

Whittington Health Trust Board

4 June 2014

Title:	Quality Account 2014-2015: Update						
Agenda item:	14/105		Paper			9	
Action requested:	To receive						
Executive Summary:	The annual Quality Account is required to be published by 31 st March. This year, we propose minor changes to the structure of the way in which the Account is written, in order to follow the Monitor guidance for Foundation Trusts (which incorporates all our legal requirements). The attached paper and appendices provide an update as to our current status.						
Summary of recommendations:	The Committee is asked to receive this report, but also to consider any suggestions that individual members might wish to make with regard to the proposed Quality Priorities for the year ahead and the structure.						
Fit with WH strategy:	Since last year, the Quality Priorities have been directly aligned against the Trust's strategic objectives and this will continue						
Reference to related / other documents:	See national guidance on NHS Choices regarding the production of Quality Accounts (http://www.nhs.uk/quality-accounts)						
Date paper completed:	23 rd May 2014						
Author name and title:	Janet Anderson Interim A/D Clinical Governance & Quality Assurance			Director name and title:	Martin Kuper, Medical Director		
Date paper seen by EC		Equality Impact Assessment completes?		Risk assessment undertaken?		Legal advice received?	



Quality Account 2014-2015: Update

1. Background

The Trust is required to publish its annual Quality Account by 31st June. This year, it is proposed that the Trust follows as closely as possible the guidance published by Monitor with regard to the production of Quality Accounts, which is mandatory for Foundation Trusts. This guidance incorporates the mandatory data which must be included by all Trusts (for example, data on VTE and C Diff. rates) but also requires additional assurance statements which are not mandatory but which it would represent good practice to provide.

2. Engagement Plan

In December 2013, the Trust held a Quality Account stakeholder meeting, to which both internal and external stakeholders were invited, including the Trust's shadow governors. At this meeting, the Trust's progress with the Quality Priorities for the year 2013-2014 to date was presented (see Appendix 1), and there was discussion around what the priorities going forward might be. We will hold one further stakeholder event in order to ensure that we can meet face to face with as many people as possible. Other methods of engagement will include the circulation of an online Quality Survey to staff (via the Noticeboard) and to external stakeholders (including our shadow governors, Healthwatch Islington, Healthwatch Haringey, our commissioners, and representatives from Haringey and Islington Councils), and the use of screensavers to publicise the survey to staff. In addition, a draft version of the Quality Account will be circulated to the Oversight and Scrutiny Committees and Health and Wellbeing Boards for both Islington and Haringey for comment, and will return to Quality Committee in May before sign off at Trust Board in June.

3. Update on our Quality Priorities last year

The following table shows the Trust's Quality Priorities for 2013-2014. These were designed to correlate to the Trust's strategic objectives, as shown below. This acts as a powerful reminder of the inherent emphasis on quality within the Trust's strategy, and also provides a useful structure within which to measure our Priorities.

Trust Strategic Objective	Quality Priorities
Integrate models of care and pathways to meet patient needs.	Undertake integrated care case conferences. Multi-disciplinary working between providers is key to the success of integrated care. This objective aims to embed them into routine practice.
Deliver efficient, affordable and effective services and pathways that improve outcomes.	Ensure patients waiting for physiotherapy and podiatry receive their initial treatment within a timely fashion.
Ensure "no decision about me without me" through excellent patient and community engagement.	Ensure that clinicians are trained in consultations that support shared decision making and goal setting with patients.
Improving the health and well-being of local people.	Improve success rate in helping people stop smoking and to reduce the harm caused by alcohol.

Change the way we work by building a culture of education, innovation, partnership and continuous improvement.	Extend ambulatory care, reducing proportion of patients who need hospital admission.
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Appendix 1 contains the data on the Quality Priorities for the year 2013-2014 as of December 2013. This will be updated once the full year's worth of data is available at the end of March. One area in which there is clearly continued need for improvement is in helping to reduce the harm caused by alcohol, and therefore it is proposed that this objective, and its associated objective regarding smoking cessation, be carried over into the Quality Priorities for 2014-2015, as this is a key part of our work with our local population.

4. Proposed Quality Priorities next year

Some draft Quality Priorities for the year 2014-2015 are listed below, alongside their corresponding Trust Objectives. These are initial drafts and would be made more SMART before being finalised. However, we would welcome additional or alternative suggestions.

Trust Strategic Objective	Quality Priorities
Integrate models of care and pathways to meet patient needs.	Develop a localities-based model of care with our commissioners.
Deliver efficient, affordable and effective services and pathways that improve outcomes.	Improve patient experience in Outpatients.
Ensure "no decision about me without me" through excellent patient and community engagement.	Further develop co-creation of healthcare with patients as active partners
Improving the health and well-being of local people.	Improve success rate in helping people stop smoking and to reduce the harm caused by alcohol.
Change the way we work by building a culture of education, innovation, partnership and continuous improvement.	Work with other Islington stakeholders to develop our pilot Community Education and Practise network

5. Data

Appendix 2 contains the data collected to date for the mandatory sections of the report. This will need to be updated at the beginning of April in order to contain the full year's worth of data. The Trust's Information Department will provide a statement on the ways in which this data has been collected as well as assurance of its accuracy.

6. Proposed Structure:

- CEO Statement / Chairman's Statement
- About the Trust
- Report on Quality Priorities 13-14

- Quality Priorities for 14-15
- CQUIN performance
- Clinical Audit Report
- Research Report
- Statement on EPR
- Required data and assurance statements
- Divisional areas to highlight:
 - *ICAM:*
 - Ambulatory care
 - Networked outpatient TB service
 - Learning disability
 - Community care of the elderly service
 - Multidisciplinary integrated care in community
 - *SCD:*
 - Acute oncology service
 - Community urology service
 - Fractured neck of femur pathway
 - Pioneering breast treatment, TARGIT
 - Theatre productivity
 - *WCF:*
 - Improving facilities for maternity and neonatology
 - Consultant delivered care (paediatrics)
 - Children's epilepsy treatment
 - Teaching and training (paediatrics)
 - Patient experience in the Sexual Health Service
- Comments from external stakeholders

We would welcome additional comments with regard to the structure of the Quality Account.

Whittington Health

**Registered as:
The Whittington Hospital NHS Trust**

Quality Account 2013 – 2014

V8JA Draft

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Appendix 1	Statement of Directors (to be added)
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Part 1: Statement on quality from the Chief Executive

Purpose of the Quality Account

Whittington Health (Trading as The Whittinton Hospital NHS Trust and referred to hereafter as Whittinton Health) Quality Account forms part of the Trust's annual report to the public. It describes our key achievements on the quality of patient care for 2013 – 2014, as well as areas for improvement. It also sets out our key Quality Priorities for the year ahead.

The development of our Quality Account has involved identifying and sharing ideas and information across the Integrated Care Organisation (ICO), particularly with our Consultants, Nurses, Therapists, Quality Teams, Governors and Non-Executive Directors, and most importantly with our Patients. We have also consulted with our colleagues in Local Community Services, and other local NHS Acute Trusts.

I am especially pleased to see that we have made further progress since our 2012/13 Quality Report was published so that our Summary Hospital-Level Mortality Indicator (SHMI) is now **0.63** against a standardised value of 100, and is still currently the lowest mortality nationally.

Our achievements in reaching key Quality Objectives during 2013/14 has been due to the hard work and dedication of our staff, who also recognise that there is no justification for complacency so our key Quality Objectives for 2014/15 are equally challenging as those presented last year.

Quality vision for Whittington Health

Whittington Health brings together former community services in Haringey and Islington with The Whittington Hospital to form one of the first Integrated Care Organisations (ICO) in the UK. As an ICO, we can provide world class health care across the Acute Hospital and Community for the benefit of the local population. Over the last year, Whittington Health has worked in partnership with the Local Community, Local Authorities, General Practitioners, Schools, and Service Users to deliver our Strategic Objectives. Our five objectives place the patient at the centre of healthcare and recognise the importance of healthy living and disease prevention in achieving better health for all.

Our five objectives are:

- Developing integrated models of care
- Ensuring 'no decision about me without me'
- Providing efficient and effective services
- Improving the health of local people
- Establishing a culture of innovation and continuous improvement

Our 2013 -14 key aims to support these objectives were set out in our Quality Strategy, published in 2013. Some of these aims have been achieved and need to be sustained, and in other areas, we have achieved some improvement but still require further work. We will also continue to push forward with the priorities identified in last year's Quality Account. This account also 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.

Whittington Health recognises that we are living in a changing health care climate and, as with all NHS trusts, will continue to face challenges, particularly financial, which make it all the more important to keep safe, high quality patient care as our focus. We also need to ensure savings are made by driving up efficiency, integrating care pathways and cutting waste, raising quality and continuing to improve our patients' experience and their outcomes.

EPR (Electronic Patients Records)

During 2013-14 issues emerged with regard to the management of Endoscopy, RTT (Referral to Treatment) and Cancer waiting lists. The main issue was an error in the data base, which had been implemented with limited functionality to interface with the main patient administration system. A series of actions was established with the support of the NHS Intensive Support Team. A Clinical Review Panel was convened to identify any patients who may have waited longer than 18 weeks for treatment and to risk assess any harm due to the extended wait. The clinical review has now been completed and the corrections actioned.

Francis report

The publication of the Francis report was a deeply shocking condemnation of care within the NHS. We recognise it is our duty to provide high quality, safe and compassionate care to all who use our services and despite the challenging times ahead, compassionate care will remain a central value to our service delivery and transformation. Our Trust has been reflecting on the recommendations of the Francis report and consulting with our stakeholders, particularly our staff, on lessons we can draw from the report, ensuring that we have the right culture and systems in place for the future care of our patients. In June 2014 the Trust Board will be receiving a report recommending an increase in nurse staffing levels in the Acute In-Patient wards.

Key quality achievements and developments

The hard work and dedication of our staff has led to several key achievements over the past year. These have provided us with strong foundations upon which we can continue to build and deliver our vision for the Trust.

With safety at the heart of everything we do, I am delighted that the Whittington Hospital continues to be one of the safest hospitals in the country. On one of the key mortality indicators, the hospital has had, for seven consecutive quarters, the lowest Standardised Hospital Mortality Index in England. The index is based on deaths in hospital and 30 days after discharge. Our rate is 0.63 for the 12 month period to February 2013 (latest published data), significantly ahead of the expected value of 1.0.

In January 2014, we were visited and inspected by the Care Quality Commission (CQC), which is responsible for ensuring that all health and social care meets national standards on quality and safety. The CQC team visited many services across the Trust and spoke to many service users, staff and relatives. The findings from their visit were very positive, although one area was highlighted as needing improvement. The report is discussed in full later in the document. We will be working hard over the next few months to improve the standard of care that we provide to ensure that our services are world class, across the organisation.

We achieved National Health Service Litigation Authority (NHSLA) Clinical Negligence Scheme for Trust (CNST) level 1 last year, which supports trusts with risk management, and have been working hard towards achieving level 2. The achievement of NHSLA level 1 for Whittington Health as a whole and level 2 for maternity services from our litigation insurers is an important measure of how safe our services are. It provides assurance that the key governance arrangements are in place to ensure safety and high quality services and although the assessments are currently on hold in England and Wales, we are continuing to work hard to reach compliance for Level 2 when the NHSLA resumes their assessment schedule.

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.

Signature:

CEO

Date:

About the Trust

Whittington Health provides hospital and community services to around 500,000 people living in Islington and Haringey, as well as other London boroughs including Barnet, Enfield and Camden.

In 2011, The Whittington Hospital combined with community health services and we now have 4,000 staff delivering care from more than 30 locations across Islington and Haringey.

With both hospital and community services, we are an “integrated care organisation” which means we can improve our patients’ experience by bringing services closer to home and ensuring that the way patients receive healthcare is as joined up as possible between their GP, health facilities in the community and, when appropriate, the hospital. The Trust’s vision is to continue to give people the most advanced care with quicker recovery times and where possible, enable our patients to receive their care at home and in the community. This is now considered the best way to provide healthcare to maintain health and well being.

We also have a highly regarded educational role, teaching undergraduate medical students, nurses and therapists each year, and providing a range of educational packages for postgraduate doctors and other healthcare professionals.

We have made excellent progress with our clinical strategy, which focuses on integrated care in the community, ambulatory care at the hospital – community interface and enhanced recovery inpatient care.

In April 2014, we opened our new £3m Ambulatory Care Centre. This pioneering new centre brings together our adult and child same day emergency care for the first time in a dedicated unit. For adults, the centre will have five times more space with 17 treatment spaces and children will be able to be observed for longer periods of time than in our emergency department.

The centre provides easy access to diagnostic tests, the Access to hospital consultants and specialist staff to support for patients going home and coordinated care with our community services and social care teams.

The centre includes specialised care for older patients including the Dorothy Warren Day Hospital and our urgent access clinic for children.

Patients treated at the centre will either be referred from our emergency department, by their GP or already be in hospital and will be supported to go home sooner, as part of our enhanced recovery programme.

GPs can refer patients by ringing switchboard on 020 7272 3070 and asking to be put through to an ambulatory care consultant.

The new Tuberculosis (TB) centre, which will be run in partnership with University College London Hospitals NHS Foundation Trust (UCLH), also opened in April 2014. The centre offers a free walk-in service, two days a week thus enabling patients to be diagnosed and treated quicker. Specialist medical and nursing teams will use the latest methods to test and treat people with suspected or known TB. They will also care for people who have both HIV and TB.

Infectious diseases consultant, Dr Richard Jennings believes that early diagnosis is vital in the fight against TB and key to a quick recovery. Our new centre will make it easier for diagnosis and treatment of the disease and consequently help towards a reduction of the amount of new cases in London.

The centre is part of a new coordinated TB service for North Central London comprising two TB 'hubs' – one based at the North Middlesex University Hospital in Edmonton, which is already established, and the new centre at Whittington Health. Both offer outpatient services (treatment that does not need an overnight stay) for adults and children and additional support in the community for patients undergoing treatment.

Listening to the workforce

From November 2013 to January 2014, we invited everyone to take part in a bespoke trust-wide survey entitled '*Your voice, your future*' to gather staff feedback on what it is like to work for Whittington Health.

The survey was completed by 1,626 members of staff - a response rate of 40 per cent and we are grateful to everyone who took the time to complete it. We made a pledge at the time that we would act on staff feedback. The responses – along with the 2013 NHS Staff Survey results - will enable us to take action on what matters to the workforce.

The survey was run by ORC International, a specialist in engagement, with the following objectives:

- To measure staff engagement across the organisation, enabling the Trust to improve your working lives and in turn the performance of the Trust
- To provide a communication channel to give feedback in a confidential setting.
- To provide a basis for improving engagement across the Trust by taking action on key focus areas arising from the results.

The main findings are highlighted below:

The results

Overall engagement score:

A set of five questions to measure our overall employee engagement were included within the survey. The combined results gave an overall engagement score of 60 per cent.

The results of each question were:

- 67 per cent of staff said working at Whittington Health makes me 'want to do the best work I can';
- 62 per cent said they were proud to be working for the organisation and that they intended to be working for the Trust in 12 months time;
- 55 per cent said they would recommend us as a great place to work and;
- 53 per cent said they had a strong sense of belonging to the Trust

ORC International described this as a solid base to build from but there was still much work to be done to fully engage staff.

So what have we done so far?

- Results have been presented at key stakeholder groups
- Staff survey results published on internet / intranet
- Whittington Health's first ever webinar/recording
- Results into action workshop training held for senior leadership community
- Divisional/team results disseminated following action planning training
- Roadshows across hospital and community
- Loop back to monitor progress at Trust Board





- **Individual & Team Development**
- **Leadership Development**
- **Values and Behaviours**
- **Recruitment & Retention strategy**
- **Management development**
- **Talent management**
- **Performance appraisal process**
- **Coaching and mentoring hub**

Part 2: Priorities for improvement and statements of assurance from the Board

Our quality priorities for 2013-14

Quality of care – safety, effectiveness and patient experience - is at the forefront of everything we do.

Our quality account priorities for this coming year were selected following consultations with external stakeholders, including our commissioners, patient representatives, shadow governors, and GPs, as well as our staff. We have also reviewed complaints received, incidents that have occurred this year and improvements still to be made.

The priorities support our strategic objectives which underpin our vision for the future of the organisation. Our Quality Strategy also aligns our priorities with the NHS Outcomes Framework. This national framework gives an overview of how well the NHS is performing with the emphasis on patient outcomes. It focuses on improving health in five areas:

- Preventing people from dying prematurely;
- Enhancing quality of life for people with long-term conditions;
- Helping people to recover from episodes of ill health or following injury;
- Ensuring that people have a positive experience of care;
- Treating and caring for people in a safe environment; and protecting them from avoidable harm.

As part of our process, we have also considered priorities that are important for our local community and which will have the greatest impact on their health. As an organisation intent on joining up hospital and community services, we are looking to strengthen our role in health promotion and the prevention of illness, as well as caring for people when they are unwell. Our priorities this year reflect this aspiration as we strengthen the integration of our services.

