

The Trust's Quality Commitment

The Whittington Hospital NHS Trust aims to be the hospital of choice for local people. It is important for us to deliver the highest quality care that we can, and I am pleased to introduce our first Quality Account. This includes our priorities for the year ahead as well as information about the quality and safety of our services and feedback from our patients. For those who want to find out more about the Whittington please look on our website. I am also pleased to confirm that the content of this Quality Account has been endorsed by our Trust Board and has taken into account (will before June 2010) feedback from our shadow governors, our local population via LINKs and Overview and Scrutiny Committees. I hope you find it an interesting and informative read. We would welcome your thoughts and feedback about the Quality Account including any modifications you would be interested to see next year – if you want to let us know your views please contact Deborah Goodhart on 0207 288 5983.

R Larkman
Chief Executive officer

1. Priorities for Improvement

Patient Safety: Our prime focus for improvements in patient safety in the year ahead is to reduce the risk of patients who are admitted to hospital developing blood clots – you may have heard of these described as DVTs or venous thrombo-embolisms. This is the priority also identified by Sir Bruce Keogh, Medical Director for the NHS. To achieve improvement we plan to ensure that not just some but all adult patients admitted to the Whittington are assessed for their risk of blood clots, and have appropriate treatment to prevent them. We will give patients written information about these risks too, since some patients may still be at risk after leaving hospital, and may need to continue the preventive treatment for a few weeks at home. We will measure the proportion of patients who are assessed for risks of blood clots and the proportion that are given appropriate preventive treatment. We aim to achieve better than 90% compliance with these measures by March 2011.

Clinical Effectiveness: The area where we plan to put the most determined effort in improving the quality of care for our patients is in improving our written communications with general practitioners. This will improve the continuity of your care leading to safer and more effective care and better outcomes for our patients. In particular we plan to liaise better with GPs about patients' medication, so that patients are on the best possible drugs for their medical conditions, and not given any drugs that they don't really need. This proposal should reduce waste in the system and also save money for those patients who have to pay for their own prescriptions. We will measure the roll out of an electronic discharge form that includes the range of information requested by our Primary Care Trusts.

Patient experience: We want to improve the experience of patients at the Whittington by fulfilling the Whittington Promise:

- We will be clean
- We will be welcoming and caring
- We will be well organised
- We will offer the best possible treatment
- We will give you information and listen to what you tell us

For the year ahead we will work to increase the number of patients who would recommend our hospital to a friend or relative.

2. Statements relating to quality of NHS services provided

(This is a list of mandatory statements which we must include. Data will be added once year end complete.)

During 2009/10 the Trust provided (number) and sub-contracted (number) of NHS services.

The Trust has reviewed all the data available to them on the quality of care in (number) of these NHS services

The income generated by the NHS services reviewed in 2009/10 represents (number) per cent of the total income generated from the provision of NHS services by the Trust

During 2009/10 twenty one of the national clinical audits and eight of the national confidential enquiries covered NHS services that the Whittington provides. During the same period the Trust participated in 95% of the national clinical audits and 100% of the national confidential enquiries for which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust participated in and for which data collection was completed during 2009/10 are listed below.

National Audit	Type of Audit	Number of cases required and submitted	% required by the audit
NCEPOD	elective and emergency surgery in the elderly	5/5	100%
NCEPOD	parenteral nutrition	9/9	100%
NCEPOD	deaths in acute hospitals	10/10	100%
NCEPOD	acute kidney injury	4/4	100%

Ongoing NCEPOD studies in which we are participating include Surgery in Children, and Peri-operative care.

The reports of (number) national clinical audits were reviewed by the provider in 2009/10 and the Trust intends to take the following actions to improve the quality of healthcare provided (description of actions)

The reports of (number) local clinical audits were reviewed by the provider in 2009/10 and the Trust intends to take the following actions to improve the quality of healthcare provided (description of actions)

[Note the DH website contains a list of national clinical audits – www.dh.uk/qualityaccounts and there are three national confidential enquiries that should be reported – NCEPOD, CMACH and NCI into suicide and homicide by people with mental illness]

The number of patients receiving NHS services provided or subcontracted by the Trust that were recruited during 2009/10 to participate in research approved by a research ethics committee was (number)

A proportion of Trust income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the Trust and the Acute Commissioning Agency through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009/10 are available on request

The Trust is required to register with the Care Quality Commission and its current registration status is (insert description post 1 April). The trust has the following conditions on its registration (insert once known). The CQC has not taken enforcement action against the Trust during 2009/10 to date.

