# TRUST BOARD
# IN PUBLIC


**12:30pm – 2:15pm**
**Wednesday**
**29 April 2020**


**Meeting via Microsoft Teams**

| Meeting | Trust Board – Public meeting |
|---|---|
| Date & time | 29 April 2020:   From 12.30pm |
| Venue | Whittington Education Centre, Room 7 |

| Non-Executive Director members: | Executive Director members: |
|---|---|
| Baroness Julia Neuberger, Chair<br>Deborah Harris-Ugbomah<br>Professor Naomi Fulop<br>Tony Rice<br>Anu Singh | Siobhan Harrington, Chief Executive<br>Kevin Curnow, Acting Chief Finance Officer<br>Dr Clare Dollery, Medical Director<br>Carol Gillen, Chief Operating Officer<br>Michelle Johnson, Chief Nurse & Director of Allied Health Professionals |

**Attendees:**
Councillor Janet Burgess MBE, Islington Council
Norma French, Director of Workforce
Jonathan Gardner, Director of Strategy, Development & Corporate Affairs
Dr Sarah Humphery, Medical Director, Integrated Care
Swarnjit Singh, Trust Corporate Secretary

**Contact for this meeting:** jonathan.gardner@nhs.net

# AGENDA

| Item | Timing | Title and lead | Action |
|---|---|---|---|
| **Standing items** | | | |
| 1 | 12.30 | **2019/20 Patient stories**<br>*Michelle Johnson, Chief Nurse & Director of Allied Health Professionals* | Note |
| 2 | 12.40 | **Welcome & apologies**<br>*Julia Neuberger, Chair* | Verbal |
| 3 | 12.41 | **Declaration of interests**<br>*Julia Neuberger, Chair* | Verbal |
| 4 | 12.42 | **25 March 2020 public Board meeting draft minutes, action log, matters arising**<br>*Julia Neuberger, Chair* | Approve |
| 5 | 12.45 | **Chair's report**<br>*Julia Neuberger, Chair* | Note |
| 6 | 12.50 | **Chief Executive's report**<br>*Siobhan Harrington, Chief Executive* | Note |
| **Quality & patient safety** | | | |
| 7 | 1.00 | **Serious Incidents**<br>*Dr Clare Dollery, Medical Director* | Note |

| 8 | 1.10 | **Quarterly learning from deaths report**<br>*Dr Clare Dollery, Medical Director* | Review |
|---|------|---|---|
| 9 | 1.20 | **Safeguarding children declaration**<br>*Michelle Johnson, Chief Nurse & Director of Allied Health Professionals* | Note |

| **Performance** | | | |
|---|------|---|---|
| 10 | 1.25 | **Financial performance and capital update**<br>*Kevin Curnow, Acting Chief Finance Officer* | Review |
| 11 | 1.35 | **Integrated performance report**<br>*Carol Gillen, Chief Operating Officer* | Review |

| **Governance** | | | |
|---|------|---|---|
| 12 | 1.45 | **Assurance report, Audit & Risk Committee**<br>*Deborah Harris-Ugbomah, Committee Chair* | Note |
| 13 | 1.50 | **2020-21 Financial plan**<br>*Kevin Curnow, Acting Chief Finance Officer* | Approve |
| 14 | 2.00 | **Corporate risk register**<br>*Michelle Johnson, Chief Nurse & Director of Allied Health Professionals* | Review |
| 15 | 2.10 | **Questions to the Board on agenda items**<br>*Julia Neuberger, Chair* | Verbal |
| 16 | 2.15 | **Any other business**<br>*Julia Neuberger, Chair* | Verbal |

**29th April 2020**
**James Connell**
**Patient Experience Manager**
**Michelle Johnson**
**Chief Nurse**

# Trust Board
# 2019-20
# Patient & Staff
# Stories
# Annual Summary

# Summary of Stories Presented

| Trust Board patient Stories 2019-20 | |
| --- | --- |
| Apr-19 | IAPT (Improving Access to Psychological Therapies) service |
| May-19 | Adult Community Dietetics: Diabetes management |
| Jun-19 | Learning Disability (National LD day) – * postponed due to the patient becoming unwell at late notice<br><br>Staff Story: Risk Administrator/former volunteer |
| Jul-19 | Learning Disability patient story - * picked up from June |
| Aug-19 | No Trust Board meeting |
| Sep-19 | Patient Story: Maternity service - * for 2019 Annual General Meeting<br><br>Staff Story: Junior medical doctor |
| Oct-19 | Patient Story: Cancer Services: Macmillan psychological and well-being support |
| Nov-19 | Patient Story: Nutrition and Dietetics |
| Dec-19 | Patient Story: Intensive Care Unit, and EIM inpatient wards<br><br>Staff Story: Administrator/Reverse Mentor for executive staff |
| Jan-20 | Patient Story: Community Respiratory Team |
| Feb-20 | Patient Story: District Nursing, Leg Ulcer clinic |
| Mar-20 | No patient story due to COVID-19 |

# Summary of Stories Presented

- Range of services featured, across Integrated Clinical Service Units (ICSU)

- Stories from patients receiving care from the community teams formed the majority presented (5); those from hospital based services alone (2) and a mix of integrated services (3) were featured

- Balance of face-to-face presentations (5) and pre-recorded interviews (4)

- Efforts made to link to national awareness/adults days and events e.g. Learning Disability, volunteers and diabetes

- Balance of positive and challenging experiences

- Patient stories continue to be shared at board committee meetings and at the Patient Experience Committee, as well as local team meetings and service user/education groups



PATIENT STORY SEPTEMBER 2019, WHITTINGTON HEALTH AGM

EMMA AND DAVID

# Key Learning

- Importance and impact of patient and/or family presenting (as opposed to film)

- Imperative to have staff engagement, across disciplines, to support with the identification of patient stories, and the progression of actions picked up from patient stories

- Plan for 2020/21 To capture further stories specifically focused on hospital-based care, and from children and young people's services

- The patient stories support engaging patients to further support with patient engagement in the trust and supports the delivery of the trust patient experience strategy ambitions https://www.whittington.nhs.uk/document.ashx?id=13202

- Use of filming and the value of empowering staff to film stories – more patients engaged and accessible – story also can be shared across Trust



DAVID COLLINS
PATIENT STORY

# You Said We Did - Actions

**Some of the actions taken from patient and staff stories to improve patient experience have included**:

- The direct recruitment of a patient with learning disabilities, who shared their story at Trust Board, to the adult learning disability working group as a patient representative

- The development of a closer relationship with the local Jewish community. This has included the development of a link with a Rabbi from Crouch End to attend the Trust to support with Jewish holidays/festivals.

- Improved access to staff coaching and additional staff training, based on feedback from staff stories

**Actions ongoing include:**

- Development of a central catalogue for stories which can be used across the trust

- A refreshed process chart to support services to, autonomously, facilitate their own patient stories

- Further stories from children and young people and their families

# Better Never Stops- Trust Board 2020-21

**Whittington Health**
**NHS Trust**

## Patient Stories

- Monthly
- Blend of face to face and film presentations
- Positive and challenging experience

## Staff Stories

- Quarterly story presented
- New roles
- Non clinical as well as clinical

## What next?

- Launch of a revised internal and external patient story webpage
- Develop an updated release form for patients
- Identify patient story leads within each ICSU
- To capture more stories from CYP

**Minutes of the meeting of the Trust Board of Whittington Health NHS Trust
held on Wednesday, 25 March 2020**

**Present:**

| | |
|---|---|
| Siobhan Harrington | Chief Executive |
| Kevin Curnow | Acting Chief Finance Officer |
| Clare Dollery | Medical Director (items 1-10) |
| Norma French | Director of Workforce |
| Jonathan Gardner | Director of Strategy, Development & Corporate Affairs |
| Carol Gillen | Chief Operating Officer (from item 12) |
| Michelle Johnson | Chief Nurse & Director of Allied Health Professionals |

**Via dial-in:**

| | |
|---|---|
| Anu Singh | Non-Executive Director (Interim Chair) |
| Naomi Fulop | Non-Executive Director |
| Deborah Harris-Ugbomah | Non-Executive Director |
| Tony Rice | Non-Executive Director |

**In attendance:**

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| Swarnjit Singh | Trust Corporate Secretary |

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| **1.**<br>1.1 | **Welcome and apologies**<br>Anu Singh welcomed attendees. It was agreed to take all items as read and it was noted that some members would be absent for some of the meeting as they dealt with operational issues in response to covid-19. |
| 1.2 | Apologies were noted for Sarah Humphries, Medical Director - Integrated Care. |
| **2.**<br>2.1 | **Declarations of interest**<br>Deborah Harris-Ugbomah reported that she would be working with a technology company and would send final details to the Trust Secretary to update the register of interests. |
| 2.2 | **The Board noted the declaration and agreed that the register be updated accordingly**. |
| **3.**<br>3.1 | **Minutes of the meeting held on 26 February 2020**<br>The minutes of the previous meeting were agreed as an accurate record. The completed action log was noted. |
| **4.**<br>4.1 | **Chair's report**<br>Anu Singh noted that it was her last Board meeting as Chair and thanked colleagues on the Board and across the organisation for their help. Tony Rice thanked Anu Singh on behalf of the Board. |

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| 4.2 | **The Board noted the Chair's verbal report.** | |

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| **5.**<br>5.1 | **Chief Executive's report**<br>Siobhan Harrington thanked executive directors and staff across the organisation for their amazing response to the covid-19 pandemic. She highlighted actions being taken:<br>• the cessation of elective work<br>• increased intensive treatment unit capacity<br>• holding outpatient appointments by telephone<br>• following nationally-issued guidance on services to continue, stop or partially provide specific community services<br>• re-purposing staff to different roles to support frontline activities as a result of 11.5% of staff not being at work through sickness or self-isolation | |
| 5.2 | Michelle Johnson reported that, patients had sadly died as a result covid-19 and explained that there was a focus on having support in place for high dependency patients.  She gave assurance that staff had been provided with personal protective equipment (PPE), and that re-purposed staff had been given training, following guidance from regulatory and professional bodies.  Michelle Johnson also reported that the ratio for safer staffing had been changed for critical care patents, in line with national guidance issued on 23 March.  She thanked staff for their enormous efforts in responding to the covid-19 pandemic. | |
| 5.3 | During discussion, the following points arose:<br>• Anu Singh thanked staff and suggested a note of thanks be sent on behalf of the Board<br>• In reply to a query from Naomi Fulop, Michelle Johnson provided the following update on PPE arrangements:<br>   o Logistics were now being managed by the army and there was a clear pathway in place for emergency department and community services to receive regular supplies<br>   o Kevin Curnow was thanked for his work as senior responsible officer in this area where significant work was going on to communicate with staff<br>   o Work was taking place as a priority across the north central London sector to identify a solution for testing staff and for this to be rolled out | |
| 5.4 | **Board members noted the report, including the update on actions being taken in response to the covid-19 pandemic. The Board agreed that a message of thanks be sent to all staff in acknowledgement of their work at this time**. | |

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| **6.**<br>6.1 | **Care Quality Commission report**<br>Siobhan Harrington reported that the publication of the final report had been communicated to all staff and she was incredibly proud of their achievement. Michelle Johnson alerted Board members to the fact that the deadline of 14 April for feedback on recommended actions was likely to be | |

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| | moved, in the current circumstances. She provided assurance that work was taking place in areas covered by two key regulatory actions. |
| 6.2 | **Board members thanked staff for their work highlighted in the CQC inspection report and agreed that a celebration event be held at an appropriate time later in the year.** |
| **7.**<br>7.1 | **Serious Incidents (SIs)**<br>Clare Dollery reported that, since the despatch of papers there had been no SIs related to the care of patents with covid-19 and that overall levels of incident reporting had dropped following the reduction in elective work. In addition, she explained that criteria for non-emergency patient transport were being relaxed as part of the response to tackling covid-19. |
| 7.2 | **The Board noted the report.** |
| **8.**<br>8.1 | **Quarter three Quality report**<br>Clare Dollery highlighted progress achievement in delivery of the quality account priorities. She also drew attention to the gradual increase in the hospital standard mortality ratio and reported that an independent medical examiner would review all covid-19 deaths. |
| 8.2 | **The Board noted the report.** |
| **9.**<br>9.1 | **Month 11 finance report**<br>Kevin Curnow reported that, at the end of February, the trust was £2.7m behind plan with recovery expected to help deliver the control total. However, the cancellation of planned elective work impacted with a significant reduction in income. He explained that the trust would continue to plan report on the month 12 outcome in April to understand the underlying position. |
| 9.2 | **The Board noted the report.** |
| **10.**<br>10.1 | **Integrated performance report**<br>In reply to a query from Anu Singh, Michelle Johnson confirmed that the family and friends test had been stopped within community services because of national guidance. Board members discussed the level of performance reporting taking place through covid-19 situation reporting and noted the focus at this time was on delivering business continuity and keeping patients and staff safe. |
| 10.2 | **The report was noted.** |
| **11.**<br>11.1 | **2020/21 annual operational plan and budget**<br>Siobhan Harrington welcomed the work that went into producing the report which would act as a good baseline for where the trust was in March 2020. Kevin Curnow highlighted the need to maintain good financial governance and to demonstrate value for money during the pandemic. He confirmed that the annual approval of budgets would be discussed at the April meeting |

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| | and that a report forecasting the financial impact of covid-19 would be brought to a later meeting. |
| 11.2 | **The Board noted the report and that the draft 2020/21 budgets would be considered at the March meeting.** |
| **12.** 12.1 | **Chair's Assurance report, Quality Committee** The Board noted the assurance report for the meeting held on 11 March. |
| **13.** 13.1 | **Chair's Assurance report, Charitable Funds Committee** Jonathan Gardner reported that c. £17k had been raised by the excellent public response and that offers of support continued to be received. He provided assurance to Deborah Harris-Ugbomah that a project team, assisted by volunteers, was managing the distribution of items of support and also thanking the donors. |
| 13.2 | **Board members noted the assurance report for the meeting held on 4 March and the actions being taken to address areas of limited assurance.** |
| **14.** 14.1 | **Register of Board Directors' interests** The Board noted the current register of declared interests and agreed it be updated in line with the declaration made by Deborah Harris-Ugbomah at the start of the meeting before publication on the webpages. |
| **15.** 15.1 | **2020/21 meeting dates and forward plan** Jonathan Gardner drew attention to the move to holding public meetings every two months. |
| 15.2 | **The Board noted the arrangements for meetings in 2020/21 along with the forward plan.** |
| 16. 16.1 | **Any other business – covid-19 changes** Siobhan Harrington highlighted the changes to patient pathways across north central London and also internal service changes introduced to respond to covid-19. Board members' attention was drawn to the transfer of paediatric inpatients to Great Ormond Street Hospital and the move of orthopaedic trauma to the Royal National Orthopaedic Hospital. In terms of internal changes, with the exception of cancer and emergency surgery, nearly all elective work had been cancelled. In addition, outpatients' appointments were moving to being telephone consultations, as appropriate. Siobhan Harrington thanked Jonathan Gardner for producing the report. |
| 16.2 | **The Board noted the changes made to pathways and services as a result of covid-19.** |

**Action log, 25 March 2020 Public Board meeting**

| Item | Action | Lead(s) | Progress |
|------|--------|---------|----------|
| Declarations of interest | Update the register by providing details of the work with a technology company interest as part of the response to covid-19 | Deborah Harris-Ugbomah | Not complete |
| Chief Executive's report | On behalf of the Board, send a message of thanks to all staff for the efforts in responding to the impact of covid-19 | Siobhan Harrington | Completed |
| 2020/21 annual operational plan and budget | Bring the draft 2020/21 budgets to the April meeting | Kevin Curnow | Completed |

| Meeting title | Trust Board – public meeting | Date: 29 April 2020 |
|---|---|---|
| Report title | Chair's report | Agenda item: 5 |
| Director lead | Julia Neuberger, Chair | |
| Report author | Swarnjit Singh, Trust Secretary | |
| Executive summary | This report provides a summary of activity during April. | |
| Purpose: | Noting | |
| Recommendation(s) | The Trust Board is asked to note the report | |
| Risk Register or Board Assurance Framework | Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation. | |
| Report history | None | |
| Appendices | None | |

# Chair's report

**Whittington Health**
I am delighted to have been appointed as Chair of Whittington Health NHS Trust for a four year period from 1 April 2020. Having been involved in healthcare in the local area for some years and as Chair of Camden & Islington Community Health Services Trust from 1992 to 1997, I have had a very soft spot for Whittington Health and its talented and committed staff.

