

Quality Account 2015/16



“ Helping local people live longer healthier lives ”

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About our Quality Account

Welcome to Whittington Health NHS Trust's Quality Account for 2015/16. Our Quality Account is a summary of our performance in delivering high quality, safe, effective care to our patients in accordance with our own priorities and national requirements.

The purpose of a Quality Account

The Quality Account provides a comprehensive description of the quality of care that we deliver to our patients, it highlights the areas requiring improvement and describes the work we are doing to achieve this improvement.

What is included in a Quality Account?

Throughout the year we continually review and evaluate the quality of our services against three key criteria:

- Providing safe services
- Providing clinically effective services
- Providing the best experiences of our services to patients.

Our Quality Account considers how we have performed against these priorities and where we can improve, as well as our quality priorities for the coming year.

How to get involved

At the end of this document you will find details of how to let us know what you think of our Quality Account, what we can improve on and how you can be involved in developing our report for 2016/17.

If you would like to receive a printed copy of our Quality Account, please contact us by email communications.whitthealth@nhs.net or call **020 7288 3131**.

Statement on quality from the Chief Executive

Quality remains our top priority. Our Quality Account describes some of our achievements in the past year and how we aim to continue providing high quality and safe services to help local people live healthier, longer lives. Our commitment to quality is across all our community and hospital services.

During this year we opened our newly refurbished antenatal maternity ward at the Whittington Hospital and the £650,000 refurbishment features better facilities and a redesigned space that has enhanced privacy and dignity for women and their partners in a high quality and safe clinical area. We have expanded Simmons House which manages a successful and highly regarded community based in-patient psychiatric unit for young people. Following a £500,000 investment, the unit now features additional beds, allowing our expert teams to support and safeguard more vulnerable young people.

In December 2015 we were pleased to welcome the Care Quality Commission who carried out an extensive announced inspection of our community and hospital sites and services. We expect the official report to be published in summer 2016 and meanwhile we continue to implement changes to areas that we have identified as requiring improvement.

Like many other NHS trusts, we had a challenging winter. The particular pressure for us has been around emergency medical care, especially for frail and elderly patients. We have experienced a 6.4 percent increase in attendances in our Emergency Department with 96,787 attendances over the last 12 months. These pressures impacted on our ability to meet the 95 percent target for patients to be treated within four hours. We reported 91.1 percent performance for the year and we have already begun to implement an action plan which includes recruiting more consultants, reducing patient length of stay, improving discharge planning and fully utilising our award winning ambulatory care centre. We are committed to providing and sustaining our local emergency department for our patients.

One of our most successful service developments in 2015/16 illustrates the advantages of integrating hospital and community and primary care; the Integrated Care Ageing Team (ICAT) has been set up to provide in-reach into care homes in Islington. This is provided by a local General Practitioner working with Whittington Health consultants and community staff, and has been associated with a sustained reduction of unplanned admissions from nursing homes from an average of 40 a month to an average of 25 a month. This has greatly enhanced the experience of patients and their families by avoiding, through prospective care planning, emergency admissions that are potentially distressing and unnecessary.

During the year we continued to make the quality improvements that we pledged to make in our 'Sign up to Safety' commitment. These continue to focus on improving the care of patients with sepsis and acute kidney injury, reducing pressure ulcers both in the hospital and in the community, reducing harm from inpatient falls and improving the care we give to patients who have a learning disability. In the course of this year we have made significant measurable improvements in many of these areas.

The Trust has had many successful achievements this year thanks to the hard work of our dedicated and talented staff.

Various services within the Trust have received local or national awards this year, including:

- Our team of specialist cancer nurses have been commended at the Quality in Care Oncology awards
- Jane Laking, bereavement midwife, was nominated as a 'healthcare hero' at the Tommy's Awards
- Paediatric doctor Dr Hannah Jacob and her research supervisor paediatric consultant Dr Caroline Fertleman won a prestigious regional award for innovation in healthcare education training

- Michael Clift, practice development nurse at Whittington Health was nominated for the Nursing Times Leaders 2015 list for his work to make sure our patients are given the very best care and are treated with compassion at all times
- Whittington Health was a Good Practice Award Winner at the London Senate Helping Smokers Quit Conference
- Our Director of Nursing and Patient Experience, Philippa Davies, received an MBE for services to Nursing

We have also continued to recognise the successes of staff internally through our excellence awards

I confirm that this Quality Account has been discussed at, and endorsed by the Trust Board, and I declare that to the best of my knowledge the information contained in this Quality Account is accurate.



Simon Pleydell
Chief Executive

About Whittington Health

Whittington Health an integrated care organisation, committed to helping local people to live longer, healthier lives.

Whittington Health provides hospital and community services to around 500,000 people living in Islington and Haringey, as well as other London boroughs including Barnet, Enfield, Camden and Hackney. In 2011, the Whittington Hospital combined with community health services in Islington and Haringey, and we now have over 4,000 staff delivering care from more than 30 locations across Islington and Haringey.

We are an Integrated Care Organisation (ICO) delivering both hospital and community services. We provide services closer to home, ensuring good partnership working with primary care. The Trust's vision is to continue to give patients excellent care with quicker recovery times and where possible, enable our patients to receive their care at home and in the community. This is considered the best way to provide healthcare and will help us to achieve our mission to 'help local people live longer healthier lives'.

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

The trust's clinical strategy was developed in 2015, in consultation with our staff and our local community. Quality is a key theme throughout this strategy. The Trust's mission is to 'help local people live longer, healthier lives' and the vision is: 'to provide safe, personal, co-ordinated care for the community we serve'.

In 2015/16 the Trust appointed a permanent executive team, including the key roles of Director of Nursing and Patient Experience, Medical Director, Director of Finance and Director of Workforce.

Our services and our approach are driven by our mission and vision

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

Our mission

Helping local people live longer, healthier lives.

Our vision

Provide safe, personal, co-ordinated care for the community we serve.

Our clinical strategy

During the past year we continued to implement our clinical strategy, engaging with staff and stakeholders to help us collectively meet the challenges our community and local health and social care economy face over the next five years.

Our services

Our priority is to deliver the right care, at the right time, in the right place for our patients. We provide an extensive range of services from our main hospital site and also run services from over 30 community locations in Islington and Haringey. Over the past year we have established seven Integrated Clinical Service Units which have reviewed their services and developed business plans to ensure continuous quality service improvements for our patients whilst meeting our financial commitments.

As an integrated care organisation we bring safe and high quality services closer to home and improve communication between community and hospital services, improving our patients' experience. Key to our

approach is partnering with patients, carers, GPs, social care, mental health and other healthcare providers.

Our strategic goals

Providing the best possible healthcare services to patients will be achieved by delivering our clinical strategy. We have six strategic goals that guide us in delivering safe and high quality care for all.

- To secure the best possible health and wellbeing for all our community
- To integrate and coordinate care in person-centred teams
- To deliver consistent, high quality, safe services
- To support our patients and users in being active partners in their care
- To be recognised as a leader in the fields of medical and multi-professional education, and population based clinical research
- To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population.

Listening to our staff

At the heart of delivering high quality and safe care is our staff, both those who work directly with patients and those who provide the support they need to keep our services running.

Our new workforce strategy, which was developed with our staff and introduced this year, outlines our ambition to develop a dynamic and flexible workforce with the right skills, expertise and equipment.

NHS staff survey 2015

In common with many parts of the NHS there has been an increase in the demand for our services and as we rise to meet this growing challenge, our teams are committed to providing the best care possible. Our latest staff survey demonstrates the continuing commitment of our staff;

- 53 percent of staff feel satisfied with the opportunities for flexible working
- 83 percent of staff would recommend Whittington Health to friends and family if they needed treatment
- 70 percent of staff would recommend Whittington Health to friends and family as a good place to work.

Staff Engagement Indicator

The Care Quality Commission (CQC) staff survey report provides an overall indicator of staff engagement for Whittington Health and how it compares with other acute Trusts. The possible scores range from 1 to 5 (with 1 indicating poor engagement and 5 high engagement). The Trust's score of 3.79 is in line with the national average and is an improvement from 3.74 in 2014.

Top Ranking Scores

Whittington Health compares favourably with other acute Trusts in England in the following areas:

	Indicator	Trust (%)	National (%)
1	Staff experiencing violence from patients	9	14
2	Staff satisfied with opportunities for flexible working patterns	53	51
3	Quality of appraisals	3.13	3.04
4	Effective team working	3.80	3.77
5	Staff reporting good communication between senior management and staff	31	30

Bottom Ranking Scores

Where we compare less favourably with other acute trusts is set out below;

	Indicator	Trust (%)	National (%)
1	Staff working extra hours	79	72
2	Staff Suffering work related stress in last 12 months	42	36
3	Staff experiencing harassment, bullying or abuse from staff	29	24
4	Staff reporting errors, near misses or incidents witnessed in last month	87	90
5	Staff reporting most recent experience of violence	48	52

Whilst our staff survey highlights many areas we can be proud of, there are some areas we must improve.

Over the next year we will take active steps to address issues around bullying, harassment and discrimination, improving communications from senior management, as well as increasing the number of staff participating in the national survey.

The corporate staff survey action plan is updated quarterly and a progress report is taken to Trust Board.

Progress on 2014 Staff Survey Action Plan

A corporate action plan was developed and an accountable executive identified for leading on each of these corporate priorities. The Trust Board approved this action plan in June 2015 with a progress update given in September 2015. Since then significant progress has been made in each of these areas. Some of the actions taken included:

- A new appraisal process developed with an ongoing roll out programme for line managers
- Improved appraisal compliance reporting and monthly performance updates provided to TMG
- New monthly Chief Executive Briefing, compulsory for senior managers
- Details of post holders in management positions communicated and circulated across the Trust
- New internal staff awards scheme linked to our organisational values
- The introduction of organisational values across the Trust
- New Corporate Induction programme for new staff
- Restructuring from clinical divisions to seven Integrated Clinical Service Units (ICSUs)
- The development of a new leadership and management offer across the Trust being rolled out in 2016
- The production of equality data, which has highlighted a number of gaps and an action plan is being developed.

Staff Friends and Family Test

The Trust continues to achieve a higher response rate than the London and national average. In Quarter four we received 611 responses which equates to a 15 percent return.

The results for Quarter four, together with the London and national comparison data for Quarter two 2015 are illustrated in the table below. Please note that the Friends and Family Test is only collected within Quarters 1, 2 and 4, as the National Staff Survey is collected in Quarter 3.

Quarter 4 2015/16 Staff Friends and Family Test (FFT) responses compared with Quarter 2 2015/16 Staff FFT response

Organisation	Total Responses	HSCIC Workforce Headcount	Response Rate (%)	Recommend Care (%)	Not Recommend Care (%)	Recommend to Work (%)	Not Recommend to Work (%)
Whittington Health Q4 15/16	611	4162	15	82	6	70	17
England Q2 15/16	132068	1155635	11	79	7	62	19
London Area Team Q2 15/16	18219	183356	10	76	8	62	20
Whittington Health Q2 15/16	735	4162	18	73	12	50	33

As can be seen from the results above, 82 percent of staff who responded to the survey would recommend our organisation to their friends and family as a good place to receive care. This is a 4 percent improvement on last year.

The comments and feedback received in the comments box suggest that this is due to our patient focus, professionalism and the excellent levels of patient care, by all teams across the Trust. The main area to focus on to improve this score is around better management of our resources, in particular staff shortages.

As a place to work, many staff would recommend the Trust due to its friendly, supportive environment with good training and professional colleagues. Many staff like the smaller size of our organisation and that it is closely aligned to the needs of the local population. Since this time last year we have seen an improvement of 8 percent of staff saying that they would recommend Whittington Health as a place to work.

Whittington Health considers that this data is as described because our surveys are collated and analysed by our information management team who complete quality assurance processes, including a check to ensure that surveys are only submitted once per system user.

Staff FFT results and report are taken to the Trust's Trust Management Group quarterly where the results are discussed. The staff FFT scores provide a snapshot of how well the Trust has implemented feedback from our staff survey, from which the corporate staff survey action plan was developed. This corporate action plan is updated quarterly and a progress report is taken to Trust Board, where the FFT scores are also reported. Whittington Health has completed actions in response to staff surveys to increase the number of staff who would recommend Whittington Health as a place to work, including:

- Provision of more appraisal training sessions for managers

- The appointment of 19 Trust employees to act as advisors as part of the introduction of our anti-bullying and harassment scheme. These advisors will offer an impartial listening ear and will sign-post staff to the most appropriate sources of help.

Nationally the West Suffolk NHS Foundation Trust received the highest percentage of staff responders (87%) recommending it as a place to work, whereas the London Ambulance Service NHS Trust received the lowest percentage of staff responders recommending it as a place to work (27%). The Sussex Community NHS Foundation Trust and The Clatterbridge Cancer Centre NHS Foundation Trust both received 100% recommend rate from staff responders for the care from the Quarter 4 2015/16 Staff FFT, whereas Walsall Healthcare NHS Trust received the lowest recommend rate from staff responders for the care provided (57%).

Priorities for improvement and statements of assurance from the Board

Our quality priorities for 2015/16

During 2015/16 we reaffirmed our commitment to deliver high quality and safe services for our patients in both our community and hospital settings. We agreed our clinical strategy which sets out six strategic goals and our ambition to continue to be patient focused, clinically led and high achieving. The strategy was developed and informed by working with and listening to our staff, clinical teams and stakeholders.

The Board is assured of the quality of our care, and is involved in setting priorities for improvement through the following governance mechanisms;

- Board discussions around quality, set out in the Board Annual Work Plan
- Quality Committee (subcommittee of the Board) discussions set out in the Quality Committee Annual Work Plan
- Executive Team discussions as set out in their Business Plans and Objectives of the Executive Directors
- Trust Management Group (TMG) (executives, directors and clinical directors) discussions as set out in the TMG Work Plan
- The seven Integrated Clinical Service Units discussions through their initial Planning Forums, their Quarterly Performance Reviews and their 2016/17 Business Plans
- The Cost Improvement Programme Quality Impact Assessment (CIP QIA) meetings, chaired by the Medical Director and Director of Nursing
- The Sign up to Safety Plan
- Patient Safety Week, which held a series of masterclasses, workshops and listening events to engage our workforce and stakeholders who provided their views on our existing and future plans for quality and patient safety

Our quality priorities set out in the Quality Account for 2015-16 were:

Trust Strategic Goals	Quality Priorities
To secure the best possible health and wellbeing for all our community	Learning Disabilities In quarter four, 90 percent of inpatients with learning disabilities (LD) will meet the LD specialist nurse during their admission, be clearly identified on the electronic patient record, and have a personalised care plan (Purple Folder). In the Emergency Department (ED) 75 percent of all staff will have had specific training in the care of patients with LD.
To integrate/co-ordinate care in person-centred teams	Falls We will reduce the number of inpatient falls that result in serious harm by 50 percent.
To deliver consistent high quality, safe services	Sepsis and Acute Kidney Injury (AKI) We will achieve the national CQUIN around giving antibiotics within

	<p>the first hour to patients with severe sepsis.</p> <p>In addition we will effectively record our performance in delivering the sepsis six care bundles for all patients.</p> <p>We will improve our performance by 50 percent in the course of the year.</p> <p>We will achieve all our outcome measures associated with our AKI CQUIN in 2015/16.</p>
To support our patients/users in being active partners in their care	<p>Pressure Ulcers</p> <p>We will have no avoidable grade four pressure ulcers.</p> <p>We will reduce the number of avoidable grade three pressure ulcers in the acute setting by 50 percent.</p> <p>We will reduce the number of avoidable grade three pressure ulcers in the community by 30 percent.</p>
To be recognised as a leader in the fields of medical and multi-professional education, and population-based clinical research.	<p>Research and Education</p> <p>We will increase by at least 20 percent, the number of National Institute of Health Research (NIHR) programmes in which we participate.</p> <p>We will increase participation in inter-professional learning events within Whittington Health by 30 percent.</p>
To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population	<p>Patient Experience</p> <p>We will improve the response rate of Family and Friends Test responses.</p> <p>We will reduce the number of patients who would not recommend Whittington Health, and increase the number who would.</p> <p>We will improve the capture of data that demonstrates the impact of service delivery on outcomes in our diabetic service and frail elderly service.</p>

Our quality priorities for 2016/17 are:

Our quality priorities for 2016/17 are aligned to our Sign up to Safety pledges and have been agreed by our Trust Board. The Sign up to Safety initiative aims to progressively improve quality in the chosen areas over a period of three years, and so many of the areas that were chosen for quality improvement in 2015/16 have been retained for the forthcoming year.

