

# Whittington Health NHS Trust Quality Account 2020/21



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## Part 1: Statement on Quality from the Chief Executive

Welcome to the 2020/21 Quality Account for Whittington Health NHS Trust. The quality of our services is measured by looking at patient safety, the effectiveness of treatments patients receive and patient feedback about the care provided — while the challenges of the pandemic have been our major focus over the last year, I am pleased to report that we made good progress against the priorities we set. This is thanks to enormous and tireless effort from every one of my staff who have worked unimaginably hard over the past year to continue to provide high quality, effective and compassionate care to our patients despite very difficult circumstances, so I want to thank them for their incredible work and achievements.



Some highlights of the year include:

- The introduction of an in-situ simulation programme, with observation from airline pilots for human factors expertise. This programme has been shortlisted for a Health Service Journal award.
- An outpatients' letter Quality Improvement project commenced to improve the accessibility of clinic letters for patients. There have been successful outcomes against the quality criteria, and the project is now being rolled out more widely across the Trust.
- A blood transfusion awareness campaign was launched in October 2020 and the emergency and integrated medicine ICSU trained 100% of nursing staff on our care of older people wards for blood transfusion.
- A baseline exercise around mobility was completed as part of the hospital deconditioning project, to identify areas for targeted improvement in 2021/22.

Throughout the pandemic we have continued to participate in several clinical studies, including recruiting 13% of participants into the national RECOVERY trial looking at potential treatments for people hospitalised with COVID-19.

Our community work has gone from strength to strength. In March 2020, we were the first trust in North Central London to establish and run Covid-19 monitoring via our virtual ward to keep patients safe at home. We successfully and rapidly implemented virtual appointments across all adult community services since the first Covid-19 surge and we ran very successful virtual groups for areas such as weight management and the expert patient programme. In September 2020 Simmons House Adolescent Unit was fully accredited by the Royal College of Psychiatrists' Quality Network of Inpatient Children and Adolescent Mental Health Service units.

In the National Cancer Patient Experience Survey, patients rated their care as a nine out of ten. This excellent outcome is above the national average and ranks us second in London for our cancer services.

Despite the additional pressure and changes that we were forced to make to our services due to COVID-19, we have made good progress against our Quality priorities and we will continue to work on these areas in 2021/22.

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.

A handwritten signature in dark ink, appearing to read 'Siobhan Harrington', written in a cursive style.

**Siobhan Harrington, Chief Executive**

## About the Trust

**Whittington Health is one of London’s leading integrated care organisations – helping local people to live longer, healthier lives.**

We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden, and Hackney. We provide dental services in 10 boroughs. Whittington Health provided over 100 different types of health service (over 40 acute and 60 community services) in 2020/21. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

### **Our services and our approach are driven by our vision**

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

**Our vision is: Helping local people live longer, healthier lives**

**What we do: Lead the way in the provision of excellent integrated community and hospital services**

**Our 2019/24 strategy has four main objectives:**



## What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS healthcare that detail information about the quality of services they deliver. They are designed to assure patients, service users, carers, the public and commissioners (purchasers of healthcare), that healthcare providers are regularly scrutinising each and every one of the services they provide to local communities and are concentrating on those areas that require the most improvement or attention.

Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of service, explaining where an organisation is doing well and where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement over the coming financial year.

The requirement for external review and assurance by an external auditor, has been removed for this year by NHS England / Improvement due to COVID-19.

## Part 2: Priorities for Improvement and Statements of Assurance from the Board

This section of the Quality Account describes the priorities identified for quality improvement in 2021/22 and the progress made against priority areas for improvement in the quality of health services identified in the 2020/21 Quality Account. It also sets out a series of statements of assurance from the Board on key quality activities and provides details of the Trust's performance against core indicators.

### 2.1 Priorities for improvement 2020-23

Our quality priorities are aligned to the Trust's commitment to helping local people live longer, healthier lives and build on factors such as quality performance, clinical or public proposals and our 'Better Never Stops' ambition, to continually improve and provide even better care. The Trust identified 4 key priorities for quality improvement in 2020, with a recognition that embedding change would take up to three years. The Quality Priorities for 2020-23 are set out below, with key targets and milestones to delivery within each year specified.

- Reducing harm from hospital acquired de-conditioning
- Improving communication between clinicians and patients
- Improving patient safety education in relation to human factors
- Improving care and treatment related to blood transfusion

The COVID-19 pandemic has further highlighted health inequalities in our local population, and as such has been identified as an additional quality priority for 2021-23, as well as being integrated into all our work.

- Reducing health inequalities in our local population

### Our consultation process

Whittington Health recognises that to achieve sustainable improvement, projects need to be long-term, monitoring progress over a 3 year period. Our quality priorities for 2020-23 were developed in early 2020 before the onset of the pandemic, following engagement events and consultation with staff, people who use our services and stakeholders. We utilised a range of data and information, such as learning from serious incidents, reviews of mortality and harm, complaints, claims, clinical audits, patient and staff experience surveys, and best practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and national audit data, to help establish the priorities. They were then adjusted to reflect the impact of the pandemic, recognising the challenges and new ways of working.

Throughout the pandemic ensuring our patients' safety while also providing a good experience and positive outcomes, has remained our top priority. We have unfortunately been unable to hold face to face engagement events for this year with our patients and stakeholders in the usual manner, where we would discuss progress against priorities and agree future improvement plans. We have written to our stakeholders outlining the unprecedented challenges of 2020/21 and the difficulties this has presented in holding meaningful engagement events prior to the Quality Account submission deadline. We plan to hold a virtual event in the summer with Healthwatch and other key stakeholders to gather feedback on what is working well, and where we need to improve. This will help inform and support our ongoing work around the four key priority areas agreed with stakeholders last year, and in particular the new priority introduced this year, to reduce health inequalities in our local population.

The specific objectives, to achieve the priorities set for 2021/22 have been refined and agreed by clinicians and managers who will have direct ownership and approved at the relevant Trust committees. The quality account, including the 2021/22 objectives, have been shared with our commissioners, whose comments can be seen within the appendices.

### **Monitoring of progress against priorities**

We have developed a robust system to monitor and report on progress against the quality priorities. Each priority has a project work stream (which focus on the key objectives for the year) which is aligned to one of the three pillars of patient safety, patient experience or clinical effectiveness, and reports regularly to the relevant governance group (Patient Safety Group, Patient Experience Group and Clinical Effectiveness Group). The Quality Governance Committee review progress on a quarterly basis and any concerns are escalated to the Quality Assurance Committee, a committee of the Trust Board. Within each priority, key milestones and targets are identified to monitor progress which are reviewed in the context of the wider Quality Account priority ambition.

The key milestones and targets for Year 2 are highlighted below, and in the table that follows we have provided a rationale for selecting this area for focus, details of the improvement plans, and detail on the monitoring data and progress indicators.

- Reducing harm from hospital acquired de-conditioning
- Improving communication between clinicians and patients and their carers
- Improving patient safety education in relation to human factors
- Improving care and treatment related to blood transfusion
- Reducing health inequalities in our local population (Year 1)

| Quality Account Priority  | Why are we focusing on this as an area for improvement?  | What are we doing to improve?  | Priorities – Year 2   |
|---|--|--|---|
| <p>Reducing harm from hospital acquired de-conditioning</p> <p>Domain: Clinical Effectiveness/ Patient Experience</p> | <p>Deconditioning or ‘PJ paralysis’ can be attributed to long hospital stays and is a national priority. This issue is especially relevant during COVID-19 pandemic, due to the long recovery period for COVID-19 hospital ITU admissions and is linked to the Trust’s priority to reduce health inequalities.</p>                       | <p>This work is incorporated in the Reducing Long Length of Stay project. The deconditioning work stream focuses on preventing functional decline in frail patients by:</p> <ol style="list-style-type: none"> <li>1. Early assessment of functional status on admission</li> <li>2. Early mobilisation</li> <li>3. Increase in physical activity of inpatients</li> <li>4. Discharge planning: reducing the length of time that patients who have been determined as medically fit to leave but remain in hospital.</li> </ol>                                  | <ol style="list-style-type: none"> <li>1. To trial a new enhanced Health Care Support Workers (HCSW) model which will include a training programme for mobilising patients.</li> <li>2. To recruit five enhanced HCSWs for the hospital wards during 2021/22.</li> </ol>  |
| <p>Improving communication between clinicians, patients, and carers</p> <p>Domain: Patient Experience</p>             | <p>Poor communication between clinicians and patients/ carers has been highlighted as a contributory factor in incidents, complaints, and claims.</p> <p>Building on the work in previous years to improve communication on discharge from hospital, the two key projects in the quality account focus on Outpatient transformation.</p> | <p>Project 1: Improve the quality of outpatient clinical letters to make them more user-friendly for patients and focused on what ‘matters to me’ as the patient.</p> <p>Project 2: Roll-out a digital patient portal (Zesty) to improve the quality and experience of Outpatient communication, enabling patients to get a greater role in planning their care.</p> <p>Zesty is an online, secure, interactive platform which is always easily accessible to the patient. The platform will enable communication of appointments (bookings and amendments),</p> | <p>Project 1:</p> <ol style="list-style-type: none"> <li>1. To improve the number of consultant-written letters addressed to patients by a further 10% on 2020 baseline</li> <li>2. To increase the number of letters that use clear language by a further 10% on the 2020 baseline</li> <li>3. Expand the project to non-consultants and HCPs who write letters to patients.</li> </ol> <p>Project 2:<br/>By the end of 2021/22, we will have introduced Zesty in all outpatient clinics. Success of the programme in improving communication with patients will be measured by patient feedback, patient usage of the Zesty portal and improved timeliness of patient appointment correspondence, which in turn may reduce the DNA rate</p> |



|   |  |   |  |
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|   |  | information about conditions and procedures and clinical interactions, for example online follow-ups and patient completed questionnaires.  |  |
| Improving patient safety education in relation to human factors<br><br>Domain: Patient Safety                   | Human error is a recurring theme in serious incidents, in particular Never Events in 2018 – 20. Human factors (HF) training can help design safe systems and processes that make it easier for staff to do their jobs effectively.   | Deliver human factors education across the Trust through developing a sustainable, educational model which raises awareness of the practical implications of human factors on patient safety. | Following the success of the 'pilot simulation programme' in 2020/21, in year 2, the focus will be on sustainability and expansion.<br><br>1.To continue delivering the pilot sim programme across the hospital, using HF champions (as the pilots return to flying). Success of the programme will be measured through staff feedback and identification and action of Latent Safety Threats (LSTs).<br><br>2. To expand human factors education into community settings. |
| Improving care and treatment related to blood transfusion<br><br>Domain: Patient Safety/ Clinical Effectiveness | A blood transfusion is when a patient is given blood from someone else (a donor). It is a procedure which can be lifesaving, however errors can occur if staff are not adequately trained, while these incidents rare, they can be fatal. Ensuring staff are trained effectively, and the Trust systems align with the safe transfusion guidelines ( <b>right blood, right patient, right time, and right place</b> ) is essential to ensure patient safety. | Increase compliance with the blood transfusion e-learning module by ensuring that more staff access and complete.   | The year two priorities for the project involve focusing on the areas of low compliance with the e-learning.<br><br><ul style="list-style-type: none"> <li>To increase training by 30% on the overall trust baseline for 2020,</li> <li>To increase nursing compliance by 20% on the 2020 baseline.</li> <li>To continue the communication campaign around the importance of completing blood transfusion training for patient safety</li> </ul>                           |
| Reducing health inequalities in our local population  | The COVID-19 pandemic has exposed health inequalities across the country. The virus has disproportionately affected Black Asian Minority Ethnic (BAME) communities, and the impact of lockdown   | The Trust is currently working on several projects aimed at tackling inequalities. We will use the virtual event with our stakeholders in summer 2021 to collaborate on priority projects.    | To agree priority projects to tackle inequalities for 2021 - 24<br><br>One example of our ongoing health inequality work builds on the maternity transformation programme initiative to address  |

|  |   |  |   |
|--|---|--|---|
|  | measures have contributed to digital isolation. |  | inequalities in Black Asian Minority Ethnic pregnant women at Whittington Health – COVID-19 risks |
|--|---|--|---|

## 2.2 Statements of Assurance from the Board

The Trust provides statements of assurance to the Trust Board in relation to:

- Modern slavery
- Safeguarding children and young people
- Mixed gender hospital accommodation

### Modern Slavery Act

It is our aim to provide care and services that are appropriate and sensitive to all. We always ensure that our services promote equality of opportunity, equality of access, and are non-discriminatory. We are proud of our place in the local community and are keen to embrace the many cultures and traditions that make it so diverse. The diversity of this community is reflected in the ethnic and cultural mix of our staff. By mirroring the diversity that surrounds us, our staff are better placed to understand and provide for the cultural and spiritual needs of patients. In accordance with the Modern Slavery Act 2015, the Trust has made a statement on its website regarding the steps taken to ensure that slavery and human trafficking are not taking place in any part of its own business or any of its supply chains.

### Safeguarding Adults and Children Declaration 2020/21

Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national safeguarding children standards and guidance to ensure that children and young people are cared for in a safe, secure, and caring environment.

The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the two Heads of Safeguarding (adult and child) professionally reports to the Chief Nurse.

A Safeguarding Bi-Annual Report is produced which is reviewed by the Trust Board (covers both children and vulnerable adults).

Whittington Health is an active member of two local safeguarding children's partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required.

The Trust is a member of the local safeguarding adults' partnerships in Haringey and Islington and the Safeguarding Adults Partnership Assessment Tool completed annually for both.

The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, Prevent Deprivation of Liberty Safeguards and the Mental Capacity Act and monitors serious case review and Safeguarding Adult Reviews recommendations. This oversight has continued throughout the COVID-19 national emergency. The committee reviews the Trust's responsibility across children and vulnerable adults.

### Mixed sex/gender accommodation declaration

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust are committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable.

Patients who are admitted to hospital or come in for a planned day case will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area.

There are some exceptions to this. Sharing with people of the opposite gender will happen sometimes. This will only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained. This year due to COVID-19 reporting of this measure was paused.

## Subcontracted Services

Whittington Health provided 184 different types of health service lines in 2020/21. Of these services a number were subcontracted see appendix two.

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 2020/21 represents 100% of the total income generated from the provision of relevant health services that Whittington Health provides.

## Participation in Clinical Audits 2019/2020

During 2020/2021, 50 national clinical audits including national 3 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 2020/2021 are detailed in Appendix 1. 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 15 non-mandatory national audits, in which the Trust also participated during 2020/2021.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquiries in 2021/2022 by ensuring:

- National audit and national confidential enquiries will remain the key feature of our Integrated Clinical Service Unit (ICSU) clinical audit and effectiveness programmes.
- Learning from excellence will continue to be an intrinsic part of our work.

- Patient and carer representation in national clinical audit will be prioritised and developed, where appropriate.
- Multidisciplinary clinical governance sessions will continue to include reflective learning on national clinical audit findings.
- Virtual clinical audit workshops will continue to provide practical support to all staff grades.
- The newly established clinical effectiveness group will ensure actions from national audit reports are scrutinised and monitored at the highest level to provide additional organisational assurance.
- We will expect evidence that each national audit provides one of the following key benefits to the organisation: identification of alignment to areas of service improvement, provision of key assurance information or significant link to financial benefit.

The reports of 25 national clinical audits/ national confidential enquiries were reviewed by the provider in 2020/21.

#### Example of results from a national clinical audit and actions being taken:

##### **Royal College of Emergency Medicine – Care of Children**

Emergency Departments (EDs) play an important role in safeguarding infants, children, and adolescents. The ED may potentially be the first time a child at risk of abuse, neglect, or other safeguarding issues, comes into contact with services.

Whilst there are many potential safeguarding areas, this project centred on three key areas for EDs.

- injuries in non-mobile infants aged 12 months and under,
- patients under 18 who abscond or leave the ED without being seen, and
- appropriate assessment of psychosocial risk in 12 to 17 year-olds.

##### **Focus:**

- Infants at high risk of potential safeguarding presentations being reviewed by a senior clinician whilst in the ED
- Notes review when an infant, child or adolescent leaves or is removed from the department
- Psychosocial risk assessment for older children and adolescents
- Organisational policies and systems.

The interventional purpose of the audit was to monitor documented care against the standards published in June 2019 by the Royal College of Paediatrics and Child Health (RCPCH) and to facilitate improved care.

As a result of the audit, the following areas were identified to be taken forward:

1. Infants at high risk of potential safeguarding that present with an injury are reviewed by a senior clinician.

- Action taken:** All these patients are seen by Paediatric registrar, or senior clinician.
2. Senior clinician review of notes when patient leaves department before being seen.  
**Action taken:** A daily report is sent to senior clinician and nurse and cases are reviewed and discussed at weekly safeguarding meeting.
  3. Psychosocial risk is assessed using a national or locally developed risk assessment tool  
**Action taken:** Adolescent screening page on Medway (hospital information system) where clinical notes are completed. Departmental teaching sessions are used to promote the correct use of the tool.

## Local Clinical Audits

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in **2021/2022** by ensuring:

- COVID-19 clinical audit monitoring will continue as a component of our local audit programmes. These audits remain essential to optimise the care of our patients and to best risk assess and plan for any further surge in coronavirus case numbers.
- Reactive local audits, vital to patient safety, will remain of intrinsic value to audit programmes, with increased emphasis upon collaborative working across clinical effectiveness and patient safety domains.
- Project proposals will continue to be subject to a centralised and multidisciplinary quality review to prevent duplication and to ensure alignment to speciality priorities.
- Newly introduced bespoke clinical audit training packages will continue alongside our pre-existing workshops. Staff of all designations and grades will be encouraged to apply.
- Demonstrable improvements to patient care and service provision will be identified on a rolling basis to support organisational 'learning from excellence' initiatives.
- Clinical speciality performance in relation to local clinical audit will continue to be monitored on an ongoing basis, with regular reporting via the ICSU Board meetings.

The reports of 65 local audits were reviewed by the provider in 2020/21.

**Example of results from a local clinical audit and actions being taken:**

## Survey of WH Treatment Escalation Plans (TEP) during Covid-19 pandemic

The Treatment Escalation Plan (TEP) describes the interventions that would be appropriate in event of a clinical deterioration. It allows for clear communication among staff members and the patient about the limits of treatment and focuses on the importance of TEP discussions, led by consultants in charge of patient care.

This was even more critical during the Covid-19 pandemic due to the potential for pressure on staff, difficulties of communicating with families / next of kin, making decisions under pressure as well as pressure on resources at the trust.

There should be a robustly documented TEP on admission and/or on the post take ward round.

## **Background**

WH Treatment Escalation Planning Guidance during Covid19 was published in March 2020 and a medical teaching seminar undertaken with guidance circulated to all consultants thereafter.

In April 2020 the Ethics Advisory Group agreed that a sample audit of adherence to the guidance would provide valuable information.

## **Sample details**

- 14 TEPs reviewed week commencing 6<sup>th</sup> April 2020. First patient of day and night medical takes.
- 12/14 notes were reviewed; 2/14 info taken from discharge summary as notes unavailable.
- 14/14 TEPs in line with guidance:
  - 4/14 patients for full escalation.
  - 10/14 had a ward-based ceiling of treatment and a Do not attempt Cardiopulmonary DNACPR form completed.

## **Patient Outcomes**

- 10/14 patients discharged home.
- 4/14 patients died.

## **Reflections and action for further improvement:**

- All patients had a TEP completed promptly on admission.
- All TEPs were in line with WH guidance and the rationale was clearly documented.
- Clear documentation exists of TEP discussions with patients where possible, and family for patients who lack capacity.
- Recording TEP on the discharge summary needs improvement, though this could reflect guidance emphasising TEPs made during Covid should be reviewed on subsequent admissions.

## **Re-audit**

A repeat sample audit was undertaken for the week commencing 4<sup>th</sup> May, 2020

## **Sample details**

- 14 cases were reviewed. First patient of day and night medical takes.

- 13/14 had TEPs completed.
  - 7/13 for full escalation.
  - 6/13 for ward-based care and had a DNACPR form.

### **Patient Outcomes**

- 11/14 patients discharged.
- 3/14 patients remain admitted.

