing safety and quality standards which are linked to CQC outcomes.
- To pilot a method of assessing the performance of clinicians in relation to standards of good medical and dental practice.

## ► Diabetes and Endocrinology

### *Quality improvement goals achieved last year*

- Ensure there is Diabetes Specialist Nurse support across Whittington Health, providing a seamless service for the local population. The Whittington Diabetes Team contributed to a Diabetes Specialist Nurse consultation process in May 2012. There is now a Strategic Lead for Diabetes Specialist Nursing Services for Whittington Health, providing leadership and joint working across the hospital and community sites in Islington and Haringey.
- Continue to contribute to develop local and national audit programme for diabetes: The Whittington Diabetes Team contributed to major national audit programmes for diabetes in 2012. The National Diabetes Audit (2010–11) showed that the Whittington Diabetes Team was in the top/first national quartile for all care processes performed on patients attending the diabetes clinic (other than eye screening, which is organised at sector level). The Whittington Diabetes Team was also in the top/first or second quartiles for treatment targets achieved, including glycaemic control, cholesterol and blood pressure management. The National Diabetes Inpatient Audit (2011) showed that despite a high prevalence of inpatient diabetes (21.3% vs. national prevalence of 15%), the Whittington had remarkably low rates of harm resulting from an inpatient stay (e.g. 3.4% of Whittington inpatients experienced an insulin error vs. national rate of 23.9% of inpatients). Our first local audit of the insulin pump service shows we achieve good outcomes. All patients started on insulin pumps due to disabling hypoglycaemia have experienced significant reduction in hypoglycaemia frequency, with no severe hypoglycaemia, despite a fall in HbA1c. HbAc fell by 0.6% at 1 year after pump start for patients started for hypoglycaemia, and by 1.1% for patients started for poor glycaemic control. These outcomes compare well to published outcomes from other pump centres.
- Increase our network links including joining the newly forming insulin pump network: Whittington Health is an active member of the newly formed National and Regional Insulin Pump Networks, with goals including sharing best practice and ensuring equity of access.
- Continue to develop and implement improvement projects to support patients' self-management: Whittington Health has been accepted as a test site for Phase 3 of Co-creating Health, which will focus on spreading and embedding self-management support in other long-term conditions and specialist areas.

### *Areas for improvement this year*

- Continue to work with the community, developing an integrated model of diabetes care across the geographical locality and across primary, secondary and community sites.
- Continue to contribute to national audit programme for Diabetes, including the new national insulin pump service and patient level audits, and further improve performance, particularly around the 9 key care processes in diabetes.
- Increase our network links including joining the newly forming insulin pump network.
- Further develop and implement improvement projects to support diabetes self-management, particularly in Haringey which currently has no type 2 diabetes patient education programmes.

*Continued overleaf ►*

## ► Emergency Medicine

### *Quality improvement goals achieved last year*

- Implementation of the new Department of Health Performance Indicators for Emergency Departments, including achieving our target for waiting times for people using our services: 4 hour total time target met last year (2011–12). We have identified that time to treatment is a challenge. Currently trialling new ways of working which put the department on a trajectory to meet this and the other indicators for the current financial year.
- Development of nursing leadership model to support changes required to implement and meet quality indicators: a list of shift leader competencies has been drawn up and issued. The ED matron now also has responsibility for the Medical Assessment Unit. We anticipate this will help to improve the patient journey and will be reviewed after 6 months. A new PDN is due to start in the department to support this.
- Implementation of seven day Emergency Medicine Consultant working providing Consultant shop floor presence 0800–2000 weekdays and 1200–2000 weekends: this has been implemented and plans are in place to further strengthen the rota following the appointment of an additional consultant in March 2013.
- Multidisciplinary rounds in the ED three times a day to optimise patient care and streamline patient flow: Implemented with participation from Community Matrons once a day.
- Further development of diagnosis specific pathways for patients being managed in Isis ward: the following pathways have been recently developed:
  - Hyperemesis
  - Overdose
  - Pyelonephritis
  - Head injury
  - Falls
- Development of ambulatory care pathways for patients not requiring hospital admission, such as those with blood clots in the legs and cellulites (soft tissue infections): the ambulatory care service has expanded during 2012–13, providing new pathways of care for a wide variety of patients. Early development focused on medical conditions and work is now underway to develop surgical pathways.
- Developing closer relationships with community teams to reduce unnecessary admissions and provide care at home where possible: the Emergency Department has developed strong links with community services with daily in reach to the department.
- Improve information provided to patients, with information boards in the waiting areas and information about performance against quality indicators provided: There is a patient experience board in the main waiting area. The board provides a summary of changes made based on the patient feedback 'We are listening to you' initiative'. The board also displays performance against the quality indicators.

### *Areas for improvement this year*

#### *Ambulance handover*

Aim to improve ambulance handover / turnaround times in order to meet the KPIs in this area, allow LAS to make the best use of their resources and provide a timely initial nursing assessment for this group of patients.

#### *Alcohol CQUIN*

We aim to meet the requirements of the Alcohol CQUIN, which asks us to screen a group of patients attending ED with one of a number of presentations that has been associated with harmful alcohol use. This will allow us to meet the CQUIN and to provide this group of patients with advice to help reduce future harm related to alcohol.

*Continued overleaf ►*

## ► Emergency medicine *(continued)*

*Areas for improvement this year*  
*(continued)*

### *Time to Treatment*

We aim to look at a number of different models of rapid / initial assessment with the aim of having patients seen by a senior decision maker early on in their ED journey in order to facilitate timely treatment, investigations and referral, and to meet the 60 minute time to treatment quality indicator.

## ► Gastroenterology

*Quality improvement goals achieved last year*

*Areas for improvement this year*

- Maintain rapid access to colonoscopy and flexible sigmoidoscopy through public campaign on awareness of bowel cancer symptoms.
- Develop database for Inflammatory Bowel Disease patients (as per national audit).
- Development of shared care guidelines in long term conditions in partnership with primary care.

## ► Imaging

*Quality improvement goals achieved last year*

### *Optimise the use of community resources to ensure that patients can be imaged closer to home:*

- At the start of 2012, we were running 4 gynaecology ultrasound lists at Hornsey. Over the last 12 months, we have managed to increase this to 8 lists without needing to increase the requirement for additional staff. It is hoped that by the end of 2013 this will have increased further to 10 lists; 8 gynaecological lists and 2 abdominal lists.

### *To make sure patients with a suspected deep vein thrombosis have rapid access to ultrasound scanning appointments:*

- During 2012, we have established a new patient pathway for DVT scanning with A&E, which has encompassed producing a patient passport and the ability to have dedicated slots on a daily basis. This has been audited by both A&E and imaging, and the protocol and timings have been adjusted to optimise the service. Now slots are available between 1pm and 2pm (up to six slots daily), and at the weekends. This will be reviewed when the ambulatory care unit is established.

