Quality Account 2016/17

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1. Statement on quality from the Chief Executive

1.1 Chief Executive's statement

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.

The Trust won the CHKS Top Hospitals programme quality of care award 2017. The CHKS Top Hospitals awards celebrate excellence throughout the UK and are given to organisations for their achievements in healthcare quality and improvement.

We received our Care Quality Commission (CQC) full inspection report in July 2016 in which Whittington Health was rated 'Good' overall and 'outstanding' for caring; however within this, the community services were Good to Outstanding, and the hospital 'requires improvement'. Our focus has continued to be on completing actions to improve quality across both the hospital services and community services. These are outlined in this Quality Account.

Over the past year the teams delivering the care to our local community have developed a number of quality initiatives:

- We were one, of only 4, sites selected to pilot a new model of midwife supervision.
- We were shortlisted for the Patient Experience National Network Awards for the Footprints project. This project centred on hearing women's voices to improve care based on human rights principles.
- Our midwives were shortlisted for the British Medical Journal Awards for the Female Genital Mutilation service they run.
- Whittington Health achieved the highest flu vaccine levels in London for which our infection control team were awarded a staff excellence award.
- Our innovative team introduced gentle birth methods, which include reflexology and massage therapy for couples (promoting normality) in midwifery
- 'Excellent'. This was the Peer review classification result of our Paediatric Oncology Shared Care Unit. We are now looking to develop an adolescent service.
- Gold Standard Services. Our Paediatric Mental Health team is one of only two gold standard services in London.
- We are one of the few trusts that meet the Royal College of Paediatrics and Child Health and the NHS acute paediatric standards due to the consultant presence we have in our acute services.
- Self-Management Partnership. We have developed a service user self-management partnership with Tottenham Hotspur.
- Our Tissue Viability Team have led the red pressure reduction campaign in the Trust.
- Further innovation within our Improving Access to Psychological Services led to the development of a new mothers programme.
- Cheryl Hill our imaging manager was a finalist in the Emerging Leader category of the London Leadership Academy Annual leadership Awards.
- We are a pilot site for new pharmacist roles in GP practices and Urgent Care.
- We held 2 Inter-professional Integrated Care Education Days in April and May. These were extremely well received, with excellent feedback from the attendees.
- Advance Care Planning Workshops. We have run 8 events for our local GPs and Care Homes focussing on care of dying patients in the last days of life and supporting professional to look at ways of approaching difficult conversations with patients and their families
- 'Learning Together from Patient Safety Incidents and Complaints'. These inter-professional education events we have developed based on real patient stories, highlighting key learning points for various staff groups. The 10 Learning Together

events this year were attended by WH staff and colleagues working in social care, primary care and the voluntary sector

- 'Islington Integrated Schwartz Rounds'. These are the first Schwartz rounds of this kind to be established. They were set up and run in collaboration with our Community Education Provider Network (CEPN) partners, inviting colleagues from Camden and Islington Mental Health Trust, Islington Clinical Commissioning Group, London Borough of Islington and Whittington Health
- Our 'Outstanding' Care Quality Commission rated community dental service won a tender to deliver services across a further five boroughs in North Central and North West London

This year in June we will be having our first Annual staff awards.

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 and those with mental health issues. We reported 87.36% percent performance for the year and have been working very closely with the Emergency Care Improvement Programme (ECIP) identifying and implementing quality improvements to our emergency pathway. One area of focus is to improve the experience of our mental health patients. Working in collaboration with Camden and Islington Foundation Trust and our wider partners we will review and improve the multiagency model of care for our mental health patients in crisis (Section 136 pathway). This will be launched at a workshop in June 2017.

Our excellent Integrated Care Ageing Team (ICAT) has been set up to provide in-reach into care homes in Islington and is looking to work closely with the Care Closer to Home initiatives of the Sustainability and Transformation Plan to continue to support high quality care for the older people we serve.

Within the community we are working to improve our for musculoskeletal services through working with the Haringey and Islington Health and Wellbeing Partnership and piloting new ways of working with Extended Scope Physiotherapists in three GP practices. Within our District Nursing Team we are improving our recruitment and retention through overseas recruitment and have increased the numbers of nurses undertaking the specialist practitioner District Nurse and Specialist Practitioner courses, as well as introduced our new scheduling system e-community which will increase continuity of visits and patient facing time. In addition the workforce model for health visiting and community paediatrics across Haringey and Islington is currently being reviewed with a view to ensuring an effective, sustainable and efficient service is provided to the Children and Young People which we serve.

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.

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

Simon Pleydell
Chief Executive

1.2   About the Trust

Whittington Health's vision is to be a national leader in delivering safe, personal, coordinated care to the local community. It is geographically placed in the centre of North Central London (NCL) with a portfolio of services covering the populations of Haringey and Islington but also with some community services in Camden, Enfield, Barnet and Hackney. The Trust is an Integrated Care Organisation (ICO) and delivers some of the most innovative models of ambulatory and integrated care in the region e.g. Integrated Respiratory Services, Integrated Care of the Ageing, Integrated Care Hubs and working closely with social care.

Over the last twelve months, the organisation has been working closely with the Haringey and Islington Clinical Commissioning Groups (CCGs), Local Health Authorities (LHAs) and local providers (including Mental Health) in developing the Haringey & Islington Health and Wellbeing Partnership. The objective of this partnership is to work in an integrated and collaborative way to provide high quality health and social care for our local population. This work has been recognised and supported by, and integrated into the North Central London (NCL) Sustainability and Transformation Plan (STP).

As an Integrated Care Organisation (ICO) with community and hospital services across Islington and Haringey, Whittington Health is in a unique and important position to deliver the strategic objectives of the STP. The Trust's mission, documented in our clinical strategy, is to 'help local people live longer, healthier lives'. A key strategic goal is to secure the best possible health and wellbeing for all our community, of which prevention and health promotion is a key objective. An example of this is our CQC rated 'outstanding' community dental services. A key priority next year is embedding our work in co-creating health and shared decision making across our geography and taking a population-based approach to prevention. In addition to prevention, the Trust has led on the development of important service transformation such as our 'outstanding' ambulatory care model, rapid response and frailty units, and integrated care networks, which align directly with intentions to deliver care closer to home.

Within this context, the Trust, like many providers nationally, faces significant financial challenges. The year-end revenue forecast for 2016/17 is a £6.4m deficit, which is in line with the Trust's control total for the year inclusive of Sustainability & Transformation Funding (STF). The underlying, recurrent, position without STF is estimated to be a £15.2m deficit. A central goal for Whittington Health is to reduce costs whilst continuing to deliver high quality care. The Trust identified the need to deliver £25m of improvements when producing its 2016/17 financial plan, which was supported by the development of a 2-year programme. However, as highlighted in this plan, there are risks and challenges associated with our financial position, such as securing a contract for clinical service provision with an income quantum that reflects the level of activity undertaken by the Trust.

1.3   Listening to our staff

This is the sixth year in which Whittington Health, as an Integrated Care Organisation (ICO), has conducted the national staff survey. The survey asks a random sample of the Trust's staff (1,227 people in 2016) a number of questions to see how they respond, giving an insight into the how staff feel about how the Trust is managed, its culture, and the services it provides.

Staff Engagement Indicator

The Care Quality Commission (CQC) report provides an overall indicator of staff engagement for Whittington Health and how it compares with other acute community Trusts. The possible scores range from 1 to 5 (with 1 indicating poor engagement and 5 high engagement).

The Trust's score of 3.83 is above the national average of 3.8 and a local improvement from 3.79 in 2015. The table below illustrates how this score is arrived at and how we were rated under each of the nine staff engagement questions.

Staff Engagement	Whittington Health Scores	National Scores for Acute Community Trusts
Advocacy		
I would recommend WH as a great place to work	3.59	3.50
I am happy with the standard of care provided	3.82	3.73
Care of patients is a top priority for Whittington Health	3.93	3.83
Involvement		
I am able to make suggestions to improve the work of my team / department	3.95	3.84
There are frequent opportunities for me to show initiative in my role	3.89	3.82
I am able to make improvements happen in my area	3.60	3.48
Motivation		
I look forward to going to work	3.60	3.61
I am enthusiastic about my job	3.94	4.00
Time passes quickly when I am working	4.13	4.14
Overall engagement score	**3.83**	**3.80**

Top Ranking Scores

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

	Indicator	Trust	National
1	Percentage of staff reporting errors, near misses or incidents witnessed in last month	97%	91%
2	Quality of appraisals	3.35 (score)	3.11 (score)
3	Percentage of staff/colleagues reporting most recent experience of violence	78%	67%
4	Percentage of staff agreeing that their roles make a difference to patients / service users	93%	91%
5	Percentage of staff reporting good communication between senior management and staff	36%	32%

It is encouraging to note improvements in areas such as good communication between senior managers and staff and the quality of appraisals, as these were targeted improvement actions from last year's survey. In addition there has been a focus on incident reporting and feedback and this appears to have been reflected in the results.

Bottom Ranking Scores

Where the Trust compares least favourably with other acute community Trusts is set out below.

	Indicator	Trust	National
1	Staff working extra hours	78%	71%
2	Staff suffering work related stress in last 12 months	42%	36%
3	Staff experiencing harassment, bullying or abuse from staff	30%	23%
4	Percentage of staff experiencing discrimination at work in the last 12 months	19%	10%
5	Percentage of staff experiencing harassment, bullying or abuse form patients, relatives or the public in last 12 months	31%	26%

Disappointingly, three of the bottom ranking scores (numbers 1 – 3) appeared in the same category in the Trust's 2015 results and have shown little improvement in year. It is the first time that the percentage of staff experiencing harassment, bullying or abuse from service users has been highlighted as a concern and this will require specific attention this year.

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (KF26)

30% of staff reported experiencing harassment, bullying or abuse from staff in the last twelve months, an increase from 29% in 2015.

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion (KS21)

79% of staff reported believing that the Trust provides equal opportunities for career progression or promotion, a slight decrease from 80% in 2015.

At the trust Board in April 2017, the Trust agreed a robust action plan to tackle the areas of concern highlighted to us by staff. These actions range from evaluating findings from our Anti Bullying Advisers; tackling specific identified behaviours at a local level; rolling our unconscious bias training to all staff and creating focus groups to understand how we can better focus career management on improving diversity.

Progress on the 2015 Staff Action Plan

A corporate action plan was developed and an accountable executive identified for leading on each of the corporate priorities. The Trust Board approved this action plan in April 2016 with a progress update given in August 2016.

Good progress was made in the development and execution of the staff survey corporate action plan. There was high level engagement in cascading results through Integrated Clinical Service Units (ICSU) and more local service team meetings. Through the Clinical Directors and Human Resources (HR0 Business Partners there was more staff engagement and involvement of staff in the improvement plans at a local level.

Quarterly ICSU performance reviews ensure that local action plans are being delivered. All 31 of the corporate actions were completed by March 2017.

Significant progress has been made in each of these areas. Some of the actions taken included:

- Development of a staff communication and engagement plan;

- Organisational goals and objectives cascaded within service areas and individual objectives aligned;

- Focus on the quality and quantity of annual appraisal;

- Quarterly reporting of all workforce performance indicators to the newly established Workforce Assurance Committee;

- Occupational Health promoted the use of a stress self-assessment questionnaire;

- Bi-annual health and well-being events;

- Introduction of a half-yearly health and safety bulletin for all staff;

- Development of unconscious bias masterclass for all managers;

- Reinforced our organisational values and zero-tolerance of bullying including the introduction of Anti-bullying Adviser role across the Trust; Equality and diversity training introduced as management induction training;

- Mechanisms for staff feedback to those that report an incident reviewed;

- Quarterly analysis of learning from outcomes from reported incidences to all staff.

- Recruitment of the role of 'Speak Up' guardian for the Trust

2. Priorities for improvement and statements of assurance from the Board

2.1 Our quality priorities for 2017-18

Our quality priorities are aligned with the Trust's commitment to the 'Sign up to Safety' initiative, which aims to progressively improve quality over a period of three years. Many of the areas chosen for quality improvement in 2016/17 have been retained for the forthcoming year as we continue to consider these important. In addition, we include goals that we believe are important to us as a Trust and to our patients and community.

Goals and targets are developed following extensive consultation with staff and stakeholders. Each target has been developed by clinicians in issue-led quality groups, agreed at the patient safety forum and reviewed at all levels of the Trust, including by the Trust Management Group and Board. Following this, they are considered by our commissioners, local Healthwatch members, and presented to our local councillors.

In developing these priorities, we utilise a range of data and information available to us, such as learning from serious incidents, case note reviews, reviews of mortality and harm, complaints, clinical audits, outcomes from quality panel reviews, patient and staff experience surveys, and best practice guidance such as from NICE and national audits.

Our education quality targets are closely linked to the work we have been involved in with the Community Education Provider Networks where staff across Health, Social care and Primary Care have developed, with Whittington Health, Interprofessional programmes of education. The feedback from the staff and the patient and users has helped further refine what these quality objectives should be.

Our safety and quality priorities for 2017/18 are detailed in the table below:

Domain	Objective
Acute Kidney Injury (AKI) **Acute Kidney Injury is sudden damage to the kidneys that causes them to not work properly. This usually happens as a complication of another serious illness.**	At least 75% of patients with AKI include an AKI diagnosis in their discharge letter
	At least 90% of patients that develop grade 3 AKI have a medicine safety review within 24 hours
	At least 90% of patients with grade 3 AKI are seen by Critical Care Outreach Team within 24 hours.
Sepsis **Sepsis is a rare but serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death.**	We will achieve the national CQUIN for sepsis with a particular focus on sepsis developing during inpatient stay
	We will work in partnership with local CCG's to raise patient awareness of sepsis including the distribution of "Could it be sepsis" leaflets distributed relevant local healthcare provider centres.

Falls **Anyone can have a fall, but older people are more vulnerable and likely to fall, especially if they have a long-term health condition.**	We will introduce StopFalls bundles across the hospital, and achieve 80% compliance with falls assessment documentation on the Acute Admissions Unit (*AAU)* and *Care Of Older People* wards
	We will reduce the number of avoidable falls resulting in serious harm to patients year on year
Pressure Ulcers **Pressure ulcers are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are sometimes known as "bedsores" or "pressure sores".**	To achieve a year on year reduction in all grades of pressure ulcers across the Integrated Care Organisation
	We are developing a cross borough target on the 'React to Red Initiative' with local partners.
Learning disabilities **A learning disability affects the way a person understands information and how they communicate. This means they can have difficulty:** - **understanding new or complex information** - **learning new skills** - **coping independently**	75% of patients who present to the Emergency Department with learning disabilities are given a priority assessment.
	We will introduce a care pathway for mothers with learning disabilities in the hospital All children and young people entering Child and Adult Mental Health Services (CAMHS) for a Choice appointment will be screened for Learning Disabilities
Medication errors Medication errors are patient safety incidents involving medicines in which there has been an error in the process of prescribing, dispensing, preparing, administering,	We will achieve a 10% increase in medication errors reported across the Integrated Care Organisation.
	We will achieve a 10% reduction in medication errors with harm.

monitoring, or providing medicine advice, regardless of whether any harm occurred.	
Research and Education	We will increase by 10 percent the number of National Institute of Health Research (NIHR) programmes in which we participate.
	We will achieve the recruitment target, set by the North Thames CLRN, for patients recruited into NIHR portfolio studies.
	We will continue to provide access to 'learning together from patient safety incidents and complaints workshops' based on real patient stories and aim to deliver 10 structured inter-professional learning events this year.
	100% of students placed at WH will have access to a named educational and clinical supervisor or mentor
	We will expand our portfolio of inter-professional learning opportunities for staff by offering training in Making Every Contact Count and access to the training offered by Haringey and Islington Community Education Provider Networks (CEPNs).
	We will offer upskilling opportunities to health professionals on how to teach and support people to self-manage their long term condition by offering the advanced development programme across Islington and Haringey.
	We will evaluate the access group, currently running in the East of Haringey's Improving Access to Psychological Therapies (IAPT) service, which Turkish patients are offered before the delivery of individual Cognitive Behavioural Therapy (CBT). We aim to establish its effectiveness in improving outcomes, and reducing DNAs and dropouts in this BME community
Patient Experience	We will reduce the amount of time patients wait for booked transport from home to hospital This will be monitored through real time information and contract specification.
	We will reduce outpatient clinic appointment cancellations.
	We will reduce noise at night from other patients. Improvement will be measured via the inpatient and

	outpatient National Survey Picker results and through 'real time' experience surveys (Meridian).
	We will improve continuity of care from District Nurses. This will be monitored through of e-community
	We improve the feedback we receive about our inpatient food. Improvement will be measured via the inpatient and outpatient National Survey Picker results and through 'real time' experience surveys (Meridian).

These patient experience priorities were determined through triangulation of information from complaints, local and national surveys (including FFT) and the very useful feedback from service users via the engagement and workshop event with Islington Healthwatch.

