![NHS Whittington Health NHS Trust]

Whittington Health NHS Trust Quality Account 2019/20

Contents

Part 1: Statement on Quality from the Chief Executive

Welcome to the 2019/20 Quality Account for Whittington Health NHS Trust. Here, we outline how we performed on quality last year and set out our priorities for 2020/21. All of our priorities are produced in consultation with staff, managers, patients and external stakeholders and I would like to thank them for taking the time to contribute to this process — especially in what has been an unprecedented year.

I am pleased to report that we successfully met 33 out of the 38 priorities we set ourselves for 2019/20. We managed this despite the changes that we were forced to make to our services due to COVID-19.

Other highlights of the year include:

- The 2020 CQC report gave the Trust a rating of 'Good' overall, with our services rated as 'Outstanding' for caring. Our community health services were also rated as 'Outstanding'. This is a tremendous achievement by our staff.
- A significant improvement in the post-operative geriatric care provided to elderly patients undergoing emergency laparotomy rose from 11 patients to 36.
- We are ranked first out of all hospitals in the country for undertaking care processes for patients with type one and type two diabetes.
- We had the third highest uptake of the flu vaccine by our staff across London at 83.4%.
- Being the first Trust in London to sign up to the NHS Workforce Race Equality Standard Cultural Change Programme. Over 75% of staff said they believe the Trust provides equal opportunities for career progression compared to 70.6% in 2018. Similarly in 2019 there has been a positive increase of 7% black, Asian and minority ethnic staff believing there are equal opportunities, moving up to 65.3% from 58.3%.
- Listening to more of our staff than ever before through the NHS Staff Survey. Last year we had a response rate of 56%, which is the highest response the Trust has received to date and an increase of 8% from last year's 48% response rate.

I am proud to say that we participated in 100% of national clinical audits and national confidential enquiries of those that we were eligible to participate in. These audits, whether mandatory or not, are not only vital in helping us to continually improve the care and treatment that we offer, but also contribute to findings across the NHS to identify success or areas for action or further investigation. We took part in a total of 64 national clinical audits, national confidential enquiries and non-mandatory national audits in 2019/20.

I was particularly moved by the different patient stories featured at 10 of our Trust Board meetings this year. Hearing the impact of our care on patients, and learning how we can make changes to improve it, is vital to our Better Never Stops philosophy.

Ensuring Whittington Health is a welcoming place to work continues to be a priority. We now have over 30 Speak Up advocates, who staff can raise concerns about any matter. From September 2018 to September 2019, 66 concerns had been raised, 30 were anonymous. Since September 2019, the rate of reporting had increased but the number of anonymous complaints had decreased showing that more people feel safe to approach the Guardian to raise their concerns.

Our priorities for 2020/21 have been chosen after lots of engagement with internal and external stakeholders. They reflect on previous learning and on our ambition to be an outstanding health care Trust, each of the four new priorities align with our vision of Helping People Live Longer Healthier Lives.

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.

Siobhan Harrington, Chief Executive

About the Trust
As an integrated care organisation (ICO) with community and hospital services across Islington, Haringey and further, Whittington Health is in a unique position to deliver the strategic objectives of the North London Health Partnership (NLHP) integrated care system that is, working in an integrated and collaborative way to provide high quality health and social care for our local population.
Our Trust's vision, embedded within our clinical strategy and quality account, is to 'help local people live longer, healthier lives'. The Trust strategic objectives have been revised for 2020-21 and the priorities for the next year have been aligned with the new four shared objectives:-
- **Deliver outstanding, safe and compassionate care in partnerships with patients**
- **Empower support and develop engaged staff**
- **Integrate care with partners and promote health and well-being**
- **Transform and develop financially sustainable innovative services**

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.

This year due to the COVID-19 pandemic the delivery of this report is significantly delayed as there was a necessary pause to the deadline, to allow NHS trusts to focus their resources to support front line care and treatment. The requirement for external review and assurance by an external auditor, has been also been removed this year by NHS Improvement / England 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 2020/21 and the progress made against priority areas for
improvement in the quality of health services identified in the 2019/20 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 2020/21
Our quality priorities for 2020/21 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. Over the years, we have used the Quality Account to focus on particular areas, such as falls, pressure ulcers and sepsis in order to drive quality improvement campaigns which have now become standard practice at the Trust. These areas remain high priorities which are now embedded into the Trust quality governance monitoring processes.

2020/21 has brought unprecedented challenges and ensuring patient safety, while providing a good patient experience and positive outcomes throughout the pandemic has been our top priority. The priorities for 2020/21 reflect the key challenges experienced during the pandemic, as well as areas requiring renewed focus to drive improvement.

Our consultation process
Our quality priorities have been developed following consultation with staff, people who use our services and stakeholders and are based on both national and local priority areas. We have also considered the impact of the COVID-19 pandemic at a trust level as well as the global changes to healthcare.

We have 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 what our 2020/21 priorities should be.

As part of our consultation process, external stakeholders, patients, and staff have been invited to share their views on our proposed quality priorities. We held a stall in the hospital Atrium in January 2020 to gather opinions of patients and staff about improvements they would like to see in the coming year. A meeting was held with Health Watch Islington and Haringey, and representation from Islington Clinical Commissioning Group (CCG) in February 2020 to review and hear feedback of our services and quality areas for development.

Further to this, each priority has 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

2020/21 priorities, have been shared with our commissioners, whose comments can be seen within the appendices. Whittington Health recognises that to achieve sustainable improvement, projects need to be long-term, monitoring progress over a 3 year period.

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 is aligned to one of the three pillars of patient safety, patient experience or clinical effectiveness. With measureable objective and reporting to a 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 sub-committee of the Trust Board.

The quality priorities for 2020/21 are below, 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 & carers

- Improving patient safety education in relation to human factors

- Improving blood transfusion care and treatment

Aim	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 1
Reducing harm from hospital acquired de-conditioning Domain: Clinical Effectiveness/ Patient Experience	Deconditioning or 'PJ paralysis' can be attributed to long hospital stays and is a national priority. This especially relevant to the health during COVID-19 pandemic, due to the long recovery period for COVID-19 hospital ITU admissions	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: 1. Early assessment of functional status on admission 2. Early mobilisation 3. Increase in physical activity of in patients 4. Discharge planning: reducing the length of time that patients have been determined as medically fit to leave hospital but remain in hospital for further days.	By the end of 2020/21 we will have completed a baseline assessment and developed 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.
Improving	Poor communication has been		By the end of 2020/21 we will

Aim	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 1
communication between clinicians and patients & carers Domain: Patient Experience	highlighted as a contributory factor in incidents, complaints and claims. COVID-19 pandemic has added to these issues with restrictions on visitors across the trust, and the wearing of Personal Protective Equipment (PPE) can limit clarity and understanding and the nonverbal cues of communication.	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.	have 1) Undertaken a pilot in the Haematology department, gathering feedback from patients and GPs on whether the new letter format has made an improvement. With a view to wider roll out from 2021.
Improving patient safety education in relation to human factors Domain: Patient Safety	Human error is a recurring theme in serious incidents, in particular Never Events in 2018 – 20. Human factors knowledge 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.	During 2020/21 the trust will trial a multi-disciplinary human factors educational model that brings practical human factors training directly into clinical practice. A cornerstone of this model is in-situ simulation, supported by observation from aviation human factors experts. The programme's success will be measured by: •Qualitative feedback based on surveys from staff •Targeted human factors learning workshops based on feedback from simulations and triangulated against trust safety intelligence •Number of human factors champions trained to observe simulations and provide feedback (ensuring ongoing sustainability of the project)
Improving blood transfusion care and treatment Domain: Patient Safety/ Clinical Effectiveness	A blood transfusion is when a patient is given blood from someone else (a donor). It is a safe procedure which can be lifesaving, however errors, while rare, can be fatal. Ensuring staff are trained effectively, and the Trust systems align with the safe transfusion guidelines (**right blood, right patient, right time and right place)** is essential to prioritise patient safety.	Revise training programme for nurses and doctors to make sure it is accessible, and fit for purpose and increase compliance with this training by ensuing that more staff access and complete.	In 2020/21, the e-learning blood transfusion training module will be revised and to ensure it is included in the Trust mandatory training matrix. Deliver a communication campaign to raise awareness of the importance of blood transfusion training.

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 2019/20

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 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.

The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, Prevent and monitors serious case review recommendations; this has continued throughout the Covid-19 national emergency committee reviews the Trust's responsibility across children and vulnerable adults.

Eliminating Mixed Gender Hospital Inpatient Accommodation Statement of Assurance

To ensure the trust meets national reporting requirements in relation to mixed gender accommodation, the trust revised reporting of mixed gender accommodation breaches in the hospital for patients who were well enough to step down care from intensive care. This was presented to the trust board as a statement of assurance in June 2020.

This meant that the trust experienced incidents of mixed gender accommodation for a short number of hours for some patients. The initial reporting was zero for Q1 2019/2020. This gradually increased over Q2 (18 breaches) and Q3 (11 breaches) as winter progressed, the breaches reached their peak in January of 2020 when there were 10 accommodation breaches in one month. This was due to bed capacity issues within the Trust where there was no medical bed available; however, privacy and dignity were maintained at all times and patients were informed and comfortable.

Sub Contracted Services

Whittington Health provided 150 different types of health service lines in 2019/20. Of these services a number were subcontracted see appendix one.
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 2019-20
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 2019-20, **64** national clinical audits including **9** national confidential enquiries covered relevant health services that Whittington Health provides.
During that period, Whittington Health participated in **100%** national clinical audits and **100%** of national confidential enquiries of those it was eligible to participate in.

The national clinical audits and national confidential enquiries that Whittington Health was eligible to participate in, and participated in, during 2019/20 are detailed in Appendix two. 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 **13** non-mandatory national audits, in which the Trust also participated during 2019/20.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires in **2020/2021** by ensuring:

- National audit and national confidential enquiries will remain the key component of our Integrated Clinical Service Unit (ICSU) clinical audit and effectiveness programmes;
- Performance outcomes will be discussed appropriately with multidisciplinary focus and cascaded to all staff grades;
- Learning from excellence will continue to be an intrinsic part of our work;
- Patient representation in national clinical audit will continue to be celebrated and further developed;
- 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 establishment of a clinical effectiveness group as a key feature of the organisational meeting structure will ensure actions from national audit reports are scrutinised and monitored to provide additional organisational assurance

The reports of **24** national clinical audits/ national confidential enquiries were reviewed by the provider in 2019/20 and Whittington Health intends to take the following actions to improve the quality of healthcare provided.

Examples of results and actions being taken for national clinical audit include:

National Early Inflammatory Arthritis Audit

The NEIA audit aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all new patients over the age of 16 in specialist rheumatology departments in England and Wales.

In September 2019, Whittington Health was identified as an outlier for the proportion of patients seen for their first review within three weeks of referral.

This was a known issue with a plan in progress. A formalised action plan was prepared by our clinical lead for the audit.

Action to be Taken 🚩 Outlier status identified	Person Responsible	Time-frame for action	Comments
Additional Rheumatology consultant required	Lead clinician	Completed	New consultant appointed.
Referral pro-forma for GPs to use via Single Point of Access thus enabling appropriate triage of referrals	Lead clinician	Completed	This provides clarity of information which supports the GPs in their decision making about which aspect of the service to refer to. This triage is carried out by physiotherapists in the service who have been supported to develop and extend their roles within Rheumatology department.
Establishing an EA spinal clinic that will be run by an experienced Advanced Physiotherapy Practitioner (APP), to free up outpatient slots.	Lead clinician	Completed	Clinic is up and running with an APP. Started in October 2019
To explore a business case to incorporate ultrasound in EA Clinics.	Nominated Consultant Rheumatologist	By June 2020	Funding has not yet been identified. The Rheumatology Department believe this has the potential to improve early accurate diagnosis, reduce time to diagnosis and reduce follow-up appointments for those patients who do not derive benefit from further appointments.
The Rheumatology Department is an active participant in the North Central London network projects to expand advice and guidance services to primary care to ensure patients are managed appropriately at the earliest opportunity and clinic slots are used to the best effect.	Lead Clinician	Continuous	N/A

National Emergency Laparotomy Audit

This audit is overseen by the Royal College of Anaesthetists and the Royal College of Surgeons. NELA aims to enable the improvement of the quality of care for patients undergoing emergency laparotomy, through the provision of high quality comparative data from all providers of emergency laparotomy. In April 2019, the national audit launched a best practice tariff which relates to increased revenue for a Trust performing emergency laparotomies. The criteria for meeting the tariff are as below:

- All appropriate cases to be entered on to the national database;
- 80% of patients need to receive consultant delivered care AND be admitted to critical care;
- A pathway of care on how these patients are managed is to be created and agreed.

Achievements and areas for focus:

Last year, the NELA audit was instrumental in securing a geriatric liaison consultant. This has allowed specific and appropriate management for this cohort of patient, whilst enabling compliance with the requirement of a surgical liaison geriatrician assessment. As a consequence, in 2019/20 we have noted significant improvement in the care provided to our elderly patients undergoing emergency laparotomy. In 2018/19 11 patients received geriatric post-op care and in 2019/20 this rose to 36 patients.

We have further undertaken a revision of our local pathway in order to make it compliant with best practice tariff criterion and have successfully achieved the best practice tariff for the first two quarters of data collection. We have also been working with the UCH partners collaborative to identify and prioritise areas for further improvement. The focus for 2020/2021 will be on timely access to operating theatres and early administration of antibiotics for septic patients.

Infographic of key performance outcomes (July 2019 – September 2019)

Emergency Laparotomy at Whittington

NELA National Emergency Laparotomy Audit

July '19 to Sept '19

FEBRUARY 2017

We did 24 Emergency Laparotomy admissions between July '19 and Sept '19

100% of cases were fully completed on NELA

Destination

87% of all patients went to Critical Care

100% of high-risk patients went to Critical Care

36% of patients had a risk score of >5%

87% of patients had risk documented pre-op

92% of high-risk patients were operated on by a consultant Surgeon and a consultant Anaesthetist

Immediate patients waited an average of **1 hours 30 mins** to get into theatre

Urgent patients waited an average of **7 hours 32 minutes** to get into theatre

Summary

Good work! We have met the best practice tariff target for the second quarter. Timely antibiotic administration will be a focus (highlighted in 5th annual report)

NHS Digital **DIABETES UK** KNOW DIABETES. FIGHT DIABETES. **National Diabetes Audit Report 1 - Care Processes and Treatment Targets 2018-19 (Publication date: December 2019)**

The National Diabetes Audit (NDA) is a major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales. It collects and analyses data and produces reports for a range of stakeholders to use to drive changes and improve the quality of services and health outcomes for people with diabetes.

Whittington Health top-level NDA findings with comparison to last year's audit, where appropriate:
- We saw 540 patients with Type 1Diabetes Mellitus (T!DM) and 940 patients with Type 2 Diabetes Mellitus (TSDM) during the audit period;
- For undertaking the 8 care processes we continue to perform *outstandingly* achieving 92%-100% for all 8 processes, with 89% of patients of patients with T1DM and 88% of patients with T2DM seen having all care processes undertaken (against an average in secondary care of 50%).
- We are the **1st ranked hospital in the country** for patients with T1DM and with T2DM, for undertaking care processes;
- 36% of patients with T1DM seen in clinic have HbA1c<7.5% which is *an improvement* from last year's audit and better than the national average (31%)
- 15% of our patients with T1 DM have an HbA1c >10% (national average 15%) this is stable from our last NDA data;
- Treatment targets for HbA1c, blood pressure and cholesterol levels for patients with T1DM patients seen in clinic were slightly better than national average;
- 20% of T2DM patients seen in clinic have an HbA1c >10% (Secondary care national average 15%) which again supports data that we are continuing to transfer well controlled T2DM patients back to GP;
- 83% of T2 patients seen in clinic have chol<5 (national average 74%)

'Although the care of patients with chronic lung conditions is improving, there remain significant deficiencies that need addressing' (Royal College of Physicians)

This audit programme, led by the Royal College of Physicians (RCP), works closely with a broad range of organisations including Asthma UK, the British Thoracic Society, British Lung Foundation, Primary Care Respiratory Society UK, Royal College of General Practitioners and the Royal College of Paediatrics and Child Health.

Their programme of work covers the following:
- National Chronic Obstructive Pulmonary Disease Audit;
- National Audit of Pulmonary Rehabilitation;
- National Audit of Adult Asthma;
- National Audit of Children and Young People Asthma

Whittington Heath COPD Care Quality Review group:
In order to proactively lead and develop this programme of work, the trust established a multidisciplinary COPD Care Quality Review group, collaboratively led by an Integrated Respiratory Medicine consultant and Head of Clinical Governance. In January 2019, the scope of our work and clinical membership was further extended to reflect the new National Asthma and COPD Audit Programme (NACAP) for England, Scotland and Wales.

During 2019/2020, the COPD Care Quality Review group has led and overseen a number of key QI interventions;

- Financial incentive: COPD audit has met best practice tariff criterion for each quarter of the 2019-2020 year;
- Financial incentive: Influenza Inpatient immunisation now being reimbursed. This is a clinically high value innovation and intervention which is financially aligned;
- Educational/ learning: Respiratory medicine '10@10' staff educational sessions in the Emergency Department have continued with a rota agreed: focusing on such areas as inhaler technique and initial assessment for asthma;
- Educational/ learning: Treating tobacco dependence training sessions agreed for 2019-20 year (Jan/Feb)
- Learning: New MDT audit registered: Two year outcomes of tobacco cessation therapy dependence treatment started on an inpatient respiratory ward.
- Patient experience: COPD patient representative joining the group as permanent member in 2020.
- Patient experience: "What matters to me most about my inhalers?" Pharmacist work completion (June 2019) with the primary aim to obtain feedback from adults on newer inhaler devices. Consequent update of shared guidance: 'Stable COPD Treatment Guidelines'.
- Patient safety and recognising our frontline staff: New batch of pulse oximeters ordered for loan scheme. Purchase of new Vitalograph micro spirometer for clinical areas;
- Patient safety change: Oxygen drug chart update made in response to a serious patient incident. Snap shot ward audit of availability completed.
- Abstracts: Presentation of two QI respiratory abstracts at 2019 British Thoracic Society Annual Scientific meeting Conference in Dec with additional publication in a supplement of the journal Thorax:
- Abstract planning: Respiratory consultant work with trainees and lead respiratory psychologist on two submitted abstracts to the RCP Annual Conference 2020 - one on homelessness audit and one on

evaluation of potential of role of medical trainee reflective practice as one mechanism of addressing burn out.