### *To develop acute imaging services which complement new patient pathways:*

- Fractured Neck Of Femur pathway – established to include pre-hospital risk assessment and structured pathway on admission. This involves direct admission to ward from imaging to avoid delay.
- Working with Trust to develop ambulatory care unit. This will include new ultrasound room to run 9 – 5 Monday to Friday to scan inpatients, A&E patients, ambulatory care patients and provide ITU cover. Hopefully this will also negate the need for lunchtime Deep Vein Thrombosis scans.
- Nuchal fold pathway: all patients undergoing nuchal fold scanning with abnormal results now have a developed pathway straight into the maternity co-ordinator for further management. This avoids having to go back to the midwife and then to the maternity team from there, creating a streamlined pathway with fewer steps and less risk.
- Current review of CTPA pathway to move to an ambulatory care model.

*Continued overleaf ►*

## ► Imaging *(continued)*

*Quality improvement goals achieved last year*

*(continued)*

*Areas for improvement this year*

- Extension of prison project: originally 4 prisons on the original contract. Since January 2013, we have been providing 4 extra sessions per week as part of pilot study for "TB screening in hard to get places".
- Nasogastric tube pathway: to ensure compliance with safety guidelines.
- Enhancing the paperless environment by introducing pathways for community requesting.
- Optimise patient experience within the department, improve access to inpatient services and establish ambulatory care pathways.
- Enhance links across the ICO with respect to imaging and education.

## ► Infection Prevention and Control

*Quality improvement goals achieved last year*

*Areas for improvement this year*

- Develop project to reduce E. coli bloodstream infection rates through Root cause analysis investigations (a tool used to guide rigorous analysis of adverse events): in progress.
- To have no avoidable cases of MRSA bacteraemia acquired by patients while in our care: 1 avoidable MRSA.
- To have fewer than 20 cases of Clostridium difficile associated diarrhoea acquired within the organisation: achieved, with 13 cases.
- To achieve a compliance rate of 95% or above for all environment audits: achieved in majority of areas.
- To achieve a compliance rate of 95% or above for all hand hygiene audits: achieved in majority of areas.
- To achieve compliance of over 90% in all antimicrobial prescribing targets: achieved.
- To ensure more than 90% of Whittington Health staff receive infection prevention and control training by end of 2012–13: 84%.
- Achieve >90% of clinical areas compliance with Infection prevention and control audits.
- >95% staff receive IPC training.
- Achieve all HCAI objectives.

## ► Integrated Care and Acute Medicine Divisional Objectives

*Quality improvement goals achieved last year*

- On-site consultant cover to see patients admitted as emergencies with medical conditions has greatly improved – a consultant is now normally present from 8 in the morning to 8 in the evening seven days a week so that our patients can receive consultant-led input more quickly.
- During the week (Monday to Friday), every medical patient in the hospital is discussed daily on a multidisciplinary "board round", at which the consultant, doctors, nurses, physiotherapists and occupational therapists, pharmacists and social workers all work as a multidisciplinary team to agree the priorities for each patient's care. Our data shows that this has reduced delays, and our patients are getting home on average 0.7 days sooner than they were before this improvement was put into effect.

*Continued overleaf ►*



## ► Integrated Care and Acute Medicine Divisional Objectives *(continued)*

### Quality improvement goals achieved last year *(continued)*

- In the last year we have developed, in collaboration with commissioning groups, multidisciplinary teleconferences to discuss patients at high risk of emergency admission to hospital, aimed at identifying and solving people's problems before they lead to the need for hospitalisation. These teleconferences are led by general practitioners, and involve consultants, social workers, pharmacists, specialist community nurses, district nurses psychiatrists and community therapists according to the patients' needs. We are now delivering these community-based teleconferences across the whole of Islington and Haringey. Early data suggests that these teleconferences lead to patients making fewer emergency attendances to hospital emergency departments (down by 17%) and that most of these patients (86%) have fewer admissions in the six months after the teleconference than they had in the six months before.
- We have developed an ambulatory care service. This service enables a lot of our patients to avoid having to come into hospital by offering very prompt consultant-led same-day care to address problems faster. For example, imaging investigations may be done the same day, or occupational therapists, physiotherapists or specialist nurses may work with community services to avoid admission, or else get people home sooner, by promptly arranging the support and therapy they need at home. Community matrons now inreach into the hospital's Emergency Department as part of this service, and staff can outreach into people's homes to bridge the gap between hospital and community.
- We have significantly reduced the number of falls our patients experience during their stay in hospital. In 2012–13 in-patient falls were reduced by just over 20% compared to the last quarter of 2011–12.
- We have developed a Locally Enhanced Service (LES) with Islington commissioners for patients with Chronic Obstructive Pulmonary Disease (COPD), which has led to a reduction in the number of patients with COPD who remain undiagnosed, due to the integrated partnership between our respiratory teams and primary care GPs. An integrated respiratory team of doctors, respiratory nurses and respiratory physiotherapists and healthcare assistants now works across the hospital and the community, providing seamless care for people with COPD. We have also met the 95% target two years running for applying the COPD Discharge Bundle – this is a way of making sure that people with COPD get the best and most evidence-based care interventions for COPD in a timely manner when they go home from hospital.

### Areas for improvement this year

#### *Learning Disability*

National research and local experience shows that people with learning disabilities (LD) do not always get diagnosed and treated when they are ill in as timely or appropriate a way as they should. We will improve the care we give to people with learning disabilities by:

- Fully implementing our own LD policy to make sure our care meets the six quality criteria for care of people with learning disability set out by the Department of Health in the DH document Healthcare for All (2008), and auditing our practice against those criteria.
- Implementing a training programme for all our staff in the Emergency Department to enable staff to get as good as possible at communicating and recognising and meeting the needs of people with learning disabilities.
- Ensuring our GP Practice at Hanley Road carries out an annual review of both health needs and learning disability needs for all its patients with LD, through the implementation of a Directed Enhanced Service for people with LD, run by the NHS Commissioning Board Islington / Clinical Commissioning Group.
- Working actively in partnership as members of the Learning Disabilities Partnership Boards for our two local authorities, Haringey & Islington.

*Continued overleaf ►*

## ► Integrated Care and Acute Medicine Divisional Objectives *(continued)*

### *Areas for improvement this year*

*(continued)*

- Adhering to our newly published a Learning Disabilities Hospital Charter, signed by our CEO, that outlines our commitment to giving good health care to people with learning disabilities.