The Trust is subject to periodic reviews by the CQC and the last review was on (date). The CQC's assessment of the Trust following that review was (insert assessment)

The Trust intends to take the following actions to address the points made in the CQC's assessment. The Trust has made the following progress by 31 March 2010 in taking such actions (insert description)

The Trust has/has not taken part in special reviews by the CQC during 2009/10 (commentary will be included if there are any by year end)

The Trust submitted data during 2009/10 to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data. The percentage of the records in the published data is (percentage) that included the patient's valid NHS number and (percentage) that included the patient's valid General medical Practice Code.

The Trust score for 2009/10 for information quality and records management, assessed using the Information Governance Toolkit was (percent)

The Trust was subject to PbR clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnosis and treatment coding were (percentages)

3. Review of quality performance

3.1 Patient safety

Our patient safety strategy is to work towards having no avoidable deaths and no avoidable patient harm. The Whittington is part of the Patient Safety First Campaign and through this has introduced several new ways to improve patient safety.

Deaths in hospital: The Hospital Standardised Mortality Ratio (HSMR) is a measure of how many patients died in the hospital during the year compared to how many would be expected to die. The national average is 100. At the Whittington our HSMR has fallen every year for the last five years and last year it was the second lowest among acute hospitals in England. For the calendar year 2009 our HSMR was 74.9 which is equivalent to 147 deaths avoided. We now review the health records of every patient who dies at the Whittington so we can find lessons to apply to reduce risks to other patients in the future.

Patient Safety Walkabouts are carried out by our senior managers, doctors and nurses, where they visit wards to ask staff and patients about what their concerns are about patient safety. As a result specific actions are taken to address these concerns.

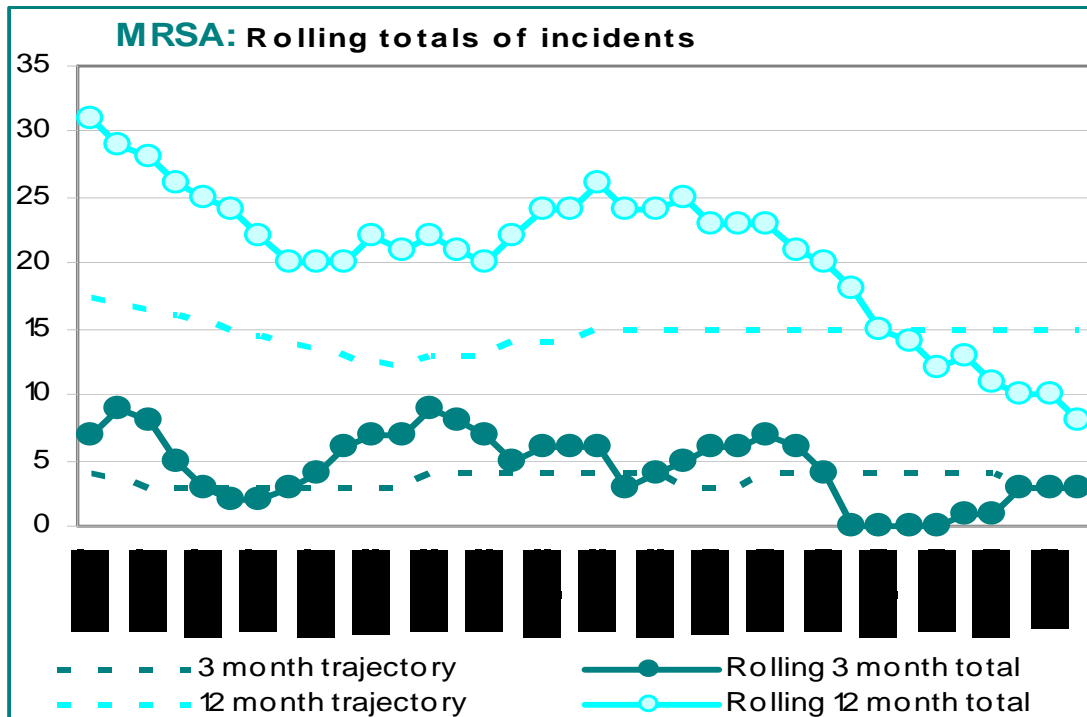
Our theatre teams have introduced the World Health Organisation Surgical Safety Checklist to reduce the risk of errors or delays during operations. A recent audit showed 100% of our operating theatre teams are using this checklist.

