Whittington Health NHS

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The Whittington Hospital NHS Trust

Quality Account 2010 – 2011

...the hospital of choice for local people

Contents

Introduction from the Chief Executive

Integrated Care Organisation – Whittington Health NHS

The Whittington Hospital NHS Trust, NHS Haringey and NHS Islington Community Services formed one new organisation, known as Whittington Health with effect from April 1st 2011. Staff from all three organisations have been working throughout 2010 -2011 to make this happen.

Whittington Health provides a fantastic opportunity for us to work in partnership to improve the health of our community, underpinned by values of quality, innovation and financial sustainability. We must be able to provide high quality health services, support self-care, collaborate with GPs and partner organisations, educate the next generation of clinicians and continue to be the employer of choice.

'Liberating the NHS' published in July 2010 sets out the coalition government's plans for the future of the NHS, recognising that there will be less financial resource for the NHS. The goals of Whittington Health should add value by providing the best outcomes, best patient experience, and best use of taxpayers' money.

Our operational philosophy will be grounded in being a great place to work, learn and develop, operational efficiency and where patients receive their best NHS experience. Management teams will be integrated across hospital and community along patient pathways, from supporting prevention and self-care in the community to specialist care. The transformation will prepare us for Foundation Trust status and we welcome the challenge that lies ahead. We must be financially strong and be the provider of choice for local GPs and patients.

This Quality Account relates principally to The Whittington Hospital NHS Trust, as it's main focus is on 2010-11, prior to the establishment of the Integrated Care Organisation. Future Quality Accounts will reflect the achievements and progress of the Integrated Care Organisation.

Purpose of the Quality Account

The Whittington Hospital's Quality Account forms part of the Trust's annual report to the public. It describes our key achievements with regards to the quality of patient care for 2010 – 2011, as well as areas where we need to focus our improvement work. It also sets out three new priorities for the year ahead.

The development of our Quality Account has involved identifying and sharing information trust wide, particularly with our consultants, nurses, therapists, quality teams, governors and non-executive directors. We have also sought information from our colleagues in local community services, and other local NHS acute trusts.

Quality Matters

The Whittington Hospital's vision is "best health, best care". In order to achieve this we strive to deliver safe, high quality, patient focussed clinical care, in a caring environment; this being our top priority.

We believe that the three critical success factors to this are to deliver: effective care, safe patient care and a positive patient experience, and under each of these categories we have set ourselves key aims, which help support these. We will also continue to push forward with the priorities identified in last year's Quality Account, where some have been achieved, but need to be sustained, and in others where we have achieved some improvement, but still require more work. This account therefore includes information relating to last year's performance against national and local quality measures, which have helped us to identify our priorities for going forward.

The Trust recognises that we are living in a changing health care climate, and as with all NHS Trusts, we have faced, and will continue to face, challenges, particularly financial, which make it all the more important to keep safe, high quality patient care as our focus, and to ensure that savings are made by driving up efficiency and cutting waste, rather than by impacting on patient experience or outcomes.

Key Quality Achievements and Developments

Like all NHS organisations, from April 2010 onwards, the Trust was required to apply to be **registered with the Care Quality Commission** (CQC) in order to deliver services. We are pleased to report that we were successfully registered without conditions. Work to ensure we remain compliant with the CQC's essential standards of quality and safety (those that directly impact on patient care) is ongoing.

We have also met our Department of Health target for minimum numbers of key **health care associated infections**. For MRSA Bacteraemia the target was to have no more than four cases attributable to the Trust, and we had 2. For *clostridium difficile* our target was no more than 79 cases for the year, and we had 36.

During 2010 – 2011 much of our focus has been on moving towards becoming an **Integrated Care Organisation** (ICO), and from April 2011 this became a reality. Our integration with Haringey and Islington's Community Health Services, and later with Haringey Children's Service, will enable us to deliver improved care, as the former delays, barriers and "hand offs" caused by the need to make separate arrangements for patients when they move between hospital and community settings will be eliminated.

Our work throughout the year to open an **Urgent Care Centre** at the Whittington Hospital came to fruition at the end of March 2011. This supports the delivery of safe and high quality care, since patients with primary care-related conditions who come to the hospital can be seen by experienced GPs without needing to enter the Emergency Department. This frees up Emergency Department resources to treat patients with more severe illnesses.

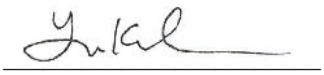
I am also delighted that the national **Hospital Standardised Mortality Ratio** (HSMR) continues to show that the Whittington Hospital is one of then safest hospitals in the country. Our ratio is 69.9 for the 12 month period to February 2011 (latest published data); this should be compared to an expected value of 100 (lower than 100 is good, above 100 less good). For deaths in low risk conditions, the Whittington Hospital rate is 0.22/1000 admissions compared with a benchmark of 0.84.

Trust Board Endorsement

I confirm that this Quality Account has been discussed at, and endorsed by the Trust Board.

Chief Executive's signature

I declare that to the best of my knowledge the information contained in this Quality Account is accurate.



Dr Yi Mien Koh, Chief Executive

Date: 29 June 2011

Priorities for Improvement

New priorities

Priority One: Effective Care

Daily consultant ward rounds

To establish daily consultant ward rounds at weekends and on bank holidays, for all inpatient areas.

Reason for priority

National research has shown that patients admitted to hospital as emergencies at weekends are at higher risk than those admitted during the week. When consultant weekend ward rounds were introduced at one hospital the risk fell to match that of weekday admissions. Increased consultant input at weekends should reduce delays in patient pathways and is one step towards becoming a seven day hospital. At present some but not all of our inpatients are seen by a consultant every day.

Goal

Every in-patient will be reviewed by a consultant daily, including Saturdays, Sundays and bank holidays.

Directors are working with consultants to amend their job plans to ensure that adequate time is allocated for consultants to do weekend ward rounds.

Reports will be presented to the Audit and Effectiveness Committee, which reports into the Clinical Quality Assurance and Governance Board. Reports will also be taken directly to Trust Board.

Named lead: Celia Ingham Clark, Medical Director

Metric: Measuring consultant visits to wards, 7 days per week

Achievable by: December 2011

Priority Two: Patient Experience

Outpatients

To ensure that all outpatients are welcomed, treated correctly and promptly and given full information about their visit and on-going care.

Reason for priority

Feedback from both national and local patient surveys has shown that patients do not always receive a positive experience in outpatients. Feedback has described poor staff attitude, lack of information, lack of patient involvement and long waits.

Many patients are seen in our outpatient clinics and it is important for us to improve their experience. This priority has been endorsed by lay members of the Trust's Patient Experience Steering Committee, including a governor and representative from Islington's LINk. It will apply to outpatients in both the hospital and community settings.

Goal

- Local patient feedback will show more positive and less negative comments
- The next national patient survey on outpatients will show an improvement

This area will be monitored closely by the Patient Experience Steering Committee and Hospital Management Board, with additional specific reports directly to Trust Board. The Director of Operations is leading this improvement work, and will ensure appropriate local improvement targets are set, put in place and monitored.

Named lead: Jon Green, General Manager for Access, Diagnostics and Planned Care

Metric: To double the positive patient feedback.

Achievable by: April 2012

Priority Three: Patient Safety

Pressure Ulcers

To reduce the number of health care attributable pressure ulcers, both within the hospital and community.

Reason for priority

Pressure ulcers are painful, distressing and even disfiguring for the patient, and lead to an increased use of expensive dressings and medications and longer length of stay. They can also be associated with infections that can occasionally be fatal. It is therefore essential that avoidable pressure ulcers do not occur.

Historically, incidence of pressure ulcers has been low, but both the Whittington Hospital and Community Health Services have recorded a higher number during the last year.

Goal

We aim to reduce trust attributable pressure ulcers of grades two, three and four by 80 per cent in the hospital setting, and by 30 per cent within the community setting. This target is in line with that set by the Patient Safety Express Campaign, which the Whittington Hospital has signed up to. In reality this per centage equates to no more than three grade three or four, and no more than 28 grade two pressure ulcers in hospital patients.

This means that patients should not develop a pressure ulcer as result of poor health care, but allows for the fact that there are occasions when patients present to the hospital or community care service with an existing pressure ulcer.

Pressure ulcers are recorded on the Datix Risk Management Reporting System, which is used by both the hospital and within the community, so incidence can easily be monitored. Where issues are identified, these will be addressed by the Trust's Tissue Viability Nurse Specialists, who as part of the Integrated Care Organisation, will work closely together across the hospital and community interface, to ensure appropriate care is delivered throughout the entire patient pathway. Grade three and four pressure ulcers are also reported externally to NHS London, who monitor our incidence and actions taken.

Named lead: Jane Preece, Claire Davies, Tissue Viability Specialist Nurses

Metric: To reduce trust attributable pressure ulcers of grades two, three and four by 80 per cent in the hospital setting, and by 30 per cent within the community setting

Achievable by: April 2012

Progress with 2009 – 2010 Priorities

Although the Trust has agreed the above three new priorities, they will not be at the expense of continuing to deliver improvements on the priorities we set ourselves last year. Progress and ongoing work in these areas is described in section three, under "Review of quality performance".

Statement of Assurance from the Trust Board

Review of Services

During 2010 – 11 the Whittington Hospital NHS trust provided 151 NHS services, and sub contracted no services.

The Trust has reviewed all data available to it on the quality of care in those NHS Services.

The income generated by the NHS services reviewed in 2010 – 11 represents 100 per cent of the total income of the Whittington Hospital NHS Trust.

The Trust Board receives, reviews and acts on quality data on a regular basis, as key quality indictors are included in the Trust's Performance Dashboard. The Board also receives regular full Patient Feedback Reports, including information on complaints, PALS, Litigation and local patient survey findings.

Participation in Clinical Audits

During 2010/2011 **46** national audits and eight national confidential enquiries covered NHS services that The Whittington Hospital NHS Trust provides

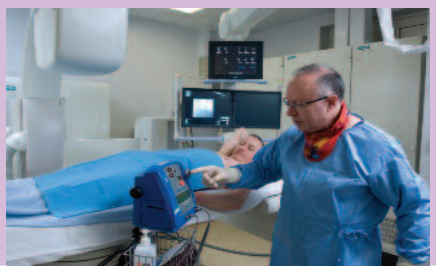
During 2010/2011 The Whittington Hospital NHS Trust participated in **87 per cent (40/46)** national clinical audits and **100 per cent** national confidential e nquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Whittington Hospital NHS Trust was eligible to participate in during 2010/2011 are listed in the table below.