#### *Pressure Ulcers*

Pressure ulcers cause significant harm and distress, and people who are elderly or frail or who have long term immobility are particularly vulnerable. We have made very good progress in keeping pressure ulcers low in the hospital, and we now intend to focus on the community. Not all pressure ulcers in the community are avoidable, but we know we can reduce them. We will reduce the harm caused to patients caused by pressure ulcers by:

- Raising awareness of pressure ulcer prevention with patients, family and informal carers.
- Promoting pressure ulcer prevention with other health care professionals, social care staff, care agencies, residential and nursing care homes.
- Ensuring pathways are in place for escalation to Whittington health services.

Our goal is to reduce Pressure ulcer Prevalence by 50% as agreed within the Safety Thermometer and Harm-Free Care CQUINN.

#### *Pneumonia*

Community acquired pneumonia is a common but dangerous illness that often presents as an emergency. We will improve the care we give to patients with community acquired pneumonia by implementing a British Thoracic Society (BTS) investigation and treatment "bundle", as part of a national initiative to improve care, so that our patients receive key interventions such as a chest X-ray and antibiotic treatment, within the first hours from first attending hospital.

Whilst our baseline data suggests we have a relatively low mortality and length of stay compared to other trusts taking part in the BTS bundle project, a similar sized trust in West London has seen a reduction in mortality such that 4 lives a year are saved and 100 bed days released, and a national study in the north west showed a 2.1% reduction in mortality using a pneumonia bundle – we aim to achieve an improvement of this magnitude.

#### *Improved discharge from hospital*

Discharge from hospital is a key area in which integrated multidisciplinary communication is essential, and in which patient experience can be improved.

We will improve quality of care and patient experience around discharge from hospital by:

- Implementing more pro-active discharge planning by improving multi-disciplinary communication.
- Specifying and then working towards Expected Discharge Dates (EDDs) that the patient, patient's family and carers, and all team members are aware of, with the aim of minimising unnecessary waits and making it easier for patients to go home promptly and safely, including going home at weekends where appropriate.
- Ensuring social worker presence on wards and at Board Rounds to enable better planning for discharge and better engagement with families and carers.
- Regularly teleconferencing with community teams, including social services and rehabilitation to continue to maintain low levels of Delayed Transfers of Care.
- Implementing a checklist for planning for discharge, to be used for all our patients, which will ensure that necessary actions are not missed and are done in a timely way, and which will ensure that multidisciplinary assessments for continuing healthcare can be carried out to a high quality within 48 hours of discharge.

*Continued overleaf ►*

## ► Integrated Care and Acute Medicine Divisional Objectives *(continued)*

### Areas for improvement this year

*(continued)*

- Maintaining the recent expansion to weekend working of the Facilitated Early Discharge Service, which supports rapid return home where appropriate, with appropriate equipment or support. This will ensure that weekends do not introduce unnecessary delays to patients going home in cases where weekend discharge is safe and appropriate.

## ► Oncology

### Quality improvement goals achieved last year

- Completion of a pilot project with London Ambulance service to rapidly transfer patients on chemotherapy with signs of suspected febrile neutropenia to be taken by ambulance to Whittington ED by blue light ambulance to improve door to needle time in receiving 1st dose antibiotics.
- Further develop a fast track service for local GPs to refer directly to an acute oncology clinic any patient with suspected cancer on a radiological test.
- Reduction of number of sick cancer patients admitted to Mercers ward year on year because of admission avoidance with early acute oncology input in ED or rapid assessment and discharge from the medical assessment unit.

### Areas for improvement this year

- Expand the acute oncology service to incorporate haematological malignancies.
- Develop a robust 24/7 patient advice line manned by local experts.
- Develop a specialised out-patient area to house all cancer related clinics to improve the patient experience.

### Oncology: A patient's tale

*At a Trust Board meeting, the wife of an oncology patient described the care her husband received in the transformed Emergency Department. From the receptionist, to the triage nurse, to the consultant, her husband was treated with great respect and dignity, and was kept informed of every step throughout his treatment. The matron of the Emergency Department explained the work that her team had done to improve the patient journey and make all experiences as good as this patient's. Whittington Health commits to rise to the challenge of delivering this care quality consistently in all areas.*

## ► Palliative care

### Quality improvement goals achieved last year

#### *Aiming towards integration of the community and hospital services*

- Developed joint community consultant post with Marie Curie Hospice Hampstead, and recruited to post – appointee started 29 January 2013.
- Community medication authorisation form was approved and is now available for downloading from our online requesting system.

*Continued overleaf ►*

## ► Palliative care *(continued)*

*Quality improvement goals achieved last year*  
*(continued)*

- Integrate community and hospital palliative care teams. Joint operational policy and work plan drafted for discussion at March Annual Strategy Meeting. Begin to rotate staff.
- Purchased NPSA compliant syringe drivers. Develop training programme for community and hospital staff. Draft policy prepared.
- Have begun development of systems for dispensing "Just in Case" end of life medication for patients discharged to die in the community.
- Use of electronic discharge letter facility to improve quality of discharge letters sent to GPs and to alert GPs regarding Gold Standards Framework register. Team working with junior doctors to implement this.
- Clinical Nurse Specialists' (CNS) training as independent prescribers to facilitate integrated working across hospital and community. 5 out of 7 CNSs qualified. One CNS due to complete by April 2013. One nurse needs to enrol on course.
- Ensure all team members have attended advanced communication skills training – Consultant & 2 CNSs completed course 2012–13.

*Areas for improvement this year*

### *Aiming towards integration of the community and hospital services*

- Integrate community and hospital palliative care teams. Agree joint operational policy and work plan. Produce joint annual report at end of 2013–14.
- Distribute NPSA compliant syringe drivers to community and hospital sites. Complete training of hospital and community staff in their use. Get policy ratified.
- Implement systems we have developed via JAC for dispensing "Just in Case" end of life medication for patients discharged to die in the community.
- Consolidate use of Anglia ICE discharge letter facility to improve quality of discharge letters sent to GPs and to alert GPs regarding Gold Standards Framework register.
- Enrol 7th CNS on the independent prescribers course.
- Enrol remaining CNSs on the advanced communication skills course.

## ► Pathology

*Quality improvement goals achieved last year*

- Implementation of HPV testing for triage and test of cure in cervical screening;
- Improved clinical governance for Point of Care Testing – business case for POCT co-ordinator was approved and an appointment has been made, almost all clinical areas have gone live with the networked blood glucose monitors;
- Successful integration of hospital and community-based Infection Prevention and Control services;
- Microbiology department has retained Clinical Pathology Accreditation (CPA) status.

*Areas for improvement this year*

- To maintain accreditation and compliance with all relevant outside agencies, i.e. CPA, MHRA, HTA, etc.
- To implement pathology LIMS upgrade (WinPath) to enable completion of the integrated blood sciences;
- Expand GP phlebotomy services;

*Continued overleaf ►*



## ► Pathology *(continued)*

### *Areas for improvement this year*

*(continued)*

- Integration of Haringey Sexual Health pathology into Whittington Health (WH), including the implementation of electronic ordering;
- Implementation of new reporting terminology for cervical cytology.