Medicines management: In the three months to January 2010 there were 58 medication incidents recorded at the Whittington. Fortunately none of these were high risk. New systems have been put in place to improve the way we manage medicines.

- In high risk areas the ward pharmacists are giving feedback directly to junior doctors to improve their prescribing
- We have introduced a new safer drug chart that should reduce the risks associated with prescribing oxygen and warfarin. The same new drug chart has also been introduced at the Royal Free and University College Hospitals which will improve safety since many staff rotate between these hospitals.
- In 2010 we plan to introduce electronic prescribing with automatic support to ensure the correct doses of drugs are prescribed and to avoid adverse drug interactions.

Falls: There were XX falls in the hospital in 2009/10, of which XX resulted in a fracture. All older patients admitted to the Whittington are assessed for their risk of falling, and where necessary steps are taken to reduce these risks.

Infection: The risk of serious infection has fallen significantly at the Whittington in the last year. Only five patients have had MRSA blood stream infections since April 2009 and the rate of infective diarrhoea has also fallen. We aim to screen all patients having surgery and all patients admitted to hospital for infection risk, and where necessary give treatment to suppress bacteria found on their skin. In November 2009 we screened 86% of people having planned surgery and 91% of emergency admissions. Dr Julie Andrews, our Director of Infection Prevention and Control has led these improvements and in spring 2010 she was a Finalist in the British Medical Journal Clinical leader of the Year awards.

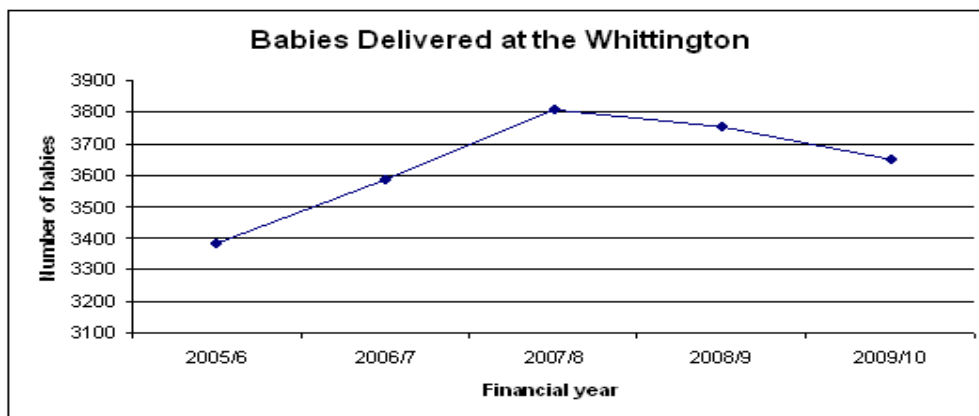


Pressure sores: are now rare at the Whittington and only one patient developed a serious pressure sore (grade 3) in the three months to January 2010. Our Tissue Viability Nurse Jane Preece ensures that staff assess all patients for risks of pressure sores and where needed, patients are given special protective mattresses.

Safeguarding Children: we are very aware of potential risks to vulnerable patients, especially children. We have actively collaborated in several recent reviews where there have been concerns about child protection, and external feedback to the Whittington has been that we have the necessary systems in place. Nevertheless we continue to seek further ways to ensure that children who come to the Whittington are safe. 1529 members of staff have been trained on child protection in the last 12 months (Mar 09 – Feb 10).

3.2 Clinical Effectiveness

3652 (YTD, Apr 09 – Feb 10) babies were delivered at the Whittington in 2009/10.



(2009/10 number awaiting completion of year!)

100% of mothers had one to one midwife care when in established labour and 89% mothers started breast feeding their babies. Our new birthing centre has been popular with mothers who seek a low-tech low-stress birth environment. For mothers who require more medical assistance in labour, there is direct consultant presence on the Labour Ward for 48 hours a week, with plans to increase to 64 by April 2010. The rate of infection in women having babies by Caesarean section was only 5.4% at the Whittington between April and September 2009 compared with a national benchmark of 10.4%

In early 2010 we appointed a new consultant paediatrician who specialises in the care of children with emergency conditions, and an additional consultant who specialises in newborn babies because of the rising birth rate.

