

Quality Account: 23-24



2023-2024 Quality Account Priorities



Reducing harm
from hospital
acquired
deconditioning



Improving access
and attendance
for appointments



Reducing health
inequalities in our
local population



Reducing harm from hospital acquired de-conditioning: Goals

Pressure Care

- To ensure 100% of patients have documentation of a full pressure ulcer risk assessment within 6 hours of admission, and an action plan (including all required pressure relieving equipment required) to manage risks identified in place within 24 hours of admission.

Discharge & Reducing Admissions

- To manage 4 patients per month (2 from Islington borough, 2 from Haringey borough) via the delirium discharge pathway.
- To reduce medically optimised patients that are unable to be discharged by 50% daily.
- To implement pathway for 'Trial without Catheter' (TWOC) at home, reducing the length of stay by at least one day.
- To utilise up to 28 Virtual Ward beds daily, including 8 technology enabled virtual ward patients and those on the delirium pathway.
- For Urgent Response and Recovery Care Group to ensure patients are seen within the national guidance of 2 to 24 hours for >80% of referrals

Nutrition

- For patients with Dementia & Learning Disability who are admitted to hospital to have eating and drinking preferences and information about support required available within 24 hours of their admission.
- This requires 100% of this cohort to have accurate and up-to-date next of kin and emergency contacts who will be able to supply this information, and for them to be contacted in regard to the individual's care needs within 24 hours of admission.



Reducing harm from hospital acquired de-conditioning: Progress (Q1 & Q2)

Pressure Care:

- Nursing documentation has been reviewed and updated to include Pressure Care Assessment (as a bundle rather than individual note templates)
- Documentation now includes prompts that signpost to what further assessments need to be completed and any actions that need to be undertaken
- Wider Pressure Care Improvements include:
 - Acute equipment delivery service being increased from a 5 to 6 day service
 - Nomination of Skin Care Ambassadors in over 90% of clinical areas
 - Provision of guidance of skin assessments for a range of skin tones
 - Ongoing training for registered and non-registered clinical staff



Reducing harm from hospital acquired de-conditioning: Progress (Q1 & Q2)

Discharge & Reducing Admissions:

- 20 Virtual Ward Beds with 8 remote monitoring are in place, with plan to add an additional 8 frailty beds.
- 2 patients per month from Islington are currently being managed via delirium discharge pathway, with delay in implementation secondary to delay in funding access. Delays with the Haringey pathway ongoing due to availability of 24-hour carers.
- Islington Rapid Access & Haringey Urgent Response teams have now merged and work together to enable patients to be seen within the national guidance of between 2 and 24 hours.
- Implementation of Flow Programme aiming to reduce medically optimised patients – A ‘home for the holidays’ flow programme took place in December prior to the Christmas break. The Same Day Emergency Care (SDEC) saw over 100 patients each day which avoided admissions and attendances to the Emergency department.
- The team worked with the integrated discharge team and ward teams to gather an accurate picture of expected discharges each day.
- The care of elderly wards are reviewing the ‘SHOP’ board round model which relates to Sick patients, Home patients, Other patients and Planning of care to review the criteria of patients who have not met the criteria to reside.
- The Trial Without Catheter at home service has started, this has been delayed due to funding issues. So far less than 10 patients have been streamed to this pathway and we hope those numbers will increase from Q3 onwards.



Reducing harm from hospital acquired de-conditioning: Progress (Q1 & Q2)

Nutrition:

- Speech and Language Therapy, Dietetic and Nursing note templates have been updated to include dietary preference, cultural and allergy considerations
- Nutrition was focussed on for a month in Back to the Floor programme
- An increase in the percentage of nutritional screening across the wards was noted as a result of this awareness raising
- Band 6 nurses on the wards are being recruited as additional posts and will be Nutrition Champions

Improving Access and Attendance for Appointments: Goals

Zesty

- For 60% of outpatients to be using Zesty by end of March 2024
- For DNA rates reduced in line with booking amendments functionality being introduced by end of March 2024

Transport

- For patients to be able to complete single eligibility criteria for multiple transport requests by end of March 2024.
- For clear communication and guidelines on how to access Transport to be developed in conjunction with the transport provider, demonstrating an impact of reducing the number of patient complaints relating to Transport being received by March 2024.