Our priorities for 2013-14 were:

Trust Strategic Objective	Quality Priorities
Integrate models of care and pathways to meet patient needs.	Undertake integrated care case conferences. Multi-disciplinary working between providers is key to the success of integrated care. This objective aims to embed them into routine practice.
Deliver efficient, affordable and effective services and pathways that improve outcomes.	Ensure patients waiting for physiotherapy and podiatry receive their initial treatment within a timely fashion.
Ensure “no decision about me without me” through excellent patient and community engagement.	Ensure that clinicians are trained in consultations that support shared decision making and goal setting with patients.
Improving the health and well-being of local people.	Improve success rate in helping people stop smoking and to reduce the harm caused by alcohol.
Change the way we work by building a culture of education, innovation, partnership and continuous improvement.	Extend ambulatory care, reducing proportion of patients who need hospital admission.

One area which clearly continues to need improvement is in helping to reduce the harm caused by alcohol, and therefore it is proposed that this objective, and its associated objective regarding smoking cessation, be carried over into the Quality Priorities for 2014-2015, as this is a key part of our work with our local population.

Quality Priorities for the coming year 2014-2015

Trust Strategic Objective	Quality Priorities
Integrate models of care and pathways to meet patient needs.	Develop a localities-based model of care with our commissioners.
Deliver efficient, affordable and effective services and pathways that improve outcomes.	Improve patient experience in Outpatients.
Ensure “no decision about me without me” through excellent patient and community engagement.	Further develop co-creation of healthcare with patients as active partners

Improving the health and well-being of local people.	Improve success rate in helping people stop smoking and to reduce the harm caused by alcohol.
Change the way we work by building a culture of education, innovation, partnership and continuous improvement.	Work with other Islington stakeholders to develop our pilot Community Education and Practise network

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

A proportion of Whittington Health's income in 2014-2015 is conditional on achieving quality improvement and innovation goals agreed between the Trust and our local Clinical Commissioning Groups. Under the Commissioning for Quality and Innovation (CQUIN) payment framework, these goals were agreed as representing areas where improvements will result in significant benefits to patient safety, experience and health outcomes. Outline details of the CQUINs for 2013-2014 are summarised below.

CQUINS: 2013-2014

CQUIN scheme	Rationale / objectives
Venous Thrombo-embolism (VTE) Risk assessment and appropriate preventative treatment	VTE is a significant cause of mortality, long-term disability and chronic ill health.
Friends and Family test	The Friends and Family Test will provide regular, detailed feedback from patients about their experience. A number of different services will use the test, including Maternity and the Emergency Department. Staff will also be surveyed as part of the national staff survey.
Dementia screening in >75 yrs for emergency admissions	To make sure we screen those patients who are admitted as an emergency for dementia.
NHS Safety Thermometer	This involves a series of measures to improve patient safety and benchmark us against other organisations.
Improvement in Chronic obstructive pulmonary disease (COPD)	To improve long term prognosis and progression of the disease and quality of life, reduce worsening of symptoms, reduce hospital admissions and re-admissions.
Alcohol screening in the Emergency Department	To make sure patients with alcohol problems are identified and that their GPs are informed, so that they can offer support.

Stop smoking interventions in the Whittington Hospital	Up to one in five deaths in London is due to smoking, yet there are cost effective interventions that can be used in hospitals to reduce mortality, improve health and prevent admissions.
Avoiding un-necessary hospital admissions	New models of care allow patients to be treated on an ambulatory basis in hospital clinic setting or in their own homes. This improves the patient experience and allows patients to stay in their own home.
Supporting patients to self care	Evidence shows that this enables patients to take more control over their conditions, have greater self confidence and to seek help faster when things go wrong.

Progress report on our 2013-2014 priorities

Although the Trust has agreed five new priorities for year 14/15 outlined in table 1, we will continue to focus on the priorities set last year, particularly where there is still a need for further improvement. We have made significant improvements in the success rate in helping people to stop smoking however we also acknowledge that there remains much work to do in reducing the harm caused by alcohol.

Priority 1: Integrated care conferences

What did we say we would do?

Undertake integrated care case conferences. Multi-disciplinary working between providers is key to the success of integrated care. This objective aims to embed them into routine practice.

How did we measure our success?

Participate in at least 4 integrated care case conference meetings per month per CCG and complete 95% of resulting actions.

How did we do?

Indicator	Target / Monitoring	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	
Multidisciplinary Working	4 MDT Case conferences a month MDT case conference membership	n/a	Haringey -4 a week Islington- 4 a month												
Multidisciplinary Working- Haringey	90% WH actions completed per qtr	n/a	-	-	-	100%	-	-	-	96%	-	-	-	tbc	
Multidisciplinary Working- Islington	90% WH actions completed per qtr	n/a	-	-	-	69%	-	-	-	76%	-	-	-	tbc	
Ambulatory Care Management	alternative to admission for ACSC attending ED	n/a	A.E.C.S is co-located with Emergency Dept												
Ambulatory Care Management	95% of management plans sent to GP within 24hrs	n/a	audit to be agreed from Q3											tbc	
Supporting self-care - training	25% of community matrons, LTC nurses trained in year	n/a	CMs only			18%					60%				tbc
Supporting self-care - responses to LTC6	at least 35% of new patients completed LTC6	n/a	Qtr 2 fig CMs only			38%	Qtr 3 fig LTC6 received			19	23	6		29	

Priority 2: Ensure that clinicians are trained in consultations that support shared decision making and goal setting with patients

What did we say we would do?

35 - 40% of selected patients to have completed the programme. 25% of relevant Clinicians trained this year to support shared decision making and goal setting with patients.

How did we do?

Integrated Care	Year End Target	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2
Multidisciplinary Working	90% of actions completed	n/a	n/a	n/a					85%
Ambulatory Care Management	95% of management plans sent to GP within 24hrs (Q2 onwards)	n/a	n/a	n/a					66%
Supporting self-care - training	25% of community matrons, LTC nurses trained in year	n/a	n/a	n/a		Qtr 2 Figs CMs only			18%
Supporting self-care - responses to LTC6	at least 35% of new patients completed LTC6	n/a	n/a	n/a		Qtr 2 Figs CMs only			38%

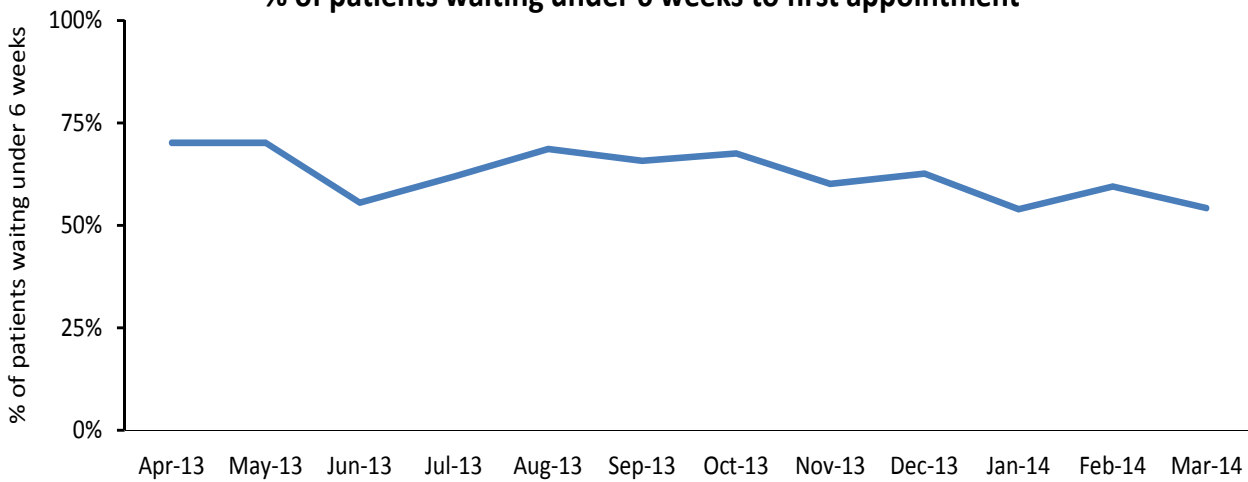
Priority 3: Ensure patients waiting for physiotherapy and podiatry receive their initial treatment within a timely fashion

What did we say we would do?

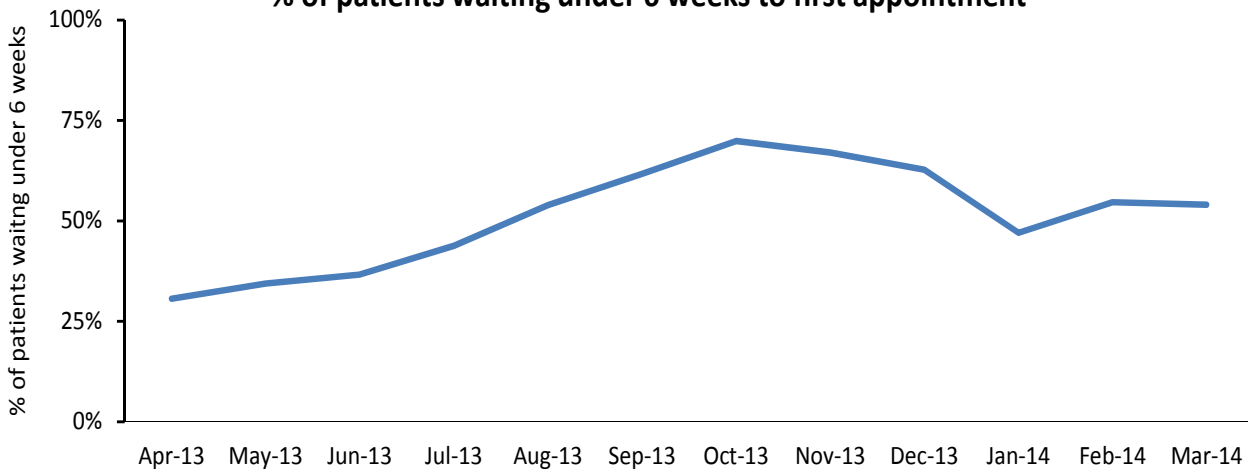
Improved patient satisfaction and reduced complaints. Reduced time to first appointment, meeting commissioned targets. Improved primary care satisfaction.

How did we do?

Whittington Health Community Podiatry
% of patients waiting under 6 weeks to first appointment



Whittington Health Community Physiotherapy
% of patients waiting under 6 weeks to first appointment



Priority 4: Improve success rate in helping people to stop smoking and to reduce the harm caused by alcohol

a) Smoking

By Month

Indicator	Target / Monitoring	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Inpatient - Smoking status	90% per Quarter	95%	94%	95%	94%	94%	93%	94%	92%	90%	86%	87%	tbc	92%
Inpatient - Brief advice	90% of smokers per Quarter	94%	90%	93%	96%	94%	96%	95%	95%	96%	96%	96%	tbc	95%
Inpatient - Referral	15% of smokers per Quarter TBC	35%	29%	32%	33%	32%	17%	24%	21%	25%	24%	28%	tbc	27%

By quarter

Indicator	Target / Monitoring	Q1	Q2	Q3	Q4TD	YTD
Inpatient - Smoking status	90% per Quarter	95%	93%	92%	86%	92%
Inpatient - Brief advice	90% of smokers per Quarter	92%	95%	95%	96%	95%
Inpatient - Referral	15% of smokers per Quarter TBC	32%	27%	23%	26%	27%

b) Alcohol

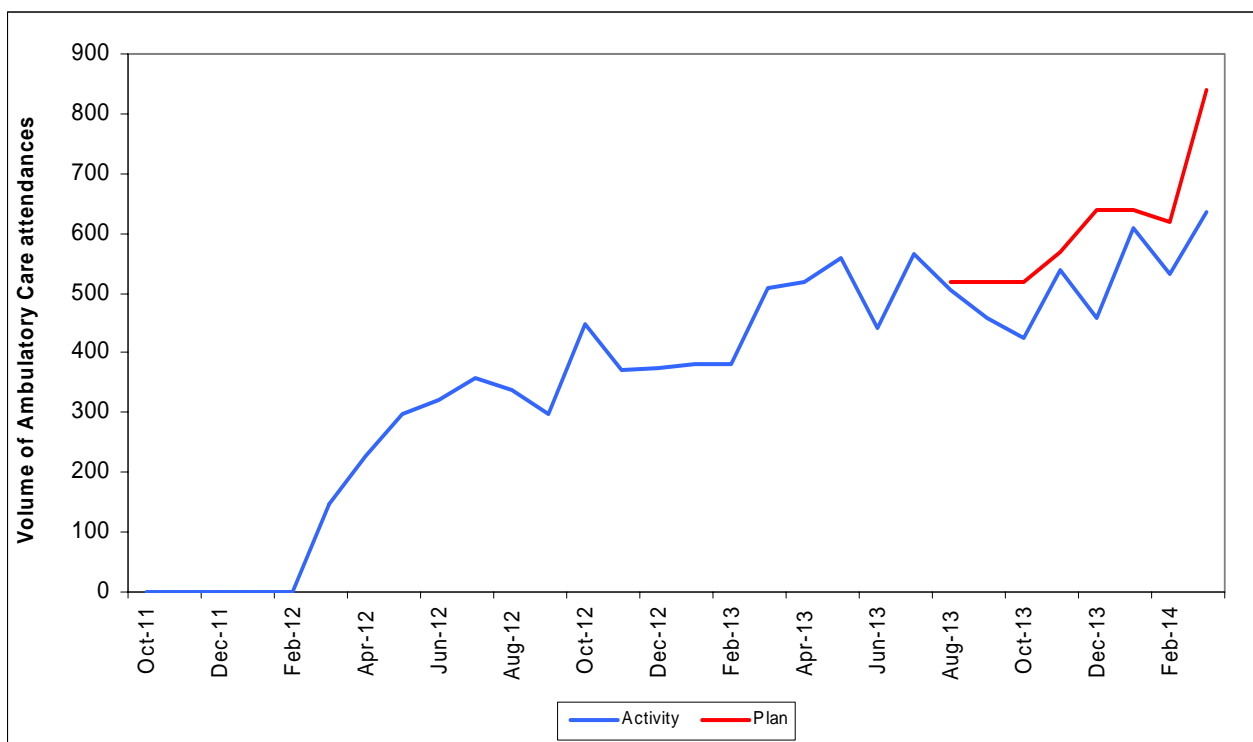
By month

Indicator	Target / Monitoring	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Screening in ED	Jul 10%, +10% each month to 70% by Jan 2014	0%	2%	4%	5%	11%	unable to report				8%	19%	26%	14%
Brief intervention	90%	0%	73%	79%	62%	85%					100%	100%	100%	97%
GP communication	90%	0%	91%	89%	62%	83%					75%	82%	76%	78%

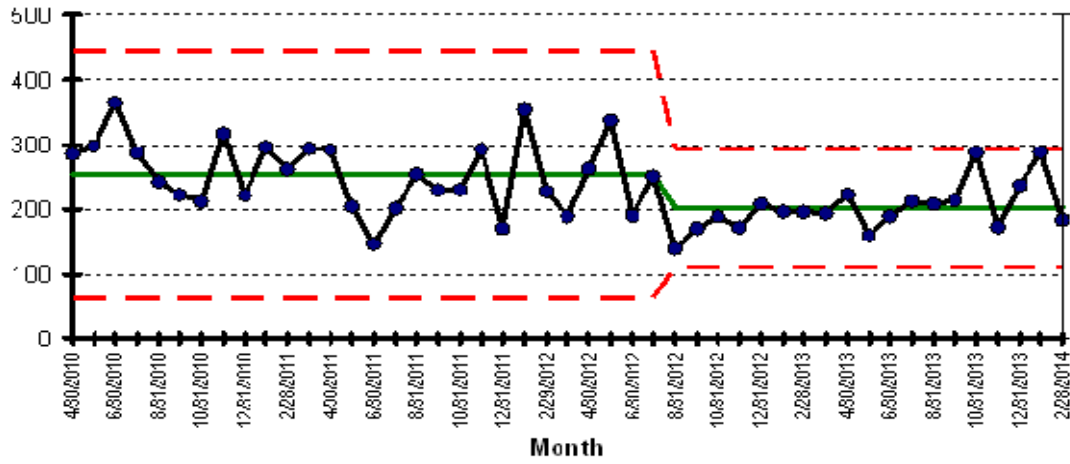
By quarter

Indicator	Target / Monitoring	Q1	Q2	Q3	Q4	YTD
Screening in ED	Jul 10%, +10% each month to 70% by Jan 2014	2%	8%	unable to report	18%	14%
Brief intervention	90%	77%	78%		100%	97%
GP communication	90%	90%	77%		78%	78%