The national clinical audits and national confidential enquiries that The Whittington Hospital NHS Trust participated in are listed in the table below. Reasons for non-participation are also included.

The national clinical audits and national confidential enquiries that The Whittington Hospital NHS Trust participated in and for which data collection was completed during 2010/2011 are included below, listed alongside are the number of cases submitted to each audit or enquiry or the per centage of the number of registered cases required by the terms of that audit or enquiry.

Title (source)	Participation during 2010/2011	If data collection completed, cases submitted (as total or per cent if requirement set)
Peri and Neonatal		
Neonatal intensive and special care (NNAP)	Participated	Ongoing
Children		
Paediatric pneumonia (BTS)	Participated	11 submissions for Nov 2010. Ongoing
Paediatric asthma (BTS)	Participated	32 patient submissions (Nov 2010)
Paediatric fever (CEM)	Participated	Ongoing
Childhood epilepsy (RCPCH)	Participated	Ongoing
Diabetes (RCPCH)	Not participated. Planned participation for Sept 2011	N/A
Acute Care		
Emergency use of oxygen (BTS)	Participated	104 cases
Adult community acquired pneumonia (BTS)	Not participated – local audit undertaken instead	N/A
Non-invasive ventilation (BTS)	Not participated – local audit undertaken instead	N/A
Pleural procedures (BTS)	Not participated - audited a year previously	N/A
Cardiac arrest (NCAA)	Participated	Ongoing
Vital signs in majors (CEM)	Participated	Ongoing
Sepsis (CEM)	Participated	Ongoing
Adult critical care (Case mix programme)	Participated	Approx 800 submissions per year (100 per cent)
Potential donor audit (NHS Blood & Transplant	Participated	Approx 120 patients per year (100 per cent)
Long term conditions		
Diabetes (National Adult Diabetes Audit)	Participated	1 adult submission comprising 2275 patients
Heavy menstrual bleeding (RCOG)	Participated	Ongoing
Chronic pain (National Pain Audit)	Participated	Ongoing
Ulcerative colitis and Crohn's disease (National IBD audit)	Participated	Ongoing
COPD (BTS/Euro)	Participated	40 cases (100 per cent)
Adult asthma	Participated	100 per cent
Bronchiectasis (BTS)	Not participated – local audit undertaken instead	N/A
National Audit of Dementia (RCP/RCGP)	Participated	40/40 (100 per cent)
Elective procedures		
Hip, knee and ankle replacements (NJR)	Participated	Ongoing
Elective surgery (PROMs)	Participated	Ongoing
Peripheral vascular surgery (VSGI database)	Participated	Ongoing
Carotid interventions (Carotid Interventions Audit)	Participated	Ongoing



Title (source)	Participation during 2010/2011	If data collection completed, cases submitted (as total or per cent if requirement set)
Cardiovascular disease		
Acute myocardial infarction and other ACS (MINAP)	Participated	Ongoing
Heart failure (Heart Failure Audit)	Participated	100 per cent
National Audit of Cardiac Rehabilitation	Participated	Ongoing
Renal disease		
Renal colic (CEM)	Participated	Ongoing
Cancer		
Lung cancer (NLCA)	Participated	92 cases
Bowel cancer (NBCOP)	Participated	64 cases (100 per cent)
Trauma		
Hip fracture (NHFD)	Participated	145 cases (100 per cent)
Severe trauma (TARN)	Participated	108 patients (meeting criteria)
Falls and non-hip fractures (National Falls And Bone Health Audit)	Participated	20 hip fracture cases (100 per cent) 25 non-hip fracture cases (100 per cent)
Blood transfusion		
O negative blood use (NCABT)	Participated	14 cases
Platelet use (NCABT)	Participated	23 cases (100 per cent)
Use of red cells in neonates and children (NCABT)	Not participated – local audit undertaken instead	N/A
Other		
Ongoing audit of the open abdomen (NICE)	Participated	Ongoing
Diverticular disease national audit	Participated	Ongoing
National colonoscopy audit	Participated	22 patient lists
Mastectomy and breast reconstruction Audit (3rd annual audit)	Participated	32 patients (all reconstructions are performed at the Royal Free Hospital)
UKOSS - United Kingdom obstetric surveillance system	Participated	3/3 (100 per cent)
One year multi site audit project on the management of decreased conscious level in children and young people	Participated	Ongoing
Venous Thromboembolism Risk Assessment (CQUIN)	Participated	Ongoing
National Confidential Inquiry into Suicide and Homicide by people with mental illnesses	Participated	Ongoing

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Eligibility and participation:

Title	Participation 2010/2011	Percentage of cases submitted
Parenteral Nutrition (report published)	Participated	100 per cent
Elective and Emergency Surgery in the Elderly (report published)	Participated	100 per cent
Peri-operative care	Participated	100 per cent
Surgery in Children	Participated	100 per cent
Cardiac arrest procedures	Participated	100 per cent

Centre for Maternal and Child Enquiries (CEMACH)

Title	Participation 2010/2011	Percentage of cases submitted
Perinatal mortality	Participated	18/18,100 per cent
Maternal death	Participated	No maternal deaths

The reports of **13** national clinical audits and national confidential enquiries were reviewed by the provider in 2010/2011 and The Whittington Hospital NHS Trust intends to take the following actions to improve the quality of healthcare provided.

The Whittington Hospital NHS Trust intends to improve the processes for monitoring the recommendations of National Audits and Confidential Enquiries 2011/2012 by ensuring:

- The results, recommendations and associated action plans of national audits are presented to the Clinical Audit and Effectiveness Committee which is a sub-committee of the Trust Clinical Quality Assurance and Governance Board.
- An award specifically for national audit now included in the Clinical Audit Award submissions 2011.

Examples of actions being taken:

Sepsis (College of Emergency Medicine)

National College of Emergency Medicine audits for fever in children, ureteric colic, sepsis and recording of vital signs are completed annually. The Emergency Department takes a collective responsibility to improve standards of care, and these audits allow us to do this in a very focussed way.

Identified areas of good practice include the assessment of renal function in ureteric colic and the improved use and documentation of the Trauma Protocol. Areas for improvement and continued monitoring have also been identified:

- the continued use of the local sepsis protocol;
- airway assessment and documentation of procedural sedation safety measures and
- the repeated observations for all patients with abnormal observations.

National Confidential Enquiry Parenteral Nutrition 'A Mixed Bag' 2010

This NCEPOD report highlights the process of care of patients who receive parenteral nutrition. These are patients with a compromised nutritional status, where oral or enteral feeding is not an option. The Whittington Hospital NHS Trust has completed a checklist for both adult patients and neonatal patients.

Adult patients:

Eleven recommendations have been met and five partially met. Actions ongoing:

- Nutrition team to continue to encourage early referrals for parenteral nutrition especially before weekends and bank holidays.
- Documentation of central venous catheter (CVC) insertion is inconsistent. Nutrition team encourages the use of CVC stickers in notes to confirm placement. Audit ongoing.
- Further liaison with oncology regarding care of intravenous lines for chemotherapy (PICC lines).

Neonates:

Seven recommendations met, seven partially met and two awaiting national guidance. **Actions ongoing: -**

- Formal policy/ guideline needed for neonatal parenteral nutrition and on CVC management
- Neonatal parenteral nutrition team to be formalised and extended. Time frames and goals set by neonatal team.

National Audit of Dementia 2010

People with dementia who are admitted to hospital tend to have poorer outcomes. Evidence exists that best practice can reduce these risks. Actions ongoing:-

- The development of a formal action plan, led by the Head of Nursing and lead Care of Older People's consultant, **to include:**

- A planned education programme for clinical staff
- A review of the current nursing/medical documentation
- The implementation of a nursing care plan for dementia.

National Audit of Paediatric Asthma

The audit data compares local paediatric asthma admissions with paediatric asthma admissions nationally.

Actions ongoing include: -

- Lead consultant for paediatric asthma in secondary care and paediatric asthma nurse to meet with representatives of our local GP consortia to discuss education and follow up in primary care.
- Development of a care pathway for paediatric acute wheeze (being piloted in emergency department at present) This pathway will ensure the BTS/SIGN guidelines are being followed and appropriate education will be given on discharge. All patients will be followed up by a primary care children's community nurse team in the first instance.
- Viral induced wheeze/asthma guideline rewritten and already on intranet available for use. This should enable the reduction of length of stay in inpatient paediatrics.
- Asthma nurse teaching regarding asthma in emergency department and on the paediatric ward. Written information available in all areas. This should facilitate better patient family education and reduce admissions.
- Secondary care meeting quarterly with primary care to try and develop initiatives to bridge the education gap.
- Older children not compliant with treatment admitted on the ward and in asthma follow up clinic are all seen by the asthma clinical nurse specialist and their devices are changed to enhance compliance. Hospital formulary application for easy-breathe device submitted for May 2011 by asthma CNS to enable better device compliance by this age group.

The reports of **72** local clinical audits were reviewed by the provider in 2010/2011 and The Whittington Hospital NHS Trust intends to take the following actions to improve the quality of healthcare provided.

The Whittington Hospital NHS Trust intends to improve further the processes for monitoring the recommendations of local audits for 2011/2012 by ensuring: -

- The Clinical Audit and Effectiveness Committee continue to receive Clinical Audit lead summary presentations at bi-monthly meetings.
- The audit actions are assigned to a lead clinician with specific time scales for completion.
- Re-audits are planned and completed to ensure sustained improvements can be demonstrated.

Examples of actions being taken: -

Characteristics of patients with Chronic Obstructive Pulmonary Disease (COPD) discharged from the Emergency Department (ED): Improving the care pathway for acute exacerbations of COPD'

Actions ongoing: -

- Continuation of newly established ED staff training so that NICE standards of care are given to all patients discharged from ED with an acute exacerbation of COPD.
- Design and implementation of a package including medication and information for all patients discharged from ED with an acute exacerbation of COPD. This would include standard information in bold in the discharge letter for the GP.
- Investigate the possibility of developing further a systematic approach by all ED staff to tobacco dependence
- Continue to focus on earlier diagnosis of COPD using case finding of breathless smokers or ex-smokers; more than 50 per cent of patients attending ED with a label of COPD were current smokers and 89 per cent presented with breathlessness.
- Using an ED attendance for COPD as a flag (with prompt in the discharge letter as above) for GP review within 7 days, to confirm diagnosis if not previously made with spirometry and to review care to ensure the evidence-based best value treatments are offered and provided to patients.