### **Reflections**

- 13/14 patients had a TEP completed promptly on admission.
- Notes reviews show TEPs in line with WH guidance and rationale clearly documented.
- 1 patient where a TEP not completed was in line with guidance.
- Generally clear documentation of TEP discussions with patients when possible and family where patients lack capacity, though in one case where patient lacked capacity family discussion was not recorded.
- Suggestion for the future -could the Trust improve on offering TEP discussions with family members where patient has capacity ( this is standard where the patient lacks capacity) ? This is a recurrent theme from the April sample.
- Recording TEP on the discharge summary could be improved – in particular, for cases where patient has expressed clear views. Again, this is a recurrent theme from April sample.

## **Participating in Clinical Research**

Research at Whittington Health had an unparalleled year in 2020/21. The Director of Research and Innovation along with the Research Portfolio Manager led the Trust's COVID-19 research activities in response to the pandemic. Where it is usual for there to be Trust recruitment targets, these were largely suspended as the majority of non-COVID-19 research was 'stood down' by the National Institute for Health Research (NIHR) during the first wave. Despite this, the Trust has had an increase in research activity and, at the time of writing, recruitment for the year stood at 1,079, up from 848 in 2019/20 and 1,077 from 2018/19.

The Trust continued to deliver a cost-effective service, with a low cost per patient recruited, compared with other Trusts in the North Thames Local Clinical Research Network (LCRN). Our performance throughout the pandemic was acknowledged by the allocation of additional in year funding of £73k. The usual NIHR benchmarks were suspended last year but aspirational targets for the percentage of overall COVID-19 admissions recruited to specific Urgent Public Health (UPH)

studies saw us reach 13% of all potential patients recruited to the RECOVERY trial; the target was 10% and the national average 8%.

Commercial trials' activity was largely stifled by the pandemic with the exception of vaccine trials and early phase studies that are suited to sites with dedicated Clinical Trials Units (CTUs); however engagement with commercial sponsors has been ongoing throughout and there is a strong pipeline for commercial activity to increase next year, subject to a resemblance of 'normal service' being resumed. We have supported 11 NIHR portfolio adopted COVID-19 studies (and have two further studies in set-up at the time of writing). Of the 11 studies, five are badged as UPH and encouragement to support these studies has come from the UK's Chief Medical Officer, Professor Chris Whitty. Four non-portfolio COVID-19 studies were completed and 178 participants were recruited into 14 NIHR portfolio adopted, non-COVID-19 studies which took place.

**Of particular note, the top three recruiting COVID-19 studies were:**

- ISARIC CCP UK: Clinical Characterisation Protocol for Severe Emerging Infection: 489. This was an observational study collecting clinical data for inpatients including disease severity, treatment and outcomes
- SARS-COV2 immunity and reinfection evaluation (SIREN) 257 - an observational study looking at the incidence of COVID-19 infections among healthcare staff
- Randomised Evaluation of COVID-19 Therapy (RECOVERY) 184 - an interventional study offering treatments to inpatients.

**The top three recruiting non-COVID-19 studies were:**

- Understanding the Attitudes and Opinions of Staff Working Across NHS Sites in England to the Change in Law Regarding Organ Donation (#OPTIONS) 56
- Turning the immune response in TB (HIRV-TB): 25
- National Evaluation of the Integrated Care and Support Pioneers Program: 15

The change of study profile in response to the pandemic has meant comparison of the growth of research across ICSUs would be inequitable, but it is reasonable to assert that Emergency and Integrated Medicine has seen the bulk of research activity. This year has raised the profile of research not only within the Trust but nationwide and there has been progress in research being part of patient pathways locally. There is an appetite to continue this beyond COVID-19 and the Research Oversight Group had its inaugural meeting in February 2021, despite the logistical and time challenges brought about by the pandemic. The Group is identifying opportunities to broaden the reach, capacity and capability for research and deliver on our commitment to offer patients the opportunity to participate in research and for the Trust to contribute to meaningful studies that benefit local people as well as the broader population.



## Registration with the Care Quality Commission (CQC)

Whittington Heath is registered with the Care Quality Commission (CQC) without any conditions. The CQC did not carry out any inspections of the Trust in 2020/21.

The table below provides the rating summary table for the CQC's final report published in March 2020 following its previous inspection in December 2019 of four core services. The Trust's current CQC overall rating from that assessment is 'Good' for Whittington Health, with 'Outstanding' ratings for our community health services and performance against the CQC's *Safe* domain.

|                                   | Safe                 | Effective | Caring      |  | Responsive | Well-led    | Overall     |
|-----------------------------------|----------------------|-----------|-------------|--|------------|-------------|-------------|
| Acute                             | Requires Improvement | Good      | Good        |  | Good       | Good        | Good        |
| Community                         | Good                 | Good      | Outstanding |  | Good       | Outstanding | Outstanding |
| Children's mental health services | Requires Improvement | Good      | Outstanding |  | Good       | Good        | Good        |
| Overall trust                     | Requires Improvement | Good      | Outstanding |  | Good       | Good        | Good        |

Due to the COVID-19 pandemic in 2020, several actions were put on hold and some have now been superseded by amended pathways and new ways of working developed in light of the pandemic. The CQC action plan remains a focus for improvement through the Trust's Better Never Stops programme.

During 2020/21, the CQC approach to inspection and monitoring has adapted to meet the challenges of the pandemic, and support Trusts. Regular meetings have been held with our CQC Relationship manager during 2020/2021. These have mainly focused on the following:

- Staff wellbeing and support (during and post COVID-19)
- Restarting elective services
- Serious incident investigations and CQC enquiries
- Infection prevention control and personal protective equipment

A COVID-19 vaccination monitoring assessment call took place on 5 March 2021 in relation to the vaccination hub which Whittington Health NHS Trust is the provider. This went very well and significant assurance was given by the CQC in relation to this.

## Secondary Uses Service

Whittington Health submitted records during 2020/21 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodes Statistics. 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:

|         |                |   |  |
|---------|----------------|---|--|
| 2020/21 |                | 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 | 99.17%  | 99.96%   |

|   |                 |        |        |
|---|-----------------|--------|--------|
|   | Outpatient care | 99.46% | 99.99% |
|   | Emergency care  | 96.32% | 99.70% |
| <i>Source: DQMI Score Average - April 2020 - January 2021</i> |                 |        |        |

## Information Governance (IG) Assessment Report

Information governance (IG) means the way organisations process or handle information. The Trust takes its requirements to protect confidential data seriously and over the last 5 years have made significant improvements in many areas of information governance, including data quality, subject access requests, freedom of information and records management.

The Data Security and Protection (DSP) Toolkit is a policy delivery vehicle produced by the Department of Health; hosted and maintained by NHS Digital. It combines the legal framework including the EU General Data Protection Regulations 2016 and the Data Protection Act 2018, the Freedom of Information Act 2000 and central government guidance including the NHS Code of Practice on Confidentiality and the NHS Code of Practice on Records Management. The framework ensures the Trust manages the confidential data it holds safely and within statutory requirements.

During the year the Trust implemented an improvement plan to achieve DSP Toolkit compliance and to improve compliance against other standards. As a result, the Trust hopes to meet most of the mandatory assertions with an improvement plan in place for IG training which will likely be below the target of 95%. The Trust's DSP Toolkit submission and former IG Toolkit submissions can be viewed online at [www.dsptoolkit.nhs.uk](http://www.dsptoolkit.nhs.uk) and [www.igt.hscic.gov.uk](http://www.igt.hscic.gov.uk).

All staff are required to undertake IG training. In 2020/21 the Trust ended the year at 81% of staff being IG training compliant. The compliance rates are regularly monitored by the IG committee, including methods of increasing compliance. The IG department continues to promote requirements to train including targeted staff emails when training is due, news features in the weekly electronic staff Noticeboard and IG information sessions as part of induction.

### Information Governance Reportable Incidents

IG reportable incidents are reported to the Department of Health and Information Commissioner's Office (ICO). Reportable incidents are investigated and reported to the Trust's SIEAG Panel, relevant executive directorate or ICSU and the Caldicott Guardian and the Senior Information Risk Owner (SIRO). The IG committee is chaired by the SIRO who maintains a review of all IG reportable incidents and pro-actively monitors the action plans. The Trust declared two reportable incidents in 2020/21.

#### Information Governance Incident 1 Learning:

- To liaise directly with patients regarding any concerns or disputes regarding their healthcare and patient experience.
- Further training and guidance given to relevant staff re appropriate chain of communication.

#### Information Governance Incident 2 Learning:

- Confidential data should not be left unattended at any time including on the wards.

## Data Quality

The Trust has continued to monitor data quality closely to target areas that require improvement. The Trust monitors all national data submissions data quality at the point of submission as well as through the monthly Data Quality Maturity Index (DQMI) scores published by NHS Digital Monthly to take corrective action.

There has been a focus on data recording and transformation processes and how they influence data quality and traceability of some of the reporting and this remains work in progress. Some data quality actions from 2019/20 that might have been delayed due to the demands of the response to the COVID-19 pandemic have been carried forward to more recent plans.

Overall, the majority of gains made in the 2019/20 data quality improvement plan were maintained well in 2020/21 during the course of the pandemic.

In order to improve data quality in 2021/22 the trust will be continuing to embed the following actions:

- Use of data quality dashboards for services to individually monitor their own data quality as required.
- Issuing of regular data quality reports to specific services identified as requiring improvements
- Strengthening the trust Data Quality Group and ensuring representation from each of the Integrated Clinical Service Units (ICSUs). This group is responsible for implementing the annual data improvement and assurance plan and measures the trust's performance against a number of internal and external data sources.
- Discuss and highlight data quality issues in the monthly Rio User Group to target the Community and Mental Health data that has been identified as requiring significant improvement.
- Running a programme of audits and actions plans. At the time of writing a data quality audit this has been completed.
- Review and update data quality policy as required
- Undertake regular internal and annual external clinical coding audits. The external clinical coding audit is underway with a report expected by the end of June 2021. This will give a good assessment of the quality of clinical coding during the pandemic and since moving from coding in a paper-based system to only using digital records.
- Systematic use of benchmarking of data where available.

## End of life care

The past year has been extremely challenging for End of Life Care services. We have cared for high numbers of symptomatic and dying patients during the COVID-19 pandemic and provided ongoing support for families and colleagues in managing this.

Whittington Health has an End of Life Strategy 2015/20 which will be updated in line with the new NCL-wide End of Life Care Strategy, currently under development. Our current strategy is focused on provision of palliative and end of life care at the Whittington hospital site to ensure the Board is informed on the current level of provision; is aware of existing gaps when benchmarked against comparators

and national policy; to outline a plan to close these gaps with a clear trajectory; and to comment on the resource implications.

At Whittington Hospital we cared for 572 patients who died during an acute admission in 2020/21 (This figure includes patients who have died in the Emergency Department). This is an increase from baseline due to the pandemic. In 2017-18, 472 patients died in Whittington Hospital. Our District Nurses in Haringey and Islington cared for 562 patients who died in their own homes in Haringey and Islington in 2020/21, this is also an increase from the baseline, but without access to the death certificates of these patients we are unable to confirm if the increase is due to the pandemic. The number of deaths nationally per year is rising, with a projected rise of 25.4% in annual deaths in England and Wales by 2040 (from 501,424 in 2014 to 628,659). This means that 160,000 more people in England and Wales will need palliative care by 2040. All clinicians need to have core palliative care skills to meet these needs.

In keeping with other local services for adult palliative care and reflecting longer term mortality trends, the referral rates have approximately doubled in recent years, from 301 in 2013/4 to 610 in 2020/21. The team has continued to acknowledge and assess over 99% referrals within 1 working day. During the COVID-19 pandemic the team maintained a strong front-line presence in the hospital, supporting ward teams to manage acutely unwell symptomatic and dying patients effectively and compassionately. The team led on provision of symptom control guidance and provided teaching and training on this, as well as support to teams coping with high numbers of deaths under their care. They have continued to provide holistic support to patients and families despite challenges with visiting restrictions.

EoLC is a quintessentially multidisciplinary activity. Effective EoLC requires an integrated approach that is central to our understanding of an integrated care organisation. The palliative care team has strong relationships both within and beyond the acute Trust. They are a visible presence across all hospital adult wards, including ambulatory care and the emergency department (ED) – 12% referrals in 2020/21 were made from ED. The acute oncology service MDT, the lung cancer and the GI/CUP MDT includes active palliative care representation maintaining the person at the centre of care. We have robust relationships and have maintained regular contact with the Haringey (North London Hospice) and Islington (CNWL) community palliative care teams despite COVID-19 restrictions.

#### Paediatric Palliative Care Services (Life Force)

Life Force is a team of specialists, who provide care and support to families who have a child with a life limiting or life threatening condition living in the boroughs of Camden, Haringey and Islington. They are a multi-disciplinary team consisting of paediatric specialist nurses, respite nursery nurses, play specialist / youth worker, psychologists and a toy loan coordinator.

Their aim is to provide enhanced support to families and ensure choice in place of care, especially at end of life. Life Force continues to offer preferred place of death (PPD) and works hard to achieve this providing support at any chosen location, i.e., home hospital or hospice.

Covid impacted on both the patient population and the workforce. Rapid changes in working practices took place with some staff having to shield and others working from home to reduce the

number of staff present in the office. This created challenges around sourcing appropriate IT hardware. To support staff weekly teams meetings were implemented to ensure those shielding or working from home were able to stay connected with colleagues in the office. Families continued to be offered face to face contact in their home or could choose to access the service virtually.

Paediatric Wards across the NCL sector were closed to accommodate adult patients and in patient services were moved to Whittington hospital. The closure of wards did cause anxiety to some families as they were worried about meeting health care professionals that had not met their child before or may not be aware of the complexities of their treatment. To increase families' confidence in the service, care plans and hospital passports were shared between the hospital trusts to ensure that safe, holistic care was provided wherever the child presented.

The Life Force team provides the services below to patients and families. The Life Force is a Monday – Friday service, however the team flex their operating times to support a child to remain at home at end of life. Life Force works closely with local Community Children's Nursing teams, Continuing Care Team, and local hospices, to ensure that the family's needs are met.

- Symptom management support
- Coordination of current services, accessing extra support for families when necessary
- Provision of respite/short breaks in the home
- To act as a keyworker
- Provision of play sessions in the home
- Pre and post bereavement support to the parents
- Pre and post bereavement support to the siblings
- Annual memorial day for bereaved families

## Learning from Deaths

### Number of Deaths

During 2020/2021 there were 561 inpatient deaths at the Trust (This figure excludes patients who have died in the Emergency Department). This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 167 In the first quarter
- 67 In the second quarter
- 136 In the third quarter
- 191 In the fourth quarter.

### Oversight

The Trust has an embedded process to screen, review and investigate inpatient deaths. Each Clinical Directorate has an embedded mortality review process to undertake reviews on any

appropriate deaths and to identify learning. The Mortality Review Group provides Executive-led scrutiny of mortality surveillance to ensure the Trust is driving quality improvement by using a systematic approach to mortality review and learning from death. The Group reports to the Quality Assurance Committee and the Trust Board, via a Quarterly Learning from Deaths report, authored by the Associate Medical Director for Learning from Deaths.

## Reviews

113 out of the 561 total deaths for the year were identified for case record review. By 31 March 2021, of the 113 identified deaths, 54 case record reviews and 2 investigations had been carried out. In one case a death was subjected to both a case record review and an investigation. The investigation is ongoing at the time of writing.

The breakdown of reviews carried out by quarter is as below:

- 28 case record reviews in the first quarter and an investigation
- 4 case record reviews in the second quarter and an SI investigation
- 21 case record reviews in the third quarter
- 1 case record review in the fourth quarter.

The table below shows the number of case record reviews by quarter and the number of deaths judged more than likely than not to have been due to problems in care:

|   | Quarter one<br>2020/21 | Quarter 2<br>2020/21 | Quarter 3<br>2020/21 | Quarter 4<br>2020/21 |
|---|------------------------|----------------------|----------------------|----------------------|
| Number of case record reviews   | 28                     | 4                    | 21                   | 1                    |
| Number of deaths judged more likely than not to have been due to problems in care | 0                      | 1                    | 0                    | 0                    |

In relation to each quarter, this consisted of 0 representing 0% of 28, 1 representing 25% of 4 for the second quarter. 0 representing 0% of 21 for the third quarter.

Following the reviews one death, representing 0.88% of the 113 identified patient deaths reported, was judged to have been more likely than not due to problems in the care provided to the patient. Actions taken include enhancing staff training on the care of patients with delirium and reinforcement of the STOP falls care bundle.

## Summary of Themes, Learning and Actions from Case Record Reviews

From the deaths reviewed in 2020/21 the main themes, learning and actions are:

### Learning from the pandemic

There were 296 deaths (53%) at the Trust in which COVID-19 was the cause of the death or a contributing factor during the period April 2020 to 31 March 2021.

Learning from the care of patients with COVID-19 through the pandemic has been extensive, including morbidity and mortality meetings and reflective practice sessions. This has fed into a continuous review of guidelines developed during the first surge to ensure best practice is in place.

### Early detection of deteriorating patients

Most mortality reviews that were undertaken identified good care for patients. It was found that a multi-disciplinary team approach to care, with early senior input for patients, and frequent ward rounds was valuable and aided the Junior Doctors in identifying the deteriorating patient earlier. It was also found that this approach ensured that end of life care discussions were held in a timely way, and, if appropriate, Palliative care teams were involved.

We are continuing to embed this approach into the care for all patients.

### Supporting staff and improving experience for patients and their families

One of the themes that emerged from several mortality meetings was the difficulty that some team members had with informing relatives of those that were dying of the visiting restrictions imposed by COVID-19. In a response to this, The Trust provided targeted mental health support for all members of staff focussing on this issue. In addition, the Ethics Advisory Group, formed last year, are now well established, and have become an integral part of the support for staff in both decision making and areas where communication with relatives and loved ones may be difficult.

### Sepsis

In 2020/21 there were 32 deaths (6%) due to Sepsis.

Reviews of patients who had died from sepsis identified areas of good care but also areas for improvement, such as ensuring all patients with sepsis receive antibiotics within an hour time frame, and this was highlighted as a theme for learning.

The Trust will appoint a lead Sepsis nurse and identify a medical lead for Sepsis, to re-embed the learning in identification and rapid treatment of sepsis.

### Improving the Mortality Review and Learning from Deaths process

The Trust has appointed four additional Medical Examiners to support the Mortality Review process and improve the experience of bereaved families. They, along with the Lead Medical Examiner, and the Associate Medical Director with the responsibility for Learning from deaths, have become part of a larger, multi-disciplinary, Mortality Review Group.

This Group will continue to progress learning from deaths and provide quality assurance for case record reviews.

**Percentage of patients 0-15 and 16+ readmitted within 28 days of discharge**

The Trust reports within stated requirements, the readmission data is reviewed thoroughly and compared closely to the metric that is used for routine board and departmental monitoring of readmissions.

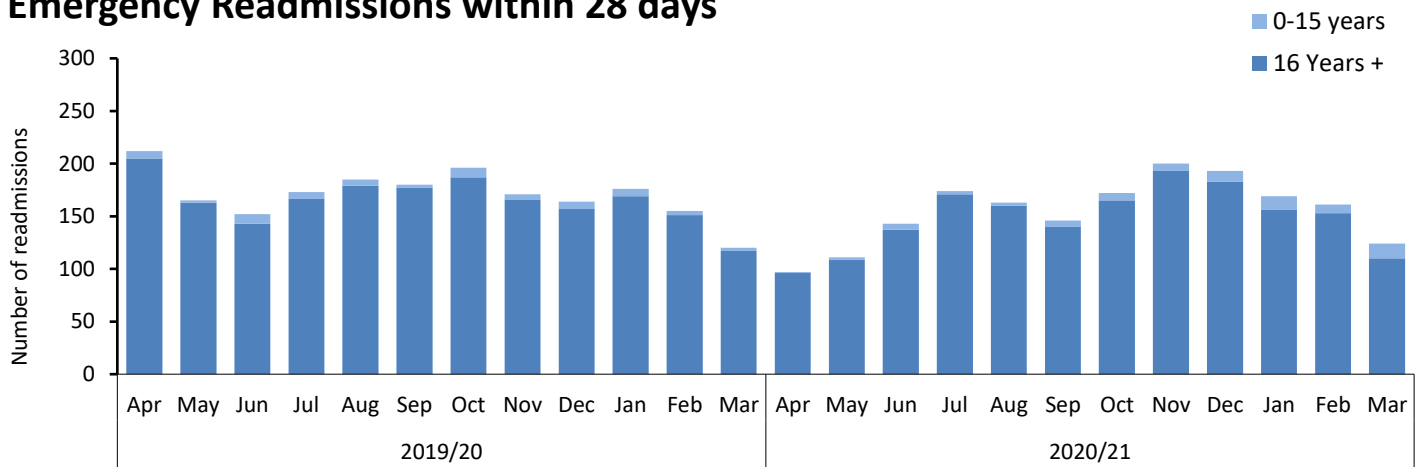
\*Data is reported against the month of discharge of the emergency readmission

\*Data excludes patients between 0 and 4 years at time of admission or re-admission. Cancer and Maternity admissions and readmissions are excluded. Patients who self discharge are also excluded.