Trust Strategic Goals	Quality Priorities
To secure the best possible health and wellbeing for all our community	<p>Learning Disabilities</p> <p>We will develop and implement 'Always Events' for patients with Learning Disabilities in a relevant clinical setting. We will aim for 75 percent of inpatients with learning disabilities to meet the Learning Disability specialist nurse during their admission.</p> <p>We will aim for 75 percent of relevant staff who work in our Emergency Department to have specific training in the care of patients with Learning Disabilities.</p>
To integrate/co-ordinate care in person-centred teams	<p>Falls</p> <p>We will reduce the number of inpatient falls that result in severe/moderate harm by 25 percent.</p>
To deliver consistent high quality, safe services	<p>Sepsis and Acute Kidney Injury (AKI)</p> <p>We will achieve the targets of the new and expanded national sepsis CQUIN in 2016/17</p>
To support our patients/users in being active partners in their care	<p>Pressure Ulcers</p> <p>We will implement our 'React to Red' pressure ulcer prevention campaign</p> <p>We will have no avoidable grade four pressure ulcers.</p> <p>We will reduce the number of avoidable grade three pressure ulcers in the acute setting by 25 percent.</p> <p>We will reduce the number of avoidable grade three pressure ulcers in the community by 25 percent.</p>
To be recognised as a leader in the fields of medical and multi-professional education, and population-based clinical research.	<p>Research and Education</p> <p>We will increase by 10 percent the number of National Institute of Health Research (NIHR) programmes in which we participate</p> <p>We will launch and publish a newsletter to promote our research and education activities and engagement programmes. We will publish this at least four times a year.</p>

<p>To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population</p>	<p>Patient Experience</p> <p>We will improve the response rate of Family and Friends Test responses by 20 percent in the year. We will document and report our actions from patients' and carers' feedback within our Quarterly Patient Experience Report to the Quality Committee.</p> <p>We will develop our Patient and Carer Experience Strategy.</p> <p>We will revise our Communication and Engagement Strategy.</p> <p>We will establish a Community Forum which reflects the diverse community we serve.</p> <p>We will host a minimum of four engagement events and report to our Board on how we have improved opportunities for our patients, carers, public and stakeholders to engage and inform our strategic plans to help local people live longer healthier lives.</p>
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Progress report on our 2015-16 priorities

Priority one: Learning Disabilities (LD)

Improving care for patients with a learning disability is one of our four key Sign up to Safety pledges. This is a three year campaign which will focus on providing individualised person-centred care to people with learning disability. For 2015/16, we agreed two priorities as part of this three year project.

1. In quarter four, 90 percent of inpatients with learning disabilities will
 - be clearly identified on the electronic patient record
 - meet the Learning Disabilities Specialist Nurse during their admission
 - have a personalised care plan (Purple Folder)
2. In the Emergency Department (ED) 75 percent of all staff will have had specific training in the care of patients with learning disabilities

Target one: In Q4, 90 percent of inpatients with learning disabilities will be clearly identified on the electronic patient record, meet the Learning Disabilities Specialist Nurse during their admission and have a personalised care plan ('my purple folder')

In Quarter four of 2015/16, every inpatient known to have a learning disability was clearly identified on the electronic patient record system (Medway) and for all of these patients an electronic flag was added to the system, to alert staff from the beginning of the patient's admission that the patient has a learning disability.

The Learning Disability Specialist Nurse is automatically alerted via Medway, when a patient with a learning disability is admitted as an inpatient. In cases where the patient's learning disability was not previously recorded on Medway, a referral should be made by the clinical staff to the Specialist Nurse. We have not yet met the target of 90 percent of patients with learning disability meeting the Specialist Nurse during their admission. The improvement plan for 2016/17 (listed below) should enable us to meet this target in 2016/17.

We have not yet met the target that 90 percent of patients with a learning disability should have a personalised care plan, but again, the improvement plan for 2016/17 (listed below) should enable us to meet this target in 2016/17.

Target two: In the Emergency Department (ED) 75% of all staff will have had specific training in the care of people with learning disabilities

The Emergency Department adopted a two-pronged approach to learning disability awareness training in 2015/16. In addition to the comprehensive training provided by the Learning Disability Specialist Nurse, learning disability awareness briefing sessions are run at team meetings. This ensures that all staff receive regular awareness training on how to support patients with learning disabilities in the Emergency Department.

In Quarter four 2015/16 a trust wide electronic education platform, 'Moodle', was introduced to support the delivery and recording of learning and training throughout the trust. This will now be being used to gather reliable data on learning disability training in the Emergency Department, and will enable us to demonstrate in 2016/17 that we have met our target of training at least 75 percent of relevant staff in the Emergency Department.

Learning disabilities: Quality Improvement priorities for 2016/17

Proposed plans for 2016/17 include:

- simplifying the existing paper-based tools for risk assessments, care plans and discharge planning for inclusion on Medway and Anglia ICE
- developing an electronic referral system for Anglia ICE to replace the existing paper-based system

Priority two: Falls

Every year, over 240,000 falls are reported in acute hospitals and mental health trusts in England and Wales. Any fall in hospital can cause patients and their families to feel anxious and distressed. For frail patients falls can cause serious injury, permanent disability, or death.

Aside from the obvious impact on patient safety and patient experience, falls in hospital can also have an impact on the length of time a patient needs to stay in hospital and patients who have fallen may require surgical or other major interventions, and potentially additional care after discharge from hospital.

Target: We will reduce the number of inpatient falls that result in moderate or severe harm by 50 percent.

In 2015/16 there were six falls resulting in moderate/severe harm. In 2014/15 there were 11 falls resulting in moderate/severe harm. The total numbers are low but do show a reduction of almost 50 percent.

We did achieve good results when benchmarked against other trusts in the most recent National Audit of Inpatient Falls undertaken by the Royal College of Physicians. We had a low level of 3.23 falls per thousand occupied beds days (OBD's), which was the second best figure among the participating trusts in the London region.

Falls: Quality Improvement priorities for 2016/17

In 2016/17 we will introduce the new role of Specialist Nurse in falls and dementia care and re-vitalise the education and training around this topic. A high proportion of inpatient falls occur in elderly patients with dementia and/or delirium, and the introduction of this new specialist role will strengthen the training and learning for our staff in caring for this vulnerable group of patients. We anticipate this will enable us to reduce the number of falls resulting in serious harm in 2016/17.

Priority three: Sepsis and Acute Kidney Injury (AKI)

Sepsis and acute kidney injury are recognised nationally as leading causes of harm and death. Early recognition of patients with sepsis/AKI and rapid initiation of treatment plans will lead to improvements in both morbidity and mortality rates.

We are committed to improving our care of patients with sepsis in line with emerging national best practice. There is a trust-wide multi-professional sepsis team that leads on developing and disseminating pathways for patients and ensuring widespread education and training for all relevant staff. We have recently appointed to the new post of Lead Sepsis Nurse Specialist which will be instrumental in delivering further improvements.

Target one: We will achieve the national CQUIN around giving antibiotics within the first hour to patients with severe sepsis (90 percent).

Despite clear improvements in the number of patients being given antibiotics within the first hour, we are disappointed to have not met this target. Of the 46 patients with severe sepsis seen between January and

March 2016, 36 received antibiotics within an hour of arrival to hospital, which equates to 78.2 percent (which is up from 67.4 percent between October and December 2015).

One of the key ways to ensure more patients with severe sepsis receive antimicrobials within an hour of arrival to hospital is by ensuring patients with sepsis arrive with a pre-hospital alert for sepsis and this has increased from 8 percent of patients (April 2015-June 2015) to 40 percent of patients (January 2016-March 2016).

Target two: We will effectively record our performance in delivering the sepsis six care bundle for all patients with sepsis. We will improve our performance by 50 percent in the course of the year.

We are pleased to have made clear progress in our ability to deliver all 6 aspects of the sepsis care bundle that includes interventions such as rapid intravenous fluids and antibiotics. In 2014 an audit demonstrated that we delivered sepsis 6 bundle to 42 percent of patients. The latest audit in January - March 2016 demonstrated that 80 percent of patients with sepsis received all 6 aspects of the care bundle.

Target three: In more than 90% of patients with Acute Kidney Injury (AKI) (stage 3) we will ensure correct documentation and assessment has occurred in line with the national AKI CQUIN.

CQUIN AKI Audit Results

Quarter 1 – 15%	April 2015 – 7%	May 2015 – 15%	June 2015 – 23%
Quarter 2 – 14%	July 2015 – 11%	August 2015 – 19%	September 2015 – 11%
Quarter 3 – 39%	October 2015 – 29%	November 2015 – 38%	December 2015 – 49%
Quarter 4 – 60%	January 2016 – 56%	February 2016 – 56%	March 2016 – 68%

Whilst we have taken some key steps forward to improving the outcomes of patients with AKI, we have not met our target for 2015/16 of 90 percent although there has been steady improvement in the monthly figures.

Sepsis/AKI: Quality Improvement priorities 2016/17

Our sepsis CQUIN target for 2016/17 has been confirmed and now covers all emergency admissions with sepsis as well as patients who develop sepsis on the wards. We are committed to achieving this new target and will continue to focus our efforts, particularly on obstetric sepsis. We will also continue to strengthen our relationships with local GPs and other community teams to increase awareness of sepsis amongst health professionals, to improve the recognition of sepsis before patients come to hospital.

Although AKI is not a National CQUIN in 2016/17 we will continue to work towards improving outcomes for patients with AKI in 2016/17 and have already introduced a number of important measures to help improve care, including:

- Increasing training and education for staff – particularly in amongst pharmacy and junior doctor teams
- Reviewing and refreshing the way clinical notes are managed for patients with AKI
- Including a specific AKI section in a patient discharge letter to ensure they receive the right care when back in the community.

Priority four: Pressure ulcers

We have a zero tolerance to our patients developing 'avoidable' pressure ulcers and are working closely with teams across the hospital and community to tackle this important issue.

Target one: We will have no avoidable grade four pressure ulcers

Target two: We will reduce the number of avoidable grade three pressure ulcers in the acute setting by 50 percent and we will reduce the number of avoidable grade three pressure ulcers in the community by 30 percent

	Community (avoidable pressure ulcers)		Acute (avoidable pressure ulcers)		Total (avoidable pressure ulcers)	
	Grade 3	Grade 4	Grade 3	Grade 4	Grade 3	Grade 4
2014/15	58	10	4	2	62	12
2015/16	25	3	13	0	38	3
% change	- 59%	- 70%	+ 78%	- 100%	- 53%	- 75%

Overall, there has been a 75 percent reduction in the number of grade four pressure ulcers across Whittington Health. However, we have not met our target of no avoidable grade four pressure ulcers because we had three avoidable grade four pressure ulcers within the community in 2015/16.

We exceeded our target to reduce the number of avoidable grade three pressure ulcers in the community. However, we were disappointed that we failed to achieve a reduction in avoidable grade 3 pressure ulcers in the hospital. This was primarily driven by a cluster of pressure ulcers on one of our wards which was subject to a Serious Incident investigation, following which an action plan put in place. As one of our Sign up to Safety pledges, we will strive to deliver improvement in this area in the coming year.

Key actions taken to reduce the number of avoidable pressure ulcers

We have undertaken a number of initiatives to help further reduce the number of avoidable pressure ulcers:

- We launched our 'React to Red' campaign, to increase awareness across our hospital and community sites.
- We developed a combined safe care and skin care bundle document which is in use across our inpatient wards. The care bundle has also been implemented in the Emergency Department for patients who are identified as being at high risk of skin damage.
- The 'React to Red' campaign was introduced during daily 'safety huddles'. It is currently being trialled in selected wards and plans are in place to roll out these safety huddles across all inpatient wards.



Pressure ulcers: quality improvements for 2016/17

We have plans in place to further increase awareness of pressure ulcer prevention in the community during 2016/17, particularly amongst GPs, district nurses and those involved in social care.

Priority five: Research and education

Learning and development are a key part in helping us to deliver excellent, high quality care to patients and we are keen to increase the opportunities our teams have to increase their clinical and specialist knowledge.

Target one: We will increase by at least 20 percent the number of National Institute of Health Research (NIHR) programmes in which we participate

We are pleased to have exceeded our target to increase the number of NIHR programmes in which we participate. In 2015/16 there were 41 NIHR portfolio studies in progress compared to 31 studies in 2014/15 and 21 in 2013/14.

Target two: We will increase participation in inter-professional learning events within Whittington Health by 30 percent

We have increased participation in inter-professional learning events. Throughout the year, we have delivered a number of inter-professional workshops that focussed on a range of areas including ethics forums, care certificate training, advanced care planning and self-management. These events were well attended and teams found sharing knowledge with colleagues from other disciplines particularly helpful in being able to deliver the integrated care that patients need.

Priority six: Patient experience

One of the key indicators of the quality of our services is what our patients think about them. In order to understand what our patients think, we want to increase their participation in the NHS Friends and Family Test (FFT).

Target one: We will improve participation in the Family and Friends Test (FFT)

In 2015/16 we failed to improve the number of responses in relation to the patient Friends and Family Test in the Emergency Department, Outpatient Department and in the Maternity Unit and are exploring other methods such as text messaging to increase our response rates in 2016/17.

Target two: We will reduce the number of people who would not recommend Whittington Health, and increase the number who would.

The trust consistently meets the 90% 'recommend' target for FFT and we have increased the number of 'recommend' ratings and decreased the number of 'would not recommend' ratings. Further information relating to FFT ratings is detailed in a later section of this account.

Target three: We will improve the capture of data that demonstrates the impact of service delivery on outcomes in our diabetic service and frail elderly service.

To improve outcomes for patients with diabetes we have introduced a new telephone clinic. We were delighted to be rated top in the league table of NHS trusts in England and Wales in the National Diabetes Audit. This was as a result of delivering the eight main care processes for those living with diabetes. Over 95 percent of our patients were treated in accordance with all eight standards, compared to the national average of 59 percent.

Commissioning for Quality and Innovation (CQUINs) agreed with our commissioners for 2016/17

A proportion of our income in 2016/17 is conditional on achieving quality improvement and innovation goals agreed between Whittington Health and our local CCGs. Under the CQUIN payment framework, these goals were agreed as representing areas where improvements will result in significant benefits to patient safety, experience and health outcomes. These CQUINs have been agreed, subject to changes in detail with local commissioners:

- Discharge planning and delivery
- Obesity
- Domestic violence
- Nutrition and Hydration
- Acute Kidney Injury
- NHS staff health and wellbeing
- Sepsis
- Antimicrobial resistance

CQUINs 2015/16

In 2015/16 2.5 percent of our income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between Whittington Health and our local commissioners through the CQUIN payment framework. These goals were agreed because they all represent areas where improvements result in significant benefits to patient safety and experience. Both Whittington Health and our commissioners believed they were important areas for improvement.

There is a full CQUIN team responsible for the achievement of CQUINs with an operational lead and a clinical lead. There is also a clinical lead and operational lead for each individual CQUIN.

Performance against CQUINs - pending end of year formal validation by Clinical Support Unit and Clinical Commissioning Groups

CQUIN scheme	Rationale / Objectives	Estimated Compliance
Acute Kidney Injury	To make sure that the discharge information communicated to General Practitioners contains the relevant information for patients with Acute Kidney Injury	Partially Compliant
Sepsis	To make sure that the appropriate patients who attend the trust in an emergency are screened for sepsis, and receive the necessary antibiotics	Partially Compliant

Dementia screening in >75 years for emergency admissions	To make sure we screen patients who are admitted as an emergency for dementia.	Compliant
Urgent Care: Diagnosis recording in A&E	To make sure we record A&E diagnoses and submit this information to the 'Secondary Users Service' national data repository	Compliant
Safe and Timely Discharge	To make sure we discharge patients early in the day, where possible, and that information in the discharge summaries sent to general practitioners is complete and timely.	Compliant
Prevention - Smoking Cessation	To make sure we deliver the cost effective interventions that can be used in hospitals to reduce smoking related mortality, improve health and prevent admissions (up to one in five deaths in London is due to smoking).	Compliant
Prevention - Alcohol misuse	To make sure that patients with alcohol problems are identified and provided with brief advice and signposting to support services.	Compliant
Prevention - Domestic violence	To ensure that staff are trained in approaching patients about domestic violence and abuse, and are able to provide specialist advice, advocacy and support.	Compliant
Value based commissioning: Data recording and sharing	To ensure inpatient coding for Diabetes Co-morbidities, and Psychosis is complete, and to share data on incidence of pressure ulcers and hip fractures	Compliant
Child Information System (CHIS)	To promote the secure and timely transfer of clinical records between providers and the tracking of all HepB and BCG immunisations. This promotes best clinical care for the most vulnerable children which includes looked after children	Compliant
Neonatal Community Nursing	To ensure timely discharge of babies in the Neonatal Community Nursing caseload	Compliant
CAMHS	To ensure we improve involvement of carers, that unplanned admissions are appropriate and that we improve physical healthcare	Compliant
Support for Hep C Network	To ensure that we help support the development of a Hepatitis C partnership network	Compliant

Oncology Dx	To help improve uptake of oncology Dx test, to assist patients deciding on a potential chemotherapy pathway	Compliant
Oral Chemotherapy	To ensure that we minimise the amount of Oral Chemotherapy that is prescribed, yet not taken by patients - by reviewing length of prescription courses	Compliant

Statements of assurance from the Trust Board

All providers of NHS services are required to produce an Annual Quality Review and Quality Account and certain elements are mandatory. This section contains mandatory information along with an explanation of our quality governance arrangements. The quality governance arrangements within Whittington Health ensure that key quality indicators and reports are regularly reviewed by clinical teams and by Committees and Working Groups, up to and including the Board of Directors.

There are a number of Committees and Working Groups with specific responsibilities for aspects of the quality agenda, which report to Whittington Health's Trust Board Quality Committee. The Executive and Trust Management Group reviews quality performance monthly. In addition, the Quarterly Performance Review meetings, consisting of Executive Directors and Clinical Directors, monitor in detail, performance against Whittington Health quality and safety priorities.

Our Trust Board Audit and Risk Committee, whose membership includes Non-Executive Directors, selects areas across Whittington Health reporting sub-optimal performance and requests in-depth reviews results are reported to the Audit and Risk Committee by the accountable Executive Director.

The Audit and Risk Committee is responsible on behalf of our Trust Board for independently reviewing the systems of governance, control, risk management and assurance. Our Board of Directors receives monthly corporate performance reports that are available on our website as part of our published Trust Board papers. These include a range of quality indicators across the three domains of patient safety, experience and clinical effectiveness (outcomes).