**Coronavirus (Covid-19)**
On behalf of the Board, I want to express our gratitude and thanks to all trust staff for their hard work and dedication to providing local people with the high quality care and treatment that they need at this demanding time as the NHS responds to the covid-19 pandemic. It has been fantastic to listen to staff and to see the amazing morale in place. I am very much looking forward to continuing to meet and listen to more staff and service teams over the coming weeks and to help support them in any way that the Trust Board can at this time.

**Non-Executive Director recruitment**
On 1 and 6 April, together with Anu Singh, Deputy Chair, and colleagues from NHS Improvement, I was involved in recruitment panels to select to non-executive director vacancies on the Board. There were some very impressive candidates interviewed and the next step is for NHS Improvement to ratify the recommendations for appointment of the successful candidates. I will report on these appointments to our Board as soon as I can.

**Consultant recruitment**
On 15 April, I was involved in the recruitment for two consultant roles in acute medicine. I am also grateful to Anu Singh, who has been involved in the following activities since the last Board meeting:

- 1 April – geriatric/ambulatory care consultant interviews
- 27 March – critical care consultant interviews

| Meeting title | **Trust Board – public meeting** | Date: **29 April 2020** |
|---|---|---|
| **Report title** | **Chief Executive's report** | Agenda item: **6** |
| **Executive director lead** | Siobhan Harrington, Chief Executive | |
| **Report author** | Swarnjit Singh. Trust Corporate Secretary | |
| **Executive summary** | This report provides Board members with an update on recent national and local developments as well as highlighting and celebrating achievements by Trust staff. Appendix 1 contains an update on patients with COVID-19 treated at the Trust. | |
| **Purpose:** | Noting | |
| **Recommendation(s)** | Trust Board members are invited to review the report and note its contents. | |
| **Risk Register or Board Assurance Framework** | All Board Assurance Framework entries | |
| **Report history** | Monthly report to each Board meeting | |
| **Appendices** | 1: Covid-19 update on care of patients | |

**Chief Executive's report**
This paper provides an overview of matters to bring to the Board's attention within the health and social care sector at a national and local level.


1. **National and regional news**

**Novel Coronavirus (covid-19)**
On 17 March, Guidance was issued to NHS organisations setting out important actions as part of the response to tackling the covid-9 pandemic. Specifically, these actions set out to:
- free up the maximum possible inpatient and critical care capacity
- prepare for and respond to covid-19 patients who would need respiratory support
- support staff and maximise their availability

The Trust has implemented these actions and continues to work at a regional level with partners in the North Central London sector as part of the co-ordinated efforts to combat this unprecedented public health emergency.


2. **Local news**

**Baroness Julia Neuberger**
I am delighted to formally welcome Baroness Julia Neuberger as our new Chair. She joined on 1 April and has already visited areas of the trust, where possible, during this time, and brings an enormous amount of experience of the local health economy.

**Legal case update**
On 15 April, the Supreme Court handed down its judgement in Whittington Health v XX. The case related to a mother who suffered medical negligence which rendered her infertile and who now sought the costs of a commercial surrogacy in California. NHS Resolution felt that it would not be lawful to provide compensation for a commercial surrogacy as they are illegal in the UK. The judges found (3 to 2) in favour of the mother. The Court of Appeal recognised that this case involved an important point of law and there was uncertainty as to the state of the law in relation to surrogacy arrangements. NHS Resolution and Whittington Health are grateful to the Supreme Court for its considered judgement and clarification and wish the patient involved every success as she begins the process of starting a family.

**Quality and safety operational performance**

**Emergency Department (ED) four hours' wait:**
During the pandemic, there has been a very different experience in ED with the number of attendances reducing dramatically and the trust concentrating on ensuring patient safety. In March, there were 6,565 A&E attendances which was 3,155 attendances lower than 12 months ago in March 2019.

Performance in March against the A&E performance standard saw 82.5% of patients being seen within four hours, under the 90% trajectory. The national average in March was 84.2%, the London average was 84.7% and the north central London (NCL) average was 81.0%. The focus of the ED delivery team has been on performance within the Urgent Treatment Care (UTC) and in Paediatrics, both of which have been a contributing factor in the improvement in performance in March with the UTC achieving 94.1% and 91%. The median wait for treatment in March was 56 minutes against a target of 60 minutes. The majority of delays were primarily due to stabilising patients in the department within the context of zoning the department for covid-19 and non-covid-19 patients.  Our focus now is to improve waiting times for patients attending ED.

**Financial performance**
In spite of a challenging last quarter, the Trust delivered its financial plan for 2019-20. This meant the Trust was eligible for £4.9m of additional funding (technically referred to as the provider sustainability) for this year. We also spent £17.3m on capital in the last financial year, against a plan of £17.4m, by improving our estate and investing in new information technology. Thank you to all staff for supporting our achievement of the control total, however, we know that our ability to deliver recurrent savings last year means we will continue to focus on developing 'better value' and on delivering clinically and financially sustainable services.

**#CaringForThoseWhoCare - inclusive culture activities**
A range of services, either face-to-face, telephone or web-based have been provided to help to promote the mental health and wellbeing of staff. This help is being provided by the:
- caring for those who care organisational development and learning team
- adult improving access to psychological therapy service
- clinical health psychology service at Camden & Islington Foundation Trust
- community child and adolescent mental health services in Islington

**Support from the public**
Whittington Health has been overwhelmed by the level of support we have received during the covid-19 pandemic from individuals and local organisations and businesses through charitable donations to our dedicated Coronavirus Relief Fund. The Trust would like to thank all of the local people and organisations and volunteers who have helped us during this time.  This invaluable support is being used to ensure our staff can continue caring for, and protecting, our community.  Projects already funded include:
- the provision of patient discharge packs with essential supplies such as food and toiletries which they may not be able to acquire themselves if they are covid-19 positive
- a 12 berth bus onsite with beds for rest breaks, particularly for night staff
- additional comforts for our Chapel, Jewish room and multi-faith rooms
- as part of Project Wingman, establishing a first-class lounge area for staff to relax before and after their shifts, run by a volunteer British Airways cabin crew team

**Ramadan 2020**

Ramadan, the holiest month of the Islamic year will take place between 23/24 April & 23/24 May (depending on moon sightings), and will prove a very different experience for our Muslim patients and staff due to the COVID-19 pandemic.  The Muslim Council of Britain has produced a helpful guide for people observing Ramadan and to reach out to those who may be fasting alone at this time.[1]

**Staff recognition**

The COVID-19 pandemic has been an unprecedented challenge, but I am incredibly proud of how our staff have responded.  With that in mind, selecting just one team or individual each month for an award misses the contribution of so many of our staff right now.  However, recently we have started a new Thank You campaign to recognise as many staff as possible – internally and publicly – for what they are doing to support the organisation to rise to the challenges that COVID-19 has presented.

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[1] https://mcb.org.uk/wp-content/uploads/2020/04/MCB-Ramadan-2020-Guidance.pdf

**Appendix 1:**        **COVID-19 update on care of patients**

**Background**
Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease was first identified in December 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally, resulting in the ongoing 2019–20 coronavirus pandemic. In England, as of 9am on 20 April, 386,044 people have been tested, of whom 124,743 have tested positive. As of 5pm on 19 April, of those hospitalised in the UK who tested positive for coronavirus, 16,509 have died.

**Service changes**
All parts of the Trust have responded rapidly, flexibly and with outstanding commitment to reorganise and re-orientate our services to meet the needs of a surge of patients presenting with COVID-19. The scale of change is extensive and will not be dealt with in detail here but includes redeployment of many staff groups, including community staff working in the hospital, and establishing home testing and drop in testing in the early phases of the disease evolution in London. Some services have been reprioritised, such as community MSK physio and elective surgery, and others are being co-ordinated through sector wide hubs such as the provision of non MTC trauma surgery at the Royal National Orthopaedic Hospital.

**Summary of Inpatient Admissions at Whittington Health**
400 patients have been admitted with a clinical syndrome consistent with COVID-19 and of these 323 have tested positive for COVID-19 by polymerase chain reaction (PCR). A further 77 have a high clinical probability of COVID-19 and have been managed accordingly.

**Graph 1 – shows inpatient admissions by week:**
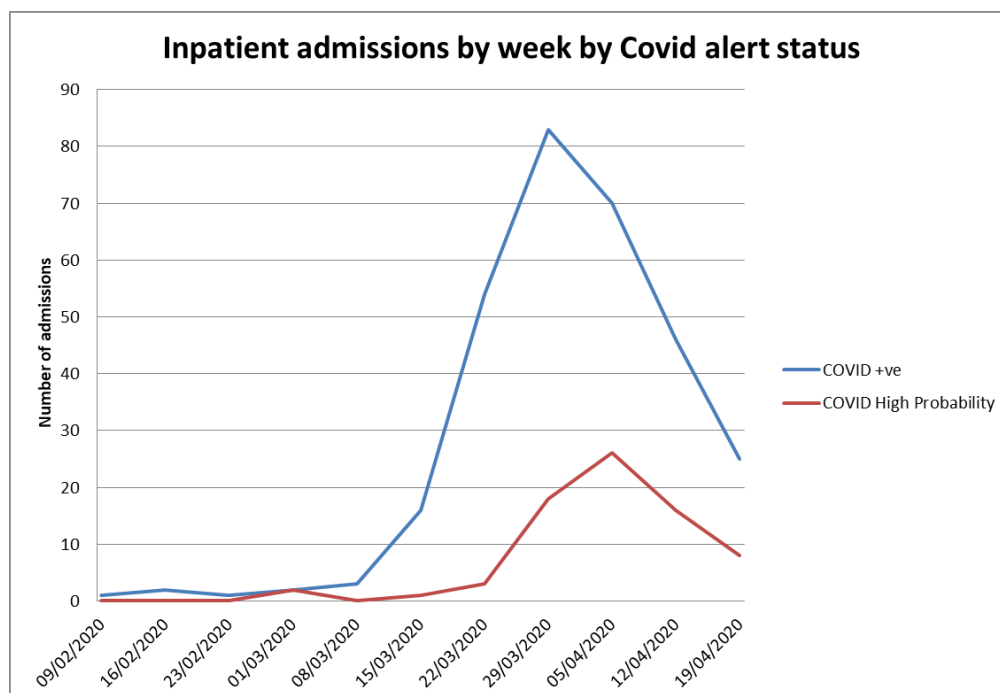
The maximum surge in COVID-19 admissions was in the week ending 29/03/20 with the peak of COVID-19 swab negative high probability cases a week later.

**Graph 2 – Shows point prevalence of COVID-19 confirmed and suspected cases at Whittington Health:**
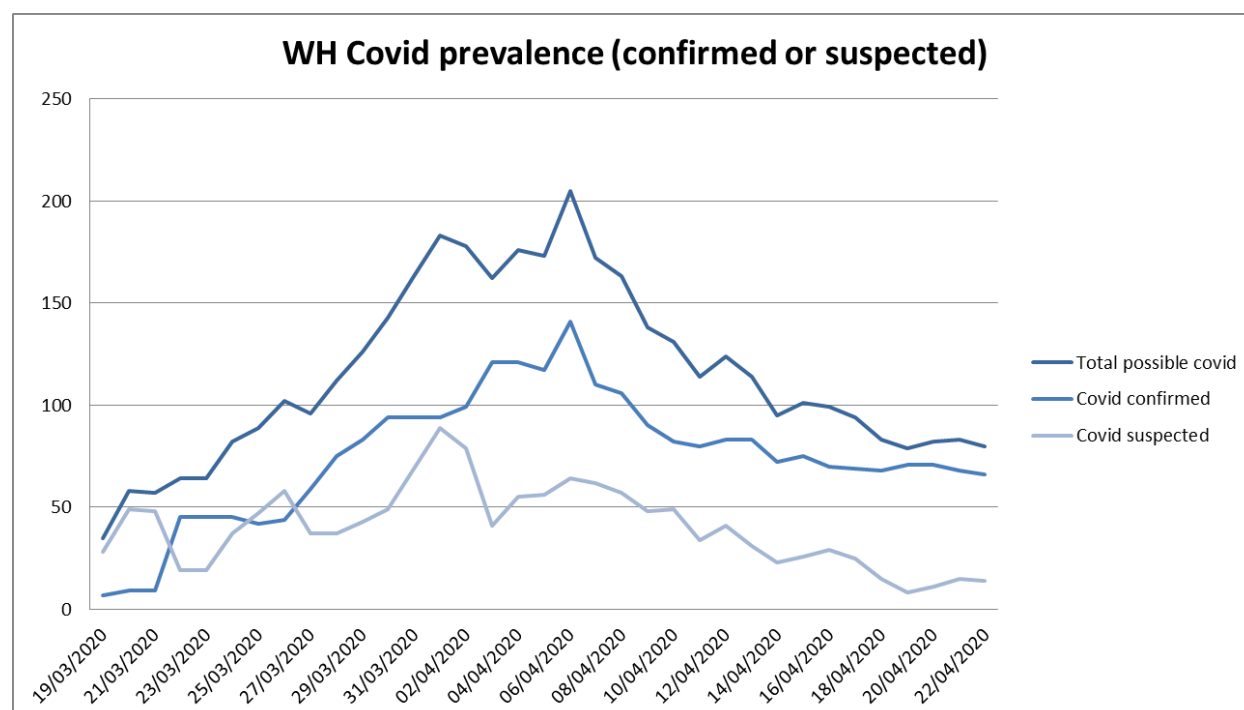


This graph derives from the site manager's daily morning report to the organisation relating to numbers of COVID-19 confirmed or suspected cases. As such it gives a snap shot of the hospital on any given day with confirmed cases having positive COVID-19 PCR results and COVID-19 suspected patients are awaiting their test results. The period considered in the reports this derives from is different to graph 1 but the point prevalence data shows sustained significant numbers of inpatients with COVID-19 in hospital and also reflects the period of illness in these patients.