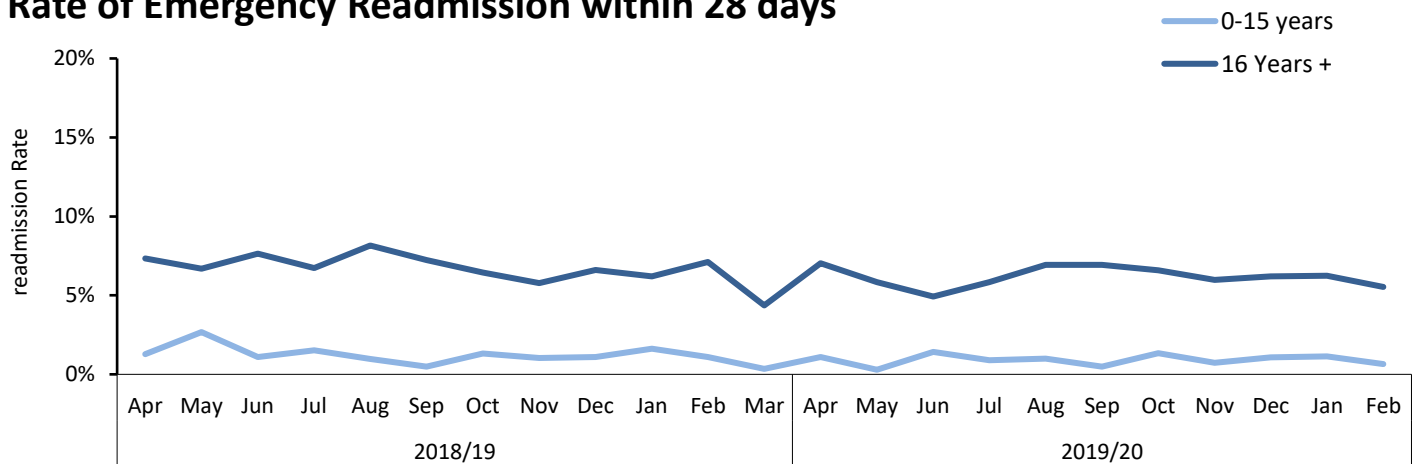
During the pandemic from March 2020 – March 2021 the use of the 'Hospital at home' service and 'Virtual Ward' was a valuable tool which helped to expedite safe discharges but also reduce the numbers of patients requiring potential readmission within 28 days of discharge.

We have also continued with our 'Multi Agency Discharge Event's' (MADEs) virtually during the pandemic. They have regular input from Social Care, Clinicians, District Nursing and GPs to ensure patients are discharged to the most appropriate place for their care in a timely manner. The data table that supports the graphs below can be found in Appendix Three.

**Emergency Readmissions within 28 days**



**Rate of Emergency Readmission within 28 days**





## The trust's Responsiveness to the Personal Needs of its Patients

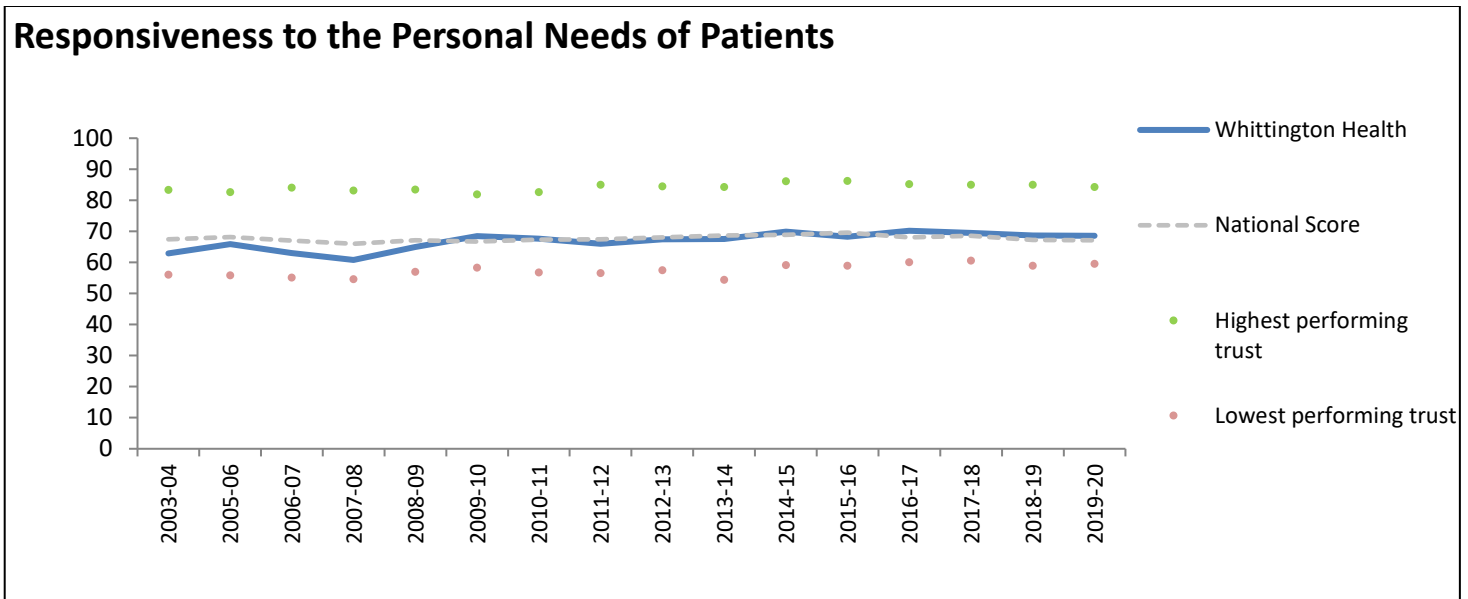
Whittington Health NHS Trust considers that this data is as described because it is produced by a recognised national agency and adheres to a documented and consistent methodology. This metric is an aggregation of scores from the national inpatient survey and is expressed as a score out of 100 (where a higher score is preferable)

The survey is completed by a sample of patients aged 16 years and over, who have been discharged from an acute or specialist trust, with at least one overnight stay. Individual questions are scored according to a pre-defined scoring regime that awards scores between 0-10. These scores are then multiplied by 10 to give a score out of 100. The indicator is a composite, calculated as the average of five survey questions from the National Inpatient Survey

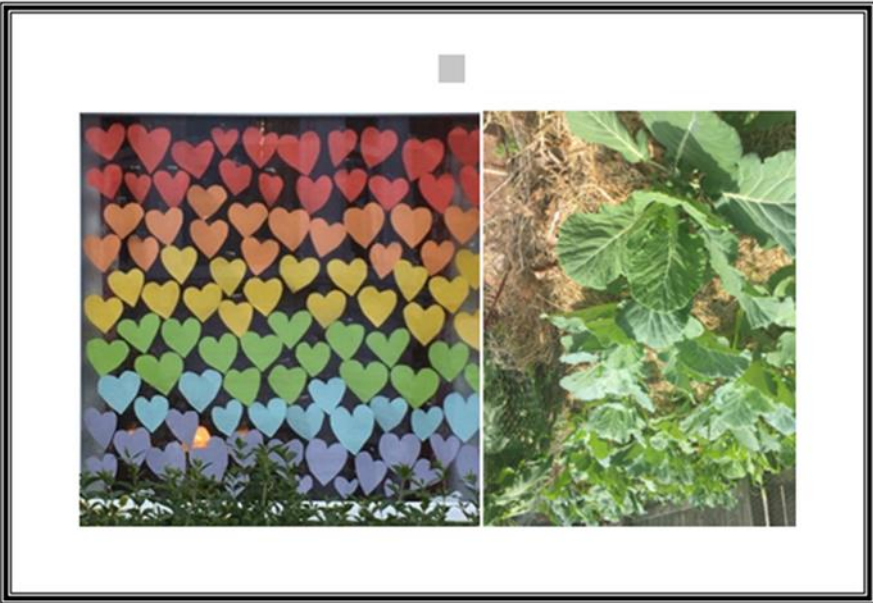
| Year    | Whittington Health | National Score | Highest performing trust | Lowest performing trust |
|---------|--------------------|----------------|--------------------------|-------------------------|
| 2003-04 | 63                 | 67             | 83                       | 56                      |
| 2005-06 | 66                 | 68             | 83                       | 56                      |
| 2006-07 | 63                 | 67             | 84                       | 55                      |
| 2007-08 | 61                 | 66             | 83                       | 55                      |
| 2008-09 | 65                 | 67             | 83                       | 57                      |
| 2009-10 | 69                 | 67             | 82                       | 58                      |
| 2010-11 | 68                 | 67             | 83                       | 57                      |
| 2011-12 | 66                 | 67             | 85                       | 57                      |
| 2012-13 | 67                 | 68             | 84                       | 57                      |
| 2013-14 | 68                 | 69             | 84                       | 54                      |
| 2014-15 | 70                 | 69             | 86                       | 59                      |
| 2015-16 | 68                 | 70             | 86                       | 59                      |
| 2016-17 | 70                 | 68             | 85                       | 60                      |
| 2017-18 | 70                 | 69             | 85                       | 61                      |
| 2018-19 | 69                 | 67             | 85                       | 59                      |
| 2019/20 | 69                 | 67             | 84                       | 60                      |

The Whittington Health performance score was two percent higher than the national average in 2019/20 this has been consistently maintained since 2016/17. Whittington Health maintains an excellent reputation for being innovative, responsive, and flexible to the changing clinical needs of the local population. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients. Our consistent scores above the national average is indicative of a trust that listens to its patients and responds to their needs.

## Responsiveness to the Personal Needs of Patients



At the start of the pandemic, Whittington Health recognised the devastating effects that visitor restrictions would have on inpatients. In response, the Trust launched 'Stay Connected', our family liaison programme to meet the needs of our patients and keep them connected to their family and loved ones while visitor restrictions were in place. Some of these initiatives like the 'Thinking of You' postcards and Audio messaging received such positive responses from patients, they have a role to play even without visitor restrictions. Below is an example of a postcard template, the pictures and message are personalised for the patient by their family.



Dear Gordon Blogs

We love you and hope you feel yourself again soon! You can see from the photos a lovely rainbow collage our neighbours' children created, and how our patch of vegetable garden looks now. They were only seedlings when you last visited.

Big virtual hugs from across the Atlantic!

From Thomas and Percy



Gordon Blogs, ~~Cloudesley~~ ward

Whittington Hospital

Magdala Avenue

London

N19 5NF

*Keeping in touch...*



**NHS**  
Whittington Health  
NHS Trust



# Stay connected while visiting restrictions are in place



Whittington Health  
NHS Trust

The 'Staying Connected' team provide advice, information and clear routes of access to support you to stay connected with your loved one as we now have to restrict ward visiting. If you require any further information about staying connected please contact:

Email: [whh-tr.stayconnected@nhs.net](mailto:whh-tr.stayconnected@nhs.net) Mon-Fri: 0207 288 3876

|   |   |  |   |
|---|---|--|---|
|  <h3>'Thinking of You':<br/>Postcards</h3> <p>Send a message &amp; photos to your loved one.</p> <p><b>Link:</b><br/><a href="https://www.whittington.nhs.uk/mini-apps/news/newsPage.asp?NewsID=2181">https://www.whittington.nhs.uk/mini-apps/news/newsPage.asp?NewsID=2181</a></p> |  <h3>Virtual visiting:<br/>Zoom and<br/>WhatsApp</h3> <p>You can arrange a 'virtual' visit to see your loved one.</p> <p><b>Email:</b><br/><a href="mailto:whh-tr.stayconnected@nhs.net">whh-tr.stayconnected@nhs.net</a></p> <p><b>Phone:</b><br/>0207 288 3876</p> |  <h3>WithYou<br/>Audio<br/>messaging</h3> <p>Record a message through our digital messaging service which can then be delivered to your loved one.</p> <p><b>Email:</b><br/><a href="mailto:whh-tr.withyou@nhs.net">whh-tr.withyou@nhs.net</a></p> |  <h3>Patient<br/>property:<br/>Delivering &amp;<br/>Finding</h3> <p>We can arrange to have items delivered to your loved one.</p> <p><b>Email:</b><br/><a href="mailto:whh-tr.stayconnected@nhs.net">whh-tr.stayconnected@nhs.net</a></p> <p><b>Phone:</b><br/>0207 288 3876</p> |
|---|---|--|---|

## Staff Friends and Family Tests

### Listening to Our Staff

Whittington Health conducted its tenth national staff survey as an integrated care organisation (ICO). The survey was distributed to all staff, rather than a sample, and achieved a response rate of 51% which is lower than last year's 56%, but not unexpected given the pandemic, and above the median for similar trusts, 45%. The new comparison group now includes not only combined acute and community trusts but also acute trusts. The trust is pleased to have achieved a response rate above 50%. The survey asked members of staff questions about their jobs, managers, health and wellbeing, development, the organisation, and background information for equality monitoring purposes. The purpose is to give staff a voice and provide managers with an insight into morale, culture, and perception of service delivery.

### Staff Engagement Indicator

For the 2020 Staff Survey the key findings that make up the engagement score of staff are:

- Staff recommendation of the trust as a place to work or receive treatment
- Staff motivation at work

- Staff ability to contribute towards improvements at work

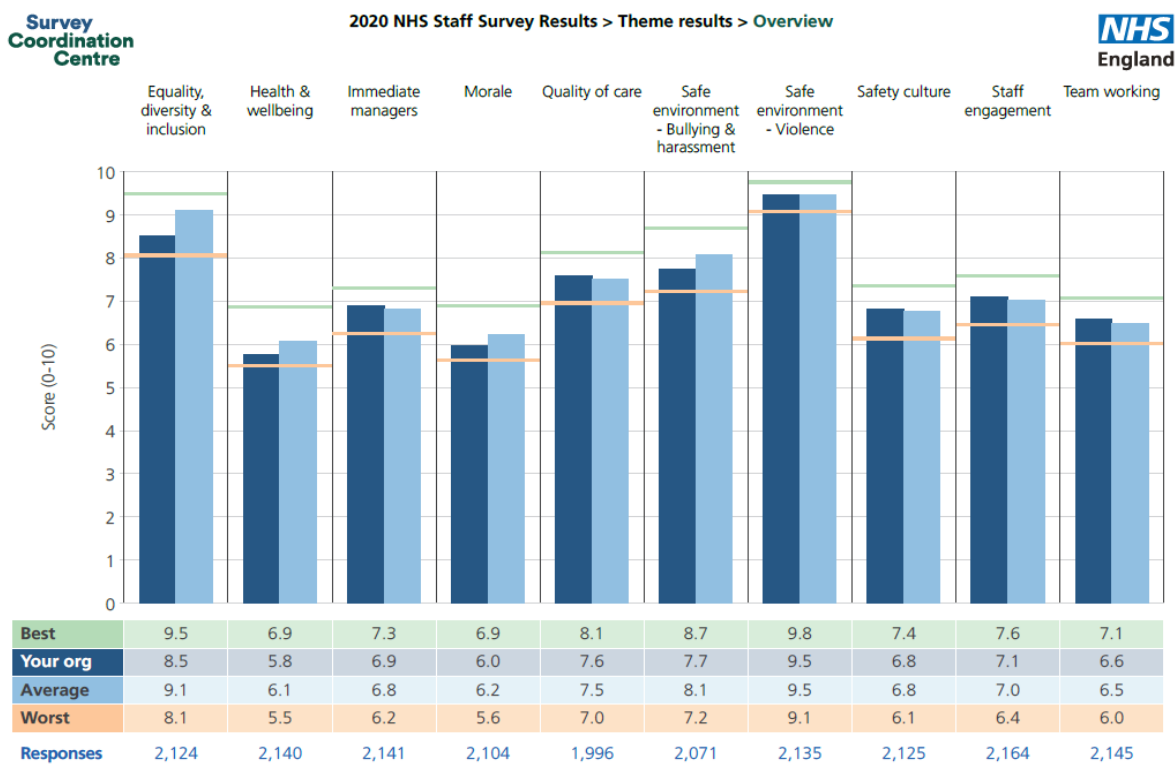
The Trust has worked hard to develop a compassionate and inclusive culture, and this is evidence in part by the sustaining of the engagement score of 7.1 despite the challenges of 2020. In 2021, Whittington Health’s staff engagement score of 7.1 continues to compare favourably to the national average score of 7.0.

## Top Ranking Scores

The reporting shows Whittington Health’s results against 10 themes (the 11th theme, Quality of Appraisals, was removed in 2020) benchmarked against Acute and Acute and Combined trusts and ranked by ‘best’ ‘average’ and ‘worst’ results. Results are presented in the context of the ‘best’, ‘average’ and ‘worst’ results for the total 128 Acute and Acute & Community Trusts.

In 2020 Whittington Health is not ranked as ‘worst’ in any of the themes, compared to 1 in 2019 (Safe Environment – Bullying & Harassment) and 4 in 2018. The Trust is slightly above average for four of the themes, below or slightly below for another four and rated as average for two.

## Whittington Health – 2020 overall results – Themes



## Whittington Health – 2020 overall ranking – themes

| Theme                           | Whittington Health – overall trend               |
|---------------------------------|--|
| Equality, Diversity & Inclusion | Below average and 0.1 decline from last year     |
| Health & Wellbeing              | Below average and 0.2 improvement from last year |

|                             |  |
|-----------------------------|--|
| Immediate Managers          | Above average and same as last year              |
| Morale                      | Below average and 0.1 improvement from last year |
| Quality of Care             | Above average and same as last year              |
| Safe Environment: Bullying  | Below average and 0.2 improvement from last year |
| Safe Environment - Violence | Ranked as average and same as last year          |
| Safety Culture              | Ranked as average and same as last year          |
| Staff engagement            | Above average and same as last year              |
| Team Working                | Above average and same as last year              |

Further local changes and outcomes from last years staff survey are detailed in Appendix Six.

## New COVID-19 Specific Classification Breakdowns

A new section in the benchmark reports shows the breakdown of theme scores for staff in the following subgroups:

- Staff who worked on a COVID-9 specific ward or area at any time (Q20a)
- Staff who have been redeployed at any time due to the pandemic (Q20b)
- Staff required to work remotely/from home due to the pandemic (Q20c)
- Staff who have been shielding for themselves (Q20d)
- Staff who have been shielding for a member of their household (Q20d)

Similar analysis will be available for both theme scores and question results in the online dashboards published on the NHS Staff Survey results website on 11 March.

