



Whittington Health NHS Trust Quality Account 2021/22: An Overview

CEO statement



Welcome to the 2021/22 Quality Account for Whittington Health NHS Trust. This is the second year where our staff have had to ensure quality against the backdrop of a pandemic, with the additional pressure that brings. Both Whittington Health and the NHS as a whole have learnt a significant amount about COVID-19 since 2020. While the early waves had a significant cost, with lives lost or altered and staff trying to deal with distressing and stressful situations, it was imperative that we used the experience gained through them to treat and care for COVID-19 patients and keep non-COVID-19 patients safe. I am proud to say that we did just that. This year we also focussed on recovering those services which were paused at the worst points of the pandemic. We continue to work extremely hard to care for everyone as quickly and safely as possible.

Some key highlights of 2021/22 on quality, and activities which contribute to quality are:

- We met our targets in our “Dear Patient” project, aimed at improving written communication between clinicians and patients based on direct feedback from patients as well as from GPs who also receive the letters.
- The legacy of our innovative partnership with pilots furloughed during the earlier stages of the pandemic in providing simulation training on human factors has continued and was highly commended at the HSJ Partnership Awards.
- We have recruited Enhanced Health Care Support Workers and trained them in preventing hospital de-conditioning and increasing mobilisation
- 83% of our eligible frontline staff were vaccinated against winter flu and 89% of our staff received their first dose, 84% received a second dose and 74% had a booster dose of the COVID-19 vaccination.
- Maternity staff undertook a significant amount of work to consider the actions needed to assure ourselves against the recommendations from Dame Donna Ockenden’s review of maternity services at Shrewsbury and Telford NHS Trust, where we achieved 100% compliance.
- Our plans for maternity and neo-natal transformation have moved on significantly, including drawing up designs, working with patient representatives and a business case being approved.

This year has seen changes which also contribute to quality beyond the boundaries of our own organisation, in the further development of the Integrated Care System for North Central London and the establishment of the UCLH Provider Alliance. These will help to ensure more and better collaborative working between all organisations involved in health and care for the benefit of local people.

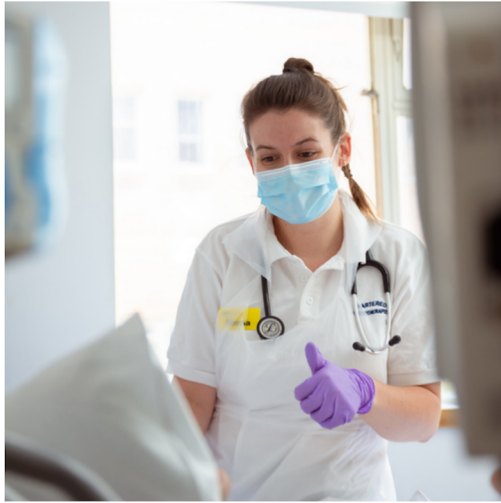
Finally, this is my last quality account with Whittington Health as I leave to become the Chief Executive at University Hospitals Dorset NHS Foundation Trust. It has been a privilege to lead this organisation and over the last four and a half years.

I confirm that this Quality Account will be discussed at the Trust Board, and I declare that to the best of my knowledge the information contained in this Quality Account is accurate.

A handwritten signature in blue ink that reads "Siobhan Harrington".

Siobhan Harrington
CEO

Progress against our priorities



1

Improving communication between clinicians, patients, and carers.



2

Improving patient safety education in relation to human factors.



3

Reducing harm from hospital acquired de-conditioning.



4

Improving blood transfusion care and treatment.

1. Improving communication between clinicians, patients, and carers.

Aims for 2021/22?

Project 1 Improve the Quality of outpatient clinical letters

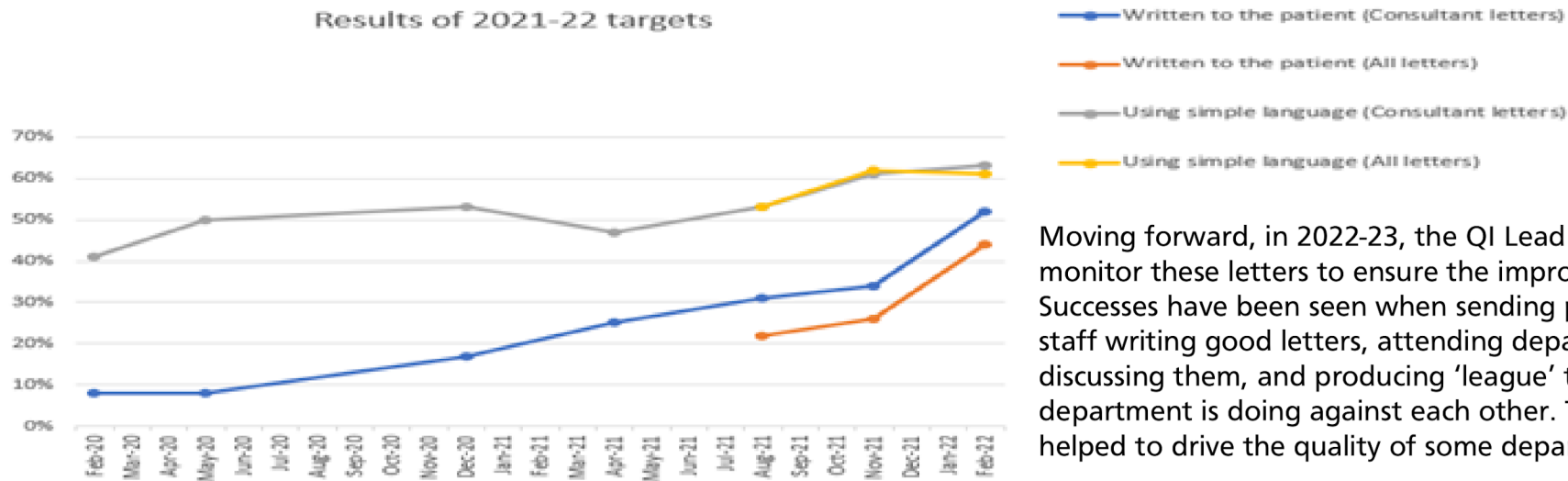
In 2020, the “Dear Patient” project began with the aim to make the letters written following attendance at an outpatient clinic more useful to patients. We had previously seen success in improving Inpatient Discharge Summaries and making these more useful to patients and so this seemed like the next step. Patients had told us anecdotally that they did not find these useful, and clinicians could see that they were written in language that other clinicians would understand rather than the patients. The work began by speaking with a range of patients and discussing what they would like to see in a letter and would find useful. These discussions produced six aspects that we would work to improve. After meeting with patients, we introduced the project to local GPs as we recognised, they are recipients of the letters too. The measures we set out to work on were:

1. Letters addressed to the patient and cc'd to the GP (this has been recognised as being best practice by the Academy of Medical Royal Colleges)
2. Using clear language and explaining medical terminology
3. Have clear next steps
4. To be clear if the patient is discharged or to be followed up
5. Have some safety netting to inform the patient or GP what to do or what to look out for
6. Contain practical advice to help the patient self-manage their condition. (Note, we introduced this measure in 2021)

Since the project began, we have provided teaching and training in writing letters this way, giving the patient comments as to why we are making changes. We have also given feedback to departments, and some individuals and shared good practice.

The specific targets for 2021-22 were to increase the letters addressed to patients by 10%, increase letters using clear language by 10% and expand the projects to all healthcare professionals who write clinic letters (in the first year, the focus was on consultant-written letters). These targets have all been met and the results for these are below. Consultant written letters addressed to patients increased by 35% which was a very good result. In 2021, the project was expanded to look at letters written by Allied Health Professionals, Junior Doctors and Nurses who write letters. Since the project began, we have not received as much feedback as we had hoped for but the comments, we have had have been positive. One doctor in a different Trust received a letter and contacted us, saying it had made him reflect on his own letter writing. We have been contacted by two other Trusts who read about our work on this project and want to do something similar, and so they have asked for advice and to hear further information. The aim of this project has been to improve written communication between clinicians and patients. We have measured the progress of the project quarterly. This was done by choosing a two-week period and then reading a letter written by each clinician in that period, looking at which of six aims were met. In the most recent letters audited (written in February 2022), 110 consultant- written letters were read, and 239 by other Healthcare Professionals (including junior doctors, nursing staff and therapists).

Results of 2021-22 targets



Moving forward, in 2022-23, the QI Lead will continue to monitor these letters to ensure the improved standard remains. Successes have been seen when sending personalised emails to staff writing good letters, attending departmental meetings and discussing them, and producing 'league' tables of how each department is doing against each other. This healthy competition helped to drive the quality of some departments up.

What did we achieve in 2021/22?

Project 2 By the end of 2021/22, we will have introduced Zesty in all outpatient clinics

During 2021/22 further work on the bi-directional integration to allow for cancellation and rebooking of appointments in the portal has been carried out between the Zesty/System C development team. The solution for paper letter suppression has been agreed between all parties. Work on the letter templates for the portal was carried out by the Whittington team.

Further information was required to define a solution for handling of attachments in the portal. Zesty have requested this from Fun Asset/Xerox and it is now in place. Discussions have taken place on the use of SMS and onboarding of patients to use the portal. Information has been provided to Whittington on the likely SMS costs and the expectations of patient adoption rates which are achieved via this method.

It was planned to have the Zesty portal implemented by the end of Q4 2021/22 but due to vital integration works taking place ahead of go live. It is now scheduled to be implemented in Q1 2022/23.

A robust communications plan, which includes social media, local newsletters, posters, and online content has been drafted with assistance from the Trust Communications Team ahead of the launch in Q1. The online platform will allow our patients to benefit from their appointment information readily available online and a reduction in paper mail. Once this phase of the project goes live, focus will be to onboard majority of our patients on to the platform within the first 6 months followed by commencing works to allow patients to reschedule their appointments as well.

Benefits can be measured by patient feedback, patient usage of the Zesty portal and improved timeliness of patient appointment correspondence, which in turn should assist in reducing DNAs. Patient benefits include better physician-patient relationships, improvements to patient safety, patient-provider communications and adherence to medications and advice.

2. Improving patient safety education in relation to human factors

Aims for 2021/22?

Following the success of the 'pilot simulation programme' in 2020/21, in year 2, the focus was on sustainability and expansion.

1. To continue delivering the pilot sim programme across the hospital, using HF champions (as the pilots return to flying).
2. To expand human factors education into community settings.

What did we achieve in 2021/22

During 2021/22, simulation training continued across the Trust, including in-situ simulations particularly in the Emergency Department and on the Critical Care Unit. As expected, the aviation pilots, who were instrumental in the 'pilot sim programme' during the first year of the pandemic, returned to flying but the focus on non-technical feedback from simulations has continued.

Observation of communication techniques and leadership skills are given equal focus to technical competencies, in recognition of the importance of human factors in preventing harm.

This understanding and awareness of human factors has also been reflected in a more systems-based approach to learning from incidents. In preparation for the introduction of the Patient Safety Incident Response Framework in June 2022, which will replace the current Serious Incident framework, the Trust has adopted a variety of tools to investigate incidents and ensure issues are identified in a timely way, improvements made, and learning shared widely.