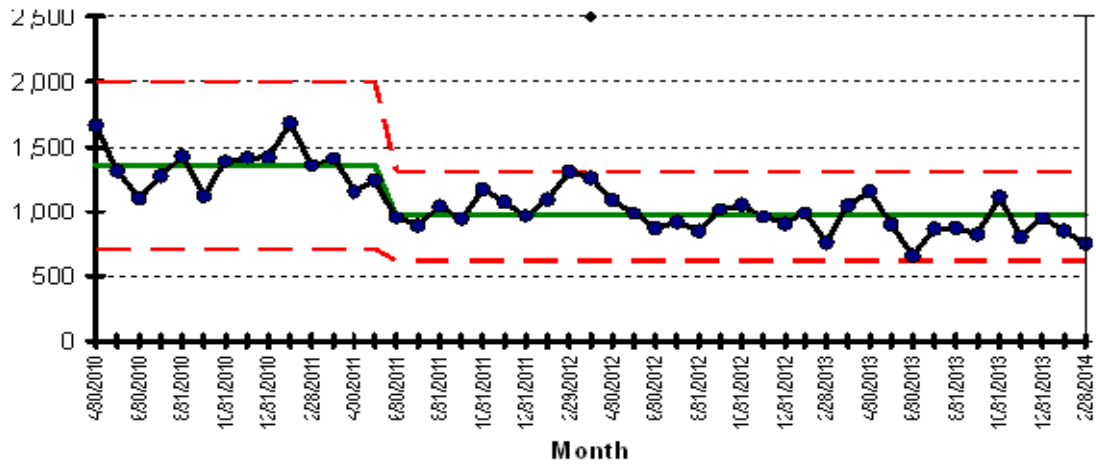
Priority 5: Extend ambulatory care, reducing proportion of patients who need hospital admission



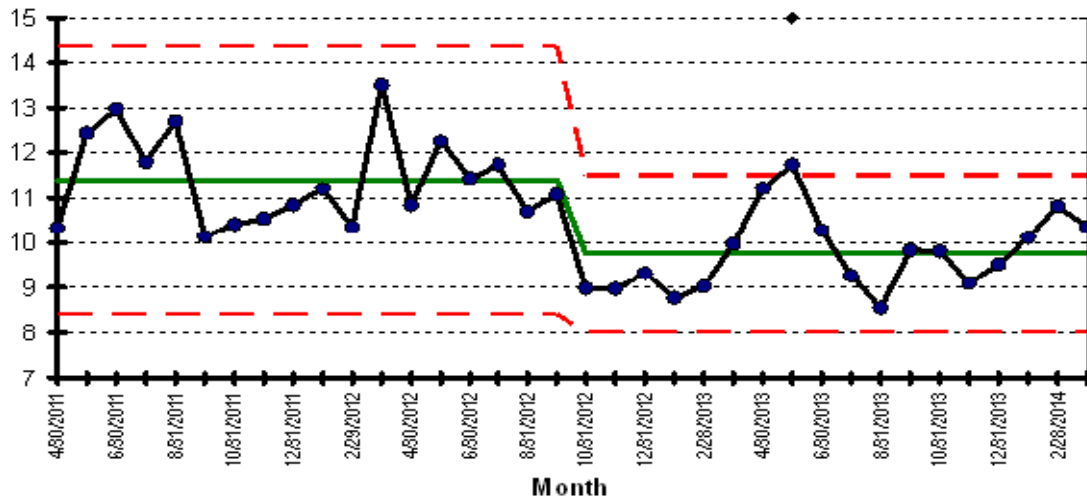
Bed days Surgical Ambulatory Care Conditions (NHS Institute definitions)



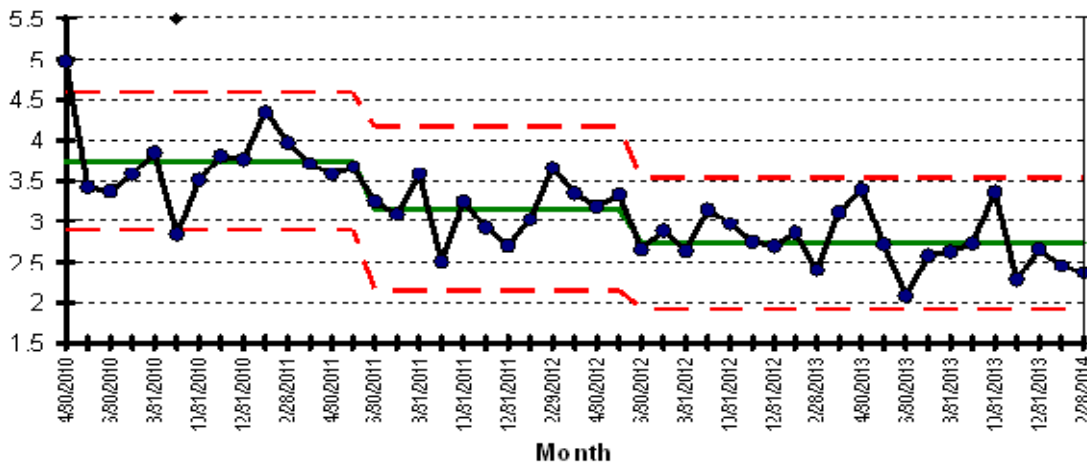
Bed days Medical Ambulatory Care Conditions (NHS Institute definitions)



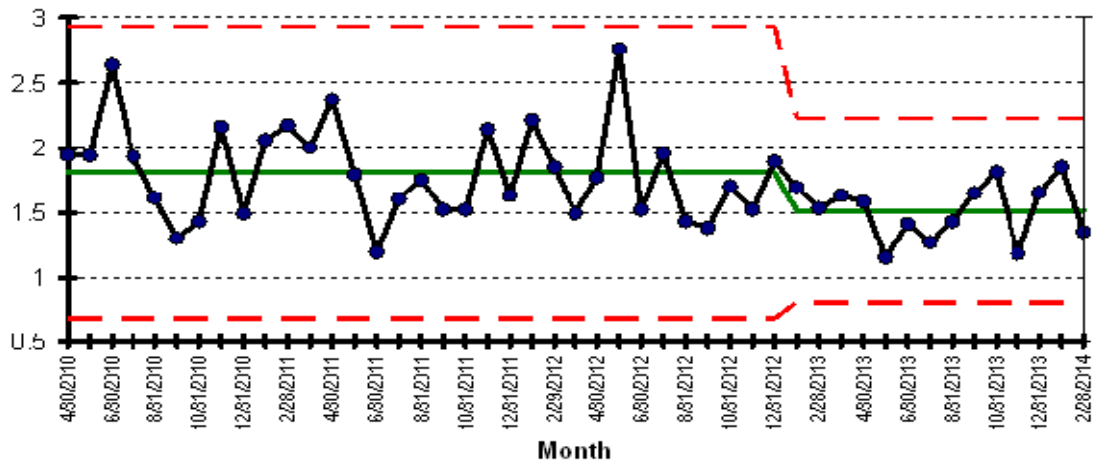
Emergency Medicine: AvLOS >= 70 years



AvLOS for Medical Ambulatory Care Conditions (NHS Institute definitions)



AvLOS for Surgical Ambulatory Care Conditions (NHS Institute definitions)



Goals agreed with commissioners (CQUIN framework)

One and a half percent of Whittington Health's income in 2013-2014 was conditional on achieving quality improvement and innovation goals agreed between Whittington Health and our local commissioners through the Commissioning for Quality and Innovation (CQUIN) payment framework.

These goals were agreed because they all represent areas where improvements result in significant benefits to patient safety and experience. Both the Whittington Health and our commissioners believed they were important areas for improvement.

A preliminary assessment of the outcome of these improvement schemes is shown in the following table. 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 2014.

Performance against CQUINS

CQUIN scheme	Rationale / Objectives	Estimated Compliance
Venous Thrombo-embolism (VTE)	VTE is a significant cause of mortality, long-term disability and chronic ill health.	Compliant
Friends and Family test	The Friends and Family Test will provide timely, granular feedback from patients about their experience. A number of different services will use the test including Maternity and the Emergency Department. Staff will also be surveyed.	Partially Compliant
Dementia screening in >75 yrs for emergency admissions	To make sure we screen patients who are admitted as an emergency for dementia.	Compliant
Safety Thermometer	This involves a series of measures to improve patient safety and benchmark us against other organisations.	Partially Compliant
Improvement in Chronic obstructive pulmonary disease (COPD)	COPD bundle: To improve long term prognosis and progression of the disease, to improve quality of life, reduced exacerbations, reduced hospital admissions and re-admissions.	Compliant
Alcohol Screening in the Emergency Department	To make sure that patients with alcohol problems are identified and that their General Practitioners are informed, so that they can offer help.	Not Compliant
Stop smoking interventions in the Acute Trust	Smoking cessation: Up to one in five deaths in London is due to smoking yet there are cost effective interventions that can be used in hospitals to reduce that mortality, improve health and prevent admissions.	Partially Compliant

Avoiding unnecessary hospital admissions	New models of care allow patients to be treated on an ambulatory basis in hospital clinic setting or in their own homes. This improves the patient experience and allows patients to stay in their own home.	Partially Compliant
Supporting patients to self care	To support patients to self care as evidence shows that this enables patients to take more control over their conditions, have greater self confidence and to seek help faster when things go wrong	Partially Compliant

2013-2014 figures are not yet finalised for most CQUIN projects

Once the compliance level for 2013-14 is available, we expect the level of compliance to be more positive.

Statement of assurance from the Trust Board

Review of services

During 2013 - 2014, Whittington Health provided 195 NHS services delivered through three divisions, and did not sub-contract any services. The Trust has reviewed all data available to it on the quality of care of those services.

The Trust Board receives, reviews and acts on quality data on a regular basis, as key quality indicators are included in the Trust's Performance Dashboard. It also receives regular comprehensive patient feedback reports including information on complaints, our Patient Advice and Liaison Service (PALS), litigation and local patient survey findings.

The income generated by the NHS Services reviewed in 2013 - 2014 for the compilation of the Quality Accounts represents 100% of the total income of the Whittington Health.

Participation in Clinical Audits 2013 - 2014

During 2013/2014 26 national audits and 9 national confidential enquiries covered NHS services that Whittington Health provides.

During 2013/2014 Whittington Health participated in **92%** national clinical audits and **100%** national confidential enquiries 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 Whittington Health participated in are listed in the table below. The two reasons for non-participation are also included.

The national clinical audits and national confidential enquiries that Whittington Health participated in and for which data collection was completed during 2013/2014 are included below, listed alongside are the number of cases submitted to each audit or enquiry or the percentage of the number of registered cases required by the terms of that audit or enquiry.

Title	Management Body	Participation during 2013/14	If data collection completed, cases submitted (as total or % if requirement set)
Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	734 cases
Emergency use of oxygen	British Thoracic Society	Yes	21 cases
National Audit of Seizures in Hospitals (NASH)	University of Liverpool	No	See below
National emergency laparotomy audit (NELA)	Royal College of Anaesthetists	Yes	On-going – 11 cases up to 31.3.14
National Joint Registry (NJR)	HQIP	Yes	On-going
Paracetamol overdose (care provided in emergency departments)*	The College of Emergency Medicine	Yes	45/50 cases – 90% submission
Severe sepsis & septic shock*	The College of Emergency Medicine	Yes	36/50 cases – 72% submission
Severe trauma (Trauma Audit & Research Network, TARN)	University of Manchester	Yes	On-going 77 cases

Title	Management Body	Participation during 2013/14	If data collection completed, cases submitted (as total or % if requirement set)
National Comparative Audit of Blood Transfusion programme - National Comparative Audit of the Use of Anti-D	NHS Blood and Transplant	yes	13 cases
Bowel cancer (NBOCAP)	Health and Social Care Information Centre	yes	On-going 80 cases
Lung cancer (NLCA)	Health and Social Care Information Centre	yes	On-going 72 cases
Oesophago-gastric cancer (NAOGC)	Royal College of Surgeons of England	yes	24 cases
Acute coronary syndrome or Acute myocardial infarction (MINAP)	National Institute for Cardiovascular Outcomes Research	Yes	On-going 98 cases

National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre (ICNARC)	No	See below
National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research	yes	On-going 112 cases
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)*	Health and Social Care Information Centre	yes	47
Diabetes (Paediatric) (NPDA)	Royal College of Paediatrics and Child Health	yes	On-going 145 cases
Inflammatory bowel disease (IBD)*	Royal College of Physicians (London)	yes	Organisational audit completed
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme*	Royal College of Physicians (London)	yes	On-going (end date May 2014)
Rheumatoid and early inflammatory arthritis*	Northgate Public Services	yes	On-going
Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians (London)	Yes	On-going 131 cases
Epilepsy 12 audit (Childhood Epilepsy)	Royal College of Paediatrics and Child Health	Yes	On-going 21 cases
Moderate or severe asthma in children (care provided in emergency departments)*	The College of Emergency Medicine	yes	50/50 cases 100% submission
Neonatal intensive and special care (NNAP)	The Royal College of Paediatrics and Child Health	yes	On-going
Paediatric asthma	British Thoracic Society	yes	47 cases

National Audit of Seizures in Hospitals (NASH) – Reason for non-participation

The Emergency Department has undertaken a local audit using the national audit tools, which has been benchmarked to local results and has planned to participate in the next round of this national audit.

National Cardiac Arrest Audit (NCAA) – Reasons for non-participation

The Trust undertakes its own cardiac arrest audit, which is reported monthly to Divisional Board and every 2 months to the Resuscitation Committee. The National Standards for Resuscitation have said this audit should be considered but is not essential, and our existing data collection is more extensive.

Additional National Audits	Management Body	Participation during 2013/14	If data collection completed, cases submitted (as total or % if requirement set)
BTS Care bundles (COPD and	British Thoracic	Yes	On-going

CAP)	Society		
Evaluation of London Trauma System on Quality and process of Care	Pan London trauma audit "ELOTs" study	Yes	Completed
National pregnancy in Diabetes Audit	Health and Social Care Information Centre working with Diabetes UK & Diabetes Health Intelligence	Yes	On-going
National Care of the Dying Audit	NHS End of Life Programme	Yes	Completed
Minimum Data Sets for Palliative Care (Acute and Community)	National Council for Palliative Care	Yes	
Adult Community Acquired Pneumonia Audit	British Thoracic Society	Yes	
Non-invasive Ventilation Audit	British Thoracic Society	Yes	
Joint BASHH/BHIVA National Clinical Audit of HIV Partner Notification	British HIV Association	Yes	
National Audit of Learning Disabilities Feasibility Study at Whittington Hospital	Royal College of Psychiatrists	Yes	
National Prostate Cancer Audit	Royal College of Surgeons	Yes	On-going
British Society for Rheumatology National Gout audit	British Society for Rheumatology	Yes	completed
RCR National audit of Paediatric Radiology Services in Hospitals	Royal College of Radiologists	Yes	
RCP pilot national audit of inpatient Falls 2014	Royal College of Physicians	Yes	Completed
Inducing sleep for Paediatric EEG: a national service evaluation	British Society for Clinical Neurophysiology	Yes	Completed
The efficacy and safety of Photic Stimulation during EEG examination: a national service evaluation	British Society for Clinical Neurophysiology	Yes	Completed
Clinical variation in practice of Cholecystectomy and surgical outcomes: a multi-centre, prospective, population-based cohort study (CholeS)	University of Birmingham	Yes	Project to complete in May 2014
National Metabolic and Bariatric Surgery Registry	Association of Laparoscopic Surgeons, Association of Upper Gastrointestinal Surgery, British Obesity & Metabolic Surgery Society and Dendrite Clinical	yes	

	Systems		
National study of HIV in Pregnancy and Childhood	Royal College of Obstetricians and Gynaecologists	yes	
2014 National Comparative Audit of Patient information & consent	NHS Blood and Transplant	yes	On-going

Confidential enquiries

Title (listed in alphabetical order)	Acronym	Participation during 2013/2014	Cases submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)		Yes	On-going 28 cases
National Confidential Inquiry into Suicide and Homicide by people with mental illnesses	CISH	Yes	Ongoing
Elective surgery (National PROMs Programme)		Yes	On-going 30 cases

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Eligibility and participation:

Title	Participation 2013/2014	Percentage of cases submitted
<i>Bariatric surgery (report published Oct 2012)</i>	Yes	100%
<i>Cardiac arrest procedures (report published June 2012)</i>	Yes	100%
Alcohol related liver disease (ARLD)	Yes	100%
Subarachnoid Haemorrhage	Yes	100%
Tracheostomy care	Yes	100%
Gastrointestinal bleed	Yes	4/4 planned (in progress)

The reports of **14** national clinical audits and national confidential enquiries were reviewed by the provider in 2013/2014 and Whittington Health intends to take the following actions to improve the quality of healthcare provided.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires in 2014/2015 by ensuring:

- Each of the three divisions will have an agreed annual clinical audit (quality improvement) programme which will align the Division's overall audit strategy with the Trust's overall audit strategy and priorities. National audit and national confidential enquiries will be a key component of programmes.
- Appropriate priorities are applied to divisional programmes, and capacity is channelled where appropriate away from small ad-hoc audits to major audits vital to safety without losing flexibility or suppressing good local ideas.
- Performance in national audit will continue to be acknowledged through the annual Clinical Audit Awards, participation certificates and outcome presentation at senior Divisional and Corporate level meetings.
- The Trust 'Best practice policy for the management of national confidential enquiries' will be monitored on a rolling basis and updated accordingly and in line with organisational and national developments

NB The mandatory requirements on audit reporting are as follows:

Reporting requirements

The DH has advised us that the requirements for reporting the clinical audit section of your quality accounts will not be changing this year. This means that you should continue to report your audit participation and use of audit reports as you did in 2012/13.