## ► Pharmacy

### *Quality improvement goals achieved last year*

- Completed a new design with patients and staff, and implemented some of the changes. A display system for patients in the pharmacy and N19 has just been purchased and is now being implemented. We are stocking more items for patients and staff to increase access to medicines; all the staff have had customer training based on the needs identified in the work we did, and we are working toward finding funding for the capital changes to change the layout. We presented this work at NHS innovations at the Excel centre with the Design Council.
- Completed roll out of electronic prescribing and administration across inpatients and outpatients to improve safety for medicine and surgery : the next stages are women and children, outpatients and ambulatory care. An audit has shown a 13% decrease in errors since implementation of e-prescribing.
- Support patients in optimising their medications with pharmacists working with social services; supporting patients at home on their discharge; working with the diabetic patients and those with musculoskeletal (MSK) disorders in the community. A pharmacist is now embedded in the MSK service supporting patients and GPs in optimising their medicines and providing workshops for patients. The pharmacist working with social services has been a success and has been funded for a further year to support patients with their medicines on discharge.
- Providing a full 7 day 9:00–5:30 clinical pharmacy service to all outpatient pharmacy, acute surgery, medical and paediatric wards and the Intensive Care Unit.

### *Areas for improvement this year*

- We want to complete the e-prescribing roll out as above.
- Finding ways to make the structural changes to the layout of pharmacy to fully implement our project.
- Have a pharmacist providing advice on medicines at every integrated care teleconference in Islington and Haringey.
- Work to improve the discharge of complex elderly patients, reviewing usage of blister packs and dosette boxes to support patients in self management with their medicines.
- Explore how telemedicine could support patients with their medicines.

## ► Respiratory

### *Quality improvement goals achieved last year*

- Quality of care standard of all smokers admitted to hospital receiving very brief advice (VBA) to stop and support/interventions to stop smoking offered to every smoker introduced and being implemented using hospital-wide Quit Smoking CQUIN. This is resulting in a transformation in the care we provide to sick smokers in hospital, e.g. 150 smokers referred in 1 month to quit smoking advisor in January 2013, compared to 150 in previous 6 months, with rapid progress towards achieving targets in 2013.

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## ► Respiratory *(continued)*

*Quality improvement goals achieved last year*  
(continued)

- Mortality for our patients with COPD continues to be very low at 1.6% in-hospital mortality, which is the lowest in London compared to 6.5% nationally (HES/LHP data 2010–11 – latest available) and 2.6% 90 day mortality compared to 8.6% nationally (ERS Audit 2010 – latest available data).
- The COPD discharge bundle, a bundle of 5 evidence-based interventions to improve outcomes in COPD, has become embedded in routine practice using the COPD Discharge Bundle CQIN as a lever. 97% of patients admitted with an exacerbation of COPD received a COPD discharge bundle in 2012–13 (April to December 2012 data). These interventions dovetail with the interventions delivered by the COPD Local Enhanced Service in Islington, ensuring pathway care for this group of patients.
- The Islington COPD Local Enhanced Service, developed by a collaboration between Islington GPs, the Islington Public Health team and Whittington Health integrated respiratory consultants, has enabled earlier diagnosis of COPD, resulting in more than 500 new diagnoses of COPD in Islington in 2011–12, which significantly decreased the gap between recorded and expected prevalence, significant increase in referrals to pulmonary rehabilitation, significant decrease in oxygen expenditure with more appropriate prescribing, increased self-management, improved medicines management and provisional data demonstrating a decrease in hospital admissions for AECOPD. These interventions dovetail with the interventions delivered by our COPD discharge bundle, ensuring pathway care for this group of patients.
- Good case ascertainment and data completeness for national lung cancer audit. Improvement in numbers of patients having lung cancer nurse present at diagnosis, although still room for improvement. Now able to offer stereotactic body radiotherapy to those patients with early stage lung cancer who are not suitable for an operation or who choose not to have one.
- Achieved 90% completion of TB therapy (target of 85%), lost only 2% TB patients to follow up – try to reduce further for next year, offered 97% TB patients an HIV test – aim for 100% next year, of those that need Directly observed therapy for TB 88% were offered – aim for >90% next year; assessed 90% of TB contacts.

*Areas for improvement this year*

- Establish pleural ultrasound service;
- Work with ED and Acute Medicine colleagues to introduce a pneumonia bundle;
- Engage with roll out of Coordinate My Care (CMC) to provide integrated care for patients with lung cancer and severe respiratory disease, including preventing oxygen poisoning in at risk patients;
- To work with the NCL TB network to unify the TB services at UCLH/Whittington/Royal Free into a combined 'Southern hub';
- To develop the Home Oxygen and Assessment (HOS-AR) service so that we are able to deliver to national HOS-AR standards of care.

## ► Surgery

*Quality improvement goals achieved last year*

- Increase consultant presence by separating emergency and planned work to free up consultants to have earlier input in managing emergency patients. This is in place with consultant surgeon on site and commitment free for 12 hours 24/7, and all patients seen and assessed within 12 hours of their admission. All seriously unwell patients are reviewed within half an hour of their admissions by a consultant surgeon.

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## ► Surgery *(continued)*

*Quality improvement goals achieved last year*

*(continued)*

- Improve timely access to call centres to enable people to change appointments: we ensure that the phones are manned by all appointments staff throughout peak times. We are working towards a system of having a dedicated call centre (such that staff will just be required to answer calls), which we hope to implement by May 2013.
- Improve risk stratification in bariatric patients and use two consultants operating on high risk patients: in place, with combined operating for all bariatric inpatient elective lists.
- Involved patients and the public to help us improve patients experience in endoscopy.
- Aim to provide breast clinics 5 days a week: we have increased the number of breast clinics from 2 to 4 days in the last few months.
- Streamline the pathway for urology patients to avoid unnecessary emergency admissions: will be complete by May 2013.

*Areas for improvement this year*

- Urology: Continue to improve on New to Follow Up outpatient ratio;
- Reduce post-op stay to 23 hours for majority;
- Introduce more one stop clinics.

## ► Women, Children and Families

*Quality improvement goals achieved last year*

### *Maternity and Women's Health*

- Increased consultant presence on gynaecological emergency unit and extended opening hours.
- Enhanced recovery programme in gynaecology.
- Daily elective Caesarean section lists separate from labour ward in main theatre.
- Daily ward rounds on antenatal and more frequent postnatal ward rounds.
- Reduce the amount of agency staff used in maternity.
- Improving pathways for gynaecology and sexual health patients.
- Maintain one to one midwife support for every woman in labour.

### *Sexual Health*

- Nurse training on insertion and removal of sub-dermal implants for long term contraception.
- Community HIV testing to improve access to testing for HIV in high risk population, to increase awareness of the need to test for HIV and thus enable earlier diagnosis of HIV infection.
- Self triage and asymptomatic screening by trained Healthcare Technicians, enabling fast-track screening of low risk asymptomatic patients within the service.