This includes an in-situ process mapping exercise in maternity unit, following a medication error during labour. The exercise was multi-disciplinary with midwifery, pharmacy, obstetrics and governance staff in attendance and focused on identifying solutions to the environment, equipment and processes to mitigate risk rather than relying on reminders to staff. A similar approach was taken in Outpatient pharmacy to mitigate the risk of human error with Controlled Drugs handling.

Improving understanding of human factors and the impact on making healthcare as safe as possible remains a high priority nationally and for the Trust and will continue both as a Quality Account commitment in 2022/23 and as part of the local implementation of the National Patient Safety Strategy.

3. Reducing harm from hospital acquired de-conditioning

Aims for 2021/22?

1. To trial a new enhanced Health Care Support Workers (HCSW) model which will include a training programme for mobilising patients.
2. To recruit five enhanced HCSWs for the hospital wards during 2021/22.

What did we achieve in 2021/22

New questions have been added into the Therapy notes section on Medway (Patient administration system) which asks if the patient has been out of bed / walked today? This is graded using the John's Hopkins mobility scale. There are plans to expand this to the nursing notes section on Medway in 2022, and there are also plans to include this information in the Anglia ICE information for when patients return to their place of residence which will aid District nursing teams and social care.

19 Enhanced Health Care Support Workers have been recruited in 2021/22. 13 of these have attended the enhanced health care support worker training course which includes an element on hospital de-conditioning and prevention as well as care of patients living with dementia.

We have also purchased an 'Age simulation suit' which can be utilised by all staff members. This suit offers staff the opportunity to experience the impairments of older person. It is a full body suit that stimulates the effects of age reduced muscle strength, changes in sensory recognition and decreased range of movement. Wearers of the suit are given unique insight into the main effects of aging; it is hoped that this will inspire empathy and understanding in staff and will enhance training and simulation scenarios.

4. Improving blood transfusion care and treatment

Aims for 2021/22?

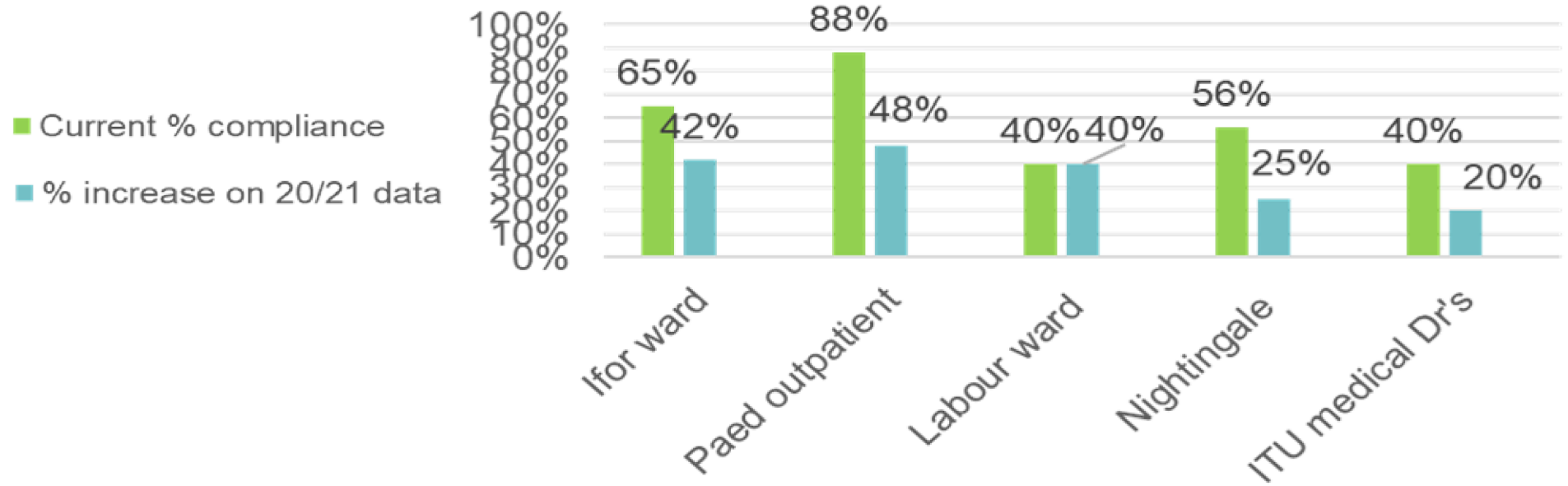
1. To increase training by 30% on the overall trust baseline for 2020,
2. To increase nursing compliance by 20% on the 2020 baseline.
3. To continue the communication campaign around the importance of completing blood transfusion training for patient safety