Examples of care improvements driven by clinical audit

Examples of actions being taken:

BTS Care bundles (COPD and CAP)

Following the British Thoracic Society Adult Community Acquired Pneumonia Audit looking at the management of community acquired pneumonia, the clinicians were encouraged to review chest x-rays for new consolidation to ensure correct diagnosis, calculate and record CURB 65 score and select appropriate antibiotics on basis of score and within 4 hour timeframe. The new community acquired pneumonia bundle was introduced and made available on the electronic clinical reporting system which assists clinicians deliver key components of care reliably. The introduction of the bundle identified that:

- Difficult to get real time completion in ED
 - Time pressure, rotating juniors, diverse agenda for seniors
- Diagnostic uncertainty
 - What counts as pneumonia on a CXR? CT consolidation?
 - Comorbidities – COPD, bronchiectasis
 - Initial consolidation turns out to be mass
- Extracting data from different systems difficult
 - Time of arrival on one system, time of CXR on another and time of antibiotics on a third, no easy way to extract – manual data extraction time consuming and leads to inaccuracies
- May need longer to show definite effect on mortality and bed-days

Falls and Fragility Fractures Audit Programme

The National Hip Fracture Database forms part of the Falls and Fragility Fractures Audit Programme.

The ongoing work under this Programme is as follows:

- Work is being continued with our Emergency Department to improve the early management (pain relief, x-ray and early orthopaedic referral).
- The instruction of fascia-iliac blocks as recommended in guidelines to reduce need for analgesia with its associated complications in the Emergency Department and peri-operatively.
- The hospital is working with the community teams to facilitate earlier discharge to home and rehabilitation and have established a supportive discharge team where the ward therapists continue to treat suitable patients in their own homes post discharge from the acute setting.
- Further plans are to link with hospital at home and ambulatory care and community matrons to facilitate earlier discharge and reduce readmission rates.

Minimum Data Sets for Palliative Care (Acute and Community)

The national minimum data set enables the Palliative Team to compare and contrast themselves with services nationally and locally.

The action identified from the audit is as follows:

- The Palliative Team will continue to do all we can to ensure that patients are cared for and die in the place of their choice.

College of Emergency Medicine: Severe Sepsis and Septic Shock

The audit is to identify current performance in the Emergency Department against the College of Emergency Medicine clinical standards on the recognition and management of adults with severe sepsis or septic shock.

The following actions were identified:

- Additional training for nursing staff in order for them to understand early recognition and the requirement for doctors to sign off' observations if the patient meets the systemic inflammatory response syndrome (SIRS) criteria.
- Emergency Department staff awareness of the sepsis pathway increased which has been reinforced through induction and training of junior doctors as well as shop floor teaching.
- An item on severe sepsis to be added to the junior doctors pocket antibiotic guide.

College of Emergency Medicine: Paracetamol Overdose (adults)

The audit is to identify current performance in the Emergency Department against the College of Emergency Medicine clinical standards on the management of Paracetamol guidelines.

The following actions were identified:

- The management of Paracetamol overdose to be included in the induction of the new foundation year 2 doctors.
- A flow-chart to be produced to highlight the new guidelines for each type of overdose.
- A local guideline to be produced and available on the intranet.
- To update the Emergency Department's Clinical Decision's Unit overdose proforma to ensure the standards are met.

The reports of **164** local clinical audits were reviewed by the provider in 2013/2014 and Whittington Health intends to take the following actions to improve the quality of healthcare provided.

Whittington Health during the last year has improved the processes for monitoring the recommendations of local audits by ensuring:

- A suite of audit tools were implemented which included a comprehensive clinical audit registration form and report writing template based on the guidance issued by Healthcare Quality Improvement Partnership.
- A programme of clinical audit awareness sessions, half-day clinical audit teaching workshops and ad hoc information dates by the Clinical Governance Department occurred throughout the year. The clinical audit workshops were well received and the attendees very extremely satisfied with the training given.
- A guide on conducting a clinical audit for all staff was produced and is available on the intranet. This guide complements the audit workshop.
- Each Divisional Board will seek assurance that monitoring arrangements are in place in all aspects of divisional quality governance to include Clinical Audit and Effectiveness.
- Clinical audit actions will be assigned to a senior clinician and managerial representative if appropriate, with specific time scales for completion. The monitoring of these actions will be assisted by the newly appointed Divisional Quality and Risk Managers.

Examples of actions being taken for local audit:

DVLA Driving advice

This re-audit was undertaken in the Emergency Department to educate medical colleagues about the correct driving advice to patient groups on discharge and to

improve our compliance to the guidelines following the base-line audit. The audit identified the following actions to be taken.

- Teaching session on driving advice for safe discharge of patients to new junior doctors
- Patient information booklet on driving advice to be available in the Emergency Department
- Reminders to be included in monthly ED newsletter

Pre-operative fasting

The audit was undertaken by the Anaesthetists to assess the compliance with current guidelines on fasting times before elective surgery as it was thought they were excessive.

The outcome of the audit was to reduce the excessive pre-operative fasting times, particularly for water which led to a new pre-op fasting agreement being introduced to minimise dehydration.

Clinical Audit of Enuresis Service

The school nursing led enuresis service offers support, assessment and treatment tailored to the circumstances and needs of the children, young people, parents and carers. The service led clinic sees children and young people aged from 5 to 19 years with bedwetting symptoms. The causes of bedwetting are not fully understood. There are a number of different disturbances of physiology that may be associated with bedwetting, such as sleep arousal difficulties, polyuria and bladder dysfunction. It often runs in families (NICE, 2010). This audit has been completed to improve the performance of the Enuresis Clinic Service. When the annual audit was first started the waiting list time was unacceptably long.

- The School Nursing Service information leaflet needs to reach more parents/carers.
- The leaflet to be given to all parents/carers who have contact with a school nurse.
- To reduce the waiting list time, clinics are held in the school holidays with a dedicated administrator who can process referrals more efficiently with reminder telephone or texts to be sent.
- For did not attend appointments, parents will be written to, asking them to re-book.

Provision and outcomes of the Lee Silvermann Voice Treatment for people with Parkinson's disease within Haringey Community Speech and Language Therapy Service

Lee Silvermann Voice Treatment is currently considered to be the 'gold standard' treatment for speech and voice impairment in people with Parkinson's disease.

The treatment outcomes have shown positive results and improvement and the following actions were undertaken:

- Maintenance groups are now being offered for clients who have completed treatment.
- Rehabilitation Assistants are trained in order to carry out individual treatment sessions independently, under the supervision of a Lee Silvermann Voice Treatment trained therapist.
- Rating scales have now been introduced for these factors and are completed prior and on completion of treatment

Suspected patients with lung cancer: use of the diagnostic pathway at the Whittington

National target is to get >80% tissue diagnosis for patient with diagnosis of lung cancer. Locally we consistently have approximately 75% with tissue diagnosis. The audit is to evaluate the population as to whether it is appropriate or more needs to be done to achieve this national target. The findings of this audit identified that the Whittington Hospital was slightly above the national average and the actions to be undertaken are:

To introduce the Somerset IT system for multi-disciplinary team
Addition of 'clinical diagnosis box' on yellow MDT sheets

Participation in clinical research

In 2013–14, 236 patients who received their care from Whittington Health were recruited into studies classified by the National Institute for Health Research as part of the NIHR research portfolio.

There are currently 21 National Institute of Health Research (NIHR) portfolio studies running at Whittington health, 79% are interventional studies, which is the highest percentage of interventional studies of all the North Thames Clinical Research Network (CRN) of Hospital Trusts.

It has been calculated that the average spend per patient recruited into NIHR portfolio studies at Whittington Health is £276 compared to a CRN average of £406, hence the recruitment processes that are in place at Whittington Health are efficient and offer good value for money.

In addition to the 21 NIHR portfolio studies that are ongoing, an additional 60 other studies were commenced in 2013-14.

These studies are undertaken by nurses, allied health professional and trainee doctors. The results and impact of these studies are published in peer reviewed publications and at conference presentations. A summary of the research output of the Trust is published in the annual research report.

Participation in clinical research demonstrates Whittington Health's commitment to improving the quality of care that is delivered to our patients and also to making a contribution to global health improvement.

The Trust's strategic aims include innovation and improving the health of our local population. Whittington Health has research programmes in clinical specialities that reflect the health concerns of our local population, including cancer, haemoglobinopathies, critical care, infection, women's health, continence science and speech and language therapy.

The Trust's research portfolio continues to evolve to reflect the ambitions of our Integrated Care Organisation.

CQC visit summary 2013/14.

The Care Quality Commission (CQC) visited the Trust in January 2014 to review the emergency department (ED), medical and surgical wards, outpatients, endoscopy, and Day Treatment Centre. This was an unannounced inspection the outcome of which is available on the CQC public website. The following six core care standards were inspected:

- 4 - Care and welfare of people who use the service
- 7 - Safeguarding people who use the service from abuse
- 10 - Safety and suitability of premises
- 13 - Staffing
- 14 - Supporting workers
- 17 – Complaints

The Trust passed the inspection with regard to outcomes 7, 10, 13,14,and 17 but several minor concerns were raised which the Trust is addressing. Disappointingly the CQC had moderate concern with regard to core care standard 4 – Care and Welfare of People who use the service due to emergency waiting times and care delivery issues on one of our frail elderly wards.

In response to these concerns the Trust undertook immediate remedial actions followed by the development of robust action plans. A process has been devised to monitor and report the progress of the actions plans from the clinical areas through to the Trust Board.

Quality of Data and Information Governance

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

Whittington Health's Operational Divisions have responsibility for data quality in their areas. The Trust has a Data Quality Group which includes representation from each division. This group is responsible for implementing an annual data improvement and assurance plan and measures the Trust's performance against a number of internal and external data sources.

In 2013-14, the Trust has invested £7m in a new electronic patient record system that will put the organisation at the forefront of the national Digital First Strategy, increasing efficiency and improving the patient experience.

In March 2013, the Trust invited the National Intensive Support Team (IST) to review processes for managing Referral To Treatment (RTT) and Cancer pathways. As a result of these reviews and in anticipation of the introduction of a new electronic patient record system, the Trust initiated in April a major six month programme to audit and improve data quality for waiting lists for non-urgent treatment, within the Patient Administration System (PAS), in order to ensure clean data migration to the (EPR). This involved a full waiting list validation exercise to ensure our data is of the utmost quality, as well as a redesigned programme around how we report internally and externally.

Whittington Health is committed to achieving full compliance with the information governance toolkit in 2014. Our improvement plan concerns requirements for audit evidence of the systems in place for coding and for records management following the introduction of a new Electronic Patient Record in 2013/14; the implementation of a new system for risk assessing information assets and flows; and, achieving 95% of all staff completing Information Governance training. The Information Governance Committee, chaired by the Senior Information Risk Owner, meets monthly to review progress against the improvement plan

A Senior Data Quality Lead is in place to ensure the agenda is part of everyone's business. Data Quality Groups for Acute and Community have been established; the Data Quality Policy and terms of reference have been updated and agreed. The group want to foster a 'getting it right first time' approach to Data Quality. Acute Standard Operating Procedures for areas that have been identified as needing strengthening have been developed and agreed and are now being rolled out to staff.

Data Quality groups have agreed the system/methodology for spot checking the quality of data items and monitoring compliance and will review in 6 months to monitor effectiveness. This will form part of the continual audit programme for 2014/15. The Data Quality Plan has been drafted and will be signed off through the Finance and Performance Committee

Internal Data quality reports are under review and will be complete by the end of May 2014. A suite of Data Quality reports are being developed to give Divisional Directors and their staff oversight into the problems and risks.

Data Quality issues can be reported directly to the Data Quality Team via a dedicated email address, which is monitored by the Data Quality Team. This is in keeping with the External Auditors recommendation from last year's Quality Account.

The Trust is committed to continual improvement in the quality of data; therefore a programme of staff training has begun which has already shown an improvement and should be complete by July 2014.

NHS Number and General Medical Practice Code Validity

Whittington Health submitted records during 2013/14 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

Table 8: Data completeness

	Inpatient		Outpatient	
	NHS Number	GP Practice	NHS Number	GP Practice
12/13 reported figure	97.20%	100.00%	98.50%	100.00%
13/14 May Snapshot	98.59%	97.64%	98.76%	98.72%

Information Governance Toolkit attainment levels

Year	Score
2011/12	69% Satisfactory
2012/13	60% Not Satisfactory
2013/14	60% Not Satisfactory

What does this mean?

This means that, although Whittington Health has achieved high standards of governance for the management, protection and quality of patient and staff information in many areas, there remain areas for improvement especially with respect to the management of health and corporate records and Information Governance training compliance. The work to achieve these remaining standards is monitored by the Trust Audit and Risk Committee.

Mitigation of Risk

Actions are in place to militate against identified risk and to improve Trust performance against Information Governance (IG) requirements for 2014/15, including the following:

- o The Records Management Board will support the implementation of the requirements in line with the Trust's new Records Management Strategy;
- o Information and IT teams work with operations management to reduce the risk associated with the implementation of System C EPR and improve the quality of information available for the Trust;

- The 'Quality and Standards' programme includes a work stream concerning the quality of the clinical record;
- The IG team aims to improve standards through the implementation of the 2014/15 information asset and flow work-plan, extending asset and flow risk assessment to include all assets.
- The area that continues to present a challenge to the Trust is the achievement of the target for 95% of all staff to have completed IG training annually. A paper relating to alternative approaches to training from Trusts where this has been achieved will be submitted to the Executive Committee in June 2014.

Clinical coding audit

The Audit Commission decided not to audit clinical coding accuracy at Whittington Health in 2012 - 2013 or 2013 - 2014. The Trust achieved accuracy scores of over 90% in 2011- 2012 for diagnostic coding and met the required standard

Part 3: Review of quality performance

As well as monitoring our quality priorities, the Trust Board receives a monthly report (the "Dashboard") on all national performance indicators. This report is part of the Trust's Board papers and is published on the Trust's website. **Table 9** demonstrates the Trust's performance this year, against the national standard.

Table 9: National performance indicators.

Performance figures are for full year of activity (13/14) unless otherwise stated

Goal	Standard/benchmark	Whittington performance
RTT 18 Week Waits: Admitted Patients	90% of patients to be treated within 18 weeks	90.1 % for Mar 14 (Full year's figures Not Available for 13/14)
4 hour ED wait	95% to be seen within 4 hours	95.09%
RTT 18 Week Waits: Non-Admitted Patients	95% of patients to be treated within 18 weeks	95.0% for Mar 14. (Full year's figures Not Available for 13/14)
RTT 18 Week Waits: Incomplete Pathways	92% of patients to be waiting within 18 weeks	Not Available for 13/14
Outpatient follow up ratio	London upper quartile performance	Action plans in place for all specialties; some but not all met the standard in 2013-14

Operations cancelled for non-clinical reasons	0.8% of elective admissions. (rebooking within 28 days is no longer reported externally as part of monthly sit rep reporting)	0.52% of elective admissions were cancelled on the day for non-clinical reasons.
Waits for diagnostic tests	99% waiting less than 6 weeks	97.40%
Day surgery rate	NHS Better care, Better Value Indicators (using The British Association of Day Surgery aspirational day surgery rates guidelines)	83.46% during 13/14 Q2 (previous year 73% using NHS Audit Commission Metric)
OPD DNA rate (hospital)	8%	13.02% First 14.17% Follow Ups
Community Adults' Services DNA rate	10%	6.0%
Community Children's Services DNA rate	10%	8.3%
Average length of stay for all acute specialities	1 day reduction	5.81 Days
Staff sickness absence rate	Local target: <3%	No overall year figure available. 2.6% sickness rate as at year end (Mar14)
Ward cleanliness score	95%	No overall year figure available. 98.36% Compliant as at year end audit (Mar14)
Elimination of mixed sex accommodation	0 mixed sex breaches	16 non-Clinically justified breaches during Mar 14 (Full year's figures Not Available for 13/14)
New Birth Visits (Islington)	95% seen within 14 days	85.97% (estimated – final position due May 6 th)
New Birth Visits (Haringey)	95% seen within 14 days	84.30% (estimated – final position due May 6 th)
Sexual Health services	100% offered an appointment within 2 days	100%
Cancer waits		
Urgent referral to first visit	93% seen within 14 days	93.35% (Apr13 – Feb14 figures only)
Diagnosis to first treatment	96% treated within 31 days	99.75% (Apr13 – Feb14 figures only)
Urgent referral to first treatment	85% treated within 62 days	86.56% (Apr13 – Feb14 figures only)
Maternity		

Bookings by 12 weeks, 6 days of pregnancy	90%	83.3%
One to one midwife care in labour	100%	96.2% of audited deliveries
Smoking in pregnancy at delivery	<17%	5.1%
Rate of breast feeding at birth	>78%	89.2%
Complaints		
New complaints	No benchmark for ICO.	Average of 38 complaints received per month (across community and acute services)

Patients whose treatment included palliative care	Whittington Health	National Average
% of deaths with palliative care coding	No overall year figure available. 6.1% at latest figure (Jun12 – Jun13 period)	20.3% at latest figure (Jun12 – Jun13 period)

Patients whose treatment included palliative care	Whittington Health	National Average
% of deaths with palliative care coding	No overall year figure available. 6.1% at latest figure (Jun12 – Jun13 period)	20.3% at latest figure (Jun12 – Jun13 period)

Patient Reported Outcome Measures (PROMs)

PROMs measure a patients' health status or health related quality of life from the patients point of view, typically based on information gathered from a questionnaire that patients complete before and after surgery.