Our Trust Board receives a new Quarterly Safety Report by the Medical Director and this includes updates on mortality (HSMR and SHMI) and other measures of patient safety.

Our Board is further assured by reviews undertaken by internal audit (TIAA) and during this year the annual audit plan included the key quality areas of end of life care, dementia, mortality and pressure ulcers. Board members, including the Chairman and Chief Executive, Medical Directors, Director of Nursing and Patient Experience and Non-Executive Directors, regularly undertake 'safety huddles' which are back to the floor walkabouts across our community and hospital settings to talk face to face with staff. They focus discussions around the CQC essential standards that services should be safe, effective, caring, responsive and well led. These visits and the subsequent actions implemented from the feedback provide additional assurance on the safety and quality of Whittington Health services.

The Trust appointed an Associate Medical Director for Patient Safety during 2015/16 and this new role will help Whittington Health continue to strengthen our patient safety culture.

Review of services

During 2015/16, Whittington Health provided 198 NHS services delivered through the seven Integrated Care Service Units (ICSUs). The Trust sub-contracts services from a number of organisations:

Sub-contracted services by Whittington Health	
Organisation details	Service details
Barts Health NHS Trust	Service and Development Support for Immunology/Allergy
Camden and Islington NHS Foundation Trust	Mental Health Services, ILAT contract & Psychology Service
Highgate Therapy Ltd	Psychosexual Services
University College London Hospitals	South Hub TB Resources
University College London Hospitals	ENT services
The Royal Free London NHS Foundation Trust	Provision of PET/CT Scans
The Royal Free London NHS Foundation Trust	Ophthalmology Services
Middlesex University	Provision of Moving and Handling Training Sessions
GP sub-contractors; Medical Practices: Morris House Somerset Gardens Tynemouth Road	Primary Care Anticoagulation Service for Haringey CCG

The Trust has reviewed all data available on the quality of care of those services.

Our Board receives, reviews and acts on quality of data on a regular basis, as key quality indicators are included in our 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.

The clinical income generated by the NHS Services reviewed in 2015/16 for the compilation of the Quality Account represents 90.6 percent of the total clinical income of Whittington Health.

Participation in Clinical Audits 2015/16

During 2015/16 there were **36** national audits and **6** national confidential enquiries in relation to NHS services that Whittington Health provides.

During 2015/16 Whittington Health participated in **100 percent** of the national clinical audits and **100 percent** of the 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 2015/16 are included below. 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.

Title	Management Body	Participation during 2015/16	If data collection completed, submitted (as total or % if requirement set)
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	National Institute for Cardiovascular Outcomes Research	Yes	90 cases
Bowel cancer (NBOCAP)	Royal College of Surgeons of England	Yes	61 cases
Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	695 / 695 cases (100% case ascertainment)
Child Health Clinical Outcome Review Programme: <ul style="list-style-type: none"> Young People's Mental Health (Eating disorders, self-harm, anxiety and depression) Chronic Neurodisability (Cerebral palsies 11 – 25 years of age) 	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	In progress
Diabetes (Paediatric) (NPDA)	Royal College of Paediatrics and Child Health	Yes	89 cases
Elective surgery (National PROMs Programme)	Health and Social Care Information Centre	Yes	Hip 104 knee 120 Groin Hernia 127 Varicose Vein 4 Total 355

Emergency Use of Oxygen	British Thoracic Society	Yes	17 / 17 cases (100% case ascertainment)
Falls and Fragility Fractures Audit Programme (FFFAP) – Inpatient Falls	Royal College of Physicians (London)	Yes	30 cases
Falls and Fragility Fractures Audit Programme (FFFAP) – National Hip Fracture Database	Royal College of Physicians (London)	Yes	112 cases (100% case ascertainment)
Inflammatory Bowel Disease (IBD) programme	Royal College of Physicians (London)	Yes	10 cases
Major Trauma: The Trauma Audit & Research Network (TARN)	Trauma Audit & Research Network	Yes	23 cases
Maternal, Newborn and Infant Clinical Outcome Review Programme	MBRRACE-UK, National Perinatal Epidemiology Unit	Yes	19 / 19 cases (100% case ascertainment)
Medical and Surgical Clinical Outcome Review Programme	NCEPOD	Yes	100% compliance See section Below
Mental Health Clinical Outcome Review Programme	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	Yes	Ongoing
National Audit of Intermediate Care	NHS Benchmarking Network	Yes	227 / 326 cases (70% case ascertainment)
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	30 cases Commenced June 2015
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (Pulmonary Rehabilitation)	Royal College of Physicians (London)	Yes	63 cases
National Comparative Audit of Blood Transfusion programme: Audit of Patient Blood Management in Scheduled Surgery	NHS Blood and Transplant	Yes	6 cases

National Comparative Audit of Blood Transfusion programme: 2015 Audit of the use of blood in Lower GI bleeding	NHS Blood and Transplant	Yes	17 cases
National Comparative Audit of Blood Transfusion programme: 2016 Audit of Red Cells & Platelet Transfusion in Adult Haematology Patients	NHS Blood and Transplant	Yes	7 / 7 cases (100% case ascertainment)
National Complicated Diverticulitis Audit (CAD)	Yorkshire Surgical Research Collaborative	Yes	20 / 15 cases (134% case ascertainment)
National Diabetes Audit (Adults): Foot care	Health and Social Care Information Centre	Yes	38 cases
National Diabetes Audit (Adults): Inpatient	Health and Social Care Information Centre	Yes	58 cases
National Diabetes Audit (Adults): National Pregnancy in Diabetes Audit	Health and Social Care Information Centre	Yes	10 cases
National Diabetes Audit (Adults)	Health and Social Care Information Centre	Yes	1997 cases
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	Yes	103 cases
National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research	Yes	Ongoing
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership	Yes	Ongoing
National Lung Cancer Audit (NLCA)	Royal College of Physicians	Yes	71 cases
National Prostate Cancer Audit	Clinical Effectiveness Unit, The Royal College of Surgeons of England	Yes	55 / 85 cases (65% case ascertainment)
Neonatal Intensive and Special Care (NNAP)	The Royal College of Paediatrics and Child Health	Yes	440 cases
Oesophago-gastric cancer	Royal College of Surgeons	Yes	28 cases

(NAOGC)	of England		
Paediatric Asthma	British Thoracic Society	Yes	27 cases
Procedural Sedation in Adults (care in emergency departments)	Royal College of Emergency Medicine	Yes	50 cases
Rheumatoid and Early Inflammatory Arthritis	British Society of Rheumatology	Yes	3 cases
Sentinel Stroke National Audit programme (SSNAP)	Royal College of Physicians	Yes	Ongoing 18 cases Commenced Sept 2015
UK Parkinson's Audit (Elderly Care & Neurology – other streams not applicable)	Parkinson's UK	Yes	40 cases
Vital signs in children (care in emergency departments)	Royal College of Emergency Medicine	Yes	100 cases
VTE risk in lower limb immobilisation (care in emergency departments)	Royal College of Emergency Medicine	Yes	51 cases

There were four audits that were eligible for Whittington Health to participate in, but Healthcare Quality Improvement Partnership confirmed that there was no data collection during 2015/16:

- Adult Asthma
- National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (Secondary Care)
- Non-Invasive Ventilation – Adults
- Paediatric Pneumonia

Additional National Audits	Management Body	Participated in 2015/16	Audit Status
BTS Adult Community Acquired Pneumonia Audit	British Thoracic Society	Yes	Reported in 2014/15 and completed in 2015/16
2015 National End of Life Care Audit	Royal College of Physicians	Yes	Completed
Minimum Data Sets for Palliative	National Council	Yes	Completed

Care	for Palliative Care		
Cardiac Rehabilitation	Health & Social Care Information Centre, British Heart Foundation	Yes	Ongoing data collection
Systematic anti-cancer therapy - chemotherapy dataset	National Cancer Intelligence Network	Yes	Ongoing data collection
National study of HIV in Pregnancy and Childhood	NSHPC	Yes	Ongoing data collection
Perinatal Institute Baseline IUGR Audit	Perinatal Institute	Yes	Completed
BASHH 2015 National re-audit of the management of under 16s (13 - 15 year olds) attending sexual health services.	BASHH	Yes	Completed
Society of Acute Medicine Benchmarking Audit	Society of Acute Medicine	Yes	Completed
RCR National audit of the accuracy of interpretation of emergency abdominal CT in adult patients who present with non-traumatic abdominal pain	Royal College of Radiologists Audit	Yes	Completed
7 Day Services Self-Assessment Tool	NHS England, TDA	Yes	Completed
NPDA - PREM audit	Royal College of Paediatrics and Child Health	Yes	Ongoing data collection
London Ambulance Service out of hospital cardiac arrest	London Ambulance Service	Yes	Ongoing data collection
Care of Older People in Acute Settings	British Geriatrics Society	Yes	Completed
Percutaneous Nephrolithotomy (PCNL)	British Association of Urological Surgeons	Yes	Ongoing data collection
Standardising EEG investigation for Non-Epileptic Attack Disorder	Joint ANS/BSCN National Audit Projects	Yes	Completed

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Whittington Health eligibility and participation:

Title	Participation 2015/16	Percentage of cases submitted (%)
Mental Health in General Hospitals	Yes	100
Acute Pancreatitis	Yes	100
Sepsis	Yes	100
Gastrointestinal Haemorrhage	Yes	100

The reports of **14** national clinical audits and **three** national confidential enquiries were reviewed by the provider in 2015/16 and Whittington Health intends to take the following actions to improve the quality of healthcare provided;

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquiries in 2016/2017 by ensuring:

- Each of the seven Integrated Clinical Service Units (ICSU) have an agreed annual clinical audit (quality improvement) programme which will align with our overall audit strategy and priorities. National audit and national confidential enquiries will continue to be a key component of these programmes.
- Performance in national clinical audit will continue to be acknowledged through the dissemination of participation certificates and outcome presentations at senior ICSU and corporate level meetings including speciality half day audit meetings.
- National audit compliance will continue to be monitored on an ongoing basis with reporting via the ICSU Quality Committee or Board meetings.

The following are examples of results and actions being taken for national audits:

National Diabetes Audit (NDA) Report 2013/15

The National Diabetes Audit report assessed data for care processes and treatment targets from the 2013/14 and 2014/15 audit years. The NDA integrates data from both general practices and secondary care sources. Participating in national clinical audits, such as the NDA, is regarded as a mark of excellence by the NHS. The results of the audit showed that we were ranked first out of all trusts in England and Wales for undertaking the eight national care processes patients should receive.

NCEPOD: Sepsis (A review of the process of care received by patients with sepsis)

Sepsis is a major cause of avoidable mortality and morbidity. This study, set out to identify remediable factors which if addressed would improve the quality of care of patients with sepsis.

Whittington Health contributed 100 percent of requisite cases to this study and reviewed all the recommendations, subsequent to the report publication in November 2015.

Areas of good practice identified include:

- A pathway for the early identification and immediate management of patients with sepsis has been developed and is available to all staff via the Whittington Health intranet and electronic patient systems. Additionally, hard copies of the pathway are kept in the Emergency Department, Triage and Resuscitation areas. Training is ongoing and the pathway is audited quarterly by our Sepsis Team.
- Training in the recognition and management of sepsis including simulation training is up and running, both in acute and community settings. This training is delivered by our Lead Sepsis Nurse.
- Whittington Health has a Joint Clinical Lead to champion best practice and take responsibility for the clinical governance of patients with sepsis.
- All antimicrobial policies are reviewed and up to date and available to all staff via Whittington Health intranet. The MicroGuide 'Antimicrobial Stewardship' application is available to download on mobile devices.
- There is a 24 hour/7 days per week microbiology on-call service available for input into the management of all patients identified with sepsis. This input is sought early in the aforementioned care pathway.
- A follow up service is offered to all patients following an inpatient stay in Critical Care. This includes support and rehabilitation services, as recommended in NICE Clinical Guideline 83 and the Faculty of Intensive Care Medicine and Intensive Care Society Guidelines for the Provision of Intensive Care Services.

Vital Signs in children (Care in Emergency Departments)

This national audit was overseen by the Royal College of Emergency Medicine.

Vital signs are recorded in all children presenting to the Emergency Department with medical or surgical complaints. If abnormal, they can be helpful with triage/prioritisation and indicative of a disease process with the potential to cause increased morbidity and mortality. Detecting abnormal vital signs at the earliest opportunity allows a time appropriate response to avoid deterioration in the patient's health.

The purpose of the audit was to provide a baseline for future comparison, to contribute to nationwide data collection of paediatric ED performance and allow local benchmarking and identification of areas in need of improvement.

Although we did not meet the 'gold standard' of 100 percent compliance we did achieve a significant result with heart rate, respiratory rate, oxygen saturation and temperature being routinely recorded for over 90 per cent of patients.

Identified actions for improvement include:

- Where abnormal vital signs are documented, the responsible clinician should document what action is taken to address these or why no action is needed;

- To re-audit at another time of the year (spring/summer) in order to make the results more reliable and representative

The reports of **95** local clinical audits were reviewed by the provider in 2015/16 and Whittington Health intends to take the following actions to improve the quality of healthcare provided;

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in 2016/2017 by ensuring:

- All clinical audits are now mapped against the Care Quality Commission five areas under Key Lines of Enquiry of Safe, Effective, Caring, Responsive and Well-led.
- Following previous external auditor recommendations, each local clinical audit will additionally identify the source of the audit and the quality driver.
- Capacity is channelled where appropriate away from small ad-hoc audits to major, national audits vital to safety without losing flexibility or suppressing good local ideas.
- The audit registration form has been updated to reflect the requirements of registering both clinical audit and service evaluation projects.
- A programme of clinical audit awareness sessions, half-day clinical audit teaching workshops and ad hoc information dates by the Clinical Governance Department will continue throughout the coming year.
- Clinical audit actions will continue to be assigned to a senior clinician and managerial representative, if appropriate, with specific time scales for completion.
- Local clinical audit performance will continue to be monitored on an ongoing basis with regular reporting via the ICSU Quality Committee or Board meetings.

Examples of results and actions being taken for local audit:

Monitoring of Physical Health and Metabolic Parameters of Young Patients on Antipsychotic Treatments at Simmons House

(Simmons House: Child and Adolescent Mental Health Services (CAMHS) inpatient service)

This audit is to compare the clinical practice at Simmons House to the gold standard practice recommended by the *NICE Guideline CG155, "Psychosis and Schizophrenia in Children and Young People: recognition and management"*. The aim is to ascertain if all patients on antipsychotic medication received the optimum monitoring of their physical health and metabolic parameters regardless of their diagnosis and duration of treatment. This data was recorded on an Antipsychotic Monitoring Form (AMF).

The audit of the AMF was undertaken prospectively between March – September 2015. During this time, there were 6 patients who were prescribed antipsychotic medication. The results of the audit found that Simmons House Adolescent Unit monitors patients on antipsychotic medication regularly with a compliance of above 95 percent.

For the Unit to improve care, they are undertaking the following:

- To include the Antipsychotic Monitoring Form as one of the plans in the Care Programme Approach so that it follows the patient post discharge.
- To encourage patient's compliance by the key worker and case managers encouraging young people to be more concordant with data collection through discussion and psycho-education.

Snapshot safety audit on the Neonatal Unit

This audit was undertaken in order to assess adherence to 12 safety and infection control standards on the neonatal unit. Data collection has been undertaken twice in the past (2009 and 2014) looking at the same or similar standards.

The aim of the audit was to assess the extent to which the team adhere to the patient safety and infection control standards. The long term aim is to achieve 100 percent adherence to all standards, in order to maximise patient safety and promote infection control.

The audit results demonstrated good compliance with adherence to infection control measures on the Unit. Areas for improvement included documentation of patient details on both sides of clinical notes and babies having two name bands on at all times.

Whittington Health results:

To achieve 'gold standard', 100 percent compliance needed to be achieved. To achieve 'good practice requires improvement standard' compliance of between 75-99 percent had to be achieved.

- Gold standard – achieved in 2 out of 12 sets of records audited
- Good practice requires improvement - achieved in 6 out of 12 sets of records audited
- Areas for improvement – standard in 4 out of 12 sets of records audited

Short and medium term improvement trajectory:

We will continue to monitor actions detailed below:

- All pages of notes labelled with patient name, hospital number, date of birth are verified by the clerical staff to ensure information is present.
- The rationale for a baby having two name bands (as a safety precaution in the event of one becoming detached from the child) is now routinely highlighted during nurse teaching sessions.
- All standards of the audit are routinely flagged by the senior consultants to rotational junior staff

What has been achieved during 2015/16:

- The audit was undertaken, completed and presented locally.
- For the three core Infection Control standards, we achieved an average compliance of 97%
- Individual actions have already been implemented as a result of the audit. Improvements will not be demonstrable until the scheduled re-audit is complete. This is confirmed as on the 2016/17 ICSU audit programme.

Oncology Outpatients Nutrition Screening Tool

Malnutrition is a common problem in cancer patient populations as the effect of cancer and anticancer treatments can severely impact on a patient's nutritional status. Therefore, preventing and correcting nutritional depletion are important objectives in the care of the cancer patient. The patient's nutrition can be measured by the completion of the Oncology Outpatients Nutrition Screening Tool which is based on the Patient Generated Subjective Global Assessment and consists of 6 sections. The first three sections are to

be completed by the patient and the remainder by the healthcare professional. Patients who have a nutritional score ≥ 4 are to be referred to the dietician. However, all patients should be reassessed at next contact regardless of nutritional score.