2.2   Statements of assurance from the Trust Board

2.2.1 Subcontracted services

During 2016-17 Whittington Health provided 101 services (41 Acute & 60 community services). Of these services the following are subcontracted:

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 Foundation Trust	South Hub TB Resources
University College London Hospitals Foundation Trust	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
WISH Health Ltd A network of 8 local practices; four in North Islington and four in West Haringey.	Provide primary care services to the Urgent Care Centre at the Whittington Hospital

The Trust has reviewed all data available to them on the quality of care in these relevant health services through the quarterly performance review of the ICSU and contract management processes.

The income generated by the relevant health services reviewed in 2016-17 represents 100% of the total income generated from the provision of relevant health service that Whittington Health provides.

2.2.2 Participation in Clinical Audits 2016-2017

During 2016-17, **41** national clinical audits including **7** national confidential enquiries covered relevant health services that Whittington Health provides.

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

The national clinical audits and national confidential enquiries that Whittington Health was eligible to participate in, and participated in, during 2016/17 are listed below. This includes the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Additionally listed are the non-mandatory national audits to which the Trust also participated during 2016/17.

Title of audit	Management body	Participated in 2016/17	If completed, number of records submitted (as total or % if requirement set)
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	National Institute for Cardiovascular Outcomes Research	✓	92 cases - 100% case ascertainment rate
Adult Asthma	British Thoracic Society	✓	23 cases
BAUS Urology Audits - Percutaneous Nephrolithotomy (PCNL)	British Association of Urological Surgeons	✓	16 cases

Bowel Cancer (NBOCAP)	Royal College of Surgeons of England	✓	96 cases
Case Mix Programme (CMP) - Intensive Care Audit	Intensive Care National Audit & Research Centre	✓	804 cases – 100% case ascertainment rate
Child Health Clinical Outcome Review Programme - Chronic Neurodisability	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	1 case – 100% case ascertainment
Child Health Clinical Outcome Review Programme - Young People's Mental Health	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	3 cases - 100% case ascertainment
Diabetes (Paediatric) (NPDA)	Royal College of Paediatrics and Child Health	✓	107 cases
Elective Surgery (National PROMs Programme)	Health and Social Care Information Centre	✓	22 cases
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	Royal College of Physicians (London)	✓	124 cases
Inflammatory Bowel Disease (IBD) programme / IBD Registry	Royal College of Physicians (London)	✓	62 cases
Learning Disability Mortality Review Programme (LeDeR)	University of Bristol	✓	Ongoing
Major Trauma Audit	TARN - University of Manchester	✓	38 cases - 28% case ascertainment rate
Moderate & Acute Severe Asthma - adult and paediatric (care in emergency departments)	Royal College of Emergency Medicine	✓	15 cases
National Audit of Dementia - Dementia care in general hospitals	Royal College of Physicians	✓	44 cases
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre	✓	107 cases
National Comparative Audit of Blood Transfusion programme - Audit of Patient Blood Management in Scheduled Surgery	NHS Blood and Transplant	✓	4 cases

National Diabetes Audit - Adults - National Diabetes Foot Care Audit	Health and Social Care Information Centre, Diabetes UK, HQIP	✓	69 cases
National Diabetes Audit - Adults - National Diabetes Inpatient Audit (NaDia)	Health and Social Care Information Centre	✓	39 cases
National Diabetes Audit - Adults - National Pregnancy in Diabetes Audit	Health and Social Care Information Centre	✓	12 cases – 97% case ascertainment rate
National Diabetes Audit - Adults - National Diabetes Transition	Health and Social Care Information Centre	✓	*No additional data submission is needed*
National Diabetes Audit - Adults - National Core Diabetes Audit	Health and Social Care Information Centre	✓	1827 cases
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	✓	101 cases
National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research	✓	150 cases
National Joint Registry (NJR) - Knee and Hip replacements.	National Joint Registry	✓	Ongoing
National Lung Cancer Audit (NLCA)	Royal College of Physicians	✓	60 cases
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health	✓	494 cases
National Prostate Cancer Audit	Royal College of Surgeons	✓	114 cases
Oesophago-gastric Cancer (NAOGC)	Health and Social Care Information Centre	✓	24 cases
Paediatric Pneumonia	British Thoracic Society	✓	Ongoing
Sentinel Stroke National Audit programme (SSNAP)	Royal College of Physicians	✓	Early Supported Discharge – 57 cases Community Rehabilitation Team – 9 cases
Severe Sepsis and Septic Shock (care in emergency departments)	Royal College of Emergency Medicine	✓	27 cases

Maternal, Newborn and Infant Clinical Outcome Review Programme			
data on 26 cases were submitted to MBRRACE-UK who allocate to the appropriate work stream			
Confidential enquiry into stillbirths, neonatal deaths and serious neonatal morbidity	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
National surveillance of perinatal deaths	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Confidential enquiry into serious maternal morbidity	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
National surveillance and confidential enquiries into maternal deaths	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Perinatal Mortality Surveillance	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Maternal morbidity and mortality confidential enquiries (cardiac (plus cardiac morbidity) early pregnancy deaths and pre-eclampsia)	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Maternal mortality surveillance	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Medical and Surgical Clinical Outcome Review Programme			
Cancer in Children, Teens and Young Adults	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Ongoing
Heart Failure	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Ongoing
Acute Pancreatitis	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	5 cases– 100% case ascertainment
Physical and mental health care of mental health patients in acute hospitals	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	5 cases– 100% case ascertainment
Non-invasive ventilation	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	5 cases – 100% case ascertainment

Mental Health Clinical Outcome Review Programme			
Suicide by children and young people in England(CYP)	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), University of Manchester	✓	If cases identified to WH then participate
Suicide, Homicide & Sudden Unexplained Death	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), University of Manchester	✓	
The management and risk of patients with personality disorder prior to suicide and homicide	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), University of Manchester	✓	
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme			
Pulmonary rehabilitation	Royal College of Physicians / British Thoracic Society	✓	Ongoing
Secondary Care	Royal College of Physicians	✓	Ongoing

Additional (non-mandatory) National Audits undertaken during 2016/17

Title of audit	Management Body	Participated in 2016/17	Status
Minimum Data Sets for Palliative Care	National Council for Palliative Care	✓	Completed
Cardiac Rehabilitation	Health & Social Care Information Centre, British Heart Foundation	✓	Ongoing data collection
Systematic anti-cancer therapy - chemotherapy dataset	National Cancer Intelligence Network	✓	Ongoing data collection

National study of HIV in Pregnancy and Childhood	NSHPC	✓	Ongoing data collection
Society of Acute Medicine Benchmarking Audit	Society of Acute Medicine	✓	Completed
7 Day Services Self-Assessment Tool	NHS England, TDA	✓	Completed
NPDA - PREM audit	Royal College of Paediatrics and Child Health	✓	Completed
London Ambulance Service out of hospital cardiac arrest	London Ambulance Service	✓	Ongoing data collection
UNICEF Baby friendly initiative Mother's audit	UNICEF	✓	Ongoing
Smoking Cessation Audit	British Thoracic Society	✓	Completed
Consultant Sign-off (Emergency Departments)	Royal College of Emergency Medicine	✓	Completed
Sexual Health Screening and risk Assessment	British Association for Sexual Health and HIV	✓	Completed
SAS audit on Gonorrhoea management	British Association for Sexual Health and HIV	✓	Completed
BAD-PRPath NMSC Excision National re-audit	British Association of Dermatologist	✓	Completed
Complex Intra-abdominal Infections	Surgical Infection Society and Infectious Disease Society of America	✓	Completed
National Maternity and Perinatal Audit	Royal College of Obstetricians & Gynaecologists	✓	Ongoing data collection
6th National Audit Project of the Royal College of Anaesthetists - Perioperative Anaphylaxis in the UK	Royal College of Anaesthetists	✓	Ongoing data collection
Testing pulmonary rehabilitation audit dataset and new software	British Thoracic Society	✓	Ongoing data collection
The Right Iliac Fossa Pain Treatment (RIFT) Audit	West Midlands Research Collaborative	✓	Ongoing data collection
ESCP 2017 Snapshot audit - left	European Society of	✓	Ongoing data

colon, sigmoid and rectal resections	Coloproctology		collection
National Complicated Diverticulitis Audit	Yorkshire Surgical Research Collaborative	✓	Ongoing data collection
Closure of Intestinal Stoma	European Society of Coloproctology	✓	Completed
Term Neonatal Hypoglycaemia Admissions Audit	NHS England	✓	Completed

The reports of **11** national clinical audits/ national confidential enquiries were reviewed by the provider in 2016/17.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires in 2017/18 by ensuring:

- National audit and national confidential enquiries will continue as a key component of the Trust Integrated Clinical Service Units (ICSU) Quality Improvement programmes. Priority will be assigned to all mandatory projects thus maintaining our gold standard 100% participation rate with these studies.
- Monthly compliance with these programmes will be monitored via centralised reporting to each respective ICSU.
- Performance outcome presentations for national audits will be given at senior ICSU and corporate level meetings, including Trust speciality half day audit and quality improvement meetings.
- Optimal clinical and managerial leadership will remain essential to ensure national project completion and reflection.

Examples of results/actions being taken for previous national audits:

National Adult Asthma audit 2016 (BTS)

This annual audit focuses on adult asthma admissions to hospital, management in hospital and discharge arrangements. Results accordingly allow comparison and identification of any substantial change in the deficiencies which have been identified in previous years.

Whittington Health audited and submitted 23 cases for the period of September and October 2016. Results were submitted to National Adult Asthma Audit (BTS).

There are 5 best practice items, as below. From the audit results, we are able to assess our own practice and performance and benchmark ourselves against other NHS organisations:

• Assessment of inhaler technique;

• Review of medications;

• Provision of a written action plan and patient self-management;

• Consideration of triggering and exacerbating factors;

• Appropriate follow up arrangements.

Whittington Health promotes a standard practice of respiratory nurse specialists reviewing all adult patients with asthma, admitted to the hospital. The 5 best practice items are reviewed and actioned by these nurses.

Some key results:

- **Gender:** Of our 23 submissions 57% were male (national results 31%) and 43% were female (national result 69%).
- **Length of patient stay and readmission:** Our average length of stay was 4 days compared to national results of 2 days. Significantly however, we only had 4% (1 patient) readmitted within 3 months, compared to 16% nationally. Additionally, several clinical indicators i.e. number of individuals who were hypoxic on admission, had raised pCO_2, were current smokers and had adverse psychological or behavioural factors were higher than national figures, demonstrating that our cohort of patients admitted are more unwell than the national average.
- 87% of our patients had **steroids within four hours** compared to 65% nationally. A total of 39% of our patients received these steroids within 1 hour which is gold standard practice. Nationally this figure was 33%.
- We scored 53% for the provision of a **written action plan**. This appears low at initial glance however 30% of patients already had a written action plan in place. Therefore, in total, 83% of our patients left hospital with a personal asthma action plan. The comparative national result was 41.2%. This result is particularly pleasing as the provision of a 'personal asthma action plan' is one of the key recommendations from the recent National Review of Asthma Deaths report.
- 100% of our patients were **discharged on inhaled steroids**; nationally this figure was 82%.

Our complete results demonstrate that our inpatient respiratory nurse specialists cover all elements that would be expected from an asthma 'care bundle'. For each of the five best practice elements, Whittington Health performed better than the national results.

National audit of Inpatient Falls (Report 2015/16)

The National Audit of Inpatient Falls (NAIF) is a clinically led, web-based audit of inpatient falls prevention care in acute hospitals in England and Wales. NAIF aims to improve inpatient falls prevention through audit and quality improvement.

Round 1 of the National Audit of Inpatient Falls took place in 2015. The first report showed data on nearly 5,000 patients aged 65 years or older across 170 hospitals, and reviewed how well hospital trusts and local health boards prevent inpatient falls in England and Wales, which are set against the NICE guideline (CG161) on falls assessment and prevention.

Our actions:

Whittington Health has a **low rate of falls compared to national figures** however we need to address our care plans to incorporate the 7 key indicators.

Plan: To review our current assessment and risk tool to ensure we incorporate these key indicator recommendations:

- Assessment for the presence or absence of delirium and dementia;
- Measurement of lying and standing blood pressure;
- Medication review
- Visual assessment
- Continence/ toileting care plan
- Appropriate mobility aid within patient reach
- Call bells in sight and reach of patient

National clinical audit of biological therapies 2016

The purpose of the National clinical audit of biological therapies is to measure the efficacy, safety and appropriate use of biological therapies in patients with Inflammatory Bowel Disease in the UK. The audit also aims to capture patients' views on their quality of life at intervals during their treatment.

What do we do well?

- In line with national recommendations, all new patients are being commenced on infliximab biosimilars. We are currently working with patients on established therapies to consider switching to biosimilars.
- Our patients undertake comprehensive pre-screening prior to treatment with biological therapies.
- Our patients have documented follow up within 3 months and at 1 year following initial treatment with biologics. A disease activity index is also recorded in all patients at baseline, 3 months and 1 year as a minimum. These steps will ensure that only appropriately responding patients continue to have treatment.
- Steroid use in all patients is kept to a minimum in line with national recommendations.

Plan for improvement:

- Clinicians will share findings and recommendations of this report at relevant multidisciplinary team, clinical governance and audit meetings.
- An updated record should be kept on all patients on biologics and where possible this should be submitted to the IBD Registry for national analysis.

The reports of **113** local clinical audits were reviewed by the provider in 2016/17.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in 2017/18 by ensuring:

- All clinical audits are mapped against the Care Quality Commission five areas under Key Lines of Enquiry of Safe, Effective, Caring, Responsive and Well-led.

- Capacity will continue to be channelled where appropriate away from small ad-hoc audits to major, national audits vital to safety without losing flexibility or suppressing good local ideas.
- Usage of the newly published quality improvement project form will be monitored on a regular basis. This will allow review of all QI projects to include clinical audit, Model for Improvement, Lean/6-Sigma 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. Additionally, we plan to extend this remit to all quality improvement projects.
- Project actions will continue to be assigned to a senior clinician and managerial representative, if appropriate, with specific time scales for completion.
- Project performance will continue to be monitored on an ongoing basis with regular reporting via the ICSU Quality and Board meetings.

Examples of results and actions being taken for local clinical audit:

An audit cycle: Eye care in Intensive Care Unit

Intensive care unit (ICU) patients are at increased risk of developing exposure keratopathy due to intubation, sedation, paralysis and metabolic disturbance. The factors lead to reduced venous return from the eyes, impairment of the blink reflex, loss of the tone of the orbicularis oculi muscles and dysfunction of the corneal healing. Exposure keratopathy can lead to short and long-term visual impairment.

Objectives (conducted over two phases):

- To ascertain the adherence to nursing eye care guidance and elicit the risk factors and rate of exposure keratopathy in mechanically ventilated ICU patients;
- Modify the current eye care guide if necessary.
- Evaluate the effectiveness of the modified eye care guide.

Conclusion:

Exposure keratopathy is a common but preventable condition in mechanically ventilated patients in ICU with the major risks being lagophthalmos. However, prevention and treatment strategies can be developed to identify the patients at risk, prevent the development of exposure keratopathy and, if exposure keratopathy develops, to treat in accordance with best practice guidance. This audit cycle shows that there was no improvement by substitution of hypromellose with carbomer gel. This audit cycle raised awareness of exposure keratopathy in ICU patients and helped educate ICU nurses and doctors about the risk factors and importance of identify and giving regular eye care to patients at risk of developing exposure keratopathy.

Recommendations:

It is recommended that the Whittington ICU implements a modified eye care guide using lacri-lube as initially agreed and then undertake a related audit to measure the adherence to the modified eye care guide and measure its effectiveness in preventing exposure keratopathy.

Obstetric Weight and Nutrition (OWN) Clinic Audit

The OWN clinic has been set up in line with national guidelines (NICE 2010) on obesity in pregnancy and subsequent management. The audit was undertaken to identify if guidance is being followed and whether women are achieving good outcomes for themselves and their babies. It will help us to improve pathways and identify areas of practice that require improvement.

Improving the health and wellbeing of obese pregnant women prevents morbidity and helps to reduce other complications in pregnancy and birth such as post-partum haemorrhage, infections, potential for c-section. (NICE 2010)

The objectives were to identify if the OWN clinic is used in line with guidance:

- To identify where the problems are with the pathway
- To improve on the areas highlighted in the audit as requiring improvement
- To make recommendations for practice once the audit is completed
- To inform relevant professionals of outcomes of audit.

Conclusions include:

This is the first audit of the OWN clinic since its inception therefore there is no previous data is available for comparison. The results were very encouraging in terms of outcomes for mothers and babies. No babies were admitted to the neonatal unit and only one baby was over 5.0kg. One baby was readmitted postnatally to the paediatric ward for poor feeding.

The significant majority of women who were referred to the OWN clinic were appropriate referrals and all women were offered serial scans as per guidance.