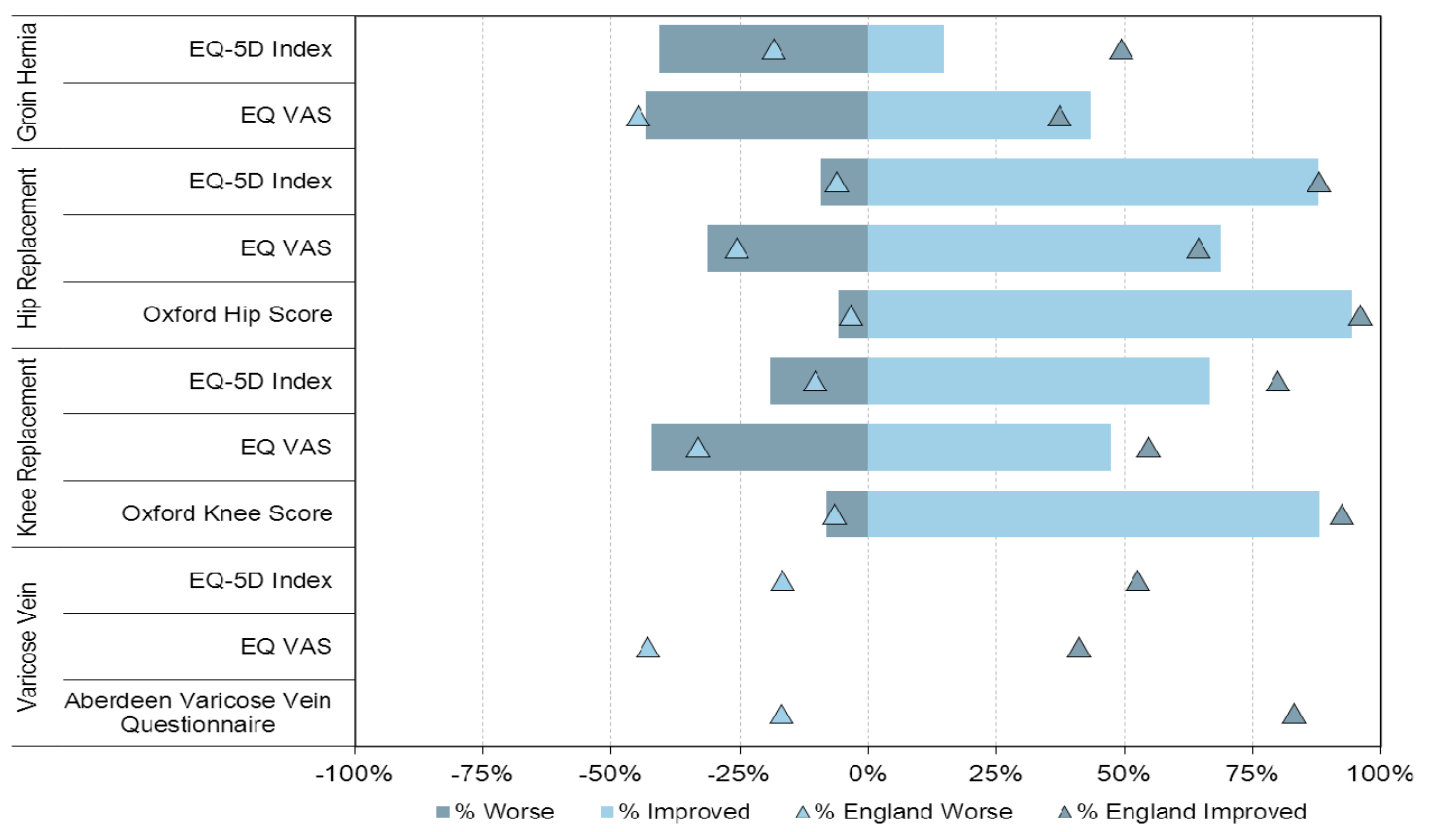
The NHS Outcomes Framework includes PROMs scores as an important means of capturing the extent of patients' improvement in health following ill health or injury.

	Number improving	EQ-5D Index	EQ VAS	Condition Specific
Groin Hernia		4	13	N/A

	Hip Replacement	29	22	33
	Knee Replacement	14	9	22
	Varicose Vein	No data	No data	No data

Percentage getting worse		EQ-5D Index	EQ VAS	Condition Specific
Procedure	Groin Hernia	40.7%	43.3%	N/A
	Hip Replacement	9.1%	31.3%	5.7%
	Knee Replacement	19.0%	42.1%	8.0%
	Varicose Vein	No data	No data	No data

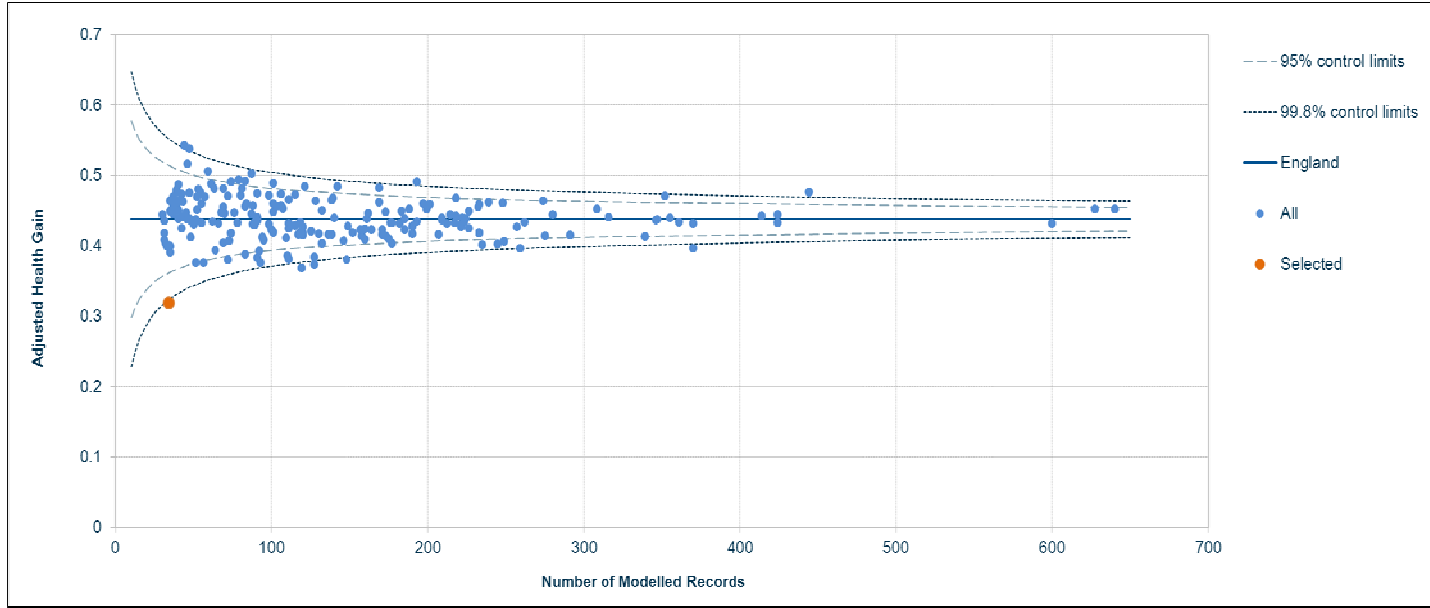
Number getting worse		EQ-5D Index	EQ VAS	Condition Specific
Procedure	Groin Hernia	11	13	N/A
	Hip Replacement	3	10	2
	Knee Replacement	4	8	2
	Varicose Vein	No data	No data	No data



Data taken from *Health and Social Care Information Centre Information* indicates that the trust had a low number of cases modelled so this could be highlighted as an area for improvement although our improvement percentages are good as highlighted in the top table

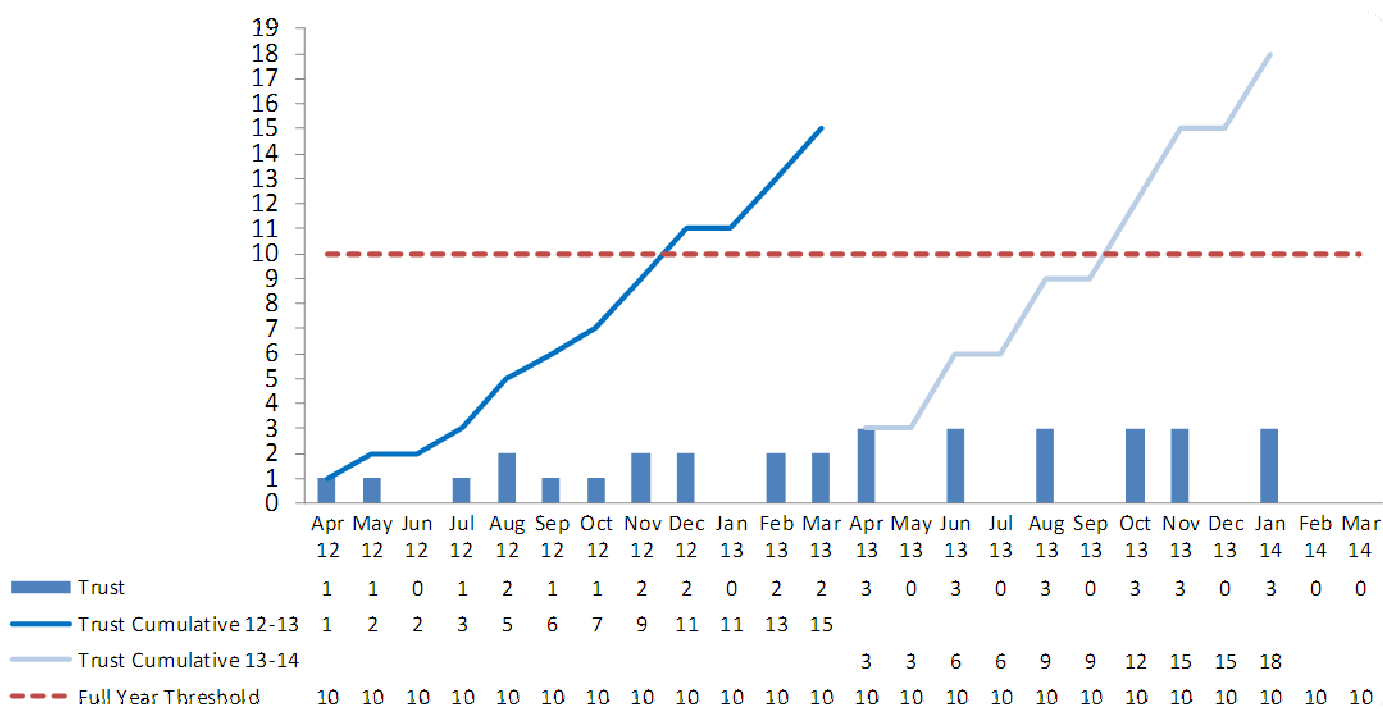
PROMs funnel

Data taken from *Health and Social Care Information Centre*



Clostridium Difficile (C Diff) rates per 100,000 bed-days

Year	Threshold	Number of Cases
2012-13	10	15
2013-14	10	18



What we are doing to improve Clostridium Difficile rates?

Our year end number of reported cases is 21, against a full year threshold of 10. All cases have been reviewed in depth and discussed with the Trust Development Authority (TDA). An action plan to prevent further cases has been submitted to TDA.

Recommendations have been made across the trust relating to quicker isolation and timeliness of samples being taken on admission.

Also the deep cleaning schedule has been reviewed to identify further improvements

We are already doing very well in keeping rates down however we aim to improve these rates even further over the coming year.

What we are doing about VTE?

‘Venous thromboembolism (VTE), which includes deep vein thrombosis (DVT) and pulmonary embolism (PE), is a major cause of mortality and morbidity

Over the years, hospital acquired venous thromboembolism has been referred to as the, “silent killer”. The majority of people still associates blood clots with long-haul air flights but the truth is you are 1000 times more likely to suffer a VTE by simply being admitted to hospital.

On the back of this the government has therefore set hospital a target requiring 95% of all admitted patients to be assessed in relation to their risk of VTE.

The Whittington hospital met or performed better than the 95% target for the year 2013/14

Planned improvement on performance

Our VTE working group and dedicated health professionals strive to sustain and embed the highest clinical practice across Whittington health ICO, we are by no means complacent and believe we have a great deal more to do, We are currently redesigning our electronic assessment tool to reinforce the link between the level of risk and the thromboprophylaxis options. We also seek to strengthen our recording of contraindications to thromboprophylaxis via this tool, in particular antiembolic support stocking contraindications. Our focus is and will remain on improving patient outcomes.’

VTE Risk Assessment

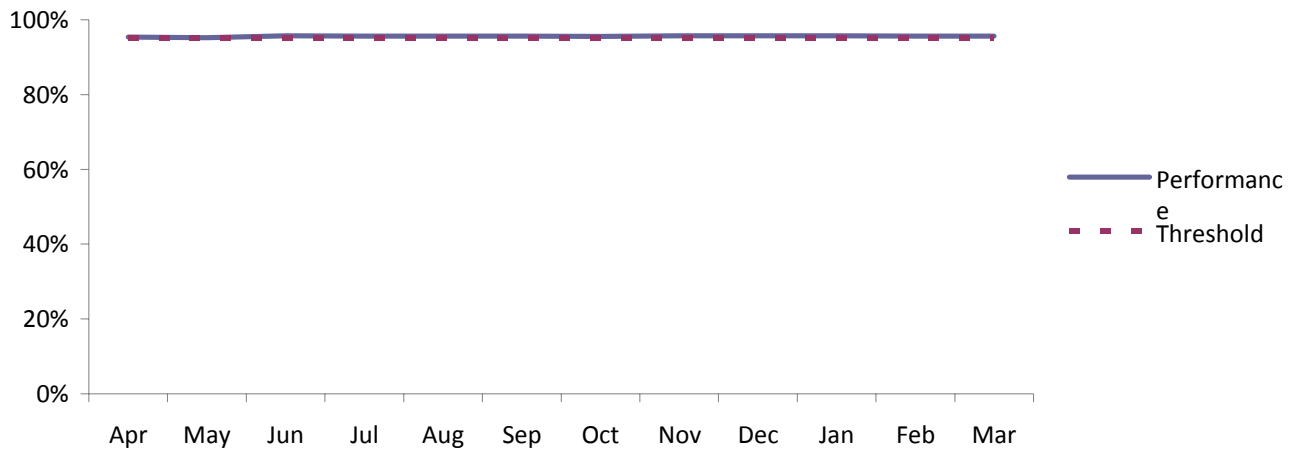
Year	Month	Performance
2013-14	Apr	95.5%
	May	95.9%
	Jun	95.5%
	Jul	95.8%
	Aug	95.1%
	Sep	95.7%
	Oct	95.2%
	Nov	95.6%
	Dec	95.0%
	Jan	96.5%
	Feb	96.4%
	Mar	95.5%

Threshold = 95% of all admissions to be Assessed for VTE risk

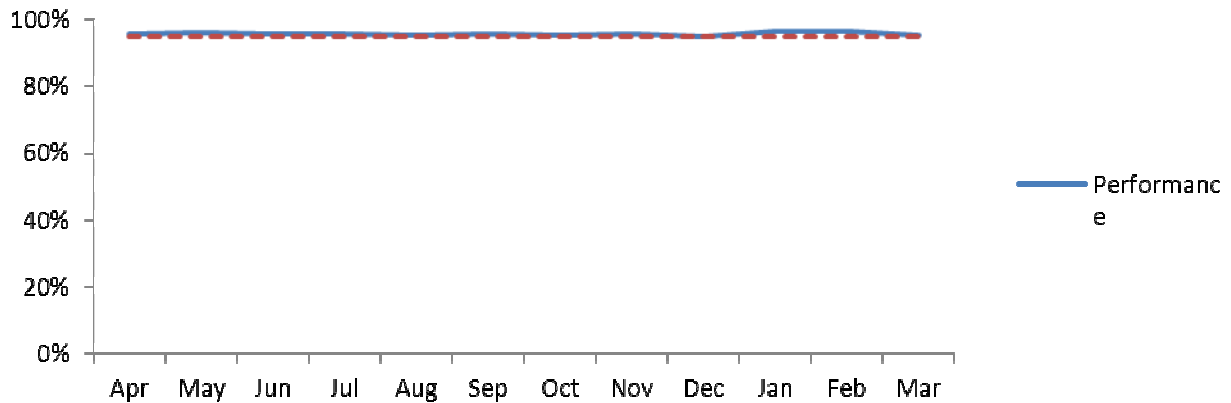
Year	Month	Performance
2012-13	Apr	95.4%
	May	95.2%
	Jun	95.7%
	Jul	95.6%
	Aug	95.6%
	Sep	95.6%
	Oct	95.6%
	Nov	95.8%
	Dec	95.7%
	Jan	95.7%
	Feb	95.7%
	Mar	95.6%

Threshold = 95% of all admissions to be Assessed for VTE risk

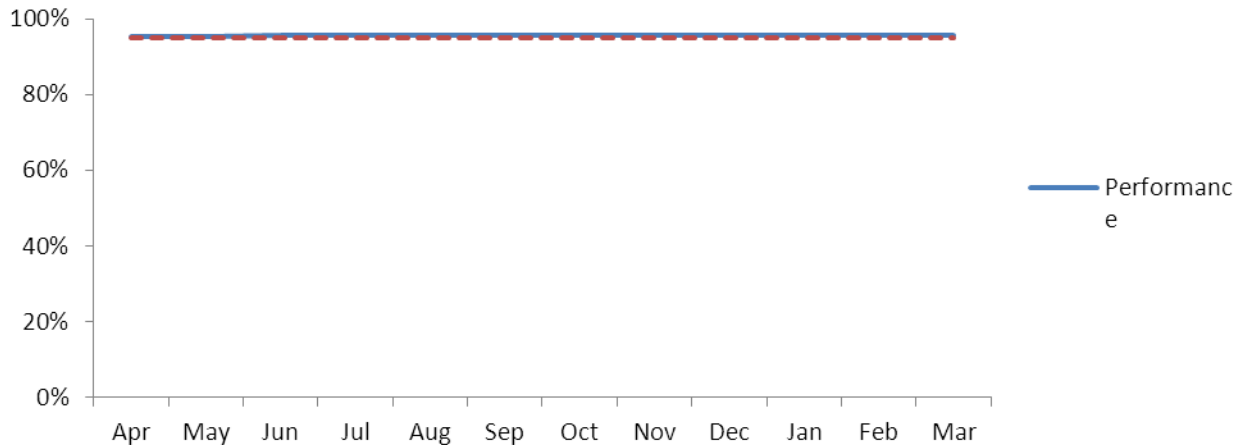
VTE Risk Assessment - 2012/13 Performance



VTE Risk Assessment - 2013/14 Performance



VTE Risk Assessment - 2012/13 Performance



Patient safety incidents resulting in harm

Data is made available to the Trust by the Health and Social Care Information Centre regarding the number and rate of patient safety incidents reported within the Trust. The first two years are the aggregated data as already reported externally by the National Reporting and Learning System (NRLS). The NRLS report in arrears and their latest data is to March 2013. Their next report (covering April to September 2013) will be issued shortly.