This was an initial audit and reviewed 18 patients in November 2015. The standard for this audit was for 100 percent of oncology patients and haematology patients receiving chemotherapy to be screened at least once a month.

Of those patients audited it was identified that approximately a third of patients had a screening tool filed in the outpatient section of the medical notes.

Before a re-audit is to take place, the following actions were identified:

- To validate the screening tool that is currently in use.
- To develop a set of standards for completing the screening tool which will assist the frequency of the screening tool being completed.
- Keep the screening tool separate from medical notes and use a 'nutrition' folder to store the tools and record if the patient is already known to the dieticians.
- To include a patient signature on the tool to monitor if the tool is being completed by the patient.

A Paediatric Approach to Smoking Cessation

This audit was to assess the current prevalence of smoking in paediatric patients/ parents/carers and the provision of smoking cessation interventions. Within Adult Services at Whittington Health, a Smoking Commissioning for Quality and Innovation (CQUIN) Working Group has done a considerable amount of work leading to consistently high rates of smoking assessment and smoking cessation interventions with a CQUIN target of 90 percent of patients. Although paediatric patients are not included within the CQUIN, the aim is to have equivalent levels of assessment and intervention.

This audit reviewed children who were admitted to the paediatric ward between April and June 2015.

Although none of the target standards were met, there were good rates of smoking assessment status: 82 percent of patients aged 13 and over, and 71 percent of parents and carers.

With a respiratory admission, there were higher rates of assessment in parents and carers (90 percent compared to 63 percent for a non-respiratory admission). This is likely to reflect the 'wheeze' pro-forma which has a smoking tick box, and also perhaps an increased awareness of smoking amongst healthcare professionals when a child is admitted with a respiratory problem.

To support the improvement of paediatric smoking cessation, the following actions are to be taken:

- To introduce stop smoking flowcharts;
- To include a smoking tick box on patient list and;
- To introduce 'Quit at the Whitt boxes' on the paediatric ward.

Participation in clinical research

In 2015/16, 720 patients who received their care through Whittington Health were recruited into studies classified by the National Institute of Health Research (NIHR) as part of the NIHR research portfolio. This compares to 284 patients in 2013/14 and 701 in 2014/15.

There are currently 41 NIHR portfolio studies in progress and recruiting at Whittington Health compared to 31 studies in 2014/15 and 21 in 2013/14. In addition to the 41 NIHR portfolio studies that are on-going, an additional eight non-portfolio studies were commenced in 2015/16, a reduction of four on the previous year. This is due to our applying the HRA categorisation of studies more strictly than in previous years. These studies are undertaken by nurses, allied health professional and trainee doctors. The results and impact of these studies are published in peer reviewed publications and at conference presentations.

This year has seen the ratification of a Whittington Health Research Strategy that underpins the clinical strategy and reflects the aim of enabling local people to 'live longer healthier lives'. A key strategic goal is to become a leader of medical, multi-professional education and population based research. We believe we are uniquely placed to take a life course approach to population based research and be at the forefront of the synergy between clinical service, education and clinical research.

Participation in clinical research demonstrates Whittington Health's commitment to improving the quality of care that is delivered to our patients and also to making a contribution to global health improvement. We are committed to increasing the number of studies in which patients can participate, and the specialities that are research active, as we recognise that research active hospitals deliver high quality care. The Trust's research portfolio continues to evolve to reflect the ambitions of our ICO and also reflects the health issues of our local population. The research portfolio includes cancer, haemoglobinopathies, critical care, infection, women's health, continence science and speech and language therapy.

Care Quality Commission (CQC) and Whittington Health 2015/16

Whittington Health is required to register with the CQC and its current registration status is registered with no conditions. The CQC has not taken any enforcement action against Whittington Health in 2015/16.

In December 2015 the CQC carried out an extensive planned inspection of both our community and hospital services. We undertook a full mock inspection based on Safe, Caring, Responsive, Effective, Well-led methodology in October 2015 prior to our announced CQC inspection, the results of which contributed to our self-assessment against these five fundamental standards. The Trust acknowledges that we are on a journey of continuous improvement and while some areas we would rank as outstanding, there are other areas that we acknowledge require improvement.

We are awaiting delivery of a draft inspection report which is expected in June 2016. The CQC has issued no warning notices or made any requests for immediate improvement and has taken no enforcement action against the Trust since its inception.

Quality of Data

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 and enable healthcare improvements. Whittington Health submitted records during 2015/16 to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

Overall validity of data submitted by Whittington Health to the NHS Secondary Uses Service for the year 2015/16 (to Month 12) was 98 percent. This is an aggregate score across all acute data types. There is no

equivalent system in place yet for community data although the implementation of the Children's and Young Person's mandatory reporting dataset will provide that opportunity. The timescale for this development is unknown.

Of the 36 Trusts in London in the benchmark, Whittington Health was ranked at 13, with the best Trust close to 100 percent and the least good at 76 percent. We are performing better than the national and London averages.

The percentage of records relating to admitted patient care, outpatient care and emergency care which included the patient's valid NHS number; and General Medical Practice Code (April 2015 – March 2016)

	Percentage of records which included the patient's valid NHS number (%)	Percentage of records which included the patient's valid General Medical Practice Code (%)
Inpatient care	99	100
Outpatient care	98.9	100
Emergency care	94	99.9

Whittington Health's Integrated Clinical Service Units (ICSUs) have responsibility for data quality within their ICSU. The Trust has a Data Quality Group which includes representation from both the community and acute services and each of the ICSUs. This group is chaired by the Trust's Chief Operating Officer. 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. A Senior Data Quality Lead is in place to ensure the agenda is part of everyone's business.

The Data Quality Group has agreed a procedure for the spot checking of the quality of data items and monitoring compliance as part of the continual audit programme for 2015/16. Data Quality issues can be reported directly to the Data Quality Team via a dedicated email address, which is monitored by the Data Quality Team.

Information Governance (IG) Statement – 2015/16

In 2015/16 Whittington Health continued to work to deliver IG Level 2 compliance with the DoH IG Toolkit (IGT). Whittington Health achieved 65 percent, narrowly missing the 66 percent required to be Level 2 compliant. This is an improvement on previous years' scores. We aim to meet the target in 2016/17.

Although Whittington Health has delivered high standards of governance for the management, protection and quality of patient and staff information, there remain areas for improvement, especially with regards to corporate records and IG training compliance. The work to achieve these remaining standards is monitored by the IG Committee (IGC) and the Audit and Risk Committee.

The work in 2015/16 to improve data quality standards has had a significant impact in improving our IGT compliance. The other factor which contributed to improved IGT compliance was our commissioning of a clinical coding audit by the HSCIC Clinical Classifications Service.

Mitigation of Risk

Actions are in place to mitigate against identified risk and to improve our performance against IG Toolkit requirements for 2016/17, including the following:

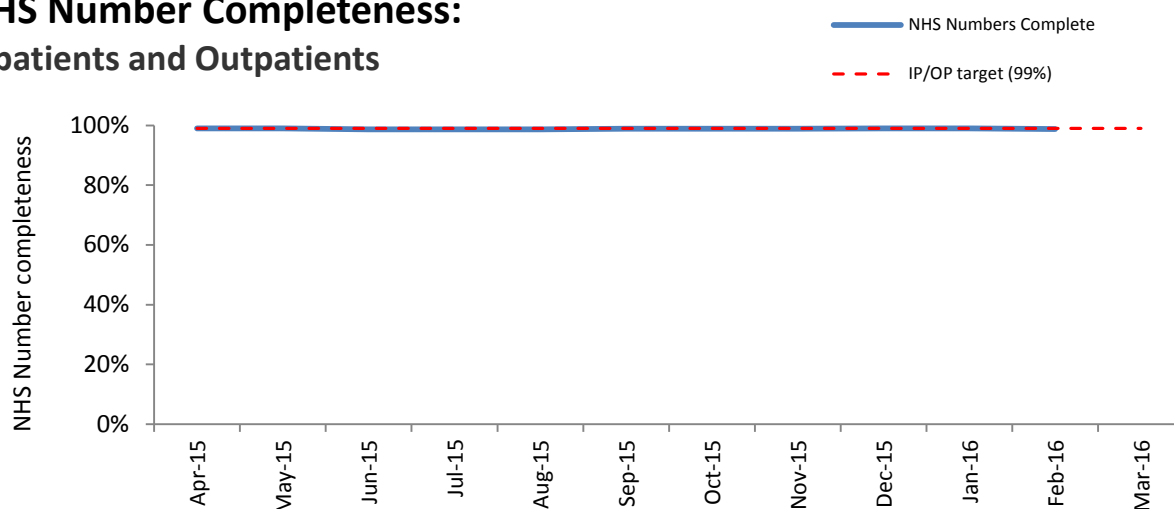
- The IGC will continue to monitor IG training compliance and distribute regular staff reminders (targeted emails and communications bulletin).
- The IG department aims to improve standards through the implementation of the 2016/17 IG Improvement Plan, information flow work-plan, and IG action plans (e.g. data sharing, communications, Serious Incidents, information security, and IG training).
- The trust declared and investigated five Serious Incidents in relation to confidential information leak/information governance breaches in 2015/16. Action plans were put in place and delivery against these plans monitored.

The area that continues to present a challenge to us is the achievement of the 95 percent target for all staff to have completed IG training annually. The compliance rates will continue to be regularly monitored by the IGC, including methods of increasing compliance. The IG department will continue to target staff with individual emails, Whittington bulletin messages and classroom-based Induction sessions.

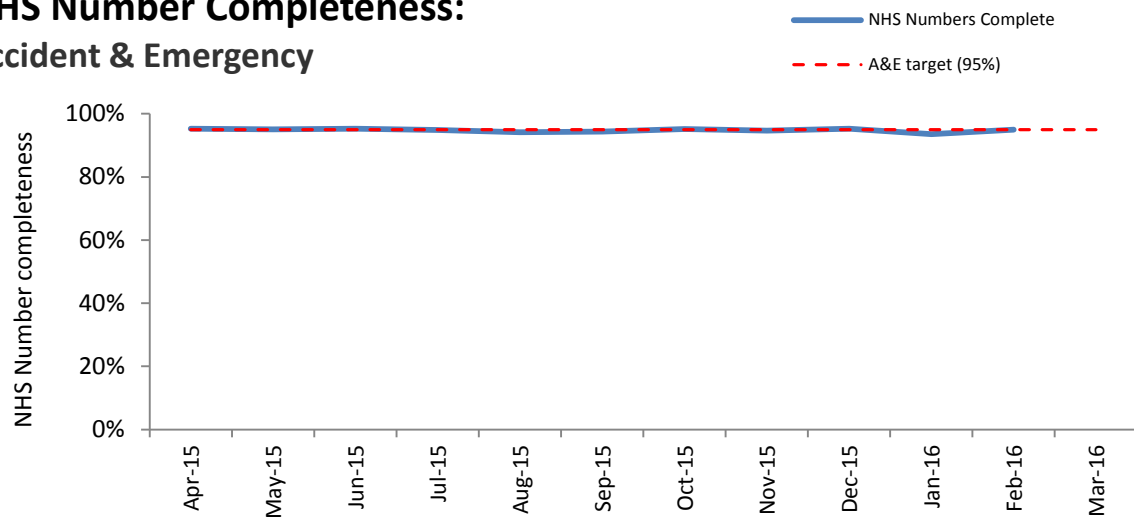
NHS Number Completeness

Month and Year	Inpatient and Outpatient Dataset		A&E Dataset	
	Completeness (%)	Target (%)	Completeness (%)	Target (%)
Apr-15	99.0	99	95.3	95
May-15	99.0	99	95.1	95
Jun-15	98.7	99	95.3	95
Jul-15	98.7	99	94.9	95
Aug-15	98.7	99	94.2	95
Sep-15	98.9	99	94.4	95
Oct-15	98.9	99	95.2	95
Nov-15	98.9	99	94.7	95
Dec-15	99.0	99	95.3	95
Jan-16	99.0	99	93.5	95
Feb-16	98.8	99	95.0	95
Mar-16	TBC	99	TBC	95

NHS Number Completeness: Inpatients and Outpatients



NHS Number Completeness: Accident & Emergency



Whittington Health has an NHS number action plan in place and continues to work hard to achieve the targets in this area.

Clinical coding audit

Our last 'Payment by Results' audit was commissioned by the Audit Commission in 2012. As a result of that audit we were not one of the NHS Trusts that were designated to have another one.

In November 2015, an external clinical coding audit was completed. This audit reviewed 200 patient episodes across five specialties. Overall, the audit provided us with the assurance that our quality of clinical coding is good. The audit provided us with four recommendations:

- Provide in-house training for the whole Clinical Coding Team focussing on comorbidity coding, external cause codes and national standards for pain procedure diagnosis coding.
- Agree a Local Coding Policy for osteotomy eponyms with Orthopaedic Consultants.
- Engage with Urology Consultants and Doctors to improve annotation of all urology day case attendances.
- Update Policy and Procedure Document to reflect current classifications and standards.

These four recommendations were accepted and have now been implemented.

Review of Quality Performance

As well as monitoring our quality priorities, the Trust Board receives a monthly report on all national performance indicators. This report is part of the Trust's Board papers and is published on the Trust's website.

National performance indicators

Goal	Standard/benchmark	Whittington performance 14/15	Whittington performance 15/16
4 hour ED wait	95% to be seen within 4 hours	94.74%	91.11%
RTT 18 Week Waits: Incomplete Pathways	92% of patients to be waiting within 18 weeks	93.00%	92.41%
Outpatient follow up ratio	London upper quartile performance	1.6	1.49
Hospital Cancellations on the Day	Target = 0 Cancellations on the day (Trust monitors all cancellations and specifically those for Urgent procedures)	72 Total Cancellations on the day (10 of which were urgent procedures)	70 Total Cancellations on the day (13 of which were urgent procedures)
Waits for diagnostic tests	99% waiting less than 6 weeks	99.15%	97.74%
Day surgery rate	NHS Better Care, Better Value Indicators (using The British Association of Day Surgery aspirational day surgery rates guidelines)	84.17% (Reported quarterly. Most recent data available: 14/15 Q3)	84.88% (Reported quarterly. Most recent data available: 15/16 Q2)
DNA rate (hospital)	10%	Firsts: 13.44% Follow Ups: 14.31%	Firsts: 12.7% Follow Ups: 13.4%
DNA rate (community services)	10%	Adult services 5.64% Children's Services 7.22%	6.73%
Average length of stay for all acute specialities	1 day reduction	6.0 Days	6.48 Days
Staff sickness absence rate	Local target: <3%	2.82%	2.88%
Ward cleanliness score	95%	98.3%	98.6%
Elimination of mixed sex accommodation	0 mixed sex breaches	30	0
New Birth Visits (Islington)	95% seen within 14 days	90.5%	92.6%
New Birth Visits (Haringey)	95% seen within 14 days	86.0%	86.3%
Sexual Health services	98% offered an appointment within 2 days	99.65%	97.52%
Cancer waits			
Urgent referral to first visit	93% seen within 14 days	91.6%	93.1%
Diagnosis to first treatment	96% treated within 31 days	99.6%	99.5%

Urgent referral to first treatment	85% treated within 62 days	90.1%	88.8%
Maternity			
Bookings by 12 weeks, 6 days of pregnancy	90%	85.01%	81.73%
Smoking in pregnancy at delivery	<6%	5.24%	4.81%
Rate of breast feeding at birth	>90%	90.24%	90.18%
Complaints			
New complaints	No set benchmark for ICOs.	348	350

Summary Hospital Mortality Indicator (SHMI)

SHMI was developed in response to the public inquiry into the Mid Staffordshire NHS Foundation Trust. It is used along with other information to inform the decision making of Trusts, regulators and commissioning organisations.

Nationally:

15 Trusts were graded as having a lower than expected number of mortalities

18 Trusts were graded as having a higher than expected number of mortalities

103 remaining trusts were graded as showing a number of mortalities in line with expectations

Whittington Health has the lowest SHMI score in the country. The data is obtained from Hospital Episodes Statistics (HES) data and sourced via the HSCIC Indicator portal. Performance is reviewed monthly in our performance report to the Board.

The most recent data available (released in March 2016) covers the period October 2014 to September 2015:

Whittington Health SHMI score	0.6516
National standard	100
Lowest national score	0.6516 (Whittington Health)
Highest national score	1.198

The combined percentage of deaths with either type of palliative care coding is 0.18 percent for the period October 2014-September 2015, which is the latest available data.

Whittington Health Summary Hospital-level Mortality Indicator (SHMI) by financial year (April 2010 – June 2015)

	SHMI Indicator	Lower value	Upper Value	National ranking
Apr10-Mar11	0.67	0.87	1.15	1
Apr11-Mar12	0.71	0.88	1.14	1
Apr12-Mar13	0.65	0.88	1.14	1
Apr13-Mar14	0.54	0.87	1.16	1
Jan14-Dec14	0.66	0.89	1.12	1
Apr14-Mar15	0.67	0.89	1.12	-
Jul14-Jun15	0.66	0.89	1.12	-
Oct14-Sept15	0.65	0.89	1.12	-

Whittington Health is taking the following actions to further improve this score, and so the quality of its services, by:

- Providing regular learning events and resources for all staff to facilitate learning from incidents and findings from unexpected deaths;
- Ensuring that all inpatient deaths are systematically reviewed, and that any failings in care that suggest a death may have been avoidable are identified, systematically shared, learned from, and addressed.