Letters

- For outpatient letters to be reviewed and updated to ensure location correctly matches hospital signage.

Improving Access and Attendance for Appointments: Goals

Woodgreen CDC

- To improve uptake and attendance of Wood Green CDC walk-in and booked appointments through offering a range of patient information (in different languages and different formats such as easy read, Braille, electronic and written formats) and by improving wayfinding to the CDC within the Mall, by end of March 2024.
- To improve accessibility of booking appointments by introducing an electronic self-booking system for Wood Green CDC services by end of March 2024. Success will be measured via improvements in patient surveys, uptake of electronic app & booking rates of appointments.

Accessible information for LD

- To implement accessible information for those with Learning Disabilities (leaflets & videos) relating to Outpatients, Emergency Department, Theatres, Discharge, Compliments and Complaints.



Improving Access and Attendance for Appointments: Progress (Q1 & Q2)

Zesty:

- No new functions have been applied to the app in Q1 and Q2, the focus has been concentrating on getting patients onboarded and using the application.
- In Q1 23/24 – 7,749 patients on signed up to use Zesty and in Q2 23/24 – 10,337 patients signed up to use Zesty.
- The Zesty SOP has been approved and is to go live.

Transport:

- DHL have confirmed that once completed, the Transport eligibility form is valid for a month, eliminating the need to complete a form for every appointment within that month.
- A new Transport Service Group has been implemented aiming to improve engagement with clinical users and improve services.



Improving Access and Attendance for Appointments: Progress (Q1 & Q2)

Letters:

- 1008 letters identified as having hospital site location associated.
- Long term plan to create central letter library to enable changes to be made efficiently & Consistently
- The letter locations have been aligned with hospital signage
- Volunteer 'way finders' in place to assist patients and members of the public find clinic and ward locations.

Woodgreen CDC:

- In the process of expansion, which has affected the Phlebotomy area, reducing from 3 to 1 couch availability. Couches should return to 3 by the end of January 2024.
- Additional Phlebotomy clinics due opened at the end of November 2023 due to high demand.
- Walk-In patients continue to be accommodated, although are popular and therefore become oversubscribed, impacting waiting times. Daily attendances capped to ensure appointments not oversubscribed.
- Swiftqueue introduced to support management of waiting times and oversubscription which has been successful in reducing waiting times for patients reducing complaints.



Improving Access and Attendance for Appointments: Progress (Q1 & Q2)

Accessible Information for patients with Learning Disabilities:

- Leaflets and videos have been created.
- Videos are now live, however views on video remain low and further work is needed on ensuring service users are able to access the information.
- Feedback on usability is being sought.
- Easy read letters and letters are under review and in development.
- A new Patient Information Group is currently in implementation phase, with involvement from LD Clinical Nurse Specialist to ensure accessible information is considered.

Reducing Health Inequalities in our local population: Goals

Sickle Cell

- Deliver training to 60% of ED staff to educate on the condition, ensuring unconscious bias does not exist in the treatment of patients with sickle cell anaemia by end of March 2024.
- Ensure 80% of sickle cell patients receive 1st dose of pain relief within 30mins of attendance to ED by end of March 2024.

Learning Disabilities & Autism

- To develop and implement training packages by end of March 2024 for all clinical staff about: 1. Treating and supporting those with Learning Disabilities; 2. Treating and supporting those with Autism.
- To improve patient experience by offering 100% of patients with Learning Disabilities access to care bags (including items aimed to improve this patient cohort's comfort within this environment) when attending ED by August 2023.

Prostate Cancer

- To expand on the previous success of Prostate cancer events, we will hold up to 6 specific cancer events by the end of March 2024.

Reducing health inequalities in our local population: Progress (Q1 & Q2)

Sickle Cell:

- A new data collection tool has been developed to accurately capture the number of patients receiving first dose treatment within 30 minutes.
- QI project around delivering ED training is ongoing - 23 current nursing staff are trained, with future dates in February planned which will train a further 25 staff.
- E-learning package implementation in progress
- Back to the Floor Sickle Cell session planned for Q3 to involve story direct from patient

Learning Disability & Autism:

- Training on Learning Disabilities has been rolled out via staff induction with quarter day training days offered
- The service has applied to Charitable Funds to create a video targeting Autism population.
- The Oliver McGown training package is now mandated for all staff
- The Care Bags in ED are now live and have received positive feedback from staff and patients on their usefulness in supporting patient's within the ED environment.