**Characteristics of these patients**
The average age of the COVID-19 patients is 66.8 years which is expected given the pattern of disease in other countries.

**Time in Hospital**
The average length of stay for those patients already discharged after COVID-19 illness is 7.5 days. The average length of stay for current inpatients is 14 days.

**Discharge**
232 patients with a COVID-19 type illness have been discharged to another provider or home since the start of the pandemic in the UK. Of these, 194 were discharged to their usual place of residence.

**Readmissions**

It is known that some patients have a two phase illness with COVID-19; 15 patients have had unplanned readmissions to the Trust after discharge for a COVID-19-related illness.

**ICU care**

45 patients in total have been cared for in ICU with COVID-19 type illness. Of these 16 are women and 29 are men in line with experience in other countries. The average age of ICU patients is 66 years old. This is slightly older than the best available national comparator - the Intensive Care National Audit and Research Centre (ICNARC) audit reports which show a median age of 60 years in their 5578 person data set.

**Deaths**

90 deaths in patients who have tested positive for COVID-19 have been uploaded to the NHS Improvement data base at the time of preparation of this paper. Reporting is occurring daily.

**Conclusion**

The Trust staff have delivered a major patient-focused transformation of services in a very short time in order to provide the best care possible for a surge of admissions of patients with COVID-19 some of whom are still receiving care in the Trust.

| Meeting title | Trust Board – public meeting | Date: 29.4.2020 |
|---|---|---|
| Report title | Serious Incidents Update – March 2020 | Agenda item: 7 |
| Executive director lead | Dr Clare Dollery, Executive Medical Director | |
| Report author | Jayne Osborne, Quality Assurance Officer and Serious Incident (SI) Co-ordinator | |
| Executive summary | This report provides an overview of Serious Incidents (SI) declared externally via the Strategic Executive Information System (StEIS) during March 2020. The report also includes a summary of key recommendations and learning shared as a result of the Serious Incident investigations completed in March 2020.<br><br>• Two Serious Incident were declared in March 2020.<br>• One Serious incident investigation was completed.<br><br>The Board is asked to note the Never Event declared in April 2020 where a patient was unintentionally connected to air instead of oxygen in the Emergency Department. | |
| Purpose: | Assurance | |
| Recommendation(s) | The Board is asked to recognise and discuss the assurances contained within this report demonstrating that the serious incident process is managed effectively, and that lessons learnt as a result of serious incident investigations are shared widely. | |
| Risk Register or Board Assurance Framework | Corporate Risk 636. Create a robust SI learning process across the Trust. The Trust Intranet page has been updated with key learning points following recent SI's and root cause analysis investigations. | |
| Report history | Report presented at each Public Board meeting | |
| Appendices | None | |

**Serious Incidents Update: April 2020**

**1. Introduction**

1.1 This report provides an overview of Serious Incidents declared externally via Strategic Executive Information System (StEIS) and a summary of the key learning from serious incident reports completed in March 2020.

**2. Background**

2.1 The Serious Incident Executive Approval Group (SIEAG), comprising the Executive Medical Director, Chief Nurse and Director of Allied Health Professionals, Chief Operating Officer, Head of Quality Governance and SI Coordinator meet weekly to review the Serious Incident investigation reports. In addition, high risk incidents are reviewed by the panel to determine whether these meet the reporting threshold for a serious incident (as described within the NHS England Serious Incident Framework, March 2015).

**3. Serious Incidents**

3.1 The Trust declared two Serious Incidents in March 2020. The total number of reportable incidents declared by the Trust between 1st April 2019 and 31st March 2020 is 31.

**Table 1**: *Serious Incidents*

| SI Ref: | ICSU | Description | Incident Date | Datix Date | Incident Datix Interval | StEIS Date | Datix-StEIS Interval |
|---------|------|-------------|---------------|------------|-------------------------|------------|----------------------|
| 4799 | ACS | Information Governance Breach. Two patient letters were sent to the incorrect address | 15/01/20 | 27/01/20 | **8** | 06/03/20 | **29** |
| 5831 | ACW | Twin pregnancy following emergency caesarean section. Twin 1 born in very poor condition and taken to NICU. Twin 2 was a known Intrauterine Death (IUD). | 11/03/20 | 11/03/20 | **0** | 23/03/20 | **8** |

**4. Serious Incidents declared and investigations completed in this financial year to date.**

Chart 1 below indicates the number of Serious Incidents declared by the Trust between 1st April 2019 and 31st March 2020 as well as the number of investigation reports which were submitted to the North East London Commissioning Support Unit (NELCSU).

**Chart 1:** *Serious Incidents declared and investigations completed*



### Serious Incidents Declared and Submitted per month
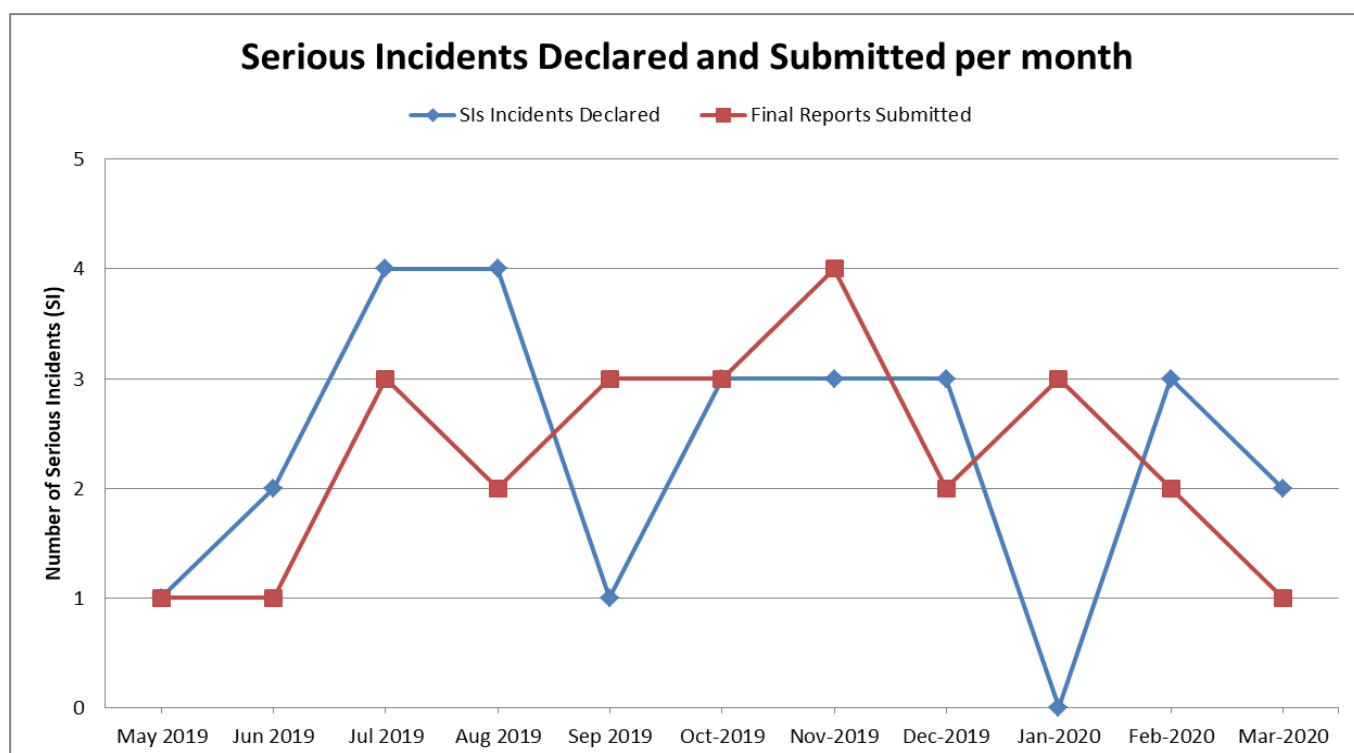
4.1    Chart 2 below shows the number of Serious Incidents declared by Integrated Clinical Service Unit (ICSU) each month between 1$^{st}$ April 2019 and 31$^{st}$ March 2010.

**Chart 2:** *Serious Incidents declared by ICSU*



### Number of Serious Incidents Declared Monthly by ICSU
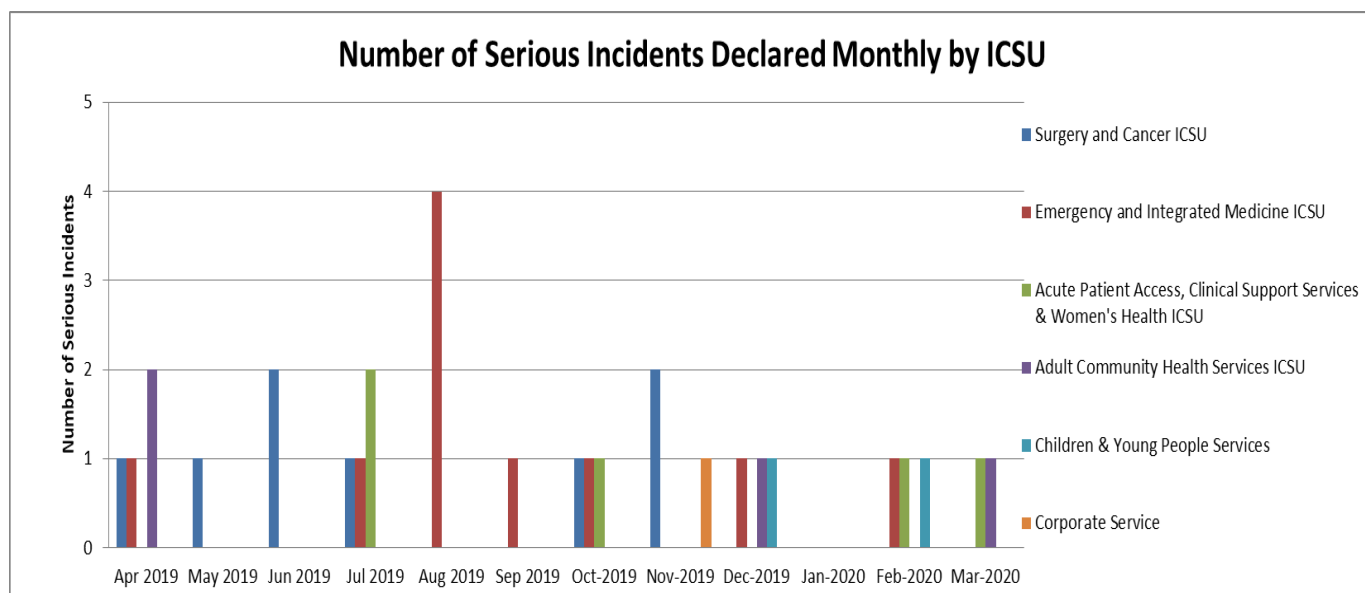
**5.    Never Event - Unintentional connection of a patient requiring oxygen to an air flowmeter.**

5.1    The Trust declared a Never event in April 2020 which is being reported by exception in the April Board report.

The following immediate actions were taken:
- On identification of the incident, the patient was immediately changed over to oxygen.

- At every handover staff, are being reminded of the importance of correct connections to flowmeters, and these are to be checked on every shift and evidenced.

## 6. Duty of Candour

6.1  The Trust has executed its duties under the Duty of Candour for the investigations completed and submitted in March 2020.

## 7. Shared learning from reports submitted to North East London Commissioning Support Unit (NELCSU) during March 2020.

7.1  Lessons learnt following the investigation are shared with all staff and departments involved in the patient's care through various means including the Trust wide Spotlight on Safety Newsletter *(appendix 1),* 'Big 4' in theatres, 'message of the week' in Maternity and Emergency Integrated Medicine, and '10@10' in the Emergency Department. The 'Big 4' is a weekly bulletin containing four key safety messages for clinical staff in theatres; this is emailed to all clinical staff in theatres, as well as being placed on notice boards around theatres. Learning from identified incidents is also published on the Trust Intranet making them available to all staff.

7.2  Themes from Serious Incidents are captured in quarterly aggregated learning reports and an annual review, outlining areas of good practice and areas for improvement and Trust wide learning.

7.3  Open actions from serious incident investigations are monitored monthly at SIEAG and ICSUs have been asked to include a report on open actions as part of the Quarterly ICSU performance reviews. This is to help ensure the timely completion of actions which is necessary for improvement.

## 8. Learning from SI investigation (2019.26604) Patient Transport Issues.

8.1  The Non-Emergency Patient Transport Services (NEPTS) contract was outsourced in September 2019 and following several complaints and concerns an investigation was undertaken to review the key themes emerging from the complaints, Patient Advice and Liaison Service (PALS) and incident and identify the underlying issues and areas for improvement.

8.2  The NEPTS are the non-urgent, planned, transportation of patients with a medical need from their homes to and from premises providing NHS healthcare and between NHS healthcare providers.

8.3  The management of the patient transport contract is divided between four separate Trusts as follows;
- The telephone booking service is hosted by Royal Free Hospital on behalf of four partner Trusts: Royal Free London NHS Foundation Trust; Moorfields Eye Hospital NHS Foundation Trust; North Middlesex University Hospital NHS Trust; Whittington Health NHS Trust.
- Each individual Trust is responsible for the management of the transport itself, including ensuring transport arrives on time, patient experience, and managing patient safety or safeguarding concerns.

8.4  Concerns raised by staff and patients in relation to the new contract included:
- Some patients and their advocates reported experiencing difficulties in getting through to the DHL Assessment Centre when attempting to book transport. The booking service is hosted by Royal Free Hospital on behalf of the 4 partner Trusts listed above.

- Two safeguarding incidents relating to patients who raised concerns about how they have been treated by transport staff.
- Complaints received about the waiting times for transport to and from appointments.
- Assessment Centre staff being abrupt with callers, and at times being inflexible to avoid deviation from their script.
- The scripted assessment question and answer approach adopted by the Assessment Centre is resulting in some vulnerable patients not being able to complete their transport booking request.