Local Clinical Audits

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in **2020/2021** by ensuring:

- Reactive local audits, vital to patient safety, will remain the key component of the Integrated Clinical Service Unit (ICSU), Clinical Audit and Effectiveness programmes;
- Project proposals will continue to be subject to a centralised quality review in order to prevent duplication and to ensure alignment to speciality priorities;
- 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;

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

Meeting the NICE Quality Standard for depression in children and young people in CAMHS. Depression is a common problem in childhood and adolescence, with prevalence in the community estimated between 5-25% depending on age and sex. About one third of lifetime episodes of depression begin before the age of eighteen. Depression is often a recurring problem, with a 90% risk of depression returning after a third episode. *(Davey & McGorry, 2019).*

This audit aims to measure the Islington CAMHS's performance against selected NICE quality standards for the treatment of depression in children and young people (QS48) as below:

1. Children and young people with suspected depression have a diagnosis confirmed and recorded in their medical records.
2. Children and young people with depression are given information appropriate to their age about the diagnosis and their treatment options.
5. Children and young people receiving treatment for depression have their health outcomes recorded at the beginning and end of each step in treatment.

This audit provided baseline data for Islington CAMHS's compliance with three of NICE's five Quality Statements for the treatment of children and young people with suspected depression. All three of the quality statements assessed were scored below 75% and were rated as 'poor compliance'

The auditors made the following recommendations as below which have been supported by the implementation of a steering group to develop a depression pathway:

1. Through team discussion, raise staff awareness of the need to record clearly in the notes the presence or absence of depression, when it has been suspected at referral and an assessment has been carried out.
2. Identify any training needs in relation to depression assessment, through discussion in teams, line management or supervision.
3. Consider developing a minimal protocol of basic standards for depression assessment across all teams.
4. Raise staff awareness of the importance of giving age-appropriate information through training or team discussion.
5. Review available psychoeducation materials for each age group and parent/carers.
6. Consult service user group about what information and psychoeducation they would recommend.
7. Ensure staff has easy access to relevant lists of resources to recommend, once developed, including handouts, websites and books on prescription.
8. Raise staff awareness of the rationale for repeating relevant baseline ROMs when treatment starts, if a child or young person has been waiting for some time.

Chest pain - The use of high-sensitivity cardiac troponin test (hs-cTnT) in the assessment of patients in the Emergency Department

Chest pain is the leading symptom for a large number of patients attending Emergency Departments (ED). Chest pain accounts for 10% of all attendances in England and is the most common reason for admission. Determining which of these attendances represent an acute coronary syndrome (ACS) is an everyday challenge, as only a minority of these patients present with diagnostic ECG changes such as ST elevation.

In July 2013 the Whittington ACS guideline was redesigned. At the time, there was insufficient evidence to support a more rapid rule-in/rule-out pathway to manage patients presenting with chest pain.

Aim of the audit: Align chest pain triage for patients with suspected ACS in line with international guidelines, and enhance the triage process by facilitating earlier rule-in and rule-out of ACS.

Objective: Currently, all patients with chest pain >6 hours ago can be discharged, if the initial hs-cTnT level is <14 ng/L. However, if the patient's chest pain symptoms started within these 6 hours, the patient has to be admitted for a repeat hs-cTnT level 3 hours after admission. This causes delays for the patient and increases the clinical workload, potentially contributing to overcrowding. If a new pathway modelled on the ESC guideline was to be introduced, we need to identify key strengths and weaknesses:
- How many patients will qualify for immediate discharge?
- How many patients will require a repeat hs-cTnT measurement within 1hr to make an admission/discharge decision?
- How many more patients will potentially require repeat testing (e.g. by having an initial hs-cTnT level of 5-13 ng/L), who would have otherwise been discharged as per the 2013 protocol?
- Can this be delivered from both a laboratory as well as a clinical point of view?

Results:
How many patients qualify for immediate discharge?
A total of 502.8 patients underwent hs-cTnT testing in ED every month. As per ESC 0/3h-protocol, most patients have a presenting hs-cTnT concentration <14 ng/L (67.55%), but are only allowed to be discharged upon a single blood test if the onset of chest pain was >6 hours. If the ESC guidelines were implemented (see figure 1), the first decision could be made 3h after symptom-onset.

Conclusion
A novel pathway incorporating the ESC 0/1h-protocol will enhance safety and likely expedite the triage process for patients with suspected ACS.

Recommendations
1. Design a Whittington-specific ACS pathway incorporating the ESC 0/1h-protocol
2. Clarify follow-up and treatment plans for low-risk patients (if required)
3. Re-audit the impact of the novel pathway 6 months after implementation

Participating in Clinical Research

Involvement in clinical research demonstrates the trust's commitment to improving the quality of care we offer to the local community as well as contributing to the evidence base of healthcare both nationally and internationally. Our participation in research helps to ensure that our clinical-staff stay abreast of the latest treatment possibilities and active participation in research leads to better patient outcomes.

We are five years on from the ratification of the Whittington Health Research strategy that underpins the clinical strategy and reflects the aim of enabling local people to 'live longer healthier lives'. A key strategic goal is to become a leader of medical, multi-professional education and population based research. Participation in clinical research demonstrates Whittington Health's commitment to improving the quality of care that is delivered to our patients and also to making a contribution to global health improvement. We are committed to increasing the quality of studies in which patients can participate (not simply the number), and the range of specialties that are research active as we recognize that research active hospitals deliver high quality care.

The trust's research portfolio continues to evolve to reflect the ambitions of our integrated care organisation (across hospital and acute, community health services, dental and mental health services.

The number of patients receiving relevant health services provided or subcontracted by Whittington Health NHS Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 810. These patients all participated in studies adopted to the National Institute of Health Research (NIHR) portfolio. This was a drop of 264 on the previous year (which was the highest annual number recruited at Whittington Health) due to a different study mix but still well in excess of the CRN (Clinical Research Network) target of 618.

There were 49 NIHR portfolio studies recruiting and in follow up at Whittington Health last financial year compared to 50 the previous year and 39, 48 and 41 studies in 2017/18, 2016/17 and 2015/16 respectively. Not only have we broadly sustained the number of studies we have improved our recruitment to time and target (RTT) metrics in line with the NIHR High Level Objectives ensuring improved quality in the delivery of studies.

Portfolio adopted studies are mainly, but not solely, consultant led and are supported by the trust's growing research delivery team to facilitate patient recruitment. In addition to the NIHR portfolio studies, an additional 4 non-portfolio studies commenced in 2019/20 and 3 were ongoing from the previous year, unfortunately this was a reduction 60% on the previous year (which had seen 50% reduction on the previous year). Increasing, locally led and locally focused research is a vital aspect of delivering the research strategy. Most non-portfolio research studies are undertaken by nurses, allied health professionals, and trainee doctors and the impact of these studies are frequently published in peer reviewed publications, at conference presentations, and are valuable in their ability to innovate within the trust. In addition, small locally funded studies can provide the evidence needed to secure grant funding for larger scale projects and their potential to build capacity and capability to undertake larger research studies should not be underestimated. As a result of hosting two grants the trust will receive enhanced Research Capability Funding (RCF) in the next financial year which will in part be used to increase and encourage both portfolio and non-portfolio research activity within the trust.

Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of Whittington Health's income is conditional on achieving quality improvement and innovation goals between Whittington Health and local CCGs through the Commissioning for Quality and Innovation payment framework. There is a CQUIN Project Manager who leads, coordinates and oversees the CQUIN projects and is responsible for the achievement of CQUINs. There is also a clinical lead and operational lead for each individual CQUIN.

CQUINs for 2019-2020 are:

- Antimicrobial Resistance
- Staff Flu Vaccinations
- Alcohol and Tobacco
- Three High Impact Actions
- Same Day Emergency Care

Due to Covid-19 NHS England and NHS Improvement advised that quarter 4 information was not required for the 2019/20 CQUINs.

CQUINs for 2020-2021 are:

Due to Covid-19 NHS England and NHS Improvement have advised that the CQUIN schemes have been suspended for the 2020/21

2019-2020 CQUIN progress

🟩	Achieved
🟥	Not achieved
🟧	Partial achievement
⬛	No requirement

The Alcohol and Tobacco CQUIN was a continuation of a 2018/19 CQUIN that Whittington Health was not a part of. The Trust was unable to put systems in place to capture or record the required smoking and alcohol screening data prior to the start of the CQUIN and therefore achievement or even partial achievement would be difficult. In turn due to the high yearly target for the Alcohol and Smoking Screening it was not possible to achieve this part of the Alcohol and Smoking CQUIN.

The Antimicrobial Resistance – Lower Urinary Tract Infection (UTI) in Older People CQUIN results did show an improving trend. QI projects and training sessions for ED staff were introduced to reduce the inappropriate use of urine dip stick test in diagnosing lower UTI in older patients, which is based on historical practice. However, the overall CQUIN target was not met before the national CQUIN was suspended due to COVID-19 pandemic.

CQUIN Scheme	Rationale/Objectives	Compliance

Measure	Description	Q1	Q2	Q3	Q4
Antimicrobial Resistance – Lower UTI in Older People	In support of a major Long Term Plan priority of antimicrobial resistance and stewardship, four steps outlined for UTI will bring reduced inappropriate antibiotic prescribing, improved diagnosis (reducing the use of urine dip stick tests) and improved treatment and management of patients with UTI.	Q1 (grey)	Q2 (red)	Q3 (red)	Q4 (grey)
Antimicrobial Resistance - Antibiotic Prophylaxis in Colorectal Surgery	Implementing NICE guidance for Surgical Prophylaxis will reduce the number of doses used for colorectal surgery and improve compliance with antibiotic guidelines.	Q1 (amber)	Q2 (green)	Q3 (amber)	
Staff Flu Vaccinations	Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of NHS services.	Q1 (grey)	Q2 (grey)	Q3 (grey)	Q4 (grey)
Alcohol and Tobacco, Screening	Screening and brief advice is expected to result in 170k tobacco users and 60k at risk alcohol users receiving brief advice, a key component of their path to cessation.	Q1 (red)	Q2 (red)	Q3 (red)	Q4 (grey)
Alcohol and Tobacco, Tobacco Brief Advice		Q1 (green)	Q2 (green)	Q3 (green)	Q4 (grey)
Alcohol and Tobacco, Alcohol Brief Advice		Q1 (green)	Q2 (green)	Q3 (green)	Q4 (grey)
Three high impact actions to prevent Hospital Falls	Taking these three key actions as part of a comprehensive multidisciplinary falls intervention will result in fewer falls, bringing length of stay improvements and reduced treatment costs. 1. Lying and standing blood pressure to be recorded 2. No hypnotics or anxiolytics to be given during stay OR rationale documented 3. Mobility assessment and walking aid to be provided if required.	Q1 (grey)	Q2 (amber)	Q3 (amber)	Q4 (grey)
Same Day Emergency Care - Pulmonary Embolus	These three conditions are all from the top 10 conditions with which patients present in a SDEC setting. Each has been selected due to focus on a limited set of clear actions to be taken by providers. Improved same day treatment will reduce pressure on hospital beds, improving length of stay and patient experience.	Q1 (green)	Q2 (green)	Q3 (green)	Q4 (grey)
Same Day Emergency Care – Tachycardia with Atrial Fibrillation		Q1 (amber)	Q2 (green)	Q3 (green)	Q4 (grey)
Same Day Emergency Care - Community Acquired Pneumonia		Q1 (amber)	Q2 (green)	Q3 (green)	Q4 (grey)

Registration with the Care Quality Commission (CQC)

The trust is registered with the CQC without any conditions. The CQC did not taken enforcement action against Whittington Health during 2019/20.

The CQC undertook a targeted announced inspection of five core services in December 2019 and published in March 2020. The services inspected were Urgent and Emergency Care, Surgery, Critical Care, Community Children's Health Services, and Community Child and Adolescent Mental Health Services. It also undertook a Well Led Inspection in January 2020. The final aspect of the inspection regime was a joint inspection by the CQC and NHS Improvement of the Trust's Use of Resources. The

Trust was very pleased that the outcome of the inspection was very positive, including the overall rating for community health services moving from good to outstanding. The Trust maintained its current raring of outstanding for caring for the whole organisation; this is a well deserved credit to the staff. The overall rating for the Trust remains as 'Good'.

The table below provides the rating summary table.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires Improvement	Good	Good	Good	Good	Good
Community Health Services	Good	Good	Outstanding	Good	Outstanding	Outstanding
Mental Health services	Requires Improvement	Good	Outstanding	Good	Good	Good
Overall trust	Requires Improvement	Good	Outstanding	Good	Good	Good

The Trust was disappointed and concerned that the overall rating for safe remained as requires improvement and there is work required in the next year to address this. The development of a 'Better Never Stops' Quality Improvement (QI) Faculty, and a revised quality governance structure will support this work. Processes in place to maintain quality and drive patient safety improvements across the trust include;

- Establishment of separate quality meetings at divisional integrated clinical service unit (ICSU) level and a focus on quality at their Executive led quarterly performance reviews to ensure issues of patient safety, experience and effectiveness are prioritised
- Associate Medical Directors appointed for Patient Safety; and QI and Effectiveness
- Integrated central Quality Governance Department to ensure intelligence is triangulated and learning shared
- The Trust Board receives monthly reports on all serious incidents that have occurred the previous month and importantly on how the Trust is learning from care and service delivery problems identified
- The quarterly Quality report to the Quality Assurance Committee and Trust Board has been strengthened to provide a themed analysis of patient safety, patient experience and clinical effectiveness information
- The Trust's Safeguarding Adults & Safeguarding Children Committees continue to be managed as one Committee under the responsibility of the Chief Nurse
- The Trust works closely with external regulators and patient safety reporting bodies such as the CQC, CCGs, NHS England/Improvement (NHSI) and the National Reporting and Learning System (NRLS)
- The Trust has processes in place to respond to patient safety alerts via the Central Alerts System (CAS).

Secondary Uses Service

Whittington Health submitted records during 2019/20 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:

	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	98.60%	99.70%
Outpatient care	99.10%	99.70%
Emergency care	94.20%	99.10%
Source: DQMI Score Average - April 2019 - March 2020		

Information Governance (IG) Assessment Report

Information governance (IG) is to do with 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 the majority 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 and www.igt.hscic.gov.uk.

All staff are required to undertake IG training. In 2019/20 the Trust reached an annual rate of 87% 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 and targets staff with individual emails includes news features in the weekly electronic staff Noticeboard and manage classroom-based sessions at induction.

Information Governance Serious Incidents

IG serious incidents are reported to the Department of Health and Information Commissioner's Office (ICO). Serious incidents are investigated and reported to the Trust's SIEAG Panel, relevant executive directorate or ICSU and the Caldecott Guardian and the Senior Information Risk Owner (SIRO). The IG committee is chaired by the SIRO who maintains a review of all IG serious incidents and pro-actively monitors the action plans. There have not been any IG serious incidents declared

during 2019/20 to date.

Data Quality

The Trust has been working on a data quality improvement plan in 2019/20 with significant improvements noted in the targeted areas. Overall 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.

In order to improve data quality in 2020-21 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.
- Undertake regular internal clinical coding audits. See Appendix three
- Systematic use of benchmarking of data
- Running a programme of audits and actions plans

Learning from Deaths

During the period 1 April 2019 to 31 March 2020, 533 Whittington Health patients died in our inpatient wards or in our emergency department. The following number of deaths occurred in each quarter of 2019/20:

- 125 in the first quarter (April-June 2019)
- 117 in the second quarter (July-Sept 2019)
- 131 in the third quarter (October-Dec 2019)
- 160 in the fourth quarter (Jan – March 2020)

By 31 March 2020 the number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 83/125 deaths in the first quarter
- 66/117 deaths in the second quarter.
- 64/131 deaths in the third quarter.
- 80/160 deaths in the fourth quarter.

Key learning identified from the patient mortality reviews includes:

- Ensuring there are more robust mechanisms in place to safeguard that our clinically deteriorating patients are referred to our critical care outreach teams in a timely and appropriate way
- Ensuring we embed learning from end of life care discussions
- Ensuring all investigations of patients (Imaging, Pathology) are reviewed and acted upon in a timely and appropriate way

Actions taken to ensure learning from deaths include:

- Appointment of a Lead Medical Examiner for the Trust
- Developing and embedding NEWS2 national early warning score 2 and escalation protocols as part of the roll out of electronic observation systems across the organisation
- Establishing a Mortality Review Group to progress learning from deaths and provide quality assurance for structured judgement reviews.
- Ensuring early involvement of the palliative care team where patients are nearing end of life or would wish to plan for it.
- Early discussion and completion of treatment escalation plans
- Updated guidelines such as the Silver Trauma pathway and medication safety guidance.

Patient Reported Outcome Measures (PROMs)

The most recent finalised PROMS data that is available is for 2018/19: from April 2018 to March 2019 for Hip and Knee operations, and for April 2017- September 2017 for Groin Hernia and Varicose Vein procedures.

Health gains for Knee and hip operations are reported in terms of the 'Oxford Score' - with scores that range from 0 (worst) to 48 (best).

In 2018/19 Hip replacements received a score of 21.2 (compared to 19.3 in 16/17) and Knee Replacements a score of 12.5 (compared to 12.8 in 16/17).