Reducing health inequalities in our local population: Progress (Q1 & Q2)

Prostate Cancer:

- **Event held** on 4th July with the topic: Intimacy for Men following a Cancer Diagnosis. After the discussion in this workshop, it was decided that the patients would like to write a letter to their team with information about how they would like to be treated and regarding the delivery of information. This will then be shared with the urology team with the aim to shape service improvement.
- 6 week CBT course held for coping with Hot Flushes & Night Sweats for prostate cancer patients on hormone therapy.
- Tree of Life Workshops held (open to all patients)
- New HOPE course commenced in August
- Remote surveillance cancer support group (for bowel cancer patients) was established, with meditation and mindfulness sessions as well as practical advice, with positive patient feedback and identifying the opportunity to use this format for other Cancer diagnoses

Listening to our patients



Inpatient Survey 2022 - Top 5



Inpatient Survey 2022 -Bottom 5

Bottom 5				
<p>Noise from other patients not being prevented from sleeping by noise at night from other patients</p>	<p>Cleanliness of rooms or wards the hospital room or ward being clean</p>	<p>Including patients nurses including them in discussions about their care</p>	<p>After the operation being told how the operation or procedure had gone</p>	<p>Meal times being able to get hospital food outside of set meal times, if needed</p>
What we are doing				
<p>Noise Introduced sleep well packs Consisting of an eye mask and ear plugs</p>	<p>Cleanliness Joint PET & facilities meetings & PET involved in cleaning audits</p>	<p>Including patients Nurses to explain to patients that they do bedside handovers</p>	<p>After the operation inpatient ward leaflet at every bedside which informs patients who to speak to if they have a concern</p>	<p>Meal times inpatient leaflet advising patients to ask staff if they require food outside of mealtimes</p>

Cancer Patient Experience 2022

Headline findings



Overall experience

8.88

Respondents' average rating of care scored from very poor to very good (scale from 0 to 10) (**8.91** in 2021).



Support from your GP practice

65.4%

of respondents who had contacted their GP practice said that the referral for diagnosis was explained in a way they could completely understand (**64.2%** in 2021).



Diagnostic tests

78.3%

said that the results of diagnostic tests were explained to them in a way they could completely understand (**78.7%** in 2021).



Finding out that you had cancer

75.9%

said that when they were first told that they had cancer, they had been given the option of having a family member, carer or friend with them (**70.1%** in 2021).

Cancer Patient Experience 2022

Headline findings



Support from a main contact person

91.5%

said they had a main contact person within the team looking after them who would support them through treatment (**91.9%** in 2021).



Support from hospital staff

75.5%

said they definitely received the right amount of support for their overall health and wellbeing from hospital staff (**75.7%** in 2021).



Deciding on the best treatment

80.0%

said family and/or carers were definitely involved as much as they wanted them to be in decisions about their treatment options (**74.7%** in 2021).



Care planning

71.1%

said that before their treatment started, they had a discussion with a member of the team looking after them about their needs or concerns (**71.7%** in 2021).

Largest positive & negative change

The five scores with the largest positive change

Question	2021	2022	Change
Q12 - Patient was told they could have a family member, carer or friend with them when told diagnosis	70.1%	75.9%	+5.8%
Q22 - Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	74.7%	80.0%	+5.3%
Q32 - Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	60.6%	65.6%	+5.0%
Q52 - Patient has had a review of cancer care by GP practice	18.0%	20.7%	+2.7%
Q49 - Care team gave family, or someone close, all the information needed to help care for the patient at home	55.4%	57.9%	+2.6%

The five scores with the largest negative change

Question	2021	2022	Change
Q34 - Patient was always able to get help from ward staff when needed	76.2%	72.5%	-3.7%
Q07 - Patient felt the length of time waiting for diagnostic test results was about right	81.9%	78.4%	-3.5%
Q35 - Patient was always able to discuss worries and fears with hospital staff	66.8%	64.2%	-2.7%
Q31 - Patient had confidence and trust in all of the team looking after them during their stay in hospital	80.9%	78.5%	-2.3%
Q29 - Patient was offered information about how to get financial help or benefits	69.5%	67.5%	-2.0%