Recommendations:

- All weights at booking must be recorded;
- Subsequent weights at 16 weeks, 28 weeks and at term must be clearly documented in notes;
- Midwives to receive reminder that women should be referred to the OWN clinic if they have a Body Mass Index (BMI) of 35 and over;
- All women with a BMI over 35 must have adequate thromboprophylaxis prescribed and administered. Evidence for this must be recorded in the women's notes including TTAs given;
- Women with BMI>40 should have a manual handling assessment antenatally;
- Re-audit in a year with a larger sample size.

Central line Associated Bloodstream Infections (CLABSI) in Paediatric Oncology patients at the Whittington in 2016

Central line associated bloodstream infections (CLABSIs) are known to be a significant cause of morbidity and mortality in this subset of patients: paediatric oncology. Therefore, it is important that we study the cause and nature of these infections in oncology patients to help inform clinical decisions and hopefully reduce rates of these infections.

The aim of this audit was to study the CLABSIs contracted by 4 of the 25 active oncology patients since January 2016.

We comprehensively examined the notes of the paediatric oncology patients known to have had a CLABSI in order to determine the causative organism, the antibiotic prescribed, the type of central line which the patient had and the patient's neutrophil count preceding the infection.

Conclusion:

- There was a higher incidence of CLABSI in those with Hickman lines compared with Port-a-caths or PICC lines.
- The most commonly isolated organism is Staphylococcus epidermidis and the data suggests patients are most vulnerable to this when neutropenic (low white cell blood count).
- Two patients who had CLABSI were not neutropenic, supporting the use of empiric antibiotics to any febrile oncology patient even if not neutropenic.

Action Plan:

- It is important to enforce strict protocols with regards to central lines in order to prevent these infections. These include meticulous hand hygiene, maximal aseptic technique when accessing the line, adequate patient/ parent education about line care and also optimal line type and site selection.
- Additionally every febrile patient should receive immediate empiric antibiotics even if not neutropenic.
- Finally the line should be removed as soon as it is no longer needed.
- This audit should be repeated annually to ensure the correct precautions are in place and the number of CLABSI are reduced as much as possible.

2.2.3 Participation in Clinical Research

At the time of writing (with 2 weeks until the recruitment upload cut-off), during 2016/17, 357 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, once expected uploads are completed this is expected to rise to in excess of 480.

This compares to 284 patients in 2013/14, 701 in 2014/15 and 720 in 2015/16.

This year's reduction in recruitment can be attributed to a number of factors: the NIHR portfolio has fewer high volume recruiting studies available than in previous years, the mix of studies hosted within the trust has changed - there are more specialities involved though the studies are more specialised, there have been changes within the research delivery team that has meant some specialities have had reduced recruiting potential.

There are currently 48 NIHR portfolio studies in progress and recruiting at Whittington Health compared to 41 studies in 2015/16, 31 studies in 2014/15 and 21 in 2013/14. In addition to the 48 NIHR portfolio studies that are on-going, an additional thirteen non-portfolio studies were commenced so far in 2016/17, an increase of 5 studies on the previous year and puts the number at a similar level to 2014/15 having reduced to just eight studies in 2015/16.These studies are undertaken by nurses, allied health professional and trainee doctors and this year various paediatric and community services have hosted the majority of these studies. The results and impact of these studies are published in peer reviewed publications, at conference presentations and are valuable in their ability to innovate within the trust.

We are a year on from the ratification of the 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. Progress is being made in our efforts to reach the targets within the strategy including the creation of a Research Assistant post to support one of our clinical academics with the development of paediatric population based 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 Integrated Care Organisation and also reflects the health issues of our local population. The research portfolio includes CAMHS, dermatology, diabetes & endocrine, emergency medicine (and ICU), gastroenterology, haemoglobinopathies, hepatology, health visiting, IAPT, infectious diseases (TB), microbiology, MSK, oncology, orthopaedics, paediatrics, speech and language therapy, urology, and women's health.

2.2.4 Quality goals agreed with our commissioners for the year ahead (CQUINs)

A proportion of Whittington Health's income is conditional on achieving quality improvement and innovation goals between Whittington Health and our local CCGs through the Commissioning for Quality and Innovation payment framework.

Our CQUINs for 2017-18 are as follows:

- Improvement of Staff Health and Wellbeing
- Reducing the impact of Serious Infections (AMR and Sepsis)
- Improving services for people with mental health needs who present to ED
- Transitions our of Children and Young People's mental health services
- Offering advice and guidance
- NHS e-Referrals
- Supporting proactive and Safe Discharge
- Improving the assessments of wounds

- Personalised care and support planning

Further details of the agreed goals for 2017-19 are available electronically at:

https://www.england.nhs.uk/wp-content/uploads/2016/11/cquin-2017-19-guidance.pdf

2.2.5 Progress on our 2016-17 CQUINs

In 2016/17, 1.95% percent of our income 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
Staff Health and Wellbeing	To improve the support available for NHS staff to help promote their health and wellbeing in order for them to remain healthy and well.	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	Compliant
Antimicrobial Resistance	To reduce antibiotic consumption, encourage focus on antimicrobial stewardship and ensure antibiotic usage is reviewed within 72 hrs of prescribing.	Partially 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
Obesity	To record selected patients BMI during admission, to provide advice and guidance to patients with a BMI >30 and record on discharge summary to GP	Compliant

Domestic Violence Prevention	To encourage the provision of specialist advice, information and support services for patients at risk of domestic violence, and to implement domestic violence screening for all patients in maternity.	Compliant
Nutrition and Hydration	To make sure that all COOP patients have a nutrition and hydration screen within 72hr of admission and that all at risk patients have an appropriate care plan in place.	Compliant
Child Health 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
CAMHS	To ensure we improve involvement of carers, that unplanned admissions are appropriate and that we improve physical healthcare	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

2.2.6   The Care Quality Commission and Whittington Health 2016/17

Whittington Health is required to register with the CQC at our acute and all of our community sites and our current registration status is 'registered without conditions'.

The CQC has not taken enforcement action against Whittington Health during 2016/17.

The CQC carried out a formal inspection of Whittington Health NHS Trust between 8 – 11 December 2015, with further unannounced inspections taking place on 14, 15 and 17 December.

This was the first inspection under the new CQC guidelines and the inspection team visited:

- **Acute hospital** – including emergency and urgent care, medicine (including older people's care), Surgery, Critical Care, Maternity and Gynaecology, Services for Children, End of Life, Outpatients and diagnostic services
- **Community services** – adults, children and young people, end of life care and CAMHS

The findings were published in July 2016. Whittington Health was rated as 'Good' overall and 'Outstanding' for caring.

	Safe	Effective	Caring	Responsive	Well-led
Whittington Health	**Requires Improvement**	**Good**	**Outstanding**	**Good**	**Good**

Summary of overall key question ratings for each sector

	Safe	Effective	Caring	Responsive	Well-led
Whittington Hospital	**Requires Improvement**	**Good**	**Good**	**Requires Improvement**	**Requires Improvement**
Community Services	**Good**	**Good**	**Outstanding**	**Good**	**Outstanding**

The summary report highlighted many areas of good practice across Whittington Health, including;

- Inspectors found staff to be highly committed to Whittington Health and delivering high-quality patient care
- Our patients were positive about the care they received and felt staff treated them with dignity and respect
- Learning from incidents was shared across the organisation to improve patient safety
- Community end of life care and community dental services were rated as outstanding
- The multi-disciplinary model of the ambulatory care service was commended
- Within ED there was "outstanding work" to protect people from abuse

However the CQC also identified areas for improvement across the ICO and the Trust has developed an action plan for improvement based on the 'must do' and 'should do' recommendations from the report.

Table outlining the CQC action plan:

CQC Recommendation	What we've done
To review our bed capacity and improve flow of patients through the hospital – with a particular focus on surgery and critical care.	We have implemented a new Acute and Emergency Pathway Improvement Plan, which focuses on bed management and patient flow. As a result, we have: • A pre 11.00am discharge campaign aimed at staff and patients, designed to reduce delays which aims to get patients home before lunch. • Increasing the number of nurse-led discharges, using a new set of criteria to make sure patients are ready to go home and have the right support in place. • Implementing best practice from other NHS Trusts to improve bed flow, by introducing 'Red and Green' day monitoring to identify any obstacles in patient flow. • We've introduced new dedicated cordless phones to help improve our communications between wards. Ward clerks can now be contacted anywhere on the ward – helping to reduce delays with porters and also

	providing a dedicated phone line for patients and family members to contact the ward on.
	Further Actions to Complete: • Recruitment to full establishment is expected to be completed by July 2018. • In order to manage the increase demand and acuity, the organisation is focusing on its Emergency Department (ED) Improvement plan and meeting the recommendations set out by Emergency Care Improvement Programme (ECIP) through; embedding the Frailty Pathway into practice, embedding a Rapid Assessment and Treatment (RAT) model to increase senior leadership and decision making at the ED front door, developing a new nursing model to support quicker London Ambulance Service hand over, the recruitment of additional ED Consultants, increasing criteria lead discharge and pre 11 discharges and working extremely closely with health and social work colleagues to safely support patient discharge. • The organisation was visited by ECIP during February. The visit focused on how on improving flow through medicine and surgery to compliment an earlier ECIP visit to the organisation that focused enhancing the front door flow. • The final report made 3 key recommendations for WH: Develop and implement a local version of the SAFER patient flow bundle, supported by the Red2Green approach Develop, measure and monitor a set of internal professional standards (IPS) for inpatient ward processes (e.g. expected time taken to complete a CT scan, expected time taken for the completion of social care paperwork, etc.) Consider the development of a full capacity protocol to support ambulance handover processes and reduce the risk in ED at times of peak escalation
Increase consultant cover in the Emergency Department	• A recruitment campaign is underway to increase the number of consultants in ED • ED have recruited 4/6 consultants required to achieve full establishment (12 consultants), and further interviews took place in April/ May.
	Further Actions to Complete: • Recruitment to full establishment is expected to be completed by July 2018
Within acute outpatient departments **a. Improve storage of records and ensure patients' personally identifiable information is kept confidential**	• A new health records quality assurance group has been established • Lockable trolleys for patient notes in use • Confidential waste bags kept at manned reception desks and locked away securely at night • Random spot checks now show staff have a good knowledge of patient confidentiality issues and information governance.

b. Improve disposal of confidential waste bags left in reception areas overnight.	Further Actions to Complete: • No further actions to take, however we are continuing to improve our records management and information governance training
Within critical care CQC raised concerns about; • **Underreporting incidents and near misses** • **Tailgating and security of ward** • **Mixed sex breaches and delayed discharges**	• A new Datix system is now in place and went live on 6 June 2016. • New staff training programme was introduced to encourage the reporting of incidents – the number of incidents reported has now increased. • Where specific areas of concern around tailgating were raised, security measures have been increased • Our improvement work on bed management and patient flow is designed to reduce delays in discharge and prevent mixed sex breaches
	Further Actions to Complete: • No further actions to take, however we continue to monitor incidents and a monthly report on mixed sex breaches is shared with our commissioners
Within surgery review local strategy for consent for surgery processes to follow best practice, to allow patients to have a 'cooling off' period in advance of their surgery, should they wish to reconsider their procedure	• The consent process has been reviewed and a pilot is underway way trialling new consent forms
	Further Actions to Complete • Following successful completion of the pilot, the new consent forms will be rolled out across surgery by the end of Quarter 2.
Within maternity services ensure the information captured for the safety thermometer tool is visible and shared in patient areas, for both patients and staff	• The maternity safety thermometer tool is now displayed in all maternity ward areas
	Further Actions to Complete • No further actions to take, the maternity safety thermometer is reviewed monthly
Within maternity services there was limited assurance about safety of women undergoing elective procedures in the second obstetric theatre and concerns about theatre staffing cover.	• Our staffing model has been reviewed and following successful recruitment campaign in March 2017, all posts have now been filled. • We have also increased the promotion of our Enhanced Recovery Programme so women feel more supported during their stay with us
	Further Actions to Complete • No further actions to take, safe staffing levels are monitored daily using our electronic rostering tool

Within palliative care a. **Need to increase palliative care consultant cover within the hospital to meet national guidance** b. **Need to improve the way we record information about whether patients were cared for at their 'preferred place of death'.**	• A business case to increase our consultant cover in line with national standards was approved and work is ongoing to increase consultant cover • An audit of patient notes has shown that we do record patient's preferred place of death • Analysis of the information showed that when possible to do so, patient's wishes are respected. However it is not always clinically safe to discharge patients back home
	Further Actions to Complete To meet NICE guidelines, it is recommended as a minimum, that people have access to 24/7 Specialist Palliative Care (SPC) telephones advice and 9am to 5pm, 7 days a week, face-to-face visiting. We recognise the existing service falls short of this standard, however it is rare that services across London provide this in full. In order to optimise the current service and mitigate the risk of not providing 7 day cover we are working collaboratively with CNWL palliative care services to • Strengthen the governance of both organisations by collaborating on data collection, care pathway, clinical guideline, audit and education. • Share posts including rotational roles for the MDT. • Developing clinical leadership with the team; creation of a new Nurse Consultant post. • Explore options of closer collaboration including formal consolidation of the service. • Introduce training roles within the team to facilitate succession plan
At Simmons House: Improve ligature risk assessments and the identification of associated risks	• A review of all ligature risks was undertaken following the inspection and any required actions have now been completed
	Further Actions to Complete • No further actions to take, a full environmental ligature risk assessment is completed annually at Simmons House
Requirement Notice *: At Simmons House: Sufficient equipment and/or medical devices that are necessary to meet people's needs should be available at all times and devices must be kept in full working order. They should be available when needed and within a reasonable time without posing a risk.	• The Whittington Health Resuscitation Team reviewed the emergency bag and confirmed that all necessary equipment was in place
	Further Actions to Complete • No further actions to take, regular reviews are now carried out to ensure equipment is in full working order
Requirement Notice *: At Simmons House: Oxygen cylinders were stored on top of a tall cupboard in	• There are two oxygen cylinders on site at Simmons House; one on a low shelf and one hanging on the back of the door, within easy reach in case of emergency

the clinic room and were not easily accessible in an emergency situation.	Further Actions to Complete • No further actions to take
Requirement Notice *: In community district nursing, CQC found examples where HCAs were not following trust guidelines with respect to insulin administration. Specific staff are required to be authorised to administer to specific patients only.	• Trust policy states that HCA competency for insulin administration is patient specific. • We carried out an audit to check that all HCAs working in the service had been competency assessed and were working within the policy guidelines. • All HCAs continue to be assessed and we keep a database to show which HCAs can administer insulin and to which patients.
	Further Actions to Complete • No further actions to take, we keep a database to show which HCAs can administer insulin and to which patients.

To ensure continuous quality improvement and shared learning, going forward since the CQC visit, the Trust has an ongoing programme of mock CQC visits across different clinical areas and patient safety huddles.

2.2.7 Quality of Data and Information Governance

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

The Trust monitors the quality of this data through use of quarterly benchmark reports and has developed a Data Quality Dashboard for services to monitor their own data quality on a regular basis.

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 has commenced and data is starting to be published. Whittington Health has been supplying demographic and risk factor information consistently since the service commenced October 2015 while continuing to develop the reporting of the other data items. The overall data quality score for all children's data items reported up to October 2016 was 58% against a national score of 55%; the Trust was ranked 3rd out of the 10 London providers submitting data (the highest score was 63%).

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 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.

Secondary Uses service

Whittington Health submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number and which included the patient's valid General Medical Practice Code were as follows:

	Percentage of records which included the patient's valid NHS number (%)	Percentage of records which included the patient's valid General Medical Practice Code (%)
Inpatient care	99.32%	97.99%
Outpatient care	99.49%	99.07%
Emergency care	95.86%	97.69%

Information Governance Assessment Report

In 2016/17 Whittington Health continued to work to deliver IG Level 2 compliance with the DoH IG Toolkit (IGT). Whittington Health achieved 74 percent, thus meeting full Level 2 compliance for the first time since becoming an Integrated Care Organisation, and also achieving some requirements at Level 3. This is a huge improvement on previous years' scores and has demonstrated year-on-year improvement in compliance with the standards.

The areas 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, and IG serious incidents.

The IG training compliance rates will continue to be regularly monitored by the Information Governance Committee, including methods of increasing compliance. The IG department will continue to target staff with individual emails, Whittington bulletin messages and classroom-based Induction sessions.

As IG awareness increases throughout the organisation, our risk of an IG serious incident reduces correspondingly. However, there is room for improvement in terms of staff awareness of policies and procedures and departments complying with IG guidelines, especially when other pressures are continually increasing. We are confident that through increasing ITG training compliance and increasing general IG knowledge and awareness, the IG-related risks to the Trust will reduce.