What did we achieve in 2021/22

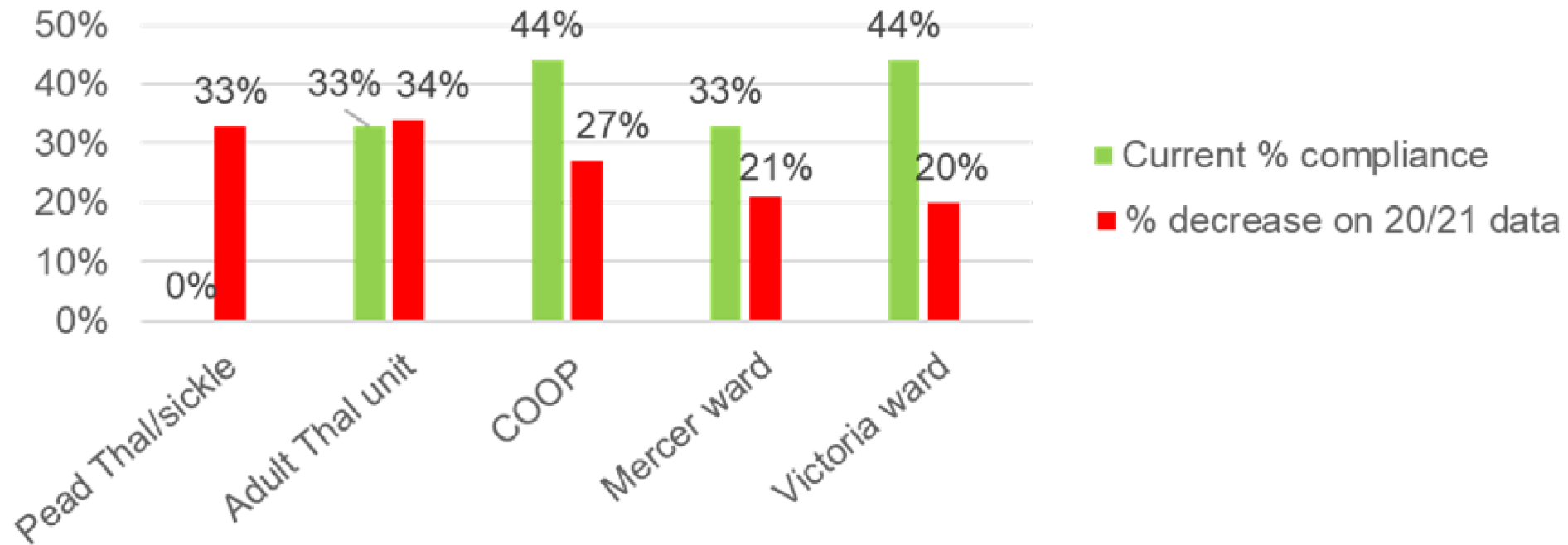
Improvement goals for 21/22 were not achieved. To sustain improvements with compliance requires managers to have access to data for their staff and for individuals to have awareness of their mandatory training requirements. Measures to tackle the low compliance issues are through Elev8, the new learning platform, the design will alert staff of their mandatory requirements. The e-learning modules are grouped for all the different staff roles to aid navigation and identification of individual e-learning requirements, it also gives managers the ability to monitor compliance for their team. Users also have the option to opt out via elev8 if Blood Transfusion is not a requirement for their role. It is important that staff are encouraged to 'opt out' to remove the need for them to be compliant with training that is not required for their role.

- 320 clinical doctors of all grades were included, of those 79 are compliant (25%) an increase of 7%
- 452 qualified nurses of all grades were included of those 197 are compliant (44%) an increase of 3%
- 15 Operating department practitioners were included, of those 4 are compliant (27%) down 2%

21/22 Targets met



Largest decrease in compliance



Although the target of increasing the training target by 30% compliance was not achieved, there has been improvements. Overall average trust compliance was 30% up 2% on 2020/21. This was an increase of 10% overall from 2019 (20% compliance baseline).

Training Compliance Results by ICSU

| | Children and Young People's Services ICSU | Emergency and Integrated Medicine ICSU | Surgery and Cancer ICSU | Acute Patient Access, Clinical Support and Women's Health ICSU |
|----------------------------------|---|--|-------------------------|--|
| ICSU Average | 34% | 39% | 36% | 9% |
| 2021/22 Nurses (2020/21 figure) | 22% (32%) +22% | 44% (41%) +3% | 38% (47%) -9% | Nurses: 40% (0%) +40% Midwives: 6% (10%) -4% |
| 2021/22 Doctors (2020/21 figure) | 11% (9%) +2% | 31% (18%) +13% | 34% (29%) +5% | 15% (10%) +5% |

An extensive communication campaign has been run throughout 2021/22 to improve awareness of mandatory e-learning compliance for all staff groups involved in the transfusion process. To achieve this multiple communication methods were used. Such as:

- Posters in clinical staff areas
- Screen savers
- Newsletter
- Intranet
- Spotlight on safety
- Direct emails

Clinical Research

Involvement in clinical research demonstrates the trust's commitment to improving the quality of care we offer to the local community as well as contributing to the evidence base of healthcare both nationally and internationally. Our participation in research helps to ensure that our clinical staff stay abreast of the latest treatment possibilities and active participation in research leads to better patient outcomes and demonstrates Whittington Health's commitment to improving the quality of care that is delivered to our patients and to global health improvement. We are committed to increasing the quality of studies in which patients can participate (not simply the number), and the range of specialties that are research active as we recognised that research active hospitals deliver high quality care.

A new research strategy reflecting the aim of enabling local people to 'live longer healthier lives' has been established to benefit patient outcomes, staff recruitment and retention, revenue generation and the Trust's reputation. A key strategic goal is to become a national leader in integrated care, covering all facets of district general hospital and community health research, and how they relate. The trust's research portfolio continues to evolve to reflect the ambitions of our integrated care organisation (across hospital and acute, community health services, dental and mental health services).

The research portfolio spent time alternating between COVID-19 Urgent Public Health (UPH) studies and non-COVID research as the latter reopened nationally and capacity allowed. The number of patients receiving relevant health services provided or subcontracted by Whittington Health NHS Trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was 1,030 at the time of writing. These patients all participated in studies adopted to the National Institute of Health Research (NIHR) portfolio. This was a decrease to the previous year which had been the highest ever annual recruitment recorded in the Trust 1,241 which reflected the appetite for research and the high number of

COVID-19 patients and studies.

We have supported 29 NIHR portfolio adopted studies open to recruitment over the year, 6 Covid studies recruiting 699 and 23 non-Covid studies recruiting 331 participants. Five of the covid studies are badged as UPH and therefore national priority studies. Given the pandemic, comparison of total numbers of recruiting and follow-up studies is not equitable. We have broadly sustained the number of studies and it is reasonable to assert that emergency and integrated medicine has seen the bulk of research activity.