What we are doing

<p>88% National score 95%</p> <p>Q9. Enough privacy was always given to patient when receiving diagnostic test results.</p> <p>Liaise with OP manager regarding space for CNS' to have difficult conversations.</p>	<p>90% National score 95%</p> <p>Q19. Patient found advice from main contact person was very or quite helpful.</p> <p>All patients to have contact card for key worker CNS. CNS and CSW education focus. ACCEND framework.</p> <p>ACCEND framework roll out across NCL. CNS development role funded by NCLCA across</p>	<p>52% National score 70%</p> <p>Q33. Patient was always involved in decisions about their care and treatment whilst in hospital.</p> <p>AO and site-specific teams to work together to identify those in need of more information. Focus on SDM with patients. Work with ward staff.</p> <p>AO referrals triaged and streamlined to tumour site where required. CNS' visit IP & join ward rounds where needed. Contact sheet for CNS' provided to all wards.</p>
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<p>73% National score 88%</p> <p>Q37. Patient was always treated with respect and dignity while in hospital.</p> <p>Meet with ward managers / matrons. Review FFT for wards linked to cancer patients. Patient focus group.</p>	<p>78% National score 86%</p> <p>Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment.</p> <p>Contact cards for patients on treatment – with 24-hour Education to chemotherapy unit on UKONS triage. Complimentary therapies for patients with side effects from treatments. Meet with ward managers / matrons. Review FFT for wards linked to cancer patients. Patient focus group.</p>
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Urgent & Emergency care 2022

Top 5 in the league table



Triumphs

Comparison with other trusts
within our region

Whittington Health are in the top 5 for 5 sections
and at the top for 2, with the highest scores in our
region

Top of the league table

Section 2 - Waiting

Your trust section score =
4.8
About the same

Section 3 - Doctors & nurses

Your trust section score =
8.4
Somewhat better than expected

Section 4 - Care & treatment

Your trust section score =
8.0
About the same

Section 5 - Tests

Your trust section score =
8.1
About the same

Section 8 - Respect & dignity

Your trust section score =
9.1
Somewhat better than expected

Urgent & Emergency Care 2022

Top five scores *(compared with national average)*

Section 2 Waiting

Q7. How long did you wait before you first spoke to a nurse or doctor? **Our Trust 6.0** (national average 4.9 - highest score 7.0)

Section 3 Doctors and nurses

Q16. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?
Our Trust 7.5 (national average 6.4 - highest score 7.5)

Section 2 Waiting

Q8. Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?
Our Trust 6.0 (national average 5.0 - highest score 6.4)

Section 2 Waiting

Q11. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?
Our Trust 5.6 (national average 4.7 - highest score 7.5)

Section 2 Waiting

Q12. Overall, how long did your visit to A&E last?
Our Trust 6.1 (national average 5.2- highest score 8.0)

Higher than the national average



What we are doing

Bottom five scores (compared with national average)

Section 7 Leaving A&E

Q42. Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?

Our Trust 2.6 (national average 4.0 - highest score 6.9)

Section 7 Leaving A&E

Q43. Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E? (e.g. services from GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector) Our Trust 6.4 (national average 7.2 - highest score 8.6)

Section 6 Environment and facilities

Q31. In your opinion, how clean was the A&E department? Our Trust 7.7 (national average 8.2- highest score 9.1)

Section 3 Doctors and nurses

Q18. Did doctors or nurses talk to each other about you as if you weren't there?

Our Trust 8.5 (national average 8.9 - highest score 9.5)

Section 7 Leaving A&E

Q44. After leaving A&E, was the care and support you expected available when you needed it?

Our Trust 6.8 (national average 7.0 - highest score 8.5)

Lower than the national average

Updated actions

Section	Question	Action	By whom	By when	Progress
Section 7 Leaving A&E	Q42. Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?	Discussions regarding discharge checklist for junior doctors.	Duncan - Lead clinician	Mid-point induction in December	
	Q43. Did hospital staff discuss with you whether you may need further health or social care services after leaving				
	Q44. After leaving A&E, was the care and support you expected available when you needed it?				
Section 6 Environment and facilities	Q31. In your opinion, how clean was the A&E department?	Weekly cleanliness levels check and discussion around any staffing issues.	Domestic and porters team leads, ED service manager & matrons	December 2023	