### *Children's services*

- Admissions to Ifor ward kept to a minimum and inter phase with community paediatricians increased. Paediatricians now work with children in neurological developmental clinics in the community, as well as participating in hospital general paediatrics and on call rotas.

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## ► Women, Children and Families *(continued)*

*Quality improvement goals achieved last year (continued)*

- Vertical integration of the senior children's nursing posts across the hospital and community: this includes management, leadership and specialist nursing roles.
- Single referral pathway and access point developed 12/13 into Islington's community children's services for children with additional and complex health needs and disabilities.
- Establishment of paediatric email advice line for GPs.
- Whittington Health website enhanced to ensure GPs can access clinical guidance on the management of key conditions.
- Link paediatrician being piloted to GP clusters to support outreach and education/training initiatives.
- Funding established for nurse led triage and nurse practitioner led clinics.
- Care pathway for asthma developed and increased funding secured.
- Hospital outpatient clinics, such as allergy and asthma clinics, have moved to community using a mixture of staff who normally work in community and hospital. Two asthma CCN are being recruited.
- Development of nursing posts who will work within community children's nursing team children on the ward to facilitate discharge planning and provide training to children and families to support self management at home.

### *Neonatal Unit*

- Neonatal community nurse specialists follow babies and families through their journey through the Neonatal Unit: they work clinical shifts on the Unit, support the discharge home and visit the families at home to ensure a smooth transition home.
- Space has been secured for Transitional Care Baby Unit.
- Appointment of new neonatal consultant to facilitate improved discharges and neurological follow up.

### *Health Visiting*

- Significant improvement in new birth visit performance from April 2012 through the implementation of LEAN processes and a refocus of the service on early intervention.
- Development of a learning programme to support newly qualified health visitors and 12 new students.
- Family Nurse Practitioners providing highly commended performance. The service achieved excellent levels of breast feeding and good engagement. Clients participated in the making of a DVD talking about their experience of the programme.

### *Newborn Hearing Screening Programme and Audiology Service*

- Integration across acute and community services under a single lead Audiology Consultant and Service Manager, streamlining care pathways.
- Significant increase in newborn hearing screening performance with a focus on screening all babies within four weeks.
- Flexibility of response and extended opening times, e.g. Saturday clinics.
- Care closer to home by repatriation of referrals from tertiary centre such as National Ear, Nose and Throat Hospital.

### *Community Adolescent Mental Health Services (CAMHs)*

- 'You Are Welcome' accreditation that set out standards of how to improve service users experience and participation in service delivery and development.

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## ► Women, Children and Families *(continued)*

*Quality improvement goals achieved last year*  
(continued)

### *Michael Palin Centre, Speech and Language Therapies*

- Increased numbers of specialist assessments and therapy programmes provided to children and young people who stammer and their families from the local population and nationally.
- Introduced the use of telehealth to provide some of these services. Out of hours services offered for assessments and therapy.
- Conducted clinically based research to lead to improved services for children and young people who stammer, including a study into anxiety and stammering. Published clinical and research findings in books and journal articles. Invited to present at international conferences.
- Provided training and supervision for students and therapists who work with people who stammer to improve services and access to services at a local level. Some training provided free of charge due to charitable support.
- Introduced training via videoconferencing in order to increase access.
- Provided out of hours training course.
- Invited to provide training internationally – in Canada and Scandinavia, as well as to international students who attended the Centre.

*Areas for improvement this year*

### *Maternity and Women's Health*

- Secured funding to improve physical environment on antenatal and postnatal wards.
- Explore growing the maternity unit in line with improved environment.
- Reducing caesarean section rate and supporting normal delivery.
- Enhanced recovery programme in obstetrics.
- Expansion of one stop outpatient hysteroscopy clinic and community gynaecology clinics, such as nurse led fertility clinic, urogynaecology clinic and a consultant delivered alternate week vulval clinic.
- Further reduce inpatient gynaecological emergency admissions and expand outpatient management of women with hyperemesis by increasing consultant presence on gynaecological emergency unit and extended opening hours.
- Development of Apps to aid decision making for patients.

### *Sexual Health*

- Paperless service by establishing electronic ordering of path lab test requests and reports. Electronic patient record already established.
- Setting up telephonetics and thus giving responsibility to patients to access their results, whenever they want.
- Commission a 'mobile clinical bus' for health promotion and sexual health screening of young people in the community.
- Development of a sexual health hub within Women's Diagnostic Unit.

### *Children's Services*

- Achieve the best practice tariff for paediatric diabetes.
- Improve the service delivery for children and young people with epilepsy with the appointment of a paediatrician with responsibility for epilepsy and a clinical nurse specialist for epilepsy.
- Through additional investment enhance the Paediatric Mental Health Liaison Team and to create a more substantial basis to have trainee professionals allocated to the team.

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## ► Women, Children and Families *(continued)*

### *Areas for improvement this year (continued)*

- Establish the development of a single point of access for all children into the service through transforming patient experience project.
- Improve paediatric consultant rota and which will also secure consultant ED presence until 21 hours on week days.
- Improved children ambulatory care unit.

#### *Neonatal Unit*

- Further reduction of length of stay for babies admitted to the Specialist Care Baby Unit.
- Improve flow of babies through the Neonatal Unit from intensive care to discharge supported by community neonatal specialist nurses.
- Review the neonatal developmental follow up pathway.
- Develop Transitional Care Baby Unit and develop improved neonatal discharge facilities on postnatal ward.

#### *Health Visiting*

- Delivery of healthy child programme.
- Further involvement of stakeholders in service design.
- Development of apps and testing of new technologies to support clinical delivery and learning.
- Explore barcoding for immunisation.
- Further expansion of health visitor numbers and family nurse practitioner services.
- Implementation of the obesity pathway.

#### *Newborn Hearing Screening Programme and Audiology services*

- Investment in Tier 2 Audiology services relating to children's QIPP and funding additional staffing, audiology room and specialist equipment for the service.
- Further reduction in tertiary referrals and enhancement of integration of services, supported by recent appointment of new consultant in audiovestibular medicine.
- Development of a school screening service.

#### *Community Adolescent Mental Health Services (CAMHs)*

- Introduction of Child Improving Access to Psychological Therapies for gathering patient satisfaction/ outcome data.
- Sustain and develop school based services delivery, and integrate service across primary, secondary and special schools with school stakeholders.
- Support capacity building across the partnership through consultation, training and psycho-education.
- Strengthen links and interface between CAMHs AOT service and the paediatric mental health liaison service to offer a seamless care pathway to meet the needs of young people presenting with self-harming behaviour.
- Improved management of Did Not Attend.
- Scoping the ADHD group work.