Clinical coding audit

Whittington Health was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were the following:

Table of coding accuracy

Area audited	% Diagnoses Coded Correctly		% Procedures Coded Correctly	
	Primary	**Secondary**	**Primary**	**Secondary**
General Medicine	100.00	94.21	100.00	87.88
General Surgery	98.00	97.66	100.00	96.39
Gastroenterology	96.67	96.28	95.24	66.00
Obstetrics	100.00	90.26	100.00	91.03
Accident & Emergency	93.33	92.24	100.00	100.00
Overall	**98.00**	**94.20**	**99.22**	**87.94**

Actions taken to improve data quality

In 2016-17, Whittington Health implemented a number of projects to improve data quality, such as in improving the coding of activity, the systematic use of benchmarking data and other reviews, and developing a programme of audits and action plans to improve data quality.

To improve data quality in 2017/18, Whittington Health will require each Integrated Clinical Service Unit (ISCU) to have a Data Quality Improvement Plan, which will be reported against on a regular basis at the Data Quality Group.

2.3   National Performance Indicators

2.3.1   The Summary Hospital-level Mortality Indicator (SHMI)

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

Most recent performance:

Using the most recent data available, (released Mar17) that covers the period October 2015 to September 2016, the SHMI score for the Whittington is:

Whittington Trust SHMI score: **0.6897**

- Lowest National Score: 0.6897 (Whittington Health)
- Highest National Score: 1.1638

Previous Performance:

The data released in March 2016 covered the period October 2014 to September 2015:

Whittington Health SHMI score: **0.6516**

- Lowest national score 0.6516 (Whittington Health)
- Highest national score   1.198

The SHMI score represents a comparison against a standardised National Average. The 'national average' therefore is a standardised 100 and values significantly below 100 indicate a lower than expected number of mortalities (and vice versa for values significantly above).

Patients who are coded as receiving palliative care are included in the calculation of the SHMI. The SHMI does not make any adjustment for patients who are coded as receiving palliative care. This is because there is considerable variation between trusts in the coding of palliative care. Whittington Health coding from palliative care indicates that the combined % of deaths with either palliative care diagnostic coding, or under a palliative care specialty is 0.4% for the period Oct15-Sep16 (3 deaths out of 512) and 0.18% for the period of Oct14-Sept 15.

The Whittington Health NHS Trust considers that this data is as described as it is produced by a recognised national agency and adheres to a documented and consistent methodology.

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.

2.3.2   Patient Reported Outcome Measures (PROMs)

The outcomes of these measures are reported one year in arrears. Two years ago no questionnaires were sent out to patient's pre or post operation due to an administrative error. This year Whittington Health participated in the PROMs project, however there was not a sufficiently high response rate to produce any statistically significant results (a minimum of 30 post-operative results for a given procedure are required).Post-operative response rates were also insufficient in 2015/16 (21).

The issue with questionnaires has now resulted in a low linkage performance for this performance measure. Questionnaires are now regularly sent out and chased up by the pre and post operation relevant staff and our return is now improving.

Finally please note that we only started undertaking varicose vein operative procedures at Whittington Health in April 2017, i.e. this year which is why the report is showing as null.

Table 1: Pre-operative participation and linkage					
	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate (%)	Pre-operative questionnaires linked	Linkage Rate (%)
All Procedures	296	206	69.6	141	74.6
Groin Hernia	139	80	57.6	48	69.6
Hip Replacement	88	64	72.7	52	79.9
Knee Replacement	69	62	89.9	41	71.4
Varicose Vein	*	*	*	*	81.8

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	206	52	25.2	22	41.1
Groin Hernia	80	44	55.0	18	48.7
Hip Replacement	64	0	0.0	0	37.4
Knee Replacement	62	8	12.9	4	37.0
Varicose Vein	*	*	*	0	39.1

The Whittington Health NHS Trust considers that this data is as described as it is produced by a recognised national agency and adheres to a documented and consistent methodology.

2.3.3 Readmissions

Emergency Readmissions within 28 days
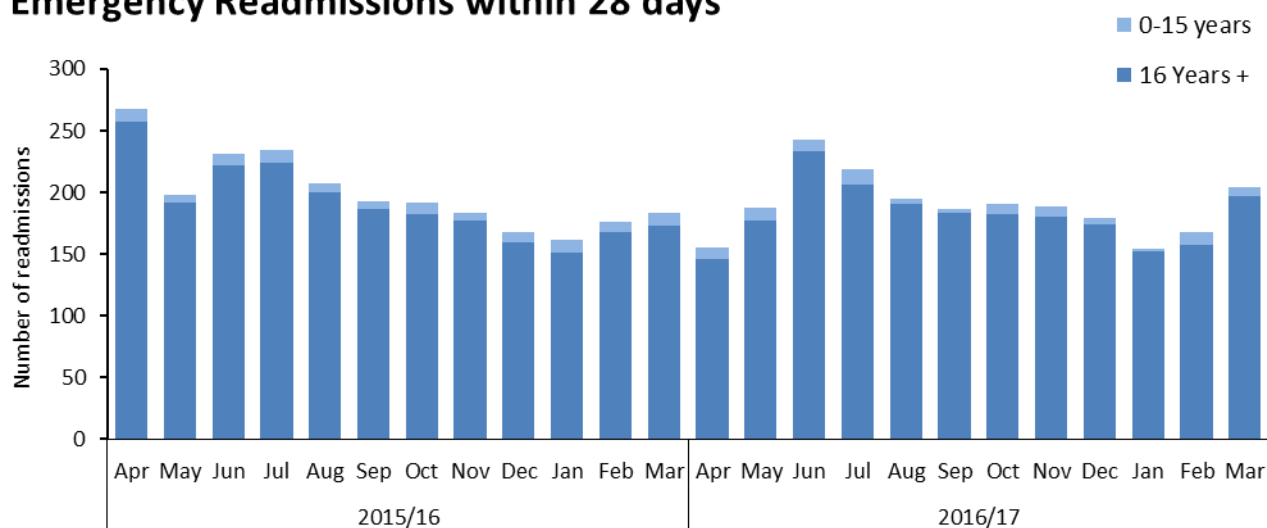
*Data is reported against the month of the emergency readmission
**Data excludes patients between 0 and 4 years at time of admission

The Trust considers that this data is as described as it has a robust clinical coding and data quality assurance process, and our readmission data is monitored through the Trust Board or TMG on a monthly basis. National data has not been published beyond 2011/12. Consequently, national comparison is not available and this information is generated locally by the trust.

The Trust intends to take the following actions to improve its readmissions rates:

- Launching a new clinical pathway for non-elective patients over the age of 75 with frailty, to provide early CGA/ geriatrician input in the Acute Admissions Unit for patients who have potential to be discharged ≤ 48 hours

- In 2017 we are introducing ward based Flow Liaison Officers to key wards to support timely and safe patient discharge using both Enhanced Recovery (medicine/ surgery) and Red to Green methodology.

2.3.4 Responsiveness

The Responsiveness score for the Trust uses The NHS Outcomes Framework -Patient experience of hospital care. It is based on the average score from a selection of questions from the Inpatient Survey measuring patient experience (score out of 100)

The score for Whittington Health was: **75.2**

2.3.5 Staff Friends and Family Test

FY	Month	% Whittingon staff recommending care	National Average	Highest performing trust	Lowest performing trust
2015/16	Qtr 1	77.5%	79.2%	100.0%	44.3%
	Qtr 2	73.2%	79.0%	100.0%	47.8%
	Qtr 4	82.3%	78.7%	100.0%	50.8%
2016/17	Qtr 1	80.1%	79.9%	100.0%	49.5%
	Qtr 2	76.2%	80.0%	100.0%	43.8%
	Qtr 4	74.6%	79.3%	98.2%	43.6%

Note: Staff Friends and Family Test is not conducted in Q3 due to the national staff survey taking place
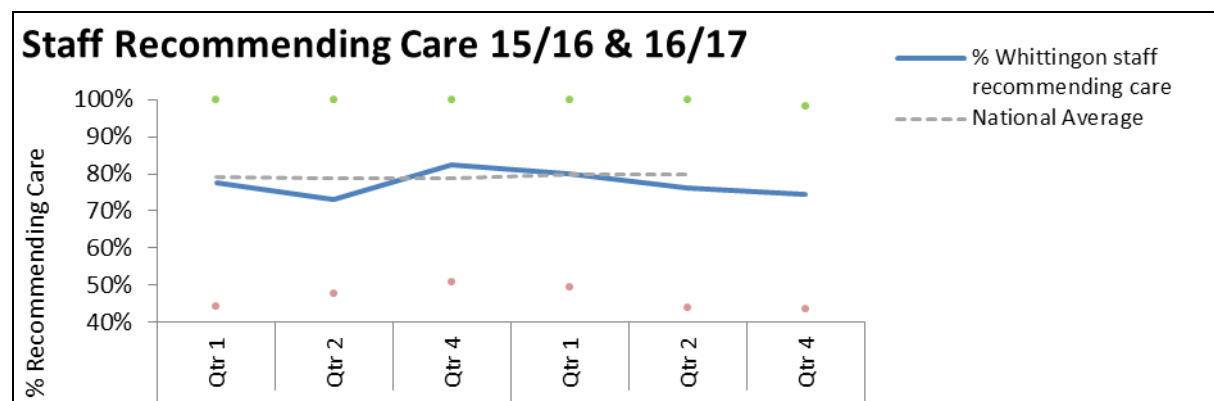
Staff Recommending Care 15/16 & 16/17

The Whittington Health NHS Trust considers that this data is as described as it is collected, downloaded and processed in a robust manner, and checked and signed off routinely
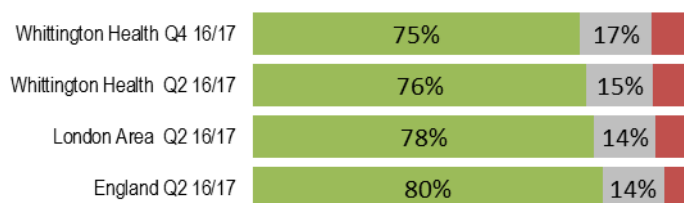
Summary of Quarter 4 Whittington Health Responses

Total Respondents	986	Response Rate	24%

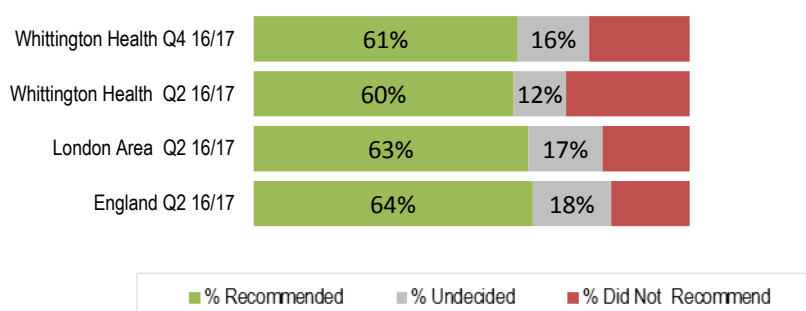|	Care	Work
	How likely are you to recommend	How likely are you to recommend
% Recommended	75%	61%
% Did not recommend	9%	23%

2) Numerator for % recommending: number of *'likely' or 'extremely likely'* responses

Proportion of employees recommending care and workplace

Care

Whittington Health Q4 16/17	75%	17%
Whittington Health Q2 16/17	76%	15%
London Area Q2 16/17	78%	14%
England Q2 16/17	80%	14%

Work

Whittington Health Q4 16/17	61%	16%
Whittington Health Q2 16/17	60%	12%
London Area Q2 16/17	63%	17%
England Q2 16/17	64%	18%

■ % Recommended   ■ % Undecided   ■ % Did Not Recommend

The Trust has high levels of staff engagement and our Family and Friends Test show that staff perception of the Trust's services to be high. We believe that the willingness of staff to recommend the Trust as a place to be treated is a strong and positive indicator of the standard of care provided

2.3.6 Venous Thromboembolism (VTE)

Every year, thousands of people in the UK develop a blood clot in the vein. It is known as the venous thromboembolism (VTE) and is a serious, potentially fatal, medical condition. Here at Whittington health we continue to strive towards ensuring all admitted patients are individually risk assessed and have appropriate thromboprophylaxis prescribed and administered. We have consistently achieved above 95% or above compliance over the past year.
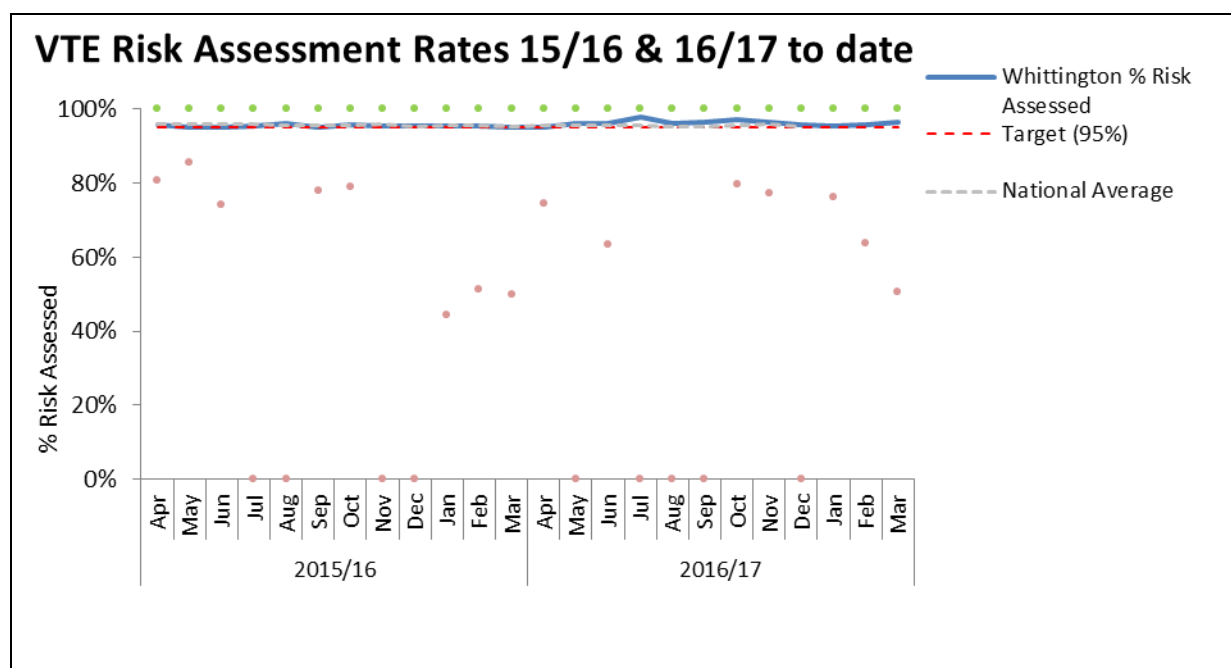
The Trust considers that this data is as described for the following reasons as it is generated via daily, weekly and monthly reports and submitted via the dashboard to executive level.

In 2016-17, the Trust has taken the following actions to improve our approach to VTE:

In an effort to continuously improve and review our pathways our medical colleagues undertook audits to ensure VTE compliance is robust and aligned with best patient outcome, for example, two of our doctors undertook an audit of Friday review sheets which is a process for senior clinicians to review and document the weekend plan of care. This identified good compliance across medicine but less so in surgery. Following this review we have introduced a bespoke Friday review sheet across surgery. This document has an

embedded VTE risk assessment, as a prompt mechanism, for clinicians working over the weekend – this ensures continuity of care across the seven days.

Another area of improvement in VTE care over the past year includes improved VTE pathway management. Previously the flow of patients who required further investigation and follow-up was sometimes circuitous with patients going between various health care settings and providers prior to decisions being made. There was also a significant delay in patients being reviewed in the haematology clinic due to work-load pressures. To address this, a regular clinic (initially monthly, now fortnightly) has been created in the Ambulatory care setting (a frequent site of diagnosis of VTE and referrals into haematology). In the initial 6 months this has led to a significant improvement in adherence to the NICE guidelines, improved patient satisfaction and stakeholder engagement. 91% of patients were able to be discharged with a care plan (sent to the patient, primary care and anticoagulation) with the remainder 9% of complex patients then being seen in the general haematology clinic for further follow-up. We are currently reviewing our guidelines on VTE in conjunction with our pharmacy colleagues to further streamline our service and in line with increased use of Direct Oral Anticoagulants (DOACs) in our trust.