The 2013/14 data in the graph below is based on the incidents we have already uploaded to NRLS this year, plus others identified for uploading by the deadline.

Whilst Whittington Health appears slightly above the mean for both categories, this reflects a positive reporting culture and for severe harm an excess arises because as an ICO we report numerous (although slowly reducing numbers of) community acquired grade 3 and 4 pressure ulcers - unlike a purely acute trust. The NRLS does not have a separate category for ICOs. A higher rate of incident

reporting was considered to be an indicator of higher quality by the Keogh review of hospital safety.

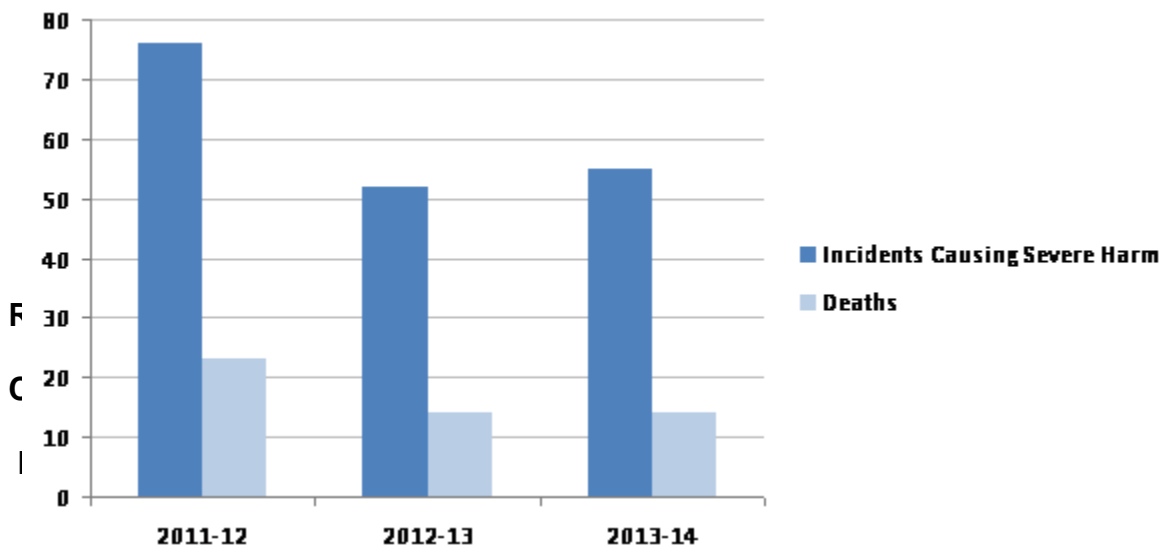
The increased severe harm incidents are related to grade 3 and 4 pressure ulcers. There is a CQUIN target in 2013/14 (under Safety Thermometer CQUIN) to reduce the number of all grade 2 – 4 pressure ulcers acquired in both community and acute services tapering, to a 50% drop by Quarter 4. This is monitored by the Trust Pressure Ulcer Committee. The target has been met between April and December 2013.

We are very pleased that the most recent CQC Intelligent Monitoring Report raised the assessment of Whittington Health from risk band 4 to risk band 6 (the safest band).

This change was in part because the Indicator *ID NRLS05: "Potential under-reporting of patient safety incidents"* was no longer considered an 'elevated risk', because the current data reported to the CQC by the National Reporting and Learning Service had shown improvement.

Incidents Causing Severe Harm as a percentage

Year	Incidents Causing Severe Harm	Percentage	Deaths	Percentage
2011-12	76	2.22%	23	0.67%
2012-13	52	1.96%	14	0.53%
2013-14	55	1.65%	14	0.42%



The Assistant Director for Risk and Safety and the Head of Risk and Patient Safety provide ad-hoc bespoke training to other clinical services on Risk Management which includes reporting of incidents. The Trust also provides training to the Clinical Leadership Programs on Risk Management and is undertaking developmental work with cohorts of junior doctors and other professionals in training;

- During 2014/15, we will be working with Services to continue to support the development of service specific Trigger Lists. This will assist areas in accurately reporting incidents. Some work has already commenced in the Division of Integrated Care and Acute Medicine and developmental work has also commenced in Theatres.

Feedback to staff on any incidents that were judged to be incorrectly graded following review.

- The Risk Management team routinely provide feedback to managers on grading of incidents. Developmental work is also to commence this year on structured risk management training to include risk and incident grading. This will be developed as part of the wider Organisational Development Programme.

Ensure that all staff has easy access to the Datix system and advertise the reporting process through staff newsletters the intranet etc.

- Datix is available on every Trust computer, both on the hospital site and across our Community Services. We have a bi-monthly newsletter entitled 'Cats Eyes' detailing feedback on the reporting process. We also produce reports to various committees and clinical services to provide feedback on incident reporting and access to the reporting system is a regular feature in the Whittington Health Communications bulletin.
- Feedback is also being provided at junior doctor forums which commenced in summer 2013. Services use a combination of message of the week and other feedback for to discuss incidents reported and the associated learning at a clinical service level.
- The Trust is planning to conduct a peer review exercise of the Datix system with other Datix Reference sites during May 2014 as part of an ongoing review process. Projects are also planned for system developments to support clinicians in using the system for reporting incidents more effectively.
- We are also setting up an internal Datix user forum and are working with the governance leads from each Division in order to develop and support their mechanisms for the management of incidents.

The Trust should also consider:

Increasing the number of patient incidents reviewed to ensure they meet the correct definitions and NRLS guidance

- Incidents are reviewed on a routine cycle to ensure that they meet the criteria for reporting to the NRLS. Incidents are reviewed by Managers in the first instance. The central Governance team will then perform additional checks prior to upload to the NRLS. Our reporting is also benchmarked

using the reports produced 6 monthly from the NRLS and additional internal reviews of data quality.

Introducing three way reconciliation between complaints, incident reports and Datix to trace all complaints (eg identified through patient feedback, staff feedback, insurance claims, and patient safety complaints) to incident reports and subsequently to Datix.

- This has been an area of significant development during 2013/14. We have noted improved cross departmental working across Incidents Complaints and Claims and the aggregated reporting has evolved due to further engagement in the creation of the aggregated reports at a Divisional level. We also focus on narrative feedback to include learning, again at a Divisional level.

We will share best practice examples from other Trusts to assist the Trust in developing an adequate system.

What we are doing to improve

In order to improve, we are ensuring that all deaths are subject to review by senior medical staff to ascertain if enhanced management could have changed the outcome. Results are routinely reported to the Trust Patient Safety Committees.

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 organisations, 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.

Progress against the action points in the alerts are monitored via an overall action plan and reported to the Trust Patient Safety Committee. The Patient Safety Committee will report the alert fully implemented when all actions are completed.

We have furthermore, implemented a system of checking the grading of incidents on moderate, low or no harm in order to pick up those incidents that require upgrading.

Emergency re-admissions to hospital within 28 days of discharge

Whilst some emergency readmissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each

patient's needs, careful planning, support and aftercare. Domain 3 of the NHS Outcomes Framework includes emergency readmission within 30 days of discharge from hospital as an important measure helping people to recover from ill health following injury. Our Quality Strategy aspires to ensuring low readmission rates following discharge.

Our performance over the last 2 years is listed in the table 10:

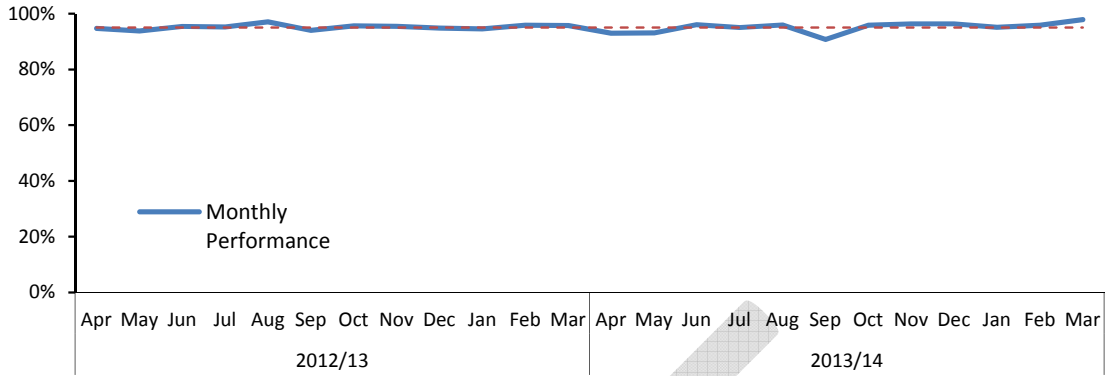
2013-14

(Information taken from Dr Foster)

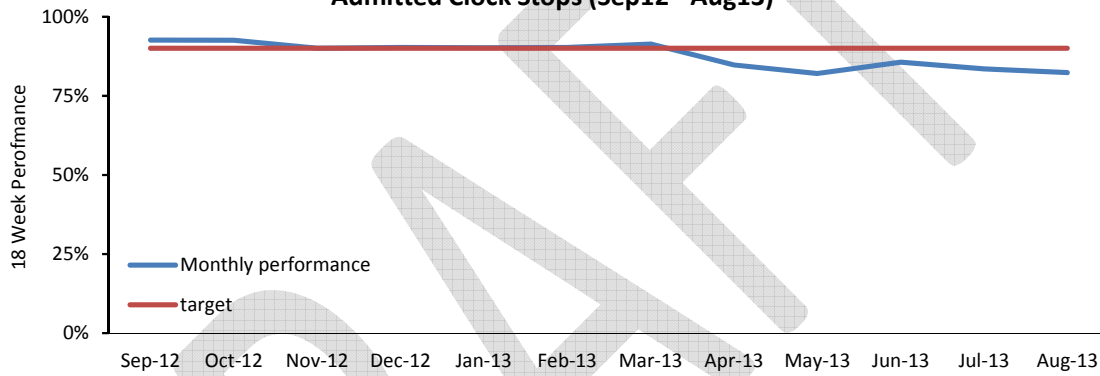
Table 10: readmission rates

	2012/13		2013/14	
Age Bracket (years)	0 -14	15+	0 -14	15+
Observed Readmission rate	7.03%	7.47%	7.30%	7.52%
Expected Readmission rate	8.37%	7.35%	8.24%	7.38%

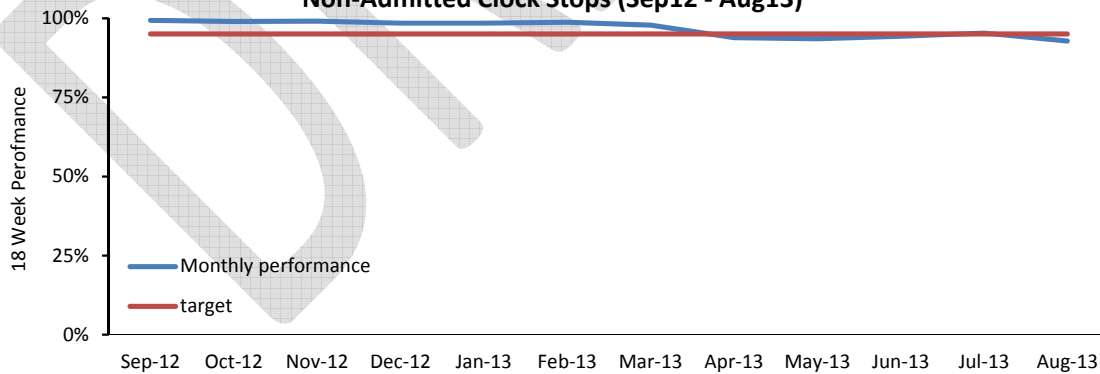
Whittington Health Emergency Department 4 hour Waiting time performance



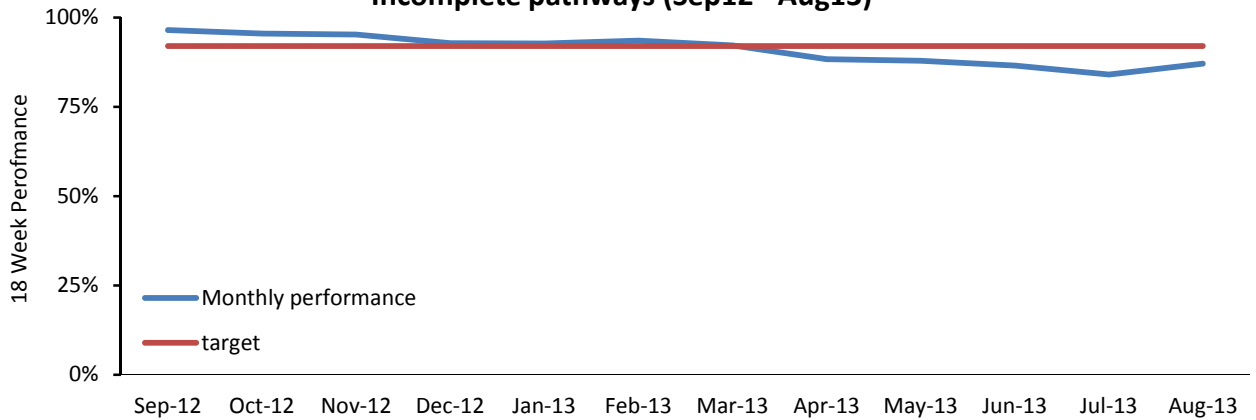
Whittington Health 18 weeks RTT Pathways Admitted Clock Stops (Sep12 - Aug13)



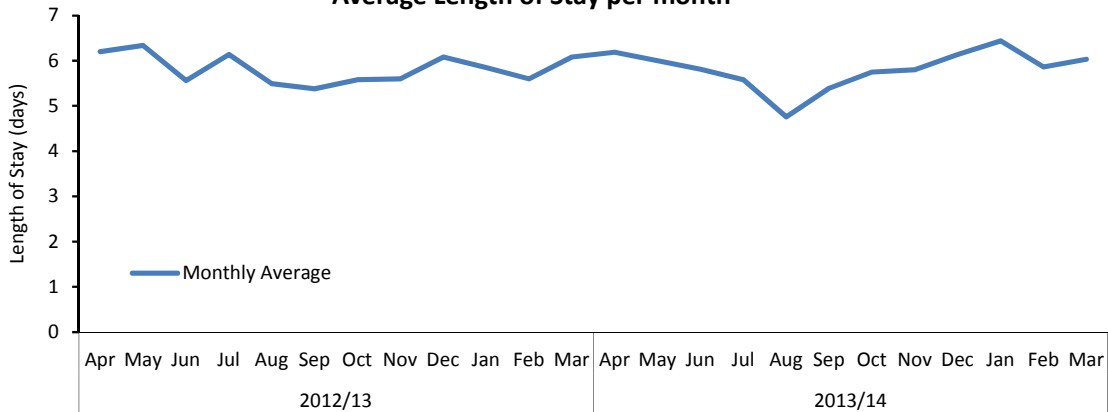
Whittington Health 18 weeks RTT Pathways Non-Admitted Clock Stops (Sep12 - Aug13)



Whittington Health 18 weeks RTT Pathways Incomplete pathways (Sep12 - Aug13)



Whittington Health Inpatient Admissions Average Length of Stay per month



Source: 2012/13 and 2013/14 Whittington and national data is taken from the Compendium of Population Health Indicators published by the NHS Information Centre for Health and Social Care.