8.5 The following recommendations and actions have been made by the investigation panel:
- The new service provider have reviewed their staffing resource for the Booking Assessment Centre based on the revised call figures and additional staff are now in post. This has assisted in the reduction of complaints received and will be monitored via the Trust and Service provider contracts meeting.
- The new service provider has reviewed their appeals process for patients not meeting the eligibility criteria for transport and a plan has been agreed across all participating Trusts and the transport service provider.
- Number of DNAs and process for follow up monitored to check whether transport access is a factor. A record of DNAs related to transport access will be shared at the Patient Experience Committee.
- Reallocate stretcher vehicle resource and review communication process with receiving clinics
  - An additional resource and a revised pathway are now in place.
  - New patient trolleys have been ordered which are smaller sizes to fit into clinic rooms.
  - Regular reviews are being carried out by the transport team (based at Whittington Health) of transport bookings to identify stretcher patients and notify clinics.

**9. Spotlight on Safety** (Appendix 1).
9.1 The Trust wide patient safety newsletter is now printed as a hard copy document, as well as being made available on the intranet and circulated via the noticeboard.

9.2 The latest edition (for March\April 2020) contains learning from:
- Due to the rapid changes with the situation of Coronavirus (COVID-19) this issue includes information as a reminder for staff to ensure their safety and the safety of our patients.
- Intravenous infusion - partial extravasation incident
- Gastroscopy – Nil By Mouth (NBM) policy Patients can continue to take their normal medication up to two hours before a Gastroscopy procedure,
- This issue also introduces the Learning from Excellence project, STAR awards, to share appreciation of our staff for their good work.

**10. The Patient Safety Learning Page**
10.1 The Patient Safety Learning page is available on the Trust Intranet and is linked to other available resources, such as: root cause analysis (RCA) tools page, spotlight on safety and patient safety case studies, as well as linking to the Local Safety Standards for Invasive Procedures (LocSSIPs) page. The quarterly aggregated learning reports are now available to all staff on this page, as well as SI reports, the annual never event gap analysis reports and learning from grand round

sessions. Case studies on a number of areas are now available to staff also, linking through to the learning from clinical claims section.

**11.     Recommendation**

11.1   The Board is asked to recognise and discuss the assurances contained within this report demonstrating that the serious incident process is managed effectively, and that lessons learnt as a result of serious incident investigations are shared widely.

**Appendix 1**



# SPOTLIGHT ON SAFETY

## YOUR PATIENT SAFETY UPDATE

Vol. 21 March/April 2020

Spotlight on: **Coronavirus**

The situation with Coronavirus (COVID-19) is changing rapidly. Our number one priority is ensuring the safety of our patients and staff.

Colleagues can keep up to date with the latest Coronavirus (COVID-19) information on the intranet. If you do not have access to the intranet speak to your line manager.

If you are worried about your own or your family's health then visit www.nhs.uk/conditions/coronavirus-covid-19/.
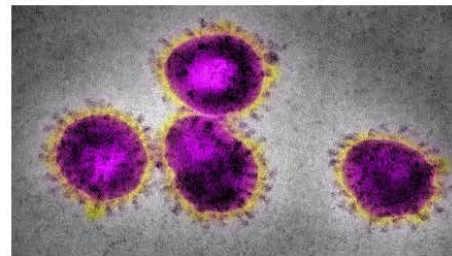
### Patient Safety and Incident reporting

Patient safety remains a priority for the Trust during this time. We are aware that at the current time there is increased pressure on all of our staff and services, and finding the time to report incidents may seem limited. However, **now more than ever is the time we need to ensure that you, and your teams, are continuing to report incidents and near misses / good catches as these occur** to ensure the safety of everyone within the Trust. This will enable us to investigate and learn from these incidents effectively. It maybe that new, or ongoing, processes need to be reviewed and adapted to ensure the safety of our patients and staff.

The Quality Governance team are happy to support you in any way with your incident reporting, and are open to ideas on how to improve this. Please do contact us via: datixadministrator.whitthealth@nhs.net or by calling us on 0207 288 3303 for support or to discuss your ideas.

## Case 1: Intravenous infusion - partial extravasation incident

### What happened

A patient underwent an elective open reversal of Hartmann's procedure and defunctioning colostomy. Intravenous access was established on the left hand. The four hour surgical procedure and anaesthetic were uneventful however, at the end of surgery, the patient's left hand and forearm was found to be grossly swollen with blistering skin on the dorsum of the distal forearm. The patient's fingertips were pale, cool and dusky blue, hand and forearm were very tense.

### Key Learning

- The intravenous cannula or central venous catheter through which the infusion is being delivered should, whenever practical, be visible throughout anaesthesia
- Consider intravenous access in antecubital fossa for long cases under total intravenous anesthesia (TIVA)
- Consider interrupting surgery to visually inspect IV access site if suspecting extravasation
- Placement of the arm with the intravenous access, on an arm board would have made the IV site amenable to visible inspection and may have prevented the incident. The positioning of the arms should best be decided on a case-by-case basis.

## Case 2: Gastroscopy - NBM policy

### What happened

A patient had been admitted to the trust under the respiratory team and was being treated for an IE of bronchiectasis and anaemia.

The patient underwent an Upper GI Endoscopy (OGD) one afternoon. Due to the procedure the patient was Nil by mouth all day and therefore did not receive her daily dose of Diltiazem. The following day the patient was referred to cardiology team as an ECG had been done after the patient had said she felt "unsteady on mobilising" this ECG showed "AF with ectopics and then pauses and then ventricular paced beats". Advice was given regarding medications (digoxin), a further ECG was done late that night, which was again very abnormal with runs of wide QRS complexes - further digoxin was given it seems.

The following morning (around 9 hours later) the patient had a cardiac arrest most likely because of an ongoing rhythm disturbance.

Prior to the OGD the patient had a stable heart rate.

### Key Learning

- Patients can continue to take their normal medication up to two hours before a Gastroscopy procedure, unlike with general surgery where they are nil by mouth from midnight the night before. The omission of this medication may not have impacted the patient in this instance, but the incident highlighted that staff were not aware of this guidance
- To promote the use of cardiac monitor in patients with similar arrhythmia
- Ensure all staff have been trained to use automated defibrillators.



To access further learning from incidents please see the patient safety learning page on our intranet, which links through to the patient safety case studies page.

# STAR Awards — A Learning from Excellence project

## "Appreciation can make a day - even change a life. Your willingness to put it into words is all that is necessary"

The Star Awards is a Learning from Excellence (LfE) system for reporting episodes of good practice or when things work well. The system is being piloted currently, but will be going live across the Trust shortly!

### Why we are introducing the STAR Awards?
To share appreciation of staff for their good work and to learn from their practice.

It is all too easy to forget that we do lots of excellent work every day; we tend to accept this and move on.
STAR Awards, are being introduced to provide this balance and to enables us to better identify when things work well so we can make more of this happen in the future.

### How do I know that something is excellent?
We know that it can be difficult to define 'excellence' and 'good practice', but that we instinctively identify and recognise it when we see it. NHS staff work extraordinarily hard every day and there can be a tendency, when you notice some good work, to think that "they are just doing their job" or "they should being doing that anyway". But it is this "ordinary excellence" that needs recognising, so we can show gratitude for the good work our teams do and we can learn from it.

### How do I submit a nomination?
An online form will be available shortly, accessible via the intranet and a shortcut which will appear on your desktop.

### When will the project go live?
This is being piloted in ED and on Ifor Ward currently, but will be rolled out Trust wide in April 2020. In the near future we will be encouraging patients, visitors and volunteers to also engage with this project and highlight areas of excellence that they have experienced within the Trust.

## EVENTS AND TRAINING

Grand Round - every Wednesday, 1-2pm, WEC

Do you have items for the newsletter?
Contact: claire.challinor@nhs.net

### Datix training for 2020
The risk management team run monthly datix training sessions through the year to run through incident reporting, management and how to search for incidents and run reports. Please find details of each session below:

9th April, 14:00, WEC Room 8
5th May, 11:00, WEC Room 5
2nd June, 11:00, WEC Room 5
7th July, 10:00, WEC Room 5
4th August, 09:30, WEC Room 5

8th September, 14:00, WEC Room 8
6th October, 10:00, WEC Room 8
10th November, 10:00, WEC Room 8
2nd December, 14:00, WEC Room 8

To book onto a training session please email: datixadministrator.whitthealth@nhs.net

| Meeting title | Trust Board – public meeting | Date: 29.4.2020 |
|---|---|---|
| Report title | Quarterly Learning from deaths' report | Agenda item: 8 |
| Executive director lead | Dr Clare Dollery, Executive Medical Director | |
| Report author | Dr Julie Andrews, Learning from Deaths Clinical Lead | |
| Executive summary | This Learning from deaths' report covers Quarter 2 of 2019/2020 (1st July 2019 to 30th September 2019).<br><br>The report describes:<br>a) How we are performing against our local and national expectations in reviewing the care of patients who have died whilst at the acute site of Whittington Health (inpatient and Emergency Department (ED) deaths); and<br><br>b) What learning and actions we are taking from the themes that emerge from these reviews to improve the care and experience of our patients and their families/carers.<br><br>In Quarter 2, there were 117 inpatient/ED deaths. In Q2, 100% of all "category A" deaths (22 out of 22) were reviewed using a structured judgement review (SJR) (or equivalent review process) 46% (44 out of 95) of category B deaths were reviewed in Q2 (compared to 54% in Q1) using a mortality review form (or equivalent) with an avoidability of death judgement score plus presentation at a departmental mortality meeting.<br><br>There were no potentially avoidable deaths this quarter. The Medical Examiner process became statutory on 1 April 2020 and a Lead Medical Examiner has been appointed. | |
| Purpose: | Review | |
| Recommendation(s) | Board members are invited to:<br>• recognise the assurances highlighted for the robust process implemented to strengthen governance and improved care around inpatient deaths and performance in reviewing inpatient deaths which make a significant positive contribution to patient safety culture at the Trust.<br>• be aware of the areas where further action is being taken to improve compliance data and the sharing of learning. | |
| Risk Register or Board Assurance Framework | Captured on the Trust Quality and Safety Risk Register | |
| Report history | This quarter's report not previously presented. Previous Quarters from April 2017 onwards have been presented to Trust Board | |
| Appendices | Appendix 1: NHS England Trust Mortality Dashboard | |

## 1.    Introduction

1.1.    This report reflects Quarter 2 of 2019/20 to Trust Board on learning from deaths.  These reports describe:

- Performance against local and national expectations in reviewing the care of patients who have died whilst in this hospital (inpatient and emergency department deaths),
- The learning taken from the themes that emerge from these reviews,
- Actions being taken to both to improve our care of patients and to improve the learning from deaths process.

1.2.    There has been an informal system of departmental mortality review processes at Whittington Health, in line with General Medical Council Good Medical Practice, for many years. Following the launch of the NHS Quality Board "National guidance on learning from deaths1" (March 2017) we introduced a more systematised approach to reviewing the care of patients who have died in hospital from category A deaths.

## 2.    Review process

2.1    Category A deaths are:

- Deaths where families, carers or staff have raised concerns about the quality of care provision;
- All inpatient deaths of patients with learning disabilities;
- All inpatient deaths of patients with a severe mental illness (SMI) diagnosis;
- All deaths in a service where concerns have been raised either through audit, incident reporting processes or other mortality indicators;
- All deaths in areas where deaths would not be expected, for example deaths following elective surgical procedures;
- Deaths where learning will inform the provider's existing or planned improvement work, for example deaths where the patient had sepsis, diabetic ketoacidosis, or a recent fall;
- All inpatient paediatric, neonatal and maternal deaths;
- Deaths that are referred to HM Coroner's Office without a proposed Medical Certificates of Cause of Death (MCCD).

2.2     Category B deaths are:
- All deaths of inpatients that do not meet any of the criteria of Category A deaths.

**Table 1:** *Reasons for deaths being assigned as category A in Quarter 2 2019/2020*

| Category | Number of deaths in Q2 | Comments |
|---|---|---|
| Staff raised concerns about care | 3 | |
| Death of a patient with Learning disabilities | 0 | |
| Death of a patient with Serious mental illness | 0 | |
| Death in surgical patients | 0 | |
| Paediatric/maternal/neonatal/intra-uterine deaths | 1 | Investigated as a Serious incident, internal RCA investigations, CDOP or perinatal mortality reviews |
| Deaths referred to coroner's office | 13 | Excludes deaths in other categories |
| Deaths related to specific patient safety or QI work e.g. sepsis | 5 | All were sepsis deaths, these are additionally investigated by the sepsis team |
| Total | 22 | |

"*National guidance on learning from deaths*" (NHS Quality Board, March 2017) available from https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf

2.3    Category A deaths are reviewed by an individual independent clinician using a structured judgement mortality review form (or equivalent tool) then this is reviewed and agreed on in departmental mortality meetings. In addition each SJR or review had a final assessment by The Learning from Deaths Clinical Lead to ensure all possible learning had been captured and shared.

2.4    The aim of this review process is to:

- Engage with patients' families and carers and recognise their insights as a source of learning, improve their opportunities for raising concerns;
- Embed a culture of learning from mortality reviews in the Trust;
- Identify, and learn from, episodes relating to problems in care;
- Identify, and learn from, notable practice;
- Understand and improve the quality of End of Life Care (EoLC), with a particular focus on whether patients' and carer's wishes were identified and met;
- Enable informed and transparent reporting to the Public Trust Board, with a clear methodology;
- Identify potentially avoidable deaths and ensure these are fully investigated through the Serious Incident (SI) process, and are clearly and transparently recorded and reported.

**3.    NHS mortality dashboard**
3.1    The *National Guidance on Learning from Deaths* gives a suggested dashboard which provides a format for data publication by Trusts. Whittington Health has chosen to adopt this dashboard locally. The dashboard is provided in Appendix 1- NHS England Trust Mortality Dashboard. This dashboard shows data from 1 April 2018 onwards.

3.2    There were 117 deaths recorded in Quarter 2. This includes all inpatient deaths, all deaths in the Emergency Department, all neonatal deaths, and all intrauterine deaths above 24 weeks gestation.

3.3    The dashboard (appendix 1) shows that in Quarter 2, 66 of the 117 patient deaths were systematically reviewed. 100% of the category A deaths were reviewed using structured mortality judgement methodology or equivalent and 46% of category B deaths were reviewed using either similar methodology or a comprehensive case note review with an assigned avoidability of death score. The majority of reviews occurred within 12 weeks following the death of the patient apart from four late reviews, the delays were mainly due to limited administrative support or difficulties getting hold of notes or trained reviewers.

3.4    51 patient deaths out of 117 in Q2 (43%) were not reviewed in a mortality process but all of these were category B deaths. The dashboard outlines the avoidability of death judgement scores for inpatient deaths in Quarter 2, 2019/2020 and this is summarised below, in table 2. There were no potentially avoidable deaths this quarter. Three reviews were assessed as a score of 4 meaning there was a possibility of avoidability (but less than 50%). 2 of these patients were managed in Critical care and 1 in medicine.