Patient Reported Outcome Measures (PROMs)

We did not collect PROMs data in 2014/15. Our renewed improved process is now in place. Whittington Health participated in the PROMs project during 2015/16, although there was not a sufficient response rate to produce any statistically significant results (a minimum of 30 post-operative results for a given procedure are required). We consider this data is as described because it is a nationally run and collated data set. Performance is reviewed monthly in our performance report to the Board.

Table 1: Pre-operative participation and linkage

	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate	Pre-operative questionnaires linked	Linkage Rate
All Procedures	312	190	60.90%	145	76.30%
Groin Hernia	155	69	44.50%	46	66.70%
Hip Replacement	90	62	68.90%	55	88.70%
Knee Replacement	60	59	98.30%	44	74.60%
Varicose Vein	7	*	*	*	*

Table 2: Post-operative issue and return

	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue Rate	Post-operative questionnaires returned	Response Rate
All Procedures	190	63	33.20%	21	33.30%
Groin Hernia	69	37	53.60%	15	40.50%
Hip Replacement	62	12	19.40%	6	50.00%
Knee Replacement	59	14	23.70%	0	0.00%
Varicose Vein	*	*	*	0	*

Within England there were a number of trusts with a lower participation rate, for example the Chelsea and Westminster NHS Foundation Trust has a published participation rate of 6.9 percent and a response rate of 35.7 percent. There were, however, Trusts with a high participation and response rate. For example, the Chesterfield Royal Hospital NHS Foundation Trust has a published participation rate of 90.6 percent and a response rate of 65.4 percent. Whittington Health intends to improve our PROMS outcomes by increasing the number of pre-operative and post-operative questionnaires that are returned.

**Pre-operative participation and linkage (England)
April – December 2015 (latest available data)**

	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate	Pre-operative questionnaires linked	Linkage Rate
All Procedures	198,020	146,489	74.0%	111,401	76.0%
Groin Hernia	52,297	29,575	56.6%	21,335	72.1%
Hip Replacement	57,878	49,133	84.9%	39,871	81.1%
Knee Replacement	62,974	59,726	94.8%	43,385	72.6%
Varicose Vein	24,871	8,055	32.4%	6,810	84.5%

**Post-operative issue and return (England)
April – December 2015 (latest available data)**

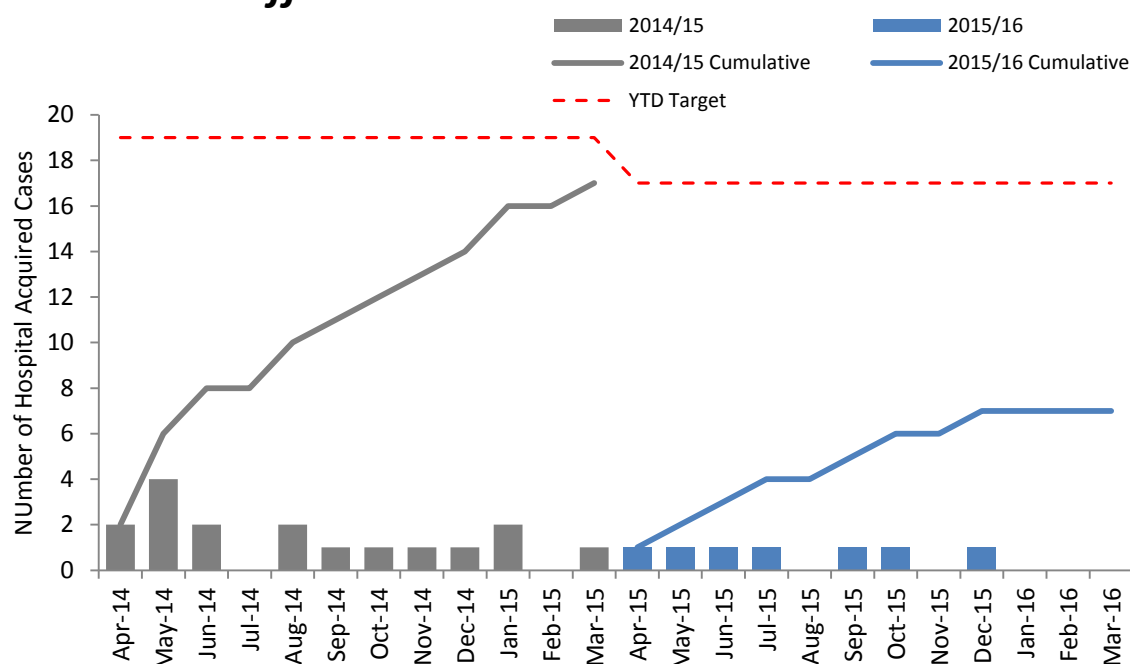
	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue Rate	Post-operative questionnaires returned	Response Rate
All Procedures	146,489	87,619	59.8%	52,052	59.4%
Groin Hernia	29,575	24,555	83.0%	14,503	59.1%
Hip Replacement	49,133	26,272	53.5%	16,513	62.9%
Knee Replacement	59,726	30,005	50.2%	17,753	59.2%
Varicose Vein	8,055	6,787	84.3%	3,283	48.4%

Clostridium difficile-associated diarrhoea

Clostridium difficile (C.diff) rates per 100,000 bed-days

Month & Year		Monthly Cases	YTD Cumulative	YTD Target
Apr-14		2	2	19
May-14		4	6	19
Jun-14		2	8	19
Jul-14		0	8	19
Aug-14		2	10	19
Sep-14		1	11	19
Oct-14		1	12	19
Nov-14		1	13	19
Dec-14		1	14	19
Jan-15		2	16	19
Feb-15		0	16	19
Mar-15		1	17	19
Apr-15		1	1	17
May-15		1	2	17
Jun-15		1	3	17
Jul-15		1	4	17
Aug-15		0	4	17
Sep-15		1	5	17
Oct-15		1	6	17
Nov-15		0	6	17
Dec-15		1	7	17
Jan-16		0	7	17
Feb-16		0	7	17
Mar-16		0	7	17

Clostridium difficile Rates



Whittington Health considers that this data is as described for the following reasons; the data used for these calculations is sourced from national submissions of *Clostridium difficile* incidents. Locally reported performance is reviewed monthly in the Trust performance report to the Trust Board. The latest data published by Public Health England in March 2016 indicates that for October – December 2015 that there was a national Trust apportioned *Clostridium difficile*-associate diarrhoea reporting rate of 14.9 reports per 100,000 bed-days.

Data published by Public Health England shows that the following Trusts did not have any *Clostridium difficile* infections of patients aged 2 years and over during 2015/16:

- Birmingham Women's
- Liverpool Women's
- Moorfields Eye Hospital
- The Robert Jones & Agnes Hunt Orthopaedic Hospital

Data published by Public Health England shows that Leeds Teaching Hospitals had the highest number of *Clostridium difficile* infections of patients aged 2 years and over during 2015/16, with 139 recorded infections per 100,000 bed days.

What we are doing to improve *Clostridium difficile* rates

During 2015/16 we had seven *Clostridium difficile* cases attributable to Whittington Health. The following paragraphs outline the actions we have taken to reduce the number of *Clostridium difficile* cases that are attributable to Whittington Health.

Consultant led post infection reviews (PIR) were held on all cases and the reports disseminated to relevant parties both internally and externally. Our agreed ceiling trajectory for 2015/16 was set at 17 cases and we reported seven cases at year end.

Each patient case of attributable *Clostridium difficile* was thoroughly investigated with a full Consultant-led post-infection review focusing on all aspects of the patient pathway from admission to diagnosis.

Infection Prevention and Control alerts are already placed on our Medway electronic patient records system for patients diagnosed with healthcare associated infections but it is apparent that these are not always reviewed prior to bed placement. A further alert has been introduced to the JAC electronic prescribing system to improve staff awareness and aid the correct bed placement of the patient in order to reduce the risk of cross contamination.

Education sessions specifically on *Clostridium difficile* continue on our acute wards.

Venous thromboembolism

Venous thromboembolism (VTE) is a condition in which a thrombus – a blood clot – forms in a vein. Usually, this occurs in the deep vein of the legs and pelvis and is known as deep vein thrombosis (DVT). The thrombus or its parts can break off, travel in the blood system and eventually block an artery in the lung. This is known as a pulmonary embolism (PE). VTE is a collective term for both DVT and PE. VTE is a major cause of mortality and disability in England with thousands of deaths directly attributed to it each year. Over the years, hospital acquired venous thromboembolism has been referred to as the “silent killer”. On the back of this the government has therefore set hospitals a target requiring 95 percent of all admitted patients to be assessed in relation to their risk of VTE and appropriate treatment administered.

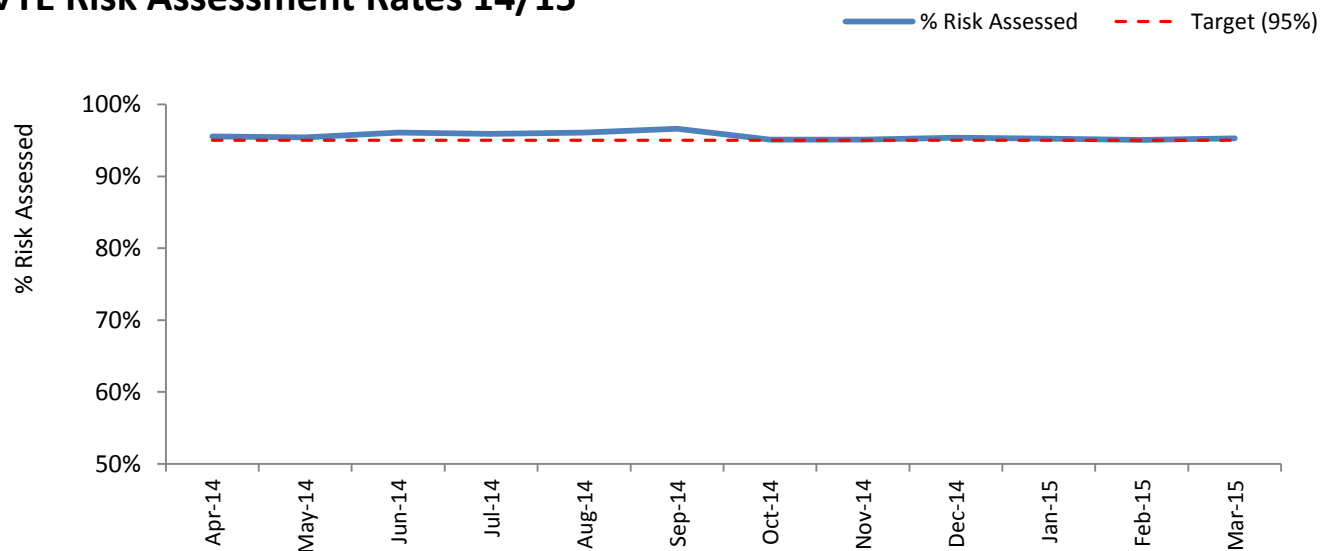
Whittington Health met or performed better than the 95 percent target for the year 2014/15. We cannot provide national comparison information as year-end information has not been published at the time of writing. Whittington Health considers that this data is as described because all information is recorded and stored electronically and we participate in regular internal and external audits that have not raised concerns with our recorded data.

2014/15		
Month & Year	Risk Assessed (%)	Target (%)
Apr-14	95.54	95
May-14	95.40	95
Jun-14	96.10	95
Jul-14	95.90	95
Aug-14	96.08	95
Sep-14	96.62	95
Oct-14	95.10	95
Nov-14	95.09	95
Dec-14	95.38	95

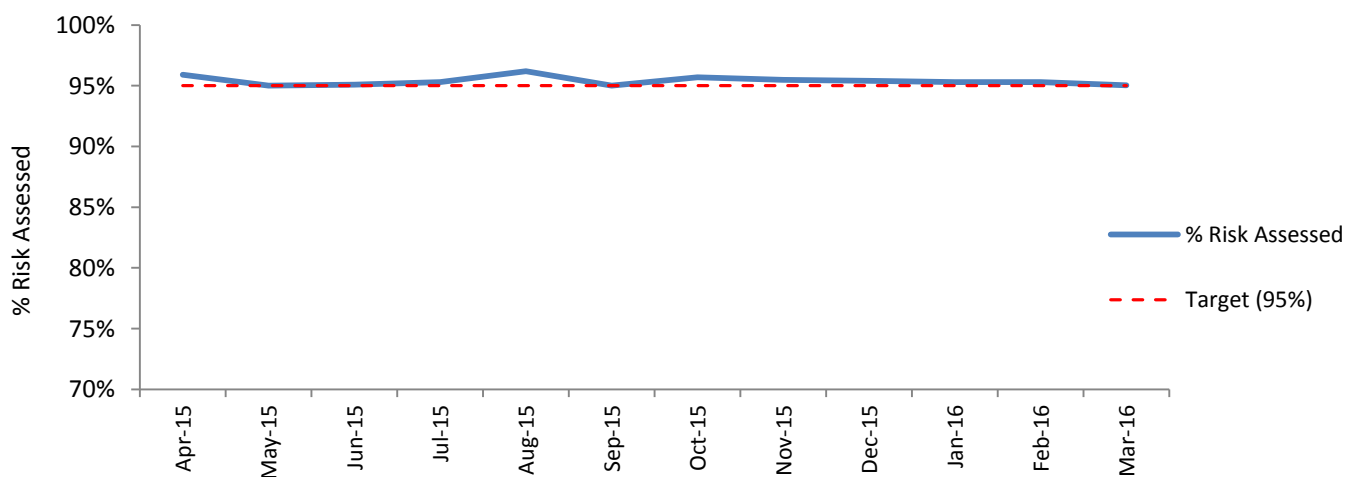
VTE Risk Assessment Rates 2015/16		
Month & Year	Risk Assessed (%)	Target (%)
Apr-15	95.90	95
May-15	95.00	95
Jun-15	95.10	95
Jul-15	95.30	95
Aug-15	96.20	95
Sep-15	95.00	95
Oct-15	95.70	95
Nov-15	95.50	95
Dec-15	95.40	95
Jan-16	95.30	95
Feb-16	95.30	95
Mar-16	95.05	95

Jan-15	95.22	95
Feb-15	95.04	95
Mar-15	95.30	95

VTE Risk Assessment Rates 14/15



VTE Risk Assessment Rates 15/16



VTE improvement

We continue to work to make sure that all admitted patients are individually risk assessed for the risk of VTE and have appropriate thromboprophylaxis (a preventive measure) prescribed and administered. There are however, patients who cannot receive pharmacological thromboprophylaxis due to a bleeding risk.

Whittington Health has taken the following actions to improve our VTE risk assessment rate, and so the quality of its service by:

- Introducing a new prompt list for identifying these patients which is generated twice weekly. The list is reviewed by the VTE clinical team, an e-mail is then sent to the patient's treating team to undertake a review of the patient's clinical condition and repeat the VTE risk assessment. The purpose of this is to establish whether the bleeding risk continues to be a clinical concern, or has been resolved, in which case the patient can then be commenced on pharmacological thromboprophylaxis if required.

VTE risk assessment

The average for England was 95.6 percent of patients risk assessed for VTE in Quarter 3 of 2015/16 (latest data available). This data shows that Hull and East Yorkshire Hospitals NHS Trust had the lowest published percentage of patients risk assessed for VTE in England (78.5 percent). Four Trusts in England have published figures of 100 percent of patients receiving a risk assessment for VTE:

- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Bridgewater Community Healthcare NHS Trust
- Royal National Orthopaedic Hospital NHS Trust
- South Essex Partnership University NHS Foundation Trust

Patient safety incidents resulting in severe harm or death

The data in this report is derived from information uploaded to the National Reporting and Learning System (NRLS). The CQC obtains routine data about the Patient Safety performance from reports uploaded by Whittington Health to the NRLS.

Quality Accounts consider incidents that resulted in severe harm or death. It is important to recognise that not all incidents in which severe harm or death has occurred are incidents in which the harm or death was considered avoidable. In some cases the harm or death may be directly attributable to problems in the care or service delivery to the patient, but in other cases it may not. The Trust reports separately to NHS England, via the Mortality Analysis Toolkit Report, on avoidable and potentially avoidable deaths.

The most recent NRLS Organisation Patient Safety Incident Report (which covers the period 1st April 2015 – 30th September 2015, i.e. overlapping with but not identical to the period covered by this Quality Account) shows that 0.8 percent of the incidents reported to the NRLS by Whittington Health resulted in severe harm, compared with a national average of 0.3 percent of incidents. The percentage of incidents associated with death was 0.1 percent, which is the same as the national average. The NRLS in their report reminds Trusts to be concerned about possible underreporting if the reporting of such incidents to the NRLS is lower than expected. Whittington Health has done a lot to promote a positive reporting culture for incidents that may have caused harm.

For the period 1st April 2015 – 30th September 2015 there were two Acute Non-Specialist Trusts who had a reported 0 percent of incidents resulting in severe harm: Northern Lincolnshire and Goole NHS Foundation Trust and Tameside Hospital NHS Foundation Trust. In the same period South Warwickshire NHS Foundation Trust had a reported 2.9 percent of incidents resulting in severe harm.

For the period 1st April 2015 - 30th September 2015 Medway NHS Foundation Trust had the highest reported percentage of incidents resulting in death (0.7 percent). In this same period there were 20 Acute

Non-Specialist Trusts who reported no deaths relating to incidents, including East Cheshire NHS Trust and James Paget University Hospitals NHS Foundation Trust.

In 2015/16 the Trust has reported 4058 incidents to the NRLS that related to incidents occurring between 1st April 2015 and 31st March 2016.