During 2009/10 **79061 (YTD as 09/10 is not over)** patients were seen in our emergency department including **19130** children. **7235** patients were admitted as emergencies. The number of attendances at the emergency department has increased from **78252** five years ago. **98.65%** of our emergency patients were seen, treated and admitted or discharged within four hours of arrival, setting us among the most efficient Emergency Departments in London.

The majority of patients admitted as emergencies are placed in the Acute Admissions Unit and this has helped us to reduce our length of stay by 1.37 days over the last three years.

This ward is due to expand in 2010 so that all adult acute admissions should benefit from the streamlined acute medical care offered. For patients admitted as emergencies we have several same day electronic referral systems to gain specialist opinions in areas such as cardiology, neurology and cancer care and we have networked links to specialist centres for when patients need particularly complex care. The recent addition of early referral to a cancer specialist based at the Whittington has saved this group of patients an average of 9 days in hospital and enabled them to avoid many un-necessary and sometimes unpleasant tests

Our chronic respiratory disease service continues to support patients with severe lung disease at home, with high levels of patient and GP satisfaction. We estimate that this service saves at least 1000 bed days in hospital per year for this group of patients.

The Whittington is a key partner in the diabetic Co-Creating Health Programme that has helped patients to manage their own diabetes better and reduced their need for hospital admission

In 2009 the Whittington Endoscopy Unit achieved "JAG" accreditation, meaning that it has met a series of high standards of care for patients needing endoscopy or colonoscopy. The out of hours endoscopy service was extended to run 24 hours a day, seven days a week. We are now extending our interventional radiology service on a network basis which means that some patients with internal bleeding may be able to have this treated without needing open surgery.

During 2009/10 3406(YTD) patients had emergency surgery and 9793(YTD) had planned surgery at the Whittington and over three quarters of this was day case surgery. We have established programmes for keyhole surgery and fast-track recovery for patients with bowel cancer, and keyhole surgery for patients needing weight loss surgery. Patients with broken

hips benefit from early operations and a multi-disciplinary team approach to their care that helps them get home more quickly. Surgical infection rates are lower than the national average and readmission rates at 28 days are lower than similar London hospitals. In early 2010 we are introducing a computerised system for booking and running operating lists that should improve our efficiency.

Almost all the patients who are referred to us with a possible diagnosis of cancer are seen quickly and all are managed by a specialist multi-disciplinary team. We take part in the recognised national audits for lung and bowel cancer to ensure that we deliver good quality care.

The Whittington Hospital Critical Care Unit was expanded three years ago to 15 beds in new spacious premises. High quality care is provided and the Intensive Care Unit standardised mortality rate has fallen from 1.28 in 2004/5 to 0.57 in 2009/10.

The Whittington was proud to achieve an Investors in People award in January 2010. Our Human Resources Department provides training and support to a high standard. In the last national staff survey (2008) 74% of our staff were appraised, including 100% of consultants. This put us in the top 10% of acute trusts.

We are part of the Productive Ward Programme in which more nursing time is freed up for direct patient care and our nurse to bed ratio is 1.3, the fourth best in London acute hospitals. In a staff survey in 2008 69% of Whittington staff agreed or strongly agreed with the statement "If you were ill would you want to be treated at this hospital?"

3.3 Patient Experience

The Whittington Promise says "we will give you information and listen to what you tell us" The feedback that we get from patients is really important to help us improve our services. We listen to formal and informal feedback including both local and national patient surveys, complaints and messages via our website. The public march in support of our Emergency Department in early 2010 showed the value placed on our services by the community we serve.

A recent survey by Islington PCT showed that some patients were not able to leave hospital as promptly as they should have because of waiting for medicines or sick certificates. We plan to improve this to avoid patients having to wait.

In 2009 our patient survey showed 67% of our patients had trust and confidence in our nurses and 75% in our doctors. 79% of patients felt they were treated dignity and respect and 54% said they were involved in decisions about their care. Overall 78% rated their care as very good or excellent.

To follow.....

Explanation of who we have involved

Awaits Trust Board agreement – Must include PCTs, LINKs, OSCs who should receive the draft report in April and return within 30 days.

Statements provided from PCTs, LINKs, OSCs

And explanations of any changes as a consequence

Appendix: list of KPIs