3.5    An overarching mortality review group was held in February 2020. This reviewed overarching themes of learning, reviewed 4 structured judgement mortality reviews, and considered the mortality process as a whole with a view to continuous improvement. There were further discussions about the role of the medical examiner and how to ensure maximum embedding of learning from mortality reviews.

**Table 2:** *Avoidability of death judgement scores for Q2: 2019/20*

| Avoidability of death judgement scores (of deaths reviewed) | Number of patients with each avoidability score |
|---|---|
| 1 - Definitely avoidable | 0 |
| 2 - Strong evidence of avoidability | 0 |
| 3 - Probably avoidable, more than 50/50 | 0 |
| 4 - Possibly avoidable but less than 50/50 | 3 |
| 5 - Slight evidence of avoidability | 4 |
| 6   - Definitely not avoidable | 59 |

**4.      Hospital Standardised Mortality Ratio (HSMR)**
4.1    The Hospital Standardised Mortality Ratio (HSMR) is an overall quality indicator that compares a hospital's mortality rate with the average national experience, accounting for the types of patients cared for. HSMR is calculated as the ratio of the actual number of deaths to the expected number of deaths, multiplied by 100.  A ratio less than 100 indicates that a hospital's mortality rate is lower than the average national rate of the baseline year.

**Chart 1:** *Whittington Health Hospital Standardised Mortality Ratio (HSMR) by financial year (April 2013 – March 2019)*
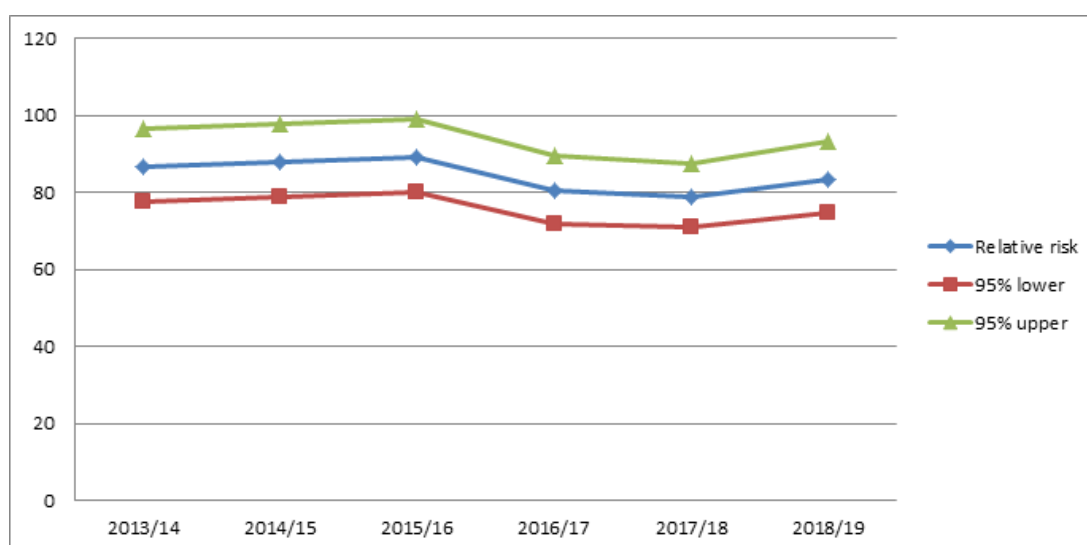


4.2 The blue diamonds on Chart 1, above, represent this Trust's HSMR, which is 'lower than expected'. The green triangles above and the red squares below represent the 95% confidence interval, which means that the actual HSMR has a 95% chance of falling between the higher and lower values. The Trust HSMR is 'lower than expected'.

## 5. Summary Hospital-level Mortality Indicator (SHMI)

5.1 SHMI was developed in response to the public inquiry into the Mid Staffordshire NHS Foundation Trust. It is used along with other information to inform the decision making of Trusts, regulators and commissioning organisations. National guidance emphasises that SHMI is not a measure of quality of care, but is meant as an indicator that may suggest the need for further investigation.

5.2 SHMI is calculated in a way that is similar to the HSMR calculation, but unlike HSMR, the SHMI calculation takes into account deaths within 30 days of discharge of hospital as well as inpatient deaths. The most recent data available (Table 3) (released in November 2019) covers the period July 2018 to June 2019- the Trust's SHMI is lower than expected.

**Table 3:** *Trusts SHIMI Data released in November 2019 covering the period July 2018 to June 2019*

| | |
|---|---|
| **Whittington Health SHMI score** | 0.87 |
| **National standard** | 1.00 |
| **Lowest national score** | 0.70 (Imperial College Healthcare NHS Trust)) |
| **Highest national score** | 1.19 |

**Chart 2:** *Whittington Health Summary Hospital-level Mortality Indicator (SHMI) (January 2012 – September 2019)*
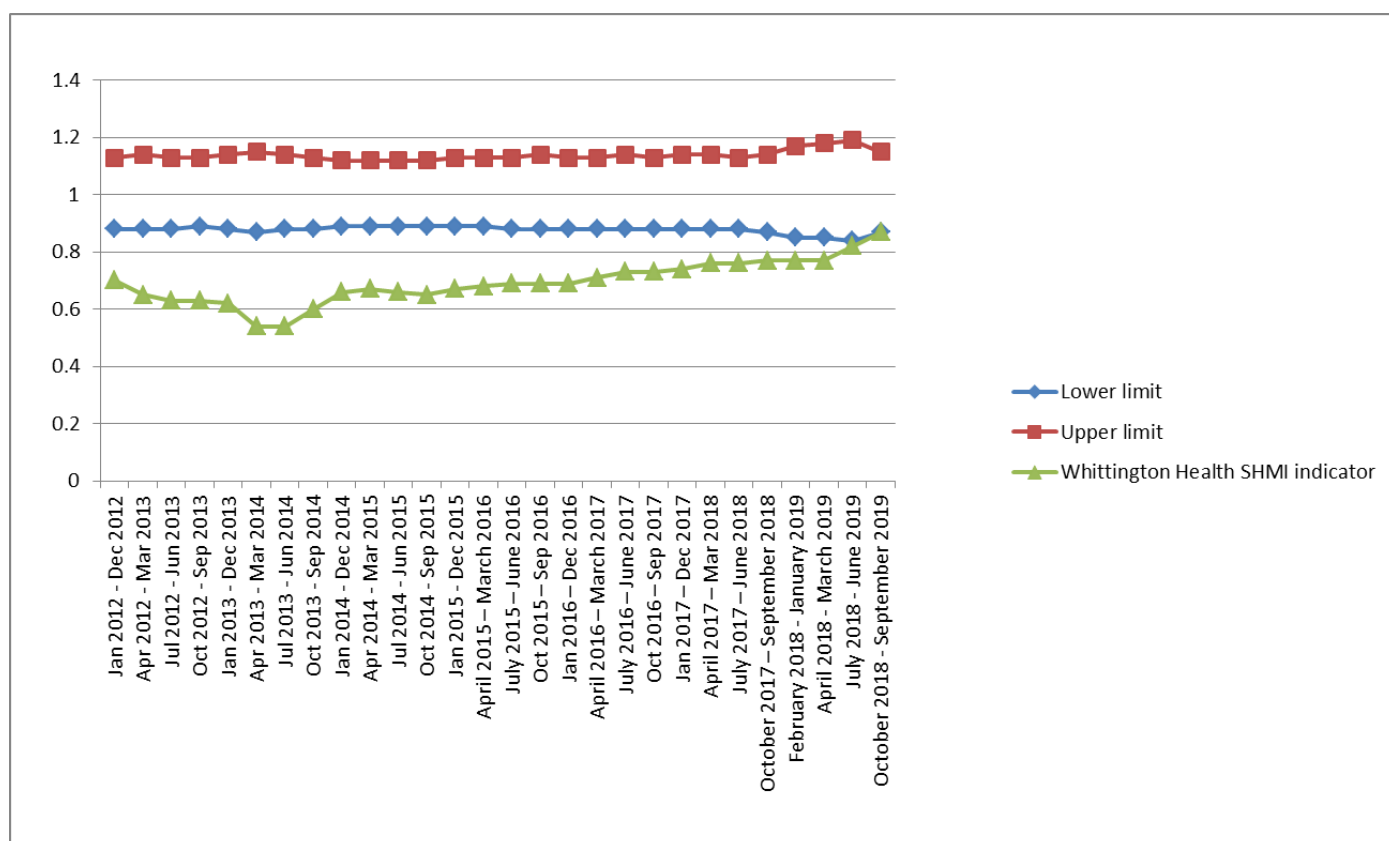


## 6. Examples of key points of learning and actions from Mortality Reviews
### 6.1 Quality improvement work

There is considerable ongoing Quality Improvement (QI) work on ensuring initiation and completion of treatment escalation plans at the time of admission and then again as part of the weekend handover documentation. Performance in this area has greatly improved but mortality reviews did show that treatment escalation plans are not always completed in surgical patients; this has been escalated to relevant staff. There has been additional workshop based training in this area.

6.2 2 mortality reviews this Quarter have discussed the need to involve the hospital based Palliative Care teams earlier in patient's care. These reviews are all shared with the lead for End of Life Care and are reviewed as part of a wider QI project.

6.3 There has been a refresh of all Sepsis QI work based on feedback from mortality reviews, and feedback from staff and families. This work is ongoing but focusing on the critical hours following the sepsis 6 first hours to ensure adequate escalation of treatment occurs.

6.4 There is ongoing QI work about the accuracy of the medical cause of death certificate through the introduction of the medical examiner.

## 7. Training and education

7.1 Two of the mortality reviews highlight that invasive investigations (blood tests and imaging) were carried out in patients potentially unnecessarily towards the end of their

life. This has been shared with mortality leads to discuss with their teams.

7.2 There has been ongoing discussions about ensuring as much as possible that patients are able to discuss their preferred place of death and this and other choices around death are discussed and documented through co-ordinate my care or similar platforms.

## 8. Conclusion and recommendations

8.1 The board is asked to recognise the significant work from frontline teams to learn from deaths in order to improve care and note the contents of the report.

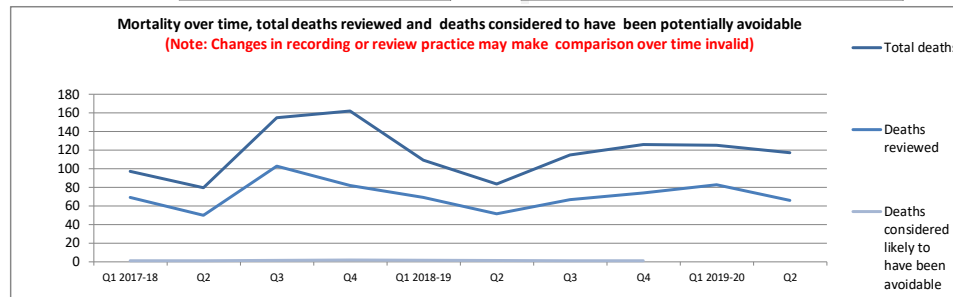| NHS | Whittington Health:  Learning from Deaths Dashboard -  September 2019-20 | Department of Health |
|---|---|---|

**Description:**
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

## Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

### Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

| Total Number of Deaths in Scope | | Total Deaths Reviewed | | Total Number of deaths considered to have been potentially avoidable (RCP<=3) | |
|---|---|---|---|---|---|
| **This Month** | **Last Month** | **This Month** | **Last Month** | **This Month** | **Last Month** |
| 33 | 46 | 20 | 25 | 0 | 0 |
| **This Quarter (QTD)** | **Last Quarter** | **This Quarter (QTD)** | **Last Quarter** | **This Quarter (QTD)** | **Last Quarter** |
| 117 | 125 | 66 | 83 | 0 | 0 |
| **This Year (YTD)** | **Last Year** | **This Year (YTD)** | **Last Year** | **This Year (YTD)** | **Last Year** |
| 242 | 434 | 149 | 262 | 0 | 2 |

| Time Series: | Start date | 2017-18 | Q1 | End date | 2019-20 | Q2 |
|---|---|---|---|---|---|---|

Mortality over time, total deaths reviewed and  deaths considered to have  been potentially avoidable
(Note: Changes in recording or review practice may make  comparison over time invalid)



### Total Deaths Reviewed by RCP Methodology Score

| Score 1 Definitely avoidable | | Score 2 Strong evidence of avoidability | | Score 3 Probably avoidable (more than 50:50) | | Score 4 Probably avoidable but not very likely | | Score 5 Slight evidence of avoidability | | Score 6 Definitely not avoidable | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **This Month** | 0  0.0% | **This Month** | 0  0.0% | **This Month** | 0  0.0% | **This Month** | 1  5.0% | **This Month** | 1  5.0% | **This Month** | 18  90.0% |
| **This Quarter (QTD)** | 0  0.0% | **This Quarter (QTD)** | 0  0.0% | **This Quarter (QTD)** | 0  0.0% | **This Quarter (QTD)** | 3  4.5% | **This Quarter (QTD)** | 4  6.1% | **This Quarter (QTD)** | 59  89.4% |
| **This Year (YTD)** | 0  0.0% | **This Year (YTD)** | 0  0.0% | **This Year (YTD)** | 0  0.0% | **This Year (YTD)** | 7  4.7% | **This Year (YTD)** | 8  5.4% | **This Year (YTD)** | 134  89.9% |

## Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

### Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

| Total Number of Deaths in scope | | Total Deaths Reviewed Through the LeDeR Methodology (or equivalent) | | Total Number of deaths considered to have been potentially avoidable | |
|---|---|---|---|---|---|
| **This Month** | **Last Month** | **This Month** | **Last Month** | **This Month** | **Last Month** |
| 0 | 0 | 0 | 0 | 0 | 0 |
| **This Quarter (QTD)** | **Last Quarter** | **This Quarter (QTD)** | **Last Quarter** | **This Quarter (QTD)** | **Last Quarter** |
| 0 | 1 | 0 | 1 | 0 | 0 |
| **This Year (YTD)** | **Last Year** | **This Year (YTD)** | **Last Year** | **This Year (YTD)** | **Last Year** |
| 1 | 1 | 1 | 1 | 0 | 0 |

| Time Series: | Start date | 2017-18 | Q1 | End date | 2019-20 | Q2 |
|---|---|---|---|---|---|---|

Mortality over time, total deaths reviewed and deaths considered to have been potentially avoidable

| Meeting title | Trust Board – meeting in public | Date: 29 April 2020 |
|---|---|---|
| Report title | Safeguarding Adults and Children declaration 2020/21 | Agenda item: 9 |
| Executive director lead | Michelle Johnson, Chief Nurse and Director of Allied Health professionals | |
| Report authors | Karen Miller, Head of Safeguarding (Children) and Therese Renwick, Head of Safeguarding (Adults) | |
| Executive summary | <ul><li>Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national safeguarding children standards and guidance to ensure that children and young people are cared for in a safe, secure and caring environment</li><li>The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the two Heads of Safeguarding (adult and child) professionally reports to the Chief Nurse</li><li>A Safeguarding Annual Report is produced which is reviewed by the Trust Board (covers both children and vulnerable adults)</li><li>Whittington Health is an active member of two local safeguarding children's partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required</li><li>The Trust is a member of the local safeguarding adults partnerships in Haringey and Islington</li><li>The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, Prevent and monitors serious case review recommendations, this has continued throughout the Covid-19 national emergency</li></ul> | |
| Purpose: | Approve the annual statement of assurance | |
| Recommendation(s) | The Board of Directors is asked to:<br>i.   read and understand the Trust's responsibility for safeguarding children; and<br><br>ii.   be assured that the Trust continues to follow statutory requirements (Children's Act 2004, Local Safeguarding Children Boards procedures and Pan London Safeguarding Children Procedures) to protect children at risk of abuse and neglect. | |

| Risk Register or Board Assurance Framework | Board Assurance Framework risk entry 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation |
|---|---|
| Report history | The responsibilities declared are contained within the joint Safeguarding Committee Terms of Reference |
| Appendices | None |

**Annual Safeguarding Declaration 2020-21**

**1.    Summary declaration**

1.1.  Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national safeguarding standards and guidance to ensure that children, young people and adults are cared for in a safe, secure and caring environment.