Portfolio adopted studies are mainly, but not solely, consultant led and are supported by the trust's growing research delivery team to facilitate patient recruitment. In addition to the NIHR portfolio studies, an additional 5 non-portfolio studies commenced in 2021/22, this was a welcome increase on the previous year (reversing last years' reduction of these studies) and reflects the increased engagement with research in response to the pandemic. Increasing, locally led and locally focused research is a vital aspect of delivering the research strategy. Most non-portfolio research studies are undertaken by nurses, allied health professionals, and trainee doctors and the impact of these studies are frequently published in peer reviewed publications, at conference presentations, and are valuable in their ability to innovate within the trust. In addition, small locally funded studies can provide the evidence needed to secure grant funding for larger scale projects and their potential to build capacity and capability to undertake larger research studies should not be underestimated. As a result of hosting two grants the trust will receive enhanced Research Capability Funding (RCF) in the next financial year which will in part be used to increase and encourage both portfolio and non-portfolio research activity within the trust.

See ME first

The See ME First Badge is a Whittington Health initiative to promote Equality, Diversity and Inclusivity and to say that we are an open, non-judgemental NHS organisation that treats all Black, Asian and Minority Ethnic (B.A.M.E.) staff with dignity and respect. The See Me First badge is for all staff and was launched in October 2020.

Why wear the See ME First Badge?

By wearing the See ME First Badge, we are sending a message that we belong to an open, non-judgemental, and inclusive NHS organisation that treats all Black, Asian and Minority Ethnic staff with dignity and respect.

By wearing the See ME First Badge we are symbolising that we uphold the Whittington Health values of Listening and Speaking up.

By wearing the See ME First Badge it reminds us that people should 'not be judged by the colour of their skin but by the content of their character' - Dr Martin Luther King Jr - 'I Have a Dream', 28 August 1963

We encourage all staff to take the pledge and be proud to wear their See ME First badge. By doing so, they are promoting the message that they will:

- Listen in our conversations with Executives in order to build a genuine awareness of the barriers faced by people from B.A.M.E. backgrounds, particularly in initiatives where we can bring most change, such as reverse monitoring.
- Speak up and encourage others to do so, by making use of our Freedom to Speak Up.
- Support our colleagues by moving from being a bystander to an upstander.
- Challenge structural racism and foster a culture where all experiences, skills and ideas are valued.
- Seek the support of our WRES Allies to help ensure equal opportunities and fair treatment in the workplace for all.
- Teach the sharing of culture and traditions, particularly on significant dates, such as Black History Month: Each One Teach One.
- Include all staff to make equity a reality for all.
- Influence colleagues to understand that race and ethnicity should be acknowledged, appreciated, respected, and not topics to be avoided



- Impact the achievement of sustainable organisational change.
- Promote staff networks (B.A.M.E. Network, LGBTQ+ Network, WhitAbility Network, Women's Network) and opportunities for colleagues to come together to share experiences and views, to raise concerns about inequality and to provide a collective voice that represents B.A.M.E. employees to bring about change.

Sadly, no large organisation can ever claim to have totally eliminated discrimination or bias. However, as part of the Trust's commitment to having zero tolerance for any form of discrimination, there are tools in place to enable those who are subjected to such behaviour to speak up and challenge this behaviour in a safe way.



Listening to patients and staff

Adult Inpatient Survey 2020

33% of patients responded to the 2020 survey which was the same percentage as completed responses for 2019. Unfortunately, there were no completions in other languages, no completions over the telephone and no requests for paper accessible, which is something the Patient Experience Team are looking to address for the upcoming Inpatient Survey.

The adult inpatient survey changed from paper only to a mixed mode methodology including push to online. The online survey was available in nine non-English languages and BSL. It also included accessibility options, such as automatic connection with screen readers, font and colour adaptability. Patients were sent reminders to complete via SMS (if we were provided with their mobile number) and by post. Respondents were also able to complete over the telephone (including access to other languages) and request braille, large print, or easy read versions of the questionnaire.

Key improvements are in our response to Q12 (Food was good or fairly good), up from 44% to 55% in comparison to 2019, however this is still far short of the national average of 70%. Between January and mid-February 2022, a trial of a fully plated meal service was introduced across all areas, and we hope these positive changes will be reflected in next year's annual patient survey results.

On a related note, only 90% of patients felt they had enough to drink compared to a national average of 95%, which has been looked at since the results of this survey were published in coordination with ward managers and matrons. In response to the findings, it was agreed that water should be made more readily available, staff should make a point to regularly ask patients whether they would like more to drink, and the Patient Experience Team are currently looking into the purchase and distribution of water dispenser points throughout the inpatient areas.

On a positive note, during visiting restrictions last year, 88% of patients felt able to keep in touch with family and friends due to the successful roll-out of the 'Stay Connected' Family Liaison programme which will continue with the help of Whittington Health charity funding. This provided families with access to communication services to keep in touch with their loved ones such as 'With You' audio messaging, and 'Thinking of You' paper postcards. This was in combination with the facilitation of zoom calls and dealing with lost property requests. This is very welcome feedback considering the impact on hospital services during the COVID-19 pandemic.

In addition, there is an ongoing focus on discharge planning which is continuing to improve patient experience and feedback in these areas.

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

Key findings:

Most Improved Scores

55% Q12. Food was very good or fairly good

87% Q10. Able to take own medication when required

88% Q40. Knew what would happen next with care after leaving hospital

75% Q38. Given written / printed information about what they should or should not do after leaving hospital

90% Q37. Given enough notice about when discharge would be.