## Theme scores by COVID-19 subgroup

*\*Each theme records the highest and lowest score in green or red respectively*

| Theme                          | All staff | Worked on COVID-19 specific ward or area | Redeployed | Required to work remotely /from home | Shielding for self | Shielding for household member |
|--------------------------------|-----------|--|------------|--------------------------------------|--------------------|--------------------------------|
| Equality, Diversity, Inclusion | 8.5       | <b>8.2</b>                               | <b>8.4</b> | <b>8.9</b>                           | <b>7.9</b>         | <b>8.4</b>                     |
| Health & Wellbeing             | 5.8       | <b>5.5</b>                               | <b>5.5</b> | <b>6.2</b>                           | <b>5.5</b>         | <b>5.9</b>                     |
| Immediate Managers             | 6.9       | <b>6.9</b>                               | <b>6.8</b> | <b>7.4</b>                           | <b>7.0</b>         | <b>6.9</b>                     |
| Morale                         | 6.0       | <b>5.9</b>                               | <b>5.8</b> | <b>6.3</b>                           | <b>5.8</b>         | <b>5.8</b>                     |
| Quality of Care                | 7.6       | <b>7.6</b>                               | <b>7.5</b> | <b>7.4</b>                           | <b>7.8</b>         | <b>7.7</b>                     |
| Safe Environment – Bullying    | 7.7       | <b>7.2</b>                               | <b>7.3</b> | <b>8.4</b>                           | <b>7.7</b>         | <b>8.0</b>                     |
| Safe Environment – Violence    | 9.5       | <b>9.0</b>                               | <b>9.4</b> | <b>9.8</b>                           | <b>9.4</b>         | <b>9.4</b>                     |
| Safety Culture                 | 6.8       | <b>6.8</b>                               | <b>6.8</b> | <b>6.9</b>                           | <b>6.9</b>         | <b>6.9</b>                     |
| Staff Engagement               | 7.1       | <b>7.2</b>                               | <b>7.1</b> | <b>7.3</b>                           | <b>7.2</b>         | <b>7.1</b>                     |
| Team Working                   | 6.6       | <b>6.4</b>                               | <b>6.6</b> | <b>7.1</b>                           | <b>6.7</b>         | <b>6.7</b>                     |

## Progress on the 2019 Staff Action Plan

In response to advice provided by the NHS Co-ordination Centre, the Trust sought to create action plans that focused on a small number of key areas to ensure progress is made and staff are able to experience the changes.

On receipt of the 2019 survey results the Workforce Directorate provided summaries of Integrated Care Service Units (ICSU) and Directorate results with three suggested focus areas for each ICSU and Directorate and a high level action plan template.

The themes and templates were shared with the service leads who were then tasked with cascading downwards, using the '**You Said We Did**' templates to capture improvement work at team level.

To support managers and ensure staff were included in the process a number of workshops and support were offered by HR and Organisational Development (OD) to 'hot spot' teams. This included attending senior team Away Days, helping managers facilitate workshops to share the data and identify improvement areas.

Actions are developed into supporting action plans which are monitored closely by the ICSU's. Due to the COVID-19 pandemic progress against the actions identified in 2020 was paused.

## Patient Feedback: Learning from National Patient Survey Results

The Trust received results for two national patient experience surveys during 2020/21. These were:

- Adult Inpatient Survey 2019 (July 2020)
- National Cancer Survey 2019 (June 2020)

### **National Adult Inpatient Survey 2019**

33% of patients responded to the 2019 survey which was the same percentage as completed responses for 2018. The key improvements and issues to address are summarised below:



# NHS Inpatient Survey 2019 Results

Thank you everyone who took part in the survey. Here are our top line results.

## Key Improvements since 2018

- ↑ Discharge: patients given written/printed information about what they should or should not do after leaving hospital
- ↑ Planned admission: admission date not changed by hospital
- ↑ Care: staff did not contradict each other
- ↑ Procedure: told how to expect to feel after operation or procedure
- ↑ Discharge: staff discussed need for additional equipment or home adaptation

## Our views

- 82%** Q68+. Overall: rated experience as 7/10 or more
- 98%** Q67. Overall: treated with respect or dignity
- 96%** Q24. Doctors: had confidence and trust

## Our core strengths

- 😊 Discharge: told side-effects of medications
- 😊 Discharge: patients given written/printed information about what they should or should not do after leaving hospital
- 😊 Overall: asked to give views on quality of care
- 😊 Discharge: told purpose of medications
- 😊 Procedure: told how to expect to feel after operation or procedure

## Issues to address

- 😞 Hospital: food was very good or good
- 😞 Admission: did not have to wait long time to get to bed on ward
- 😞 Nurses: not talked in front of patients as if they weren't there
- 😞 Discharge: family or home situation considered
- 😞 Care: found staff member to discuss concerns with



Key improvements seen for patient discharge are because of successful quality improvement workstreams which reviewed and implemented changes to discharge letters and enhanced discharge planning with the TICKED programme aimed at ensuring everything has been considered and in place prior to discharge. TICKED is an acronym designed to support clinicians remember the key components of a safe discharge;

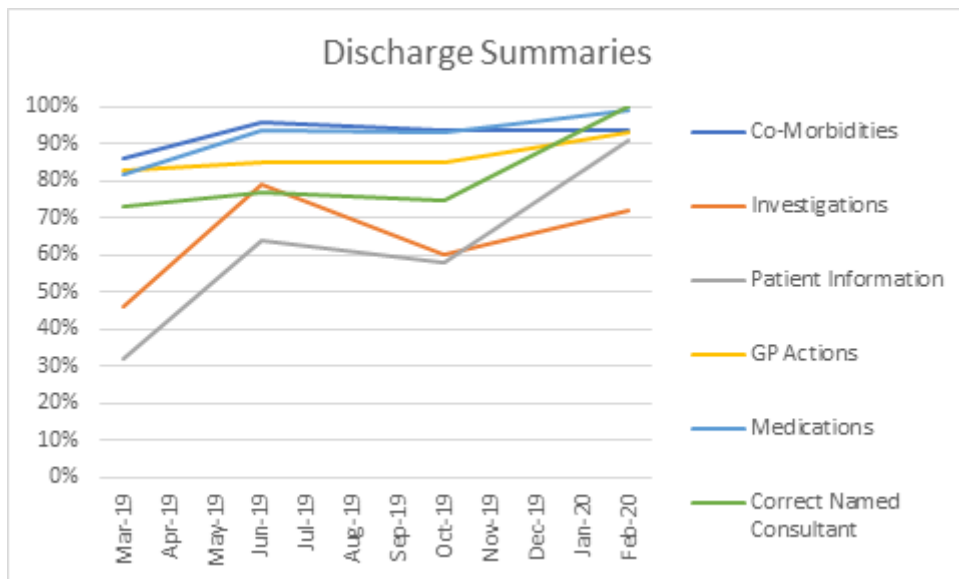
- T – TTA (To Take Away medications)
- I - Informed (patient and families)
- C - Care (package of care)
- K - Keys
- E - Equipment
- D - Discharge letter

The discharge summary QI project had dual aims;

- To provide a safe concise handover of care to primary care or community colleagues
- To give the patients a summary of the events of their admission, next steps and instructions of what to do if symptoms get worse- in clear language they understand

Results showed that overall, sampled discharge summaries increased from 67% to 92% compliant with our quality indicators, and in particular “Info for patients” increased from 32% to 91%, which is reflected in the improved patient feedback.





While the COVID-19 pandemic has impacted on the Trust’s ability to deliver improvement programmes to address key issues, several changes have been made following the survey such as the hospital bringing patient catering back in-house and further communication training sessions put in place for ward staff.

### National Cancer Patient Experience Survey 2019 (NCPES 2019)

The 2019 survey results showed that Whittington Health remained a very high performer across London and within the North Central London Integrated Care System (NCL ICS). The Whittington ranked second to the Royal Marsden for London cancer services once again and the overall rating of care at the trust has improved for a second consecutive year from 8.9 to 9.0 (calculated as the average score given to the question “Overall, how would you rate your care?” on a scale from 0 (very poor) to 10 (very good)). This excellent outcome is now higher than the national average of 8.8.

Narrative feedback from the survey details high volumes of very positive feedback for the cancer services. Most commonly the feedback is about the staff support.

A key consideration to support the improvement work in 2020/21 and personalised care objectives will be the Whittington Health and Macmillan partnership providing a Recovery Package Manager and support worker staff.

A particular area for improvement related to communication and how staff talk in front of patients; patient involvement in their care; and patients receiving a copy of their care plan. To address this and other areas identified for improvement, the service implemented an action plan and have reviewed staff capacity to support patient communication.







## Executive Summary

### Cancer Dashboard Questions

The following seven questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England:

Q61. Patient's average rating of care scored from very poor to very good



- 
 Q18. Patient definitely involved as much as they wanted in decisions about care and treatment
- 
 Q19. Patient given the name of a CNS who would support them through their treatment
- 
 Q20. Patient found it very or quite easy to contact their CNS
- 
 Q39. Patient always felt they were treated with respect and dignity while in hospital
- 
 Q41. Hospital staff told patient who to contact if worried about condition or treatment after leaving hospital
- 
 Q55. General practice staff definitely did everything they could to support patient during treatment

### Questions Outside Expected Range

|   | Case Mix Adjusted Scores |                      |                      | National Score |
|---|--------------------------|----------------------|----------------------|----------------|
|   | 2019 Score               | Lower Expected Range | Upper Expected Range |                |
| Q23. Hospital staff discussed or gave information about the impact cancer could have on day to day activities | 95%                      | 73%                  | 95%                  | 84%            |

|  | Case Mix Adjusted Scores |                      |                      | National Score |
|--|--------------------------|----------------------|----------------------|----------------|
|  | 2019 Score               | Lower Expected Range | Upper Expected Range |                |
| Q30. Hospital staff didn't talk in front of patient as if patient wasn't there | 67%                      | 69%                  | 98%                  | 84%            |

Due to the impact of the pandemic, the Cancer service opted not to participate in the NCPES 2020 as this was voluntary and health & wellbeing events were badly affected as were the charities who support them.

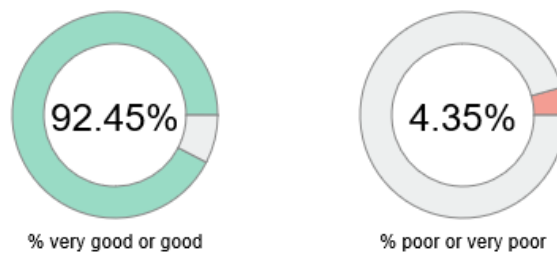
Macmillan supported the funding of a Personalised Care Project Manager post and two people are now job sharing the role.

With the onset of the COVID-19 pandemic NHS England and Improvement ceased the national reporting requirements for the Friends and Family Test (FFT) from March 2020. National reporting requirements were reactivated in December 2020, although there was an acknowledgement that response rates would remain affected as this coincided with the second pandemic surge over the winter.

Services were able to, and many continued, to collect FFT feedback, while the statutory obligation of reporting was removed. The guidance received encouraged Trusts and services to utilise methods of collection that reduce the risk of transmission.

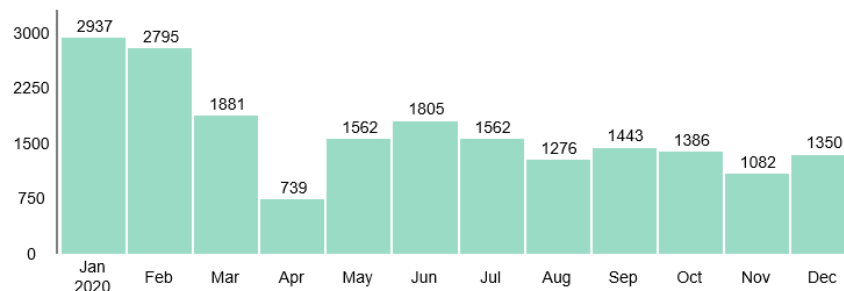
Overall, the following results for 2020 were collated across the Trust:

Percentages of Very good/good and poor/very poor  
(FFT - All, 1/1/2020 to 31/12/2020)



The Table below shows the total number of responses for 2020 and highlights the reduction in FFT responses from April 2020 when the initial pandemic surge was at its peak.

Number of surveys completed each month  
(FFT - All From 1/1/2020 to 31/12/2020)  
19818 Surveys



**Revised national FFT guidance, data system and text messaging**

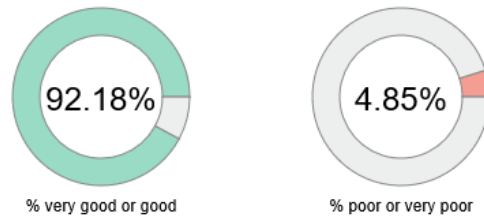
The revised national FFT guidance had been due for implementation - with all Trusts expected to be compliant by April 2020; however, the implementation period was frozen until December 2020 because of the COVID-19 pandemic.

During April and May 2020, the Meridian Optimum data system the Trust uses for collecting and reporting on FFT along with other local patient experience surveys, was upgraded and renamed IQVIA connections.

Text messaging for FFT in the Day Treatment Centre (DTC) was finally implemented in January 2021 having been delayed by the pandemic.

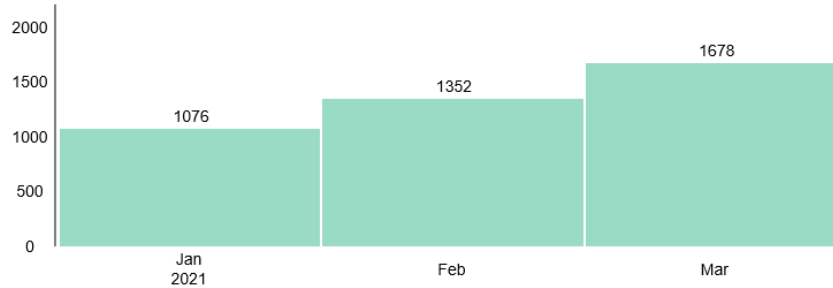
## Quarter 4 data 2020/21 following re-launch of FFT using revised questionnaire

Percentages of Very good/good and poor/very poor  
(FFT - All, 1/1/2021 to 31/3/2021)



As expected, the number of surveys completed has been increasing incrementally since the re-launch of national FFT reporting which coincided with the second pandemic surge.

Number of surveys completed each month  
(FFT - All From 1/1/2021 to 31/3/2021)  
4106 Surveys



## Venous Thromboembolism (VTE)

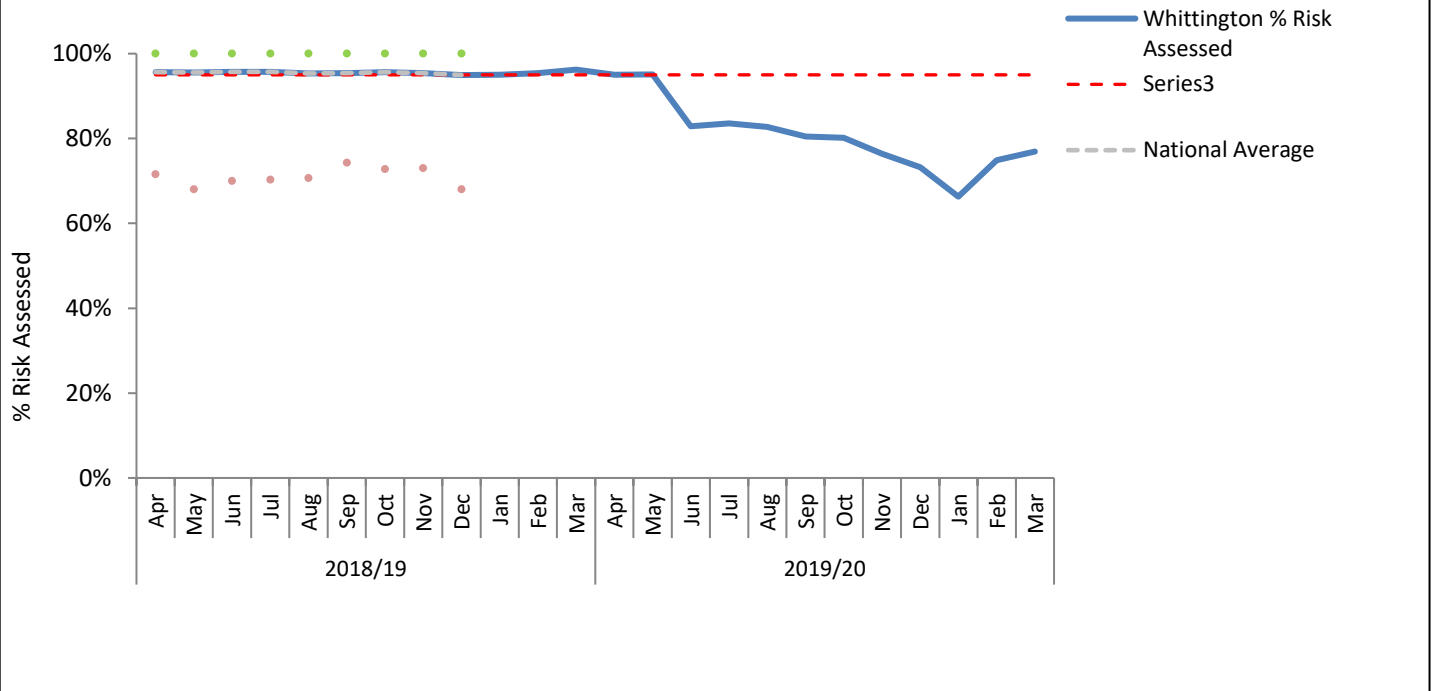
Every year, thousands of people in the UK develop a blood clot within a vein. This is known as a venous thromboembolism (VTE) and is a serious, potentially fatal, medical condition. The Trust policy requires all admitted patients are individually risk assessed and have appropriate thromboprophylaxis prescribed and administered. In 2019/20 the Trust achieved above 95% compliance for VTE risk assessment. In 2020/21 national reporting was suspended due to the COVID-19 pandemic, however the Trust still recorded data locally in 2020/21 and the Trust achieved 81% compliance with risk assessments.

To improve compliance focused work has been done with the surgical teams to educate them as to the importance of VTE assessment. To continuously improve, medical colleagues undertake regular audits to ensure VTE compliance is robust and aligned with best patient outcomes.

| Financial Year | Month | Whittington % Risk Assessed | National Average | Highest performing trust | Lowest performing trust | Target |
|----------------|-------|-----------------------------|------------------|--------------------------|-------------------------|--------|
| 2018/19        | Apr   | 95.87%                      | 95.64%           | 100.00%                  | 52.66%                  | 95%    |
|                | May   | 95.07%                      | 95.73%           | 100.00%                  | 75.03%                  | 95%    |
|                | Jun   | 95.04%                      | 95.52%           | 100.00%                  | 75.05%                  | 95%    |
|                | Jul   | 96.06%                      | 95.69%           | 100.00%                  | 74.88%                  | 95%    |

|         |     |        |        |  |        |     |
|---------|-----|--------|--------|--|--------|-----|
|         | Aug | 93.88% | 95.47% | 100.00%  | 66.98% | 95% |
|         | Sep | 92.67% | 95.31% | 100.00%  | 59.98% | 95% |
|         | Oct | 96.54% | 95.73% | 100.00%  | 0.00%  | 95% |
|         | Nov | 96.93% | 95.93% | 100.00%  | 0.00%  | 95% |
|         | Dec | 95.25% | 95.25% | 100.00%  | 0.00%  | 95% |
|         | Jan | 95.82% | 95.82% | 100.00%  | 71.20% | 95% |
|         | Feb | 95.68% | 95.68% | 100.00%  | 68.80% | 95% |
|         | Mar | 95.71% | 95.71% | 100.00%  | 75.70% | 95% |
| 2019/20 | Apr | 95.65% | 95.65% | 100.00%  | 71.60% | 95% |
|         | May | 95.55% | 95.55% | 100.00%  | 68.00% | 95% |
|         | Jun | 95.69% | 95.69% | 100.00%  | 70.00% | 95% |
|         | Jul | 95.72% | 95.72% | 100.00%  | 70.30% | 95% |
|         | Aug | 95.31% | 95.31% | 100.00%  | 70.70% | 95% |
|         | Sep | 95.37% | 95.37% | 100.00%  | 74.30% | 95% |
|         | Oct | 95.60% | 95.60% | 100.00%  | 72.79% | 95% |
|         | Nov | 95.37% | 95.37% | 100.00%  | 73.00% | 95% |
|         | Dec | 94.97% | 94.97% | 100.00%  | 68.00% | 95% |
|         |     |        |        | National data collection suspended due to COVID-19 |        |     |
|         | Jan | 95.05% |        |  |        | N/A |
|         | Feb | 95.37% |        |  |        | N/A |
|         | Mar | 96.23% |        |  |        | N/A |
| 2020/21 | Apr | 95.00% |        |  |        | N/A |
|         | May | 95.10% |        |  |        | N/A |
|         | Jun | 82.90% |        |  |        | N/A |
|         | Jul | 83.60% |        |  |        | N/A |
|         | Aug | 82.70% |        |  |        | N/A |
|         | Sep | 80.50% |        |  |        | N/A |
|         | Oct | 80.20% |        |  |        | N/A |
|         | Nov | 76.40% |        |  |        | N/A |
|         | Dec | 73.20% |        |  |        | N/A |
|         | Jan | 66.30% |        |  |        | N/A |
|         | Feb | 74.90% |        |  |        | N/A |
|         | Mar | 76.90% |        |  |        | N/A |

## VTE Risk Assessment Rates 18/19 & 19/20 to date



The trust is taking the following actions in 2020/21 to further improve VTE rates:

- Providing bespoke education on VTE assessments for clinicians
- Liaising with Information Technology service to improve flagging of patients who need VTE assessment/reassessment via the electronic white boards and hand over system
- Matrons carry out regular audits of VTE compliance on their wards
- Appointment of a consultant haematologist with a specialist interest in VTE who can focus on further improvements in this area and a new part time VTE pharmacist.
- A review of local policies and guidelines re. diagnosis and management
- Review literature available to patients on importance of VTE prevention and symptoms and signs

### Health Care Acquired Infections (HCAI)

Nosocomial infections are defined as those occurring:

- as a direct result of treatment in, or contact with, a health or social care setting
- because of healthcare delivered in the community Healthcare-associated infections (QS113).
- outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, norovirus).