Surgical handover audit

In the first half of 2010, an audit was carried out to review the handover process in the Whittington Hospital general surgery department. All the actions listed below have been completed with this audit winning the Patient Safety category award at the April 2011 award ceremony.

Actions ongoing: -

- Implementation of a new handover proforma which required the Gold Standard of information for every patient to be filled out.
- Each handover proforma for every patient then filed in a weekend folder which would be in the possession of the on-call team during the weekend
- Weekend documentation to take place directly on the handover proformas making the weekend ward rounds quicker and more efficient
- The proformas then filed in each patient's notes at the end of the weekend
- Creation of a clinical guideline which explained the process and included a copy of the handover proforma so that doctors could access the information from anywhere in the hospital.

The management of children under 16 years presenting to the Emergency Department (ED) with acute wheeze

Actions ongoing include: -

- Wheeze protocol updated, disseminated and put on Trust intranet in November 2010 to encourage treatment in line with current best evidence and national guidelines. Audit of adherence to guideline planned.
- Regular teaching sessions by asthma CNS for nurses/doctors on viral induced wheeze/asthma in ED/ paediatric inpatient ward and day care unit.
- A wheeze clerking proforma (currently being piloted in ED) has been developed in conjunction with primary care children's nursing teams. The proforma includes an asthma management plan and community nurse referral form.
- A referral pathway from primary to secondary care has been developed by a primary/secondary care working group. The aim is to ensure all families with a child with asthma receive appropriate and timely advice by an appropriately trained health professional (CCN/ GP/ paediatrician to reduce the huge number of unplanned attendances and hospital admissions in this group.

The use of Herceptin in patients with breast cancer: are we following NICE guidance?

Herceptin is a monoclonal antibody used in the treatment of breast cancer. Herceptin accounted for more than 50 per cent of NICE drug expenditure for The Whittington during 2008 and 2009. It also has long term cardiac implications, therefore appropriate use is critical from both a patient and trust perspective not just in terms of drugs costs but burden on the cardiac service and long term risks for patients.

We have demonstrated Herceptin is appropriately used as per NICE guidelines.

Actions ongoing: -

- A new guideline on cardiac monitoring would result in the potential for significant financial savings for the Trust and less pressure on the diagnostic Cardiac department
- The introduction of a treatment proforma ensuring echocardiograms are performed at four monthly intervals in a planned fashion allowing a nurse led service to keep patient waits down. This would result in a better overall experience of care and a confidence that early cardiac effects can be diagnosed and therefore rapidly reversed.

Labour Ward Recovery care following general or regional anaesthesia for operative intervention.

Actions ongoing: -

- Review current paperwork in use and develop strategy to ensure consistent contemporaneous documentation. This will address all of the deficits identified. Have a dedicated meeting to do this and report back to Labour Ward forum.
- Improved documentation of regional anaesthesia block wearing off.
- Improved documentation that the epidural catheter is removed. This will be included in the risk newsletter as a general reminder to staff.
- Better documentation of management of diabetic women

  The recommendation from the Pre-existing Audit for Diabetes is that we will commence using the National Peri-natal Centre notes for Diabetic women which when implemented will resolve this issue
- Re-audit in twelve months.

The reporting of Notifiable Diseases at The Whittington Hospital

Actions ongoing: -

- Poster produced and advertised increasing awareness of frontline health professionals, listing many of the common notifiable diseases that must be reported and how to report them.
- Suggestions to include information about notifiable diseases into the induction of new doctors to increase education and awareness: what diseases should be reported, who to report to and who is responsible for this. This will improve patient and contacts safety not just for the trust but for future trusts where doctors work, armed with this knowledge.

Research

April 1st 2010 - 31st March 2011

The number of patients receiving NHS services provided or sub-contracted by Whittington NHS Trust that were recruited during 2010-11 to participate in research approved by a research ethics committee was **923**.

Participation in clinical research demonstrates Whittington's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes and better health for the population. The Whittington was involved in conducting 121 clinical research studies across 20 specialities during 1 April 2010 to 31 March 2011 and approved 34 new projects during the same period. There were 117 clinical staff participating in research approved by a research ethics committee at the trust during the reporting period

As well, in the last three years, 118 publications have resulted from our involvement in clinical research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS. The trust's strategic aim includes improving the health of the local population and this cannot

occur without research with and for our local population. We have research programmes in clinical specialities that reflect the health concerns of the local population including cancer, haemoglobinopathies, critical care, infection, women's health and continence science.

Goals agreed with our commissioners (CQUINS)

A proportion of The Whittington Hospital NHS Trust's income in 2010-11 was conditional on achieving quality improvement and innovation goals agreed between The Whittington Hospital NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2010-11 and for the following 12 month period are available on request from the Planning and Programmes Team, via the hospital switchboard.

These goals were agreed as they all represent areas where improvements result in significant benefits to patient safety and experience, and which both the Whittington Hospital and our commissioners believed were important areas to improve in.

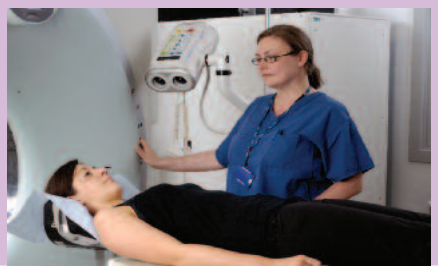
A preliminary assessment of the outcome of these improvement schemes is shown in the table below. The full analysis of achievement against each scheme's objectives is still being carried out and a final report will be published in the Summer.

CQUIN scheme	Description	Outcome
VTE assessment	90 per cent of patients assessed for VTE on admission	Achieved
Patient Survey	Improvements in selected survey scores	Partial achievement
Global Trigger Tool	Use of international quality audit tool	Achieved
Enhanced Recovery Programme	Participation in national programme to improve surgical pathways	Achieved
Improved Discharging from hospital	More timely discharging of patients	Partial achievement
Discharge Information	Improved quality of discharge letters/summaries	Not achieved
Outpatient letters	Improved quality of OP letters	Not achieved
HfL Dementia Pathway	Implementation of the Dementia pathway	Partial achievement
Readmission rates	Improvements in readmissions for diabetes, COPD and heart failure	Not achieved
Hospital Standardised Mortality Rate	Mortality rates to be better than expected	Achieved
Deaths is low mortality conditions	Mortality rates in selected low risk groups to be better than expected	Achieved
Extend use of SSISS	Extend surgical site infection surveillance	Partial achievement
Nutritional Assessment	Implement nutrition assessment of inpatients	Achieved
Choose & Book	Improve quality of improvement and use of electronic booking	Partial achievement

The CQUIN schemes for 2011-2012 have been agreed with our commissioners. Very briefly, they are:

Hospital based services

CQUIN scheme	Objectives
VTE	VTE Risk Assessment and use of appropriate drugs
Patient Experience	Improvement in selected survey questions
Enhanced Recovery Programme	Range of outcome measures to improve surgical outcomes
COPD and Smoking Cessation	Provide personalised care package for COPD patients and offer smoking cessation service to all inpatients
Discharge Planning	Extend and improve discharge information
Out of ICU Cardiac Arrests	Reduce the number of cardiac arrests outside the intensive care unit



Community based services

CQUIN scheme	Objectives
VTE	VTE Risk Assessment and use of appropriate drugs
Care Closer to Home	Design and implement new models of care to reduce hospital care for three services (to be selected)
Long Term Conditions	Extend and improve models of care for patients with long term conditions such as diabetes and COPD

Statements from the Care Quality Commission (CQC)

The Whittington Hospital NHS Trust is required to register with the Care Quality Commission, and our current registration status is "registered".

The Whittington Hospital NHS Trust has no conditions applied to its registration, and the CQC has not taken enforcement action against the Trust during 2010-11.

The Whittington Hospital NHS Trust has not been asked to participate in any special reviews or investigations by the CQC during the reporting period.

Data Quality

Statement on relevance of Data Quality and actions to improve our Data Quality

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

The Trust has a Data Quality Group chaired by a director, and this group is responsible for implementing an annual data improvement plan, and measuring how well the Trust is performing, against a number of external sources.

NHS Number and General Medical Practice Code Validity

The Whittington Hospital NHS Trust submitted records during 2010-11 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The per centage of records in the published date that included patient's valid NHS number was: -

93.5 per cent for admitted patient care;

96.2 per cent for out patient care;

79.4 per cent for accident and emergency care

The per centage of records in the published date that included the patient's valid General Medical Practice Code was:

100 per cent for admitted patient care;

100 per cent for out patient care;

98.7 per cent for accident and emergency care.

Information Governance Toolkit attainment levels

The Whittington Hospital NHS Trust's score for 2010-11 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 67 per cent.

The grading system has changed from a traffic light rating system to satisfactory/not satisfactory. To achieve satisfactory, trusts must achieve level two for all 45 key requirements. We are still working on the following four requirements: -

- Letting people know how we protect their information
- Completing the project to anonymise patient level data when not used for direct clinical care
- Improving NHS Number completeness (see above)
- Ensuring that all staff are trained in protecting confidential information (75 per cent of staff received training during 2010-11)

Clinical Coding Error Rate

The Whittington Hospital NHS Trust was not subject to the Payment by Results clinical coding audit during 2010-11 by the Audit Commission.

The clinical coding error rate for 2009/2010 was as follows:

Main diagnosis code - error rate 9.6 per cent

Main procedure code - error rate 9.3 per cent

The percentage of spells with a different healthcare resource group (HRG) - 4.7 per cent (i.e. only half the coding errors involved changing the HRG)

Standard is to be 90 per cent accurate.

Review of Quality Performance

Patient experience remains at the very heart of our quality agenda. Work will continue throughout the year ahead, particularly around obtaining and acting upon real patient feedback. Listed below are priority progress updates from last year including a specific section on the patient experience.

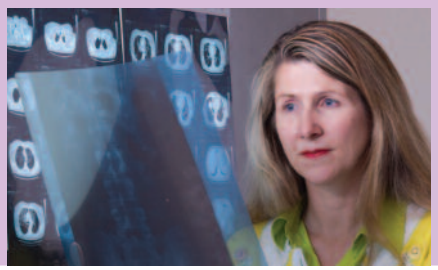
Progress with 2009 – 2010 Priorities

Whittington Hospital performance against key goals

The Trust Board receives a monthly report (the "Dashboard") on all **performance indicators**. This report is part of the Trust Board papers and is published on the Trust's website.