Top 5 v National Average

92% Q33. Explained how the procedure had gone, well.

93% Q39. Given information about medicine at discharge

84% Q26. Given enough privacy when discussing condition or treatment

17% Q47. Asked to give views on quality of care during stay

88% Q40. Knew what would happen next with care after leaving hospital.

Bottom 5 v National Average

55% Q12. Food was very good or fairly good.

60% Q2. Did not mind waiting as long as did for admission

79% Q46. Rated overall experience as 7/10 or more.

78% Q36. Staff discussed need for additional equipment or home adaptation after discharge.

78% Q7. Staff explained reasons for changing wards at night.

79% Rated overall experience at 7/10 or more.

97% Said they were treated with respect and dignity overall.

98% Had Confidence and trust in doctors.

Staff Survey 2020

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

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

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

Top Ranking Scores

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

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

Whittington Health conducted its eleventh national staff survey as an integrated care organisation (ICO). The survey was distributed to all staff, rather than a sample, and achieved a response rate of 52% which is higher than last year's 51%, and above the median average, 46% in comparison to similar trusts. This is the first year the survey results are aligned to the People Promise. There are seven People Promise elements which replace the old themes in addition to the existing elements of staff engagement and morale. A total of 117 questions were asked in the 2021 survey, of these 92 can be positively scored, with 60 of these which can be historically compared.

Most questions and some key themes and indicators (Staff engagement, Morale, WRES and WDES) have been maintained and historical comparability has been upheld where possible and can be compared year on year.

The purpose is to give staff a voice and provide managers with an insight into morale, staff engagement, wellbeing, culture and perception of service delivery.

In 2020 NHS England and NHS Improvement took the decision to combine Acute trusts and combined Acute and Community trusts into one benchmarking group after analysis of the 2019 survey showed no substantial difference in the occupation group profiles or the overall distribution of scores or the survey themes for the two types of organisation. Whittington Health has been part of this newly combined Acute and Acute & Community Trusts group since 2020.

Staff Engagement Indicator

For the 2021 Staff Survey the key findings that make up the engagement score of staff are:

- Staff recommendation of the trust as a place to work or receive treatment (Advocacy)
- Staff motivation at work
- Staff ability to contribute towards improvements at work (Involvement)

Whittington Health's Staff Engagement score for 2021 is 6.9, which is a drop from 7.1 the last two consecutive years. The Trust has worked hard to develop a compassionate and inclusive culture, and this is evidenced in part by remaining above the national average of 6.8.

Staff Morale Indicator

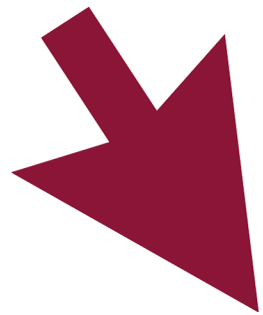
Whittington Health's theme score of 5.6 for staff morale which is slightly below the average of 5.7 and a reduction from the previous two consecutive years where morale stood at 5.8. The reduction follows a similar trend with other Acute and Acute Community Trusts, experiencing a reduction in staff morale, where best and worst scores in the group have seen a drop of 0.2 on average.

The key findings that make up the Morale score are:

- Staff retention/turnover – thinking about leaving the organisation
- Work pressures
- Stressors

Top Ranking Scores

In 2021 Whittington Health is not ranked as 'worst' or 'best' in any of the themes. The Trust is slightly above average for four of the themes, average for three themes and slightly below average for two themes.



For the full survey report and data, visit:
www.nhsstaffsurveys.com/results/local-results