Public Health England (PHE) monitors the numbers of certain infections that occur in healthcare settings through routine surveillance programmes and advises on how to prevent and control infection in establishments such as hospitals, care homes and schools.

### Management of healthcare associated infections (HCAI)

Whittington Health's infection prevention and control policy documents the importance of preventing and reducing rates of HCAI and the surveillance of potential incidents. This remains as critical for inpatients who are at risk as they provide essential information on:

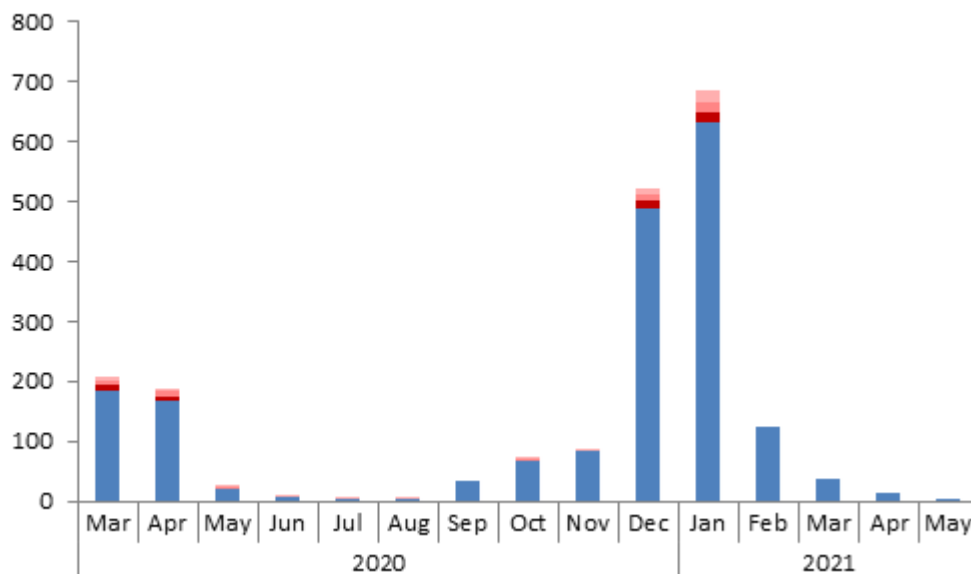
- What and where the problems are
- How well control measures are working

### Health Care Acquired Infections – COVID-19

The Trust has captured data on HCAI COVID-19 infections since 10 March 2020 and recorded 37 definite HCAI in the reporting period 2020/21. Definite HCAI COVID-19 infections are defined as patients who test positive on Day 15 or later; Probable HCAI infections are defined as patients who test positive Day 8 – 14; Intermediate HCAI infections are defined as patients who test positive Day 3 – 7; and Community Acquired is defined as pre-admission or up to day 2 of admission.

During the late November 2020 to February 2021 COVID-19 surge in cases and admissions, the Trust reported daily on HCAI COVID-19 infections. The Trust was testing and retesting all admitted patients for COVID-19 in line with national guidance. During the period 8 November 2020 to 17 January 2021, there was a steady increase in the number of HCAI COVID-19 positive cases (both probable and definite). This occurred despite the focus and attention on safe infection control and prevention precautions and was linked to the increase in the significant community transmission rate of COVID-19 found in the local population, which also increased steadily until end January before declining. The Trust has not had a definite HCAI reported since 25 January 2021. COVID-19 testing for inpatients has been maintained and is routinely done at Day 0,3,5,7 and then twice weekly for all admissions.

**No. of COVID-19 positive by month / classification**



To monitor compliance with Infection Prevention and Control during the pandemic, in May 2020 NHSE/I developed a Board Assurance Framework self-assessment. The framework covered 10 key lines of enquiry across IPC, environmental, patient pathway and staff. The Trust completed this self-assessment in May 2020, and it was reviewed in November 2020 and again in February 2021. This was reported to the Trust Board in February 2020.

There were also ten actions detailed in a letter from NHS England's Chief Nursing Officer and Chief Medical Officer (June 2020) and the Trust reviewed practice against this. This was also reported to the Trust Board in February 2020. The focus of these actions is on minimising the viral transmission of COVID-19 virus during a patient's admission to the hospital. These actions remain in place to date. Compliance with the actions outlined is summarised in Appendix five. There is regular updating of the COVID-19 IPC guidance and this is incorporated within local policies and guidelines to ensure all staff are kept up to date on Department of Health changes.

### Health Care Acquired Infections - Clostridium Difficile

Clostridium difficile, also known as C. difficile or C. diff, is bacteria that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics. It is one of the most prevalent health care acquired infections.

Whittington Health NHS Trust had 14 Trust attributable Clostridium difficile infections (CDI) for 2020/21. The agreed trajectory for CDI this year was set at 19 (unchanged from 2019/20).

There are four categories for a C-Difficile toxin positive infection to occur, these are:

- 1) HOHA - Hospital onset, healthcare associated (Day 2 or later since admission)
- 2) COHA - Community onset, healthcare associated (Up to 28 days since discharge)
- 3) COIA - Community onset, intermediate associated (From 29 to 84 days since discharge)
- 4) COCA - Community onset, community associated (More than 12 weeks since last admission)

For Whittington Health, there were 10 HOHA and 4 COHA. All were considered unavoidable but there were learning opportunities from lapses in care. Two distinct themes from post infection reviews (PIR) were:

- 1) delay in sending stool occurring in 50% of the HOHA cases. This may have resulted in delayed treatment and a HOHA (hospital onset infection as opposed to community).
- 2) documentation lacking and contradictory e.g., inconsistencies between medical and nursing notes as well electronic clinical notes and hard copy.

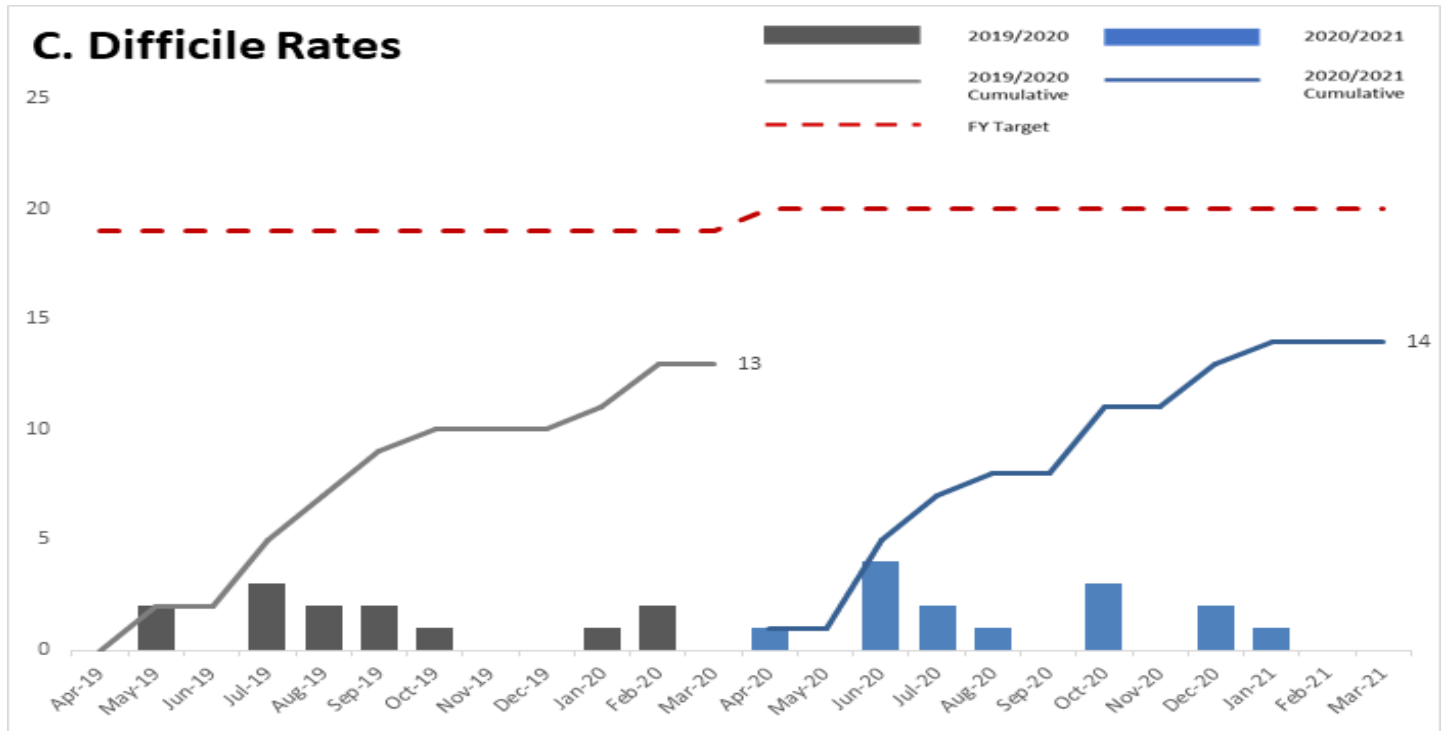
Common unavoidable factors included patients being over 65 years of age who had recently been prescribed antibiotics. In all cases investigated good antimicrobial stewardship was apparent and therefore despite the antibiotics possibly being the cause of infection they were deemed essential at the time for treatment. For noting, timely isolation has improved from last year and supporting documentation was evident when isolation was not possible in some cases.

The Infection Prevention and Control team continue to support the trust divisions called Integrated Clinical Service Units (ICSUs) by performing the post infection reviews which focus on all aspects of the patient journey from pre-admission through to discharge. This includes a multi-disciplinary clinical review of all cases with rapid feedback of good practice and/or any lapse in care identified to prompt ward-level learning; these are also reviewed at the Infection Prevention and Control Committee (IPCC)



meeting to ensure Trust wide level sharing, learning and an appropriate platform for escalating outstanding actions.

The increased use of key antibiotics required during the acute and subsequent phases of the COVID-19 pandemic in combination with the altered surveillance definitions HOHA and COHA may have resulted in an increase of cases in 2020/21 compared with previous years. Overall Whittington Health remain to be within trajectory and without cross infection and are comparable to similar sized Community/Hospital Trusts.

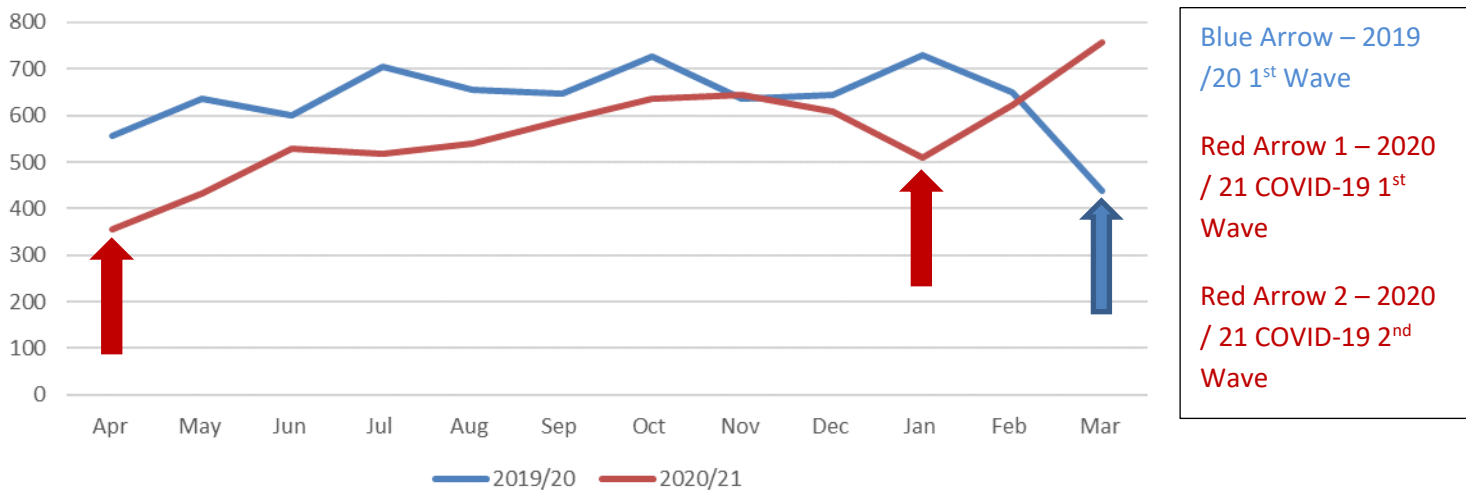


### Patient Safety Incidents

The Trust actively encourages incident reporting to strengthen a culture of openness and transparency which is closely linked with high quality and safe healthcare.

There has been a continued increase in reporting since the height of the pandemic in March/April last year; however overall incident reporting is still below the numbers compared to last year. Although there was a significant drop in the number of incidents reported in December 2020/January 2021, a greater number of incidents were reported in February/March this year compared to last year.

**Graph 2:** WH Patient Safety incidents by month reported



### Serious Incidents

In 2020/21 there were 17 serious incidents reported on The Strategic Executive Information System (STEIS). This is a reduction on the 32 incidents reported in both 2019/20 and 2018/19.

A bi-annual Serious Incident (SI) report for 2018 – 2020, reviewing themes and trends, was presented to the Quality Assurance Committee in July 2020. This report highlighted that the number of SIs has steadily reduced from 1.1% of all incidents in 2015/16 to 0.4% in 2019/20, this reflects both an increase in near miss incident reporting as part of Whittington Health’s open patient safety culture, as well as improvements in patient safety. In line with the National Patient Safety Strategy, the focus is on learning from investigations and implementing recommendations, with measures such as round table discussions, process mapping exercises and aggregated themed reviews.

Due to the COVID-19 pandemic, some changes were made to streamline the Serious Incident Executive Approval Group (SIEAG) review process. The SIEAG Panel continued to meet throughout the pandemic, with a focus on immediate actions to mitigate patient safety risks. Investigation reports are now reviewed by a designated Executive Lead with the key learning shared at Panel, which has reduced administration without reducing the quality of reports. Nationally, timeframes for SI reports were removed; however, the Trust continued to work to completing investigations as soon as is possible within the competing pressures on clinical staff.

### Never Events

A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented.

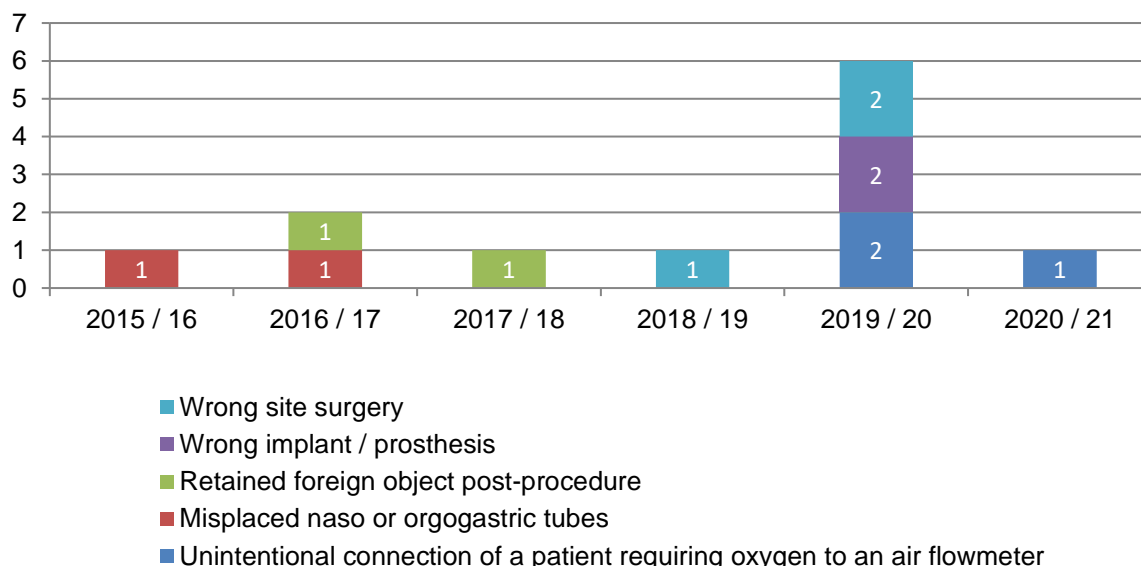
During 2020/21, the Trust declared 1 Never Event (this was reported in March 2020 and declared as a Serious Incident meeting Never Event criteria, in April 2020 following review at SIEAG), a decrease from last year (6 Never Events reported in 2019/20).

The Never Event related to an incident in ED during the first wave of COVID-19, where a patient requiring oxygen was inadvertently connected to air. The incident occurred because an air flowmeter

had been left in-situ; there was no harm to the patient as a result of this error. Because of this incident, the Emergency Department switched to the use of air compressors and the air ports (mains air supply by the bedside) have been securely capped, removing the risk. A further review of the 'air flowmeter risk assessment' was carried out Trust wide and several additional clinical areas identified as suitable for switching to the use of air compressors, with the air ports semi-permanently blocked off. Any areas where air flowmeters are still clinically required have regular local checks in place to monitor compliance and a monthly Trustwide oxygen/ air flowmeter audit.

A detailed review of Never Events from 2019/20 was carried out as part of the bi-annual SI themed report (2018-20) in 2020/21 which highlighted several issues to address, in particular the recognition of human factors and the need to design robust systems to mitigate the risk of human error. Human factors is an established science, which examines the relationship between individuals and the systems with which they interact, with the goal of reducing errors. In addition to practical changes because of the Never Events, which provide physical barriers to human error (for example, removal of reconstruction plates from instrument trays and blocking off air ports not required in clinical areas), the Trust has introduced an in-situ simulation programme using airline pilots as human factors experts to observe practice. This has increased awareness and understanding of human factors, and the identification and early auctioning of latent safety threats, preventing future harm.

### Never Events reported by Whittington Health 2015-2020



### Duty of Candour

Since 2014 there has been a statutory duty of candour to be open and transparent with patients and families about patient safety incidents which have caused moderate harm or above. The trust complies

with its statutory obligations but also strives to apply being open principles for low harm patient safety incidents which do not meet the statutory criteria.

### Central Alerting System (CAS) Alerts

Patient safety alerts are issued via the CAS, which is a web-based cascading system for issuing alerts, important public health messages and other safety information and guidance to the NHS and other organisations. The Trust uses a cascade system to ensure that all relevant staff are informed of any alerts that affect their areas. In 2020/21 we closed all the National Patient Safety Alerts issued by NHS Improvement/England. A six monthly safety alert group is in place to review performance regarding the closure of all CAS alerts.