Goal	Standard/ benchmark	Whittington performance
18 week waits for admitted patients to treatment, as of Jan 2011	90 per cent	90 per cent
18 week waits for non –admitted patients to treatment, as of Jan 2011	95 per cent	98 per cent
Outpatient follow up ratio	2.09	2.31 (action plan in place)
Operations cancelled for non-clinical reasons offered another date within 28 days	0.8 per cent	0.42 per cent and all patients
Waits for diagnostic tests	100 per cent	99.9 per cent
Day surgery rate	Audit Commission benchmark	76 per cent (best quartile)
Outpatient Department DNA rate for new patients improvement)	-	11.5 per cent (recent
Outpatient Department DNA rate for follow up patients	-	16 per cent (no recent change)
Hospital cancellations of Outpatient Department appointments	Local target 9.5 per cent	14 per cent (action plan in progress to address this)
Average LOS for all acute specialities	-	6.6 days (unchanged over last two years)
Staff sickness absence rate	Local target: 4.2 per cent	2.7 per cent (recent improvement)
Ward cleanliness score	95 per cent	95 per cent

Cancer waits (all data April 2010 – Jan 2011)	Standard/ benchmark	Whittington performance
Urgent referral to first visit	Standard is 14 days, local benchmark is 93 per cent	93.8 per cent
Diagnosis to first treatment	Standard is 31 days, local benchmark is 96 per cent	99.2 per cent
Urgent referral to first treatment	Standard is 62 days, local benchmark is 85 per cent	85.5 per cent
Rapid access chest pain clinic (RACPC)		
Wait from GP referral to RACPC	Standard is 14 days, benchmark is 98 per cent	100 per cent



	Standard/ benchmark	Whittington performance
Maternity		
Bookings below 12 weeks of pregnancy	90 per cent	75 per cent (we are working with primary care colleagues to improve this)
One to one midwife care in labour	-	97 per cent of deliveries (second best in sector). Maternity inpatient survey rates us as best in sector.
Smoking in pregnancy at delivery	←17 per cent	9 per cent
Rate of breast feeding at birth (April – Dec 2010)	→78 per cent	89 per cent
Complaints		
Number of new complaints		Average 28 per month
Dissatisfied complainants		Nine per cent

Never events

The National Patient Safety Agency has developed a list of eight "never events" that are applicable to acute trusts. These are events that should never happen during a healthcare episode as they are all avoidable, and can have serious consequences for the patient if they do occur. **The Whittington Hospital has had no "Never Events" over the past 12 months.**

Patient Safety 2009/2010

Priority One: To reduce the risk of patients who are admitted to hospital developing blood clots

We set a target of 90 per cent of patients admitted receiving an assessment to see if they are at risk of blood clots, and if so of providing them with appropriate preventative treatment.

We appointed an experienced nurse specialist to lead this work and have put in place an electronic assessment tool and provided training to all the clinical staff in how to use it. A responsible committee has been set up to oversee the work, with a working group meeting fortnightly to ensure progress is made. By March 2011 we had achieved our target of 90 per cent.

When patients do develop a blood clot, each one is carefully reviewed to find out if they were correctly assessed and treated, and if it could have been prevented, so that we continue to learn and improve in this area.

Priority Two: To sample patients health records every month in order to identify ways to reduce risk.

We have been sampling patients health records every month in order to review the care given and identify if we could have done things any differently that would have reduced risk. We do this in two ways as set out below: -

- Health records audit: mortality reviews. Lead Celia Ingham Clark, Medical Director.

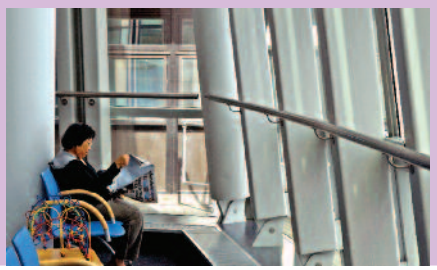
An initial audit of the medical records of 50 consecutive patients who died at the Whittington has been carried out. An ongoing mortality audit is now in place for most specialties and is being rolled out to the remaining medical sub-specialties, led by Ihuoma Wamuo, Director of Audit and Effectiveness. The Medical Director continues to review the medical records of patients who die at the Whittington.

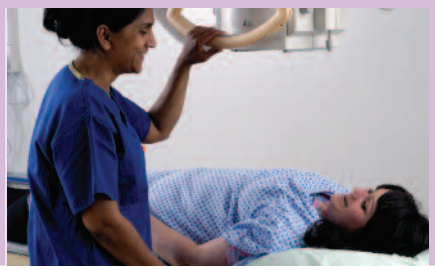
- Health records audit: use of Global Trigger Tool. Lead Ihuoma Wamuo.

This is an audit tool that is used to systematically sample recent in-patients records to look at variations from good outcomes. For example it records adverse events such as unplanned return to theatre, unplanned admission to ITU, ward-based cardiac arrest calls, INR over 5. It takes approximately 20 minutes to review one set of records. We now use this regularly, reviewing 20 sets of records per month. This allows us to recognise the types of issues and areas where improvements should be made, and so help set our priorities.

Priority Three: To reduce the number of falls causing harm to our patients

We have developed a Trust goal to "reduce the likelihood of falls whilst maintaining dignity and independence". In order to achieve this goal a Trust policy has been developed on "Safer handling of the falling and fallen patient". The policy has been supported by the development and implementation of a Falls Risk





Assessment tool, so that we can identify those patients most likely to fall, and for those this applies to, an individual targeted Falls Care Plan has been developed and is in use, which sets out the actions needed to reduce the risk of falling. Initially this work was targeted at our older patients, who are often the most likely to fall, but we are now including all patients. All the above work is overseen and steered by a lead consultant and lead matron, who have increased recognition of this important issue by holding staff awareness days. Where falls do occur, they are recorded on the Datix Risk Management System, and are investigated to see if they could have been prevented.

Whilst the number of patient falls causing harm has decreased from 13 in 2009-10, to ten in 2010-11, this reduction is not yet sufficient. We are therefore continuing our work to further improve in this key area, and looking at new prevention methods, including the use of "safe ward rounds" whereby all patients on a ward are checked on at least every two hours

Clinical Effectiveness 2009/2010

Priority One: To improve our written communication with GPs

The Trust is developing new electronic systems of communication with GPs that will embed results, discharge and outpatient letters directly into the individual patient's health care record.

Results are already being transmitted in this way for Pathology and approximately 90 per cent of Imaging results are also currently delivered electronically. There are some practices in Haringey which lack the computer configuration to currently accept results electronically. We will be contacting those practices with a view to resolving the problems and stopping all hard copy printed results by the end of June 2011.

Approximately 60 per cent of discharge summaries and outpatient letters are communicated electronically. However, there are multiple different systems involved of varying cost effectiveness and ease of use. Clinical adoption is low, because some of the current solutions are very inflexible and labour intensive.

We have defined a simple and accurate voice recognition system to create a discharge summary and outpatient letter template. The template headings reflect the government's Commissioning for Quality and Innovation (CQUIN) framework and so the output will have a more standardised approach divided into clear subsections so that GPs and patients will understand what happened, what treatment they received and what is planned for them in the future. There will be a financial consequence for standardising this methodology across the organisation, but the ability to store the clinic letters and discharge summaries on the Sunquest ICE database will mean that this information will be instantly available 24/7 across the hospital, without waiting for the retrieval of the patient notes folder. In addition, as we extend our IT infrastructure across the new broader organisation, those patients' results will become available across the community. There are still some interface issues to be resolved, but to date these seem deliverable and indeed should be available by the end of June 2011. Thereafter assuming the technology is proven to be robust, we will be rolling this out across the hospital over the course of the summer and autumn with a view to full implementation by the end of the year.

Priority Two: To roll out the enhanced recovery programme for patients having operations

Enhanced recovery programmes help our patients to get better more quickly and safely following surgery, so they can be discharged sooner. We started with patients having bowel surgery, and during the last year have continued to embed the use of the pathway with these patients, so that it is now well established. We have also started to use this approach for patients having hip and knee replacement surgery. We are checking the improvements in care by how soon before their operation patients are admitted, how long they stay in hospital after the operation and if they needed to be re-admitted. **For patients having planned colorectal cancer surgery the average length of stay has fallen from 20 days in 2006 to 9 days in 2010 and the death rate after surgery has fallen from 13.1 per cent to none in 2010.**

We have now implemented Enhanced Recovery for orthopaedic surgery. Length of stay has fallen to on average 5 days from 7.5 days and patients are very happy with the service.

Dr Martin Kuper from the Whittington was awarded NHS London Innovation funding for the Whittington to lead implementation of Enhanced Recovery across North-Central London in 2010/11 and this has been so successful that we have just been awarded a further £150000 of NHS London Innovation Funding to help roll out Enhanced Recovery surgical pathways across London in 2011/12.

Priority Three: To send imaging, endoscopy and pathology reports to consultants electronically, rather than by paper, in order to speed up the process and reduce hospital stays for our patients

Work to develop this electronic viewing system has been progressing throughout the year, and was trialled in Feb 2011 to ensure it that it is safe and working as planned. Currently the entire Emergency Department views results electronically with a plan to ensure adoption in all areas within the organisation, achievable by December 2011.

This work is led by Dr David Grant (Consultant Radiologist and Chief Information Officer) and Cathy Parker (Assistant Director of Information Management and Technology)

Patient Experience 2009/ 2010

Priority One: To increase the number of patients who feel involved in their care

The national patient surveys are only conducted once a year and results take some months to come to us. This process is always retrospective in nature and the document itself can be unwieldy in its content and composition. We now capture our own real time patient feedback using electronic surveys via touchscreen devices sited throughout the trust and handheld devices within the inpatients environment .

Patients are asked multiple questions that both reflect those asked within the CQC patient surveys such as if they agree with the statement 'I was involved as much as I wanted to be in the decisions about my care' and how they rate their care overall.

These corporate questions are supplemented by specific questions relevant to the particular area or aligned to a particular initiative. These results are published at a trust level to both Hospital Management and Trust Boards and local reports are produced for each area in the trust.

These surveys coupled with patient interviews, focus groups and learning from patient complaints ensure that more patients have an active involvement in shaping the attitude and behaviour of the trust.