#### *Michael Palin Centre Speech and Language Therapies*

- Improve access for families by the use of telehealth and out of hours services.
- Evaluate the users' experience of the specialist assessment and therapy process.

*Continued overleaf ►*

## ► Women, Children and Families *(continued)*

### *Areas for improvement this year* *(continued)*

- Continue research programme in collaboration with others. To further develop outcomes for patients' experience of services delivered at Centre.
- Continue to provide free training and to provide ongoing support for trained therapists with monthly supervision sessions.
- To develop and deliver new training courses for specialist therapists in stammering.
- Increase liaison with UCL speech and language therapy students. Creative use of students in group placements.

# Partnership working

It is vital that we work in partnership with other organisations, patients and our staff, so that good practice is shared, and feedback is listened to and acted on so that we improve.

## Other organisations

We have continued to work collaboratively with colleagues in other hospitals.

We are a member of UCL Partners, an Academic Health Science Centre (AHSC), which is dedicated to achieving better health for our population. Its aim is to harness the best of academic medicine, high class education and clinical practice to deliver significant health improvement. Examples of work undertaken are: developing a new approach to providing an integrated, improved quality cancer service; providing patients with long term conditions with more information, choice and control, so that they have a better experience and reduced hospital visits and developing a set of outcome measures to ensure patient pathways focus on what matters to patients.

Within the UCLP Quality Forum, the Whittington is working with the other partner organisations on better prevention and management of deterioration of inpatients.

We work closely with our partners in local authority social services. Joint work is essential in adult and children's safeguarding. Islington Social Services have a base at the Whittington Hospital, enabling easy and fast access to advice and support. We also work with social services for the relevant borough to arrange patient discharges, particularly in complex cases, where support packages in the community are required.

## Patients and the public

It is vital that we see patients as partners, listen to and act upon what they tell us about our services. We do this in a number of ways.

We use information gathered from participating in national surveys. The National Outpatient Survey, for example, told us that we don't always provide patients with a good experience in this area. We have since set up an outpatient improvement programme with key measurable objectives. These are reported to our Patient Experience Steering Committee, which was established in September 2010. The Committee is now chaired by the Head of Patient Experience, who attends the Quality Committee, which in turn is a subcommittee of the Trust Board: this results in "ward-to-board" information on progress.

As national surveys are only undertaken annually, we need to have more frequent feedback from our patients. We use feedback kiosks in key areas, such as outpatients and the Emergency Department and hand-held patient experience tracking devices on all the wards. They include five main questions and a comments field. This feedback is shared with the relevant staff and is discussed at the Patient Experience Committee to enable us to monitor our progress in important areas – for example, the cleanliness of the area, patients' involvement in their care and their confidence in the nurses treating them.

In 2011, we introduced 'matrons' conversations' as part of our visible leadership programme and we have continued to use these throughout the past year. Every six weeks, senior nurses and other senior staff visit different areas to talk to patients and staff about their experience of Whittington Health and how we can improve. This information is collated and the data has enabled us to focus our improvement work on the themes identified.

Feedback from complaints is also used to help us focus on areas where we need to improve. During 2012–13, we have improved the presentation of complaints reports to give us a clearer view of which areas of the hospital are the subject of complaints and the themes. For example, lack of information is a common area of concern. We have therefore rethought our approach and have almost completed a review of all written patient information to ensure it is up-to-date, accurate, written in plain English and readily available. Where patients told us there was a need for information, for example around MRSA and discharge, we have developed specific information to address this.

In the year 2012–13, Whittington Health's Complaints Department received a total of 543 formal complaints. Many of these led to specific learning and improvements in care.

Changes have been initiated either as a direct result of complaints, as part of the process, or from staff identifying potential improvements. Complaints are regularly discussed at Trust team meetings to ensure all staff learn from mistakes. Examples of improvements that have happened from the investigation of complaints are outlined below.

- Physiotherapy appointments system was reviewed and improved.
- The substance misuse service in HMP Pentonville developed a new prescribing checklist to ensure medication is always given correctly.

- The Learning Disability Protocols were re-established in the Emergency Department and further training provided to staff.
- A new process for recording the management of hygiene and comfort needs was initiated on Coyle Ward to ensure every person was appropriately cared for.
- Customer care training initiated in outpatient clinics and maternity.
- Clear guidelines provided to the Access Team on the frequency of checking and responding to answer phone messages. This is now monitored.
- Audiology ensured they had adequate administrative support following several concerns about patients' difficulty in contacting the department.
- The Emergency Department established a new method for ensuring X-rays are always reviewed by a consultant following a number of missed fractures.

As well as patients, we also seek views from the public, particularly our Governors. They provide us with a user perspective from our local population, and actively participate in a number of key forums including the Trust Board, the Clinical Governance Committee and the Patient Experience Committee.

## Who has been involved in developing the Quality Account?

A wide range of individuals, teams and organisations were invited to contribute to the Quality Account including:

- Local GPs
- North Middlesex University Hospital
- Islington CCG
- Healthwatch (Islington and Haringey)
- The Trust's senior medical staff, including Divisional Directors, Clinical Directors, Clinical Leads and the Medical Director
- Our senior nursing team
- Our clinical governance team
- Our general managers
- Members of the Executive Committee, Trust Board, Divisional Boards and Clinical Governance Committee
- Our patient feedback manager
- University College London Hospitals NHS Trust
- UCL Partners
- Royal Free NHS Foundation Trust
- Patient and public Governors

- Volunteers from NHS Islington
- Haringey Adults and Health Scrutiny Panel

*We would like to thank those that chose to contribute.*

Our Quality Account in draft format was sent to our Trust Board, Non-Executive Directors and Trust Shadow Governors for review and comment. As a result of comments received, we have taken the following actions:

- Removal of the use of unnecessary jargon and acronyms;
- Removal of section numbering;
- Removal of an outdated achievement.

A number of the comments received related to the structure and length of the Quality Account. Adherence to the Department of Health recommended template precluded specific structural changes. Further advice on this issue was sought from the Department of Health, which supported our decision to keep the existing format.



# Statements from external stakeholders



We invited our external stakeholders to comment on our Quality Account. All statements received are listed below.

## NHS Islington Clinical Commissioning Group

NHS Islington Clinical Commissioning Group is responsible for the commissioning of health services from Whittington Health and Moorfields Eye Hospital acute/specialist trusts, Camden and Islington FT mental health trusts on behalf of the population of Islington.

NHS Islington Clinical Commissioning Group welcomes the opportunity to provide this statement on Whittington Health Quality Accounts. We confirm that we have reviewed the information contained within the Accounts and checked this against data sources where this is available to us as part of existing contract/performance monitoring discussions and is accurate in relation to the services provided. We have taken particular account of the identified priorities for improvement for Whittington Health and how this work will enable real focus on improving the quality and safety of health services for the population they serve.