Note: There was not a sufficient sample size for both Hip & Knee replacements for 2019/20 (April 2019 – March 2020) to report any statistically significant result (a minimum of 30 post-operative results for a given procedure are required).

Hip replacements and Knee replacements (note that the most recent finalised data is for the period Apr18-Mar19)

Table 1: Pre-operative participation and linkage							
	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate	Pre-operative questionnaires linked	Linkage Rate	Linkage rate (16/17)	National Linkage Rate
All Procedures (Apr18-Mar19)	334	159	47.6%	110	69.20%	79.3%	77.9%
Hip Replacement (Apr18-Mar19)	163	83	50.9%	59	71.10%	88.2%	79.2%
Knee Replacement (Apr18-Mar19)	171	76	44.4%	51	67.10%	74.2%	76.8%
Table 2: Post-operative issue and return							
	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue Rate	Post-operative questionnaires returned	Response Rate	Response rate (16/17)	National Response Rate
All Procedures (Apr18-Mar19)	159	113	71.1%	58	51.3%	69.0%	69.7%

Hip Replacement (Apr18-Mar19)	83	66	79.5%	30	45.5%	67.3%	71.0%
Knee Replacement (Apr18-Mar19)	76	47	61.8%	28	59.6%	70.1%	68.6%
Table 3: Oxford hip/knee score (i.e.: Post-operative health gain)							

Oxford hip/knee score	Whittington Health	National average health gain	National lowest health gain	National highest health gain	Whittington Health 16/17	* trusts with <=30 responses excluded from highest/lowest.	
Hip Replacement (Apr18-Mar19)	*	22.258	18.649	25.377	21.326		
Knee Replacement (Apr18-Mar19)	*	17.102	13.546	19.979	12.5091		

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

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

We have increased utilisation of 'Hospital at home' service and 'Virtual Ward' to aid in expediting safe discharges for adults and children but also in reducing the numbers of patients requiring potential readmission within 28 days of discharge.

We have also continued with our 'Multi Agency Discharge Event's' (MADEs) which have input from Social Care, Clinicians, District Nursing, GP's to ensure patients are discharged to the most appropriate place for their care in a timely manner.

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%

Year and Month	0-15 years			16 Years +		
	Readmissions	Discharges	Readmission rate	Readmissions	Discharges	Readmission rate
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	2708	6.2%
Feb	4	608	0.7%	145	2618	5.5%
Mar	Reporting stopped due to COVID-19 national emergency					

Emergency Readmissions within 28 days
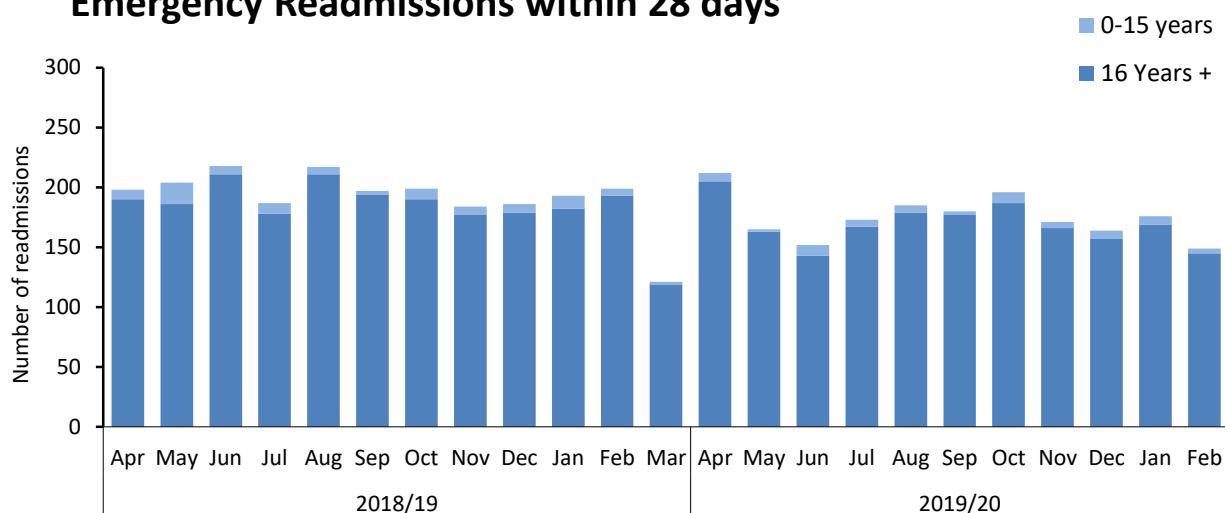

Rate of Emergency Readmission within 28 days
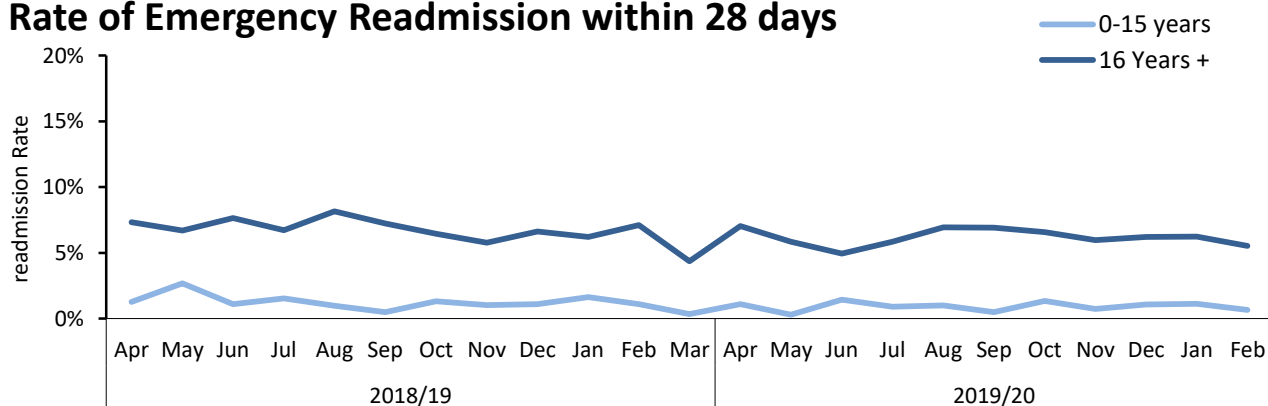
The trust's Responsiveness to the Personal Needs of its Patients

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)

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

Responsiveness to the Personal Needs of Patients
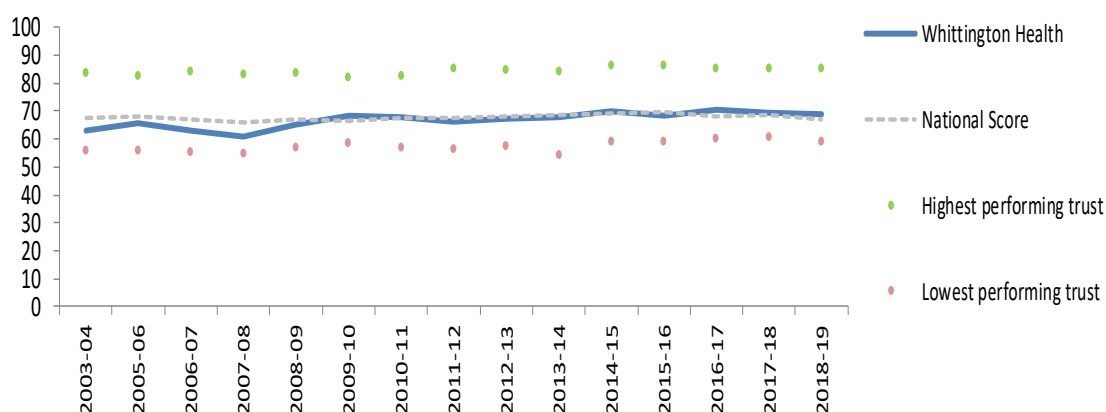
The Whittington Health performance score was two percent higher than the national average in 2018/19 this has been maintained since 2016/17. This is indicative of a trust that listens to its patients and responds to their needs.

Staff Friends and Family Tests
Listening to Our Staff

Whittington Health conducted its ninth 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 56% which is the highest response the Trust has received to date and an increase of 8% from last year's 48% response rate. The survey asks members of staff a number of questions on 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. The trust is very positive about the increase in the response rate and has worked hard to develop a compassionate and inclusive culture. Evidence of which is in Whittington Health's top place in overall positive score rating from staff when compared to the other 20 Combined Acute and Community trusts who also used Picker for their 2019 staff survey

Staff Engagement Indicator
For the 2019 Staff Survey the key findings that make up the engagement score of staff are:
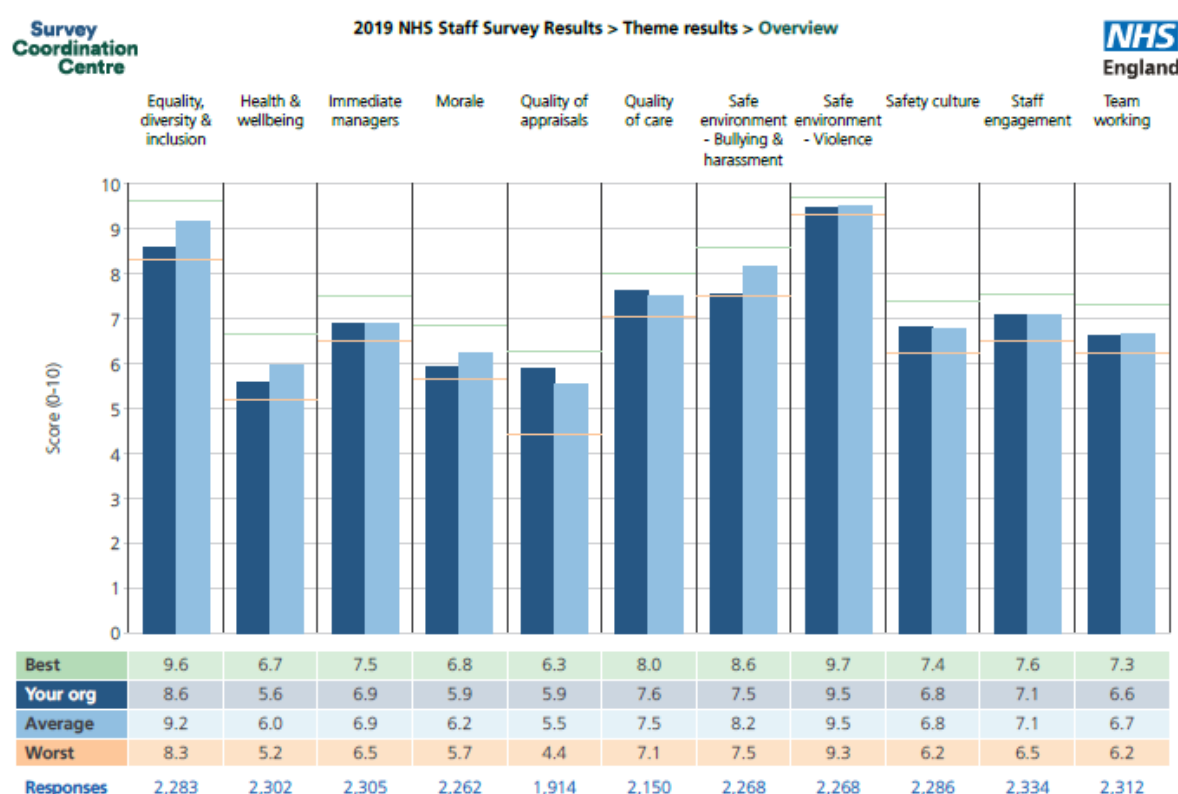- Staff recommendation of the trust as a place to work or receive treatment
- Staff motivation at work
- Staff ability to contribute towards improvements at work

In 2019, Whittington Health's staff engagement score of 7.1 compares favourably to the national score of 7.0 and it has improved from 7.0 in 2018

Top Ranking Scores
The reporting shows Whittington Health results against 11 themes (10 in 2018) benchmarked against a total of 48 Acute and Combined trusts and ranked by 'best' 'average' and 'worst' results

Whittington Health – 2019 overall results – Themes

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.6	6.7	7.5	6.8	6.3	8.0	8.6	9.7	7.4	7.6	7.3
Your org	8.6	5.6	6.9	5.9	5.9	7.6	7.5	9.5	6.8	7.1	6.6
Average	9.2	6.0	6.9	6.2	5.5	7.5	8.2	9.5	6.8	7.1	6.7
Worst	8.3	5.2	6.5	5.7	4.4	7.1	7.5	9.3	6.2	6.5	6.2
Responses	2,283	2,302	2,305	2,262	1,914	2,150	2,268	2,268	2,286	2,334	2,312

In 2019 Whittington Health remains ranked as 'worst' in Safe Environment – Bullying & Harassment, compared to four themes in 2018. There has been an improvement in every one of the 11 themes.

Whittington Health – 2019 overall ranking – themes

Theme	Whittington Health – overall trend
Equality, Diversity & Inclusion	Below average; 0.3 improvement from last year
Health & Wellbeing	Below average; 0.1 improvement from last year
Immediate Managers	Ranked average; 0.3 improvement on last year
Morale	Below average; 0.2 improvement from last year
Quality of Appraisals	Above average; 0.4 improvement from last year
Quality of Care	Above average; 0.1 improvement from last year
Safe Environment; Bullying	Ranked 'worst'; 0.1 improvement from last year
Safe Environment - Violence	Ranked average; 0.1 improvement on last year
Safety Culture	Ranked average; 0.2 improvement on last year
Staff engagement	Ranked average; 0.1 improvement on last year
Team Working	Below average; 0.1 improvement from last year

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, detailing Whittington Health theme scores for both years and the number of responses each of these are based on.

The scores show that there has been no significant decrease in any of the themes and a significant positive increase in 7 of the 11 themes

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	8.3	1861	8.6	2283	↑
Health & wellbeing	5.5	1894	5.6	2302	Not significant
Immediate managers	6.7	1896	6.9	2305	↑
Morale	5.7	1846	5.9	2262	↑
Quality of appraisals	5.5	1576	5.9	1914	↑
Quality of care	7.5	1766	7.6	2150	↑
Safe environment - Bullying & harassment	7.4	1852	7.5	2268	Not significant
Safe environment - Violence	9.4	1851	9.5	2268	Not significant
Safety culture	6.6	1873	6.8	2286	↑
Staff engagement	7.0	1935	7.1	2334	↑
Team working	6.5	1915	6.6	2312	Not significant

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

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

In 2018, the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months, was one of the Trust's bottom ranking scores, at 25.8% and ranked in the category of 'worst'. In 2019, the Trust remains in the 'worst' category but there has been a 1.1% positive decline of staff reporting experiences to 24.9% from 25.8%. Although small there has been a positive decline in all questions relating to bullying and harassment, which suggests the Trust's work, is beginning to bed down and it will remain a focus point for the organisation in 2020/21.

Feedback suggests that a lot of staff are increasingly confident in the organisational response to bullying and harassment, but there remain pockets of unhappy staff who are not experiencing changes. In 2020/21 the trust will continue to focus on improving the experience of its entire staff, such as extending the positively received workshops provided to 502 line managers to develop confidence and skills in challenging bullying behaviours, to its entire staff.

The trust continues to use its PulsePoint survey to provide a quarterly 'pulse check' of staff satisfaction asking a different question each quarter on a topic that matters to staff. The first question asked, how satisfied staff were with the Trust's response to bullying and harassment continues to be tracked and trends will be reported to Board at the end of April 2020.

Percentage of Staff Believing the Trust Provides Equal Opportunities for Career Progression/Promotion
In 2019 the Trust has moved from its 'worst' ranking and although still below average, 75.8% of staff said they believe the Trust provides equal opportunities for career progression compared to 70.6% in 2018. Similarly in 2019 there has been a positive increase of 7% BME staff believing there are equal opportunities, moving up to 65.3% from 58.3%. Whilst good news, there is more work to be done and will remain a focus for the entire organisation.

Progress on the 2018 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 2018 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 all of the leads who were then tasked with cascading downwards, using the '*We 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 was 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.

Appendix four prides the comparisons of 2018 and 2019 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

In the last 12 months, staff have reported overwhelmingly that there have been positive changes in the focus areas for ICSUs and directorates and the intention is to carry on this targeted work in 2020/21 including the support from HR and OD.

Patient Friends and Family Tests

Whittington Health NHS Trust is dedicated to providing patients with the best possible experience whilst accessing our services. We understand that in order to improve patient experience and quality of care, we need to ensure that our services are listening and responding to patient feedback. We know that improving patient experience and treating our patients with dignity, compassion and respect has a positive effect on recovery and clinical outcomes. One of the primary models we employ, trust wide, to collect patient feedback is the Friends and Family Test (FFT). The FFT asks patients whether they would recommend Whittington Health NHS Trust to their friends and family if they needed similar treatment. The FFT is a statutory requirement of NHS services.

Across 2018/19, the total number of FFT collected was 44,061. For 2019/20, the total number of FFT collected was 40,967. This reduction in the total number of FFT collected, in part, was due to the national guidance in FFT collection shifting in March 2020, as NHS England ceased the reporting of FFT in order to prioritise work streams in response to the COVID-19 pandemic. In 2019/20 the average recommend rate across services was 91.86%, this is an increase from 2018/19's average recommend rate of 91.76%.

The table below presents the data from 2019/20 across three metrics:
- Two charts detailing the recommend rate (taken from the 'very good' and 'good' responses) percentage across the year, and the not recommend rate (taken from the 'poor' or 'very poor' responses);
- A table detailing the breakdown in responses across the year;
- A chart detailing the total number of responses collected each month across the year 2019/20.