2.3.7   Clostridium Difficile
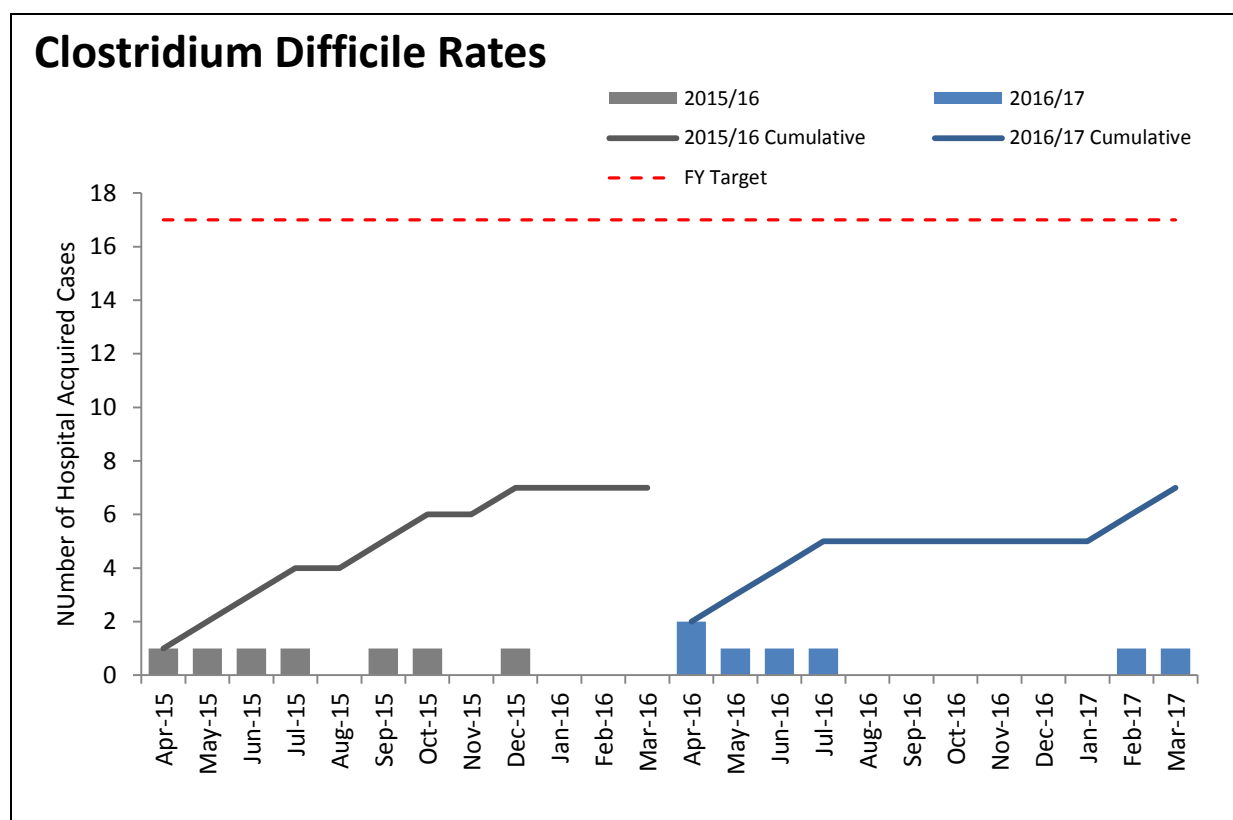
Clostridium Difficile Rates

*The Whittington Health NHS Trust considers that this data is as described as it is collected, downloaded and processed in a robust manner, and reviewed as part of routine board and departmental monitoring of infection control.

Month & Year		Whittington Health			National Total	Trust with lowest incidence	Trust with highest incidence
		Monthly Cases	YTD Cumulative	FY Target			
Apr-15		1	1	17	421	0	19
May-15		1	2	17	476	0	12
Jun-15		1	3	17	425	0	16
Jul-15		1	4	17	466	0	14
Aug-15		0	4	17	436	0	14
Sep-15		1	5	17	454	0	12
Oct-15		1	6	17	463	0	10
Nov-15		0	6	17	436	0	15
Dec-15		1	7	17	409	0	16
Jan-16		0	7	17	419	0	11
Feb-16		0	7	17	401	0	11
Mar-16		0	7	17	358	0	11
Apr-16		2	2	17	357	0	10
May-16		1	3	17	386	0	14
Jun-16		1	4	17	359	0	11
Jul-16		1	5	17	390	0	10
Aug-16		0	5	17	427	0	14
Sep-16		0	5	17	433	0	12

Oct-16		0	5	17	401	0	11
Nov-16		0	5	17	411	0	11
Dec-16		0	5	17	369	0	14
Jan-17		0	5	17	414	0	15
Feb-17		1	6	17	325	0	11
Mar-17		1	7	17	*national Data not yet published	

During 2016/17 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 review meetings (PIR) were held on all cases and the reports disseminated to relevant parties both internally and externally. Our agreed ceiling trajectory for 2016/17 was set at 17 cases and we reported six 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. All cases were deemed unavoidable with no lapses in care.

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.

We purchased additional patient equipment to aid with the management of infectious / potentially infectious patients. Twenty two electronic blood pressure fixed monitors for our cubicles and 10 isolation carts to be used for cohort / individual bedside isolation.

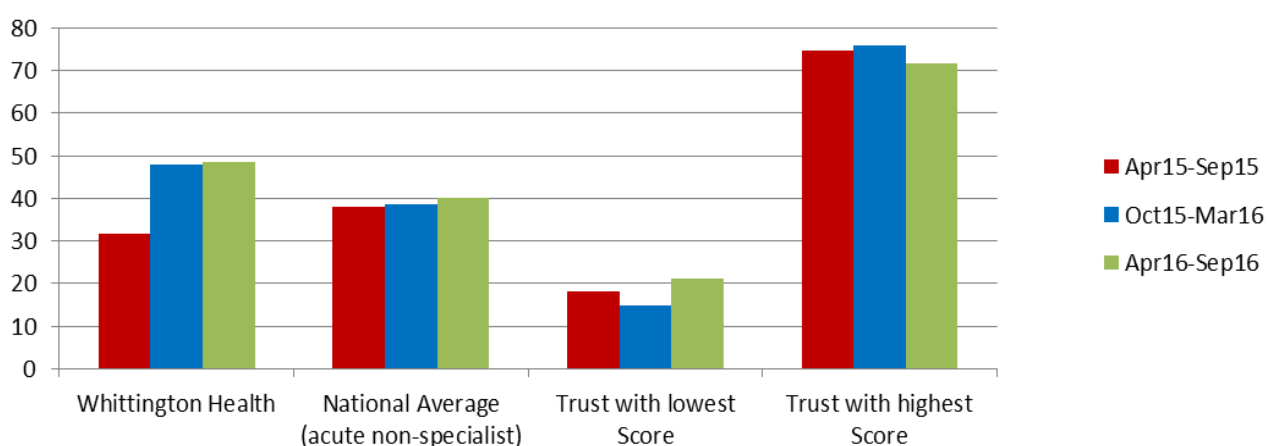Education sessions specifically on *Clostridium difficile* continue on our acute wards.

Below identifies our CDiff rates per 100,000 bed days. These national figures are only available up to end of March 16. The data in the CDiff rates discussed in this paper are for 16/17 and are in the graph above.
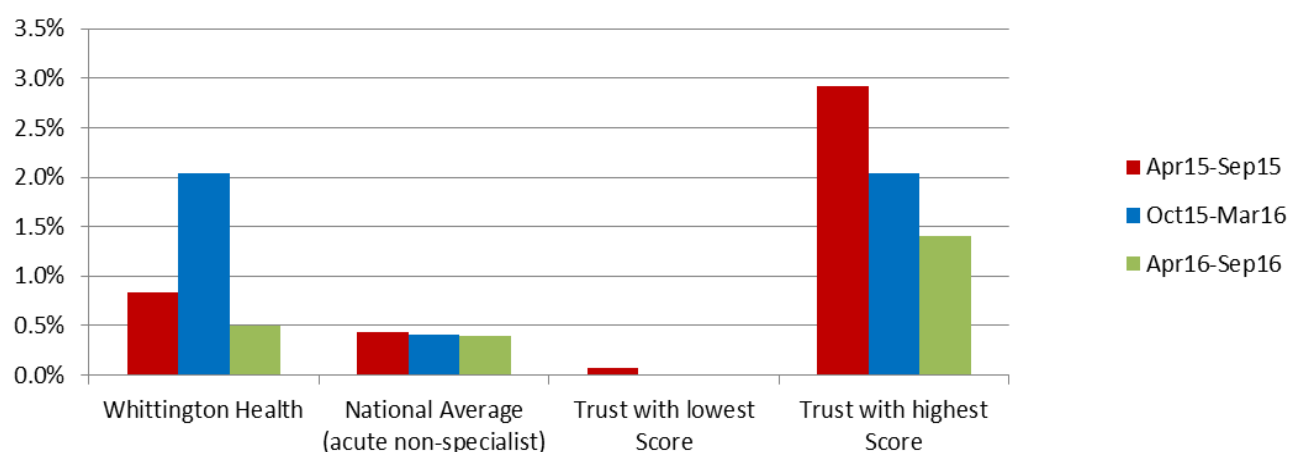

CDiff Rates per 100,000 bed days (14/15 and 15/16 quarterly)
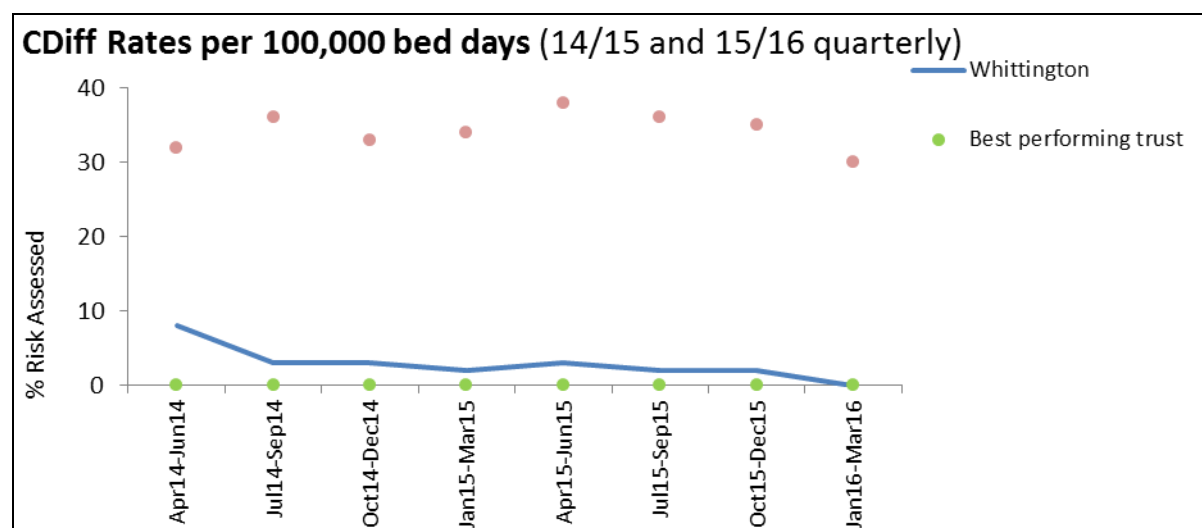
2.3.8 Patient safety incidents

		Apr15-Sep15	Oct15-Mar16	Apr16-Sept16
Number of Incidents	Whittington Health	1559	2506	2362
	National Total (acute non-specialist trusts)	632050	655193	

* The Whittington Health NHS Trust considers that this data is as described as it produced by a recognised national agency and adheres to a documented and consistent methodology

In April 2015 to September 2015 Whittington Health was an average reporter of patient safety incidents to the National Reporting and Learning System (NRLS). Between October 2015 and March 2016 there was a significant increase in reporting to NRLS such that Whittington Health is now in the top quartile of trusts reporting patient safety incidents. Whittington Health remained in the top quartile of trusts reporting safety incidents for April

2016 to September 2016. Whittington Health has reported 8% more incidents during October 2016 to March 2017.

This has been celebrated by the Trust in recognition that organisations that have high reporting numbers have been shown to be those with an established strong patient safety culture. At the time of reporting approximately 2.7% of the reports within the April 2016 to September 2016 NRLS data had not been validated.

Whittington Health appears to have a higher proportion of incidents causing severe harm or death compared to the national average for acute non-specialist trusts. This has, however, decreased in the last reporting period from 13% to 4.6%.

The Trust intends to or has taken the following actions to improve:

- Each patient safety incident (reported on Datix) that is believed to be associated with severe harm or death is reviewed within 72 hours by the ICSU clinical staff and immediate mitigating steps are put in place.
- These 72 hour reports are reviewed at the Serious Incident Executive Approval Group Panel weekly by the Medical Director, Chief Operating Officer and Director of Nursing (or representatives). Any further key learning messages relevant to staff are sent out via Trust-wide email at this stage. Full root cause analysis investigations are undertaken for all severe harm and death incidents with action plans created, reviewed and shared with relevant parties.
- Learning from incidents are shared through multiple outlets including patient cases on Moodle (interactive e-learning platform), messages of the week sent out via ICSU leads, Spotlight on Safety newsletter, Medicine Safety newsletter, Maternal Cats Eyes newsletter, learning site on intranet, patient safety forum and at team departmental and ward-based meetings.
- The Trust recognises the need to ensure that there is more complete ICSU sign-off prior to uploading data to the NRLS website.

During 16/17 unfortunately the Trust had 2 never events. One was a retained foreign object post-procedure and the other was a misplaced naso-gastric tube. Both of these events were fully investigated and root cause analysis conducted. The learning was disseminated across the organisation.

2.3.9 Friends and Family Test

Our goal is to provide our patients with the best possible experience by increasing the number of patients who respond and the percentage of patients who would recommend our Trust to friends and family if they needed similar care or treatment.

We know that treating our patients with compassion, kindness, dignity and respect has a positive effect on recovery and clinical outcomes. To improve their experience in our hospital and Community, we need to listen to our patients, their families and carers, and respond to their feedback. The Friends and Family Test (FFT) is one key indicator of patient satisfaction. Through our real time patient experience trackers, this test asks patients whether they would be happy to recommend our Trust to friends and family if they needed similar treatment.

In 2016/17 we achieved our goal of increasing the percentage of inpatients and A&E patients who would recommend our Trust to friends and family, exceeding our target for both and improving on our performance last year.

For patients reporting a positive experience, interaction with staff is the most significant factor. When patients report a negative experience, the cause is usually due to ineffective systems and processes. We continue to take steps to improve our systems and processes to ensure that waiting and delays are kept to a minimum and, where they are unavoidable, patients are kept informed and the environment and staff are as welcoming and supportive as possible. We have achieved our goal through a number of improvements we made that were designed to ensure our services are caring, putting the individual at the centre of their own care, and treating them as we would like our own friends and family to be treated, while also enabling us to achieve our targets for 2015/16. These are described below.

We have identified further improvements in our quality targets for next year which will continue to improve patient experience across Whittington Health.