We are
compassionate
and inclusive



We are
recognised
and rewarded



We each
have a voice
that counts



We are safe
and healthy



We are always
learning



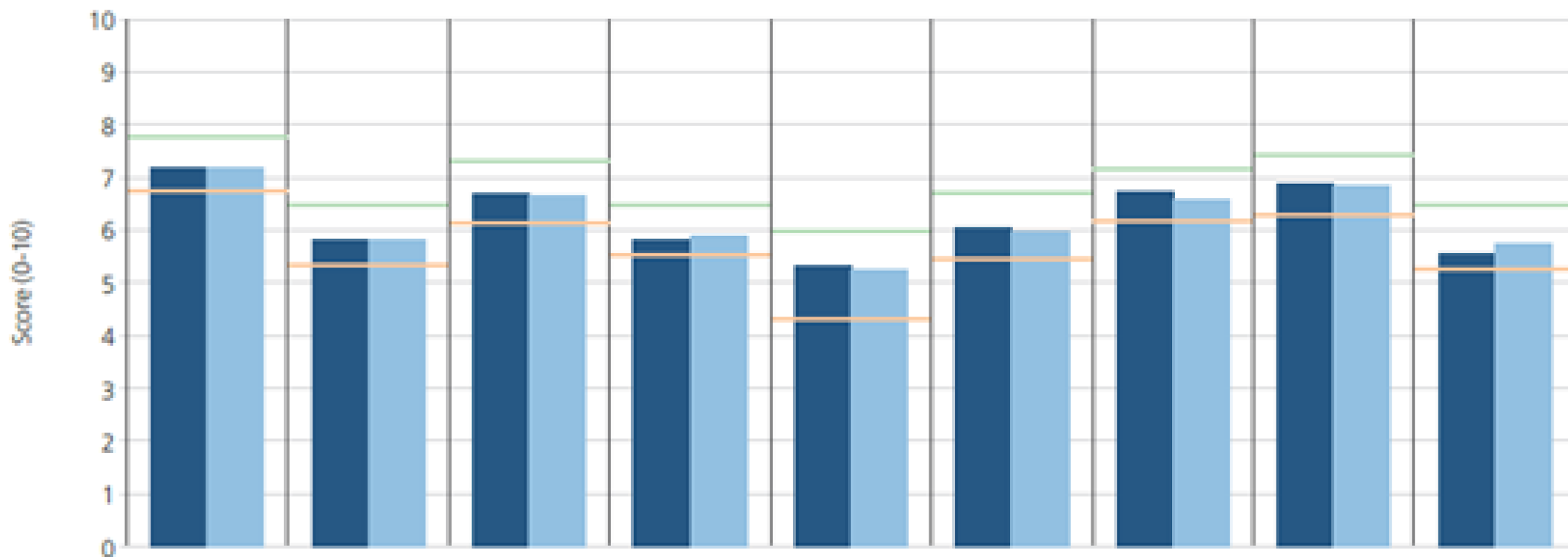
We work flexibly



We are a team

Staff
Engagement

Morale



| | | | | | | | | | |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Best | 7.8 | 6.5 | 7.3 | 6.5 | 6.0 | 6.7 | 7.1 | 7.4 | 6.5 |
| Your org | 7.2 | 5.8 | 6.7 | 5.8 | 5.3 | 6.0 | 6.7 | 6.9 | 5.6 |
| Average | 7.2 | 5.8 | 6.7 | 5.9 | 5.2 | 5.9 | 6.6 | 6.8 | 5.7 |
| Worst | 6.7 | 5.3 | 6.1 | 5.5 | 4.3 | 5.4 | 6.2 | 6.3 | 5.3 |
| Responses | 2,203 | 2,257 | 2,166 | 2,189 | 2,093 | 2,237 | 2,218 | 2,265 | 2,255 |

Care Quality Commission

Whittington Heath is registered with the Care Quality Commission (CQC) without any conditions. The CQC did not carry out any inspections of the Trust in 2021/22.

The table below provides the rating summary table for the CQC's final report published in March 2020 following its previous inspection in December 2019 of four core services (Surgery, Urgent and Emergency Care Services (ED), Critical Care, Community Health Services for Children Young People and Families and Specialist Community Mental Health Services for Children and Young People). The Trust's current CQC overall rating from that assessment is 'Good' for Whittington Health, with 'Outstanding' ratings for our community health services and performance against the CQC's 'Caring' domain.

| | Safe | Effective | Caring | Responsive | Well Led | OVERALL |
|-----------------------------------|----------------------|-----------|-------------|------------|-------------|-------------|
| Acute Services | Requires Improvement | Good | Good | Good | Good | Good |
| Community Services | Good | Good | Outstanding | Good | Outstanding | Outstanding |
| Children's Mental Health Services | Requires Improvement | Good | Outstanding | Good | Good | Good |
| Overall Trust | Requires Improvement | Good | Outstanding | Good | Good | Good |

The CQC action plan remains a focus for improvement; the actions are monitored by the responsible ICSU at their Quality Meetings and through the Trust's Better Never Stops programme.

The CQC have been consulting with the NHS since the start of the pandemic in 2020 regarding changing their approach to monitoring and inspections, they are moving to a more risk-based approach for service inspection which will focus on reviewing data collected to trigger 'Direct Monitoring Activity' conversations, if there are still concerns or further action required after these conversations are held, then this would trigger inspection activity. There will be a new assessment framework released by the CQC in 2022 to support this. Regular meetings have been held with our CQC Relationship manager during 2021/2022. These have mainly focused on the following areas:

- Staff wellbeing and support (during and post COVID-19)
- Restarting elective services post COVID-19
- Serious incident investigations and CQC enquiries
- Dental Services (Direct Monitoring Activity Conversation)
- Maternity Services – Core service focus
- Urgent and Emergency Care – Core service focus
- Pharmacy (Direct Monitoring Activity Conversation)

The most recent CQC Engagement meeting was held in February 2022 and focussed on Urgent and Emergency care and our CQC relationship manager was given significant assurance at the meeting.

Looking forward

| | |
|---|---|
| <p>Quality Account Priority</p> | <p>Reducing harm from hospital acquired de-conditioning</p> |
| <p>Why are we focusing on this as an area for improvement?</p> | <p>Deconditioning or 'PJ paralysis' can be attributed to long hospital stays and is a national priority. This issue is especially relevant during COVID-19 pandemic, due to the long recovery period for COVID-19 hospital ITU admissions and is linked to the Trust's priority to reduce health inequalities.</p> |
| <p>What are we doing to improve?</p> | <p>The deconditioning work stream focuses on preventing functional decline in frail patients by:</p> <ol style="list-style-type: none"> 1. Early assessment of functional status on admission 2. Early mobilisation 3. Increase in physical activity of inpatients 4. Discharge planning: reducing the length of time that patients who have been determined as medically fit to leave but remain in hospital. 5. Preventing unnecessary hospital admissions through supporting patients to stay well in their home environments |
| <p>Priorities – Year 3</p> | <p>Stream 1: Patients in Hospital</p> <ol style="list-style-type: none"> 1. 65% of patients to have assessment of functional status within 24 hours 2. 70% of patients to be mobilised within 24 hours 3. Ensuring 15 number of patients are mobilised daily <p style="text-align: right;">Cont...</p> |

...cont

Stream 2: Discharge

1. New delirium discharge pathway being piloted in 2022/23.to help patients get back to their homes sooner with extra support Success will be measured by number of patients taken home and their reduced Length of Stay in hospital.
2. Reduce medically optimised patients by 50% on a daily basis. 3. Ensure Virtual ward utilises 20 beds daily (4 of these for Delirium patients)
3. Reducing length of stay for patients who require a 'Trial without Catheter' (TWOC) by at least one day.