We have reviewed the content of the Accounts and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the Accounts represent a fair, representative and balanced overview of the quality of care at Whittington Health. We have discussed the development of this Quality Account with Whittington Health over the year and have been able to contribute our views on consultation and content.

This Account has been reviewed within NHS Islington Clinical Commissioning Group and by colleagues in NHS North and East London Commissioning Support Unit.

Overall we welcome the vision described within the Quality Accounts, agree on the priority areas and will continue to work with Whittington Health to continually improve the quality of services provided to patients.

**Alison Blair**  
Accountable Officer, NHS Islington Clinical Commissioning Group

## Healthwatch Islington

Healthwatch Islington welcomes Whittington Health's objectives to improve cross department working to improve patient care and patient health, improve local people's health by reducing smoking and alcohol-related harm and extending ambulatory care.

In light of the work carried out by Islington LINK relating to discharge from hospital, Healthwatch Islington particularly welcomes the objectives to train clinicians to support shared decision-making and hopes that this training will focus on specific user needs, including the needs of patients who have a learning disability, hidden disabilities, caring responsibilities, limited mobility or physical disability, are homeless or do not have English as their first language.

In light of the work of carried out by Islington LINK into podiatry services, Healthwatch Islington particularly welcomes the objective of ensuring that initial appointments for podiatry (and physiotherapy) are provided in a timely manner. Healthwatch Islington would hope that all follow on appointments are also provided in a timely manner and that patients are communicated with in a clear manner regarding the process.

## Healthwatch Haringey

We are pleased to note the commitment you are making to improving the processes behind patient involvement, widening access to services, developing your staff teams and further supporting the safeguarding of adults.

We positively note in particular your decisions to:

- Implement a "systematic approach to learning from patient feedback" (p.54)
- Your commitment to increasing the number of patients who would recommend the Trust to a friend/relation by ensuring the survey becomes part of the discharge process (p54/55)

- Updating your strategy for learning disabilities and ensuring staff understand issues and practice related to customers with Learning Disabilities
- Increase the training for staff on the Mental Capacity Act and Deprivation of Liberty Safeguards.

We would however appreciate receiving any documentation available which indicates the Trust's current strategic thinking on patient and public involvement.

We would also like assurances as regards the Trust's governance of concerns and complaints. These issues are of course raised in the PHSO's two recent research reports on the question of NHS Complaints, i.e. NHS Governance of Complaints Handling, and The NHS Complaints System – a case for urgent treatment. These reports raise very serious concerns, and we wish to see local stakeholders adopting a concerted approach to addressing any deficits in current practice. How does the Whittington Hospital NHS Trust believe it measures up against the issues raised in both reports?

**Rebecca Rea – Director**

**Sharon Grant – Interim Chair**

## Response from Trust

*Thank you for your question concerning how Whittington Health manages the complaints and concerns it receives. You describe the Parliamentary and Health Service Ombudsman's recent report which highlights how some Trusts nationally are failing in the way that they respond to complaints.*

*We would like to reassure you that we take complaints very seriously in this Trust. We have done a lot of work in the last few years to ensure that our process is as robust as possible. This has included updating our complaints leaflets, ensuring every location has a poster on how to raise concerns and complaints and updating our complaints process. Our process ensures that as many complaints as possible are responded to within 25 working days, that full investigations are conducted and that mistakes are learnt from. We set high standards for our responses ensuring that we apologise where we need to, tell people what went wrong and how we will prevent it from reoccurring. Department managers take responsibility to ensure that this learning is embedded within their areas and we are working to ensure that the PALS and Complaints team consistently receive confirmation that this has occurred. Any trends and concerns are further identified as part of monthly and quarterly reporting any necessary actions taken as a result of what is identified.*

*In terms of sharing any documentation or strategies we are planning or have in place for PPI we are very willing to do this.*

*We hope this will reassure you to the robustness of our process and look forward to working together with you in future.*

## Haringey Adults and Health Scrutiny Panel

### Quality Vision

We welcome Whittington Health's admittance of failures in the consultation process relating to the Estates Strategy and look forward to further engagement on the future of the site and facilities.

We would like to see a much more formalised engagement policy and structure in place in advance of Whittington Health achieving Foundation Trust status. This should include a programme engaging with and fully involving patient groups, professionals, elected members, voluntary and community sector.

### Response from Trust

*Listening and responding to the views of all our stakeholders is a key priority for the Trust and central to everything we do. We have worked hard to increase our engagement programme in 2013. A new engagement strategy and plan will be written later in the year in consultation with Haringey Adults and Health Scrutiny Panel and other stakeholders.*

### Strategic Objectives

We welcome the strategic objectives outlined in the Draft Quality Account. We would like to see further information and evidence that Outcome 4 (Improve the health of local people) is aligned with the work of the Haringey Health and Wellbeing Board. At a time of limited resources we would also like assurances that programmes of work are coordinated with the Health and Wellbeing Strategy & Delivery Plan to prevent duplication and ensure best use of resources.

## Response from Trust

*We understand that, as an ICO, our strategic development in terms of improving population health is dependent upon us working very closely with the Haringey Health and Wellbeing Board and other stakeholders to ensure a joined up approach to healthcare that is likely to have the highest impact within the communities we serve. Within our Quality Account we detail work streams where we have already demonstrated successful outcomes working with our partners.. For example, the success with our smoking CQUIN has resulted in increased numbers of people being referred to the service in hospital and the community. We are committed to delivering programmes of health promotion that will prevent illness and improve the quality of life of our local population in the long term and we will work towards implementing strategies that will help us achieve this goal.*

## Language

We welcome Whittington Health's admittance of failures in the consultation process relating to the Estates Strategy and look forward to further engagement on the future of the site and facilities.

We would like to see a much more formalised engagement policy and structure in place in advance of Whittington Health achieving Foundation Trust status. This should include a programme engaging with and fully involving patient groups, professionals, elected members, voluntary and community sector.

## Response from Trust

*Whittington Health has an in-house interpreting service covering a range of languages spoken locally. This service provides both spoken language, British and Irish sign language support for patients attending appointments in Haringey, Islington, Camden and at the hospital. Our in-house provision advocates approachable and proactive methods of communication for our community. The service not only provides good access to a breadth of languages for patients, but also supplies knowledge, understanding and advice around cultural practices for health professionals.*

*During the period of 2011–12 we provided 5,809 bookings in Haringey alone, of which 2,270 were Turkish and 167 BSL interpreters.*

*Patient information, such as letters and medical reports, are often translated for patients who either do not speak English or those who may speak little English, but do not read or write in English and whose preferred means of communication is in their mother tongue.*

## National Performance Indicators – New Birth Visits

At the January Adults and Health Scrutiny Panel we were given a briefing on the position of Health Visiting and delivery of New Birth Visits in Haringey. This briefing covered the factors having an impact on meeting the government target of 95% being seen within 14 days. These factors included health visiting vacancies, accessibility of interpreters and a lack of coordinated processes within some teams. The Panel were also updated on the actions which are being taken to address these challenges, for example improving processes and productivity and health visiting teams triaging and prioritising new birth assessments under certain circumstances.