## Friends and Family Tests in the Emergency Department

Emergency Department Response Rate 15/16 & 16/17

Emergency Department Attenders Recommending Care 15/16 & 16/17
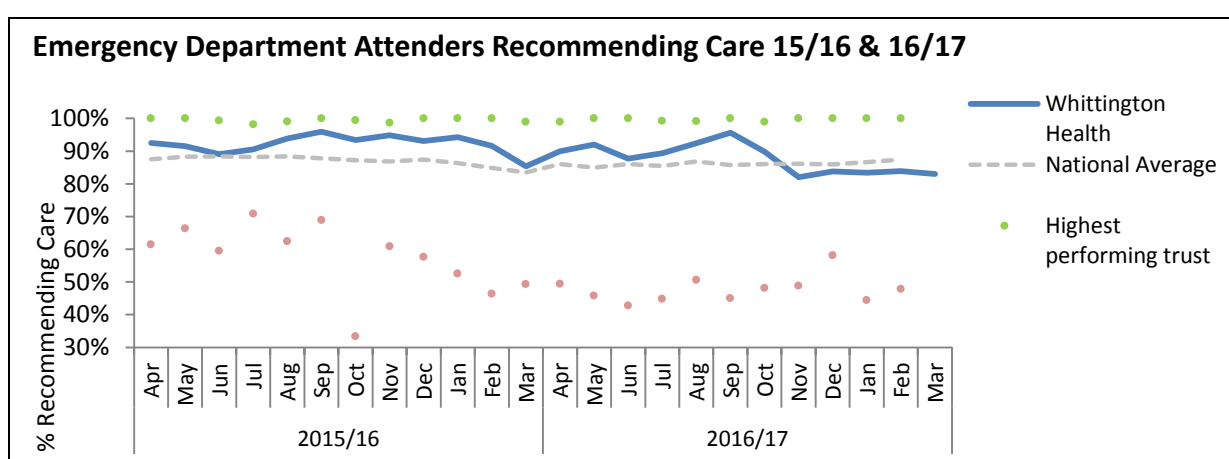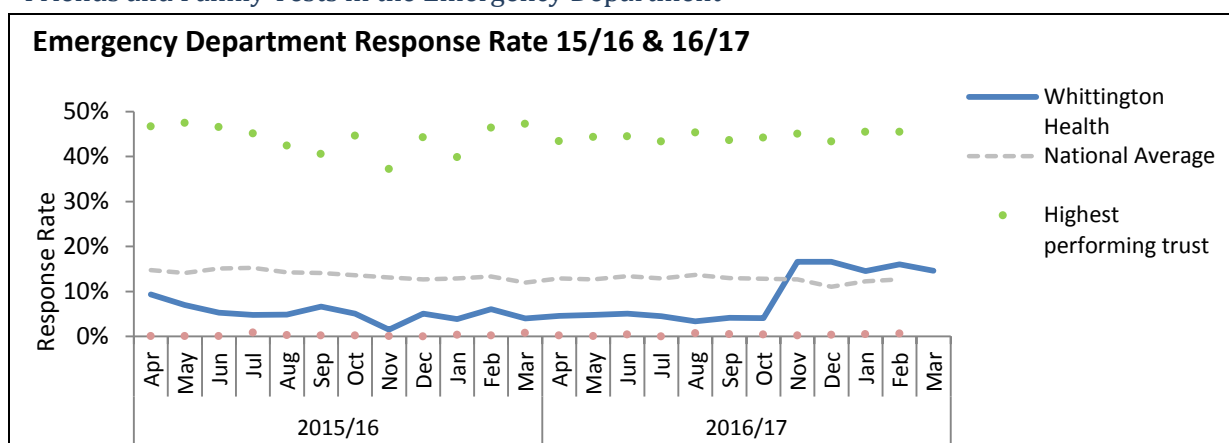
Friends and Family Tests Inpatient Results
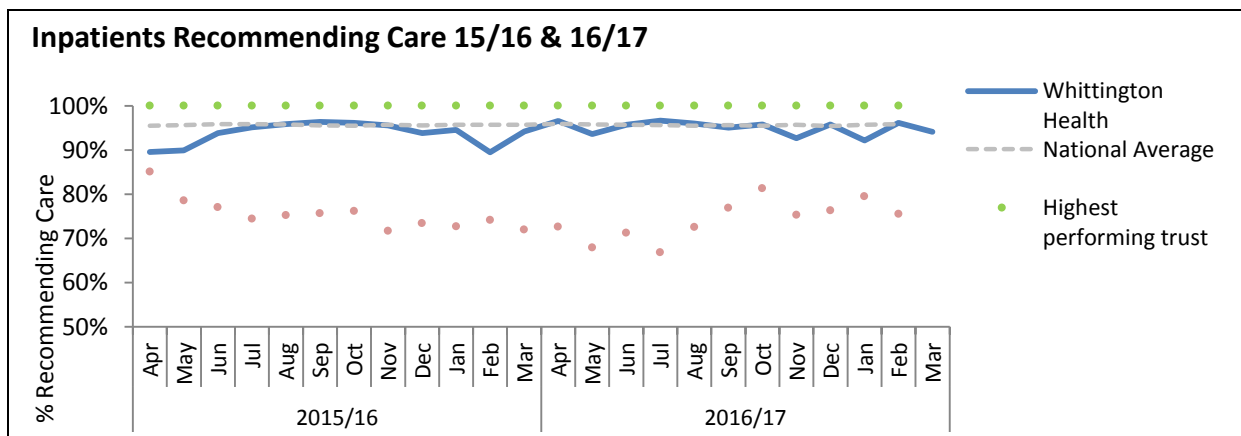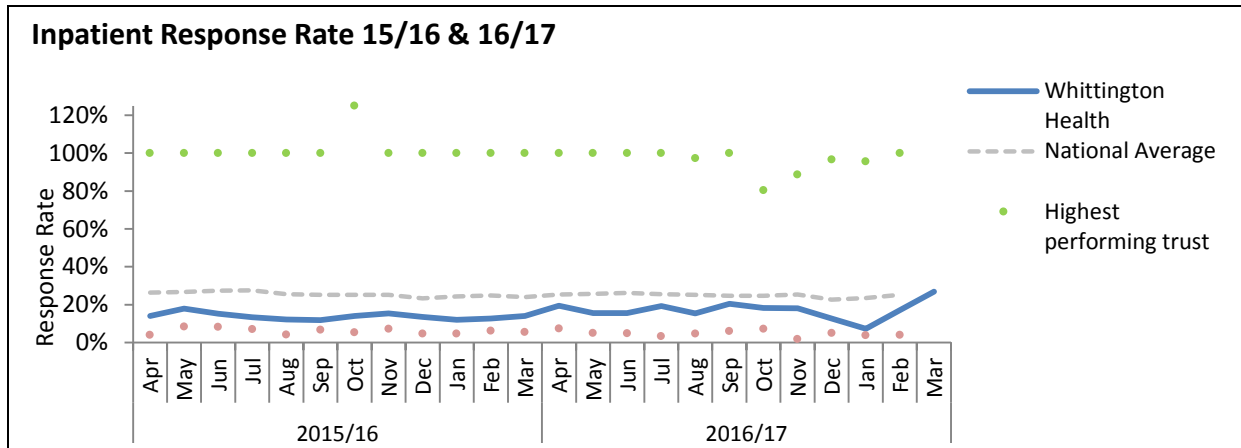
Inpatient Response Rate 15/16 & 16/17

Inpatients Recommending Care 15/16 & 16/17

*The Whittington Health NHS Trust considers that this data is as described as it is collected, downloaded and processed in a robust manner, and checked and signed off routinely.

Friends and Family Test- Community Services Results.

Community Service Users Recommending Care 15/16 & 16/17

Community Service Users Recommending Care 15/16 & 16/17
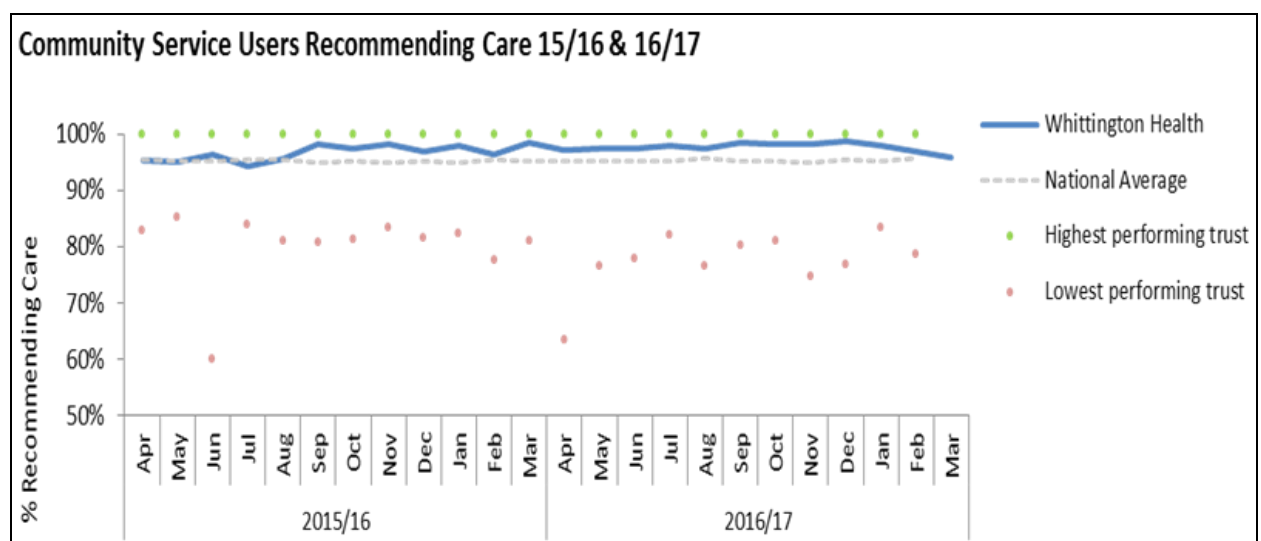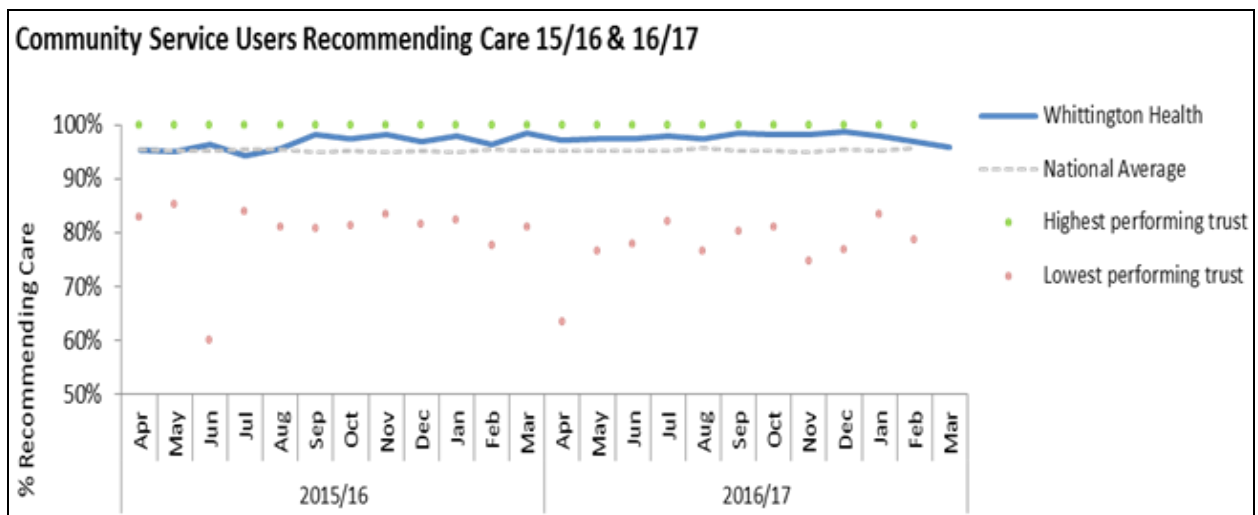
While there have been consistently positive Friends and Family Test (FFT) responses for adult community services, the overall response rate has remained low. This includes the highest volume community service District Nursing (DN) . The nature of the patient group and one to one visiting makes introducing new ways of collecting feedback such as text messaging challenging. A sample of patients receive the FFT questionnaire via post and the DNs ask the patents to complete a survey on the DN iPad when they visit.

A 'You Said, We Did' approach is being rolled out and these improvements will be detailed in the service leaflet. In 2017/18 the service will be engaging one of the local voluntary sector organisations to visit patients for structured feedback.

We are pleased that the response rate for other adult community services such as Musculoskeletal, podiatry and 'Improving Access to Psychological Therapies' are increasing. In 2017/18 the services will be introducing text messaging and FFT emails to help improve response rates.

2.3.10 Duty of Candour

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 a written apology which clearly states:

•   Whittington Health is sorry for the suffering and distress resulting from the incident;

•   Whittington Health considers 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.

3. Quality in 2016/17

3.1 Progress against our 2016/17 quality priorities

In 2016/17 we reaffirmed our commitment to our Sign up to Safety pledges by aligning them with our quality priorities. The Sign up to Safety initiative aims to progressively improve quality in the chosen areas over a period of three years; 2016/17 was the second year of the campaign. The views were considered by the Quality Committee and ratified by the Trust Board following consultation with stakeholders.

The table below lists the 2016/17 quality priorities.

Trust Strategic Goals	Quality Priorities
To secure the best possible health and wellbeing for all our community	**1. Learning Disabilities** a) We will develop and implement 'Always Events' for patients with Learning Disabilities in a relevant clinical setting.
	b) We will aim for 75 percent of inpatients with learning disabilities to meet the Learning Disability specialist nurse during their admission.
	c) 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.
To integrate/co-ordinate care in person-centred teams	**2 Falls** a) We will reduce the number of inpatient falls that result in severe/moderate harm by 25 percent. Target = 4 falls of severe harm.
To deliver consistent high quality, safe services	**3 Sepsis** We will achieve the targets of the new and expanded national sepsis CQUIN in 2016/17:

	a) 90% of eligible **patients in ED** screened for sepsis (CQUIN)
	b) 90% of eligible **inpatients** screened for sepsis (CQUIN)
	c) 90% of **ED patients** diagnosed with sepsis, receive antibiotics within 60mins of arrival in ED and day 3 review (CQUIN)
	d) 90% of **inpatients** diagnosed with severe sepsis administered antimicrobials within 90 minutes and day 3 review (CQUIN)
To support our patients/users in being active partners in their care	**4. Pressure Ulcers** a) We will implement our 'React to Red' pressure ulcer prevention campaign
	b) We will have no avoidable grade four pressure ulcers.
	c) We will reduce the number of avoidable grade three pressure ulcers in the acute setting by 25 percent. Target based on average from 2014-16 = 6 Grade 3
	d) We will reduce the number of avoidable grade three pressure ulcers in the community by 25 percent. Target = 28
To be recognised as a leader in the fields of medical and multi-professional education, and population-based clinical research.	**5. Research and Education** a) We will increase by 10 percent the number of National Institute of Health Research (NIHR) programmes in which we participate
	b) 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.
To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population	**6. Patient Experience** a) 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. Target for 2016/17= 25,063 responses
	b) We will develop our Patient and Carer Experience Strategy.
	c) We will revise our Communication and Engagement Strategy.
	d) We will establish a Community Forum which reflects the diverse community we serve.

	e) 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.

3.1.1 Priority 1: Learning disabilities

Always Events®, initially conceived in the US by the Picker Institute and now led by the Institute for Healthcare Improvement (IHI), are defined as those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care delivery system.

Always Events® must meet four criteria:

1. Important: Patients, their family members or other care partners, and service users have identified the event as fundamental to improving their experience of care, and they predict that the event will have a meaningful impact when successfully implemented.

2. Evidence-based: The event is known to contribute to the optimal care of and respect for patients, care partners, and service users (either through research or quality improvement measurement over time)

3. Measurable: The event is specific enough that it is possible to determine whether or not the process or behaviours occur reliably. This requirement is necessary to ensure that Always Events® are not merely aspirational, but also quantifiable.

4. Affordable and Sustainable: The event should be achievable and sustainable without substantial renovations, capital expenditures, or the purchase of new equipment or technology. This specification encourages organisations to focus on leveraging opportunities to improve the care experience through improvements in relationship-based care and in care processes.

For 2016/17, we focused on making a referral to the learning disability nurse an 'always event' for all patients with a registered learning disability. As part of this project we introduced an electronic referral system to the learning disability nurse. In addition to increasing the number of referrals, this new system will allow us to identify areas of inappropriate referral for targeted training (e.g. service users with a mental health condition, autism or dementia referred to learning disability nurse).

During 2016/17, the trust achieved its target for 75% of inpatients with a registered learning disability to be seen by the learning disability nurse. The electronic referral system has contributed to this achievement.

With regard to training, the trust has developed an e-learning module for learning disability awareness, which is provided in addition to face-to-face training across the Trust. The Trust has not yet reached its target of ensuring 75% of patient-facing staff in the Emergency Department have up to date training in learning disability, however training sessions are ongoing.

3.1.2 Priority 2: Falls

As part of Sign up to Safety, we pledged to reduce the number of inpatient falls that result in serious harm, to ensure that every patient has a falls risk assessment and to implement the 'falls care bundle' for high risk patients in acute settings. In 2015/16, we reduced the number of inpatient falls that resulted in serious harm (i.e. harm that met the criteria for a serious incident investigation) by 45%. In 2016/17, Whittington Health pledged to reduce the number of these inpatient falls by a further 25%, a target of 4 falls.

Unfortunately, we did not achieve our target in 2016/17, however during the year we developed a new 'falls bundle' which provides more comprehensive risk assessments and care plans for our patients, in line with the recommendations of the Royal College of Physicians. We ran a multi-disciplinary programme of education to raise awareness around the needs of patients with delirium and dementia, and added a delirium screening tool for inpatients on admission. In addition, there have been widely attended learning events on falls and more rapid feedback of learning from falls incidents. We have also been selected as one of only twenty trusts to participate in the NHSi falls collaborative. The project focuses on using the newly developed falls bundle to reduce falls on Mary Seacole North and South wards our acute admission wards.
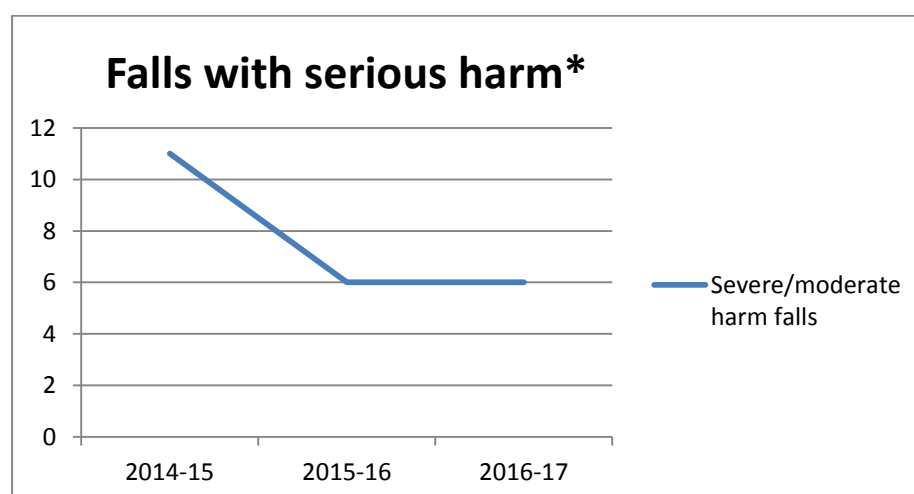
*serious harm was defined as falls meeting the criteria for a serious incident investigation

3.1.3 Priority 3: Sepsis

Sepsis is diagnosed in approximately 260,000 patients in NHS England each year and is responsible for an estimated 44,000 deaths annually, including 1,000 paediatric deaths. Recognising sepsis early and commencing "sepsis 6" interventions rapidly, as well as escalating treatment plans for those with severe sepsis, is paramount in attempting to reduce these mortality figures.