**Priorities
– Year 3**

Stream 3: Reducing Admissions

1. A new falls pick up service in the Rapid Response Team launched in 2022 to avoid patients being brought to hospital unnecessarily and staying well in their home environment. Success will be measured by patients seen and not needing hospital admission.
2. In conjunction with key partners the urgent community services will be restructured into an Urgent Response and Recovery care Group in 2022/23 to streamline discharge and ensure patients are seen by the right clinician first time and within the new national guidance of 2 hrs/24hrs

| | |
|---|---|
| <p>Quality Account Priority</p> | <p>Improving communication between clinicians, patients, and carers</p> |
| <p>Why are we focusing on this as an area for improvement?</p> | <p>Poor communication between clinicians and patients/ carers has been highlighted as a contributory factor in incidents, complaints, and claims. A further analysis into the types of communication issues identified a number of areas to focus on for improvement.</p> <ol style="list-style-type: none"> 1. Problems with booking appointments is one of the top concerns flagged by patients with the Patient Advice and Liaison Service. 2. Patients as well as GPs highlighted that written communication (ie discharge letters and clinic letters) were not written in patient-friendly language 3. Communication with family or Next of Kin when patients are admitted to hospital has been highlighted in a number of complaints, as well as at coroner inquests. |
| <p>What are we doing to improve?</p> | <p>Improving communication is a wide-ranging aim. For the purpose of the Quality Account the Trust has focused on a number of key projects; the appointment booking process, written communication following clinic appointments, and inpatient admission contact with Next of Kin.</p> <p>Project 1: Roll-out a digital patient portal (Zesty) to improve the quality and experience of Outpatient communication, enabling patients to get a greater role in planning their care.</p> <p>Zesty is an online, secure, interactive platform which is easily accessible to the patient. The platform will enable communication of appointments (bookings and amendments), information about conditions and procedures and clinical interactions, for example online follow-ups and patient completed questionnaires.</p> <p>Project 2: Improving timeliness of contact with a patient's Next of Kin (NOK) during an inpatient admission to hospital</p> <p>3.Project 3: Continuing the 'Dear Patient' Letter Project to further improve communication between clinicians and patients</p> |

**Priorities –
Year 3**

Project 1:

By the end of 2022/23, we will have introduced Zesty in all outpatient clinics. 30% of outpatients to be onboarded to the app by end of March 2023.

Success of the programme in improving outpatient communication with patients will be measured by patient feedback from use of the portal by conducting a survey post sign up, the number of patients using of the Zesty portal and improved timeliness of patient appointment correspondence, which in turn should reduce the 'Did not attend' (DNA) rate

Project 2:

Named person to contact the patient's next of kin (NOK) on patient admission and NOK details to be checked within 24hrs of admission, this will be measured by a spot check audit of 30 number of patient details from the Medway patient administration system. 70% to be achieved by end of March 2023.

Project 3:

'Dear Patient' Letter Project priority for year 3 - Continue to embed the Dear Patient letter project across all services and professional groups. Success will be measured by increase in quality metrics, in particular letters written to patient and in clear language

| | |
|--|---|
| Quality Account Priority | Improving understanding of human factors and the impact on making healthcare as safe as possible |
| Why are we focusing on this as an area for improvement? | Human error is a recurring theme in serious incidents, in particular Never Events in 2018 – 20. Human factors (HF) training can help design safe systems and processes that make it easier for staff to do their jobs effectively. |
| What are we doing to improve? | Deliver human factors education across the Trust through developing a sustainable, educational model which raises awareness of the practical implications of human factors on patient safety. |
| Priorities – Year 3 | <ol style="list-style-type: none">1. Develop robust pathway to incorporate patient safety learning into the Simulation programme in a timely way2. Develop multiple channels to deliver patient safety syllabus level 1 'Basics of patient safety' to maximise exposure. |

| | |
|---|---|
| <p>Quality Account Priority</p> | <p>Improving blood transfusion safety culture at the hospital</p> |
| <p>Why are we focusing on this as an area for improvement?</p> | <p>A blood transfusion is when a patient is given blood products from someone else (a donor). It is a procedure which can be lifesaving, however errors can occur if staff are not adequately trained, while these incidents rare, they can be fatal. Ensuring staff are trained effectively, and the Trust systems align with the safe transfusion guidelines (right blood, right patient, right time, and right place) is essential to ensure patient safety.</p> |
| <p>What are we doing to improve?</p> | <p>Implementation of a vein-to-vein system to minimise risk of error during blood transfusion process.</p> <p>Improving understanding of blood transfusion safety practices through training and awareness</p> |
| <p>Priorities – Year 3</p> | <p>The year three priorities for the project involve focusing on the areas of low compliance with the e-learning.</p> <p>Vein to vein system to be in place by end of March 2023 including fully electronic transfusion documentation</p> <p>To continue to increase compliance with blood transfusion training from the 2020 baseline, and achieve over 60% compliance by end of 2022/23.</p> |

| | |
|--|--|
| Quality Account Priority | Reducing health inequalities in our local population |
| Why are we focusing on this as an area for improvement? | The COVID-19 pandemic has exposed health inequalities across the country. The virus has disproportionately affected Black Asian Minority Ethnic (BAME) communities, and the impact of lockdown measures have contributed to digital isolation. |
| What are we doing to improve? | Project 1: Improve care and treatment of patients with sickle cell anaemia – Sickle Cell Improvement Project Project 2: Prostate cancer, pop-up barber shops |
| Priorities – Year 3 | <ol style="list-style-type: none">1. Ensure 100% of sickle cell patients receive 1st dose of pain relief within 30mins of attendance to ED.2. Hold 20 Prostate cancer events by end of March 2023 |