The 33 severe harm incidents in 2015/16 represented a decrease on previous years.

The nine deaths included seven which were investigated as Serious Incidents by Whittington Health and a further death is being investigated as a Serious Incident by a neighbouring NHS trust and Whittington Health have asked to contribute to this report.

Each of these Serious Incident investigations generated a comprehensive action plan designed to translate the learning from the investigation in to changes in practice that minimise the chance of such an incident happening again. As an example of this, a substantial number of actions and improvements have been put in place in relation to the prompt recognition and treatment of sepsis, which has been discussed elsewhere in this Quality Account.

The table below details five years of data relating to severe harm and death since the inception of Whittington Health as an ICO.

Year	Incidents associated with Severe Harm	As a % of all incidents reported to the NRLS (%)	Incidents associated with Death	As a % of all incidents reported to the NRLS (%)
2011-12	76	2.22	23	0.67
2012-13	52	1.96	14	0.53
2013-14	56	1.55	16	0.44
2014-15	48	1.36	13	0.37
2015-16	33	0.81	9	0.22

Duty of Candour process at Whittington Health

As soon as is reasonably practicable after becoming aware that a notifiable safety incident has occurred, the clinician in charge initiates a “being open discussion” with the patient and family or relatives acting on behalf of the patient.

Whittington Health clinicians actively encourage service users and relatives to ask questions and contribute to the Terms of Reference of serious incident investigations.

Duty of Candour meetings take place whilst the patient is an in-patient, i.e. at the “bedside” or when a patient is back at home following discharge or via community based care.

If an incident results in moderate harm or above, a Duty of Candour Lead is identified and appointed by the service, unit or department. The Duty of Candour Lead sends an written apology which clearly states:

- Whittington Health is sorry for the suffering and distress resulting from the incident;
- Whittington Health consider the safety of patients to be a top priority and compliance with the Duty of Candour is customary practice;

- A detailed inquiry into what happened and why, which will include investigation of the patient's concerns will be carried out;
- The patient or next of kin is contacted once again when the investigation has been completed and offered the opportunity to discuss the findings and receive a copy of the inquiry outcome.

Patients are encouraged to provide feedback about how Whittington Health is embracing candour and what improvements could be made to the Duty of Candour approach.

Our Board is responsible for ensuring that a culture of openness, trust, service improvement and sharing of learning is present within the organisation. It has overall responsibility for ensuring that the Trust's duties with regard to the management of Serious Incidents are appropriately discharged, including ensuring compliance with the Duty of Candour. The Board receives assurance of compliance through the Quality Committee.

Duty of Candour Key Performance Indicators are reported quarterly and monitored by the Clinical Quality Review Group in order to provide assurance to partner Clinical Commissioning Groups on Whittington Health compliance with the statutory Duty of Candour.

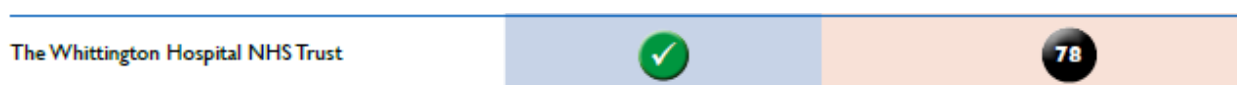
TDA openness and transparency report

A league table identifying levels of openness and transparency within NHS trusts and foundation trusts was produced by Monitor and the Trust Development Authority (TDA) and published 9 March 2016. The league table has been drawn together by scoring providers based on the fairness and effectiveness of procedures for reporting errors, near misses and incidents, staff confidence and security in reporting unsafe clinical practice and the percentage of staff who feel able to contribute towards improvements at their trust.

The data for 2015/16 – which is drawn from the 2015 NHS staff survey and from the National Reporting and Learning System – shows that:

- 18 providers were outstanding
- 102 were good
- 78 gave cause for significant concern
- 32 had a poor reporting culture

Whittington Health has been awarded a ranking of 'good' indicating good levels of openness and transparency. Whittington Health is ranked 78 out of 230 NHS trusts.



Safety Alerts

The Trust receives Safety Alerts via the Central Alerting System (CAS) from external bodies, such as NHS England (statutory patient safety functions transferred to NHS Improvement from 1 April 2016), Medicines and Healthcare Products Regulatory Agency (MHRA), Department of Health and Public Health England. These alerts contain information about safety issues that could potentially harm patients or staff and usually contain a number of actions the organisation is required to carry out to minimise the risk of occurrence.

Alerts are received centrally in the first instance by the CAS Liaison Officer and are managed on the Datix Risk Management system. The Trust Safety Alerts Group is responsible for monitoring compliance with CAS alerts and reports regularly to the Patient Safety Committee.

During 2015/16 the alerts received included, 10 Patient Safety Alerts; 31 Medical Device Alerts and 44 Estates Alerts.

Medicines Management

There have been significant improvements and achievements in medicines management at the Trust over the past year.

The Trust has pharmacists who work as part of the Integrated Community Ageing Team (ICAT) within care homes in the community to support the optimisation of medicines for patients. We also have pharmacists working as part of the locality teams in Haringey, working in GP practices to review medications for patients.



The Trust is now using the software Medicines: A Patient Profile Summary (MaPPs), which has advice for patients about how to take their medications and the potential side-effects of their medications that is written in plain English.

For a number of years the Trust has been using an electronic system to record chemotherapy drugs for adult patients, but this has now been introduced for paediatric patients.

This year, we have also introduced e-prescribing on outpatients and we will be auditing the impact this has had on patient safety over the next six months.

Never Events

Never Events are key indicators that there have been failures to put in place the required systemic barriers to error and their occurrence can tell something fundamental about the quality, care and safety processes in an organisation.

The rationale behind a type of serious incident being included on the Never Events list is that there are barriers to prevent it from occurring and guidance is in place to ensure it should never happen.

Whittington Health reported one Never Event in September 2015 relating to a misplaced naso-gastric tube. The event was reported immediately, thoroughly investigated and key messages reiterated and shared across the organisation.

Key performance information

Emergency Readmissions

Emergency readmissions are monitored and we review emergency readmissions as well as frequent attenders on an ongoing basis.

The latest data from the Hospital Episode Statistics in relation to emergency readmissions which covers the period 2002/03-2011/12 shows that nationally 11.45 percent of patients aged 16 or over were readmitted to hospital as an emergency within 28 days of having been discharged. Within this same published data Whittington Health has published figure of 12.42 percent of patients aged 16 or over were readmitted to hospital as an emergency within 28 days of having been discharged.

There is no National figure for the emergency readmission of patients aged 0-15 years old, but the latest

published data from the Hospital Episode Statistics in relation to emergency readmissions covering the financial years 2002/03-2011/12 shows that within London 10.34 percent of patients aged 0-15 years old were readmitted to hospital as an emergency within 28 days of having been discharged. Within this same published data Whittington Health has published figure that shows that 6.95 percent of patients aged 0-15 years old were readmitted to hospital as an emergency within 28 days of having been discharged.

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust have the lowest published readmission rate for NHS trusts for 0-15 year old at 3.75 percent. The Royal Wolverhampton Hospitals NHS Trust has the highest published readmission rate for NHS Trusts for 0-15 year olds at 14.97 percent.

The Lancashire Care NHS Foundation Trust has the lowest published readmission rate for NHS Trusts for patients aged 16 years old and over at 4.88 percent. The Sheffield Children's NHS Foundation Trust has the highest published readmission rate for NHS Trusts for patients aged 16 years old and over at 17.15 percent.

The Trust collects readmissions data using all emergency readmissions within 30 days. The Trust's 30 days readmissions data for 2014/15 and 2015/16 is shown below. The readmissions data excludes readmissions under the age of 4 years. The Trust's data on readmissions within 30 days of patients under the age of 4 years is currently being validated.

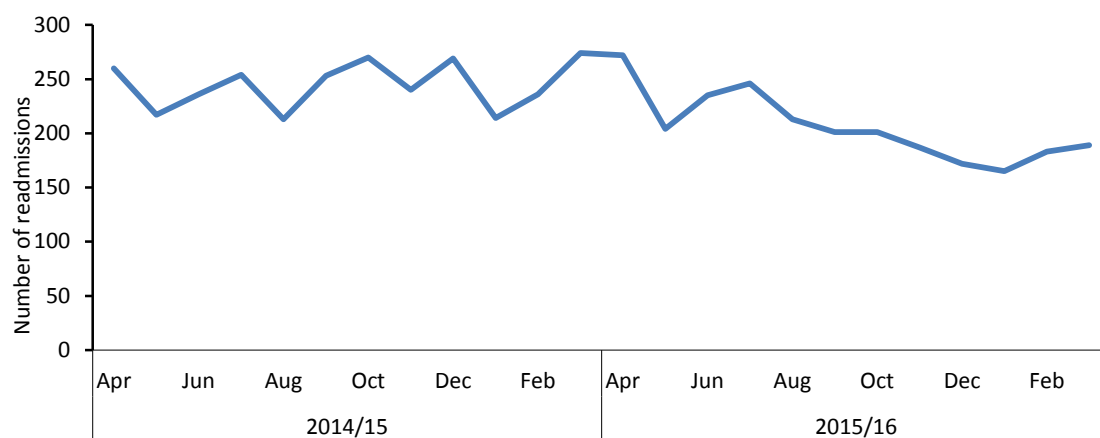
Whittington Health intends to take the following actions to improve our emergency readmission rate and therefore the quality of our services, by focussing on a number of initiatives, which include implementing the discharge bundle that sets out all the steps and safeguards that should be in place before a patient is discharged.

Trust readmissions within 30 days

Month & Year	≤14 Years	15+ Years	Total
Apr-14	7	253	260
May-14	6	211	217
Jun-14	7	229	236
Jul-14	10	244	254
Aug-14	8	205	213
Sep-14	14	239	253
Oct-14	21	249	270
Nov-14	7	233	240
Dec-14	7	262	269
Jan-15	12	202	214
Feb-15	16	220	236
Mar-15	15	259	274
14/15 Total	130	2806	2936
Month & Year	≤14 Years	15+ Years	Total
Apr-15	11	261	272
May-15	6	198	204
Jun-15	7	228	235
Jul-15	9	237	246

Aug-15	6	207	213
Sep-15	7	194	201
Oct-15	9	192	201
Nov-15	6	181	187
Dec-15	7	165	172
Jan-16	10	155	165
Feb-16	5	178	183
Mar-16	11	178	189
15/16 Total	94	2374	2468

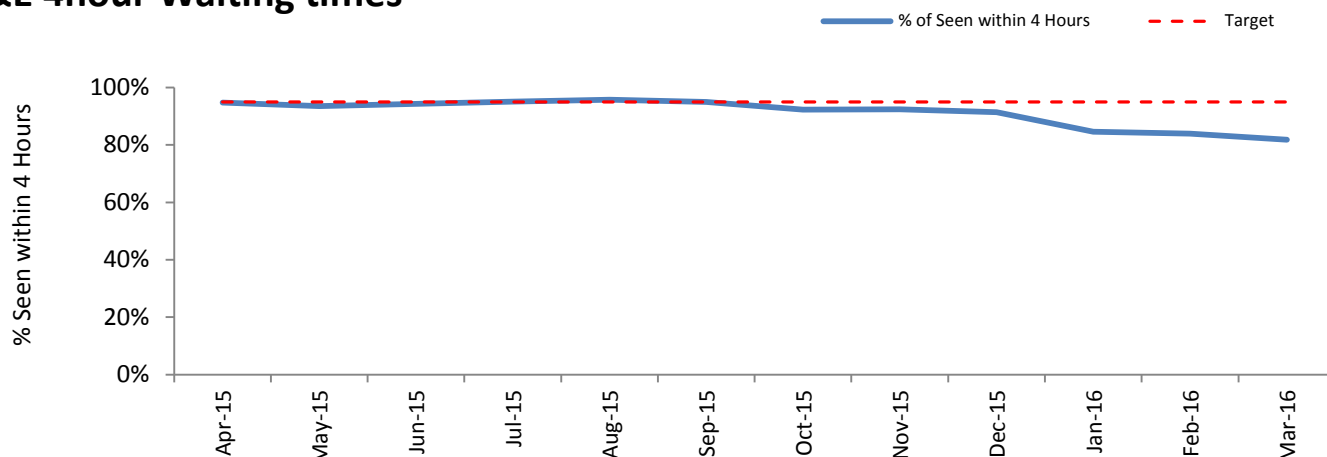
Emergency Readmissions within 30 days



Accident & Emergency (A&E) Department - 4 hour wait performance

Month & Year	Seen within 4 Hours (%)	Target (%)
Apr-15	94.8	95
May-15	93.6	95
Jun-15	94.4	95
Jul-15	95.1	95
Aug-15	95.8	95
Sep-15	95.0	95
Oct-15	92.3	95
Nov-15	92.5	95
Dec-15	91.5	95
Jan-16	84.6	95
Feb-16	84.0	95
Mar-16	81.8	95
Year Total	91.1	95

A&E 4hour Waiting times

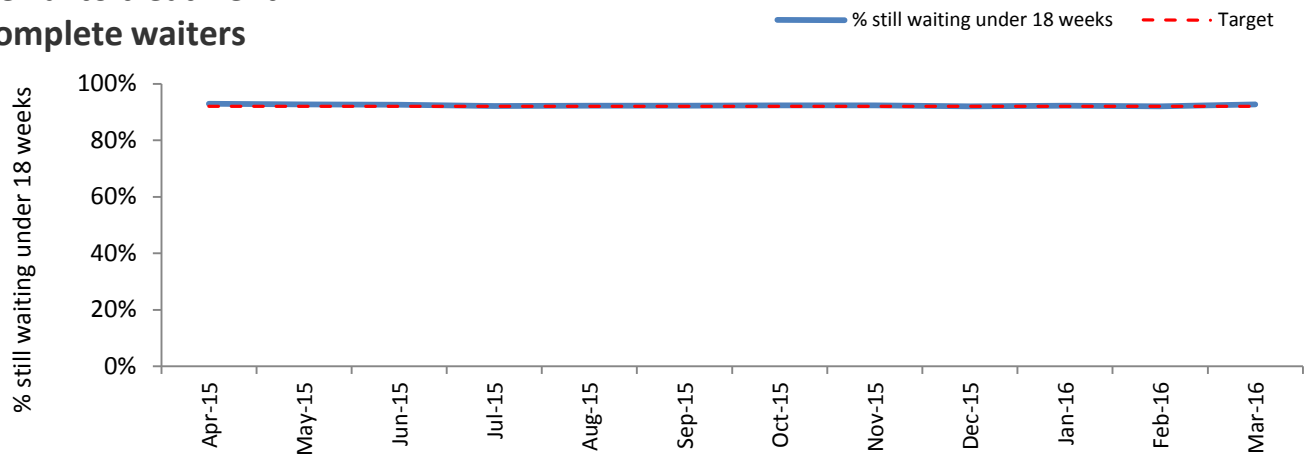


2015/16 was a very challenging year as we continued to experience high numbers of A&E attendances. However, the challenges we experienced were not unique to Whittington Health as other providers have also experienced increasing attendances. Whittington Health continues to have strong relationships with external agencies and we are currently working with our CCGs to review and strengthen our resilience plans for 2016/17.

Referral to Treatment (RTT) Waiting Times

Month & Year	Incomplete Waiters	
	% still waiting under 18 weeks	Target (%)
Apr-15	93.0	92
May-15	92.8	92
Jun-15	92.6	92
Jul-15	92.2	92
Aug-15	92.2	92
Sep-15	92.2	92
Oct-15	92.4	92
Nov-15	92.3	92
Dec-15	92.1	92
Jan-16	92.3	92
Feb-16	92.1	92
Mar-16	92.7	92

Referral to treatment: Incomplete waiters



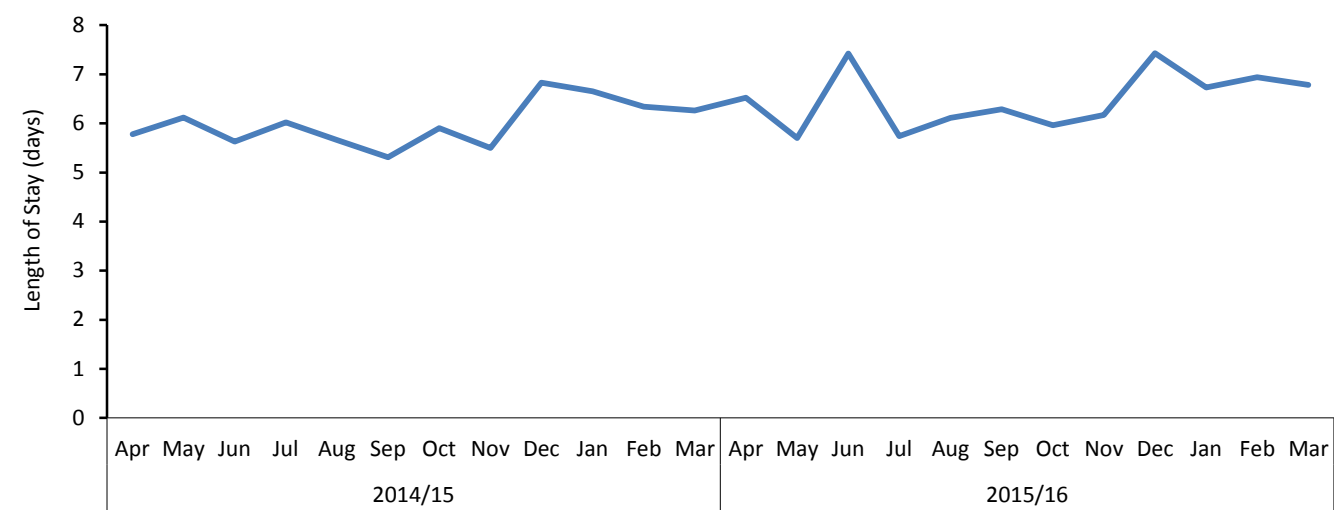
Average Length of Stay (LoS)

Year and Month		Average LoS
2014/15	Apr	5.78
	May	6.12
	Jun	5.63
	Jul	6.02
	Aug	5.66
	Sep	5.31
	Oct	5.90
	Nov	5.50
	Dec	6.83
	Jan	6.65
	Feb	6.34
	Mar	6.26
2015/16	Apr	6.52
	May	5.70
	Jun	7.42
	Jul	5.74
	Aug	6.11
	Sep	6.29
	Oct	5.96
	Nov	6.17
	Dec	7.43
	Jan	6.73
	Feb	6.94
	Mar	6.78

Our average Length of Stay in 2015/16 was 6.48 days, compared to an average of 6.00 days in 2014/15.