Early recognition and rapid management of sepsis is a key patient safety objective for Whittington Health and monitored through our local Trust 'Sign up to Safety' priorities and the Trust's quality priorities for 2016/17. In addition, it is also a national CQUIN.

Sepsis Quality Account, CQUIN and the 'Sign up to Safety' performance data

Whittington Health achieved the Quality Account priority to meet the national CQUIN in 2016/17 for all patients being admitted through the emergency department with sepsis. The national sepsis CQUIN data for Quarter 2 of 2016/17 showed this Trust as being one of the top 5 performing Trusts in England for meeting the sepsis CQUIN quality standards for both emergency admissions and inpatients. The Associate Medical Director for Patient Safety received a letter of congratulations from NHS England in recognition of this important achievement.

Adult patients diagnosed with sepsis are staying on average 1.5 days less in 2016/17 compared to 2015/16 which is probably relates to successful initiation of early management.

55% of adult patients diagnosed with sepsis in our Emergency department are arriving with a pre-hospital alert for sepsis (up from 10% in 2014/2015) which is a surrogate indicator of our integrated educational campaign to ensure all local healthcare providers think "could it be sepsis?"

There is further improvement required for patients developing sepsis during their inpatient stay with on average 80% of patients receiving antimicrobials within the hour against the desired objective of 90%.

Whittington Health performance against the sepsis national CQUIN

	Percentage of patients finally diagnosed with sepsis with completed sepsis pathways in notes	Percentage of patients with sepsis 6 care bundle completed within the hour from diagnosis	Percentage of patients with (sepsis receiving antimicrobials within 60 minutes of arrival to hospital (and have a 72 hour antimicrobials review from 2016/17)	Percentage of patients with sepsis diagnosed within hospital receiving antimicrobials within 90 minutes of diagnosis
CQUIN objective	>90%	n/a	>90%	>90%
Sign up for safety objective	n/a	n/a	>90%	>90%
Quality account objective	>90%	n/a	>90%	>90%
Internal objective	>90%	>90%	>90%	>90%
Q1 2015/16	46.0%	66%	55%	n/a
Q2 2015/16	46.9%	68%	59.4%	n/a
Q3 2015/16	45.6%	72%	67.4%	n/a
Q4 2015/16	63%	80%	78.2%	n/a
Q1 2016/17	66%	82%	82.2%	83%
Q2 2016/17			93%	88%
Q3 2016/17			93%	71%
Q4 2016/17				

3.1.4 Priority 4: Pressure Ulcers

In 2016/17, Whittington Health pledged to have

- No avoidable Grade 4 pressure ulcers across the ICO
- 25% decrease in Grade 3 pressure ulcers in community
- 25% decrease in Grade 3 pressure ulcers for inpatients

During 2016/17, Whittington Health launched the 'React to Red' campaign to raise awareness with staff, patients and carers on pressure ulcer prevention.


As part of this campaign, Whittington revised internal documents, introduced a new leg ulcer management pathway and developed a pressure ulcer prevention e-learning programme, to make pressure ulcer assessment, management and prevention easier for staff.

The second major component of the React to Red campaign focused on patients, carers and families. Whittington designed a key factsheet for patients and carers to support self-care and pressure ulcer prevention. Whittington also developed a pressure ulcer prevention carer's bundle, which is a comprehensive pack provided at discharge to anyone at risk of pressure ulcers.

We achieved our target to reduce avoidable grade 3 pressure ulcers in the community, with a reduction of 60% since 2015/16. However there were 5 avoidable grade 4 pressure ulcers reported in the community in 2016/17. In the acute setting, there were no avoidable grade 4 pressure ulcers reported and 8 avoidable grade 3 pressure ulcers since 2016/17. While this represents a decrease of 38% since 2016/17, this is still above the number reported in 2014/15.

The 'React to Red' campaign is ongoing to promote pressure ulcer prevention across the organisation.

Community avoidable Pressure ulcers

Acute avoidable PUs
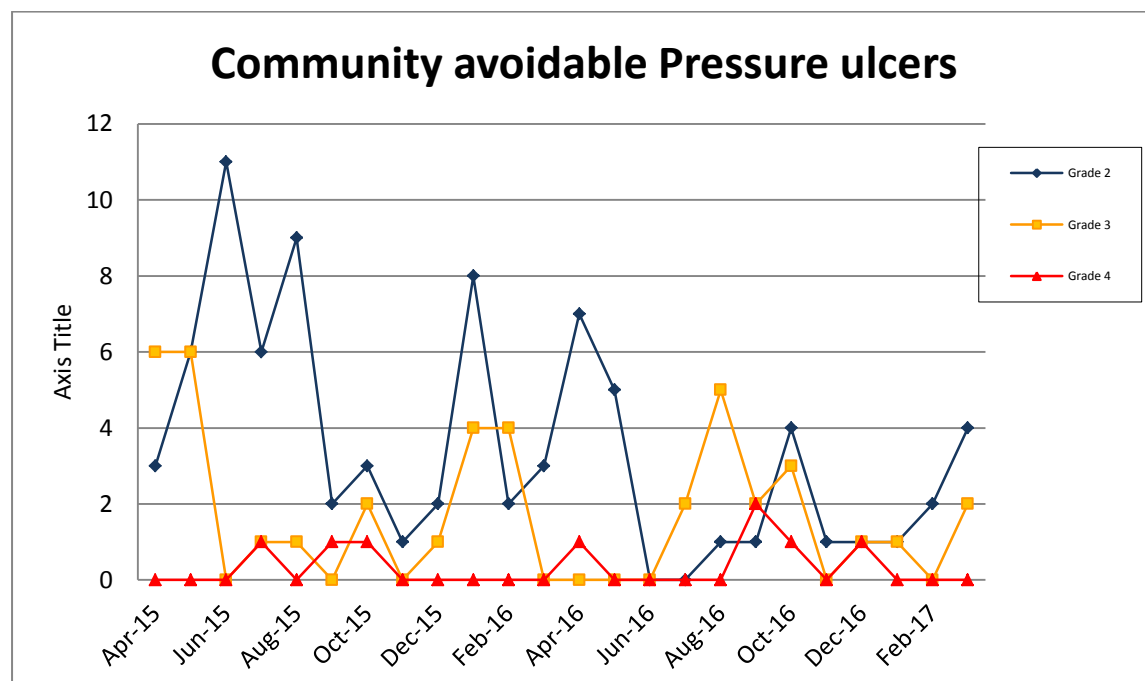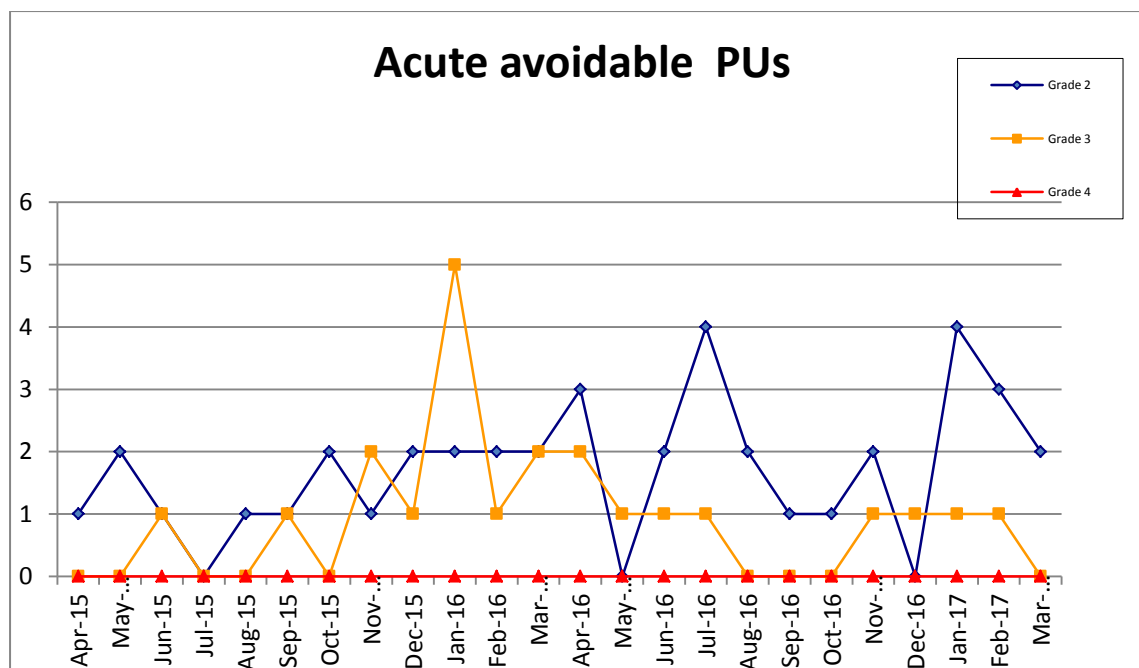
3.1.5 Priority 5: Research and Education

Research

There are currently 48 NIHR portfolio studies in progress and recruiting at Whittington Health compared to 41 studies in 2015/16, 31 studies in 2014/15 and 21 in 2013/14. In addition to the 48 NIHR portfolio studies that are on-going, an additional thirteen non-portfolio studies were commenced so far in 2016/17, an increase of 5 studies on the previous year and puts the number at a similar level to 2014/15 having reduced to just eight studies in 2015/16. These studies are undertaken by nurses, allied health professional and trainee doctors and this year various paediatric and community services have hosted the majority of these studies. The results and impact of these studies are published in peer reviewed publications, at conference presentations and are valuable in their ability to innovate within the trust.

We are a year on from the ratification of the 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. Progress is being made in our efforts to reach the targets within the strategy including the creation of a Research Assistant post to support one of our clinical academics with the development of paediatric population based 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 CAMHS, dermatology, diabetes & endocrine, emergency medicine (and ICU), gastroenterology, haemoglobinopathies, hepatology, health visiting,

IAPT, infectious diseases (TB), microbiology, MSK, oncology, orthopaedics, paediatrics, speech and language therapy, urology, and women's health.

Education

Whittington Health continues to have a reputation for excellent education.

Education Training Events
Over the last year, we have hosted a wide range of education and training events. These included 2 Inter-professional Integrated Care Education Days in April and May. These were extremely well received, with excellent feedback from the attendees. The theme of the first day was 'innovation and education'. As part of the programme, attendees had an opportunity to hear more about patient self-management and have been introduced to some of the tools for collaborative consultation. Day two focused on 'how to design an integrated service'. Attendees had an opportunity to hear about some of the innovative integrated care services set-up in NCEL area. There was a practical exercise in the afternoon, which encouraged attendees to explore and talk about opportunities and challenges them, as future leaders of the NHS, may face when thinking of joining up services in their local area. We had some really engaging speakers from clinical, academic and management realms, mainly from the Whittington but also some were external speakers. The attendees included specialist nurses, staff from the charity sector, Darzi fellows and specialty trainees from a range of specialities across London. The days were a very successful and we will be running these again in 2017.

Other events included 8 Advance Care Planning Workshops, led by WH clinicians, for our local GPs and Care Homes focussing on care of dying patients in the last days of life and supporting professional to look at ways of approaching difficult conversations with patients and their families.

Further developments have included learning events called 'Learning Together from Patient Safety Incidents and Complaints'. These inter-professional education afternoons are based on real patient stories, highlighting key learning points for various staff groups. So far, we have run 10 Learning Together events, attended by WH staff and colleagues working in social care, GP and voluntary sector. Feedback collected after each workshop suggested that attendees valued the opportunity to learn with and from each other. They reported increased confidence to discuss patient safety issues with their immediate colleagues and other teams and have been able to successfully apply some of the skills and knowledge gained at the workshop to change their way working. A poster about this work was presented at the UCLP Education Conference in December.

We have hosted two simulation training sessions for Core Medical trainees (CMTs), completing their rotations in North Central and East London geography, titled 'Acute Care at the Interface of Mental and Physical Health'. This interactive training was led by experienced clinicians and educators from Camden and Islington Mental Health, with support from UCLP Medical Education Simulation Fellows. The training provided an opportunity to further-develop knowledge, skills and confidence in supporting patients with both mental and physical health problems and increase understanding of services available to support patients with complex mental and physical health problems. The simulation training sessions were designed to address a number of CMT curriculum competencies for example Alcohol and substance misuse, Aggressive/disturbed behaviour, Suicidal ideation or Psychiatry and

Legal framework for practice. Both training sessions were extremely well received in their evaluations. As a result of this training, we have developed and piloted psychiatry simulation sessions for Foundation trainees at the Whittington.

In collaboration with our Community Education Provider Network (CEPN) partners, we have established the 'Islington Integrated Schwartz Rounds' – the first of its kind, inviting colleagues from Camden and Islington Mental Health Trust, Islington Clinical Commissioning Group, London Borough of Islington and Whittington Health. All rounds are held in various venues across Islington so easily accessible to colleagues working in the community and general practice. Schwartz Rounds are a multidisciplinary forum designed for staff to come together once a month to discuss and reflect on the emotional and social challenges associated with working in healthcare. Rounds provide a confidential space to reflect in and share experiences.

'The Art of Emergency Care', brought to the organisation by Kerry Wykes (Matron in our Emergency Medicine Department), is a highly innovative project, which was facilitated by MSc Applied Theatre Studies students from Royal Central School of Speech and Drama and multi-disciplinary staff working in the Emergency Department. The devising workshops explored patient and staff experience through theatre techniques and subsequent performances of the theatre pieces allowed for discussion, reflection and learning for larger groups of healthcare staff. Participants felt that, despite the pressure they are facing at work, this project allowed them to focus on what they can do to improve care, versus the system having to change.

WH hosted their first women only conference for female medical students and doctors on completing their clinical placements at WH.

We ran courses specifically designed for doctors training in different specialities and in general medicine. These included a new course we developed called "A Beginner's Guide to being a Specialist Registrar in Diabetes and Endocrinology". This was designed for junior doctors newly starting in specialist training, which can be a time of great challenge. We had very practical teaching, full of practical tips, from specialist nurses, dieticians and consultants. The junior doctors highly rated the course and have asked us to run it again. We are plan to run another course in 2017 but this time will be opening it to the wider team including nurses, dieticians, podiatrists, pharmacists and trainee GPs as well.

In February 2017, Whittington Health hosted the Clinical Examination for the Membership of the Royal College of Physicians (UK). This exam is designed to test the clinical knowledge and skill of trainee doctors who hope to enter higher specialist training to become a consultant. We are incredibly grateful to all the patients who came along for the doctors. It was a great success and the external examiners commented that the Whittington is always the gold standard exam that other centres try to aim for.

In September 2016, we re-launched the Whittington Grand Round. This is a weekly presentation chaired by Professor John Yudkin, Dr Michael Kelsey or Dr Rodric Jenkin. These presentations have covered research (e.g. using mathematical modelling in the breast cancer clinic), international health (e.g. compassionate communities in Kerala), social issues (e.g. caring for vulnerable pregnant women) and major medical problems (e.g. the rise of Hepatitis C and its treatment). We have opened the Grand Round up to all members of staff across all specialities and to local GPs.

GMC National Training Survey for Doctors in Training 2016

Whittington Health had some outstanding feedback in the GMC survey of doctors in training, with some specialties receiving the highest rating in the country. This is a national survey, sent to all doctors in training, and it asks them about the hospital where they are working and the support and education that they receive there.

Paediatrics training achieved the highest rating for: handover, workload, access to educational resources, local teaching and regional teaching. There was also good feedback in all the other areas, but not quite sufficient to reach the highest rating.

The Core Medical Training programme achieved the highest rating for: reporting systems, adequate experience, supportive environment and access to educational resources. There were good feedback in the other areas, but not quite sufficient to reach the highest rating.

Across the different areas surveyed, access to educational resources and reporting systems are the most highly rated reflecting the excellent work of the library and Richard Peacock the librarian.

Advanced Trauma & Life Support Course
The Whittington runs a successful, internationally recognised Advanced Trauma & Life Support Course, twice per year, for all doctors involved in the management of trauma patients. We have achieved a 100% pass rate for the last two courses and in the feedback the participants scored the last course highly across most categories with an average score of 91%. The Royal of College of Surgeons of England has congratulated us on this high performance.