1.2.  The WH Safeguarding Children team works closely with the Safeguarding Adults lead to ensure a 'joined up' approach exists to safeguard the entire population the Trust serves. This includes fully embedding strategies linked to protection from domestic abuse, child sexual exploitation and adhering to the Prevent strategy in protecting vulnerable groups from radicalisation. This approach also includes a focus on transition from child to adult hood which is often a period of increased vulnerability for young people.

1.3.  Safeguarding and promoting the welfare of children and vulnerable adults is of paramount importance to the organisation. Their welfare is embedded across every part of the Trust and in every aspect of our work. The Trust has clear controls and arrangements in place through regular audit, review and quality improvement led by skilled and competent named professionals, supported and challenged by the Trust Board and Clinical Commissioning Groups.

1.4.  The Board Director responsible for safeguarding is the Chief Nurse and Director of Allied Health Professionals. Joint Safeguarding Committee meetings are held quarterly with accountability to the Trust Board through to the Quality Assurance Committee.  The committee reviews the Trust's responsibility across children and vulnerable adults.

**2.    Systems and processes**

2.1.  Disclosure and Barring Service (DBS) checks (formally known as CRB) are carried out on all staff commencing employment. Staff working with children and/or vulnerable adults requires an enhanced level of check.

2.2.  A Designated Officer (currently the Head of Safeguarding Children post holder) is employed to investigate and advise regarding safety within the workforce.

2.3.  The Designated Officer works closely with Local Authority Designated Officers (LADO) in Local Authorities Children's Social Care to escalate concerns regarding staff behaviour in respect of potential risks posed by their behaviour in relation to their employment.

**3.    Policies**

3.1.  The Trust has clear up-to-date child protection and safeguarding adult's policies and systems which are reviewed regularly. These are overseen by the WH Quality Assurance Committee and Joint Safeguarding Committee, both of which report into the Trust Board.

3.2.  The Trust has a specific process in place for following up children and young

people who miss appointments and systems for identifying children where there are safeguarding concerns. A policy called 'Was Not Brought' Policy supports staff in this area.

3.3. Safeguarding training is a priority for all staff, with different levels of training depending on their role. Training is provided in accordance with the Safeguarding Children Intercollegiate Document (2019) and the Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). They are designed to ensure staff possess the correct knowledge, skills and competencies to carry out their duties in relation to safeguarding children and adults.

## 4. Assurance

4.1. The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the Heads of Safeguarding professionally reports to the Chief Nurse.

4.2. A Safeguarding Annual Report is produced which is reviewed by the Trust Board. This report covers both children and vulnerable adults.

4.3. Whittington Health is an active member of two local safeguarding children's partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required.

4.4. The Trust is a member of the local safeguarding adult's partnerships in Haringey and Islington and attends the annual Board challenge sessions.

4.5. The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, Prevent and monitors serious case review recommendations, this has continued throughout the Covid-19 national emergency.

## 5. Declaration

5.1. This summary provides the trust Board with assurance that the trust is meeting its statutory requirements in relation to safeguarding children in its care.

| Meeting title | Trust Board – public meeting | Date: 29.4.2020 |
|---|---|---|
| Report title | Financial Performance - March (Month 12) 2019/20 | Agenda item: 10 |
| Executive director lead | Kevin Curnow, Chief Finance Officer (Acting) | |
| Report author | Finance Team | |
| Executive summary | The Trust delivered an actual deficit of £1.1m for 2019-20. This was £0.1m better than plan. The 2019/20 outturn position includes £4.9m of Provider Sustainability Funds (PSF), Financial Recovery Fund (FRF) and Marginal Rate Emergency Tariff (MRET) as the Trust achieved its Control Total for the year.<br><br>The Trust delivered £8.7m of savings for the year against a target of £12.3m of which £5.3m of the delivered savings were recurrent (43% of the planned savings).<br><br>The year to date pay costs are in excess of budget by £6.9m. Agency spends is £0.2m above agency ceiling for 2019-20 (after adjusting for CoVid 19 costs).<br><br>Non pay expenditure excluding High Cost Drugs & Devices is £4.8m overspent for the year. The variances predominately driven by underachieved CIP, non-recurrent costs and expenditure relating to general and clinical supplies.<br><br>Failure in delivering recurrent savings and the planned CIP has adversely impacted the 2020/21 underlying financial position of the Trust.<br><br>The Trust has spent £17.3m on capital expenditure in year against planned spend of £17.4m. | |
| Purpose: | Update on the 2019-20 financial performance | |
| Recommendation(s) | To note the financial results relating to performance during March 2020 and 2019/20 outturn, recognising the need to improve income delivery, reduce agency spend and improve the delivery of run rate reducing CIP plans. | |
| Risk Register or Board Assurance Framework | BAF risks Sustainable 1 and 2 | |
| Report history | 28 April, Trust Management Group | |
| Appendices | None | |

# Financial Performance

**March (Month 12) 2019-20**

# CFO Message

**Trust delivered an actual deficit of £1.1m for 2019-20 £0.1m better than plan**

1  The trust delivered an actual deficit of £1.1m for 2019-20. This was £0.1m better than plan. The year to date position includes £4.9m of Provider Sustainability Funds (PSF) ,Financial Recovery Fund (FRF) and Marginal Rate Emergency Tariff (MRET)

- The trust delivered £8.7m of savings for the year  against a target of £12.3m. Recurrent saving for the year was £5.3m.
- Besides unidentified savings targets, pay overspend relates to bank and agency usage within both medical and nursing pay group. Agency spend is £0.2m above agency ceiling for 2019-20 (after adjusting for Covid costs).
- Adverse expenditure variance offset by income over performance and other non-recurrent benefits
- As previous reported to Trust Board there is an ongoing Activity Query Notice with NCL CCG which has yet to be concluded.

The draft financial position has been reported back to NHS Improvement with draft submission of the accounts due on the 27th of April.

**Covid related costs of £1.6m**

2  The trust incurred £1.6m of additional costs relating to covid till end of March. These additional costs have been fully funded by NHSI.  The trust's control total for 2019-20 has been adjusted by £1.2m to reflect the additional annual leave liability relating to covid.

**Cash at end of March was £27.4m**

3  Cash at end of March was £27.4m. This was £3.5m higher than plan. This is mostly down to the completion of the land sale transaction to Camden and Islington NHS FT in March 2019 and the receipt of £22m in Provider Sustainability Funding (PSF) from NHS England in July. The Trust will not require any cash support during 2020/21.

**2019-20 capital spend in line with plan**

4  The capital plan for 2019-20 was £17.4m and the actual spend was £17.3m; £0.1m lower than plan

# Outturn for 2019-20

| | In Month | | | Year to Date | | | Annual Budget |
|---|---|---|---|---|---|---|---|
| | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Actual £'000 | Variance £'000 | £'000 |
| **Income** | | | | | | | |
| NHS Clinical Income | 23,270 | 24,160 | 890 | 273,494 | 281,517 | 8,023 | 273,494 |
| High Cost Drugs - Income | 684 | 793 | 109 | 8,207 | 8,647 | 440 | 8,207 |
| Non-NHS Clinical Income | 1,525 | 1,373 | (151) | 16,036 | 13,697 | (2,339) | 16,036 |
| Other Non-Patient Income | 2,007 | 4,920 | 2,913 | 24,846 | 29,045 | 4,199 | 24,846 |
| Income Cips | 67 | 0 | (67) | 802 | 0 | (802) | 802 |
| | 27,552 | 31,246 | 3,694 | 323,384 | 332,906 | 9,522 | 323,384 |
| **Pay** | | | | | | | |
| Agency | (30) | (1,000) | (970) | (394) | (9,181) | (8,786) | (394) |
| Bank | (123) | (1,950) | (1,827) | (1,158) | (22,922) | (21,763) | (1,158) |
| Substantive | (19,224) | (18,813) | 411 | (230,654) | (207,012) | 23,642 | (230,654) |
| | (19,377) | (21,763) | (2,386) | (232,206) | (239,114) | (6,908) | (232,206) |
| **Non Pay** | | | | | | | |
| Non-Pay | (6,034) | (6,887) | (853) | (72,408) | (77,167) | (4,759) | (72,408) |
| High Cost Drugs - Exp | (668) | (849) | (181) | (8,011) | (8,595) | (583) | (8,011) |
| | (6,701) | (7,736) | (1,035) | (80,420) | (85,761) | (5,342) | (80,420) |
| **EBITDA** | 1,474 | 1,747 | 273 | 10,759 | 8,031 | (2,728) | 10,759 |
| **Post EBITDA** | | | | | | | |
| Depreciation | (622) | (591) | 31 | (7,436) | (7,059) | 377 | (7,436) |
| Interest Payable | (271) | (282) | (11) | (3,238) | (3,340) | (102) | (3,238) |
| Interest Receivable | 15 | 16 | 1 | 156 | 228 | 72 | 156 |
| Dividends Payable | (433) | (425) | 8 | (5,187) | (5,087) | 100 | (5,187) |
| | (1,311) | (1,282) | 29 | (15,705) | (15,259) | 446 | (15,705) |
| **Reported Surplus/(deficit) before PSF** | 163 | 465 | 302 | (4,946) | (7,228) | (2,282) | (4,946) |
| PSF | 565 | 4,611 | 4,046 | 4,946 | 4,946 | 0 | 4,946 |
| **Reported surplus/(deficit) after PSF** | 728 | 5,077 | 4,348 | 0 | (2,282) | (2,282) | 0 |
| Less prior year PSF | | | | | (431) | | |
| Income to offset COVID cost | | | | | 1,608 | | |
| **Adjusted financial position** | | | | | (1,105) | | |
| Adjusted control total | | | | | (1,246) | | |
| **Variance from adjusted control total** | | | | | 141 | | |

- Outturn for 2019-20 after adjusting for COVID income is a £1.1m deficit. This is £0.1m better than revised control of £1.2m deficit for 2019-20
- Draft accounts are due for submission on the 27th of April.

I·C·A·R·E

3

| Meeting title | Trust Board – public meeting | Date: 29 April 2020 |
|---|---|---|
| Report title | Integrated performance report | Agenda Item: 11 |
| Executive director lead | Carol Gillen, Chief Operating Officer | |
| Report author | Paul Attwal, Head of Performance, Operations | |
| Executive summary | **Areas to draw to Board members' attention are:** | |

**Areas to draw to Board members' attention are:**

Due to the Covid 19 outbreak a number of key performance indicators have not been reported on.

**Emergency Department (ED) four hours' wait:**
In March 2020 performance against the A&E performance was 82.5%, below the 90% trajectory. Performance for March 2019 was 86.6%.

The national average in March 2020 was 84.2%, the London average was 84.7% and the NCL average was 81.0%. The focus of the ED delivery team has been to Urgent Treatment Care (UTC) and Paediatrics performance, both of which have been a contributing factor in performance in March with UTC achieving 94.1% and Paediatrics achieving 91%.

There were 6565 A&E attendances in March 2020. The total number of attendances was 3155 patients less than March 2019. The reduction in attendance numbers is as a direct result of the impact of Covid 19 and continues to be reflected in April 2020.

**Delayed Transfers of Care:**
A new Discharge Co-ordination Centre set up at the end of March 2020, as national mandated for management of discharges during the Covid outbreak, has seen a significant reduction in delayed transfers of care towards the end of March 2020.