Analysis of Length of Stay is completed each week. The development of our ambulatory care unit has been associated with a reduction in patients who have a short stay admission to Whittington Health

Average Length of Stay per month



Patient Experience

Friends and Family Test

FFT is a feedback tool which supports patients to feedback about their experiences. FFT was introduced in 2013 and has been made available across Whittington Health as follows:

- all inpatients that stay more than 24 hours (implemented April 2013)
- all those who attend ED and are discharged from there (implemented April 2013)
- all women at four stages of the maternity pathway: antenatal (36 weeks specifically); birth (labour ward/birthing unit/homebirth); postnatal ward and postnatal community (implemented October 2013)
- all those attending the day treatment centre (implemented September 2014)
- all those attending outpatients (implemented October 2014)
- all those accessing community services (implemented January 2014)

Whittington Health considers that this data is as described because we are using a variety of methods to collate patient feedback. This includes postcards, handheld devices and kiosks. Whilst the postcards only include the FFT questions, the surveys available via kiosks and handheld devices also include additional questions regarding patient experience.

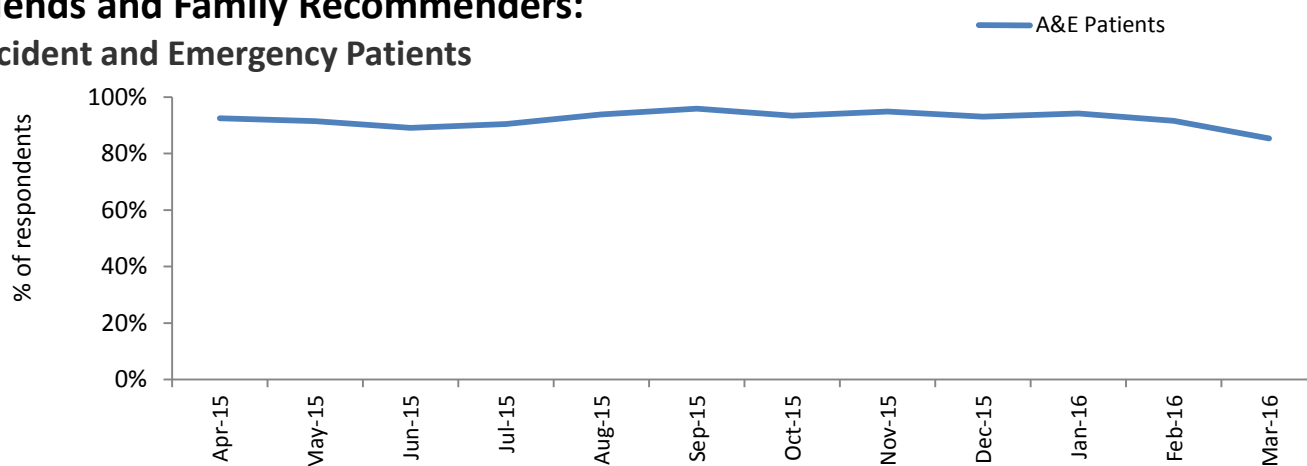
Whittington Health has taken the following actions to improve our patient FFT response rates and recommend rates and so the quality of its services; we provide access to 'Meridian'- our data platform which captures real time patient feedback in addition to circulating feedback to clinical and operational leads every two weeks. Our Trust Board receives performance reports as part of the performance pack each month.

Whittington Health is currently required to meet a target response rate of 20 percent for our emergency department, 40 percent for inpatients and 15 percent for maternity. Whittington Health is currently achieving the target recommender rates in all areas and we have plans in place to increase response rates and anticipate significant improvement in this area in 2016/17. The responses rates, scores and actions taken are discussed regularly at the Patient Experience Committee.

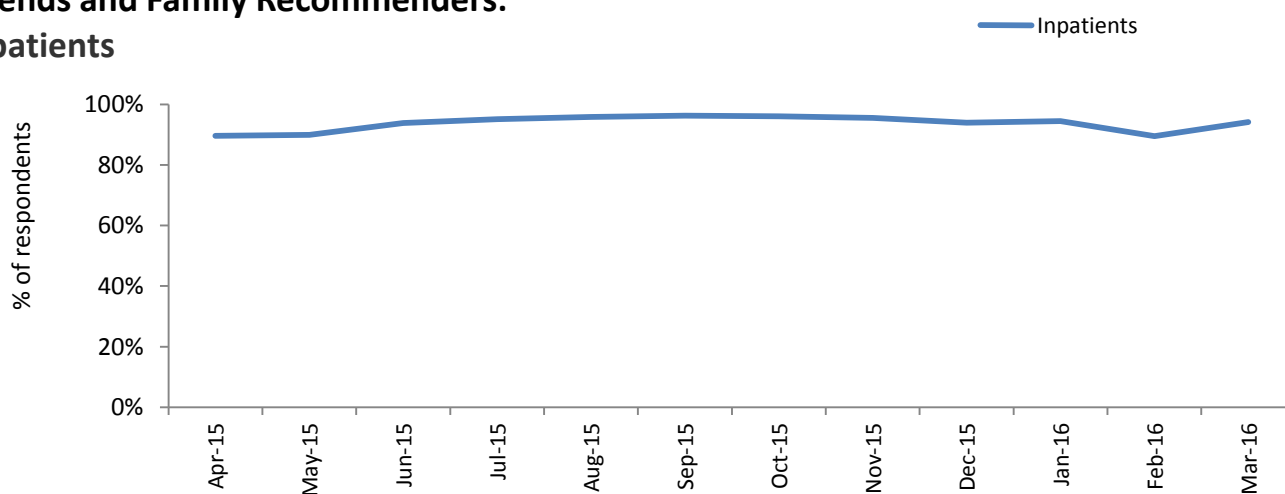
Friend and Family Recommenders April 2015 – March 2016

Month & Year	A&E Patients (%)	Inpatients (%)	Maternity (%)	Community (%)	Outpatients (%)
Apr-15	92.5	89.6	92.2	89.2	87.4
May-15	91.5	89.9	89.1	95.1	86.7
Jun-15	89.1	93.8	80.8	96.3	95.1
Jul-15	90.5	95.1	92.5	94.3	96.5
Aug-15	93.9	95.9	93.2	95.6	87.2
Sep-15	95.9	96.3	91.1	98.2	90.9
Oct-15	93.4	96.1	95.9	97.5	89.9
Nov-15	94.9	95.5	94.6	98.1	91.2
Dec-15	93.1	93.9	93.6	97.0	93.0
Jan-16	94.2	94.5	95.3	98.0	94.3
Feb-16	91.6	89.5	87.7	96.3	82.2
Mar-16	85.4	94.2	87.9	98.5	84.7

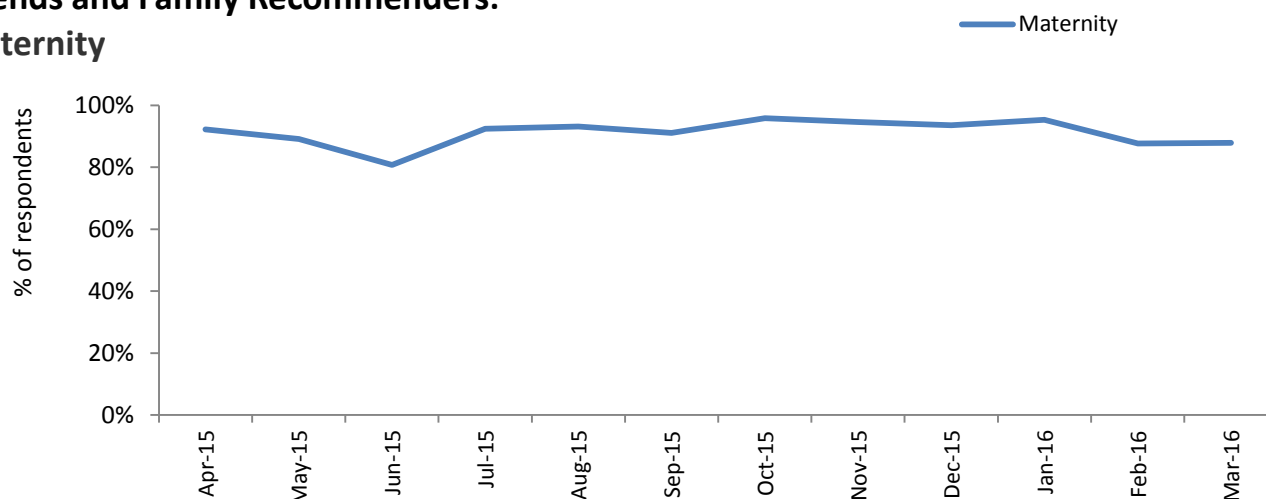
Friends and Family Recommenders: Accident and Emergency Patients



Friends and Family Recommenders: Inpatients



Friends and Family Recommenders: Maternity



Friends and Family National Headline Figures

FFT	Number of organisations submitting	Total responses to date	Responses		Response Rate		Score (% recommend)		Score (% not recommend)	
	April 2016	April 2016	April 2016	March 2016	April 2016	March 2016	April 2016	March 2016	April 2016	March 2016
A&E	141	4,504,775	131,176	132,774	12.9%	12.0%	86%	84%	8%	9%
Inpatient	172	5,566,697	227,651	219,495	25.4%	24.1%	96%	96%	1%	1%
Maternity (Antenatal)	135	229,873	7,219	6,428	N/A	N/A	96%	95%	1%	2%
Maternity (Birth)	135	358,933	12,105	11,568	23.8%	23.0%	96%	96%	1%	1%
Maternity (Postnatal Ward)	135	385,089	12,709	12,688	N/A	N/A	94%	94%	2%	2%
Maternity (Postnatal)	135	177,835	5,717	5,700	N/A	N/A	97%	98%	1%	1%
Outpatient	234	3,777,277	308,170	290,223	N/A	N/A	93%	93%	3%	3%

Nationally, the lowest recommend rate for A&E was received by the North Middlesex University Hospital NHS Trust (49%), whereas the City Hospitals Sunderland NHS Foundation Trust and Liverpool Women's NHS Foundation Trust both received a recommend rate for their A&Es of 99%.

Nationally the lowest inpatient recommend rate was received by Sheffield Children's NHS Foundation Trust (73%), whereas 11 NHS providers received an inpatient recommend rate of 99%:

- Great Ormond Street Hospital for Children NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- Fairfield Hospital
- Bradford Teaching Hospitals NHS Foundation Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- West Suffolk NHS Foundation Trust

Nationally the lowest recommend rate for outpatients was received by the George Eliot Hospital NHS Trust (69%), whereas there were four NHS providers who received 100% recommend rate for outpatients:

- Devizes NHS Treatment Centre
- Barlborough NHS Treatment Centre
- Shepton Mallet NHS Treatment Centre
- Liverpool Women's NHS Foundation Trust

Responsiveness

The 2015 National NHS adult inpatient survey received feedback from 83,116 patients who received care in an NHS hospital during July 2015. We consider that this data is as described because it is taken from the CQC public website. This is the latest inpatient survey and the data was published in June 2016.

Our overall score for the 2015 National NHS inpatient survey programme

Patient Survey	Patient response	Compared with other trusts
Overall experience	8.0 out of 10	About the same

Croydon Health Services NHS Trust was the lowest ranking Trust for overall experience, with a patient response of 7.5 out of 10. Liverpool Health and Chest NHS Foundation Trust, The Royal Marsden NHS Foundation Trust and The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust were the highest ranking Trusts for overall experience, with a patient response of 9.0 out of 10.

Whittington Health is committed to improving the patient response for overall experience, and so the quality of the services we provide by agreeing an action plan with our Integrated Clinical Service Unit leads.

Progress against these plans will be monitored at the Trust's Patient Experience Committee. The focus will include:

- The provision of more written information for patients;
- Ensuring staff members wear name badges and introduce themselves to patients;
- The implementation of a customer care training programme.

The 2014 National NHS inpatient survey programme looked at the experiences of over 59,000 people who were admitted to an NHS hospital in 2014.

Between September 2014 and January 2015, a questionnaire was sent to 850 recent inpatients at each Trust in England. Responses were received from 235 patients at Whittington Health. We consider that this data is as described because it is taken from the CQC public website.

Our overall score for the 2014 National NHS inpatient survey programme:

Patient Survey	Patient response	Compared with other trusts
Overall experience	7.8 out of 10	About the same

Patient Advice Liaison Service (PALS) and Complaints

Feedback from concerns and complaints is also used to help us focus on areas where we need to improve. During 2015/16 we have continue to embed improvements with regards to how we manage our complaints. This has included our processes for handling complaints, engagement with complainants whilst investigations are underway, our response times, the timeliness and regularity of reporting on themes and trends and ensuring that action plans are developed and monitored for upheld complaints. At the start of every Trust Board session held in public, a patient or carer shares their story. The experience shared is usually the result of a complaint investigated or compliment received. Following the story, a representative from the service presents to the Trust Board examples of lessons learnt and improvements made. In the year 2015/16 the PALS and Complaints Team received a total of 392 formal complaints.

Complaints received Q1	n=83
Integrated Care and Medicine	34
Surgery and Cancer	30
Women's, Children and Families	16
Estates and Facilities	3
Complaints received Q2 – Q4 (following divisional restructure)	n=309
Children and Young Persons Services	13
Clinical Support Services	17
Estates and Facilities	13
Emergency and Urgent Care	58
Medicine, Frailty and Networked Services	49
Outpatients, Prevention and Long Term Conditions	27
Surgery and Cancer	106
Womens' Health Services	26
Total	n=392

In terms of themes, 31 percent of complaints received during this period related to medical care and nursing care (124), 35 percent related to attitude and communication (140) and 12 percent were regarding policy and commercial decisions (47) and 7 percent regarding appointments (38).

Of the 392 formal complaints received, 81 (20 percent) required an allocation of 40 working days for response as they were deemed complex and 10 (2 percent) complaints remain opened as at 12 May.

Of the 390 closed complaints, 75 percent were responded to within 25 working days.

We had nine complaints referred to the Parliamentary and Health Service Ombudsman in 2015/16. Investigations into six of the referred complaints have been completed, of which five complaints were not upheld and one complaint was partially upheld. Three complaints are still under investigation.

During 2015/16, we received 2417 PALS queries, the majority of which related to issues around communication (35 percent), appointments (24 percent), delay (10 percent) and attitude (6 percent).

Many of concerns highlighted via the PALS and Complaints Service led to specific learning and improvements in care.

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

Partnership working

We have continued to work collaboratively with colleagues in other hospitals. For example, we work in partnership with University College London Hospitals NHS Foundation Trust on our TB service, Hospital at Home, and bowel screening service.

We are a partnership member of UCL Partners (UCLP), an Academic Health Science Network (AHSN), 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 we have undertaken include: 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.

We work closely with our partners in local authority social services in particular Islington and Haringey. Joint work is essential in adult and children's safeguarding. Islington Social Services have a base at our 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.

Whittington Health is an active partner of the Islington and Haringey Wellbeing Programme.

As one of the largest employers in NCL, Whittington Health is a key partner in the Community Education Provider Network (CEPN), particularly for the boroughs of Islington and Haringey and as such is aligned with the local priorities set out for 2016/17. The key local priorities are; workforce planning and development, community nursing development and customer care, which align with the Trust's priorities and workforce strategy.

Over the past twelve months, strong working relationships have been developed to facilitate a more integrated approach to education and training opportunities across health and social care. Focussed local

initiatives and development programmes have been designed and implemented to encourage better access to training and development opportunities for the local residents, communities and existing employees.

Our success in rolling out some of these initiatives especially in undergraduate nurse training and the care certificate has led to Whittington Health being designated the Training Super Hub

Topics such as anticipatory care, behaviour change skills, medical ethics, and population determined needs are included in the current joint education and training provision, and are available to all, including people in the voluntary sector.

Our work with *Kissing it Better*

We work with the charity, *Kissing it Better*, which brings talented people from the local community into the hospital to help brighten the days of our inpatients. This initiative has shown that it quickly improves morale and motivation and, therefore, the energy of patients within the hospital. Working with *Kissing it Better* provides the Trust with an exciting opportunity to work with our local community, particularly local schools and colleges, to help improve our patient experience. In 2015/16 *Kissing it Better* volunteers gave 5650 hours of their time to provide activities for our patients, including beauty therapy on wards and in our care homes, drama projects with local schools, music and reminiscence and singers on our wards, in our outpatients department and within the community.