Percentages of Very good/good and poor/very poor
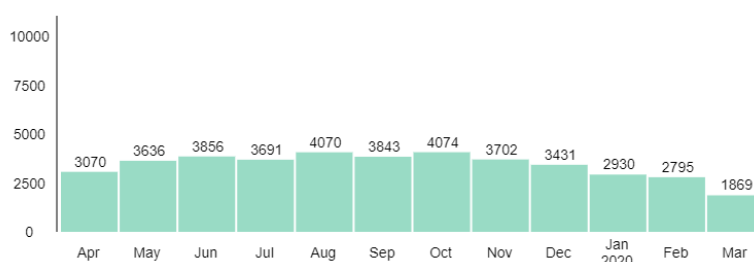(FFT - All, 1/4/2019 to 31/3/2020)

91.86%
% very good or good

4.82%
% poor or very poor
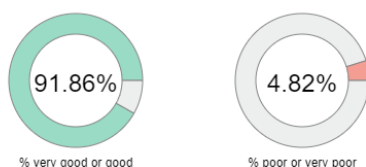
FFT response breakdown
(FFT - All, 1/4/2019 to 31/3/2020)

Response	Percentage	Number of times response selected
Very good	68.68%	28138
Good	23.18%	9495
Neither good nor poor	2.60%	1066
Poor	1.85%	757
Very poor	2.97%	1216
Don't know	0.72%	295

Export 📊 📄

Number of surveys completed each month
(FFT - All From 1/4/2019 to 31/3/2020)
40967 Surveys

| Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2020	Feb	Mar
3070	3636	3856	3691	4070	3843	4074	3702	3431	2930	2795	1869

Table 1: FFT performance across 2019/20

Below is included a table displaying the FFT results for the Trust's Emergency Department over 2018/19 and 2019/20. Please note that for 2019/20, the reporting only ran up to February 2020 due to the COVID-19 pandemic.

Emergency Department Attenders Recommending Care 18/19 & 19/20
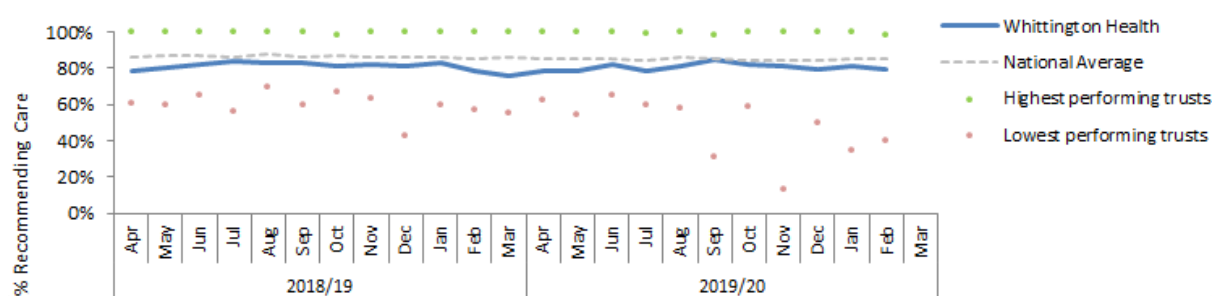
Emergency Department Response Rate 18/19 & 19/20
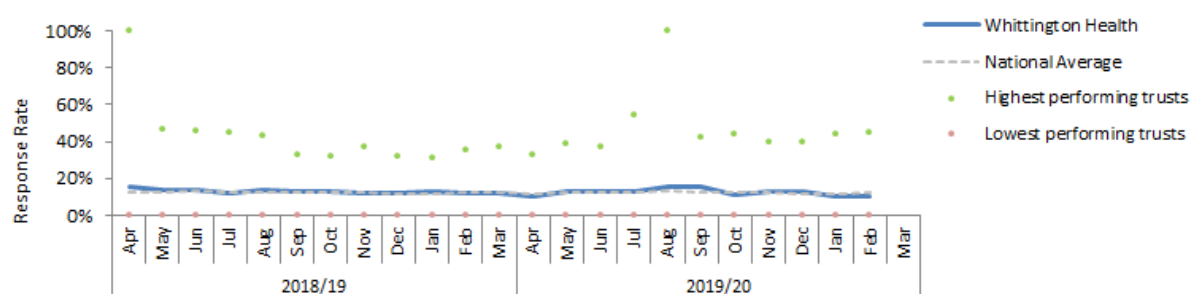
Table 2: ED recommend rate 2018/19 and 2019/20; ED response rate 2018/19 and 2019/20

The overall average response rate for 2019/20 was 12.4%. This was a decline on the 13% recorded through 18/19, but was above the national average for 19/20 of 12.1%. It is worth noting that the national average was also significantly below the required response rate of 15%. With national FFT reporting ceasing in March 2020, and still having not recommenced as of August 2020, this has impacted on 2019/20's data, and will impact on 2020/21's data.

The overall average recommend rate for 2019/20 was 80.8%. This was a decline on the 81% recorded through 18/19, and was below the national average for 19/20 of 85.1%. It is worth noting that the national average has declined also, from 86% in 18/19.

A regular steering group had been established among the patient experience and ED teams. Actions taken had included FFT cards on patient prescriptions at the point of discharge, emphasising to colleagues the importance of capturing patient feedback, including patient feedback boards in staff areas, designing a paediatric friendly FFT form to be collected via iPad in ED paediatrics, and the patient experience team sending a sentiment analysis of the monthly comments to ED. This working group will continue and efforts will be renewed towards engaging multi-disciplinary colleagues and enhancing ongoing work streams such as those listed above.

Below is included a table displaying the FFT results for the Trust's inpatient services over 2018/19 and 2019/20. Please note that for 2019/20, the reporting only ran up to February 2020 due to the COVID-19 pandemic.
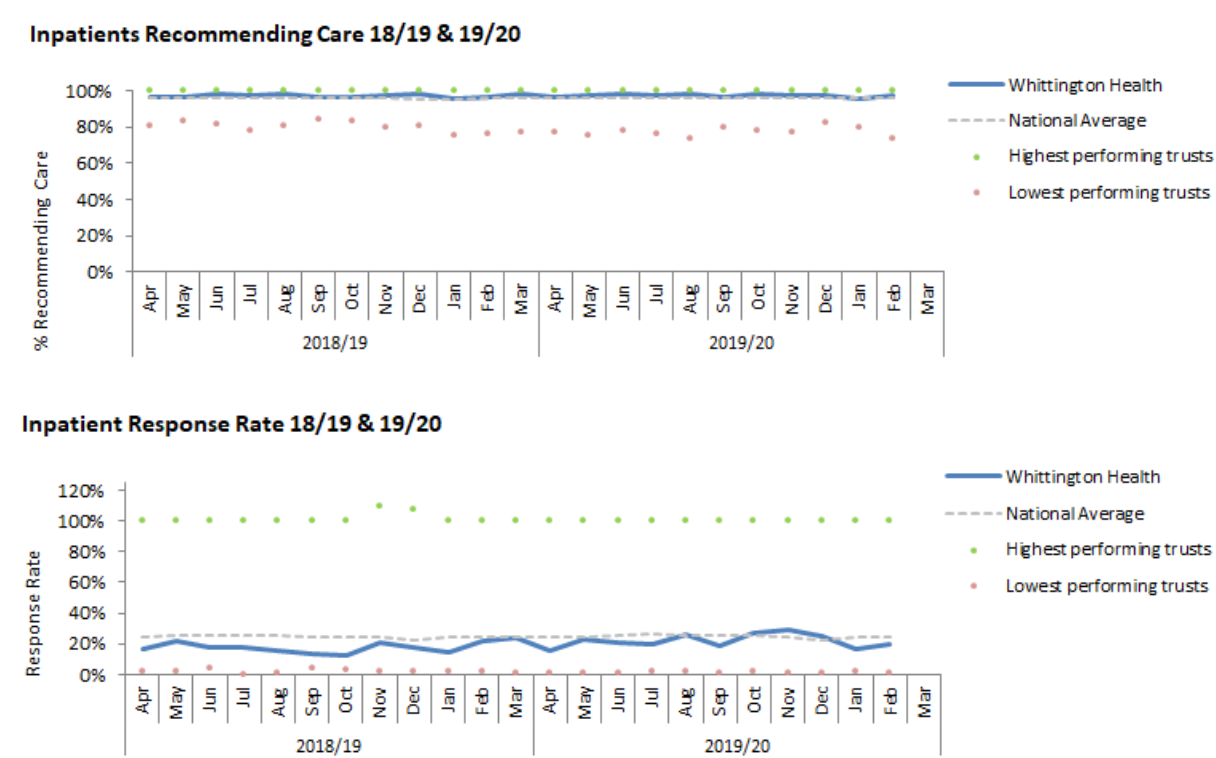

Table 3: Inpatients recommend rate 2018/19 and 2019/20; Inpatients response rate 2018/19 and 2019/20

There has been a significant improvement in the response rate over 2019/20 as compared with 2018/19: for 19/20 the average response rate was 22% as compared to 18/19's average of 17.8%; this closed the gap between the Trust's average annual response rate and the national average response rate by 6.8% in 18/19, to 2.7% for 19/20.

Alongside this increase in patient responses, the recommend rate for feedback over 19/20 increased over 18/19 also: the recommend rate increased by 0.3% (97.4% for 19/20; 97.1% for 18/19) on last year's data, and was 1.5% higher than the national average for 19/20.

One of the primary motivators for this increase is due to the Trust's Day Treatment Centre's (DTC) performance. Across 19/20, 2,060 FFT responses were collected from DTC, compared with 1,804 for 18/19. Another service that logged an even higher level of improved collection was the Trust's Endoscopy service (1,707 for 19/20; 172 for 18/19), which operates within the Trust's Day Treatment Centre. There was a big push within these areas to enhance the collection of FFT feedback, with a focus on staff colleagues leading in promoting the FFT within the area.

Key actions for 2020/21 include:
- Introducing text message alerts for patients attending the Day Treatment Centre and Endoscopy. These text message alerts have been in use in the Emergency Department since late 2016 and have had a very positive impact in improving response total over that period.
- Ensuring that the Inpatient areas are compliant with the refreshed national guidance for FFT.
- Introduce and implement renewed options for patients to complete FFT, including iPads for at the point of discharge and telephone calls/text messages for post-discharge.
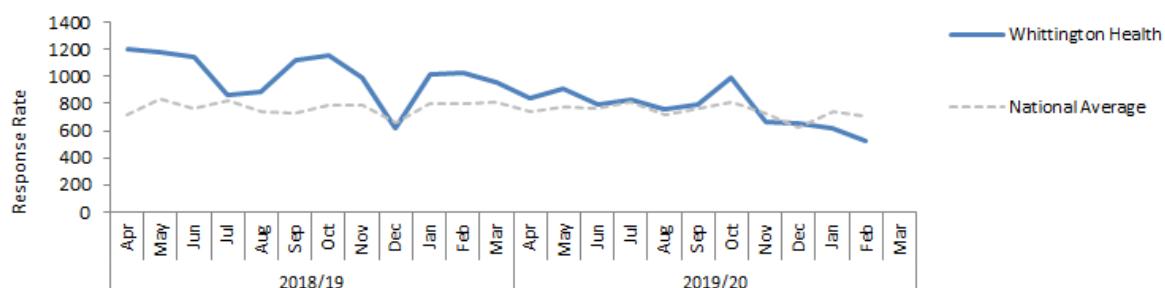
Below is a table displaying the FFT results for the Trust's inpatient services over 2018/19 and 2019/20. Please note that for 2019/20, the reporting only ran up to February 2020 due to the COVID-19 pandemic.

Community Service Users Recommending Care 18/19 & 19/20
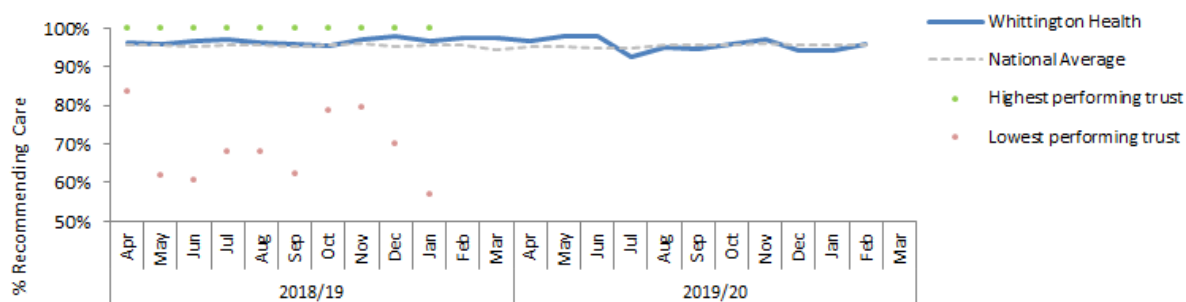
Community Response Volumes 18/19 & 19/20

The recommend rate for FFT collected throughout our community services across 2019/20 was 95.7% and was higher than the national average for the year (95.4%) but was lower than the Trust's score for 2018/19 (96.7%).

The average of responses collected for 2019/20 (763) was also above the national average (744), but was also lower than the Trust's average for 2018/19 (1,016). Actions that will be taken to increase responses across 2020/21 will include:

- Enhancing the level of volunteer support throughout our community teams. This is a designated priority within the three years Volunteer Strategy (2019-21), and as volunteer work streams have adapted with COVID-19, there has been an increase in volunteer support within our community teams. This is a work stream that will be prioritised in allocating volunteers across 2020/21.
- Design a consistent pathway for community services to employ email and text messages in collecting FFT. The employment of text messages has been trialled with community services previously, but expanding this work and agreeing a uniform process to be utilised across community services will be a priority.
- A focus on imbedding the mandatory FFT questions into general patient experience questionnaires, particularly with community Children and Young People services. Dozens of patient experience questionnaires are in use across community services, with thousands of responses each year. Imbedding the FFT question into a number of these questionnaires – where appropriate – will support in improving the response totals for FFT.

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 thrombo prophylaxis prescribed and administered. In 2019/20 the Trust achieved above 95% compliance for VTE risk assessment. To improve concordance focused work has been done with the surgical teams to educate them as to the importance of VTE assessment.

In an effort to continuously improve, medical colleagues undertake regular audits to ensure VTE compliance is robust and aligned with best patient outcomes.

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
- 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 - Clostridium Difficile

Whittington Health NHS Trust had 7 Trust attributable Clostridium Difficile infections (CDI) for 2019/20. The agreed trajectory for CDI this year was set at 19 which was increased from last year's ceiling (2018/19 = 16) as Public Health England (PHE) reduced the time from date of admission to Trust attributable by 24 hours.

The four categories for CDI toxin positive (EIA +ve) cases that were introduced by PHE are in respect to the date of the toxin positive infection and the timing of patients hospital contact. 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)

The 7 CDI were considered unavoidable however only one of these had no lapses in care identified. Six CDI's identified common avoidable lapses of care that may contribute to infection but are unlikely to be related to each other as five cases had a different ribotype (indicating not related) and two of the same ribotype were admitted six months apart and therefore were not contacts with each other and therefore considered unrelated.

Overall patients' co-morbidity, the necessary and appropriate antibiotic treatment, and age were identified as being the most common unavoidable contributing factors whereas failing to isolate when infectious diarrhoea was suspected, sending a timely specimen and documentation were the three most common lapses in care. Of the seven HOHA CDIs, two of these would have been COHA if a timely specimen was sent.

The Infection Prevention and Control team continue to support the Integrated Clinical Service Units (ICSU) 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 practice well done 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. Bespoke education sessions continue to be carried out on *Clostridium difficile* in the clinical areas as well as during induction and mandatory training. All toxin positive specimens are being sent to the Public Health England (PHE) reference lab for further identification and assurance of good IPC practices through no cross contamination. This robust clinical review process is being supported by the Clinical Support Unit (CSU) and all outcomes are reported to the CCG. However, during this year' COVID-19 crisis and shortages in the CSU team there have been no regular visits to discuss Trust and non-Trust Healthcare associated infections which there had been previously.

The table below for benchmarking against England is available from PHE fingertips https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/6/gid/1938132910/pat/46/par/E39000018/ati/118/are/RKE/iid/93540/age/205/sex/4/cid/4/page-options/cin-ci-4_ovw-do-0_car-do-0 It demonstrates C. difficile infection Hospital-Onset Healthcare Associated (HOHA) counts and rates, by acute trust and financial year and this is representative of where Whittington Health NHS Trust sit (12.6) against England (14.1) for C.Diff rate per 100,000 hospital bed days.

| Period | | Whittington Health NHS Trust | | | | London | England |
		Count	Value	95% Lower CI	95% Upper CI		
2017/18	●	13	12.6	-	-	15.9*	15.7*
2018/19	●	13	12.6	-	-	13.4*	14.1*

Source: HCAI Mandatory Surveillance Data

Despite Whittington Health demonstrating year on year a lower than trajectory rate for reducing Clostridium difficile infections since 2014, this financial year, in quarter two, we are seeing a steep incline of cases for 2020/21 when compared with this time last year. This may be a result of the altered surveillance definitions around C. difficile infection, meaning more cases will be considered "hospital acquired" but most likely is due to the increased use of key antibiotics required during the acute phase of the COVID-19 outbreak.