The Quality Governance Committee monitors compliance with CAS alerts, and the Quality Assurance Committee receive updates on any concerns as part of the quarterly Quality report.

### Freedom to Speak Up

The Trust is pleased to report that the Freedom to Speak Up Guardian (FTSUG) for Whittington Health is now firmly established and is well known and respected across the Trust and maintains a high level of visibility across the hospital and community sites, and across many professional groups. During the year, the Guardian focused work on supporting staff and services impacted by the COVID-19 pandemic. To maintain the Trust's requirements for infection prevention and control precautions (including social distancing and supporting colleagues working remotely or shielding), new ways of raising concerns were established such as phone call appointments and virtual meetings. The Guardian continues to work closely with the communications team to review the Trust's media activity and promotion to refresh a focus on speaking up. The Guardian offers constant supervision and support to consolidate the network of Speak Up Advocates which was successfully established last year. Currently the network has 33 Advocates, across job roles and services, trained to actively listen to colleagues raising concerns.

In March 2021, the NGO (National Guardian Office) published the results of the annual survey of the Freedom to Speak Up Guardian network. The report reviews NHS providers' responses and activity in support of speaking up within organisations. It included a survey of Guardians across the NHS and the response is an improving one. For example, the Guardians' perceived that overall the speaking up culture is improving, with 84% of respondents feeling that the speaking up culture in their organisation had improved in the last twelve months.

The NGO Freedom To Speak Up Index for 2020 is a key metric for organisations to monitor their speaking up culture. Following the data that was captured in the 2019 NHS staff survey, the Trust is incredibly pleased to have improved its overall FTSU Index score by 3% (78.9%) from 2018 (75.9%) making it to the top ten most improved Trusts in England for 2019. A score of 70% is perceived as a healthy culture and it is pleasing to see tracking above average and improvements year on year. It is noted in the Index that fostering a positive speaking up culture is a key leadership responsibility and that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by the Care Quality Commission.

In June 2020, the Trust's Board received the case review of past Freedom to Speak Up cases undertaken by the NGO. There is an action plan in place to take forward the recommendations highlighted. The areas for development included adopting national changes to the Trust's policy on speaking up; ensuring that arrangements are in place for thanking and giving feedback to those who

did speak up; and improving the process for managing grievances. Much of this has been completed and a new grievance policy was introduced earlier this year and training delivered for 80 mediators to support managers and staff.

The plan for the next twelve months is to focus on the response of managers and leaders to staff who speak up and will be focused around a new NGO [Freedom to Speak Up e-learning package](#), in association with Health Education England. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, focuses on listening and understanding the barriers to speaking up.

### Guardian for safe working hours – (GoSWH)

Despite the complexities and challenges that the COVID-19 pandemic has brought to the training of junior doctors over the last year, there has continued to be significant emphasis on the safety of their working hours. This has been reflected in the ongoing engagement with the process of monitoring the safe working hours of junior doctors through the exception reporting process. There have been a large number of additional hours worked by doctors in training over and above their rostered hours and these have been recorded and reimbursed with time off in lieu or payment where it has been safe to do so.

The COVID-19 pandemic has led to working patterns as have never been seen before. Doctors in training were moved overnight to new jobs with little warning or consultation. This was, across the board, met with widespread acceptance and willingness to do anything that could be done to help. The flexibility and maturity of their engagement with senior colleagues in working to meet the challenges the pandemic has presented is to be commended. Trainees have worked together with consultant colleagues to step up additional on-call services and have helped to ensure wherever possible these have been compliant with the 2016 terms and conditions.

The Guardian of Safe Working Hours has worked closely with the junior doctors' forum to ensure there is a proactive approach to compliance with the 2016 terms and conditions. In 2019, we were awarded £60,000 from the BMA Fatigue and Facilities Charter. Through the last year the Guardian has supported the junior doctors' forum to spend this money on rest facilities for junior doctors. This culminated in the opening of the newly refurbished junior doctors' mess in July 2020.

### Seven Day Service Standards

Whittington Health has participated in the 7 Day Hospital Services (7DS) Programme since 2017. The programme supports providers of acute services in tackling the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. The Trust last reported compliance with the 4 priority standards in 2019 via a national standardised audit. In 2020 the national programme was paused due to the COVID-19 pandemic, and it remains paused at the time of writing.

- Standard 2: Time to initial consultant review: audit revealed that compliance dropped in patients admitted towards the end of the day in the medical emergency admissions. Progress with the quality improvement work in this area has been delayed by the second pandemic surge but is identified as a departmental priority for 2021/22.
- Standard 5: Access to diagnostics: Echo and MRI provision are both weekday only during normal working hours. Both areas have local mitigations to meet the 24 hour requirement (of provision in emergency situations following specific clinical pathways with other Trusts. For




instance: Cardiac Tamponade provided by Bart's Health or Spinal Cord Compression with National Hospital of Neurology and Neuro-disability).

- Standard 6: Access to consultant led interventions: All areas compliant with either onsite or as network pathway with partner Trusts. Access to 24/7 Interventional Radiology is via UCLH and the SOP is currently being agreed.
- Standard 8: Ongoing daily consultant-directed review: Implementing a clinical prioritisation tag has been delayed by the second surge but will allow audit against this standard for the first time. The tag allows categorisation of all patients according to their complexity and acuity to 3 levels of review and this is built into the handover system.

The Trust has previously reported full compliance with standards 1, 3, 4, 7, 9 and 10 which are measured through self-assessment.

### Part 3: Review of Quality Performance

This section provides details on the progress the Trust is making with the Quality Account priorities 2020-23. The Key milestones and targets were identified for Year 2 (2020/21), and notwithstanding the impact of the COVID-19 pandemic the Trust has made significant progress.

|  |                             |
|--|-----------------------------|
|  | Priority not achieved       |
|  | Priority partially achieved |
|  | Priority achieved           |

#### Priority 1: Improving communication between clinicians, patients, and carers

Aims for 2020/21:

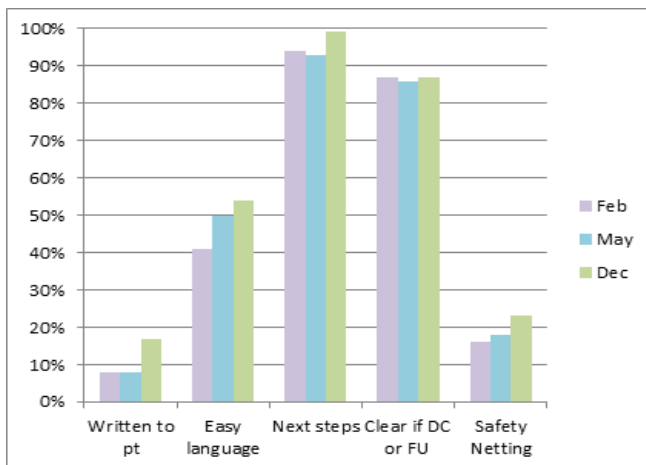
Recognising that this is a wide-ranging area for improvement, the Trust has focused on a project to improve the quality of outpatient clinical letters to make them more user-friendly for patients and focused on what 'matters to me' as the patient.

##### What did we achieve in 2020/21?

Undertake a 'Dear patient' letter pilot in the Haematology department, gathering feedback from patients and GPs.

In 2020/21, writing directly to patients was initially piloted by clinicians in Haematology and Respiratory. When it was evident that this was successful, the project was rolled out further to other acute specialties. Audits to monitor progress were completed in Feb 2020, May 2020, and December 2020, with another due in May 2021. These audits have shown regular improvements against the quality targets set. In addition to writing to patients, the aim is to use clear language, identify the next steps, be clear on follow up arrangements and provide safety netting information. Patient feedback has been requested but positive feedback has been received from a local GP and another hospital.





Graph: Progress against Quality Targets

The project has been progressing throughout the pandemic and has expanded to letters being written directly to the patient in 13 different specialties. As well as encourage more clinicians and specialties to write in this way, the plan is to roll out to registrar grade level doctors and to the community specialties in 2021/22. The project was accepted for the European forum on Quality and Safety in Healthcare, led by the BMJ (British Medical Journal) and Institute for Healthcare Improvement.

COVID-19 pandemic created new challenges in terms of communication with patients and carers, due to restrictions on visitors at the hospital and attending appointments, and the wearing of Personal Protective Equipment (PPE) which can limit clarity and understanding and the nonverbal cues of communication.

#### What did we do?

In response, the Trust introduced several initiatives aimed at improving communication between clinicians and patients and their carers, including.

1. Building on the 'Hello my name is' badge campaign, introduced in 2019, and the learning from the first wave of the pandemic about communication difficulties in full PPE, the Trust launched an initiative to make the 'face behind the mask' for visible to patients using photo stickers. The aim was to improve both patient experience and patient safety, through better communication and increased visibility of staff roles. Over 100 staff – from consultants, to dental nurses to housekeeping staff – requested and received sticker packs. The project was shared in the Islington Tribune and the RCNs Nursing Standard.
2. The Trust has also worked with Project Wingmen colleagues to develop patient-focused communication workshops, building on aviation customer service training to support our staff to better communicate with patients and carers, including developing de-escalation skills.
3. At the start of the first wave, the Trust recognised the significant impact inpatient visitor restrictions would have not only on patient experience, but on communication channels for carers and Next of Kin. The Trust provided additional ward clerk support through redeployed staff and volunteers, as well as keeping the PALS phoneline open, in recognition of the increased volume of calls from Next of Kin and the pressure on clinical staff. While this was somewhat effective, the learning from the first wave was that we needed to do more to keep open the lines of communication, and before the second surge a Family Liaison role was created as part of the 'Stay Connected' initiative to keep

families and loved ones in touch with inpatients throughout the visitor restrictions. (See previous section of Quality Account for more details).

## Priority 2: Improving patient safety education in relation to human factors

Aims for 2020/21:

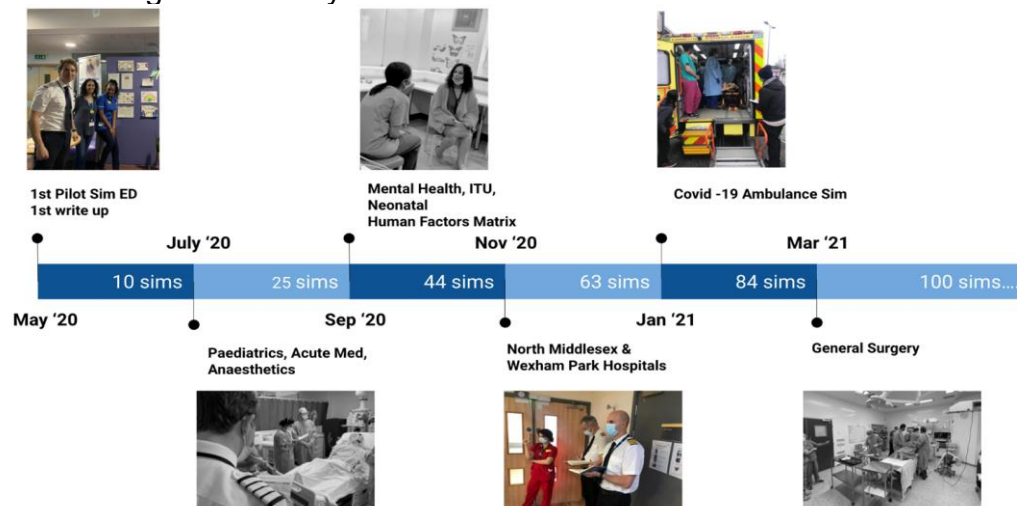
Trial a multi-disciplinary human factors educational model that brings practical human factors training directly into clinical practice (Pilot in-situ sim project)

### What did we achieve in 2020/21?

The pilot sim project at Whittington Health is a novel approach to human factors education: a multi-disciplinary model that brings practical aviation human factors training directly into clinical practice through airline pilot observation of in-situ simulations.

Multi-disciplinary in-situ simulations take place twice weekly as part of the Wingfactors pilot sim project, rotating between departments including emergency medicine, acute medicine, anaesthetics, intensive care, surgery, and paediatrics. Simulation scenarios are developed by the study champions with pre-specified objectives and key technical learning points, often incorporating patient safety learning from serious incidents.

Feedback after each simulation is split into technical and human factor components, with a short verbal de-brief followed by a detailed write-up which is shared across the Department to spread the learning more widely.



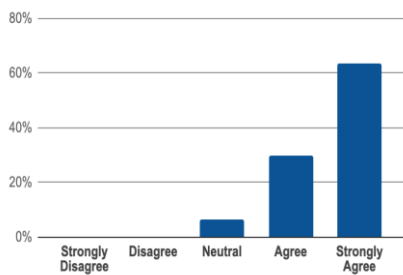
Pilot-observed simulation training has caught on across Whittington Health NHS Trust, growing from the Emergency Department to multiple specialties, including a joint simulation with the London Ambulance Service. Feedback from staff involved has been overwhelmingly positive and has re-invigorated simulation as a teaching mechanism across the Trust.

In addition, the in-situ simulation programme has helped to identify latent safety threats (LSTs: hazards or conditions that risk patient safety but are not readily apparent without system stress) providing an opportunity to pro-actively mitigate these threats and improve patient safety. For example, latent safety threats identified have resulted in practical changes to equipment labelling, checklists, alarm systems and simplification of the Massive Haemorrhage Call pathway.

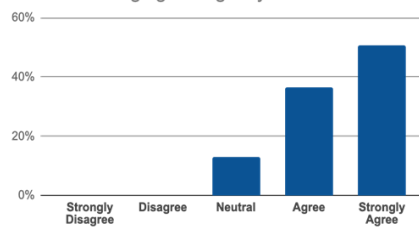


The project has been nominated for a Health Service Journal (HSJ) Partnership award, accepted to the NHS Providers showcase for Quality and Safety, and poster presentations accepted at several clinical conferences.

"My understanding of human factors principles has improved following this sim"



"This session has increased my confidence in managing emergency scenarios"



### Priority 3: Reducing harm from hospital acquired de-conditioning

Aims for 2020/21 included:

Complete a baseline assessment and develop a process for monitoring mobility and physical activity on the wards. This will enable us to monitor the success of our improvement interventions in 2021-23.

#### What did we achieve in 2020/21?

Initial baseline exercise undertaken in Q2, with a cohort of 19 patient records reviewed from Cavell older people's ward. Results were surprising, showing patients are being admitted further off their mobility baseline than previously thought. A marked improvement in mobility was noticed once patient admitted to a ward, and by discharge. Mobility is not being consistently recorded in patient records using the Rockwood clinical frailty score.

Due to the COVID-19 pandemic and restrictions during the second wave, further base line exercises were unable to be conducted and much of the planned work to improve staff understanding and use of frailty scores was paused. However routine mobilisation continued during the pandemic for all ward patients. Year two priorities will have a renewed focus on the above, as well as improving compliance with manual handling training, and falls training for ward staff. An Enhanced Care Health Care Support Worker model will be trialled that provides a training programme for mobilising patients.

### Priority 4: Improving blood transfusion care and treatment

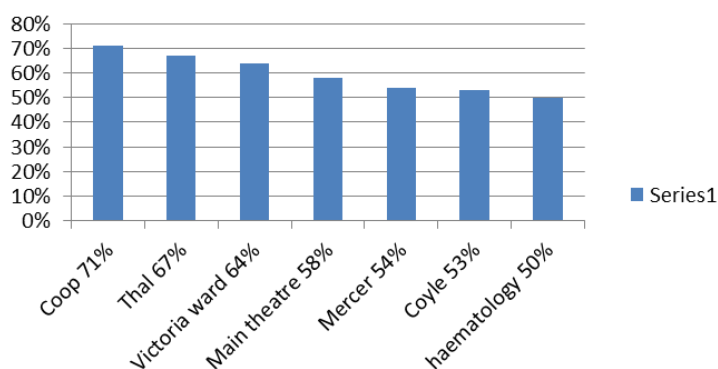
Aims for 2020/21 included:

- 1) Revise the e-learning blood transfusion training module and add to the Trust mandatory training matrix.

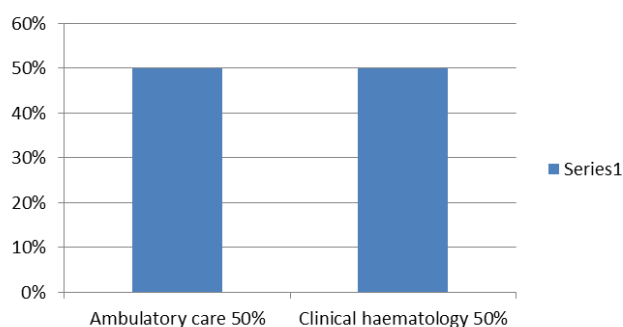
2) Increase Trustwide compliance to 50% (For all medical staff) in 2020/2021.3) Deliver a communication campaign to raise awareness of the importance of blood transfusion training.

### What did we achieve in 2020/21?

The blood transfusion e-learning module was reviewed in Q2 of 2020/21 and added to the Trust mandatory training matrix on ESR in Q3. There was always an e-learning package, but this was not a mandatory training requirement previously for staff. It is now part of the mandatory e-learning matrix which will make compliance monitoring easier. All mandatory training is monitored monthly via reports from the Learning and Development Team, and compliance rates are included as part of the ICSU quarterly performance reviews. The graphs below show areas where compliance was met or exceeded for the years target.

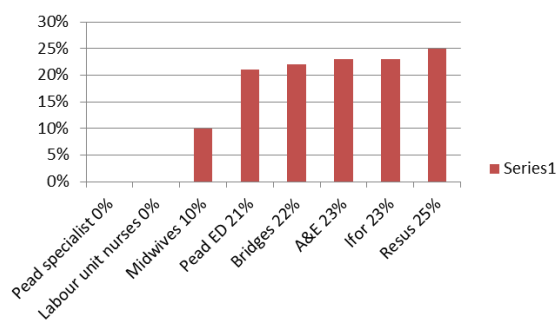


Nursing Compliance Met Target

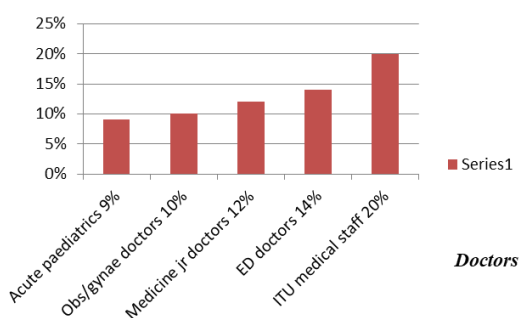


Doctor Compliance Met Target

Although the target of 50% compliance was not achieved, there has been improvements. Overall Trust wide compliance level 299 staff trained out of 1081 eligible (28%). This was an increase of 8% overall from 2019 (20% compliance baseline). Of these staff, qualified nurses (41%) and nursing associates (50%) were the highest areas, with midwives and doctors the least compliant.



### Poor Nursing Compliance Areas



### Poor Doctor Compliance Areas

An extensive communication campaign has been run throughout 2020/21 including a Grand Round on Blood transfusion safety, library drop-in sessions for face to face assistance while staff complete the e-learning; screen savers, posters, and regular discussions with matrons, managers promoting blood transfusion safety and its importance for patient safety. This has really helped to drive the improvements in compliance with the e-learning training for the year and will be continued and expanded going forward from 2021-2023.