Medical revalidation

Medical revalidation improves the ways in which doctors are regulated. It is not a means of addressing concerns about doctors, for which there are existing policies and procedures, but instead is designed to improve quality of care, while simultaneously increasing public confidence in the medical system. The Trust reports on a quarterly basis to NHS England, in addition to performing our own internal monitoring. The Responsible Officer has made 123 recommendations to the General Medical Council (GMC) in 2015/16, in line with the GMC's schedule of revalidation dates. We have assessed our processes and have submitted the third annual Medical Appraisal Annual Board Report to NHS England which is designed to provide the Board with oversight and assurance of its local medical appraisal and revalidation process.

Associate Medical Director for Revalidation

This year saw the creation of, and appointment to, the role of Associate Medical Director for Revalidation. This role will help Whittington Health to promote and improve our medical revalidation and appraisal processes.

Nursing and Midwifery revalidation

In 2015/16 we started to prepare for the introduction of nursing revalidation. Revalidation is the process by which registered nurses will demonstrate to the Nursing and Midwifery Council (NMC) that they continue to be fit to practice. Revalidation will take place every three years and has replaced the post registration education and practice (PREP) standards. The aim of the new revalidation process is to improve upon the PREP system by setting new requirements for registered nurses. Revalidation has been developed to further increase patient safety, increase public confidence in nurses and help those on the NMC register to meet the standards required of them.

The new revalidation process requires registered nurses to declare they have:

- Met the requirements for practice hours (practice of at least 450 hours during the previous three years or 900 hours if holder of two professional qualifications)
- Met the requirements for continuing professional development (undertaken at least 35 hours of continuing professional development relevant to the registrant's scope of practice as a nurse, with a minimum of 20 hours being participatory learning)
- Reflected on their practice based on the requirements of the NMC Code (2015), using feedback from service users, patients relatives colleagues and others.
- Provided a health and character declaration and declared any conviction for criminal offence or the issuing of a formal caution
- Professional indemnity arrangements –confirmation of having, or that they will have when practicing, appropriate cover under an indemnity scheme
- Received confirmation from a third party (referred to as a confirmer) that their declaration is reliable in accordance with the NMC Code (2015)

From April 2016, all nurses due to re-register commenced revalidation. By April 2019 everyone on the NMC register will be expected to have undergone revalidation.

Dealing with inequalities

Learning disabilities

The integration of health and social care services for patients with learning disabilities has been policy of successive governments and local partners, and remains a key driver for future improvements in the delivery of health and social care services, nationally and locally. A section 75 partnership agreement sets out the contractual arrangements for an integrated provision of learning disabilities services.

Whittington Health is committed to providing the best possible care to ensure good health outcomes for patients who have learning disabilities and their families. We recognise that all our patients are unique, with individual needs.

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 staff working with children are required to complete an enhanced level of assessment.
- Legacy guidelines and policies have been combined and updated to form one Whittington Health Safeguarding Children Policy, 2015. The aim of the policy is to detail the operational and strategic management processes and procedures involved in regards to safeguarding children. All safeguarding children policies and systems are reviewed regularly as part of Whittington Health's quality assurance process.
- Whittington Health has a policy in place for working with women who have experienced, or girls who are at risk of experiencing, Female Genital Mutilation. The policy is written in line with the Female

Genital Mutilation Multi-Agency Practice Guidelines 2016, Working Together to Safeguard Children 2013.

- 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.
- A Safeguarding Training Policy (2015) is in place to ensure that all staff are trained to the appropriate level. An active programme of safeguarding training exists in-house with a continued ethos of increasing staff awareness.
- Whittington Health has fully participated in review processes associated with safeguarding and has an action plan and work plan to embed learning from local and national Serious Case Reviews and incidents.
- The Director of Nursing is the Executive Director Lead for Safeguarding and Chairs 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, Hackney and Haringey and actively participates in all LSCB sub groups and training events.

Whittington Health remains committed to its safeguarding children responsibilities by having a team of named professionals led by a Head of Safeguarding.

During 2015/16 there was one Serious Incident (SI) involving safeguarding children. This was in relation to a vulnerable adolescent within a tier 4 mental health unit. A full investigation has resulted in increased awareness of staff within the unit around incident recording and reviewed processes around internet safety for clients. Whittington Health was involved in six Serious Case Reviews (SCR's). Three were conducted by Haringey Local Safeguarding Children's Board, two by Islington Safeguarding Children's Board, and we contributed to one SCR within Lambeth.

The learning from these SCRs centred around communication and information sharing between agencies, managing complex adolescent mental health and thresholds for external agency involvement. A recurring theme is the level of communication between Whittington Health staff and General Practice. An action plan is in place and is closely monitored bi-monthly within a Safeguarding Committee to ensure outcomes are met.

We have yet to achieve our target of 80% of staff undertaking level 2 and level 3 safeguarding children training. Year-end performance was as follows; level 2 training 72%, and level 3 training 76%. There continues to be a concerted effort to increase compliance in this area and strategies developed include:

- Safeguarding Children training is now included in the monthly Trust Induction.
- Signposting of staff to Local Safeguarding Children Board training.

Safeguarding adults

This year has seen us appoint a substantive Safeguarding Adults Lead, who has ensured that the Trust is working in line with the pan-London policy and procedures for safeguarding that were published in February 2016. We are delighted to report significant improvement in compliance with level 1 and level 2 safeguarding adults training, enabling us to end 2015/16 exceeding the targets set.

July 2015 saw the introduction of Prevent, which is part of the government counter-terrorism strategy. It is designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming involved in terrorism themselves. As part of this strategy all NHS staff who have contact with patients must be trained using the Workshop to Raise Awareness of Prevent (WRAP) 3 model.

Our plans for the year ahead include:

- Roll out of “Prevent WRAP 3” training across the organisation
- Embedding a culture of identifying patients who should be subject to Deprivation of Liberty Safeguards
- Improving awareness of use of the Mental Capacity Act and embedding this across the organisation
- Developing with Islington Safeguarding Adult Board guidance for staff around self-neglect and working with patients who refuse services even though they need them, and they lack the capacity to make this decision.

Equality, Diversity and Human Rights

As an organisation committed to continuous learning and improvement Whittington Health is keen to improve the lives of employees, patients and services users, to eliminate discrimination and to foster positive relationships which will benefit health and wellbeing overall.



At our Board Seminar in 2015 directors discussed the issue of equality and planned further development sessions to tackle the multi-faceted aspects of equality and inclusion.

Our core values (ICARE; Innovation, Compassion, Accountability, Respect and Excellence) have been reviewed and strengthened to support the work in embedding a more inclusive culture, in particular with regard to the value ‘Respect’, which deals with dignity, human rights and equality.

We published our first Workforce Race Equality Standard (WRES) in December 2015¹ with a comprehensive improvement plan that recognises that there are multiple areas for improvement in order to achieve the Trust’s clinical goals and vision by 2020.

Whittington Health, as one of the largest employers in the local borough of Islington and neighbouring boroughs of Haringey, Hackney, Enfield, Camden and Barnet, is part of the Community Education Partnership Network (CEPN). Whittington Health has been playing a significant role in creating opportunities for apprenticeships, and in supporting wider-participation by our local residents who are in long term unemployment or are school leavers or have disabilities.

Each ISCU and directorate has been preparing action plans to address areas of underperformance in line with the results of the National Staff Surveys for 2014 and 2015 in relation to equality and inclusion.

Our Board has supported the establishment of Anti-Bullying and Harassment Advisors. The Anti-Bullying and Harassment scheme will provide support to alleged victims and perpetrators and is available to all staff.

¹Workforce Race Equality Standard – April 2014 to March 2015 (available from <https://www.whittington.nhs.uk/document.ashx?id=6006>)

The purpose of the scheme is to give all staff, new and existing, the confidence that there is zero-tolerance to bullying and harassment throughout the whole organisation.

Who has been involved in developing the Quality Account?

We have worked with many internal and external stakeholders in the development of this year's Quality Account.

Internally, clinical and operational teams have been at the forefront of developing the Account, from frontline staff to management level. Clinical and operational leads were crucial in ensuring the Quality Account is detailed and provides accurate information. Clinical and corporate divisions worked together to produce the Quality Account. The Information, Clinical Governance and Risk Management teams have all had significant input into developing the Account. Externally, our Quality Account has been seen by our local CCGs, local Health Watch, and our designated external auditors.

Statements from our external stakeholders



Statement for Whittington Health Quality Account 2015/16

Accessible services

Healthwatch Islington welcomes the continued work to meet the needs of people with Learning Disability within the Trust. This work reflects feedback contributed from the local community.

We would welcome more focus on equitable access for those facing language barriers, we have informed the Trust of community concerns on this issue. We would be keen to work with the Trust to support them to meet the Accessible Information Standard, both within the hospital and community setting.

Pressure ulcers

It is positive to see the continued focus on pressure ulcers despite changes to how these are measured at national level and we hope the Trust is able to reach their target on this.

Podiatry and physiotherapy

It is disappointing to see that the Trust is still struggling to meet performance targets relating to podiatry and physiotherapy. The data reflects the feedback that patients have given us about increasing waiting times. Patients also report a lack of clarity about how long they will need to wait for their next appointment. We are glad to see this remains a priority for the Trust and hope that the Haringey and Islington Well-Being Partnership focus on this will help keep the Trust sighted on this issue.

Multi-disciplinary working

It is early days but integrating services within and without the hospital appears to be having an effect on patient experience. This is both in terms of work carried out with care homes and work carried out with the boroughs multi-disciplinary teams based in primary care settings. This is exciting work from the public perspective as it will make care more person-focussed.

Maternity

As ensuring every child has the best start in life is a priority for both Haringey and Islington, we hope to see improvements in the rate of new birth visits within 14 days, bookings by 12 weeks, 6 days of pregnancy, and rates of pregnant mothers quitting smoking.

Public Involvement

We would welcome greater public involvement. We note the set-up of a new Community and Public Forum to harness views and experiences from the community. This is in its early stages and we hope that over the

coming months we can embed the Forum in to the decision-making processes of the Trust, and ensure that the Forum is led by the patient and resident view with the Trust able to demonstrate how the patient view has influenced their processes.

The process for contributing to the Quality Statement would certainly be enhanced by greater ongoing involvement at the Trust. We have discussed this with the Trust and they have assured us that they are working on a more robust process with greater lead in time in the coming year. Having won a national award for our involvement of volunteers and the local community in our own work we look forward to supporting the Trust to develop effective community involvement.

Statement for Whittington Health Quality Account 2015/16

There has been good progress in many areas and we note the relatively high percentage of staff who would recommend The Trust to friends and family as a place for their care. The percentage of patients who would recommend the hospital to their friends and family is also encouraging, even in A&E where waiting times are lengthening. We are pleased to see that efforts will continue to increase both the response rates and the percentage of those recommending.

We think that in addition to the FFT there should be an emphasis on learning from “complaints and comments” which is highlighted in the Quality Account. The large number of “comments”, seven times the number of “complaints,” is a rich source of feedback and learning and should be systematically captured and reported.

We note the performance against the 2015/16 priorities and whilst the targets have not all been met there has been good progress towards achieving them. We agree that there is further work to be done in relation to Sepsis and AKI and are pleased to see that these remain as priorities in 2016/17. We agree with the other priorities that have been identified for this year and look forward to seeing progress in all these areas.

We note that new birth visits in Haringey at 86.3% well below target of 95% and below Islington rate of 92.6%. We would like to know why this is the case and what action is being taken to bring the Haringey performance up to target.

We are aware of the changes in patient engagement arrangements and the concerns that have been expressed by some patient representatives about the effectiveness of these changes. We will continue to support the new governance arrangements but keep them under review with Healthwatch Islington over the coming months.

Chair of the Joint Health Overview and Scrutiny Committee Statement for Whittington Health Quality Account 2015/16

There is good progress in a number of areas, and in particular low staff sickness rates are a very good sign. Response rates on the FFT are disappointingly low, and also the openness and transparency ranking. In a number of areas there are unsubstantiated claims of improvements. The absence of clear evidence is disappointing, and casts doubt over how firm these improvements are. Examples would help significantly. In areas where improvements are identified as required, it would be reassuring to know the kinds of strategies proposed to be employed to achieve these improvements. A clear strategy would also help gauge a realistic level of improvement that could be aspired to in the coming year, rather than just setting very high targets and then being disappointed.

Commissioners' Statement for Whittington Health Quality Account 2015/16

NHS Islington Clinical Commissioning Group (CCG) is responsible for the commissioning of health services from Whittington Health NHS Trust on behalf of the population of Islington and surrounding boroughs.

This Account has been reviewed within Islington CCG, Haringey CCG and by colleagues in NHS North and East London Commissioning Support Unit.

Islington CCG welcomes the opportunity to provide this statement on Whittington Health Trust's Quality Accounts. We have reviewed the information contained within the Account and checked this against data sources where available to us as part of existing contract/performance monitoring discussions. We confirm the information is accurate in relation to the services provided but acknowledge that some information such as CQUIN (Commissioning for Quality and Innovation) data for Quarter 4 2015/16 has not yet been validated. We confirm that the content of the Account complies with the prescribed information, form and content as set out by the Department of Health.

The CCG recognises that the Trust has worked hard in 2015/16 to improve its safety culture with a number of initiatives such as the Sign up to Safety campaign. It is gratifying that these initiatives have contributed to:

- Being assessed as 'Good' in the 'Learning from Mistakes League' produced on individual trust's openness and transparency on the reporting of incidents, errors and near misses
- Ensuring that over 95% of all serious incident reports during 2015/16 were submitted within agreed timeframes
- Significant reductions in the number of Clostridium Difficile infections and that of the 7 cases reported no lapses in care were identified

We recognise that in addition to the successes identified there have been challenges for the Trust during 2015/16. One area of particularly challenge being A&E. Throughout 2015/16 there has been significant pressure on A&E departments across London, and Whittington Health A&E department has not been immune from this. We will continue to work with the Trust to improve patient flow through A&E to ensure all patients using this service have a positive experience of care.

The CCG welcome the continuation of the priorities set by the Trust for 2015/16 into 2016/17. The 'React to Red Skin' initiative for 2016/17, building upon the Trusts pressure ulcer reduction work of 2015/16 which achieved a 59% reduction of avoidable grade 3 pressure ulcers in the community. We hope that the renewed focus on patients with Learning Disabilities will enable the achievement of all of the objectives previously identified. It is also encouraging to see the Trust has a number of new initiatives in 2016/17 to ensure the Maternity Department builds upon the care for mothers and babies.

In addition to the above, we welcome the focus on community services, as we feel work to improve the quality of these is central to reducing the pressure on acute provision. The CCG will continue to work with the Trust to integrate models of care to achieve this goal, and we look forward to more detail on community services being provided within next year's quality account.

As commissioners we look forward to working with the Trust during 2016/17 and we commend the fact that there is a real willingness to work collaboratively to improve the experience for the population the Trust serves. We look forward to the Trust demonstrating the improvements in patient care they will be applying over the coming year.

How to provide feedback

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

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

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

- Board minutes;
- papers relating to the Quality Account reported to the Board;
- feedback from Healthwatch;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009,;
- the latest national patient survey;
- the latest national staff survey;
- the Head of Internal Audit's annual opinion over the trust's control environment;
- feedback from Commissioners;
- the annual governance statement; and
- CQC Intelligent Monitoring reports.

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

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

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

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

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



Simon Pleydell
Chief Executive

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

We are required to perform an independent assurance engagement in respect of the Whittington Hospital NHS Trust's Quality Account for the year ended 31 March 2016 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following indicators:

- Percentage of patients risk-assessed for VTE
- Rate of clostridium difficile infections

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

Respective responsibilities of the Directors and the auditor

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

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

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

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

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

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and

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

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

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

- Board minutes for the period April 2015 to June 2016;
- papers relating to quality reported to the Board over the period April 2015 to June 2016;
- feedback from the Commissioners dated June 2016;
- feedback from Local Healthwatch dated June 2016;
- feedback from the overview and scrutiny committee dated June 2016;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated October 2015;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national staff survey dated March 2016;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 1 June 2016; and
- the annual governance statement dated 1 June 2016.

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

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

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and the 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 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 2016:

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

KPMG LLP
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24 June 2016

Glossary

Abbreviation	Definition
BTS	British Thoracic Society
C Diff	Clostridium Difficile
CCG	Clinical Commissioning Group
CEPN	Community Education and Provider Network
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUINS	Commissioning for Quality and Innovation
DATIX	Name of incident reporting system
DBS	Disclosure and Barring Service
DNA	Did not attend
DoLS	Deprivation of Liberty Safeguards
DTC	Day Treatment Centre
DVT	Deep Vein Thrombosis
ED	Emergency Department
FFT	Friends and Family Test
GMC	General Medical Council
HCAI	Healthcare Associated Infections
ICAM	Integrated Care and Acute Medicine
ICAT	Integrated Community Ageing Team
ICO	Integrated Care Organisation
IG	Information Governance
LoS	Length of Stay
MCA	Mental Capacity Act
MSK	Musculo-Skeletal
NIHR	National Institute of Health Research
NRLS	National Reporting and Learning System
PALS	Patient Advice Liaison Service
PE	Pulmonary Embolism
PROMs	Patient Reported Outcome Measures
RTT	Referral to Treatment
SCD	Surgery, Cancer and Diagnostics
SHMI	Summary Hospital Level Mortality Indicator
SI	Serious Incident
TDA	Trust Development Authority
UCLH	University College London Hospitals
UCLP	University College London Partners
VTE	Venous Thromboembolism
WCF	Women's Children & Families
YTD	Year to date