Priority Two: To implement the Healthcare for London Dementia Care Pathway

The Healthcare for London guidance advises that an acute trust should have strong clinical leadership, provide basic training for all new nurses and provide specialist training for those nurses working in care of older people areas, as well as following their specific pathways for acute patients. We have therefore designated a lead consultant and lead matron to champion this work. Initial part of strategy is aimed at improving care of patients with dementia on COOP wards and specific actions that have been taken (and are in the process of implementation) include:

- Ensuring training is received by all staff working on COOP wards
- Launch new documentation
- Improve care on COOP wards by rolling out agreed signage by NLHA Dementia Partnership Group
- Updating guideline on management of delirium

In addition Trust wide Dementia awareness is being planned but no specific pathways for acute patient has been developed yet.

Priority Three: To introduce a systematic approach to learning from patient feedback

Historically feedback from patients was collected in a variety of separate, disjointed ways across the hospital, which did not allow us to have, or act on, an overall picture. During 2010-11, we established a Patient Experience Steering Committee, chaired by the Trust's chairman, to bring together all the variety of feedback, and work out how best to act on it. This committee has provided a structured mechanism for pulling together patient feedback from a variety of sources, including local patient surveys, national patient surveys, complaints, PALS and risks. This feedback is matched to speciality or specific areas of the hospital, e.g. a ward or clinic, so that it is meaningful to staff at local level. This has allowed themes to be identified and improvement areas to be prioritised. As a result a trust-wide Patient Experience Improvement Plan has been developed and is now being implemented. For example we identified that in the national cancer survey in 2010 our cancer patients were dissatisfied with the care that we provided. As a consequence we have developed an action plan to improve the experience of care within the Trust for this group.

Priority Four: To increase the number of patients who would recommend the Trust to a friend or relation

An integral question within the surveys is the following rateable question.

How likely is it that you would recommend the Whittington to a friend or colleague? Please choose tour rating, with one meaning very unlikely to 10 meaning very likely.

The result of the responses from this question creates a unitary measure known as 'the Net Promoter Score' (NPS). This measure is captured from patients using devices across all areas of success and those that require additional support.

We can also now track the NPS over a period of time to evaluate the impact of seasonal pressures or the refurbishment of an environment . We also try to ensure that as part of the operational review of these results that there is a focus upon the detractors in order to define any common themes or trends that need addressing . Again this data is shared at both an executive and operational management level.

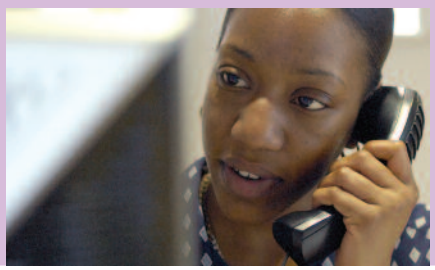
Review of Quality Performance

Dealing with inequalities within the Whittington Hospital

Care of patients with a Learning Disability

Introduction

Patients who have a learning disability (LD) often need "reasonable adjustments" to be made to enable their care in an acute trust to be safe and a positive experience. It can be



very distressing for them if not handled well, and several reports have shown that some patients experience poor standards of care just because of their LD, leading to serious avoidable harm, and even death. The recent Ombudsman's Report entitled "Six lives: the provision of services to people with learning disabilities" provides a summary of their investigation reports into six cases where patients with an LD died whilst in NHS or local authority care.

The report recommended that all organisations review the systems they have in place to meet the needs of people with an LD that use their services. This review was carried out over summer 2010, and was led by the Nurse Consultant in LD from NHS Haringey.

Work in progress

As part of our work to improve the care of this group of patients at the Whittington, a strategy was developed and an awareness launch held. Following this, a set of standards was developed based on our own strategy, plus the national must dos, including "Six Lives".

The standards set out how we will raise awareness and train staff about the needs of these patients, particularly around better communication and making reasonable adjustments.

We have been working closely with colleagues in NHS Haringey's LD team for some time, who have kindly provided advice and support, and in November 2010, we were delighted that an acute trust Learning Disabilities nursing post was established for the Whittington Hospital. The post holder provides expert advice for individual patients and carers, and also provides training and support to our staff.

Next steps

The foundations are now in place and awareness has begun to be raised, but there is still some way to go to ensure that all our staff, including administrative and facilities etc, understand the reasonable adjustments that must be made to ensure that this group of patients are not disadvantaged and that their care is safe. We will continue to work in partnership with our LD colleagues to improve this important area.

Equality and diversity

The Whittington Hospital has had, for the past three years, a single equality scheme (SES) in place.

The main aims of our single eqaulity are to:

- ensure that consideration of equalities issues are at the mainstream of thinking and day-to-day practice across the trust
- reduce health inequalities and improve health outcomes for patients
- meet the current legal requirements concerning race, disability, age and gender
- ensure that trust policies and practices do not discriminate
- challenge discrimination against people who work here or use our services
- ensure equal access to services and work to enhance and improve service user choice and control
- provide a coordinated approach to meeting the requirements of forthcoming legislation on: religion/belief and sexual orientation
- raise staff awareness and understanding of these issues.

The hospital is now working towards meeting its requirements under the Equality Act 2010. This will nclude the production of a new single equality scheme– and new goals and actions.

Speciality progress reports

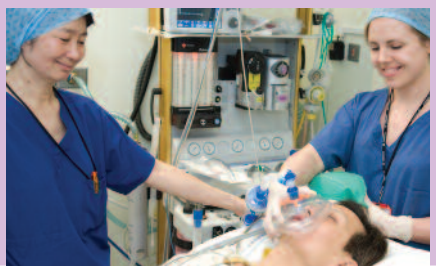
Acute Medicine

Quality achievements 2010/11

1. The Acute Medicine Unit (AMU) expanded from 16 to 34 beds in November 2010. Over 90 per cent of acute medical admissions are now admitted on AMU, (66 per cent before) – this gives equality of service access, brings a reduced length of stay in hospital to more patients & reduces unnecessary ward transfers.
2. The AMU was measured against the Royal College of Physicians national benchmark of Dec 2008: of 14 Guideline standards our service met 13
3. In 2010 3416 AMU patients were surveyed, and in all five domains – involvement, dignity, cleanliness, confidence, overall 94 per cent of patients rated their care positively.
4. The AMU-based outpatient antibiotics service helped many more patients stay out of hospital while still receiving effective intravenous treatment, saving 247 bed days in a year
5. The system of nurse-led discharge of inpatients at weekends helped many patients to spend less time in hospital, and this saved 154 bed days in 2010.

Areas for improvement 2011

1. The Acute Medicine service aims to have a consultant presence on AMU for 12 hours every day Monday-Friday (08.00-20.00) in response to guidance from the Royal College of Physicians
2. At weekends, the Division of Medicine aims to have enhanced consultant presence during the day so that not only new patients, but also established inpatients, can receive a consultant-led review



seven days a week, again in response to guidance from the Royal College of Physicians

3. The Acute Medicine service aims to increase the quality, timeliness and accessibility of information given to General Practitioners at the time a patient is discharged from hospital.

Anaesthetics

Quality achievements 2010/11

1. Developed staff rotas that are compliant with the European Working Times Directive, without needing to rely on temporary staff
2. Reduced high rates of sick leave

Areas for improvement

1. To develop specific anaesthetic outcome measures for patient safety, clinical effectiveness and productivity
2. To develop a formal report on the quality of the Anaesthetic Service

Care of Older People

Quality achievements 2010/11

1. Introduced new integrated Parkinson's outpatient clinic with neurology
2. Piloted daily consultant review of all patients leading to improved clinical care and reducing unnecessary delays in investigations, treatment and ongoing care
3. Established a programme for scrutinising any death under COOP care and feeding back lessons learnt to the whole team to continually improve the service

Areas for improvement

1. To develop a care pathway for complex elderly patients based on a consultant-led service that is fully integrated with community services
2. To strengthen multi-disciplinary working for all new elderly patient admissions to ensure that their needs are identified and met early on
3. To take an active role in developing and delivering dementia and falls strategies across COOP service
4. To continue to develop Advanced Care Planning to improve patient involvement in decision making

Critical Care

Quality achievements 2010/11

1. The outcomes of critical care are assessed as part of an independent national audit called ICNARC. Our critical care unit was rated as one of the top in the country. This was based on the critical care standardised mortality, adjusted for patient risk. Our score was 0.65, which means that the chance of our patients surviving is almost 50 per cent higher than that expected for those types of patients.

Diabetes and Endocrinology

Quality achievements 2010/11

1. Selected to continue into Phase 2 of the Health Foundation's Co-creating Health (CCH) initiative, a national demonstration programme to embed self-management support in health care services.
2. As part of CCH, established clinician training in consultation skills (Advanced Development Programme – ADP) to support patient self-management (feedback excellent – 93 per cent participants implemented ADP skills into daily practice).
3. As part of CCH, established a patient Self-Management Programme for type 2 diabetes (feedback excellent – rated 10/10 by participants).
4. As part of CCH, implemented a service improvement programme in diabetes and endocrinology clinics. This included designing self-management support tools for patients (agenda setting sheets, confidence ruler) and working with the Business Improvement Team to improve the overall patient experience.
5. Written and updated several guidelines for diabetes care both in hospital and in the community (e.g. diabetes and day surgery, diabetic emergencies, insulin infusion).
6. Continued focus on providing excellent patient care, achieving diabetes health targets similar to or better than national QOF data.
7. Continued focus on providing excellent care to patients with diabetes and very complex medical needs, including those with chronic kidney disease, thalassaemia major, foot ulceration and pregnant women with diabetes. For example, in 2010, patients in our diabetes thalassaemia clinic achieved better clinical outcome markers (HbA1c, blood pressure, cholesterol) than the national diabetes audit data.
8. Ongoing expansion of the insulin pump service with 5 per cent of our patients with type 1 diabetes now using this treatment. The Whittington was one of three sites participating in a national NHS project to improve uptake of insulin pump therapy, resulting in the launch in late 2010 of an NHS guide to implementation of this technology.

Areas for improvement 2011

1. Working within the new Integrated Care Organisation to further enhance care across primary/secondary care boundaries.
2. Continuing to provide high quality, patient-centred care.
3. Continue to encourage and implement improvement projects within the Multidisciplinary Diabetes Team to support patient self-management.