What we are doing to improve:

We are undertaking a systematic review of processes and systems in order that all patients are discharged appropriately and are working with the divisions to implement this.

Four hour A&E wait

We have worked hard over the last year to ensure that people attending our Emergency Department do not have wait more than four hours to be seen and assessed. This year we met the national standard despite increasing rates of attendance, seeing 95% of patients within four hours.

18 week wait

At Whittington Health we want to ensure that patients are seen as soon as possible once they are referred to us. We aim to ensure that people should not wait for treatment for more than 18 weeks, which is a national target. We get this right 90% of the time we aim to maintain this consistent level of performance over the coming year.

Length of stay

Reducing the length of stay of our patients is an important objective to achieve because it is not good for people to spend too long in hospital. As an integrated care organisation, we have a strong commitment to developing services outside of hospital so that patients don't have to stay in hospital to continue treatment. Sending people home with the right support and follow-up means that people suffer fewer complications from being in hospital. Our current average length of stay is 5.7 days.

Never events

The National Patient Safety Agency has developed a list of 25 "Never Events" that are applicable to acute trusts. These are events that should never happen during a healthcare episode, since they are all avoidable and can have serious consequences for the patient if they do occur. Whittington Health has had three "Never Events" over the past 12 months; these were categorised under the following areas of speciality: Maternity Retained Swabs, and Surgery Retained Instrument.

All of the Never Events have been treated as Serious Incidents. They were fully investigated using Root Cause Analysis (RCA) methodology, and actions have been taken to reduce the risk of them happening again through revisions to both local and corporate policy and procedures, retrospective and real time audits, changes to procurement and use of alternative supplies to support safety arrangements, sharing of learning, and the application of learning to training programs.

External assurance on compliance has been achieved through evidence reviews with NHS London Patient Safety Team and Quality Leads from North Central London Commissioning Agency for the two Maternity Never Events.

A similar process will be followed up for the third Never Event which related to a retained instrument within Surgery.

In December 2013, NHS England issued the never events list; update 2013/14. The latest document is unchanged except for further clarification around the definition of 'Retained foreign object post procedure'

During 2013/14 the Trust reported one Never Event 'Surgery Retained Instrument' this was reported in December 2013 and has been investigated using Root Cause Analysis methodology. A series of immediate actions were taken at the identification of the incident, in addition an assurance (evidence review) exercise will be undertaken with Quality Leads from Islington Clinical Commissioning Group and the North East Central London Commissioning Support unit based on recommendations and actions from the investigation completed.

Revalidation

In 2012, the General Medical Council launched the national process of strengthened appraisal and revalidation. Whittington Health continues to value this process as a means of improving quality through providing a supportive environment for clinicians to reflect on their practice. The Trust reports on a quarterly basis to NHS England, in addition to performing our own internal monitoring. So far the Responsible Officer has made 62 recommendations to the GMC, in line with their schedule of revalidation dates. Going forward, we will be assessing our processes against the recently released Quality Assurance Framework from NHS England in order to strengthen our processes still further.

Friends and Family Test

The Friends and Family Test (FFT) is a measure of patient experience and is a requirement for:

- all inpatients that stay more than 24 hours (implemented April 2013)
- all those who attend the emergency department (ED) and are discharged from there (implemented April 2013)
- all women at four stages of the maternity pathway: antenatal (36 weeks specifically); birth (labour ward/birthing unit/homebirth); postnatal ward and postnatal community (implemented October 2013)

The current national target is that at least 15% patients of discharged from ED and the wards answer the FFT question. For maternity the expectation is to achieve 15% overall (rather than individual element of the pathway).

Whittington Health is currently using a variety of methods to collate patient feedback. This includes postcards, handheld devices and kiosks. Achieving the target has been a challenge in ED and therefore since December 2013 volunteers have been supporting the process by carrying out telephone surveys.

Whilst the postcards only include the Friends and Family Test questions the surveys available via kiosks and handheld devices also include additional questions regarding patient experience.

Whittington Health is required to implement FFT in the community and outpatients by October 2014. Implementation across community services began in March 2014 and plans are underway to implement FFT in outpatients in July 2014.

Response rates and feedback is being circulated on a weekly basis to clinical and operational leads. The updates include:

- a summary of month to date progress for all areas and the number of surveys still required to meet the target
- top themes identified (both positive and negative)
- all free text comments received by area

Monthly reports are submitted to the Trust Board once the data is validated and approved.

Whittington Health will also be implementing the staff FFT during quarter one of 2014/15. We are currently deciding on the methodology of data collection and at what point throughout the year this will be undertaken.

'You said we did'

Actions taken in response to feedback are collated monthly and included with the Trust Board update. This information is also displayed on all the wards and in ED along with the response rates and score. This will be rolled out across other areas.

Whittington Health is currently achieving the target response rates in all areas and the scores have remained consistent

We are continuing to focus on the ways we can improve the experience of patients in our clinics. We acknowledge that we do not always get it right, and where this has been the case, we have taken measures to improve. The yearly national outpatient survey has provided useful information about how patients experience the department and, together with electronic local surveys; we have identified specific areas for improvement. This has included ensuring that the information provided to patients is fit for purpose. Outpatient appointment letters are being updated; leaflets are being created and renewed; and information about who the staff are in a clinic is being made more visible through name badges and staff boards. Staff have also participated in bespoke customer service training and afternoons particularly to examine how the experience of patients can be improved in the department.

Friends and Family Test:

Month	Area	Patients Surveyed	Coverage Denominator	% Coverage	Promoters	Detractors	FF Score denominator	FF test Score
2012/13	IP	721	4602	16%	410	47	645	56
	ED	816	32,080	3%	307	277	719	4
2013/14	IP	4484	10859	41%	2992	242	4226	65
	ED	5,209	59,025	9%	3080	837	4995	45

Results shown are from Internal data submitted to Trust Board

2012/13 data collection began in November 2012

The Friends and Family Test Score represents "proportion of patients who would strongly recommend minus those who would not recommend, or who are indifferent".
(See the following link for detailed information: <https://www.gov.uk/government/publications/nhs-friends-and-family-test-guidance-on-scoring-and-presenting-results-published>)

Enhanced Recovery

Whittington Health has implemented a whole hospital enhanced recovery improvement programme over the past year with workstreams covering the new ambulatory care centre, the medical admissions pathway, the surgical pathway, and the discharge pathway. These workstreams have assessed pathways against best practice to ensure that patients are helped to recover from illness as rapidly as possible. The length of stay for patients with conditions suitable for treatment without admission has come down, as has the length of stay for emergency medical patients over 75. Going forward, these enhanced recovery principles will underpin a number of 'Value Improvement' pathways.

Quality Standards

The Quality and Governance Programme commenced in January 2014 with a three month timeline for completion by March 2014, the initial process of the programme involved the following:

Identification of the Quality and Governance issues, this was achieved by meeting with the Executive Team to agree the areas for scoping, taking into consideration the CCG Quality Objectives agreed for 2014, CQC Quality Standards and Outcome compliance requirements, Monitor Strategic compliance requirements and the identified Quality and Governance challenges currently reported through the Trusts Quality and Governance reporting systems.

14 Quality Standards identified:

- Patient Experience
- Sepsis
- Infection Prevention & Control
- Clinical Notes
- Patients Consent
- Falls
- Medicine Management
- Pressure Care
- Identification Patients
- Recognising and responding to the deteriorating patient
- Patient Handover
- Identification of Staff
- Mortality Audits
- End of Life

Each Quality Standard has a Clinical and Operational Lead assigned to drive forward a programme of review of each Quality Standards. The Leads report back monthly to an executive Quality Committee. The programme runs across the Trust.

To improve the flow of communication and to address issues as they are identified, each of the Trusts three Divisions has a monthly Divisional Quality Meeting with the same core agenda items covering all integrated Quality and Governance including Risk Management, compliance and clinical audit data.

In turn the Divisional Quality Meetings report up to the Trust Operational Quality Board (TOB) Sub-Committee Quality Meeting and Safety Committee meeting and down to ward level.

This programme will run throughout 2014- 2015. We have achieved improvements in compliance levels with all regulatory bodies, communication and sharing of data, improvements in infection rates and reduction of inpatient pressure ulcers and End of Life care in the community. As the year unfolds we will audit the programme to review the outcomes upon completion of the programme.

Dealing with inequalities

Learning disabilities

Whittington Health is committed to providing the best possible care to ensure good health outcomes for people who have learning disabilities and their families. We recognise that all our patients are unique, with individual needs. Our Trust Board continues to promote and adhere to the 'Our Hospital' Charter which supports people with learning disabilities when they are in

hospital. The Charter may be found on our customer facing pages on the Trust website. We also continue to follow the good practice guidance in the Mencap *getting it right* Charter.

Our Trust Learning Disability Board which is Chaired by a Senior Nurse continues to provide assurance to our organisation on all matters relating to caring for patients with learning disabilities. Its key purpose is to ensure that systems and processes are in place to enable all patients, adults and children, with a learning disability to be identified and appropriately managed across the trust, so that they receive safe, high quality care.

We also continue to work closely with the local specialist services for people who have learning disabilities and are proud to report that our Haringey Learning Disabilities Partnership nursing team were recently awarded the 'Clinical team of the year for 2013-14' accolade in recognition of excellence in caring for adults with learning disabilities.

The Haringey Learning Disabilities Partnership supports adults with learning disabilities, often with a range of complex health and social care needs. During 2013-14, we have seen the development of an autism specific day provision and learning disabilities specific patient pathways have been progressed to support people with complex physical health needs, dementia, epilepsy and those that require palliative/end of life care.

Speech and Language Therapy are also working together across Whittington Health (Haringey, Islington and Camden) to develop a dysphagia risk pathway for people with learning disabilities and eating and drinking and swallowing difficulties. The Nursing Model (a holistic, person centred care plan approach to supporting people's health needs) received national acclaim by winning the Nursing Standard Learning Disability Nursing Award. Furthermore, our Acute Liaison Nurse continues to provide robust support to patients with learning disabilities across the Whittington Hospital and the new, 'Purple Folder' health action plan/patient passport will be rolled out across Haringey in the coming months.

Good communication; engaging with families, carers and the people they support is an essential element of how we work. The Haringey Big Health Day made it possible for people with learning disabilities and those that support them to tell us about their good and bad experiences of health services across the borough. We hope that by engaging with the local community, they feel more empowered to contribute to the planning, prioritisation, and delivery of current and future health services

Trust Board presentation on the use of pain cards for people with learning disabilities

Hearing the first-hand experiences of patients, carers and staff is a Board priority. In July 2013, our Consultant Nurse from the Learning Disabilities service presented to us on the use of pain cards for people with complex and

profound disabilities who find it particularly hard to communicate levels of pain.

The pain cards had been developed to work on a 'traffic light' system. They were initially intended to assist doctors however have been found to help all professionals involved with a patient's care. Enabling early steps to be taken once pain has been communicated has helped to reduce the number of hospital admissions for patients who would previously experience significant difficulties with communication.

The cards may also be used for describing symptoms of illness as well as pain. We are now initiating the use of a pain scale for questions for patients with dementia and also considering the use of a flagging system for staff to be made immediately aware of a patient's communication needs upon their presentation.

Safeguarding children

Whittington Health is committed to safeguarding children and young people by ensuring that safeguarding and promoting the welfare of children is embedded across all services.

Section 11 of the Children Act (2004) places a duty on every NHS Trust to have arrangements in place to ensure that the organisation and all staff working within it have regard to the need to safeguard and promote the welfare of children. In compliance with this responsibility the following arrangements for safeguarding children are in place:

- Whittington Health meets statutory requirements in relation to Disclosure and Barring Service (DBS) checks. All relevant staff complete a DBS check prior to employment and staff working with children are required to complete an enhanced level of assessment. Systems are in place to ensure that all members of staff who work with vulnerable adults or children, or staff who have access to patient's personal information have a DBS check every three years.
- The legacy organisations (Haringey PCT, Islington PCT and The Whittington Hospital) have individual safeguarding children policies in place. Guidelines and policies will be combined during 2014 following the revised publication of Working Together to Safeguard Children and Pan London Child Protection Procedures. All safeguarding children policies and systems are reviewed regularly as part of Whittington Health's quality assurance process.
- Whittington Health has a policy in place for following up children who fail to attend health appointments, both in hospital and in the community. This is now known as the 'Was not Brought' policy and is available to all staff on the Trust Intranet.

- Whittington Health has an audit programme to assure the Trust Board that safeguarding children systems and processes are working.
- Safeguarding Children supervision is mandatory for all professionals who work with children and families and is available for all other staff. Supervision is provided by appropriately trained and experienced lead professionals and is monitored by the safeguarding children committee.
- An action plan is in place to ensure that all staff are trained to the appropriate level. Currently, 79% of Whittington Health staff have completed Level 1 Safeguarding Children training in the last 3 years. An active programme of increasing awareness is in place to improve uptake of training.
- Whittington Health has recently appointed a Head of Safeguarding to lead on the implementation of the Safeguarding Children agenda across the organisation. This post will be supported by two Named Nurses and a team of Child Protection Advisors.
- The Director of Nursing is the Executive Director Lead for Safeguarding and Chairs the Whittington Health Safeguarding Children Committee. The Trust Board receives updates and an annual Safeguarding Children report.
- Whittington Health is represented on Local Safeguarding Children Boards in Islington and Haringey and actively participates in all LSCB sub groups and training events.

Safeguarding adults

This year has seen the revision of the three main Adult Safeguarding policies namely the Mental Capacity Act policy, the Deprivation of Liberty Safeguards policy and the Adults at Risk policy. In addition to these policies the Do Not Attempt Resuscitation (DNAR) policy has been revised and a policy on the Clinical Management for Patients with Challenging Behaviour in the Whittington Hospital has also recently been approved.

Last year's Quality Account return indicated that training for staff relating to the Mental Capacity Act would be increased. This year has seen a number of training sessions on MCA/DOLS, some of which have been arranged via the Learning and Development team and others have been bespoke sessions arranged directly with individual wards to take account of operational pressures. In addition to this, training is being planned to support the introduction of the Clinical Management Policy for Patients with Challenging Behaviour. The implementation of this policy will complement the focus on integrating the provisions of the Mental Capacity Act into clinical practice.

Our plans for the year ahead include:

- Ensuring that the Adult Safeguarding policies are supported by relevant and accessible guidance and information that enables clinical staff to ensure that vulnerable patients in our care are appropriately safeguarded.
- The preparation with relevant clinical staff of Standard Operating Policies on MCA/DOLS and the preparation of standardised Adult Safeguarding investigation reports.
- Use of DATIX as a mechanism for capturing Adult Safeguarding alerts raised by the organisation which will link to joining information from complaints, DATIX and Adult Safeguarding alerts which have been raised against the organisation.

Equality and diversity

Whittington Health is committed to providing an environment and services that recognises diversity and the rights of all patients, service users and employees. The Trust published its equality objectives in accordance with its Public Sector Equality Duty (PSED) under the Equality Act 2010. The equality objectives reflect our vision, which is to provide 'outstanding care and patient experience', and the organisational values developed to enforce that commitment.

The organisation's strategic goals and values underpin the equality objectives, which are:

1. Ensure better healthcare outcomes for all, regardless of race, gender, sexuality or religion;
2. Improve access to healthcare and the experience of services;
3. Empower, engage and support our staff;
4. Ensure inclusive leadership at all levels of the organisation that reflects the diversity of our community.

Whittington Health continues to build on its recent achievements through expanding education and improved learning and development opportunities with the view to further increase better understanding and influence decision-making in relation to equality, diversity and inclusion for patients, service users and employees.

The Trust acknowledges that there is more work to be undertaken in relation to a greater promotion of equality, diversity and inclusion across the wide range of health pathways and services. The most recent results from patients

and staff surveys conducted during 2013 provide some information that will be further explored during 2014/15.

Divisional Quality Highlights

Integrated Community Ageing Team (ICAT)

Whittington Hospital admits 390 patients over the age of 75 acutely each month, approximately 13% of which are from nursing and residential homes. In addition there is an average of 29 general medical readmissions within 30 days per month in the over 75 age group. These patients are often frail with multiple comorbidities and cognitive problems. As a result, the average length of stay for over 75s is 9 days and 13 days for those from care homes. They may be known to several services in the community and receive support from many different sectors.