CDiff Rates per 100,000 bed days
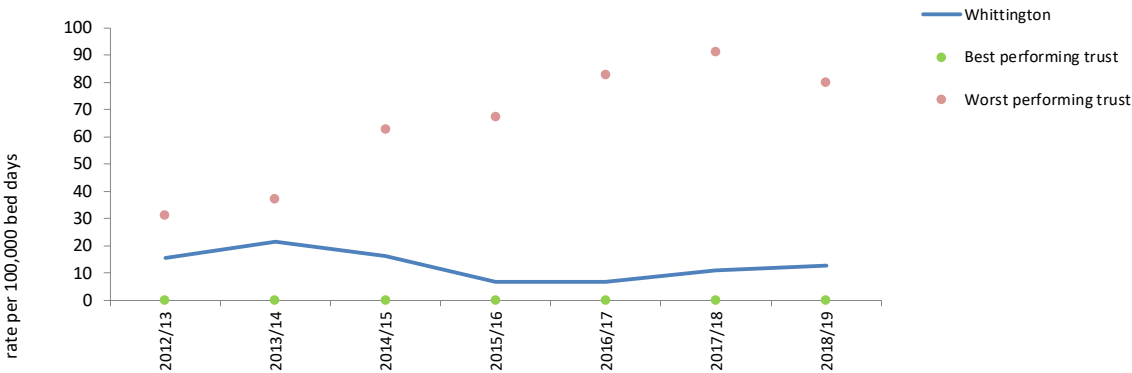
**Clostridium Difficile Rates**
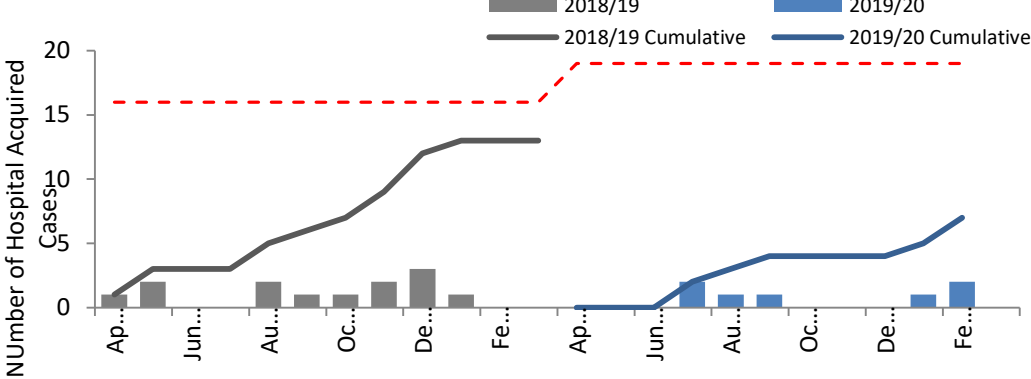
Patient Safety Incidents

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

The Trust saw an 18.5% increase in incident reporting in the financial year 2019-20, including a 10% increase in the reporting of near misses, also called 'good catches'. However, there was a drop in reporting in quarter 4 due to the impact of the COVID-19 pandemic, with the upward trend in reporting reversed. This is consistent with other London trusts, who have all seen a decrease in incidents reported during the COVID-19 period and impacted by a variety of factors including time pressures, staff absences, a suspension of most of our outpatient and surgical appointments, ward closures etc.
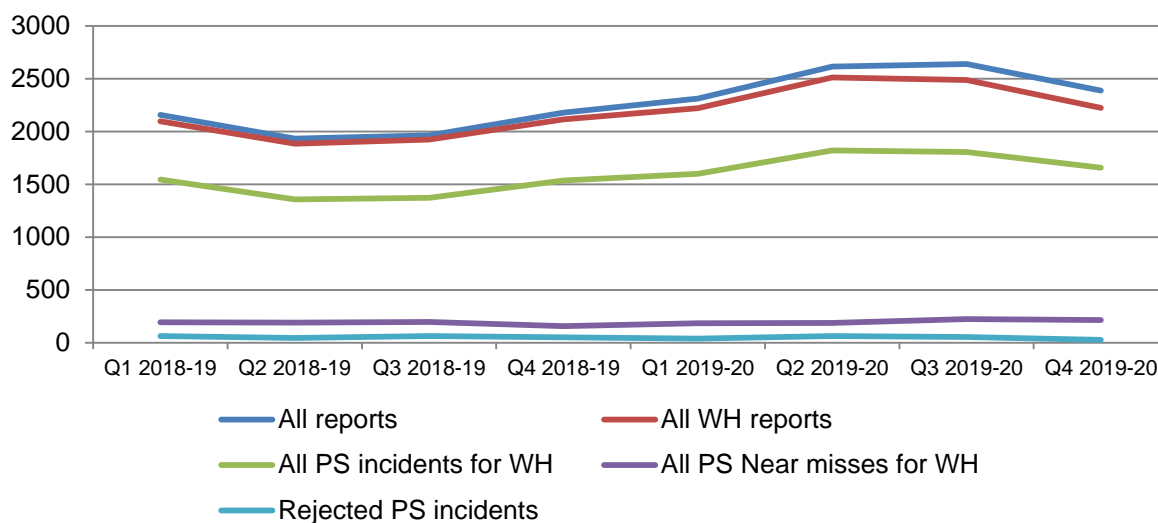
Since 2014 there has been a statutory duty of candour to be open and transparent with patients and families about patient safety incidents which have caused moderate harm or above. The trust complies with its statutory obligations but also strives to apply being open principles for low harm patient safety incidents which do not meet the statutory criteria
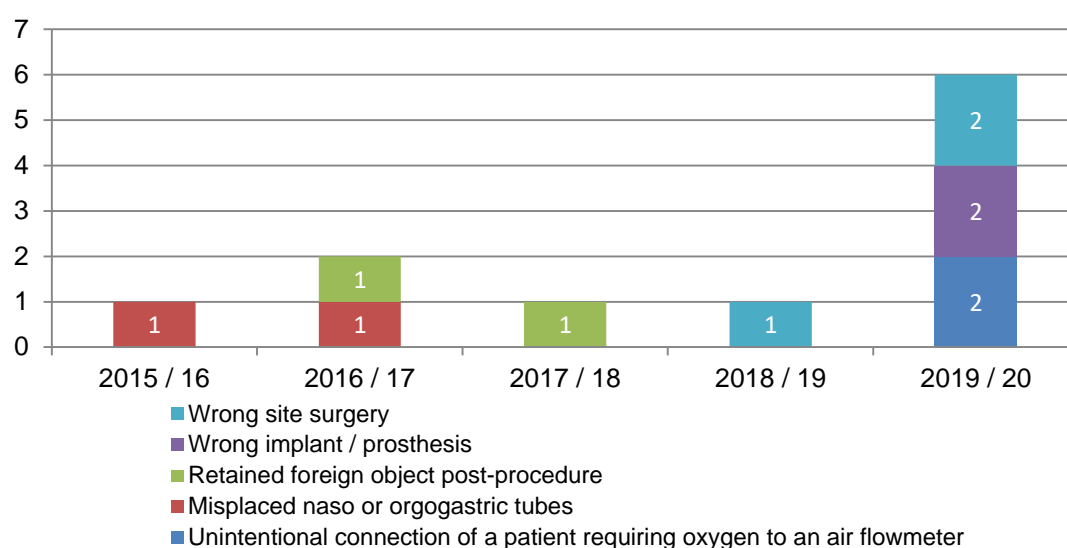
The number of serious incidents has steadily reduced, from 1.1% of all incidents reported in 2015-16 to 0.4% in 2019-20. There were 32 SIs in 2018/19 and 33 in 2019/20. 48% of Serious incidents resulted in no or low harm to the patient.
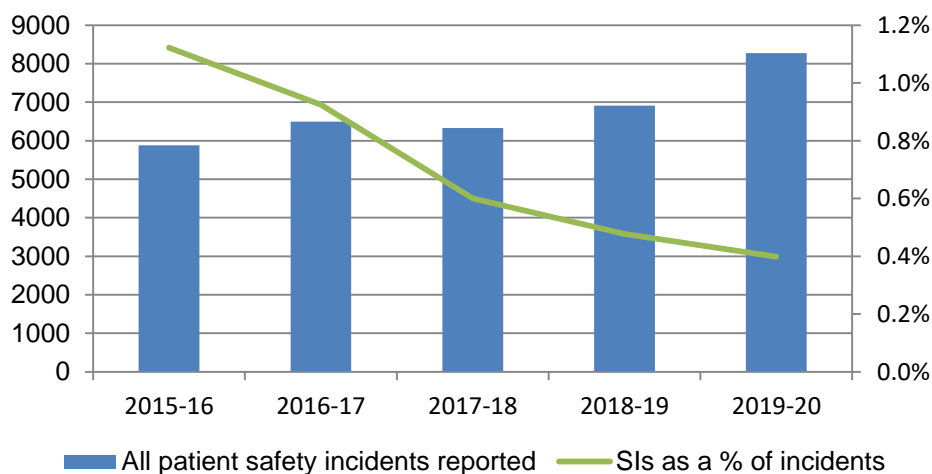
Serious Incidents declared, as a proportion of all patient safety incidents 2015-2020

All serious incidents reported on the **Strategic Executive Information System (StEIS)** are categorised under specific headings. The highest number of incidents is declared under maternity, and surgical /invasive procedures. This is largely expected due to the high risk nature of these areas. However there has been an increase in the number of surgical/invasive procedure incidents reported in 2019/20, which is attributable to the Never Events declared. 'Never Events' are defined as serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

Never Events reported by Whittington Health 2015-2019

Chart legend:
- Wrong site surgery
- Wrong implant / prosthesis
- Retained foreign object post-procedure
- Misplaced naso or orgogastric tubes
- Unintentional connection of a patient requiring oxygen to an air flowmeter

The increase in Never Events in 2019/20 was a signal to the Trust that the safety systems in place were not sufficiently robust and the actions taken therefore focused on strengthening barriers to prevent re-occurrence. For example;

- The instrument trays used at the time of two incidents included 2 different types of fixation plates which looked similar. Reconstruction plates have now been removed from the trays where dynamic compression plates and other implants are included. They are now stored separately and are clearly labelled to mitigate the risk of unintentional use.
- Oxygen and air flowmeters look similar, carrying a high risk of human error. Initial safety measures reduced the risk, but incidents could still occur during times of high stress, if the air flowmeters were not removed after use. The Trust has now taken steps to remove the risk by switching to the use of air compressors and blocking off air ports in clinical areas where this is appropriate.
- Incorporation of the Dental Tooth Extraction checklist into the Electronic Patient Record to ensure completion is mandatory.

A parallel thread running across these Never Events was the lack of understanding of human factors and its implications on patient safety. In some cases checklists existed but weren't followed, suggesting that staff did not fully recognise the reason for the checklist and the potential consequences of not following it. This is why the Trust has included Human Factors training as a Quality priority.

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 2019-20 we closed all of 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 trust updated the safety alerts policy and processes in 2019/20 to ensure these remain as effective as possible. An annual CAS performance report and a bi-monthly national patient safety alert paper are received by the patient safety group.

Freedom to Speak Up

The Trust is committed to encouraging openness and honesty in the workplace, and creating a supportive culture where members of staff feel able to raise concerns without any fear of repercussions. The Trust welcomes genuine concerns and is committed to dealing responsibly, openly and professionally with them.

As the COVID-19 pandemic started within this reporting period the Trust focused on importance of the freedom and ability to speak up. During the peak period of the pandemic, the FTSU Guardian was regularly present across the Trust to be visible and welcoming for anyone who wished to speak. Working remotely and virtually has also meant that the trust had to create a different way for colleagues to contact the Guardian and Advocates to ensure that the service remain accessible. From March 2020 the Guardian has offered staff members the option for remote appointments through phone, Microsoft Teams or Zoom, or face to face when the COVID-19 infection prevention conditions are met.

A whistleblowing policy has been in place at the Trust since 2012. It was reviewed in February 2017 and February 2018 following the launch of the National Guardian Office and, Freedom to speak up role. Currently the policy is under review to be more aligned with the national guide lines where, amongst other aspects, the terminology "Whistleblowing" will be reframed to "Raising concerns/ Speak up"

The Trust employs a full time 'Freedom to Speak Up Guardian' (FTSUG).

The trust FTSUG has implemented a network of Speak Up Advocates since starting in post. Currently they are based both in the Community and Hospital sites, from different roles and cultural backgrounds. The Trust now has 30 speak up advocates. The Advocates role is to support colleagues raising concerns, support them in difficult conversations or meetings offering silent emotional support, signpost to other services, attempt early de-escalation of issues and raise awareness of the scheme among staff.

The FTSUG has been trained by the national guardian's office and is also fully supported by the trust Board Executives with time and resources to undertake further development and perform the role. The guardian has direct access to all the board members and felt that staff concerns are been taken seriously.

There is a dedicated confidential email address for staff to contact the FTSUG. The Speak Up Advocates and FTSUG attend trust events, staff networks, walkabouts and staff induction days. Although FTSU is not part of HR or unions, they work together when needed to support members of staff. To change the culture of bullying and harassment, the Guardian also works closely with EDI and OD Teams.

From September 2018 to September 2019, 66 concerns had been raised, 30 were anonymous. Since September 2019, the rate of reporting had increased but the number of anonymous complaints had decreased showing that more people feel safe to approach the Guardian to raise their concerns.

Every six months a paper is presented to the Trust board by the FTSUG. Of the 66 concerns in the last report, 46 had been around bullying and harassment.

The Freedom To Speak Up Index is shared annually by the National Guardian's Office and 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**. In 2018 the overall FTSU. A score of 70% is perceived as a healthy culture and it is pleasing to see tracking above average and seeing 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. Details available here:
https://www.nationalguardian.org.uk/wpcontent/uploads/2020/07/ftsu_index_report_2020.pdf

Guardian for safe working hours – (GoSWH)

In August 2016 the new terms and conditions for doctors in training were introduced. This gave trusts the responsibility to ensure that doctors in training have appropriate working hours that ensure good training, but also ensure quality of care and safety for patients. The trust appointed a 'Guardian for Safe Working Hours' (GoSWH) to oversee the process and report regularly to the board. They resolve and escalate problems and act as a champion of safe working hours for junior doctors. The trust is meeting the statutory requirements around exception reporting, board reporting and the junior doctors' forum.

The CQC noted in their latest inspection report, published in March 2020, '*That trainees were encouraged to report exceptions such as excessive hours or poor training opportunities and the exception reporting levels were good. There was good evidence of exception reports being escalated and acted upon satisfactorily. We were given examples of when effective changes had been made to address rotas and work schedules which had triggered exception reports. The guardian of safe working hours was in the consultation phase with the junior doctors on what to spend the fines when we visited.*'

The graph below showing the excess hours reported by the GoSWH in 2018/19 and 2019/20 is below. This shows excellent progress in reducing the amount of hours reported over this time. Additional funding has come available to refurbish the current Junior Doctors Mess.
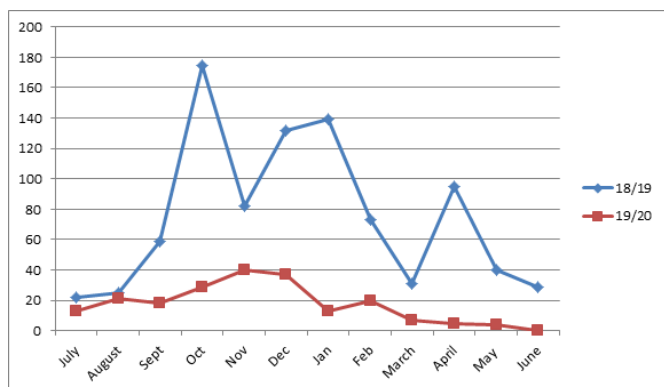
Whittington Health has participated in the 7 Day Hospital Services (7DS) Programme since 2017. The programme supports providers of acute services in tackling the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. The Trust reported compliance with the 4 priority standards last in 2019 but since then has done some targeted audit that has revealed that despite services remaining broadly compliant across the scope of the 4 standards, if the Trust wants to reach 100% compliance focussed service improvement work was required.

- 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. To address this area the Acute Medical Team has changed its shift pattern learning from work during 1st wave of the COVID pandemic when earlier senior review was paramount. Re- audit is planned imminently to assess effect.
- 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. Ongoing work has been required to maintain access to 24/7 Interventional Radiology.
- Standard 8: Ongoing daily consultant-directed review: The Trust is currently implementing a clinical prioritisation tag that 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 is fully compliant with the remaining standards 1, 3, 4, 7, 9 and 10 which are measured though self-assessment.

Part 3: Review of Quality Performance

This section provides details on how the trust has performed against its 2019/20 quality account priorities. The results presented relate to the period April 2019 to March 2020 or the most recent available period.

	Priority not achieved
	Priority achieved

Patient Experience Target 1 – Improving Trust wide communication
The Trust is committed to improving the quality of information available to patients and their families. This is an area that was highlighted by Health Watch and was a top theme and area of learning from complaints and PALS concerns.

	What were our aims for 2019/20? *To continue with our trust wide review of patient information quality and availability and aim to improve information in accessible formats. 167 leaflets were reviewed and updated in 2018/19*
	Throughout the year, there has been an increase in the number of patient information leaflets completed and uploaded to the internal intranet and external internet. In Q1, 82 leaflets were approved and uploaded; in Q2, an additional 80 were completed, in Q3 35 were added and in Q4, 31 were uploaded. In total, this means that 228 leaflets were completed in 2019-20.
	What were our aims for 2019/20? *Explore better use of media and photo based patient information*
	During the year, a Learning Disabilities (LD) and autism page for Children and Young People (CYP) was launched. In addition, a new autism friendly map for the hospital site was developed to help patients.
	What were our aims for 2019/20? *Review signage at the Trust site to ensure that the information provided in letters for appointments matches with the signage directing patients to appointments. (This is in response to concerns raised in the Health Watch 'Enter and View visit' report for imaging, fracture and antenatal clinics)*
	A walk around was held in December 2019, including the outpatient team, Paediatric inpatient team, Estates and facilities staff and patient experience team. We held a further walk around Jan/Feb 2020 which included a patient representative. A 10 step action plan was drafted and agreed at the Patient Experience Committee. So far 4 of the 10 actions have been completed. The remaining 6 have been placed on hold due to the COVID-19 pandemic
	What were our aims for 2019/20? *Review noticeboards in 75% of Trust and community settings. Aim to standardise information available to patients and staff, to improve and build on the 'You said, We did' programme work started in 2018/19.*
	The new template for noticeboards was rolled out to Trust and community sites by the end of November 2019. Compliance with keeping these up to date is monitored via peer reviews and walk rounds. The CQC noted that these were a valuable addition for visual patient safety monitoring and compliance, when they visited the Trust for inspection in December 2019 and January 2020.