Emergency Medicine

Quality achievements 2010/11

1. Achievement of the Department of Health ED four hour Performance Standard
2. Introduction of regular medical , nursing and bed management rounds in the Emergency Department to ensure safe and streamlined patient flow
3. Development of an Urgent Care Centre for patients with Primary Care conditions & minor injuries
4. Review of ED patients using same day imaging reporting for Emergency Department patients 09.00-17.00 Monday to Friday
5. Introduction of an electronic process for checking of X Ray reports for films performed after hours and at weekends
6. Streamlining of pathways for management and referral of patients with trauma as part of the North East London & Essex Trauma Network
7. Introduction of streamlined patient care pathways within Isis ward (Clinical Decision Unit)
8. VTE assessment for →80 per cent of ED patients admitted via Isis ward

Areas for improvement 2011

1. Implementation of the new Department of Health Performance Indicators for Emergency Departments
2. Development of nursing leadership model to support changes required to implement and meet quality indicators
3. Improve availability of real time departmental information in order to assist with the implementation of the performance indicators and to capture information around patient and staff experience
4. Development of pathways for the use of non invasive ventilation within the Emergency Department
5. Further develop relationship between ED and inpatient teams to streamline care of the unscheduled patient presenting to the Whittington

Gastroenterology

Quality achievements 2010/11

1. Introduction of twice weekly Endoscopic Retrograde Cholangiopancreatography Service October 2010
2. Extension of Straight to Test Colonoscopy for patients with significant lower GI symptoms (in addition to suspected Colorectal Cancer)
3. Extension of Telephone Follow Up Clinic for GI and post-endoscopy patients June 2010
4. Introduction of monthly Dietetic Service for Inflammatory Bowel Disease patients
5. Introduction of gastroscopy-specific patient information leaflet

Areas for improvement 2011

1. Increase endoscopy capacity by opening a third endoscopy room
2. Carry out a regular patient satisfaction survey for endoscopy and outpatients

Imaging

Quality achievement during 2010-11

1. Introduction of same day imaging reports for the Emergency Department patients on week days between 09.00 – 17.00
2. Weekend MRI scans now been carried out to reduce outpatient waiting times, and ensure the MRI Scanner asset is used more fully
3. Introduction of radiologist led breast clinic for women under 35, with high level of patient satisfaction
4. Use of Surgical Safety check list for interventional imaging
5. Introduction of emergency interventional imaging 24/7 for life threatening bleeding

Areas for improvement during 2011-12

1. Extend same day imaging reporting for the Emergency Department to weekends as well as week days
2. Improve the efficiency of in-patient transfers to and from the Imaging Department to save patients waiting and improve productivity

Infection Prevention and Control

Quality achievement during 2010-11

1. Achieved DH Trust targets for levels of MRSA bacteraemia and *Clostridium difficile*
2. Recognised as an exemplar in the above - visited by other trusts for advice
3. Continued to provide all trust staff with annual hand hygiene training
4. Carried out regular audits of infection prevention and control practice across the trust, developed ward performance dashboard and acted on results

Areas for improvement during 2011-12

1. Continue to meet and if possible exceed DH targets for MRSA bacteraemia and clostridium difficile
2. Implement mandatory surveillance of MSSA Bacteraemia and *E.coli*, in accordance with DH guidance
3. Embed audits of practice into local work programmes

Maternity and Women's Health

Quality achievements 2010/11

1. Increase to 60 hours consultant presence on Labour ward birthing unit
2. Expansion of antenatal clinic
3. Introduction of daily consultant ward rounds on maternity unit
4. Women's Diagnostic Unit open every day from 08.00 – 20.00
5. Implementation of Badger maternity IT system

Areas for improvement during 2011-12

1. Increasing consultant presence on Labour Ward to 80 hrs by September 2011
2. Aim for 40 hr consultant presence on WDU (gynaecological emergency unit)
3. Patient survey- improve patient experience
4. Expand Hornsey Rise community clinics; potentially offer pre-pregnancy diabetic clinic, obesity clinic, and expand gynaecological services, one slot clinics, chronic gynaecological services
5. Improve gynaecology new patient to follow up ratio
6. Work towards clinical negligence scheme for Trusts, level 3

Oncology

Quality achievements 2010/11

1. Awarded Oncology team of the year by British Oncology Association & Pfizer for the Acute Oncology Service
2. Considered a Beacon site for the Acute Oncology service with several trusts and cancer networks visiting our Model of care
3. Developed a "live" alert to notify the acute oncology team of the arrival of a patient with febrile neutropenia to ED
4. Introduced an electronic data capture for MDT recording starting with a successful pilot in the GI MDT

Areas for improvement 2011

1. Roll out electronic data capture to all cancer specific MDTs across the Trust
2. Develop a robust cover system for the Oncology consultant
3. Appoint a dedicated CNS for the acute oncology team
4. Improve the out-patient experience for known cancer patients
5. Improve the waiting times for patients attending chemotherapy unit

Paediatrics

Quality achievements 2010/11

Peer review in 2010

1. Paediatric Sickle Cell Services (jointly with UCLH) *rated excellent*
2. Paediatric Oncology Shared Care Unit multidisciplinary team was rated 81.8 per cent and the unit itself at 95.9 per cent *by an external validator*
3. Paediatric HDU paper validation exercise
4. Safeguarding SITT *'Good, in danger of being too good, needs more evidence* & Ofsted
5. NICU Neonatal Toolkit *meets 80 per cent of standards*
6. PMETB survey *best training department in London for paediatrics second year running and one of the top large training units in the UK*

Areas for improvement 2011

1. Successful Integration of Child Health Services in Islington & Haringey into Whittington Health ICO. Maintaining safeguarding
2. To become the leading team in provision of postgraduate training in sector (NCL)
3. Benchmarking for outcomes in General Paediatric conditions
4. To further improve Neonatal performance and meet all of Neonatal toolkit standards
5. To 'export' the children's allergy services, that can be safely managed in primary care, back into local community settings

Palliative care

Quality achievements 2010/11

1. Developed draft strategy for Whittington in response to National end of Life Care Programme
2. Implemented Version 12 National End of Life Pathway. 75 per cent of patients referred to the palliative care team who die in hospital are on the EOL care pathway at time of death.
3. Implemented Anglia ICE as portal for Making referral to inpatient palliative care team

   Ordering End of Life pathway

   Ordering referral form for community palliative care teams
4. 4th annual palliative care patient satisfaction survey – rated good/very good/excellent by 100 per cent of respondents in all relevant domains. This reflects a steady improvement over past 4 years (from a high baseline).
5. Collaborated with Network and Trust colleagues in introducing Advance Care Planning policy and documents to the Trust
6. Collaborated in the development of Advance Care training package
7. Facilitated in the acquisition of funds for refurbishment of the mortuary viewing areas
8. 2010 Bereavement audit demonstrates compliance with NICE standards

9. 2010 Time to respond audit 96 per cent of referrals are responded to on same day. 93 per cent seen within 24 hours of referral (82 per cent on the same day)
10. Reduction in per centdeaths in hospital (for patients referred to the team) from 39 per cent in 2007/8 to 28 per cent in 2009/10

Areas for improvement/ development 2011

1. Following a year of working at 50 per cent of nursing establishment, Recruit Band 7 CNS to team and ensure that establishment 100 per cent
2. National end of life audit in progress (April –July 2011) – aim to improve on good performance in last audit.
3. Purchase of NPSA compliant syringe drivers
4. Education across acute/community settings utilising the opportunities presented by the ICO In particular
   - Emergency department liaison & training to facilitate patient choice and avoid unnecessary admissions Roll out ACP training across Whittington Health
5. Integration of hospital and community teams in the context of the ICO
6. Send Gold Standards Framework reminder letter and any documented advance care planning (informal and formal) to GP when patient discharged

Pathology

Quality achievement during 2010-11

1. External Inspections:

- Histopathology and Microbiology have achieved Clinical Pathology Accreditation (CPA), an external assessment that ensures our pathology department operates safely and follows all relevant guidance
- The Human Tissue Authority (HTA) inspection accredited our service with no conditions

2. We achieved the national target of 14 days turn around time to carry out cervical screening, by using "lean methodology"
3. Successfully piloted electronic requesting and reporting of tests results for our GPs, this speeding up the process and enabling patients to be diagnosed more quickly
4. Responded rapidly in 35 cases where patients had large bleeds that required blood transfusions urgently

Area for improvement during 2011-12

1. We will continue to work at improving the quality of patient data received, including developing further electronic requesting and links to laboratories at the Royal Free Hospital
2. We will merge our biochemistry, haematology and serology labs to form one united Blood Sciences Laboratory
3. We will implement the use of one, standardised blood glucose meter across the Trust. This will reduce the reduce of staff making mistakes caused by using different meters in different areas
4. We will work to achieve "point of care" testing accreditation, which means that tests carried out at the patient's bedside will be safer
5. We will improve reporting turn around times in histopathology by adopting "lean methodology"
6. We will implement HPV testing in cervical cytology in accordance with national guidance

Pharmacy

Quality achievements during 2010-11

1. Helped improve the discharge process by introducing pharmacists transcribing of "to take away" prescriptions
2. Introduced ward based dispensing, which speeded up receipt of drugs to a ward and therefore to the patient, and provided patients with information and advice on their medication
3. Both the above helped reduce prescribing errors from 12 per cent to less than one per cent
4. Stated work to roll out electronic prescribing – see below

Areas for improvement during 2011-12

1. To roll out electronic prescribing across the Trust, in order to provide the following benefits: -

- Prescribers accurately and clearly enter medication orders
- System identifies relevant patient details, e.g. drug allergies
- Prescription data is stored safely and cannot get lost
- The nurses who administer medicines have clear, easy to read prescriptions, thus reducing errors

Respiratory

Quality achievements 2010/11

1. Use of the Surgical Safety checklist for bronchoscopy
2. Good data completeness in National Lung Cancer Audit and 90 per cent compliance in recent peer review
3. Introduced oxygen section on prescription charts and audit shows 95 per cent of Whittington patients have a prescription within the correct target range (46 per cent nationally)
4. Community Respiratory Service team continuing to save bed days

5. Patient specific protocols in use by London Ambulance Service for 90 Whittington patients with chronic respiratory failure, preventing over oxygenation
6. Achieved London targets for completion TB therapy
7. Ward based non-invasive ventilation service for patients with acute exacerbations of COPD resulted in excellent outcomes – hospital mortality down to 12 per cent and ITU admissions avoided in 93 per cent of patients
8. Excellent access for patients with possible lung cancer against the 2 week target

Areas for improvement 2011

1. Improve number of patients who have lung cancer nurse specialist present when given their diagnosis
2. Availability of post discharge pulmonary rehabilitation
3. Ensuring patients admitted with COPD have **all** had best value interventions i.e. smoking cessation and offer of pulmonary rehabilitation
4. Continue to reduce over-oxygenation of emergency admissions with type 2 respiratory failure
5. Establish ultrasound guided pleural aspiration and chest drain insertion service

Surgery

Quality achievements 2010/11

1. WHO Surgical safety check list for elective and emergency operation
2. Consultant led pre assessment clinic for high risk patients requiring elective operation
3. Use of cardiopulmonary exercise testing for all complex major surgery
4. Daily Surgical handover for Emergency and Elective inpatients. Real time updating of patients conditions on surgical handover database.
5. ITU mortality reduced and ranked in the top 10 per cent best performing units in the country
6. All elective colorectal patients managed on Enhanced Recovery Pathway
7. No deaths for all elective colorectal operations in 2010

Areas for improvement 2011

1. Rolling out enhanced recovery pathway for orthopaedic elective operations
2. develop a surgical assessment unit
3. Reducing surgical site infections (SSI)

Within Community Services

Haringey and Islington Community Health Services aim to provide high quality services for the population we serve, ensuring we use tax payer's money wisely.