**COVID-19 Prioritisation for Community Health Services guidance**
Mandated specific changes in Adult and CYP Community Services with effect from 19 March – 31 July 2020. This has resulted in the partial or complete cessation of routine activity. Referrals are being received and triaged with telephone triage as default. Urgent and high risk patients are being followed up regularly as telephone appointments and face to face as appropriate

| | |
|---|---|
| **Purpose:** | Review and assurance of Trust performance compliance |
| **Recommendation(s)** | That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan |
| **Risk Register or Board Assurance Framework** | The following BAF entries are linked: Quality 1; Quality 2; Quality 3; People 1; and, People 2. |
| **Report history** | Trust Management Group |
| **Appendices** | None |

**NHS**

**Whittington Health**
**NHS Trust**

**Performance Report**
**April 2020**

**Month 12 (2019 – 2020)**

| Category | Indicator | 19_20 Target | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | 2019-2020 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ED | Emergency Department waits (4 hrs wait) | >95% | 84.6% | 88.6% | 90.1% | 84.8% | 82.8% | 87.7% | 83.6% | 80.1% | 77.8% | 80.5% | 83.2% | 82.5% | 83.8% | ❗ |
| Admitted | Non Elective Re-admissions within 30 days | <5.5% | 6.34% | 5.24% | 4.23% | 5.06% | 5.72% | 5.62% | 5.48% | 4.94% | 5.43% | 4.91% | 4.85% | 5.96% | 5.30% | |
| Admitted | Delayed Transfers Of Care % of Occupied Bed Days | <2.4% | 1.8% | 3.6% | 3.3% | 4.0% | 2.8% | 2.2% | 2.8% | 2.9% | 2.6% | 2.8% | 4.5% | | 3.0% | ❗ |
| Community | % seen <=2 hours of Referral to District Nursing Night Service | >80% | 94.1% | 100.0% | 96.0% | 100.0% | 92.5% | 100.0% | 95.8% | 93.8% | 85.7% | 97.5% | 96.3% | 86.4% | 94.2% | |
| Community | % seen <=48 hours of Referral to District Nursing Service | >95% | 96.8% | 97.7% | 95.5% | 96.1% | 95.7% | 95.7% | 97.8% | 96.4% | 93.6% | 95.5% | 95.6% | 96.9% | 96.1% | |
| Community | Haringey New Birth Visits - % seen within 2 weeks | >95% | 94.1% | 91.7% | 93.0% | 91.2% | 95.1% | 89.8% | 91.0% | 90.3% | 91.5% | 92.4% | 92.9% | | 92.1% | ❗ |
| Community | Islington New Birth Visits - % seen within 2 weeks | >95% | 97.0% | 90.4% | 94.3% | 93.3% | 96.2% | 92.8% | 96.1% | 95.4% | 93.8% | 97.1% | 93.4% | | 94.5% | |
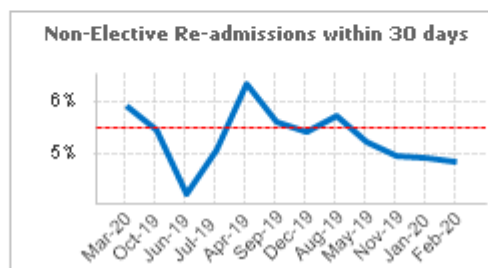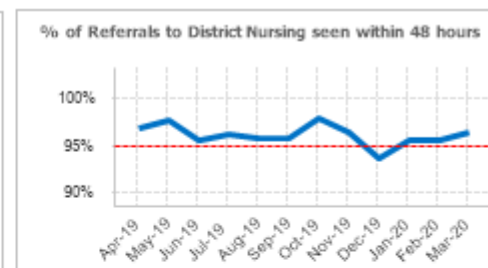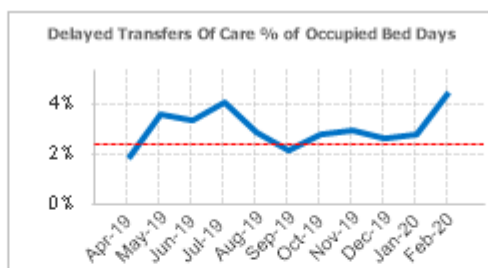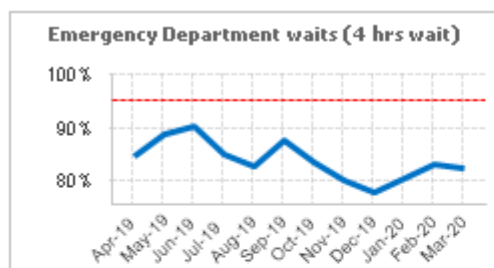


Emergency Department waits (4 hrs wait)



Delayed Transfers Of Care % of Occupied Bed Days



% of Referrals to District Nursing seen within 48 hours



Non-Elective Re-admissions within 30 days

Page 2 of 20

| Indicator | 19_20 Target | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | 2019-2020 | Performance | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions to Adult Facilities of pts under 16 yrs of age | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| HCAI C Difficile | <16 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 6 | | |
| Actual Falls | 400 | 40 | 36 | 34 | 29 | 35 | 30 | 25 | 38 | 34 | 40 | 32 | 36 | 409 | | |
| Category 3 or 4 Pressure Ulcers | 0 | 5 | 13 | 3 | 8 | 4 | 2 | 10 | 14 | 10 | 21 | 17 | 7 | 114 | | ⚠ |
| Harm Free Care % | >95% | 93.55% | 89.58% | 94.96% | 90.70% | 93.04% | 93.64% | 94.34% | 91.73% | 93.79% | 92.24% | 94.04% | 92.89% | 92.78% | | ⚠ |
| Medication Errors causing serious harm | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| MRSA Bacteraemia Incidences | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Never Events | 0 | 0 | 1 | 2 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 6 | | |
| Proportion of reported Patient Safety Incidents Causing Harm | N/A | 18.8% | 26.0% | 21.4% | 21.4% | 20.1% | 21.7% | 24.7% | 22.6% | 19.2% | 21.0% | 20.1% | 21.1% | 21.5% | | |
| Serious Incidents | 0 | 4 | 1 | 2 | 4 | 4 | 1 | 3 | 4 | 3 | 0 | 3 | 2 | 31 | | |
| VTE Risk Assessment % | >95% | 95.3% | 95.2% | 96.4% | 95.4% | 95.3% | 95.6% | 95.1% | 95.3% | 95.1% | 105.2% | | | 96.3% | | |
| Mixed Sex Accomodation Breaches | 0 | 0 | 0 | 0 | 0 | 8 | 1 | 5 | 5 | 2 | 9 | 0 | 0 | 30 | | |
| Hospital Standardised Mortality Ratio (HSMR) | 100 | 87.6 | 106.3 | 94.2 | 86.8 | 98.7 | 79.9 | 88.3 | 86.2 | 76.8 | | | | 89.2 | | |
| Summary Hospital Level Mortality Indicator (SHMI) | 1.14 | | | 0.82 | | | 0.87 | | | | | | | | | |

⚠ **Target has not been achieved for the past three months

Date & time of production: 15/04/2020 10:15:00

| Indicator and Definition | Commentary and Action Plan | Named Person & Date Performance will Recover |
|---|---|---|
| **Category 3 or 4 Pressure Ulcers, Unstageable, Deep Tissue Injury and Devise Related Pressure Ulcers reported in March 2020**<br><br>**Standard:**<br>10% reduction in the total number of attributable PUs during 2019/20 compared to 2018/19 including a breakdown of Pressure Ulcers by category | **Variance against plan**<br>Total numbers recorded = 7<br><br>**Action to recover:**<br>The Trust had a reduction in the number of pressure ulcers reported this month. The 7 reported were reported in the community, the District Nursing (DN) team continue to hold a monthly Pressure Ulcer monitoring group to review process and improve management. On-going training and surveillance continues. | **Named person:**<br>Tissue Viability Service<br><br>**Timescale to recover performance:**<br><br><br>Ongoing monitoring |
| **Harm Free Care %:** Percentage of patients with no harm on the Safety Thermometer (includes old and new harm)<br><br>**Standard: 95%** | **Variance against Plan: 92.89% achieved.**<br><br>**Action to Recover:**<br>Ongoing training "What will prevent your patient from Falling today" programme continues. The ongoing NHSI programme in relation to management of Pressure Ulcers was to be complete in March 2020; however current Covid 19 outbreak has delayed the evaluation to determine key learning objectives. Monthly community pressure ulcer group has been set up to review and address incidence and management plans | **Named Person:**<br>Lead Nurse for Safer Staffing<br><br>**Time Scale to Recover Performance:**<br>July 2020 |
| **Serious Incidents:** | There were Two Incidents declared as SIs in March 2020.<br><br>1. [ACW] 2020/5831. Maternity/Obstetric incident meeting SI criteria: mother and baby (this include foetus. neonate and infant) – Twin Pregnancy - Unexpected admission to NICU & Intrauterine Death<br>2. [ACS] 2020/4799 Confidential information leak/information governance breach meeting SI criteria = letters sent to incorrect address. | **Named person:**<br>Quality Assurance & Serious Incident Officer |

| | | Safe | Caring | **Effective** | Responsive | Well Led | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Indicator | 19_20 Target | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | 2020-2021 | Performance | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mortality rate per 1000 admissions in-months | 14.4 | 8.1 | 7.3 | 7.3 | 7.4 | 7.1 | 6.9 | 6.3 | 8.0 | 8.4 | 7.2 | 8.3 | 16.6 | 63.9 | | |
| Delayed Transfers Of Care % of Occupied Bed Days | <2.4% | 1.8% | 3.6% | 3.3% | 4.0% | 2.8% | 2.2% | 2.8% | 2.9% | 2.6% | 2.8% | 4.5% | | | | |
| Non Elective Re-admissions within 30 days | <5.5% | 6.34% | 5.24% | 4.23% | 5.06% | 5.72% | 5.62% | 5.48% | 4.94% | 5.43% | 4.91% | 4.85% | 5.96% | 9.53% | | |

**\*\*Target has not been achieved for the past three months**

Date & time of production: 15/04/2020 10:15:00

| Indicator and Definition | Commentary and Action Plan | Named Person & Date Performance will Recover |
|---|---|---|
| **Delayed transfer of Care % of Occupied Bed Days:**<br>The percentage of patients who are ready to leave hospital but are still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice. | **Variance against Plan:** 4.5% for February 2020. 2.1% above target<br><br>**Action to Recover:**<br>The percentage of patients who are ready to leave hospital but are still occupying a bed saw a further dip in performance in February 2020 to 4.5% against a target 2.4%.<br><br>Ongoing work with local stakeholders is in place. Patients are reviewed on a daily basis through teleconference calls with Social Services to discuss management of patients is in place<br><br>A new Discharge Co-ordination Centre set up at the end of March 2020, as mandated by National Guidance for Management of discharges during the Covid outbreak, has seen a significant reduction in delayed transfers of care towards the end of March 2020. | **Named Person:**<br>Director of Operations, EIM<br><br>**Time Scale to Recover Performance:**<br><br>Ongoing |

| Indicator | Target | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | 2019-2020 | Performance | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Emergency Department waits (4 hrs wait) | >95% | 84.6% | 88.6% | 90.1% | 84.8% | 82.8% | 87.7% | 83.6% | 80.1% | 77.8% | 80.5% | 83.2% | 82.5% | 83.8% | | ❗ |
| ED Indicator - median wait for treatment (minutes) | <60 mins | 91 | 76 | 67 | 84 | 72 | 65 | 69 | 92 | 98 | 91 | 88 | 56 | 79 | | |
| Ambulance handovers waiting more than 30 mins | 0 | 56 | 35 | 28 | 30 | 41 | 19 | 60 | 37 | 86 | 100 | 37 | 32 | 553 | | ❗ |
| Ambulance handovers waiting more than 60 mins | 0 | 5 | 4 | 1 | 3 | 5 | 0 | 0 | 1 | 15 | 10 | 1 | 5 | 50 | | ❗ |
| 12 hour trolley waits in A&E - Non Mental Health | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12 hour trolley waits in A&E - Mental Health | 0 | 1 | 0 | 7 | 12 | 10 | 8 | 10 | 8 | 6 | 10 | 11 | 6 | 89 | | ❗ |
| % seen <=2 hours of Referral to District Nursing Night Service | >80% | 94.1% | 100.0% | 96.0% | 100.0% | 92.5% | 100.0% | 95.8% | 93.8% | 85.7% | 97.5% | 96.3% | 86.4% | 94.2% | | |
| % seen <=48 hours of Referral to District Nursing Service | >95% | 96.8% | 97.7% | 95.5% | 96.1% | 95.7% | 95.7% | 97.8% | 96.4% | 93.6% | 95.5% | 95.6% | 96.3% | 96.1% | | |
| Haringey New Birth Visits - % seen within 2 weeks | >95% | 94.1% | 91.7% | 93.0% | 91.2% | 95.1% | 89.8% | 91.0% | 90.3% | 91.5% | 92.4% | 93.3% | | 92.1% | | ❗ |
| Islington New Birth Visits - % seen within 2 weeks | >95% | 97.0% | 90.4% | 94.3% | 93.3% | 96.2% | 92.8% | 96.1% | 95.4% | 93.8% | 97.1% | 95.1% | | 94.7% | | |

Date & time of production: 15/04/2020 10:15:00

| Indicator and Definition | Commentary and Action Plan | Named Person & Date Performance will Recover |
|---|---|---|
| **ED - Performance:**<br>**4 hour target** | **Overall performance**<br>In March 2020 performance against the A&E performance was 82.5%, below the 90% trajectory. Performance for March 2019 was 86.6%.<br><br>The national average in March was 84.2%, the London average was 84.7% and the NCL average was 81.0%. The focus of the ED delivery team has been to Urgent Treatment Care (UTC) and Paediatrics performance, both of which have been a contributing factor in performance in March with UTC achieving 94.1% and Paediatrics achieving 91%.<br><br>There were 6565 A&E attendances in March 2020. The total number of attendances was 3155 patients less than March 2019.<br><br>The daily attendances ranged between 188 to 358 for March. On average there were 212 attendances per day for the month. February 2020 average 301 attendances per day for the month. The reduction in attendance numbers is as a result of the impact of Covid 19 and continues to be reflected in April 2020.<br><br>**London Ambulance Service (LAS) handover**<br>There were 32 x 30 minute breaches reported in March, a decrease of 5 when compared to the previous month. There was 5 x 60 minute breach in March, which is an increase of 4 when compared to February 2020.<br><br>**Mental health breaches**<br>There were 6 Mental Health 12 hour trolley breaches reported for March 2020. All 6 patients were waiting for a mental health bed to become available. | **Named person:**<br>General Manager, ED Department |
| **ED – Performance – recovery plan** | **Action to recover overall performance:**<br>Key focus is to continue with maintaining UTC and Paediatrics to achieve 98% performance.<br><br>A senior registrar to support UTC and majors ambulatory 'green' flow from 1700-0300 seven days per week has been secured for April. We aim to continue to focus on maintaining above 95% performance in UTC and paediatrics and attain a consistent 98% daily.<br><br>**Ambulance breaches** – the Emergency Department continue to work with the front of house LAS handover nurse with the focus on 10 to 15 minutes handover of all LAS activity. The ED team will work with the LAS crews to ensure the revised pathways are adhered to and operating smoothly.<br><br>**Mental Health** – During the week beginning 23rd March 2020 the section 136 unit at Highgate | **Named person:**<br>General Manager, ED Department<br><br>**Timescale to recover performance:**<br><br><br>Ongoing work with the front of house model to include the LAS handover nurse with the focus on 10 to 15 minutes handover of all LAS activity. |

Date & time of production: 15/04/2020 10:15:00

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| | Mental Health Hospital became fully operational. Other mental health patients for assessment were being seen at the mental health assessment service based at St Pancras Hospital; thereby ensuring mental health patients did not need to attend ED unless they had medical/physical condition. | |
| **Haringey New birth visits seen within 2 weeks:** 95 % of New Birth Visits should be carried out within 14 days of birth.<br><br>**Target:** 95% | **Variance against plan: February 2020 performance 93.3%**<br>Total visits due in February **254**<br><br>18 visits not completed within timeframe (i.e. after 14 days):<br>• 7 babies in hospital at day 14 (2 remain in hospital)<br>• 9 appts delayed due to parental choice<br>• 2 notifications were received after 10 days<br><br>**Action to recover:**<br>New process for booking appointments introduced in February 2020. It is likely impact will be seen in April reports. | **Named person:**<br>Head of Haringey Children and Young People's Services<br><br>**Timescale to recover performance:**<br>April 2020 |

| | | Safe | Caring | Effective | Responsive | **Well Led** |
|---|---|---|---|---|---|---|

| Indicator | 19_20 Target | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | 2020-2021 | Performance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Staff sickness absence % | <3.5% | 3.27% | 3.13% | 3.62% | 3.57% | 3.19% | 2.99% | 3.93% | 3.83% | 3.86% | 3.90% | 3.45% | | | |