Patient Experience Target 2: Patient Satisfaction (Hospital)

Rationale: The Friends and Family Test (FFT) provides valuable information on how patients and their relatives feel about visiting the department. As well as providing a measure of whether the department is recommended, comments can also be given, which provide detailed feedback or suggestions.

	What were our aims for 2019/20? *Increase the FFT completion rate to 15% -Overall completion rate for ED remains low at 13% for 18/19*
	The overall average response rate for 2019/20 was 12.4%. This was a decline on the 13% recorded through 2018/19, but was above the national average for 2019/20 of 12.1%. It is worth noting that the national average was also significantly below the required response rate of 15%. With national FFT reporting ceasing in March 2020, and still having not recommenced as of August 2020, this has impacted on 2019/20's data, and will impact on 2020/21's data.
	A regular steering group had been established among the patient experience and ED teams. Actions taken had included FFT cards on patient prescriptions at the point of discharge, emphasising to colleagues the importance of capturing patient feedback, including patient feedback boards in staff areas, designing a paediatric friendly FFT form to be collected via iPad

in ED paediatrics, and the patient experience team sending a sentiment analysis of the monthly comments to ED. This working group will continue and efforts will be renewed towards engaging multi-disciplinary colleagues and enhancing ongoing work streams such as those listed above.

What were our aims for 2019/20? *Increase the FFT rate of patients recommending treatment in ED to 86% (National average) - Overall recommend rate for 18/19 was 82%*	
	The overall average recommend rate for 2019/20 was 80.8%. This was a decline on the 81% recorded through 2018/19, and was below the national average for 2019/20 of 85.1%. It is worth noting that the national average has declined also, from 86% in 18/19. As included in the work for improving the FFT completion rate, this work was also designed to support in improving the recommend rate and the same ongoing actions apply to this target.

Patient Experience Target 3: Patient Feedback (Trust wide)

Rationale: Developing a central catalogue of patient stories through empowering staff and families to tell their story will mean that board meetings can keep the patient experience at the heart of their decision making. It will enable teams to hear how a patient both benefits from decisions made, but also to provide feedback of less positive experiences to show what can be changed.

What were our aims for 2019/20? *Increase the number of patient stories presented at Trust board, sub board committees and Integrated clinical service units (ICSU) boards to 24 in 2019/2020*	
	Overall, 14 stories were shared at these forums across 2019/20. Though ICSU teams were asked to provide patient stories with each of their patient experience updates at the Patient Experience Committee, this did not uniformly happen. With the updated terms of references for the revised Patient Experience Group for 2020/21 (reporting to the trust Clinical Governance committee). It is encouraged that this be adopted across the other sub-board committees in order to improve the number of patient stories presented across 2020/21.
What were our aims for 2019/20? *Have 10 patients physically attend to present their patient story in 2019/2020*	
	Across 2019/20, there were 10 Trust Board meetings, with 9 of these meetings featuring a patient story. The Board did not meet in August, and no patient story was requested for March 2020 due to the ongoing COVID-19 pandemic. In addition to this the June patient story was deferred to July due to a sudden illness of the patient due to attend Trust Board. Overall for 2019/20, 5 of these stories featured the patient physically attending. Across other forums, including the Celebration of Older people event and local team meetings, a further 3 stories where the patient physically attended to present their story were facilitated by the patient experience team. Overall this was 8 stories where patient physically attended to present their patient story over 2019/20. A further 6 stories were captured via video interviews, including videos that edited together the views of several patients at one time, as well as showcasing the benefits of patient groups. The benefit of capturing stories by video is that they can be shared more widely and their impact persists beyond the actual presentation of the story.

Patient Experience Target 3: Expand the volunteering team to assist with community services to support patients at home

Rationale: In addition to having volunteers in the Hospital, the Trust would like to develop the volunteering capacity to help community services.

What were our aims for 2019/20? *Aim is to approve the volunteer strategy and develop specialised volunteer roles. Introduce 5 cohorts of volunteers supporting patients alongside Trust staff at community sites and in patient homes. Ensuring volunteers receive the same level of training as lone*	

workers and safeguards are in place as lone workers.

The Volunteer Strategy was developed and launched in December 2019. A year 1 implementation plan was developed and is monitored weekly at the local steering group level, and bi-monthly at the new Patient Experience Group. Over Q4 and the initial stages of the COVID-19 pandemic, the service has co-ordinated the support of 10 volunteers supporting with distribution of PPE and prescription deliveries across our community. These volunteers have outlined processes that include risk assessing the roles they support with, and having key contact links within the services they support.

Priority 2: Improving Patient Safety

Patient Safety Target 1: Reduce Falls through the Stop Falls campaign. This has been part of a 3 year journey that Whittington Health committed to initially as part of the Sign up to Safety campaign.

Rationale: Falls have a significant adverse impact on patient confidence and can often prolong the period of time that patients remain in hospital which is known to worsen deconditioning and may prevent them from returning to their homes. Falls also represent significant cost to Trusts and the wider healthcare system, with annual total costs to the NHS alone from falls among older people estimated by the National Institute for Health and Care Excellence (NICE) in 2015 at £2.3 billion.

What were our aims for 2019/20? *Reduce the number of falls resulting in severe harm or death by 25% compared to 2018/2019*

Since 2014/15 the trust has had a continuous goal of achieving a year on year reduction in the number of avoidable serious harm falls, as reflected in the Quality Account priorities. 'Avoidable' falls are defined as those where processes designed to stop falls were not followed; a root cause analysis investigation is completed for each serious harm incident to identify if any system failures or human error contributed to the fall and what learning can be shared across the Trust to prevent reoccurrence. Unfortunately, despite all the efforts of hospital staff, carers and patients some falls are unavoidable. This is primarily due to the constant need to balance a patient's falls risk against their right to privacy and dignity, and their need to be mobile and independent to aid recovery.

The trend in the number of avoidable falls resulting in serious harm has shown sustained improvement from 11 incidents in 2014/15 to six in both 2015/16 and 2016/17, and four in 2017/18. There were no serious harm falls in 2018/19 and one declared in 2019/20.

Number of avoidable falls with serious harm
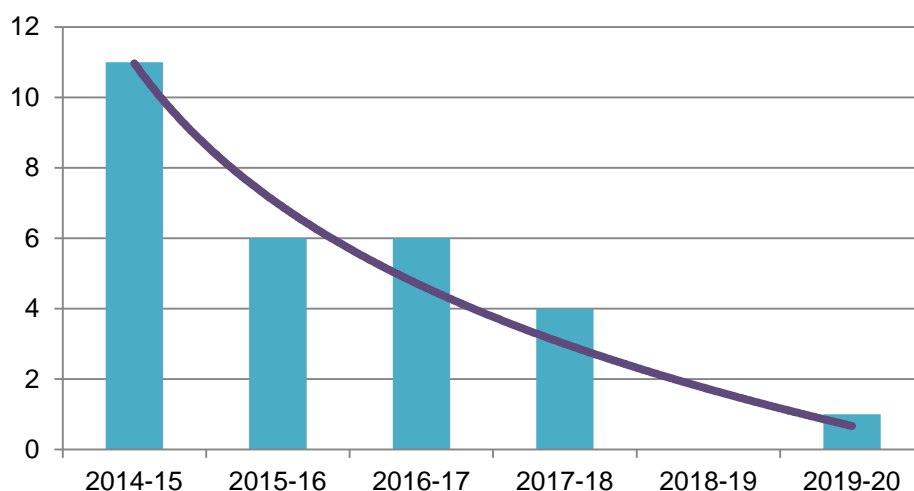
The STOPfalls improvement project

This decline in avoidable falls with harm can be attributed to the roll-out of the STOPfalls improvement project in 2015, which is now embedded as standard practice across the hospital, with plans for wider learning in the community. The STOPfalls project is a multifaceted bundle of falls prevention measures which were developed as part of the NHS improvement collaborative in 2016 initially on the care of older people wards and acute assessment units before Trust wide roll out. The bundle includes the following and is audited monthly to monitor compliance;

- Ward-based training provided to all staff on the Stop Falls bundle
- STOPfalls assessment tool embedded within the standardised patient admission booklet
- Yellow wrist bands provided to patients who are at high risk of falling
- Mobilising equipment, such as Zimmer frames, labelled to indicate that the patient is a high risk of falling
- STOPfalls signs placed above the beds of patients to indicate to all staff that they are at risk of falling
- "Baywatch" initiative introduced. "Baywatch" is an MDT approach to maintaining patient safety through a card tag system which supports constant bay supervision.
- "Grab bags" in use in toilets which are single-use bags consisting of toileting essentials for patients, so that staff do not have to leave patients unattended to search for toileting items (i.e. wipes, pads)
- Falls discussed as part of Board Rounds (yellow magnets indicating patients are at high risk of falling)

Achieved a range of compliance of 56-85% for the year, with an average of 72%).
The trust paused auditing in February due to COVID-19. This was picked up again in June 2020 with a move to quarterly reporting for the remainder of 2020/21.

Our total number of falls per 1000 bed days for 2019 to 2020 was 2.52, so we achieved our target (our average for the year was also 2.5). We started the year with 3.5 falls per 1000 bed days, but saw a fairly gradual decline in our figures until October (where we reached 1.8); in the remaining months the figures remained close to the average line, fluctuating between 2.1 and 2.6.

Falls per 1000 bed days 2019-20

Falls per 1000 Bed Days ——— Average
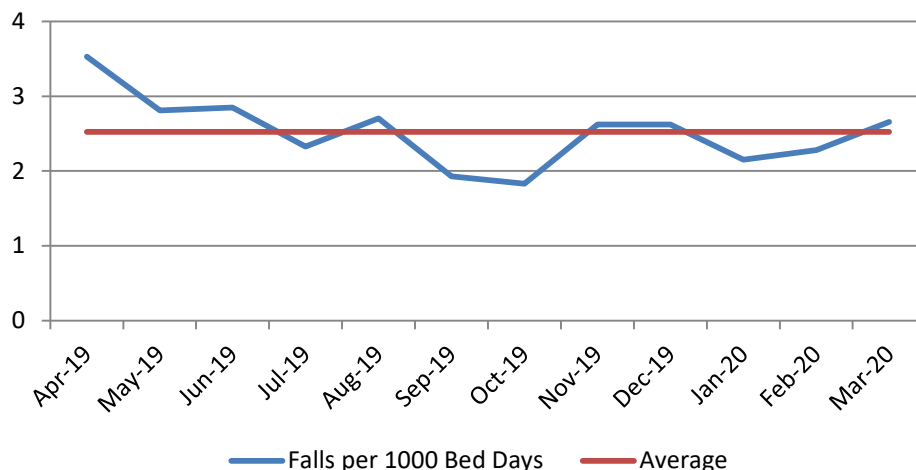
Patient Safety Target 2: Patient Safety Incidents

Rationale: Recent NRLS report showed that the Trust data quality and number of patient safety incidents reported could be improved.

What were our aims for 2019/20? *Increase the number of 'Near miss/ good catch' patient safety incidents reported on Datix for 2019/2020 compared to 2018/2019*
In 2019-20, Whittington Health saw an increase in reporting Near Misses (also known as Good Catches, in order to acknowledge the positive side). Compared to 2018/19, there was an increase of 10%.
What were our aims for 2019/20? *Increase the overall number of incidents reported by 5% compared to 2018/19 (2018/19 total reported incidents 6754)*
This target has been exceeded, as there has been an overall increase in incident reporting of 18.5% for the year 2019/2020.

Patient Safety Target 3: Acute Kidney Injury (AKI)

Rationale: This work has been part of a three year improvement journey, following Sign up to Safety. It was continued this year as the overall target had not been achieved in 2018/19

What were our aims for 2019/20? *We will increase our medicine safety reviews for grade 3 AKI patients within 24 hours from 53% to 75% by March 2020*
The pharmacy team have audited the medicine reviews each month. The resulting data has shown favourable results, with the monthly average of 95%

	No. of AKI 3s	Reviews Completed	%
Apr-19	18	17	94%

May-19	15	13	87%
Jun-19	4	4	100%
Jul-19	11	10	91%
Aug-19	16	15	94%
Sep-19	14	14	100%
Oct-19	17	15	88%
Nov-19	15	14	93%
Dec-19	12	11	92%
Jan-20	18	17	94%
Feb-20	17	17	100%
Mar-20	32	29	91%
AVERAGE			94%

Patient Safety Target 4: Pressure Ulcers

Rationale: The target was not achieved last year but this work is part of a longer term three year transformation.

What were our aims for 2019/20? *We will reduce the number of avoidable grade 4 pressure ulcers by 10% in Trust and community areas*	
	The Trust had a total of 6 category 4 pressure ulcers that were attributable to Whittington Health during 2019/2020 (The year to date total for 2018/19 was 65). It is important to note that there were changes to the national reporting criteria in November 2019 and again in April 2020. This presented challenges with retraining staff and having to change our Datix incident reporting system to ensure effectively captured the new criteria.
What were our aims for 2019/20? *We will reduce the number of avoidable grade 3 pressure ulcers by 10% in Trust and community areas*	
	Total of 24 category 3 pressure ulcers attributed to the Trust in 2019/2020. (Total for 2018/19 was 130)
What were our aims for 2019/20? *Improve the governance and oversight arrangements for investigating pressure ulcers to ensure appropriate investigation takes place in a timely manner.*	
	The trust has established a Pressure Ulcer Monitoring group that meets monthly to oversee, agree and review the Whittington Health pressure ulcer prevention work, policy, planning and performance with the specific CQC key lines of. This group is chaired by the Deputy Chief Nurse and all integrated clinical service unit (ICSU) nursing leads are members of the group. The District nursing service (DN) has introduced a monthly Pressure ulcer monitoring group to review process and help with raising awareness and improve management. The DN teams have improved their documentation and care planning in relation to pressure ulcer care. On-going training and surveillance continues.
	Whittington Health was successful in being selected to join a new NHS Improvement/England Improvement Pressure Ulcer Improvement Collaborative 2019. As part of the improvement collaborative we have identified Critical Care as an area of focus in relation to device related pressure ulcers and a community team looking at the overall management and reporting of Category 3 and above Pressure ulcers in the community.

Patient Safety Target 5: Care of Older People

Rationale: The care of patients with dementia was highlighted as a priority area by Healthwatch, national audit data, a national campaign and learning from incidents.


The trust now has a Dementia Specialist Practitioner and each corporate induction for new staff includes a session on Dementia Awareness. This session includes teaching staff about John's campaign. Promoting the campaign remains one of the priorities of the Dementia Strategy Group. Posters advertising John's Campaigns have been given to all wards (excluding paediatrics and maternity) and the Dementia Specialist Practitioner is delivering bespoke training to wards, outpatient areas and departments including Transport and Security to highlight John's Campaign.

What were our aims for 2019/20? *All patients have a Rockwood Frailty Score and Comprehensive Geriatric Assessments (CGA) completed on admission. Have a clearly defined Frailty Pathway and MDT approach in place.*

A Frailty consultant has been in post since October 2019. At this time, the care of older people's service restarted an improvement project and began multifactorial interventions. The result of this was that the number of CGAs significantly increased. The carefully tracked frailty activity shows that the small team is seeing approximately double the number of patients compared to the months preceding October 2019.

A local audit showed that the team are now seeing more complex patients, yet the number of avoided hospital admissions has also increased. The multidisciplinary frailty team have delivered teaching sessions to the Emergency Department, District Nurses and at Junior Doctors Induction. The number of Rockwood Clinical Frailty scores has remained relatively static after a peak with an organised super week. It is around 34% for all Emergency Department attendances of people >75s and 43% for patients over 75 years old who arrive by ambulance. The Trust is developing an electronic documentation in the Emergency Department and frailty scoring will be a mandatory part of this for patients over 65 years old. This will mean that the number of patients with a Rockwood Frailty score increases. The frailty team are also planning a "Frailty Scoring week" with interventions to promote an increase in Frailty screening. The District Nursing Team has changed their referral form and it now includes the Rockwood Clinical Frailty Scale. This scoring scale is also used by the multidisciplinary Haringey Coordination and Prevention Service (HCAPS) team, alongside some additional integrated community teams. GP practices use EMIS and eFI will calculate the score from this.
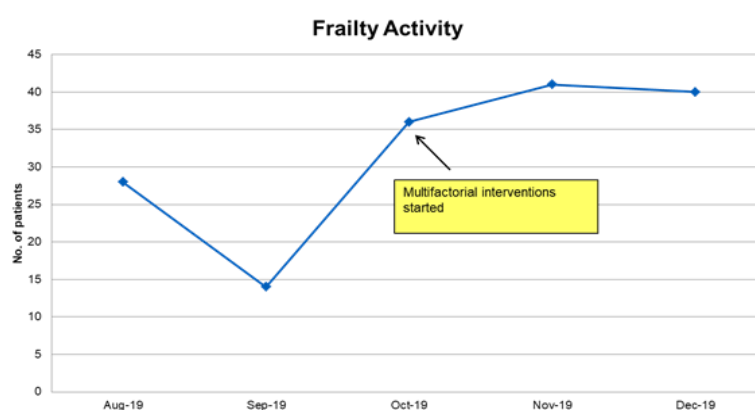
Patient Safety Target 6: Learning Disabilities and/ or Autism

Rationale: The trust committed to improving experiences and increasing staff awareness of patients with Learning Disabilities (LD) and autism. This is an area that was highlighted by Healthwatch.

What were our aims for 2019/20? *Within our emergency department we will see 75% of patients with an autism spectrum condition or a learning disability in under two hours*			
Quarter End	**Total number of attendances with LD & or Autism to ED**	**Total number of patients with LD & or Autism seen within 2hours**	**Percentage of patients with LD & or Autism seen within 2hours**
Q1 Apr – Jun 2019/20	99	71	72%
Q2 Jul – Sept 2019/20	108	82	76%
Q3 Oct – Dec 2019/20	110	82	75%
Q4 Jan – Mar 2019/20	102	78	76%

This target has been achieved. The Trust saw an average of 75% of patients with a learning disability or autism within 2 hours of arrival at the Emergency department.