The Care of Older People (COOP) department at Whittington Health are committed to improving the integration of care for this vulnerable group. With this in mind a new consultant in community geriatrics took up post in March 2014. The Integrated Community Ageing Team (ICAT) aims to bridge the gap between primary and secondary care to improve integration of services for the frail elderly. As part of this, we have employed a local Islington GP to work on our service as a GP with a specialist interest in geriatrics and provide valuable insights into primary care. By linking existing community services and providing an extra level of specialist support, we aim to reduce the number of inappropriate admissions from the community, reduce the length of stay of our elderly inpatients and thus increase their time spent at home. In addition, we aim to support patients in planning for the future so that an advanced care plan is in place should they become unwell and their preferred place of care is respected at the end of life.

The ICAT project will be rolled out in two phases. The first phase will focus on the ten Islington care homes. We will visit each of the care homes on a monthly basis, providing case reviews of complex patients highlighted by GPs and care home staff. During these sessions we will also facilitate training and continued professional development for care home staff to help empower them to manage these complex patients within the care home. We will also provide an 'in-reach' service to the wards at Whittington Hospital; ensuring admissions from care homes receive a full comprehensive geriatric assessment before discharge. Through this, we aim to try and facilitate timely discharge and develop care plans should they become unwell again. GPs linked to the care homes will also have access to a geriatrician Monday-Friday via a new telephone advice line to discuss patients outside of our normal care home visits. We hope to rapidly improve lines of communication around admission and discharge so that patients are admitted in a timely and appropriate manner and spend the minimum number of days necessary as an inpatient.

In the second phase of the project we will roll out the service to all elderly people in Islington. Weekly teleconferences already address the needs of some of these patients and are a valuable part of our integrated service. We will add to this by opening the geriatrics advice line to all GPs and providing multi-disciplinary comprehensive geriatric assessment via 'hot slots' in the Dorothy Warren Day Hospital and ambulatory care centre.

The exact parameters for project's evaluation are under discussion but will include both qualitative data from GPs, care home managers, patients and their relatives and quantitative measures around admissions from care homes and length of stay. Our primary goal is to better integrate services for the older population in Islington so they can enjoy a better quality of life for longer and in their own home.

Surgery Cancer & Diagnostics

We have worked hard to improve theatre utilization over the past 6 months. A new theatre utilisation report was introduced in November 2013 which gives us a session by session view of how well utilised theatres are. This allowed us to target sessions that were underutilised, identify themes contributing to poor utilization and target our actions accordingly. There are still considerable issues with utilisation and the new report. Due to on-going issues with introduction of the new Electronic Patient Record the informatics department have been unable to revise the new reporting format so we are still working with the first version of the new report.

Over the past six months much of our focus on improving quality and efficiency has been in theatres, our focus is now moving to Day Treatment Centre (DTC) ward. Work has commenced on capacity modelling and scheduling to help ensure an even spread of patients throughout the week. Work is progressing on moving non-surgical pathway patients out of DTC and also improving current patient pathways.

New community urology service from October 2013

Whittington Health has been awarded a two-year contract to provide community urology services in Haringey and Enfield. For the first time the service will offer urological assessments and treatment by consultants 'closer to home' rather than in hospital.

Haringey, this will be provided at Hornsey Central Neighbourhood Health Centre with two clinics each week. Enfield will be provided at Kings Oak Hospital at the Chase Farm sites. Both locations will operate two clinics each week on Monday and Thursdays.

A pilot of the referral process will commence on 1st October, with the official triage process starting on 7th October. For Enfield, the service will be transferring to Whittington Health from BMI Healthcare after a one-year pilot of the community-based service.

All patients will be triaged within 48 hours by the service's clinical lead (routine referrals) and patients seen within six weeks.

The new consultant-delivered community service is designed to improve both clinical outcomes and patient experience with reduced waiting times and the service easier to access.

Move to community-based service

The Department of Health under *Shifting Care Closer to Home* has highlighted urology as a speciality suitable for moving a large proportion of the work from secondary to primary care. The British Association of Urological Surgeons (BAUS) in *Modernising Medical Careers* has suggested that 80 per cent of all referrals to a urological service do not need an operation in the traditional sense but require accurate diagnosis, good advice and appropriate treatment.

Women Children & Family (WCF) Child & Adolescent Mental Health Services (CAMHs)

- Introduction of Child IAPT for gathering patient satisfaction/ outcome data
- The launch of the redesigned Community CAMHs website in March 14 following substantial collaboration with service users .
- Sustained delivery and development of school based services integrated across primary, secondary and special schools.
- Supporting the tier 1 and 2 capacity building across the partnership through consultation, training and psycho-education.
- Strengthen links and interface between CAMHs AOT service and the paediatric mental health liaison service to offer a seamless care pathway to meet the needs of young people presenting with self-harming behaviour.
- Delivery of ADHD group commissioned by CCG and Islington LBI.
- Development and delivery of reflective practice groups with Childrens Social care
- Continued implementation of Service Training Plan for all community staff and building an internal training plan using current workforce resources.
- Workforce nursing strategy implemented at Simmons House to reduce agency/ bank spend.

Paediatrics

Hospital at Home:

During 2013-2014 we obtained funding and recruited the nursing and medical staff including Consultant Paediatrician staffing required for a 'Hospital at Home' service in Islington it is open 7 days a week 0800hs-2200hs this enables early discharge from hospital and reduces hospital admission.

Children's Diabetes:

Appointment of a second specialist nurse and part time consultant (in post March 2014) in order to increase specialist provision for children with diabetes and to meet the national criteria for excellent care (under the Best Practice Tariff requirements) agreement by both Commissioners (Haringey& Islington) to pay for best tariff from 2014/15

Children's epilepsy:

Consultant paediatrician with neurology and CNS epilepsy (Islington) appointed Oct and Nov 2013 respectively. Service provides education in schools/ to school nurses/ and workshops for children and families with epilepsy, GP liaison. New community clinic established 2014. All children with possible seizure seen within 2 weeks

Service now meets national criteria for excellent care for Islington patients (under the Best Practice Tariff requirements)

Paediatric allergy/asthma

Further expansion of paediatric allergy and asthma service with appointments of two atopy nurses, one allergy dietician and one GP allergy also we have increased number of clinics moved out to the community.

Development of primary care allergy clinic run by GPs as part of Whittington paediatric allergy service, this enabled us to strengthen links between hospital service and primary care and ensure families only seen in secondary care when and if necessary

Consultant delivered care:

Since October 2013, all children admitted acutely to hospital between Mondays to Friday are reviewed by a consultant paediatrician within 12 hours of admission (as per NHS London standards recommendation). On weekends all children will be reviewed within a maximum of 18 hours of admission

Teaching and training

At the Whittington we are the most highly rated paediatric training department in London by the GMC paediatric trainee survey for 5th consecutive year. Achievement reflects overall high quality of our Paediatric service as it is well recognized that training and service are inextricably linked.

Maternity**Areas for improvement 2013/14****Maternity and Women's Health**

- Secured funding to improve physical environment on antenatal and postnatal wards.
- Explore growing the maternity unit in line with improved environment.
- Reducing caesarean section rate and supporting normal delivery
- Enhanced recovery programme in obstetrics.

- Expansion of one stop outpatient hysteroscopy clinic and community gynaecology clinics such as nurse led fertility clinic, urogynaecology clinic and a consultant delivered alternate week vulval clinic
- Further reduce inpatient gynaecological emergency admissions and expand outpatient management of women with hyperemesis by increasing consultant presence on gynaecological emergency unit and extended opening hours
- Development of Apps to aid decision making for patients

Sexual Health

- Paperless service by establishing electronic ordering of path lab test requests and reports. Electronic patient record already established
- Setting up telephonetics and thus giving responsibility to patients to access their results, whenever they want
- Commission a 'mobile clinical bus' for health promotion and sexual health screening of young people in the community
- Development of a sexual health hub within Women's Diagnostic Unit

Patient Experience

Maternity was awarded some money from the Department of Health Maternity Funds which is being used to improve the physical environment on both the antenatal and postnatal wards. The changes will help address some of the feedback from women and their families about the poor state of the infrastructure. Work has begun to improve the facilities on both the antenatal and postnatal wards, so that families and staff feel valued and have confidence in our high quality services.

Maternity Improvement & Expansion Project

Work is ongoing to gain support and understanding of the changes needed in order to grow the maternity unit in line with the improved environment. Engagement with key stakeholders and service users will be pivotal to our success.

Reduction in Caesarean rates

Work continues to reduce the caesarean section rate and support normal delivery. Various work streams are on going as there are many areas requiring improvements to reduce the caesarean section rate and all staff have to be involved and help with these projects. The successful recruitment of a consultant midwife will help to support this work going forward.

Enhanced recovery programme

This is another multi-disciplinary project, involving looking at the pathways and interventions to ensure that women and their babies are discharged promptly and fully prepared to manage independently with their babies in their homes following an elective caesarean section.

Expansion of one stop outpatient hysteroscopy clinic and community gynaecology clinics

This has included work on the nurse led fertility clinic, urogynaecology clinic and a consultant delivered alternate week vulval clinic

Reducing inpatient gynaecological emergency admissions and expanding outpatient management of women with hyperemesis

These targets are being addressed by increasing consultant presence on gynaecological emergency unit and by extending opening hours

Development of Apps

Will aid decision making for patients, putting them in control of their care going forward and supporting them to engage with their care plan.

Sexual Health

Implementing a paperless service

Through the establishment of electronic ordering of path lab test requests and reports. Electronic patient records are already established and working well for patients and the service, ensuring that all information is accessible to clinicians.

Telephonetics

Setting up telephonetics allows patients to access their results whenever they want. This supports their engagement and treatment plan by providing easily accessible information on demand.

Mobile clinical bus

Commission a 'mobile clinical bus' for health promotion and sexual health screening of young people in the community to ensure easy access to sexual health services.

Sexual health hub within Women's Diagnostic Unit

This will provide a one-stop shop for women attending the WDU, enabling them to discuss their sexual health and contraceptive needs in a convenient and timely way.

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

We have continued to work collaboratively with colleagues in other hospitals.

We are a member of UCL Partners, an Academic Health Science Centre (AHSC), which is dedicated to achieving better health for our population. Its 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 better prevention and management of deterioration of inpatients.

We work closely with our partners in local authority social services. Joint work is essential in adult and children's safeguarding. Islington Social Services have a base at the Whittington Hospital, enabling easy and fast access to advice and support. We also work with social services for the relevant borough to arrange patient discharges, particularly in complex cases, where support packages in the community are required.

Patients and the public

It is vital that we see patients as partners, listen to and act upon what they tell us about our services. We do this in a number of ways.

We use information gathered from national and local surveys. During 2013/14 Whittington Health took part in the national surveys regarding cancer patient experience, maternity services and adult inpatients.

National Cancer Patient Experience Survey

Although the number of participants was low, Whittington Health received lower than average ratings in the survey and we are taking a number of steps to address this. We have developed a multi-disciplinary cancer patient experience steering group specifically to address the areas in the survey where our patients are clearly having a sub-standard experience of care. The group have developed an action plan to target key areas and are meeting monthly to drive to work. The steering group is reporting to the Trust's Patient Experience Committee, chaired by the Deputy Director of Nursing and Patient Experience. The Committee will monitor progress and support the work of the steering as necessary. The Patient Experience Committee provides regular reports to the Quality Committee which in turn reports to the Trust Board.

Actions include investing resources to expand staffing levels and ensure that every patient with a diagnosis of cancer knows who their key worker is and how they can contact them. We are also improving our links with the community so improving both the after-care and ready access back to the acute hospital if needed.

National Inpatient Survey

Overall Whittington Health scored 'about the same' as other NHS trusts. Positive findings include patients feeling there were enough nurses on duty and being given clear information about any medicines a patient was given. Overall most people felt they were treated with dignity and respect and had a good experience. Areas to work upon include same sex accommodation, cleanliness of bathrooms and toilets and nurses talking in front of patients without including them. An action plan is being prepared and be monitored at the patient experience committee.

National Maternity Survey

The results were positive with reflecting significant improvement on nearly all areas since the 2010 survey. Many of the responses were also above the national average including:

- Always being involved in decisions about my care
- Being treated with respect and dignity
- Having confidence and trust in staff
- Being spoken to in a way that could be understand

Local surveys

To ensure we capture the experience of as many of our patients as possible we also need to have more frequent feedback. We use feedback kiosks, hand-held patient experience tracking devices and post cards throughout Whittington Health. These local surveys include the Friends and Family Test questions and additional questions focused on areas we would like to improve and monitor (for example being treated with respect and dignity). This feedback is shared with the relevant staff and is discussed at the Patient Experience Committee to enable us to monitor our progress in important areas.

'You said we did'

Actions taken in response to feedback are collated monthly and included with the Trust Board update. This information is also displayed on all the wards and in the Emergency Department along with the response rates and score. These displays will be rolled out across other areas during 2014/15.

PALS and Complaints

Feedback from complaints is also used to help us focus on areas where we need to improve. During 2013/14 we have reviewed how we manage our formal complaints and are currently making improvements in a number of areas. This includes improving our processes for handling complaints, engagement with complainants whilst investigations are underway, the

timeliness and regularity of reporting on themes and trends and ensuring that action plans are developed and monitored for upheld complaints.

In the year 2013/14 the PALS and Complaints Team received a total of 458 formal complaints and 2695 PALS queries. Many of these led to specific learning and improvements in care.

Examples of improvements that have happened or are in progress from the investigation of complaints and PALS queries are outlined below:

- More enhanced customer care training is being implemented across Whittington Health. This training includes anonymised case studies from complaints. Two complainants have also agreed to join a panel to quality assure the training.
- We reviewed the processes we have in place for reviewing abnormal x-rays, management of missed fractures and the recall process. The recall process was not deemed robust and this is now being standardised through the development of a 'Standard Operating Procedure'.
- A training programme is being developed to train all staff working in appointments to use the hearing loop.
- Staff members on the short stay unit have commenced discharge planning training together with the Trust's Social Work Team.
- Concerns regarding outpatients were a key theme during the year. Improvement work is underway which includes: recruitment of experienced managers; making changes to the physical environment; standardised systems & processes and more enhanced customer care training for staff.

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 the Trust Board, the Quality Committee and the Patient Experience Committee.

Who has been involved in developing the Quality Account?

A wide range of individuals, teams and organisations were invited to contribute to the Quality Account including:

- Local GPs
- North Middlesex University Hospital
- Islington CCG
- Healthwatch (Islington and Haringey)
- The Trust's senior medical staff, including Divisional Directors, Clinical Directors, Clinical Leads and the Medical Director
- Our senior nursing team
- Our clinical governance team
- Our general managers
- Members of the Executive Committee, Trust Board, Divisional Boards and Clinical Governance Committee
- Our patient feedback manager

- University College London Hospitals NHS Trust
- UCL Partners
- Royal Free NHS Foundation Trust
- Patient and public Governors
- Volunteers from NHS Islington
- Haringey Adults and Health Scrutiny Panel

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 Trust Shadow Governors for review and comment. As a result of comments received, we have taken the following actions:

- Removal of the use of unnecessary jargon and acronyms;
- Removal of section numbering;
- Removal of an outdated achievement.

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

We invited our external stakeholders to comment on our Quality Account.

All statements received are listed below.

NHS Islington Clinical Commissioning Group

Alison Blair
Accountable Officer, NHS Islington Clinical Commissioning Group

Healthwatch Islington

Healthwatch Haringey

Haringey Adults and Health Scrutiny Panel

Part 4 How to provide feedback

If you would like to comment on our Quality Account or have suggestions for future content for 2013/14, please contact us either:

- By writing to: The Communications Department, Whittington Health, Magdala Avenue, London N19 5NF
- By telephone: 020 7288 5983 or
- By email: communications.whitthealth@nhs.net

Appendix 1

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance in the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amended Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

The Quality Account presents a balanced picture of the Trust's performance over the period covered;

The performance information reported in the Quality Account is reliable and accurate

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

The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality stands and prescribed definitions, and is subject to appropriate scrutiny and review; and

The Quality Account has been prepared in accordance with the Department of Health guidance.

The directors confirm that to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Chair
Chief Executive

Appendix 2

Independent auditors' Limited Assurance report to the directors of the Whittington Hospital NHS Trust on the Annual Quality Account

We are required by the Audit Commission to perform an independent assurance engagement in respect of the Whittington Hospital NHS Trust's Quality Account for the year ended 31 March 2013 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents that resulted in severe harm or death; and
- Emergency re-admissions to hospital within 28 days of discharge

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2012/13 issued by the Audit Commission on 25 March 2013 (“the Guidance”); and
- The indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2012 to May 2013;
- papers relating to the Quality Account reported to the Board over the period April 2012 to May 2013;
- feedback from Healthwatch Islington dated 8 May 2013;
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 19 April 2013;
- the latest national patient survey dated April 2013;
- the latest national staff survey dated April 2013;
- the Head of Internal Audit’s annual opinion over the trust’s control environment dated 15 April 2013;
- feedback from Commissioners dated 9 May 2013;
- the annual governance statement dated 6 June 2013; and
- Care Quality Commission quality and risk profiles dated 20 March 2013.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the “documents”). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Whittington NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and The Whittington Hospital NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- Reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by the Whittington Hospital NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- The indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with

the Regulations and the six dimensions of data quality set out in the Guidance.

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27 June 2013