WH Education structures, access and innovation.
All universities and other institutions of education now have in place IT learning platforms as an essential adjunct to learning and development, used by students and learners as a daily and routine resource. These platforms tend to be described as "virtual learning platforms" (VLP) and form an accessible IT driven platform for accessing lecture and workshop resources, virtual learning packages, reading and textbook resources, exercises, virtual laboratory and simulation classes, portfolio development to name a few functions. In summary VLPs are now an essential component of contemporary high quality education provision.

Within the health service, NHS driven educational provision has not routinely bought into the use of learning platforms such as Moodle. This is an anomaly as, without exception, all younger practitioners of the (regulated) degree entry professions will have experienced undergraduate (and increasingly, postgraduate) learning support through a VLP of some type. As an organisation that invests in workforce development, education and training in order to better deliver high quality healthcare services, we aim to use the best available resources and technology to enhance the training and support of our collective workforce.

During 2016, we successfully introduced a bespoke online platform for Whittington Health Education that is accessible for the workforce in general, and specifically for the continuing education and training of our multi-professional workforce.

We are currently running a broad scope of modules and courses on this platform; for example, Doctors Induction for A&E, GP Training packages, Grand Rounds, electrocardiogram interpretation for new A&E staff; induction for Nurses in A&E; treating minor injuries in A&E and others currently in development. New course development, education needs-based development, and delivery of in-house education and training are embedded within Whittington Health and the new platform will be a quality and accessibility adjunct to this delivery function.

In addition, we have instigated a "user and innovation group" comprising a cross sectional group of instructors and users who provide steer, strategy advice and innovation for the deployment of this education platform to ensure continued progressing and innovation for our education delivery activities.

The Whittington Health Education Conference
This successful event was held in March 2016, with the theme of "Building a Vision for Integrated Education - Showcasing innovation in education, learning & training at Whittington Health". The conference was attended by a multidisciplinary audience with many high quality abstracts submitted. For the first time, these abstracts were published in a peer reviewed journal, further providing quality dissemination for the education and workforce development activities of the Trust (Pharmacy Education, 2016; 16 (1): 52-63).

Community Simulation Hub.
The Community Simulation Hub project is a fully developed a simulation hub that brings health and care practitioners together for education and training. The training design puts patients, service users and their lifestyles at the heart of meeting their care needs. The Hub acts as a simulation centre for integrated and interprofessional training, with observation rooms and fully equipped learning environments to enable feedback of simulated practice in action to review and discuss for practitioner development. Training courses include
•   Transition to Parenthood
•   Making Every Contact Count
•   Protecting Vulnerable Adults
•   Chaperoning
And more are in development. This is a unique training environment and fully meets the integrated education and training mission of Whittington Health.

3.1.6 Priority 6: Patient Experience

Patients are at the heart of everything we do here at Whittington Health. We know that in order to improve the experience of patients in our hospital and community we need to listen to them, their families and carers, and respond to their feedback.

Throughout 2016/17, we have worked to improve our systems for collecting feedback and to enable us to capture the views of a more diverse patient population.

There are many ways in which we gather feedback, some examples are:

- National patient surveys, such as the cancer and inpatient surveys;
- Real-time patient experience trackers which ask specific questions including friends and family test, in specific areas of the hospital, such as A&E and outpatients and in

our community services and homes visited by our district nursing and health visiting teams
- Individual ad hoc surveys and questionnaires to support specific projects;
- Feedback received directly from patients in the form of complaints, letters, comments on Twitter, phone calls or comments to PALS, our patient advice and liaison service; Surveys looking at specific aspects of care or the environment such as PLACE;
- Ratings and comments left by patients on NHS choices.

This feedback is regularly triangulated by our patient experience team to paint a picture of what our patients are telling us and of where they think we need to improve.

We know from our work that for patients reporting a positive experience, interaction with staff is the most significant factor. When patients report a negative experience, the cause is usually due to ineffective systems and processes. The improvement programmes and strategies across the trust are supporting improvements across these areas.

We know it is not enough to just listen to our patients and the public; we want to actively involve them in helping us improve.

In 2016/17 we achieved our goal of increasing the percentage of inpatients and A&E patients who would recommend our Trust to friends and family, exceeding our target for both and improving on our performance last year. We also succeeded in increasing the number of response rates to our Friends and Family Test by over 20%.

In addition we developed a Community Forum which currently has 5000 members and we held 4 community meetings throughout the year. This engagement work will be extended in 17/18 as we develop a 3 year Patient and Carer Experience strategy. Through working with our local community and partners to we ensure that we develop a strategy that is ambitious and details annual improvement milestones.

We plan to review and strengthen our complaints processes still further in 2017/18. The primary objective is to resolve peoples' concerns as quickly and effectively as possible. Often this will be best achieved by the Patients Advice and Liaison Service (PALS); whether it is getting a cancelled appointment rescheduled or providing an immediate apology for a poor experience, PALS excel in this type of resolution. The complaints service will then be able to focus on concerns and complaints that require a formal investigation and response. We will review the process for sharing learning from complaints and look to join this up more effectively with learning from claims and patient safety incidents.

3.2 Local performance indicators

Performance figures are for full year of activity (16/17) unless otherwise stated

This section includes non-statutory indicators as part of the Quality Account.

Goal	Standard/benchmark	Whittington performance	
		16/17*	15/16
ED 4 hour waits	95% to be seen in 4 hours	87.36%	91.1%
RTT 18 Week Waits: Incomplete Pathways	92% of patients to be waiting within 18 weeks	93.1%	92.4%
RTT patients waiting 52 weeks	No patients to wait more than 52 weeks for treatment	0	0
Waits for diagnostic tests	99% waiting less than 6 weeks	99.5%	97.7%
Cancer: Urgent referral to first visit	93% seen within 14 days	96.4%	93.1%
Cancer: Diagnosis to first treatment	96% treated within 31 days	99.7%	99.5%
Cancer: Urgent referral to first treatment	85% treated within 62 days	86.7%	88.8%
Improved Access to Psychological Therapies (IAPT)	75% of referrals treated within 6 weeks	94.6%	94.5%

The Trust met its waiting time targets; however the emergency department waiting times need to be improved.

Within the operational plan the Trust identified that it will expand its programme of improvement for the Emergency Department. There are a number of plans in progress to recover both Emergency Department (ED) performance and flow across the acute admitted pathway, including but not exclusively:

- Front-door streaming: To ensure timely and appropriate care, in the right place by the right team and to maximise use of Ambulatory Care through appropriate diversion of acute medical assessment and paediatric patients, and transfer of medical clerking to the in-patient setting
- Revision and recruitment of ED workforce in order to facilitate rapid assessment treatment (RAT) and reduction in median Time To Treat and meet the ED standards by:
- Increasing the number of consultants by 6 WTE over the next 18 months. This will mean we will have consultant cover form 8-10pm from August 2017 when three of the new posts will be filled and we will be working further toward meeting the London ED standards over the next 8 months as we recruit the additional three posts.
- Developing the new Urgent Care Pharmacists roles with Health Education England
- Developing enhanced roles for nurses and health care assistants within the ED department.
- Improved speciality response/ agreements: To prevent unnecessary delays in decision making and/ transfer of care

- Development of Demand and Capacity tool/ Escalation Cards: To allow early warning of approaching problems and implementation of escalation plan
- Enhancement of Frailty Pathway: To ensure early Frailty Team input to enable appropriate management/ discharge support, to achieve Length of Stay (LoS) and readmission reduction
- Senior Clinician Review by noon: To ensure appropriate management to progress recovery and discharge
- Pre-11a.m. and Criteria Led Discharge: Ongoing promotion and training
- Advance Discharge to Assess model: To ensure patients are discharged when medically fit
- Enhanced Site Team and processes: To proactively manage flow/ discharge planning and timely communication
- Staff engagement: enhanced recovery workshops to support the streamlining of discharge
- Emergency Care Improvement Programme (ECIP): implement the findings of the 2 day review lead by Vince Connolly of the front door, ED, clinical decision unit, ambulatory care and acute admission unit once published.
- System wide improvement: working with Haringey and Islington and the wider STP urgent care pathway to develop system wide processes to improve the performance of ED.

4. 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, JHOSC and our designated external auditors

5. Statements from external stakeholders

Healthwatch Islington Feedback

We welcomed the Trust's involvement of Healthwatch members in discussions around Quality Objectives. There are some positive examples of patient engagement within the organisation (the setting up of a Young People's Forum, involving Healthwatch members in PLACE assessments). A more systematic approach to this engagement would help to embed involvement across the organisation. We will support this engagement where we can. In Healthwatch's conversations with residents the hard work of staff, noted in this report, is also praised and we feed this in to the Patient Experience Committee.

The report highlights the good work of the Community Dental Service. Healthwatch Islington's Autism report also highlights the very positive patient experience of users of this service and the skills and kindness of the staff working there. We know that the Trust is doing a lot of work to ensure robust implementation of the Accessible Information Standard and we hope to start seeing the results of this, in particular for Deaf patients who have found patient letters difficult to understand, and in improved communication with patients with a range of disabilities.

For other community services, waiting times remain an issue and we hope that the Trust can bring these down, thus improving patient experience. The Trust has stated that they 'are currently redesigning the service and also the way appointments are being booked. One of the plans around appointments is to book them from health centre receptions for all patients needing appointments within 6 weeks. This ensures that clients who have the highest foot risk statuses will receive appointments on the day of being seen… The aim is to start this from April [2017]'. The Trust assured us that they did not foresee a negative impact of this policy on patients who need less regular appointments. We look forward to hearing about how this develops.

Healthwatch Haringey
14 Turnpike Lane
London
N8 0PT
Tel: 020 8888 0579
Email: info@healthwatchharingey.org.uk
Web: www.healthwatchharingey.org.uk

Dr Helen Taylor
Whittington Hospital
Magdala Avenue
London
N19 5NF

19th May 2017

Dear Helen,

WHITTINGTON NHS TRUST QUALITY ACCOUNT 2017/18

Apologies for the delay in replying; the Healthwatch Haringey Statement is below:

We note and congratulate The Trust on winning a number of national awards for the quality of their services and service innovation in 2016/17. The Trust should also be commended on the local teams developing a number of quality initiatives in the delivery of the care to our local community.

We agree with the priorities identified for 2017/18 and the inclusion of Patient Experience in those priorities. The criteria identified in the Patient Experience category are generally process measures rather than outcome targets measuring improvements in patient experience and we would be happy to work with The Trust in developing some appropriate and achievable targets in this area.

The Trust has improved on a number of measures in the staff survey but we note that there are issues relating to bullying and harassment that need to be addressed. As noted in the Quality Account, patient experience is closely linked with the quality of the interaction with staff and therefore staff morale and motivation is a significant measure. It is interesting to note that although the percentage of staff recommending care is on a par with the national figures it has decreased in 2016/17 from 80.1% to 74.6% which is a reversal of the upward trend in 2015/16. Although staffing indicators are not included in the priorities for 2017/18 they should be the focus of attention to ensure that morale and motivation remain high.

The Patient Experience Forum was a new development in 2016/17 and although all innovations in this area are to be welcomed there is a need to develop a more systematic approach to patient engagement in the coming year. We look forward to being involved in this process and the development of the new three year Patient Engagement Strategy.

Kind regards,

Mike Wilson
Director

Response from Islington Health and Care Scrutiny Committee and the North Central London (Barnet, Camden, Enfield, Haringey and Islington) Joint Health Overview and Scrutiny Committee received 24/05/17

The Islington Health and Care Scrutiny Committee and the North Central London Joint Health Overview and Scrutiny Committee welcomed the opportunity to review and comment on the detailed draft Quality Account. We have some comments on specific aspects of the report:

The CQC report in July 2016 identified the Whittington's Community Services as being Good or Outstanding and we felt that the Whittington should be commended on achieving this rating. The CQC report however highlighted that under the heading of 'Safe' that both Whittington Health and Hospital requires improvement, whilst Whittington Hospital was graded as requires improvement under 3 out of the 5 areas. We felt the plan to improve was useful but it wasn't clear if this was based on the 'must do's' or on both the 'must do's' and 'should do's'? In addition, the Islington Health and Care Scrutiny Committee requested the Whittington action plan in response to the CQC inspection, and once it was received was strongly of the view that it was far too lengthy, contained too many actions, and the committee felt there was a significant risk that effective response to the inspection outcomes could be lost through attempting to pursue too many different improvement goals. A shorter, more succinct and targeted action plan would be more likely to achieve better results. Whilst not directly related to the quality account the committee considers that the action plan, which presumably is intended to be one of the main drivers towards quality improvement over the next year, could in its present form adversely affect ambitions to achieve improvements to overall quality at the hospital.

We felt that whilst the quality priorities for 2017/18 are clearly laid out, it wasn't clear whether these were identical to last year's priorities or whether some had been added as we didn't get a clear understanding from the introduction what the Trust's previous quality priorities were.

We felt that the safety priorities were good, however we would have hoped for a higher compliance target to have been set within the documentation of falls within the AAU and Older Peoples wards.

We welcomed all the ideas to improve experience such as 'reducing noise levels at night' under Patient Experience but we would have liked to have seen further information on how this would be achieved.

In addition, we would have liked to have seen further clarity on the following:

- Within the more in depth look at how the Whittington Hospital is looking to improve, Graph 2.3.3 shows Emergency re admissions. The younger age range 0-16 is consistently higher than the older age range – we would like to understand why. We would have also liked to have seen further information about what actions are being put in place to reduce the re admission rate for 0-15yr olds? (page 35)

- Graph for VTE risk assessment (page 38): it was not clear what the lilac dots represent.

- Table of Whittington Health performance against the sepsis national CQUIN (page 49). The majority of the table indicates red or amber with the 'Percentage of patients with sepsis diagnosed within hospital receiving antimicrobials within 90 minutes of diagnosis' column indicating that the latest figure in Q3 2016/17 is 71% when the target is 90%. This figure is decreasing: it was not clear why.

NHS
Islington
Clinical Commissioning Group

Commissioners' Statement for 16/17 Quality Accounts

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 all associate CCGs. In its capacity as lead co-ordinating commissioner NHS Islington CCG welcomes the opportunity to provide a statement for the 2016/17 quality account.

Commissioners can confirm that the Quality Account complies with the prescribed information, form and content as set out by the Department of Health. The information provided within the account have been checked against data sources made available as part of existing contract/performance monitoring discussions and the data presented within the account is accurate in relation to the services provided.

We commend the Trust on its overall rating of "good" by the Care Quality Commission (CQC) in July 2016 and the "outstanding" rating given to Community end of life care and community dental services. We note efforts made by the Trust during 2016/17 to robustly address the CQC's recommendations. We also commend improvements in the reduction of sepsis during 2016/17 which we hope will continue in 2017/18.

The Trust has proactively engaged with Islington CCG to ensure that commissioner's views have been considered and incorporated and we strongly support the eight quality priorities chosen by the organisation for 2017/18. We are encouraged by the Trust's plans to reduce the number of inpatient falls and pressure ulcers and hope to see significant improvements in outcomes concerning skin integrity for patients in community settings.

The CCG notes that during 2016-17, Whittington Hospital NHS Trust took part in 41 national clinical audits including 7 national confidential enquiries. The CCG would like to commend the Trust's commitment to an increasingly extensive research programme.

Commissioners fully support the quality priorities identified by the Trust for 2017/18.The CCG would have liked to have seen more emphasis on community care within the Quality Account but note this has been included in the eight priority areas and look forward to working with the Trust collaboratively to improve data quality to demonstrate delivery of high quality care.

We consider this Quality Account represents a fair and balanced overview of the quality of care at Whittington Hospital NHS Trust during 2016/17 and we look forward to the year ahead and working with Whittington Hospital NHS Trust to continually improve the quality and safety of health services for the population they serve.

6. 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

7. 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.

8. Appendix 2: Independent auditors' Limited Assurance report

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 2017 ("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 2017 subject to limited assurance consist of the following indicators:

☐ The percentage of patients risk-assessed for venous thromboembolism; and

☐ The 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 2016 to May 2017;

☐ papers relating to quality reported to the Board over the period April 2016 to May 2017;

☐ feedback requested by the Trust in March 2017 but not received in time for audit from the Commissioners;

☐ feedback from Islington Healthwatch dated May 2017;

☐ feedback requested by the Trust in March 2017 but not received in time for audit from Haringey Healthwatch;

☐ the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated February 2017;

☐ the latest national patient survey dated June 2016;

☐ the latest national staff survey dated March 2017;

☐ the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2017;

☐ the annual governance statement dated May 2017; and

☐ the Care Quality Commission's Inspection Report dated July 2017.

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 2017:

☐ 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

KPMG LLP
Chartered Accountants
Canary Wharf
London
E14 5GL
30 July 2017

9. 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
Red to Green	Approach to optimising patient flow. The objective is to change a patient from 'red' (a day where there is little or no value adding care) tor 'green' (a day of value for the patient's progress towards discharge and home).
SAFER patient bundle	SAFER is a practical tool to reduce delays for patients in adult inpatient wards
SCD	Surgery, Cancer and Diagnostics
Section 136	A multiagency model of care for our mental health patients in crisis
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