What were our aims for 2019/20? *Develop mandatory LD and Autism awareness training for all staff*

Due to the COVID-19 pandemic, face to face training was suspended from February – June 2020. Upcoming training dates include:
- Emergency Department 10 @10 on the 12th August.
- New Nurse Orientation 17th August.
- Enhanced Care team training 22nd and 29th September.

Training is delivered when needed in house by the lead nurse for Learning Disabilities. The Trust is currently waiting for a package of training being developed by Health Education England (see link below), once this is finalised it will used as an online learning tool for staff.
https://www.hee.nhs.uk/our-work/learning-disability/oliver-mcgowan-mandatory-training-learning-disability-autism
As part of the safeguarding adults training there is a section highlighting learning disability.

Patient Safety Target 7: Mental Health (hospital)
Rationale: The 2015 CQC inspection highlighted that the experience of patients with mental health needs in the Emergency Department is as an area that needs to improve

What were our aims for 2019/20? *Reduce the number of ED patients with mental health needs waiting over 24 hours for a mental health bed.*

During 2019/20, Camden and Islington introduced a place of safety in Highgate wing which has reduced our patients under section 136, subsequently reducing the mental health patients in the Emergency Department. During the COVID-19 pandemic a revised Mental Health pathway was developed. Adult patients experiencing crisis are now streamed to St Pancras hospital and not Whittington Hospital, which further reduced the number of patients presenting with mental health needs in the Emergency Department.

Quarter	2018/19			2019/20		
	Total ED Attendance	Admitted to MH bed within 24hrs	% admitted within 24hrs	Total ED Attendance	Admitted to MH bed within 24hrs	% admitted within 24hrs
Q1	550	25	4.50%	677	38	5.60%
Q2	641	40	6.20%	665	35	5.20%
Q3	650	17	2.60%	624	25	4.00%
Q4	618	29	4.60%	517	29	5.60%

Priority 3: Improving Clinical Effectiveness (Research & Education)

Clinical Effectiveness Target 1: Development and Training roles within clinical workforce

Rationale: Clinical workforce development and training is paramount to the Trust. A highly skilled and trained workforce provides better quality care.

What were our aims for 2019/20? *Ensure an adequate number of vacant positions available for nurse associate graduates*

The nursing associate role was a new support role that sits alongside existing healthcare support workers and fully qualified registered nurses to deliver hands on care for patients. There are sufficient vacant posts to accommodate the number of Nursing Associates' applying for the programme. A Practice Development Nurse has also been recruited to provide clinical support to the Trainee Nursing associates.

What were our aims for 2019/20? *We will strengthen our work on development and leadership and in particular the development of our BAME staff through mentoring programmes*

The reverse mentoring programme promoted cohort 2 in Q3 2019 - 2020. 10 mentees and 16 mentors with a range of protected characteristics have signed up. Training started in February 2020 and is ongoing. Whittington Health is participating in the Culture and Leadership Collaborative, an 18 month initiative which builds on the joint work of NHSI and the Kings Fund, to embed a culture of compassionate and inclusive leadership. The fifth Collaborative session took place on 3 December 2019 and focused on how to use a Liberating Structures approach to resolve operational challenges. This model was subsequently used in the December Culture Steering Group to identify ways to help staff engage with the Caring For Those Who Care programme. The Culture and Leadership Collaborative session took place in March 2020 and was well attended. The BAME network has been invigorated with the support of guest speaker, author and staff networks advocate, Cherron Inko-Tariah MBE. New networks including

'Whittability' (disability focused) and LGBTQ+ have or are soon to be launched, supported by Facebook groups. A Women's network event also took place on the 10th March 2020, to coincide with International Women's Day. The Women's network is planning to find out what women want within the Trust, (particularly junior women,) and have tasked themselves to deliver 6 events per year. The event's focus will be based on the feedback.

In addition to the mentoring programme, money has been found to deliver a 'European Mentoring and Coaching Council' (EMCC) foundation coaching course for 10 BAME staff. This opportunity is expected to start in Autumn 2020.

Clinical Effectiveness Target 2: Clinical Research
Rationale: Clinical research is how we develop new treatments and knowledge for better health and care, building the evidence for new approaches that are safe and effective.

What were our aims for 2019/20? *Maintain the number of specialties participating in research*

The number of patients receiving relevant health services provided or subcontracted by Whittington Health NHS Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 810. These patients all participated in studies adopted to the National Institute of Health Research (NIHR) portfolio. This was a drop of 264 on the previous year (which was the highest annual number recruited at Whittington Health) due to a different study mix but still well in excess of the CRN (Clinical Research Network) target of 618. There were 49 NIHR portfolio studies recruiting and in follow up at Whittington Health last financial year compared to 50 the previous year and 39, 48 and 41 studies in 2017/18, 2016/17 and 2015/16 respectively. Not only have we broadly sustained the number of studies we have improved our recruitment to time and target (RTT) metrics in line with the NIHR High Level Objectives ensuring improved quality in the delivery of studies.

What were our aims for 2019/20? *Develop a greater paediatric research portfolio*

In Q1 2019/20: The possibility of extending a haematology study to include paediatric patients (on this occasion not viable) was considered. The setting up as a PIC (participant identification centre) to refer paediatric nephrology patients to participate in a trial at another site was completed. Expressed interest in additional paediatric studies and await confirmation of whether selected as a site. Tentative discussions have taken place with Psychology Early Years' service (PIP) and CAMHS to look at potential research opportunities and collaborations – this work is actively ongoing.

In Q2, the focus was building the existing foundations of paediatric epilepsy research with an additional study opening. There have been positive discussions within CAMHS with a view to opening trials in the short and longer term. A barrier that has been identified is the funding gap to cover excess treatment costs

During Q3, a further paediatric epilepsy study opened demonstrating significant commitment to offering these patients the opportunity to take part in research. CAMHS now have studies in the set-up phase, as well as continuing to express interest in potential studies and referring patients to other sites to participate in research. Excess treatment costs continue to be a limiting factor.

There were no further developments in Q4 due to COVID-19.

Clinical Effectiveness Target 3: Multi-disciplinary Research

Rationale: Clinical research is how we develop new treatments and knowledge for better health and care, building the evidence for new approaches that are safe and effective.

What were our aims for 2019/20? *Raise the profile of research with clinical teams so that it can become embedded in patient care.*

New studies such as Sunflower, Easi-switch and ADAPT Sepsis, require multi-disciplinary clinical teams support and are helping to show how research through a patient pathway can be embedded.

Using the Comprehensive Local Research Network (CLRN) funding differently to employ a research assistant to help with data support within the research delivery team thus freeing up nurses, midwives and practitioners to spend more time in clinics and with patients which in turn raises the profile of research. In addition changing the Band 5 Trainee Research Nurse post is a rotation post to support nurse development and to encourage more nurses to become research aware/active and hopefully embed research within their own services.

There has been targeted engagement with Clinical Nurse Specialists and Allied Health Professionals in Q2. This work is ongoing and builds on the work from quarter 1, including new studies such as Sunflower, Easi-switch and ADAPT Sepsis, require multi-disciplinary clinical teams support and are helping to show how research through a patient pathway can be embedded. In Q3 the trust sponsored its first study led by a paediatric physiotherapist employed by the trust - it is hoped that further trust led studies will also be possible.

Clinical Effectiveness Target 4: Reducing 28 day readmissions

Rationale: We want to ensure our patients are appropriately treated prior to discharge and the relevant safety netting procedures are in place to reduce 28 day readmissions to hospital.

What were our aims for 2019/20? *Increase utilisation of 'Hospital at home' service and 'Virtual Ward' to aid in expediting safe discharges but also in reducing the numbers of patients requiring potential readmission within 28 days of discharge. 28 day re admission rates to be monitored.*

% REDUCTION IN LONG STAY BEDS ACHIEVED AS OF 3RD FEBRUARY 2020 USING WEEKLY SITREP DATA
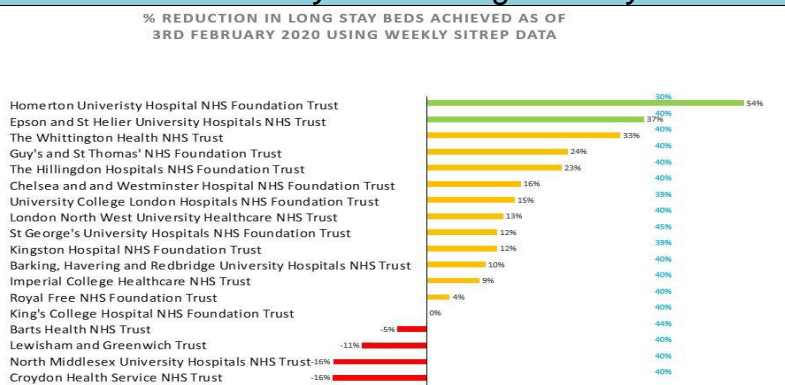
The Trust is still in the top 3 Trusts in London for managing LOS over 21 days data as at 3rd February 2020. No further data was available due to Covid-19 pandemic.

What were our aims for 2019/20? *Improve the quality and timeliness of discharge summaries being sent to GP's and primary care.*

Quality Indicator	Mar-19	Jun-19	Oct-19	Feb-20
Co-Morbidities	86%	96%	94%	94%
Investigations	46%	79%	60%	72%
Patient Info	32%	64%	58%	91%
GP Actions	82%	85%	85%	93%
Medications	82%	94%	93%	99%
Named Consultant	73%	77%	75%	100%
AVERAGE	**67%**	**83%**	**78%**	**92%**

Throughout the year, the Trust worked on a hospital-wide Quality Improvement project to improve the quality of the written discharge summaries following an inpatient admission. The need to improve had been highlighted from different sources and involved a multidisciplinary team effort and working with primary care colleagues to find out what would be useful. Having met with stakeholders, a new template was designed and six quality indicators were agreed to ensure discharge summaries are clear to patients, clear and concise for GPs and do not contain unnecessary information. There has been a large focus on staff education which has led to significant improvements. A sample of discharge summaries from each specialty has been assessed each quarter and feedback has been provided to the individuals. As anticipated, the overall standard dipped slightly in October because of the staff being new, but it still showed an improvement on the baseline and the quality continued to improve. In December 2019, a section to confirm the discharging consultant was added because an IT glitch was pulling through the admitting consultant name on up to 69% of discharge summaries.

Clinical Effectiveness Target 5: Staff wellbeing and engagement
Rationale: The staff survey results indicated that Bullying and Harassment were still a cause for concern for the Trust. Whittington Health aimed to hold more inclusion and wellbeing events for staff to ensure a happy, motivated, effective workforce.

What were our aims for 2019/20? *Improve culture at work for staff by ensuring there are bimonthly engagement / social events.*

Social engagement events for staff have included: Pride March, London Marathon, ASICS London 10k, values week, Quiz Night for Ivor children's ward.
In October celebrated 'Black history month' across the Trust, there were several events for staff organised at the Trust to celebrate this.

The BAME network has been invigorated with the support of guest speaker, author and staff networks advocate, Cherron Inko-Tariah MBE. New networks including 'Whittability' (disability focused) and LGBTQ+ have or are soon to be launched, supported by Facebook groups. A Women's network was planned for March, to coincide with International Women's Day but was cancelled due to the COVID-19 pandemic.

What were our aims for 2019/20? *Ensuring leaders and senior managers adopt a more robust and purposeful leadership style to support colleagues and tackle issues in timely and well-ordered fashion. Create a culture of openness where people feel comfortable raising concerns - Raise trust awareness about the role of "The Freedom to Speak Up Guardian". Ensure we act and deliver care meeting our Trust Core Values*

There is a large comprehensive programme of work streams and events under way which

includes stakeholders across the trust. Quarterly update reports are provided to the Trust Management Group (TMG), summarising the work. Recently, this has included branding and communications to bring all work related to staff experience under the staff-chosen heading of #CaringForThoseWhoCare; participation in the NHSI Culture and Leadership Collaborative including planning for the first diagnostic leadership behaviours survey; Trust-wide management training in recognising bullying situations and challenging; the launch and support of our 2nd and 3rd staff networks and planning for the launch of the 4th (B.A.M.E, LGBTQ+, Whittability coming in 2020/21.
Women's); supporting the #CFTWC Strategy Group.

Clinical Effectiveness Target 6: Integrated Multiprofessional Education

Rationale: Education and training of staff to create a workforce that is dedicated, motivated and trained to the highest standards to provide excellent quality medical care for all patients.

What were our aims for 2019/20? *Develop new innovative placements for Medical, AHP, and Nursing and Midwifery students, focusing on driving the quality of the experience for both the student and the practice area. Increase placements by 5%*

The Trust participated in the HEE funded SCiP pilot project that aimed to explore potential to increase pre-registration student nurses' placement numbers. This project started from the February 2020, in three placement areas within Whittington Health. This work has yielded positive returns. Overall capacity increase is approximately 15%. Additionally, a week long Health Education England (HEE) funded project was also piloted in the education simulation centre. 12 pre-registration student nurses on placement in Acute Assessment Unit participated. The project looked at a new way of facilitating learning in practice. This was a success as subject matter experts from varied disciplines across the Trust contributed to the delivering of sessions. It was well evaluated. AHP Student placements have been challenging with many community services being de-prioritised as part of the COVID-19 response. Despite this the Trust have been able to offer placements as part of the HEE paid placements scheme across physiotherapy, occupational therapy and diagnostic radiography, with a number of these students going on to full time employment on graduation.

Looking into 20/21, Whittington Health has been successful in bidding for funding from HEE to develop an education lead with the mandate to increase the number of AHP student placements by 25 in the coming academic year.

The feedback from students attending placement with Whittington Health remains excellent, with many going onto full-time employment. We have also had a number of students from local HEIs specifically request placement at Whittington Health which is a testament to the reputation of our services locally.

What were our aims for 2019/20? *Developing individualised learning experiences for our undergraduate workforce. Success to be measured using Student survey / feedback*

Educational Quality review of Pre-registration placement areas are completed every other year. The 2019 cycle of reviews was completed in December 2019. Pre-registration Nurses undertake evaluations at the end of every placement and the results are collated by the University. Feedback predominantly positive. Examples have been: "*It is a wonderful experience as it gives you eye view of departments and it gives you great knowledge, you get to understand that there are many clinical areas that one can get expert in and work.*" Outpatients
"*Everyone was extremely friendly and inviting.*" Day Treatment Centre

"I am very happy with my placement and would definitely recommend it to other students as you learn loads of stuff in mental health" Simmons House CAMHS inpatient unit

What were our aims for 2019/20? *Increase the delivery of MDT training for post registration placements by 10%*

Preceptorship programme is being rebranded as the 'Early year's career development' and this has been designed to support newly qualified nurses and nursing associates in the first two years since qualifying. The programme offers a six - eight month programme based on the capital nurse four pillars of career development; this includes three face to face sessions provided through workshops or training days, plus one day shadowing managers / service leads or specialist nurses according to career goal aspirations. Between January 2019 and January 2020, we had 71 nurses who joined onto the preceptorship programme. Out of the 71 nurses who started on day 39 finished the three study days.

That would equate to be 68% of attendees who completed the three study day programme. Out of the remaining 32 who didn't manage to complete all three days 15 of them completed 2 days, so 2/3 of the programme.

As the study days are spread throughout the year those who joined in the Winter cohorts would normally have their next sessions in spring which were cancelled due to the COVID-19 pandemic. We are running a session in November 2020 & January 2021 called 'Accelerated preceptorship'. A 1 day programme for those who have missed out due to COVID-19. We have also requested from all managers, that they book a 1 hour, one-to-one with the preceptorship team, to reframe their development.

We are restarting preceptorship programme in November with a combined AHP and Nursing group. This will be 4 days spaced over 4 months although the actual programme time is 12 months. This is with all the other usual telephone, email and face-to face interaction with staff across community and hospital sites.

Other details are to note are:
- 78 Preceptors trained during full day study days
- 76 local training sessions delivered in groups, or one-to-one with preceptors

What were our aims for 2019/20? *Develop and implement a 'Learning from excellence' tool to enable staff to receive positive feedback to colleagues in relation to excellence at work*

Following a successful pilot, Whittington Health has rolled out its 'Learning from Excellence' scheme across the Trust. The scheme, known as STAR (Success, Thanks And Recognition) Awards has been well received. Once a nomination is agreed by the manager, a certificate is emailed to the recipient. By end of March, 140 nominations have been received.

Clinical Effectiveness Target 6: Learning from National Audits and Compliance with NICE guidance

Rationale: To ensure that we provide adequate assurance on learning from National Audits and the implementation of the NICE Guidance and standards

What were our aims for 2019/20? *Review of the governance and reporting framework from teams to quality committee*

In January 2020, the Trust's Management Group agreed a new executive governance committee structure which came into effect from 1 April 2020. This includes a new Clinical Effectiveness Group with responsibility for national audits, NICE guidance, and national benchmarking data and the new Quality Governance Committee, a sub-group of the Quality Assurance Committee. The Quality Governance Committee triangulates information on clinical effectiveness, patient safety and patient experience and provides an integrated Quality Report on a quarterly basis to Quality Assurance Committee and public Trust Board.