We also focus on innovation and improvement of services through working together and listening to patient and carers. We wish to improve outcomes for the population and intend to do this through working with partners in the delivery of services to patients. As of 1 April 2011 we have merged with the Whittington Hospital NHS Trust to form Whittington Health.

The content of this contribution to the Whittington Hospital Quality Account 2010/11 has been endorsed by senior leaders within Community Health Services and has also been shared with a number of other partners and community forums to gain feedback on the content and the language used in the development of this account.

Clinical Effectiveness priority 2010/11: -

Lymphodaema - leaking legs

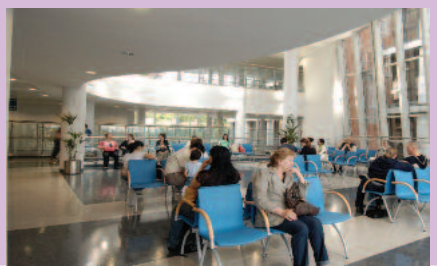
Lymphodaema is a disabling condition which can lead to cellulitis and erysipelas resulting in frequent admissions to hospital. Leaking legs is a highly distressing and disabling symptom for patients. The management of leaking legs was identified as an area for service improvement though QIPP.

Changes to the service model in Islington were piloted and focussed on a model of initial intensive management by a dedicated team to bring the leaking legs rapidly under control so that once healed, the patient would be able to put on re-useable stockings to maintain therapy and prevent re-leaking. If successful it was anticipated that savings would be made in the prescribing budget through decreased dressing costs as well as improving patient outcomes and quality of life.

Results:

- Healing rates for single treatment episodes have improved from 15 per cent at baseline audit to 89 per cent
- Average treatment times have reduced from 20 weeks at baseline audit to six weeks.
- Treatment levels have reduced from 54 treatments at baseline to11 treatments per episode
- Dressing costs have been reduced from £40 per treatment session to £11
- Based on data gather in 10/11 the predicted net prescribing budget saving for 11/12 is £99,840

The data gathered so far provides significant evidence that intensive, specialist intervention is welcomed by patients, key in the effective management of leaking legs and the vast majority of cases can be resolved rapidly through appropriate treatment.



Development area: -

Further develop the services clinical outcomes measures with a focus on pain management and improvement.

Patient Experience priority 2010/11: -

Greentrees (Chestnut Ward) one of our community services which focuses on rehabilitation in Haringey has been working on a structured programme with a focus on Dignity and Respect, this has also been linked into the work surrounding the Productive Community Hospital, an NHS Institute for Innovation and Improvement programme with the aim of improving quality, patient outcomes, experience and releasing more time for face to face care.

Development area: To continue to develop the services at Chestnut Ward surrounding Dignity and Respect and Patient Experience during a period of change guaranteeing clinical quality whilst the service is commissioned elsewhere.

Safety priority 2010/11:

Simmons House, Child and Adolescent Mental Health Services (CAMHS)

Our Tier 4 Adolescent Psychiatric in patient and day patient service. Many of the patients self harm and have suicidal ideation and can present with risky and challenging behaviour. Every patient has a comprehensive risk assessment on admission and this assessment is regularly updated.

Learning from experience and reflective practice sit at the heart of Simmons House risk management:

- All incidents of self harm of any kind and of any degree are reported to case managers, consultants and lead to a clinical incident form being completed
- All incident forms are reviewed by senior nurses daily, summarised and sent out to senior clinical staff
- All incident forms are discussed monthly at the SH Management Group
- All incident forms are forwarded to the Trust Clinical Governance department for scrutiny
- All incidents are reported to the lead commissioner for Simmons House (Islington CAMHS) quarterly

Within the past 12 months Simmons house conducted a medication errors review within their service, this was reviewed externally with support by a senior nurse from UCLH.

As a result of this review the service has developed and is implementing an action plan with recommendations from the review for the ongoing management of medication errors.

The risk assessment tool (RAT) used at Simmons House has been devised by the clinicians at Simmons House and shared with other services. However the risk assessment tool is not a substitute for regular and ongoing risk assessment; its aim is to capture the detail and background relating to risk.

The unit's philosophy, strategies, structure and daily activity are designed to ensure that the service offered at Simmons House is as safe and effective as possible.

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Development area: To further develop the Your Welcome information pack with the young people who use the services to ensure that the information for young people and their families is accessible.

Partnership Working

It is vital that we work in partnership with other organisations, patients and our staff, so that good practice is shared, and feedback is listened to and acted on so that we improve.

Other organisations

In view of the work to create Whittington Health, we have obviously worked very closely with our colleagues in both NHS Haringey and Islington Community Services.
We have, however, also continued to work collaboratively with colleagues in other hospitals.

We are a member of **UCL Partners**, an Academic Health Science Centre, which is dedicated to achieving better health for our population. It's aim is to harness the best of academic medicine, high class education and clinical practice to deliver significant health improvement. Examples of work undertaken are: developing a new approach to providing an integrated, improved quality cancer service; providing patients with long term conditions with more information, choice and control, so that they have a better experience and reduced hospital visits and developing a set of outcome measures to ensure patient pathways focus on what matters to patients.

Within the UCLP Quality Forum the Whittington is working with the other partner organisations on two quality priorities:

1) better prevention and management of deterioration of inpatients
2) more timely inter-hospital transfers, where required, to reduce delays for patients

The Whittington Hospital's clinical governance lead works closely with her counterpart at **North Middlesex University Hospital Trust** to share approaches to ensuring compliance with key patient safety and quality standards, so that best practice is shared across the trusts.

The clinical governance lead from the Whittington Hospital and Islington Community Health Service are both part of a new **Governance and Patient Safety Network**, where best practice is shared between a number of trusts in the sector.

We also work closely with our partners in **local authority social services**. Key areas where joint work is essential is in adult and children's safeguarding. Islington Social Services have a base at the Whittington Hospital site, making access to advice and support easy and speedy. We also work with the individual patient's borough social services to arrange patient discharges, particularly in complex cases, where support packages in the community are required.

Patients and public

It is vital that we see patients as partners and listen to and act upon what they tell us about the services we provide. We do this in a number of ways. Firstly we use information gained from participating in national surveys. An example of this is the outpatient survey, which told us that we don't always provide patients with a good experience in this area. As a result we have set up an outpatient improvement programme, with key, measurable objectives. These are reported to our Patient Experience Steering Committee, which was established in September 2010 and is chaired by the Trust's chairman, so there is "ward to board" information on progress. As national surveys like these are only undertaken annually, however, we need to have much more frequent feedback from our patients. This is why we use feedback kiosks in key areas, such as outpatients and the Emergency Department, and hand held patient experience tracking devices on all the wards. They include five key questions and a comments field. This feedback is shared with the relevant staff and also presented and discussed at the Patient Experience Committee, so that we can monitor our progress in key areas, e.g. the cleanliness of the area, being involved in your care and having confidence in the nurses treating you.

Feedback from complaints is also used to help us focus on areas where we need to improve. During 2010-11 we have improved how we present complaints reports so that we can see which areas of the hospital are being complained about and what types of subjects. For example lack of information is a common area of concern. We have therefore rethought our approach to this, and have almost completed a review of all written patient information to ensure it is up to date, accurate, written in plain English and readily available. Where patient feedback told us there was a particular information need, for example around MRSA and discharge, we have developed specific information to address this. In addition, a recent publication of the Risk Management newsletter 'CAT'S EYES' highlighted the importance of doctors and nurses writing legibly in patient notes ensuring that they are immediately identifiable. Pharmacy staff are now expected to follow this up, reporting any illegible handwriting.

Furthermore, following a number of complaints about a particular clinical ward, we have assigned a Matron to the area with an emphasis upon improved leadership. No further complaints have been received about that ward subsequently, over the most recent eight month period.

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

Staff

Our staff also let us know about the quality of the services we provide, particularly if we get, or could get something wrong that would impact on patient safety. During the last year we have rolled out a new incident reporting system that enables staff to let us know about cases where some aspect of care has gone wrong, or had the potential to go wrong. This is done on line so that our Risk Management Team know about the incident as soon as it is logged, thus enabling appropriate action to be taken. As with complaints, this allows is to identify which areas of the hospital and what types of things we need to improve.

For over a year our Executive Team and other members of the Trust Board including LINK representatives have been carrying out Patient Safety Walkabouts. These involve visiting various wards and departments to ask staff and patients directly for their views on what can be done to improve patient safety. Resulting action plans are monitored by the Executive Committee.

We have also developed a "discharge alert" process, so that if the hospital sends someone home that staff in the community are concerned about, they can easily alert us, so we can investigate and address the issues raised.

We also have a "Whistle Blowing Policy" so that if a staff member has a concern , they can safely report it without fear of come back.

Safety Alerts

The Trust receives safety alerts from national external bodies, such as the National Patient Safety Agency (NPSA), which warn us about equipment or drugs that have been shown to be faulty in other organisation, and could therefore potentially harm our patients or staff. A process is in place to ensure that these alerts are acted on, thus reducing the chance of harm.

All alerts are received and recorded by our Risk Management Team, then scrutinised by the Assistant Director of Nursing for Risk Management who decides on the appropriate person within the trust to investigate our practice and make any necessary changes. A designated staff member of the RM team contacts the lead/leads with the alert and deadline for the investigation/changes to be made. The chair of the Patient Safety Committee will intervene and advise the lead should there be a delay in responding.

Progress against the action points in the alert are monitored via an overall action plan and reported to Patient Safety Committee every month and to Clinical Governance Committee twice a year. The Patient Safety Committee will report the alert fully implemented when all actions are completed.