## Part 4: Other Information

### Local Performance Indicators

| Goal                                   | Standard/benchmark                            | Whittington performance |       | Comments |
|--|---|-------------------------|-------|----------|
|  |   | 20/21                   | 19/20 |          |
| ED 4 hour waits                        | 95% to be seen in 4 hours                     | 87.40%                  | 83.8% |          |
| RTT 18 Week Waits: Incomplete Pathways | 92% of patients to be waiting within 18 weeks | 65.6%                   | 92.1% |          |

|   |   |              |       |   |
|---|---|--------------|-------|---|
| RTT patients waiting 52 weeks                     | <i>No patients to wait more than 52 weeks for treatment</i> | <b>11094</b> | 2     | *Total Breaches reported as part of monthly submission, not individual patients |
| Waits for diagnostic tests                        | <i>99% waiting less than 6 weeks</i>                        | <b>72.1%</b> | 99.3% |   |
| Cancer: Urgent referral to first visit            | <i>93% seen within 14 days</i>                              | <b>94.6%</b> | 94.8% |   |
| Cancer: Diagnosis to first treatment              | <i>96% treated within 31 days</i>                           | <b>98.1%</b> | 98.8% |   |
| Cancer: Urgent referral to first treatment        | <i>85% treated within 62 days</i>                           | <b>73.8%</b> | 84.0% |   |
| Improved Access to Psychological Therapies (IAPT) | <i>75% of referrals treated within 6 weeks</i>              | <b>93.8%</b> | 95.1% |   |

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

### Summary Hospital-Level Mortality Indicator (SHMI)

The most recent data available (published May 21) covers the period January 2020 to December 2020

|                                      |        |   |
|--------------------------------------|--------|---|
| <b>Whittington Trust SHMI score:</b> | 0.87   | (Compared to 0.8874 reported for Jan19 - Dec19 period)          |
| <b>Lowest National Score:</b>        | 0.703  | (University College London Hospitals NHS Foundation Trust)      |
| <b>Highest National Score:</b>       | 1.1845 | (Norfolk and Norwich University Hospitals NHS Foundation Trust) |

**14** Trusts including Whittington Health NHS Trust were graded as having a lower than expected number of mortalities.

**11** Trusts were graded as having a higher than expected number of mortalities.

**99** remaining trusts were graded as showing a number of mortalities in line with expectations.

"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).

COVID-19 activity has been excluded from the SHMI. The SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included. "

The combined % of deaths with either palliative care Diagnostic coding, or under a palliative care specialty is 48% for the period Jan20 - Dec 20 (225 deaths out of 465)

### Health Watch Islington feedback

It's been a difficult year for everyone. We have worked closely with Whittington Health colleagues to keep residents up to date about any changes to service delivery throughout the pandemic. We are working closely together through the Islington Fairer Together Borough Partnership to look at how we can make services more inclusive and reduce health inequalities and we hope to see impacts from this in the coming year.

Our thanks to the staff and volunteers who have kept Whittington going, and have supported the vaccine roll-out over the previous months.

### Health Watch Haringey feedback

Health Watch Haringey have thoroughly reviewed the document and they provided no comments.

### Commissioner feedback

Feedback from the North Central London Clinical Commissioning Group and the North East London Commissioning Support Unit's review of the Quality Account is contained in in the letter shown overleaf.

17<sup>th</sup> June 2021

Laycock Professional  
Development Centre  
Laycock Street  
London  
N1 1TH  
020 3688 2900  
northcentrallondonccg.nhs.uk

## **Quality Account 2020/21 - Statement from North Central London Clinical Commissioning Group**

North Central London Clinical Commissioning Group (NCL CCG) is responsible for the commissioning of Health services from Whittington Health NHS Trust on behalf of the population of North Central London. The 2020/21 Quality Account has been reviewed by the CCG and by colleagues in NHS NELCSU.

NCL CCG confirms that the Quality Account received complies with the required content as set out by the Department of Health. Where the information is not yet available, a placeholder is inserted. The information provided within the account has 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. The layout of the report is easy to follow and user-friendly.

Representatives from NCL CCG attend the Trusts' Quality and Safety Committee to enable commissioners to obtain assurance regarding the quality of care and services provided by the Trust.

2020/21 was a challenging year for all Trusts, resulting in many 'business-as-usual' activities being paused due to the Covid-19 pandemic. Whittington Health played a key role in supporting the local, and wider, health and social care system to respond to the pandemic, ensuring that people continued to have access to acute services and that vulnerable people could remain in their own homes safely. We thank and commend the trust and staff for their flexibility and commitment to continuing services during this difficult time.

In 2020, the Trust set out that the quality account priorities for improvement would take place over a three year period (2020/23). One new priority has been introduced this year 'Reducing health inequalities in our local population'.

We are pleased to see that the Trust plans to continue delivering the pilot sim programme across the hospital, using Human Factors Champions and that human factors education will be expanded into the community setting. This demonstrates the organisation's ongoing commitment to having a culture of learning and quality improvement.

North Central London CCG Chair: Dr Josephine Sauvage  
North Central London CCG Accountable Officer: Frances O'Callaghan



1

The Trust is to be commended on the improvements seen following the introduction of the quality improvement project and the "TICKED" programme. The aim of the project was to ensure safe discharge of patients from hospital with effective concise handover. It is fantastic to see the related improvements in quality indicators and patient feedback.

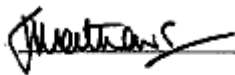
NCL CCG looks forward to hearing about the achievements made against the new priority of reducing health inequalities in the local population added to this year's priorities.

**Commissioners fully support the five priorities identified by the Trust for 2020/23 which are:**

- Reducing harm from hospital acquired de-conditioning
- Improving communication between clinicians and patients
- Improving patient safety education in relation to human factors
- Improving care and treatment related to blood transfusion
- Reducing health inequalities in our local population

NCL CCG look forward to working collaboratively with the Trust over the next year, as part of the Integrated Care System, and seeing the positive impact implementing the Quality Account priorities will have on the care that patients receive.

Yours sincerely,



**Kay Matthews**  
Executive Director of Quality  
North Central London

North Central London CCG Chair: Dr Josephine Sauvage  
North Central London CCG Accountable Officer: Frances O'Callaghan



## 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](mailto:communications.whitthealth@nhs.net)

**Publication:**

The Whittington Health NHS Trust 2019/20 Quality Account will be published on the NHS Choices website by the 15<sup>th</sup> December 2020.

<https://www.nhs.uk/pages/home.aspx>

**Accessible in other formats:**

This document can be made available in other languages or formats, such as Braille or Large Print.

Please call **020 7288 3131** to request a copy.

## Annex 2: Statement of directors' responsibilities for the quality report

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 Health Watch.



- 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.
- feedback from Commissioners.
- the annual governance statement; and
- CQC Intelligent Monitoring reports.

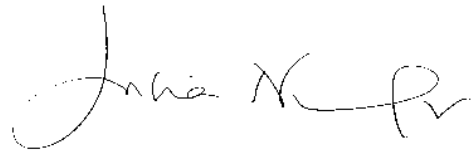
The performance information reported in the Quality Account is reliable and accurate. There are proper internal controls over the collection and reporting of the measures of performance reported in the Quality Account, and these controls are subject to review to confirm that they are working effectively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

The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards 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.



**Siobhan Harrington**  
Chief Executive



**Baroness Julia Neuberger DBE**  
Chair

## Appendix 1: National Mandatory and Non-Mandatory Audits 2020/21

| Title of audit   | Management body                                 | Participated in 2020/21  | If completed, number of records submitted (as total or % if requirement set) |
|--|---|--------------------------|--|
| Case Mix Programme (CMP) - Intensive Care Audit  | Intensive Care National Audit & Research Centre | <input type="checkbox"/> | Data submitted: 463 cases  |
| Falls and Fragility Fractures Audit programme (FFFAP) – Inpatient Falls                | Royal College of Physicians of London           | <input type="checkbox"/> | Data submitted: 2 cases  |
| Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database | Royal College of Physicians of London           | <input type="checkbox"/> | Data submitted: 125 cases  |
| Inflammatory Bowel Disease (IBD) programme / IBD Registry                              | IBD Registry Limited                            | <input type="checkbox"/> | Data submitted: 32 cases   |
| Major Trauma Audit   | Trauma Audit & Research Network                 | <input type="checkbox"/> | Data submitted: 171 cases  |
| Myocardial Ischaemia National Audit Project (MINAP)                                    | Barts Health NHS Trust                          | <input type="checkbox"/> | Data submitted: 87 cases   |
| National Audit of Breast Cancer in Older People  | Royal College of Surgeons                       | <input type="checkbox"/> | Data submitted: 36 cases   |
| National Bariatric Surgery Registry  | British Obesity and Metabolic Surgery Society   | <input type="checkbox"/> | Data submitted: 28 cases   |
| Bowel Cancer (NBOCAP)  | NHS Digital                                     | <input type="checkbox"/> | Data submitted: 75 cases   |
| National Cardiac Arrest Audit (NCAA)   | Intensive Care National Audit & Research Centre | <input type="checkbox"/> | Data submitted: 37 cases   |
| National Diabetes Audit - Adults - National Diabetes Foot Care Audit                   | NHS Digital                                     | <input type="checkbox"/> | Data submitted: 128 cases  |
| National Diabetes Audit - Adults - National Diabetes Harms Audit (NaDIA)               | NHS Digital                                     | <input type="checkbox"/> | Data submitted: 13 cases   |
| National Diabetes Audit - Adults - National Core Diabetes Audit                        | NHS Digital                                     | <input type="checkbox"/> | Data submitted: 1897 cases   |
| National Diabetes Audit - Adults - National Pregnancy in Diabetes Audit                | NHS Digital                                     | <input type="checkbox"/> | Data submitted: 31 cases   |
| National Emergency Laparotomy Audit (NELA)   | Royal College of Anaesthetists                  | <input type="checkbox"/> | Data submitted: 85 cases   |
| National Heart Failure Audit   | Barts Health NHS Trust                          | <input type="checkbox"/> | Data submitted:  |

|  |   |                          |  |
|--|---|--------------------------|--|
|  |   |                          | 65 cases   |
| National Joint Registry (NJR) - Knee and Hip replacements.                           | Healthcare Quality Improvement Partnership        | <input type="checkbox"/> | Data submitted:<br>98 cases                                |
| National Lung Cancer Audit (NLCA)  | Royal College of Physicians                       | <input type="checkbox"/> | Data submitted:<br>115 cases                               |
| National Maternity and Perinatal Audit   | Royal College of Obstetricians and Gynaecologists | <input type="checkbox"/> | Data submitted:<br>3454 cases                              |
| National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)       | Royal College of Paediatrics and Child Health     | <input type="checkbox"/> | Data submitted:<br>492 cases                               |
| National Oesophago-gastric Cancer (NAOGC)  | NHS Digital                                       | <input type="checkbox"/> | Data submitted:<br>15 cases                                |
| National Paediatric Diabetes Audit (NPDA)  | Royal College of Paediatrics and Child Health     | <input type="checkbox"/> | Data submitted:<br>79 cases                                |
| National Prostate Cancer Audit   | Royal College of Surgeons                         | <input type="checkbox"/> | Data submitted:<br>66 cases                                |
| Sentinel Stroke National Audit programme (SSNAP)                                     | King's College London                             | <input type="checkbox"/> | Data submitted:<br>191 cases                               |
| Fractured Neck of Femur (care in Emergency Departments)                              | Royal College of Emergency Medicine               | <input type="checkbox"/> | Data submitted:<br>42 cases                                |
| Infection Control (care in emergency departments)                                    | Royal College of Emergency Medicine               | <input type="checkbox"/> | Data submitted:<br>131 cases                               |
| Pain in Children (care in Emergency Departments)                                     | Royal College of Emergency Medicine               | <input type="checkbox"/> | Ongoing data collection – audit closes October 2021        |
| Mandatory Surveillance of Healthcare Associated Infections                           | Public Health England                             | <input type="checkbox"/> | Data submitted:<br>67 cases                                |
| National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) | Royal College of Paediatrics & Child Health       | <input type="checkbox"/> | Data submitted:<br>74 cases + organisational questionnaire |
| National Early Inflammatory Arthritis Audit  | British Society for Rheumatology                  | <input type="checkbox"/> | Data submitted:<br>45 cases                                |
| National Cardiac Rehabilitation Audit  | University of York                                | <input type="checkbox"/> | Data submitted:<br>249 cases                               |
| Surgical Site Infection Surveillance Service   | Public Health England                             | <input type="checkbox"/> | Data submitted:<br>24 operations with 0 cases              |
| SAMBA 19 - Acute Internal Medicine / General Internal Medicine                       | Society for Acute Medicine                        | <input type="checkbox"/> | Organisational and Care Delivery Questionnaire             |

|  |   |                          |                              |
|--|---|--------------------------|------------------------------|
| National Diabetes Audit (NDA) - Integrated Specialist Survey | NHS Digital   | <input type="checkbox"/> | Organisational Questionnaire |
| Learning Disability Mortality Review Programme (LeDeR)       | University of Bristol's Norah Fry Centre for Disability Studies | <input type="checkbox"/> | Data submitted: 6 cases      |
| British Spinal Registry                                      | British Spine Registry  | <input type="checkbox"/> | Data submitted: 94 cases     |
| Type 2 diabetes NPDA spotlight audit                         | Royal College of Paediatrics and Child Health                   | <input type="checkbox"/> | Data submitted: 9 cases      |
| Renal Colic  | British Association of Urological Surgeons                      | <input type="checkbox"/> | Data submitted: 33 cases     |

| Mental Health Clinical Outcome Review Programme |   |                          |   |
|---|---|--------------------------|---|
| Suicide and Homicide                            | National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - University of Manchester | <input type="checkbox"/> | If cases identified to WH then participate - none to date |

| Maternal, Newborn and Infant Clinical Outcome Review Programme<br>data on 23 cases were submitted to MBRRACE-UK who allocate to the appropriate work stream |   |                          |         |
|---|---|--------------------------|---------|
| Perinatal Confidential Enquiries  | MBRRACE-UK, led from the University of Oxford | <input type="checkbox"/> | Ongoing |
| Perinatal mortality surveillance  | MBRRACE-UK, led from the University of Oxford | <input type="checkbox"/> | Ongoing |
| Maternal mortality surveillance and mortality confidential enquiries  | MBRRACE-UK, led from the University of Oxford | <input type="checkbox"/> | Ongoing |
| national perinatal mortality review tool  | MBRRACE-UK, led from the University of Oxford | <input type="checkbox"/> | Ongoing |

| Medical, Surgical and Child Health Clinical Outcome Review Programme |   |                          |   |
|--|---|--------------------------|---|
| Dysphagia in Parkinson's Disease                                     | National Confidential Enquiry into Patient Outcome and Death (NCEPOD) | <input type="checkbox"/> | 3/3 cases = 100%                        |
| In-hospital management of out-of-hospital cardiac arrest             | National Confidential Enquiry into Patient Outcome and Death (NCEPOD) | <input type="checkbox"/> | 5/5 cases = 100%                        |
| Physical Health in Mental Health Hospitals                           | National Confidential Enquiry into Patient Outcome and Death (NCEPOD) | <input type="checkbox"/> | Organisational questionnaire relevance. |

| National Asthma and Chronic Obstructive Pulmonary Disease Audit programme |                             |                          |                          |
|---|-----------------------------|--------------------------|--------------------------|
| Paediatric Asthma in Secondary Care                                       | Royal College of Physicians | <input type="checkbox"/> | Data submitted: 61 cases |
| Pulmonary rehabilitation  | Royal College of Physicians | <input type="checkbox"/> | Data submitted: 39 cases |
| COPD in Secondary Care  | Royal College of Physicians | <input type="checkbox"/> | Data submitted: 65 cases |
| Adult Asthma in Secondary Care  | Royal College of Physicians | <input type="checkbox"/> | Data submitted: 29 cases |

**Non-mandatory audits 2020/21:**

| Title of audit  | Management Body                                   | Participated in 2020/21  | Status   |
|---|---|--------------------------|--|
| United Kingdom Obstetric Surveillance System – national audits of rare conditions of pregnancy      | UKOSS National Perinatal Epidemiology Unit        | <input type="checkbox"/> | Data submitted                                       |
| Each Baby Counts & NHS Resolution   | Royal College of Obstetricians and Gynaecologists | <input type="checkbox"/> | Data submitted                                       |
| NCL improving access to Diabetes Inpatient Specialist Nursing                                       | NHS England Diabetes Transformation Fund Project  | <input type="checkbox"/> | Data submitted                                       |
| COVID-19 Surg Study: COVID-19 Surg Cohort - non cancer patients                                     | national priority                                 | <input type="checkbox"/> | on going   |
| COVID 19 - Acute Trust Rehab Demand Audit   | NHS England and NHS Improvement                   | <input type="checkbox"/> | Completed  |
| Pharmacy and Medicines Optimisation CQUIN   | NHS Benchmarking                                  | <input type="checkbox"/> | Data submitted                                       |
| National study of HIV in Pregnancy and Childhood (NSHPC)  | NSHPC   | <input type="checkbox"/> | Data submitted and carry forward for 2021/22         |
| Breast Cancer Management Pathways during the COVID-19 pandemic - a national audit                   | Association of Breast Surgery, CQC                | <input type="checkbox"/> | on going   |
| Use Of CPAP in patients with COVID-19 pneumonia (OPINION STUDY)                                     | local priority                                    | <input type="checkbox"/> | completed  |
| National Child Mortality Database - Report on Child Suicide during the COVID 19 Pandemic in England | University of Bristol                             | <input type="checkbox"/> | Report reviewed that was published by National Child |

|   |  |                          |                    |
|---|--|--------------------------|--------------------|
|   |  |                          | Mortality Database |
| NHS Benchmarking Project: Pharmacy & Medicines Optimisation   | NHS Benchmarking   | <input type="checkbox"/> | Data submitted     |
| RESECT (transurethral Resection and Single instillation intravesical chemotherapy Evaluation in bladder Cancer Treatment)   | British Urology Researchers in Surgical Training collaborative (BURST) | <input type="checkbox"/> | on going           |
| Multi-Centre Audit of Virtual Fracture Clinics in the United Kingdom pre and post national lockdown in response to the COVID-19 pandemic (MAVCOV)   | COVID-19 British Orthopaedic Association Standards for Trauma          | <input type="checkbox"/> | Completed          |
| Fragility fracture post-operative mobilisation: a national audit on post-operative weight bearing instructions in adult patients undergoing surgery for lower extremity fragility fractures | British Orthopaedic Association  | <input type="checkbox"/> | on going           |
| COVID-19 Process Audit: a quality improvement initiative  | NHS England  | <input type="checkbox"/> | on going           |

## Appendix Two - Subcontracted Services

| Organisation  | Service Details   |
|---|---|
| Camden and Islington NHS foundation trust   | Psychological service   |
| UCLH foundation trust   | South Hub Tuberculosis resources  |
| UCLH foundation trust   | Ears Nose and Throat services   |
| UCLH foundation trust   | Provision of PET/CT Scans   |
| The Royal Free London NHS foundation trust  | Ophthalmology services  |
| Whittington Pharmacy CIC  | Provision of pharmacy services  |
| WISH Health Ltd<br>A network of 8 local practices – four in north Islington and four in west Haringey | Primary care services to the urgent care centre at the Whittington hospital |
| The Thrombosis Research Institute   | The Provision of 2 clinical sessions  |
| Camden and Islington NHSFT  | Provision of associate hospital managers panels and training under MHA      |

|   |   |
|---|---|
| Tavistock and Portsman                            | CCN209- Agreement for the provision of services from Tavistock and Portsman NHS Foundation Trust – CAMHS OOH consultants  |
| UCLH  | SLT 4 days per week provision at Whittington  |
| NHS Blood and Transplant                          | Contract for the supply of blood, blood components and services   |
| NHS Blood and Transplant                          | Contract for the supply of Tissue and Ocular products   |
| UCLH Foundation Trust                             | Renewal addendum of combined screening services detailed in COMB1   |
| Newcastle Upon Tyne Hospital NHS Foundation Trust | Department tests a wide range of patient and environmental specimens to detect the presence of pathogenic micro-organisms.  |
| Epsom & St Helier University Hospital NHS Trust   | Pathology Testing Service<br>Department offers analytical service for the assay of 2 range of biochemical parameters<br>Random USHIAA - £30.69 / 24h U<br>Metadrenalines - £32.05 |
| Calderdale and Huddersfield NHS FT                | Agreement relating to National Pathology Exchange Service (NPEX)  |
| Lloyds Pharmacy Clinical Homecare                 | Tocilizumab and Dupilumab SLA's<br>Lloyds Pharmacy Clinical Homecare  |