Part 4: Other Information

Local Performance Indicators

Goal	Standard/benchmark	Whittington performance 19/20	Whittington performance 18/19	Comments
ED 4 hour waits	95% to be seen in 4 hours	83.80%	88.0%	*Performance up to end of Mar20
RTT 18 Week Waits: Incomplete Pathways	92% of patients to be waiting within 18 weeks	92.1%	92.2%	*Performance up to end of Feb20 *availability
RTT patients waiting 52 weeks	No patients to wait more than 52 weeks for treatment	2	2	*Performance up to end of Mar20
Waits for diagnostic tests	99% waiting less than 6 weeks	99.3%	98.9%	*Performance up to end of Mar20
Cancer: Urgent referral to first visit	93% seen within 14 days	94.8%	94.2%	*Performance up to end of Feb20 *availability
Cancer: Diagnosis to first treatment	96% treated within 31 days	98.8%	100.0%	*Performance up to end of Feb20 *availability
Cancer: Urgent referral to first treatment	85% treated within 62 days	84.0%	86.0%	*Performance up to end of Feb20 *availability
Improved Access to Psychological Therapies (IAPT)	75% of referrals treated within 6 weeks	95.1%	94.9%	*Performance up to end of Feb20 *availability

Summary Hospital-Level Mortality Indicator (SHMI)

The most recent SHMI data available (published August 2020) covers the period April 2019 to March 2020.

Whittington Health NHS Trust SHMI score:	0.9159	Compared to 0.7679 reported for April 2018 to March 2019 period
Lowest National Score:	0.6851	University College London Hospital
Highest National Score:	1.1997	The Rotherham NHS Foundation Trust

15 Trusts were graded as having a lower than expected number of mortalities.
98 remaining Trusts, including Whittington Health NHS Trust, were graded as showing a number of mortalities in line with expectations.
12 Trusts were graded as having a higher than expected number of deaths.

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).

Annex 1: Statements from external stakeholders

Health Watch Islington feedback

Thank you to all the staff and volunteers for their amazing work and for the way they have adapted services and support during an extremely difficult time for the NHS and for residents. We will work with the Trust to ensure residents are aware that services are available despite the wide range of restrictions on lifestyles currently, and that services are being delivered safely.

For the year 19/20 we can see the Trust was making improvements in many areas, and whilst waiting times have missed national targets this reflects the national picture. Even before the pandemic, services were under great strain. It was encouraging to see that those with Learning Disability and and/or Autism were generally seen within 2 hours, despite these pressures.

We were also pleased to see progress being made around the timeliness of discharge summaries being sent to GPs as this can have such a big impact on patient experience. During the year, we have been involved in work with the Trust to improve the patient facing discharge summary and are aware that the Trust is also working to improve its patient information leaflets. Whilst there is much to do here, they seem to be making good progress.

We are pleased to have the Whittington's support through the Borough Partnership to work with us and other partners in Challenging Inequality for staff and patients. It's good to see their work on 'Caring For Those That Care', particularly given the pressures of the pandemic.

The Trust was responsive to the concerns we have raised about Non-Emergency Patient Transport. This is a complex issue, with NHS England setting the criteria, and Trusts coming together to commission services in two lots, one for call handling and one for the patient journey. It hasn't always been plain sailing for patients or their carers. We appreciate that some of this is outside the Trust's influence but we will keep this on the agenda for the coming year.

We know the Trust is looking to be more outwards facing engaging with more voluntary sector partners and residents who may be less likely to come forward for support, and this will be increasingly important given the exacerbations of existing inequity caused by the pandemic.

Health Watch Haringey feedback

Fully assured, no comments

Commissioner feedback

11 November 2020

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

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 Islington. NCL CCG welcomes the opportunity to provide a statement for Whittington Health NHS Trust 2019/20 Quality Account.

The Trust was last inspected by the Care Quality Commission (CQC) in December 2019 with the report being published in March 2020. The CQC rated the Trust as 'Good' overall and we are delighted that the Trust was rated as 'Outstanding' in relation to the 'Caring' domain demonstrating that staff treated patients with compassion and kindness, supporting and including patients and families in personalised care. The Safe domain was rated as requires improvement and the Trust has in place a project "Better Never Stops" to ensure that all areas for improvement are addressed and we look forward to seeing the improvements from this.

NCL CCG is in regular contact with the Trust to monitor areas of clinical quality as specified in the NHS Standard Contract, under pinned by the quality schedule. Going forward, representatives from NCL CCG are pleased to be attending the Trusts' Quality and Safety Committee. Attendance will enable commissioners to support assurance regarding the quality of care and services provided to our residents.

Coronavirus had a devastating impact on the country and many of the changes introduced in response to the crisis are likely to have long term implications on how the NHS operates and how patients within the NHS will be treated. In NCL, Partners worked together to develop system-wide solutions to respond to the crisis. The CCG would like to thank Whittington Health for supporting the changes required during the crisis and supporting the emerging system and development of new models of care for the NCL Health and Social Care Partnership.

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.

Commissioners acknowledge and commend the Trust for the efforts made to implement the

2018/19 priorities with 33 of the 39 being successfully achieved. A number of these priorities have now become 'business as usual' for 2019/20 and beyond.

NCL CCG note the increase in Never Events reported in 2019/20 and the increase on previous years.   The Trust recognised that the safety systems in place were not sufficiently robust and have taken action to reinforce and strengthen barriers to prevent re occurrence. A theme of lack of understanding of human factors was identified and the Trust has looked to address this with human factors training and we look forward to seeing the positive impact this has improving safety and reducing harm.
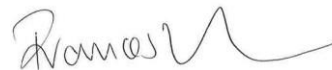
Commissioners fully support the priorities identified by the Trust for 2020/21 below and are pleased to note that these were agreed with engagement with internal and external stakeholders and the work to deliver is underpinned by the Trusts exciting Quality Improvement projects;

- Reduce harm from hospital acquired de-conditioning
- Improve communication between clinicians and the people who use the services
- Improving patient safety education in relation to human factors
- Improving blood transfusion care and treatment

NCL CCG looks forward to the year ahead, building on the supportive and collaborative relationships of previous years and will continue to provide the support and constructive challenge required to offer good quality, safe acute and community services.

We envisage continuing to work closely with the Trust in 2020/21 and await hearing about progress against the Trust's four chosen priorities.

Yours sincerely,

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

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

Publication:
The Whittington Health NHS Trust 2019-20 Quality Account will be published on the NHS Choices website by the 15th 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.

Baroness Neuberger DBE   **Siobhan Harrington**
Chair   **CEO**

Appendix 1- Subcontracted Services

Organisation details	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
GP subcontractors – Medical practices Morris House Somerset Gardens Tynemouth road	Primary care anticoagulation service for Haringey CCG
Whittington Pharmacy CIC	Provision of pharmacy services
WISH Health Ltd 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

Appendix two - National Mandatory and Non Mandatory Audits

Title of audit	Management body	Participated in 2019/20	If completed, number of records submitted (as total or % if requirement set)
BAUS Urology Audits - Percutaneous Nephrolithotomy (PCNL)	British Association of Urological Surgeons	✔	Data submitted: 14 cases
Case Mix Programme (CMP) - Intensive Care Audit	Intensive Care National Audit & Research Centre	✔	Data submitted: 698 cases
Elective Surgery (National PROMs Programme)	NHS Digital (New national provider to be identified)	✔	Data submitted: 180 cases
Falls and Fragility Fractures Audit programme (FFFAP) – Inpatient Falls	Royal College of Physicians of London	✔	Data submitted: 4 cases and organisational questionnaire
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	Royal College of Physicians of London	✔	Data submitted: 152 cases
Inflammatory Bowel Disease (IBD) programme / IBD Registry	IBD Registry Limited	✔	Data submitted: 122 cases

Title of audit	Management body	Participated in 2019/20	If completed, number of records submitted (as total or % if requirement set)
Major Trauma Audit	Trauma Audit & Research Network	✔	Data submitted: 159 cases
Myocardial Ischaemia National Audit Project (MINAP)	Barts Health NHS Trust	✔	Data submitted: 51 cases
National Audit of Breast Cancer in Older People	Royal College of Surgeons	✔	Data submitted: 43 cases
National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society	✔	Data submitted: 143 cases
Bowel Cancer (NBOCAP)	NHS Digital	✔	Data submitted: 66 cases
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre	✔	Data submitted: 56 cases
National Diabetes Audit - Adults - National Diabetes Foot Care Audit	NHS Digital	✔	Data submitted: 136 cases
National Diabetes Audit - Adults - National Diabetes Inpatient Audit (NaDIA)	NHS Digital	✔	Data submitted: 51 cases
National Diabetes Audit - Adults - National Diabetes Harms Audit (NaDIA)	NHS Digital	✔	Data submitted: 12 cases
National Diabetes Audit - Adults - National Core Diabetes Audit	NHS Digital	✔	Data submitted: 1474 cases
National Diabetes Audit - Adults - National Pregnancy in Diabetes Audit	NHS Digital	✔	Data submitted: 28 cases
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	✔	Data submitted: 93 cases
National Heart Failure Audit	Barts Health NHS Trust	✔	Data submitted: 90 cases
National Joint Registry (NJR) - Knee and Hip replacements.	Healthcare Quality Improvement Partnership	✔	On going
National Lung Cancer Audit (NLCA)	Royal College of Physicians	✔	Data submitted: 116 cases
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	✔	Data submitted: 3601 cases
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health	✔	Data submitted: 440 cases

Title of audit	Management body	Participated in 2019/20	If completed, number of records submitted (as total or % if requirement set)
National Oesophago-gastric Cancer (NAOGC)	NHS Digital	✓	Data submitted: 20 cases
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	✓	Data submitted: 110 cases
National Prostate Cancer Audit	Royal College of Surgeons	✓	Data submitted: 103 cases
Sentinel Stroke National Audit programme (SSNAP)	King's College London	✓	Data submitted: 129 cases
Assessing Cognitive Impairment in Older People (care in Emergency Departments)	Royal College of Emergency Medicine	✓	Data submitted: 126 cases
Care of Children in Emergency Departments	Royal College of Emergency Medicine	✓	Data submitted: 135 cases
Mental Health (care in emergency departments)	Royal College of Emergency Medicine	✓	Data submitted: 134 cases
Mandatory Surveillance of Healthcare Associated Infections	Public Health England	✓	Data submitted: 60 cases
National Audit of Dementia - Spotlight audit on Prescription of Psychotropic Medication	Royal College of Psychiatrists	✓	Data submitted: 45 cases
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics & Child Health	✓	Data submitted: 19 cases
National Comparative Audit of Blood Transfusion programme: Re-audit of the medical use of red cells	NHS Blood and Transplant	✓	Data submitted: 18 cases
National Early Inflammatory Arthritis Audit	British Society for Rheumatology	✓	Data submitted: 148 cases
National Cardiac Rehabilitation Audit	University of York	✓	Data submitted: 356 cases
Surgical Site Infection Surveillance Service	Public Health England	✓	Data submitted: 7 cases
National Audit of Care at the End of Life	NHS Benchmarking Network	✓	Data submitted: 33 cases
National Audit of Seizure Management in Hospitals	University of Liverpool	✓	Data submitted: 30 cases
National Smoking Cessation Audit	British Thoracic Society	✓	Data submitted: 94 cases
Perioperative Quality Improvement Programme	Royal College of Anaesthetists	✓	Data submitted: 20 cases
SAMBA 19 - Measuring Quality	Society for Acute Medicine	✓	Data submitted:

Title of audit	Management body	Participated in 2019/20	If completed, number of records submitted (as total or % if requirement set)
and Complexity in Acute Medicine			33 cases
SAMBAWinterClin	Society for Acute Medicine	✓	Data submitted: 132 cases
UK Parkinson's Audit	Parkinson's UK	✓	Data submitted: 53 cases
BAUS Bladder Outflow Obstruction (BOO) Snapshot Audit	British Association of Urological Surgeons	✓	Due to pandemic - carried forward to 2020/21

Mental Health Clinical Outcome Review Programme			
Suicide, Homicide & Sudden Unexplained Death	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), University of Manchester	✓	If cases identified to WH then participate - none to date
Suicide by middle-aged men	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), University of Manchester	✓	

Maternal, Newborn and Infant Clinical Outcome Review Programme data on 19 cases were submitted to MBRRACE-UK who allocate to the appropriate work stream			
Perinatal Mortality Surveillance	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Perinatal morbidity and mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Maternal Mortality surveillance and mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Maternal Morbidity confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing

Medical, Surgical and Child Health Clinical Outcome Review Programme			
Young People's Mental Health	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✔	Study closed Requisite cases submitted
Long-term Ventilation in children, young people and young adults	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✔	Study closed. Requisite cases submitted
Acute Heart Failure	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✔	Study closed Requisite cases submitted
Cancer in Children, Teens and Young Adults	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✔	No applicable cases. Organisational questionnaire submitted
Perioperative Diabetes	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✔	Study closed Requisite cases submitted
Pulmonary Embolism	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✔	Study closed Requisite cases submitted
Acute Bowel Obstruction	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✔	1 case submitted – Report publication date: Early 2020
Dysphagia in Parkinson's Disease	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✔	On going
In-hospital management of out-of-hospital cardiac arrest	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✔	On going

National Asthma and Chronic Obstructive Pulmonary Disease Audit programme			
Paediatric Asthma in Secondary Care	Royal College of Physicians	✔	Data submitted: 46 cases
Pulmonary rehabilitation	Royal College of Physicians	✔	Data submitted: 120 cases

National Asthma and Chronic Obstructive Pulmonary Disease Audit programme			
COPD in Secondary Care	Royal College of Physicians	✓	Data submitted: 159 cases
Adult Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 145 cases

Title of audit	Management Body	Participated in 2019/20	Status
NHS Benchmarking - Acute Therapies	NHS Benchmarking Network	✓	Completed
Seven Day Hospital Services Self-Assessment Survey	NHS England	✓	Completed
National Lung Cancer Spotlight Audit	Royal College of Physicians	✓	Completed
2019 Child & Adolescent Mental Health Services Benchmarking project	NHS Benchmarking Network	✓	Completed
2019 Pharmacy and Medicines Optimisation project	NHS Benchmarking	✓	Completed
United Kingdom Obstetric Surveillance System – national audits of rare conditions of pregnancy	UKOSS National Perinatal Epidemiology Unit	✓	in progress
Each Baby Counts & NHS Resolution	Royal College of Obstetricians and Gynaecologists	✓	in progress
Fever in returning Traveller	national audit	✓	in progress
NCL improving access to Diabetes Inpatient Specialist Nursing	NHS England Diabetes Transformation Fund Project	✓	in progress
Learning Disability Mortality Review Programme (LeDeR)	University of Bristol's Norah Fry Centre for Disability Studies	✓	in progress
National study of HIV in Pregnancy and Childhood (NSHPC)	NSHPC	✓	in progress
NHSE & NHSI Learning Disabilities	NHS Benchmarking Network	✓	in progress
COMPASS Study: Management of complicated intra-abdominal collections after colorectal surgery	Royal College of Anaesthetists, ERAS for Gastrointestinal surgery	✓	in progress

Appendix three - External clinical coding audit results

Primary Diagnosis		Number of cases	% coding correct
	Number of primary diagnoses correct	187	**93.50 %**

Secondary Diagnosis		Number of cases	% coding correct
	Number of secondary diagnoses	602	
	Number of secondary diagnoses correct	571	**94.85 %**

Primary Procedures		Number of cases	% coding correct
	Number of primary procedures	130	
	Number of primary procedures correct	124	**95.38 %**

Secondary Procedures		Number of cases	% coding correct
	Number of secondary procedures	275	
	Number of secondary procedures correct	256	**93.09 %**

Appendix four – Comparisons of 2018 and 2019 key findings in relation to the identified focus areas from the NHS Staff Survey results for each ICSU/Directorate. Any improvements are highlighted in green, red for a decline and no colour if there has been no change

ICSU/Directorate	Suggested Focus Areas	2018	2019
Adult Community	Health & Wellbeing	5.4	5.7
	Morale	5.8	6.0
	Quality of Appraisals	5.8	6.3
CYPS	Morale	6.1	6.3
	Quality of Appraisals	5.3	5.6
	Quality of Care	7.2	7.3
E&IM	Health & Wellbeing	5.5	5.5
	Morale	5.7	6.0
	Quality of Appraisals	5.8	6.2
Facilities	Health & Wellbeing	6.4	6.5
	Immediate Managers	6.3	6.4
	Morale	5.9	6.1
Finance	Morale	5.5	5.6
	Safety Culture	6.1	6.6
	Quality of Appraisals	4.7	6.7
IT	Health & Wellbeing	5.8	5.3
	Morale	5.6	5.7
	Quality of Appraisals	4.6	5.6
Medical Director	Health & Wellbeing	5.8	5.8
	Safety Culture	6.6	6.6
	Quality of Appraisals	5.8	6.5
Nursing & Patient Experience (incl. Trust Secretariat in 2019)	Health & Wellbeing	5.5	6.2
	Morale	5.6	6.2
	Quality of Appraisals	5.1	5.6
Procurement	Health & Wellbeing	5.8	5.9
	Morale	5.4	6.0
	Quality of Appraisals	4.1	5.5
Surgery & Cancer	Health & Wellbeing	4.8	5.3
	Morale	5.3	5.8
	Quality of Appraisals	5.2	5.5
Women's Health	Health & Wellbeing	5.2	5.1
	Morale	5.7	5.7
	Quality of Appraisals	5.5	5.6
Workforce	Health & Wellbeing	6.3	6.7
	Morale	6.2	6.8
	Quality of Appraisals	6.6	7.1

BETTER NEVER STOPS
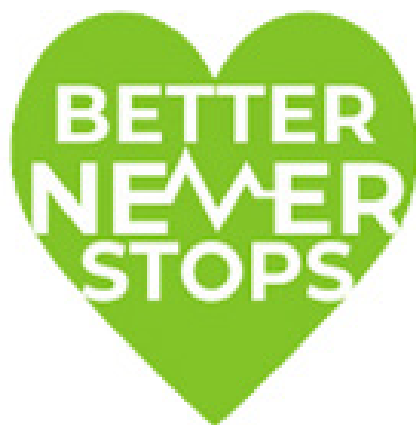
✉ whh-tr.whitthealthPALS@nhs.net

📞 020 7288 5551

🖋 PALS, Whittington Health NHS Trust, Magdala Avenue, London, N19 5NF

🐦 @WhitHealth

f /WhittingtonHealth