We feel that some commentary reflecting the above challenges and actions should be included in the Draft Quality Account.

## Response from Trust

*New birth visits completed by 10-14 days have continued to increase throughout 2012–13 and we continue to work on achieving the target of 95%. The LEAN project has supported our understanding of blocks to the timely delivery of the NBV and changes have been implemented to improve information flow and team processes.*

*The recruitment of health visitors remains a challenge we share with our colleagues across London. The service manager is working in collaboration with NHS England (London) to review solutions to HV recruitment across London. Suggested solutions include liaising with the NMC to agree the recruitment of overseas public health nurses e.g. from Denmark; adding bank staff to the HV workforce data; London advertising campaign.*

*We are leading local recruitment drives highlighting Whittington Health's USP of developing mobile technology, supported learning programme for Newly Qualified HVs and our national profile following the Early Implementer Site programme.*

*We are working in partnership with the London Deanery to implement solutions to the shortfall of HV students for 2013–14.*

## Emergency re-admissions to hospital within 28 days of discharge

We note that the percentage of emergency re-admissions has increased between 2009/10 and the projected figure for 2012–13. We would be interested to know whether there is a link between the increase in emergency re-admissions and the push to reduce the amount of time people spend in hospital.

### Response from Trust

*The percentage of emergency readmissions is an important marker of care. On the latest data from Dr Foster, the relative risk of readmission from October to December 2012 was 99.4 or slightly lower than the expected rate of 100.*

*However, we would like to perform even better than expected, so we are putting in place several initiatives to minimise the risk of readmission.*

*Our enhanced recovery pathways help patients get better sooner, so they leave hospital fitter. We are rolling out these pathways to all emergency patients. National evidence shows patients on enhanced recovery pathways are more satisfied with their care, and feel better prepared to be discharged, than patients on traditional pathways.*

*We are revising our discharge bundle for complex patients which will ensure smoother discharge planning coordination to help avoid problems following discharge.*

*Finally, our innovative new ambulatory care area which is already under construction will enable any patients who do develop any problems after discharge to easily get early specialist review without needing to be readmitted.*

## Four hour A&E wait

We would like to acknowledge the recent increase in attendance at A&E and would like to congratulate Whittington Health on meeting the national target of patients being seen within 4 hours despite this increase.

## Equality and Diversity

As you may be aware Whittington Health were an active participant in a scrutiny review on Men's Health (Men's Health: Getting to the Heart of the Matter) during 2011–12. This review focused on the prevention of cardiovascular disease in men over 40 years of age in the most deprived areas of Haringey. This review was recently shortlisted for a National Good Scrutiny award for 'Working Together' across partnerships. We feel that Whittington Health's positive engagement throughout this review demonstrate its commitment to the Equality and Diversity goals outlined within the Draft Quality Account.

We would ask that in future we are given the Draft Quality Account to comment on by no later than 30th April, as we understand is outlined in the National Health Service (Quality Accounts) Regulations 2010, and in order to enable us to respond fully in a timely manner.

We look forward to working with you again over the forthcoming year.

Kind regards

**Cllr Gina Adamou**  
Chair, Adults and Health Scrutiny Panel

# How to provide feedback

If you would like to comment on our Quality Account or have suggestions for future content for 2013–14, please contact us either:

- By writing to: **The Communications Department, Whittington Health, Magdala Avenue, London N19 5NF**
- By telephone: **020 7288 5983** or
- By email to: **[communications.whitthealth@nhs.net](mailto:communications.whitthealth@nhs.net)**



# Appendix 1 – Statement of directors' responsibilities in respect of the Quality Account

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;

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

In terms of the incident reporting, an indicator that was selected for review by our external auditors (KPMG), we are satisfied that we have robust processes in place to capture incidents. However, there are risks at every Trust relating to the completeness of data collected for all incidents (regardless of their severity) as it relies on every incident being reported. Whilst we have provided training to staff and there are various policies in place relating to incident reporting, this does not provide full assurance that all incidents are reported. We believe this is in line with all other Trusts.

There is also clinical judgement in the classification of an incident as "severe harm" as it requires moderation and judgement against subjective criteria and processes. This can be evidenced as classifications can change once they are reviewed. Therefore, it could be expected that the number of severe incidents could change, so the figure reported could change from that shown here due to this review process.

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.

By order of the Board



**Robert Aitken**

Acting Chair  
Whittington Health NHS Trust

**Yi Mien Koh**

Chief Executive  
Whittington Health NHS Trust

# Appendix 2 – Independent auditors' limited assurance report to the directors of the Whittington Hospital NHS Trust on the annual Quality Account

We are required by the Audit Commission to perform an independent assurance engagement in respect of the Whittington Hospital NHS Trust's Quality Account for the year ended 31 March 2013 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

## Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents that resulted in severe harm or death; and
- Emergency re-admissions to hospital within 28 days of discharge.

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

## Respective responsibilities of Directors and auditors

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

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

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm

that they are working effectively in practice;

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

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

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

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2012–13 issued by the Audit Commission on 25 March 2013 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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

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

- Board minutes for the period April 2012 to May 2013;
- papers relating to the Quality Account reported to the Board over the period April 2012 to May 2013;
- feedback from Commissioners dated 9 May 2013;
- feedback from Healthwatch Islington dated 7 May 2013;

- feedback from Healthwatch Haringey dated 11 June 2013;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 19 April 2013;
- feedback from other named stakeholders involved in the sign off of the Quality Account, namely NHS Islington Clinical Commissioning Group and Haringey Adults and Health Scrutiny Panel dated 12 June 2013;
- the latest national patient survey dated April 2013;
- the latest national staff survey dated April 2013;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 15 April 2013;
- the annual governance statement dated 6 June 2013; and
- Care Quality Commission quality and risk profiles dated 20 March 2013.

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

This report, including the conclusion, is made solely to the Board of Directors of Whittington NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and The Whittington Hospital NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### Assurance work performed

We conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

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

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

### Limitations

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

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

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

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

### Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

### KPMG (UK) LLP

12th Floor, 15 Canada Square, Canary Wharf,  
London E14 5GL

27 June 2013

# How to provide feedback ..

If you would like to comment on our Quality Account or have suggestions for future content for 2013–14, please contact us either:

- By writing to:

The Communications Department, Whittington  
Health, Magdala Avenue, London N19 5NF

- By telephone: 020 7288 5983 or
- By email: [communications.whitthealth@nhs.net](mailto:communications.whitthealth@nhs.net)