### Appendix 3 - Patients 0-15 and 16+ readmitted within 28 days of discharge

| Year and Month | 0-15 years   |            |                  | 16 Years +   |            |                  |      |
|----------------|--------------|------------|------------------|--------------|------------|------------------|------|
|                | Readmissions | Discharges | Readmission rate | Readmissions | Discharges | Readmission rate |      |
| 2018/19        | Apr          | 8          | 627              | 1.3%         | 190        | 2589             | 7.3% |
|                | May          | 18         | 673              | 2.7%         | 186        | 2778             | 6.7% |
|                | Jun          | 7          | 635              | 1.1%         | 211        | 2761             | 7.6% |
|                | Jul          | 9          | 589              | 1.5%         | 178        | 2647             | 6.7% |
|                | Aug          | 6          | 610              | 1.0%         | 211        | 2587             | 8.2% |
|                | Sep          | 3          | 624              | 0.5%         | 194        | 2684             | 7.2% |
|                | Oct          | 9          | 685              | 1.3%         | 190        | 2945             | 6.5% |
|                | Nov          | 7          | 679              | 1.0%         | 177        | 3063             | 5.8% |
|                | Dec          | 7          | 635              | 1.1%         | 179        | 2705             | 6.6% |
|                | Jan          | 11         | 676              | 1.6%         | 182        | 2933             | 6.2% |
|                | Feb          | 6          | 545              | 1.1%         | 193        | 2714             | 7.1% |
|                | Mar          | 2          | 584              | 0.3%         | 119        | 2727             | 4.4% |
| 2019/20        | Apr          | 7          | 639              | 1.1%         | 205        | 2913             | 7.0% |
|                | May          | 2          | 688              | 0.3%         | 163        | 2791             | 5.8% |
|                | Jun          | 9          | 629              | 1.4%         | 143        | 2899             | 4.9% |



|         |     |    |     |      |     |      |      |
|---------|-----|----|-----|------|-----|------|------|
|         | Jul | 6  | 664 | 0.9% | 167 | 2860 | 5.8% |
|         | Aug | 6  | 601 | 1.0% | 179 | 2582 | 6.9% |
|         | Sep | 3  | 615 | 0.5% | 177 | 2556 | 6.9% |
|         | Oct | 9  | 669 | 1.3% | 187 | 2842 | 6.6% |
|         | Nov | 5  | 675 | 0.7% | 166 | 2780 | 6.0% |
|         | Dec | 7  | 645 | 1.1% | 157 | 2532 | 6.2% |
|         | Jan | 7  | 621 | 1.1% | 169 | 2703 | 6.3% |
|         | Feb | 4  | 607 | 0.7% | 151 | 2616 | 5.8% |
|         | Mar | 3  | 525 | 0.6% | 117 | 1977 | 5.9% |
| 2020/21 | Apr | 1  | 308 | 0.3% | 96  | 967  | 9.9% |
|         | May | 2  | 387 | 0.5% | 109 | 1220 | 8.9% |
|         | Jun | 6  | 447 | 1.3% | 137 | 1748 | 7.8% |
|         | Jul | 3  | 547 | 0.5% | 171 | 2296 | 7.4% |
|         | Aug | 3  | 570 | 0.5% | 160 | 2042 | 7.8% |
|         | Sep | 6  | 630 | 1.0% | 140 | 2302 | 6.1% |
|         | Oct | 7  | 715 | 1.0% | 165 | 2353 | 7.0% |
|         | Nov | 7  | 683 | 1.0% | 193 | 2383 | 8.1% |
|         | Dec | 10 | 674 | 1.5% | 183 | 2322 | 7.9% |
|         | Jan | 13 | 599 | 2.2% | 156 | 1853 | 8.4% |
|         | Feb | 8  | 632 | 1.3% | 153 | 1922 | 8.0% |
|         | Mar | 14 | 875 | 1.6% | 110 | 2442 | 4.5% |

#### Appendix four – Staff Survey Results Comparison

The table below shows the comparisons of 2019 and 2020 key findings in relation to the identified focus areas for each ICSU/Directorate. Any improvements are highlighted in green, red for a decline and no colour if there has been no change. The table shows more red than green than the comparison between the 2018 and 2019 results and is likely the result of the focus of attention on the response to the pandemic, and the increased provision of psychological support in general rather than specific improvements in separate ICSUs and Directorates.

**Table to show Comparisons from 2018 Scores to 2020 Scores**

| ICSU/Directorate                | Suggested Focus Areas | 2018 | 2019 | 2020 |
|---------------------------------|-----------------------|------|------|------|
| Adult Community                 | Health & Wellbeing    | 5.4  | 5.7  | 5.8  |
|                                 | Morale                | 5.8  | 6.0  | 6.1  |
|                                 | Quality of Appraisals | 5.8  | 6.3  | N/A  |
| Children and Young People       | Morale                | 6.1  | 6.3  | 6.4  |
|                                 | Quality of Appraisals | 5.3  | 5.6  | N/A  |
|                                 | Quality of Care       | 7.2  | 7.3  | 7.1  |
| Emergency & integrated Medicine | Health & Wellbeing    | 5.5  | 5.5  | 5.7  |
|                                 | Morale                | 5.7  | 6.0  | 5.9  |
|                                 | Quality of Appraisals | 5.8  | 6.2  | N/A  |
| Facilities                      | Health & Wellbeing    | 6.4  | 6.5  | 6.5  |



|   |                       |     |     |     |
|---|-----------------------|-----|-----|-----|
|   | Immediate Managers    | 6.3 | 6.4 | 6.7 |
|   | Morale                | 5.9 | 6.1 | 6.1 |
| Finance   | Morale                | 5.5 | 5.6 | 5.4 |
|   | Safety Culture        | 6.1 | 6.6 | 6.4 |
|   | Quality of Appraisals | 4.7 | 6.7 | N/A |
| IT  | Health & Wellbeing    | 5.8 | 5.3 | 6.0 |
|   | Morale                | 5.6 | 5.7 | 5.9 |
|   | Quality of Appraisals | 4.6 | 5.6 | N/A |
| Medical Director  | Health & Wellbeing    | 5.8 | 5.8 | 5.8 |
|   | Safety Culture        | 6.6 | 6.6 | 6.2 |
|   | Quality of Appraisals | 5.8 | 6.5 | N/A |
| Nursing & Patient Experience (inc. Trust Secretariat 2019 only) | Health & Wellbeing    | 5.5 | 6.2 | 6.7 |
|   | Morale                | 5.6 | 6.2 | 6.6 |
|   | Quality of Appraisals | 5.1 | 5.6 | N/A |
| Procurement   | Health & Wellbeing    | 5.8 | 5.9 | 6.0 |
|   | Morale                | 5.4 | 6.0 | 6.6 |
|   | Quality of Appraisals | 4.1 | 5.5 | N/A |
| Surgery & Cancer  | Health & Wellbeing    | 4.8 | 5.3 | 5.2 |
|   | Morale                | 5.3 | 5.8 | 5.7 |
|   | Quality of Appraisals | 5.2 | 5.5 | N/A |
| Acute Patient Access, Clinical Services & Womens Health         | Health & Wellbeing    | 5.2 | 5.1 | 5.4 |
|   | Morale                | 5.7 | 5.7 | 5.7 |
|   | Quality of Appraisals | 5.5 | 5.6 | N/A |
| Workforce   | Health & Wellbeing    | 6.3 | 6.7 | 6.9 |
|   | Morale                | 6.2 | 6.8 | 6.8 |
|   | Quality of Appraisals | 6.6 | 7.1 | N/A |
| Chief Operating Officer (not included in 2018 results)          | Health & Wellbeing    |     |     | 6.3 |
|   | Morale                |     |     | 6.2 |
|   | Quality of Appraisals |     |     | N/A |

*\*Trust Secretariat.*

|  |                       |     |     |     |
|--|-----------------------|-----|-----|-----|
| Trust Secretariat (can be reported separately in 2020 due to an increase in staff) | Health & Wellbeing    | 5.5 | 6.2 | 6.7 |
|  | Morale                | 5.6 | 6.2 | 6.4 |
|  | Quality of Appraisals | 5.1 | 5.6 | N/A |

**Appendix Five – Actions related to COVID-19 from the Letter from NHS England’s Chief Nursing Officer and Chief Medical Officer (June 2020)**

| Action                      | Whittington Health actions taken   |
|-----------------------------|--|
| <b>A. Inpatient testing</b> | <ul style="list-style-type: none"> <li>A Trust flow chart is in place and all admitted patients are tested on admission and then on day 3 and 5/7 days after admission (for patients who are negative). There is a regular review of compliance.</li> <li>The Integrated Discharge Team ensure that patients on discharge to care homes or hospices have a test done 48 hours</li> </ul> |

| Action                                 | Whittington Health actions taken  |
|--|---|
|  | <p>prior to discharge and then appropriate discharge arrangements made if positive result.</p> <ul style="list-style-type: none"> <li>• Point of care testing and rapid testing are also available for use within emergency department</li> <li>• Our pre-elective pathway meets testing requirement of 72-hour test prior to procedure. A pathway is in place for low risk pathway for day cases</li> </ul>  |
| <p><b>B. Staff testing</b></p>         | <p>The Trust has 250 staff enrolled in the SIREN, a National Institute Health Research (NIHR) urgent public health priority study. Its primary objective is to determine if prior COVID-19 infection in healthcare workers confers future immunity to re-infection. It will also allow organisations to estimate the prevalence of SARS-CoV-2 infection in healthcare workers and utilise this information to determine wider staff testing</p> <ul style="list-style-type: none"> <li>• Since November 2020, all clinical and some non-clinical staff have been supported to take the COVID-19 Lateral Flow test (LFT) twice weekly. 3,800 test sets have been issued to staff. There have been 182 positive LFT tests since start of reporting (November 2020); 163 of these then had a positive polymerase chain reaction (PCR) test for COVID-19 and self- isolated at home, many were asymptomatic.</li> <li>• If a healthcare worker tests positive the Occupational Health Service ensure that NHS Test and Trace contacts are informed and assessed on whether they need to isolate for ten days</li> <li>• There is a continual focus on ensuring that staff report their LFT result even if negative</li> </ul> |
| <p><b>C. Staff risk assessment</b></p> | <ul style="list-style-type: none"> <li>• All relevant staff including Black, Asian and minority ethnic colleagues, have been offered a risk assessment and this was reviewed considering the recent national concern around the use of FFP3 respiratory masks.</li> <li>• Risk assessments have been considered around individual needs and to support the organisation in terms of redeployment to support the COVID-19 vaccine programme and other clinical and</li> </ul>  |

| Action   | Whittington Health actions taken   |
|--|--|
|  | <p>non-clinical work (outside of medium to high risk clinical areas). This has included the use of Attend Anywhere for outpatient appointments and non-face-to-face clinical work.</p>   |
| <p><b>D. Managing healthcare associated COVID-19 cases</b></p> | <ul style="list-style-type: none"> <li>• The priority is to ensure that the Trust maintains strict application of the PHE Infection prevention and control (IPC) guidance (see references below)</li> <li>• All staff across the Trust wear a surgical face mask in all clinical and non-clinical areas (apart from when eating)</li> <li>• Visitors and outpatients are provided with a mask on all entry points and symptom check undertaken.</li> <li>• The Trust has reported in a timely way on all staff outbreaks and has ensured that any delay to patient HCAI is reported on the daily national reporting dashboard. There was some delay to this reporting during January 2021 which has now been corrected. There has also been a review of all data submitted to ensure that it is aligned across several reporting requirements for the Trust</li> <li>• The Trust had weekly Outbreak meetings (membership includes executive directors and divisional directors as well as microbiology consultant, IPC nurses, clinical commissioning group (CCG), regional health protection team, and director of environment director) to consider staff cases and patients infections</li> <li>• The key areas of learning points addressed by the Outbreak group. Staff lapses in the wearing of personal protective equipment (PPE) and hand hygiene</li> <li>• Multiple patient moves to ensure patient flow from the emergency department</li> <li>• A lack of social distancing and sharing of food during staff break and rest periods</li> <li>• Staffing ratios during the peak period of the pandemic when absence rate</li> </ul> |

| Action | Whittington Health actions taken  |
|--------|---|
|        | <p>was high due to staff sickness or need to self isolate</p> <ul style="list-style-type: none"> <li>• The Director of Infection Prevention and Control is responsible for overseeing the response to any outbreak with appropriate oversight from NHS regional and national teams</li> <li>• There is oversight of the harm to patients of HCAI and cases are reported through the trusts Mortality Review Group and any deaths where HCAI COVID-19 is a cause will be discussed as well as escalated through the serious incident management process. The Trust is following the existing National Serious Incident Framework to underpin the level of investigation, if required to do so.</li> </ul> <p>The Trust is working closely with regulators and the North London Partners Integrated Health and Care System to ensure that performance is monitored as the Trust has been recognised as an outlier on reporting a lower than expected number of HCAI COVID-19 cases. These discussions have supported the sharing of information and best practice across organisations to enable local improvements and seek peer support. It was also recognised that the reporting mechanisms to ensure accuracy and timeliness of reporting required some improvement which is now in place.</p> |

## Appendix Six – Local changes and outcomes from 2020/21 staff survey

### Whittington Health – local changes

The table below present the results of significance testing conducted on this year’s themes scores and those from last year\*. It details the organisation’s theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: an upwards arrow indicates that the 2020 score is significantly higher than last year’s, whereas a downwards arrow indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see ‘Not significant’.

#### Table to show Whittington Health – local changes

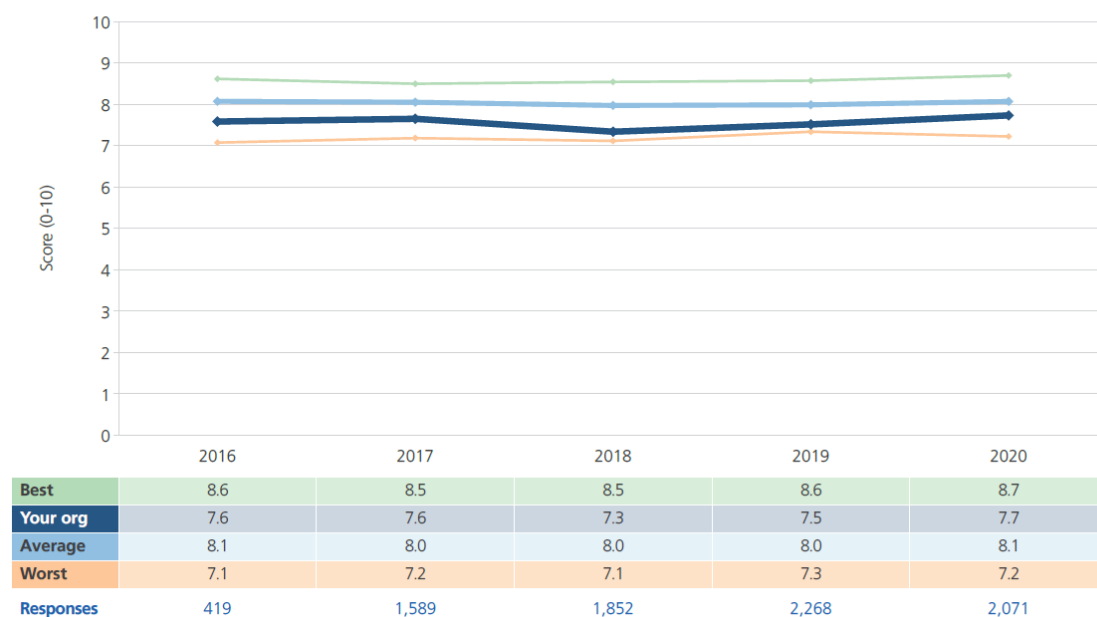
| Theme                                    | 2019 score | 2019 respondents | 2020 score | 2020 respondents | Statistically significant change? |
|--|------------|------------------|------------|------------------|-----------------------------------|
| Equality, diversity & inclusion          | 8.6        | 2283             | 8.5        | 2124             | Not significant                   |
| Health & wellbeing                       | 5.6        | 2302             | 5.8        | 2140             | ↑                                 |
| Immediate managers †                     | 6.9        | 2305             | 6.9        | 2141             | Not significant                   |
| Morale                                   | 5.9        | 2262             | 6.0        | 2104             | Not significant                   |
| Quality of care                          | 7.6        | 2150             | 7.6        | 1996             | Not significant                   |
| Safe environment - Bullying & harassment | 7.5        | 2268             | 7.7        | 2071             | ↑                                 |
| Safe environment - Violence              | 9.5        | 2268             | 9.5        | 2135             | Not significant                   |
| Safety culture                           | 6.8        | 2286             | 6.8        | 2125             | Not significant                   |
| Staff engagement                         | 7.1        | 2334             | 7.1        | 2164             | Not significant                   |
| Team working                             | 6.6        | 2312             | 6.6        | 2145             | Not significant                   |

\* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

## Percentage of Staff Experiencing Harassment, Bullying or Abuse from Staff in the Last 12 Months

In 2020, Whittington Health significantly improved by 0.2% and moved away from the 'worst' category, however, remains in the 'below average' group. Although a small improvement, it suggests the Trust's continued work to improve culture, is beginning to bed down and it will remain a focus point for the organisation in 2021-2022.



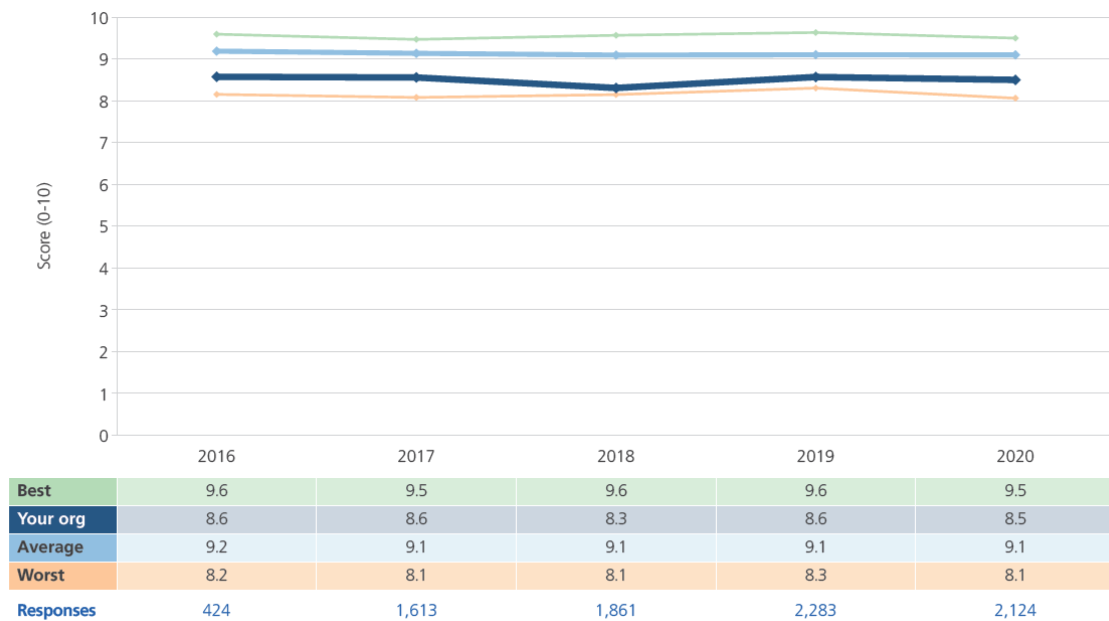
## Percentage of Staff Believing the Trust Provides Equal Opportunities for Career Progression/Promotion

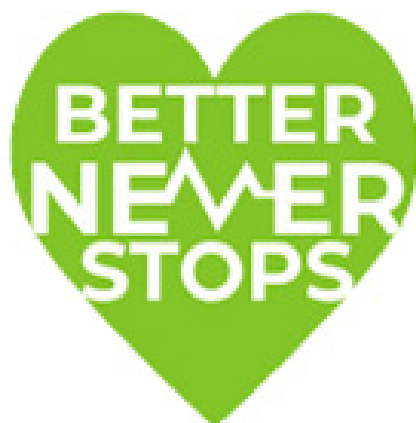
In 2020 the Trust remains below average for staff saying they believe the Trust provides equal opportunities for career progression This continues to be a focus in 2020 for the entire organisation.

Survey  
Coordination  
Centre

2020 NHS Staff Survey Results > Theme results > Trends > Equality, diversity & inclusion

NHS  
England





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