Safeguarding Children

The Whittington Hospital works hard to ensure that all patients, including children, are cared for in a safe, secure and caring environment. As a result a number of arrangements for safeguarding children are in place. These include:- The Whittington Hospital meets statutory requirements in relation to Criminal Records Bureau checks. All staff employed at the Trust undergo a CRB check prior to employment and those working with children undergo an enhanced level of assessment.

All Trust child protection policies and systems are up to date and robust and reviewed on a regular basis by the Trust Clinical Governance Committee. As the Trust becomes an Integrated Care Organisation (ICO) on 1st April, policies will be reviewed in the first quarter of 2011/12. The current guidelines are fit for purpose.

The Trust has a process in place for following up children who miss outpatient appointments within any specialty to ensure that their care, and ultimately their health, is not adversely affected in any way.

Staff undertake relevant safeguarding training and the content of training is regularly reviewed to ensure it is up to date. The Trust has a robust training strategy in place for delivering safeguarding training. The figures below relate to standards in the Royal college of Paediatric child health intercollegiate document 2006. This guidance has recently been revised and the new document was published September 2010.

- 76.6 per cent of all staff are up to date on level one training (target is 80 per cent) (verified March 2011)
- 83 per cent of eligible staff are up to date on level two training (2010)
- 87 per cent of eligible staff have attended at least one level three education session within the last year (2010)

The Trust is continue to develop robust systems of recording all training undertaken by staff utilising the Electronic Staff records. There have been additional administrative resources identified to achieve this.

The Trust has named professionals who lead on issues in relation to safeguarding. They are clear about their roles, have sufficient time and receive relevant support and training to undertake their roles:

- Named nurse: full time (1wte)
- Named doctor: one designated PA per week. (Plan for further PA to be allocated in the spring to Consultant Neonatologist for safeguarding.)
- Named midwife: 0.25 wte (post holder 1 wte)

The director of nursing and clinical development is the executive lead for safeguarding children, and chairs the Trust child protection committee, which reports to the Trust clinical governance committee and ultimately to the Trust board.

The Trust board takes the issue of safeguarding extremely seriously and receives an annual report on safeguarding children issues. The last annual report was presented to the board in October 2010, and the Board paper relating to this can be found at www.whittington.nhs.uk under "about us" and "trust board". The Trust has robust audit programme to assure the board that safeguarding systems and processes are working. This is discussed at the Local Safeguarding Children Board for Islington and Haringey, of which the director of nursing and clinical development is a member.

The Whittington has participated in Haringey Ofsted, Islington Peer Review of social care and Health and SIT visits positive feedback has been received on our services.

The next safeguarding children declaration will be presented as a integrated care organisation declaration.

Safeguarding vulnerable adults

Introduction

As the Whittington Hospital is located in Islington, the organisation comes under the Borough of Islington's Social Services, who are our lead for adult safeguarding. Their Adult Safeguarding team have staff based at

the Whittington site, provide adult safeguarding training, and we follow their policies. Having their team on site provides us with easy accessible, speedy advice and support in adult safeguarding matters.

The patients that use the Whittington Hospital are, however, roughly equally split between Islington and Haringey, and so we also try to ensure that we work closely with the Borough of Haringey, and NHS Haringey on adult safeguarding issues.

Progress in 2009 -10

- The terms of reference for the Whittington Hospital's Adults at Risk Steering Committee were updated, to ensure the membership is relevant and clear objectives have been set
- The structure of adults at risk has also been updated to ensure that the committee reports appropriately within the trust and is linked to other relevant work streams including learning disabilities, care of patients with dementia, prison healthcare, victims of violence, DOLS and mental capacity
- The Whittington Hospital's Safeguarding Adults Policy was updated in December 2010 to reflect the template set by the Borough Islington, which in turn is based on the pan London policy. This has been shared with NHS Haringey's Adult Safeguarding Lead, who has checked it and assured us that it also meets their requirements
- Training continues and is delivered via a number of channels including:-
  - Now included in all induction and mandatory training days (provided by Islington)
  - An e-learning package is about to go live. It is for all clinical staff, but is being aimed at FY1s and FY2s
  - The Adult Safeguarding lead from NHS Haringey is providing training for ED staff
  - It has been agreed to include LD in the audit half-days. These are for all clinical staff, but mainly attended by Drs.

Next steps

With the advent of the ICO the various systems, policies and procedures that support adult safeguarding will become integrated, to provide one responsive, unified approach across the acute and community services.

National staff survey 2010

On the overall indicator of staff engagement, the Whittington Hospital was in the best 20 per cent of all trusts of a similar type and for the question on staff recommending the trust as a place to work and for staff satisfaction, we were also in the best 20 per cent.

Who has been involved in developing this Quality Account

A cross section of individuals/teams were invited to have a say in the Quality Account, including: -

- Haringey Community Health Services
- Islington Community Health Services
- Local GPs
- North Middlesex University Hospital
- NHS Islington
- NHS London
- Local LINKs
- The Trust's senior medical staff, including Clinical Directors, the Medical Director and Deputy Medical Directors
- Senior Nursing Team
- Clinical Governance Team
- General Managers
- Members of the Executive Committee, Trust Board and Clinical Governance Committee
- Patient Feedback Manager
- UCLH
- Volunteers from NHS Islington

We would like to thank those that chose to contribute.

Our Quality Account in draft format was sent to our Trust Board, Non-Executive Directors and Foundation Trust Shadow Governors for review and comment. As a result of comments received, we have taken the following actions:

- The removal of the use of unnecessary jargon and acronyms;
- The removal of section numbering;
- The removal of a section of the Gastroenterology speciality progress update which referred to a 2009 service introduction.
- Further development of some of the 2009/2010 priority sections.

A number of the comments received related to the structure and length of the Quality Account. Adherence to the Department of Health recommended template precluded specific structural changes. Further advice on this issue was sought from the Department of Health which supported our decision to keep the existing format.

Statements from external stakeholders

Additionally, we asked for external stakeholder comment. Following a comment made by NHS London, an insert was added to the 'Review of Quality Performance' section, reaffirming our commitment to the patient experience.

Statements received from external stakeholders are listed below:

NHS North Central London (Feedback submitted by Alison Pointu, Director of Quality and Safety)

'NHS North Central London are responsible for the commissioning of health services from eight acute/specialist trusts, two mental health trusts and a range of community and primary health services located in Barnet, Camden, Enfield, Haringey and Islington.

NHS North Central London has reviewed this document and is pleased

to assure this Quality Account for Whittington Health.

In this review, we have taken particular account of the identified priorities for improvement for the Trust during 2011-12, and how this work plan will enable real improvements for patients and their relatives. We welcome the priority focus on the, establishment of out of hours consultant ward rounds, improving patient experience, reducing the incidence of pressure ulcers, and committing to progressing last years priorities. The integration with Islington and Haringey community services provides an exciting opportunity to progress an integrated care model, which improves patient care.

We look forward to continuing our partnership with the Trust to improve both the quality and safety of health services provided to their patients.'

Haringey LINk Feedback submitted by Helena Kania (Haringey LINk Chair).

'Haringey LINk has been involved at many levels in contributing to decisions and plans made by Whittington Hospital as well as feedback on performance. The Whittington Hospital for the year 2010-2011 has continued to be open with Haringey LINk, for example our ongoing participation at Board level with observer status and speaking rights. We have invested a great deal of effort in these meetings, as we know how important it is to speak for the community where the decisions are made. We have also been welcomed at the Whittington ICO Board meetings as the organisation prepared to integrate acute and community health in Haringey and Islington for launch in April 2011.

In other areas we have contributed as the user voice both at the Clinical Ethics Group and the Organ Donation Committee as well as more recently at the Patient Experience Group led by the Chair. Around the hospital we have been involved in a number of patient safety walkabouts where staff are encouraged to air their concerns on any safety issues worrying them. We feel these are a positive way to ensure staff have the ear of senior staff members on issues of concern.

On the priorities for improvement over the coming year we are happy to endorse these but want to point out involvement of user nucleus (patient, carers, family, friends) through LINk at highest level is extremely important. This is especially valid at this period when there is the application for Foundation Trust status about to be embarked upon. The financial rigour needed can result in less emphasis on quality of care from the user nucleus perspective. Also amalgamating acute and community health is a big task and not one with much precedent. This will need much user nucleus input not just at detail level but at strategic level where plans are formed and decisions made for the future direction. We look forward to working with The Whittington on both these challenges as well as the day-to-day work.'

Head of LINk Services (Voluntary Action Islington)

LINk thanks the Trust for the opportunity to comment on this year's Quality Accounts. The LINk is pleased to learn that its recommendations from the LINk-produced 'Leaving Hospital' report will now be implemented through the Trust's Patient Experience Steering Committee. The LINk looks forward to hearing about developments in this area.

The LINk has had a seat at the Whittington Trust Board in 2010-11 though this will not continue in 2011-12. The LINk welcomed this opportunity for communication between the LINk and the Whittington and will discuss with the Trust how communications can be maintained in the future.

How to provide feedback on this Quality Account

If you would like to comment on this quality account, or have suggestions for the content of next's year's then please let us know. We can be contacted by the following means; -

Communications Office, Whittington Health, Magdala Avenue, London N19 5NF Telephone 020 7288 5983 or communications@whittington.nhs.uk

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Directors' statement of responsibilities

Whittington Health's Trust Board is ultimately responsible for the delivery and quality of services delivered throughout the organisation. They are, therefore, also responsible for the accuracy of information that is presented within our Quality Account.

Assurance Process

In order to assure themselves that the information presented is accurate, and that the services described and priorities for improvement are representative, the Trust Board designated an executive director, Mrs Celia Ingham Clark Medical Director, to lead the process of developing the Quality Account, and to report progress to the Trust Board before they gaining their final approval.

Mrs Ingham Clark ensured that key relevant staff were also involved in developing the Quality Account, in particular senior clinicians, who described their own services, information staff, who provided data, and clinical governance staff, who provide quality information. The organisation's executive committee were pivotal in setting priorities. This was in addition to key external stakeholders, who provided an objective view.

The Trust Board were provided with three opportunities to review the Quality Account before the final version was agreed, this ensuring as far as possible, that the information is accurate.

Statement from the Directors

The information provided in this document is accurate

Signed: Dr Yi Mien Koh,
Chief Executive

On behalf of the directors

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The Whittington Hospital
NHS Trust
NHS
Emergency Entrance
Emergency Department
Labour Ward
Main Entrance