🛑 **Target has not been achieved for the past three months

| Indicator and Definition | Commentary and Action Plan | Named Person & Date Performance will Recover |
|---|---|---|
| **Sickness rate: 3.45% in February 2020** | **Variance against Plan: N/A**<br><br>**Action to Recover:** Sickness is reported 2 months in arrears through ESR, so data is pre COVID-19.  However, the Trust COVID-19 absence is lower than in other London Trusts (approximately 9%). We have daily absence reporting currently (for all Covid related absences).  A keeping in touch scheme, ran within HR, ensures that staff are keeping well even at home, explores other ways of working, such as working from home, and accesses staff testing so staff can return to work when well enough. For staff or their family members displaying symptoms.  A variety of wellbeing initiatives are in place to assist staff in this difficult time. | **Named Person:** Deputy Director, HR<br><br>**Time Scale to Recover Performance:**<br>Ongoing |

Date & time of production: 15/04/2020 10:15:00

| Indicator and Definition | Commentary and Action Plan | Named Person & Date Performance will Recover |
|---|---|---|
| **Children's community waiting times** Services under Children, Young People (CYP) have CCG specific waiting time target, and performance is monitored through contract monitoring arrangements with CCG and Public health commissioners in both boroughs. | **Overall summary and actions to recover:**<br><br>Specific national guidance related to the COVID period has resulted in changes to the delivery of CYP Community Services<br><br>• **COVID-10 Prioritisation for Community Health Services guidance** Mandated specific changes in CYP Community Services with effect from 19 March – 31 July 2020. This has resulted in the partial or complete cessation of routine activity. Referrals are being received and triaged with telephone triage as default. Urgent and high risk patients are being followed up regularly as telephone appointments and face to face as appropriate<br><br>**Islington Community CAMHS (84.3%)**<br>Wait times continue to improve, with average waist of 5.6 weeks, and 86% seen within 6 weeks. Impact of Covid-19 has seen a reduction in referrals, but with remote working implemented via business continuity contact rates are maintaining at near usual rates, and seeing a reduction in the wait times.<br><br>**Community Paediatrics Haringey SCC (80%)**<br>Waiting time performance has significantly improved compared with previous months. Significant amount of clinical capacity has been redirected to initial assessment appointments. Service is working through how new ways of working can be modelled into future performance. Children waiting continue to be periodically contacted by the service by telephone.<br><br>**Haringey OT (52%)**<br>Staff turnover continues to be an issue. ICSU exploring different approaches to recruitment and working across boroughs to support pressures on this service.<br><br>**Haringey SLT (77.3%)**<br>The teams are agreeing with commissioners and other providers a borough-wide approach to meeting current and future demand. These plans will be finalised in June.<br><br>**Haringey Children in Care (64.7%)**<br>Performance impacted by sudden loss of registrars to NMUH. However, measures in place by reprioritising clinical capacity as part of Business Continuity Planning. Initial Health Assessment performance has now been turned around recovery will be seen in the April report. All cases have been reviewed no harm identified. | **Named person:** Director of Operation CYP<br><br>**Timescale to recover performance:**<br><br><br>Ongoing<br><br><br>Ongoing<br><br><br>Ongoing<br><br><br>June 2020 |

| | | |
|---|---|---|
| **Adults community waiting times**<br>Adults community waiting times Adult Community Services (ACS) operate on different waiting time targets, performance is monitored monthly at ACS ICSU Board and in the ACS PTL meeting. | **Overall summary and actions to recover:**<br><br>Specific national guidance related to the COVID period has resulted in changes to the delivery of Adult Community Services:<br><br>• **COVID-10 Prioritisation for Community Health Services guidance** Mandated specific changes in Adult Community Services with effect from 19 March – 31 July 2020. This has resulted in the partial or complete cessation of routine activity. Referrals are being received and triaged with telephone triage as default. Urgent and high risk patients are being followed up regularly as telephone appointments and face to face as appropriate<br><br>• **COVID-10 Hospital Discharge Services Requirements guidance** Community services are supporting the implementation of Discharge Hubs at NCL acute settings and supporting rapid Discharge to Assess arrangements. This has reflected on routine performance and reporting.<br><br>• **Primary Care and Community Respiratory Resource pack for use during COVID-19**<br>Pulmonary Rehabilitation, Spirometry and QOF-related activities have been paused. Focus on high risk patients with remote triage and assessment.<br><br>**Community Rehabilitation CRT (96.2%)**<br>Improvement in performance from previous month with 95% target being met in line with trajectory.<br><br>**ICTT (94.3%)**<br>The service is prioritising hospital discharges and high risk/urgent patients.<br><br>**ICTT Stroke & Neuro (74.5%)**<br>Additional capacity in SLT has resulted in a significant improvement in waiting times performance, up from 51.9% in February.<br><br>**REACH Intermediate Care (94.9%)**<br>OT vacancies have reduced resulting in increased capacity and an improvement in performance from previous month.<br><br>**Bladder & Bowel (81.8%)**<br>The service is prioritising high risk referrals and is also supporting district nursing services.<br><br>**MSK CATS (52.7%) & MSK Routine (78.1%)**<br>Since 19 March the service has been focused on triaging referrals and telephone assessments. Routine service delivery has been suspended in line with national guidance.<br><br>**Podiatry (83.9%)**<br>The service has a high number of high risk patients that are being supported during the | **Named person:** Director of Operations ACS<br><br><br>**Timescale to recover:**<br><br>Dependent on resumption of routine service delivery in line with national guidance. |

| | COVID period with telephone appointments and face to face activity as required.<br><br>**Respiratory (95.3%) and Spirometry (66.7%)**<br>Spirometry activity has paused in line with guidance.<br><br>**Action to recover:**<br>• Recovery plans for the COVID and post-COVID period are being reviewed.<br>• Digital options being explored to support new ways of working. | |

| Indicator | 19_20 Target | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | 2019-2020 | Performance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IAPT Moving to Recovery | >50% | 62.2% | 54.2% | 60.8% | 60.5% | 56.6% | 55.5% | 55.2% | 54.5% | 59.9% | 58.7% | 43.1% | | 56.7% | |
| IAPT Waiting Times for Treatment (% < 6 wks) | >75% | 96.9% | 95.0% | 97.4% | 97.8% | 94.0% | 95.8% | 91.5% | 96.2% | 94.4% | 94.6% | 91.8% | | 95.1% | |
| Haringey - 8wk Review % carried out before child aged 8 weeks | N/A | 90.2% | 89.3% | 87.2% | 91.1% | 87.9% | 88.4% | 86.9% | 88.7% | 85.2% | 82.8% | 86.3% | | 87.6% | |
| Haringey - HR1 % carried out before child aged 15 months | N/A | 79.7% | 79.6% | 79.7% | 87.0% | 79.7% | 83.1% | 79.5% | 82.2% | 83.6% | 85.7% | 80.5% | | 81.8% | |
| Haringey - HR2 % carried out before child aged 30 months | N/A | 69.9% | 71.6% | 67.5% | 71.9% | 74.1% | 73.6% | 76.6% | 75.7% | 77.1% | 79.6% | 79.7% | | 74.2% | |
| Islington - 8wk Review % carried out before child aged 8 weeks | N/A | 92.4% | 95.4% | 90.8% | 90.6% | 93.4% | 93.4% | 93.1% | 94.2% | 95.0% | 95.1% | 94.0% | | 93.5% | |
| Islington - HR1 % carried out before child aged 15 mths | N/A | 80.1% | 78.4% | 83.0% | 86.1% | 77.1% | 79.2% | 84.8% | 82.2% | 81.5% | 82.9% | 84.9% | | 81.9% | |
| Islington - HR2 % carried out before child aged 30 mths | N/A | 76.9% | 76.5% | 79.2% | 81.7% | 77.7% | 84.4% | 77.8% | 78.4% | 79.3% | 82.6% | 82.7% | | 79.8% | |
| % of MSK pts with a significant improvement in function (PSFS) | >75% | 89.3% | 95.3% | 95.5% | 92.1% | 94.3% | 90.8% | 92.5% | 91.5% | 95.7% | 92.5% | 90.0% | 95.7% | 92.7% | |
| % of Podiatry pts with a significant improvement in pain (VAS) | >75% | 78.8% | 87.1% | 96.2% | 95.8% | 84.6% | 86.2% | 88.1% | 83.3% | 79.2% | 87.8% | 86.5% | 96.0% | 87.8% | |
| ICTT - % Patients with self-directed goals set at Discharge | >70% | 80.6% | 74.3% | 84.8% | 88.1% | 70.2% | 71.2% | 87.1% | 76.3% | 73.6% | 75.7% | 83.9% | 80.1% | 78.7% | |
| ICTT - % GAS Scores improved or remained the same at Discharge | >70% | 98.7% | 96.2% | 91.0% | 87.6% | 96.6% | 95.7% | 95.1% | 93.1% | 96.6% | 95.4% | 95.7% | 94.2% | 94.4% | |
| REACH - % BBIC Scores improved or remained the same at Discharge | >75% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% | 87.5% | 97.1% | |
| Nutrition and Dietetics - % Weight Loss Achieved at Discharge | >65% | 81.8% | 75.0% | 71.4% | 60.0% | 75.0% | 40.0% | 90.0% | 50.0% | | | | | 70.9% | |
| Nutrition and Dietetics - % Weight Maintained or Gained at Discharge | >70% | 100.0% | 100.0% | 85.7% | 88.9% | 93.3% | 88.9% | 100.0% | 83.3% | | | | | 91.5% | |
| Hackney Smoking Cessation: % who set quit date & stopped after 4 we... | >45% | | | 59.8% | | | 53.9% | | | 59.5% | | | | 57.7% | |
| Islington Self-Management - Average Increase in PAM Score | >=9 | | | 8 | | | 13 | | | 12 | | | | 33 | |
| Haringey Self-Management - Average Increase in PAM Score | >=9 | | | 9 | | | 12 | | | 17 | | | | 38 | |

Date & time of production: 15/04/2020 10:15:00

| SERVICE | ROUTINE REFERRALS | | | | | | | URGENT REFERRALS | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | % Threshold | Target Weeks | Jan-20 | Feb-20 | Mar-20 | Avg Wait (Mar) | No. of Pts Seen | % Threshold | Target Weeks | Jan-20 | Feb-20 | Mar-20 | Avg Wait (Mar) | No. of Pts Seen |
| CAMHS | >95% | 8 | 74.7% | 65.2% | 85.7% | 5.7 | 63 | >95% | 2 | 88.9% | 100.0% | 80.0% | 0.9 | 5 |
| Child Development Services | >95% | 12 | 100.0% | 100.0% | 100.0% | 2.4 | 12 | >95% | - | | | | - | 0 |
| IANDS | >95% | 18 | 97.0% | 95.9% | 87.7% | 10.3 | 155 | >95% | 2 | 100.0% | | | - | 0 |
| Community Children's Nursing | >95% | 2 | 84.9% | 86.5% | 90.2% | 0.5 | 51 | >95% | 1 | 100.0% | 100.0% | 100.0% | 0.0 | 21 |
| Community Paediatrics Services | >95% | 18 | 84.9% | 86.5% | 94.6% | 8.5 | 56 | >95% | 1 | 0.0% | 0.0% | | 8.5 | 0 |
| Family Nurse Partnership | >95% | 12 | 84.2% | 100.0% | 100.0% | 1.4 | 4 | >95% | - | | | | - | 0 |
| Haematology Service | >95% | 12 | 94.7% | 100.0% | 100.0% | 0.3 | 17 | >95% | - | | | | - | 0 |
| Looked After Children | >95% | 4 | 81.0% | 71.4% | 57.1% | 4.0 | 21 | >95% | 2 | | | 0.0% | 6.0 | 1 |
| Occupational Therapy | >95% | 18 | 40.0% | 57.9% | 52.0% | 13.1 | 25 | >95% | - | | | | - | 0 |
| Physiotherapy | >95% | 18 | 98.7% | 95.7% | 100.0% | 5.9 | 42 | >95% | 2 | | | 0.0% | 6.4 | 1 |
| PIPS | >95% | 12 | 93.3% | 100.0% | 100.0% | 2.0 | 5 | >95% | - | | | | - | 0 |
| School Nursing | >95% | 12 | 90.3% | 93.7% | 94.7% | 2.2 | 243 | >95% | - | | | | - | 0 |
| Speech and Language Therapy | >95% | 8 | 83.8% | 87.6% | 85.1% | 7.2 | 67 | >95% | 2 | 100.0% | 33.3% | 20.0% | 5.5 | 5 |
| Bladder and Bowel - Children | >95% | - | | | | - | 0 | >95% | - | | | | - | 0 |
| Community Matron | >95% | 6 | 97.6% | 100.0% | 100.0% | 0.6 | 22 | >95% | 2 | 100.0% | 100.0% | | - | 0 |
| Adult Wheelchair Service | >95% | 8 | 100.0% | 100.0% | 100.0% | 1.8 | 50 | >95% | 2 | 100.0% | 100.0% | 100.0% | 0.0 | 2 |
| Community Rehabilitation (CRT) | >95% | 12 | 92.0% | 94.2% | 96.2% | 4.7 | 79 | >95% | 2 | 80.0% | 66.7% | 89.5% | 1.3 | 19 |
| ICTT - Other | >95% | 12 | 86.5% | 87.7% | 94.3% | 4.3 | 159 | >95% | 2 | 53.0% | 60.0% | 51.9% | 2.1 | 108 |
| ICTT - Stroke and Neuro | >95% | 12 | 54.5% | 51.9% | 74.5% | 8.3 | 51 | >95% | 2 | 37.5% | 38.9% | 46.4% | 2.4 | 28 |
| Intermediate Care (REACH) | >95% | 6 | 88.8% | 91.9% | 94.9% | 2.0 | 99 | >95% | 2 | 88.5% | 88.7% | 76.3% | 1.2 | 38 |
| Paediatric Wheelchair Service | >95% | 8 | 100.0% | 100.0% | 100.0% | 3.8 | 3 | >95% | 2 | | | 100.0% | 0.0 | 1 |
| Bladder and Bowel - Adult | >95% | 12 | 69.8% | 78.5% | 81.8% | 7.3 | 137 | >95% | - | | | | - | 0 |
| Musculoskeletal Service - CATS | >95% | 6 | 54.7% | 61.4% | 52.7% | 6.9 | 526 | >95% | 2 | 66.7% | | 50.0% | 2.6 | 4 |
| Musculoskeletal Service - Routine | >95% | 6 | 80.0% | 85.8% | 78.1% | 4.6 | 947 | >95% | 2 | | 25.0% | 33.3% | 4.2 | 3 |
| Nutrition and Dietetics | >95% | 6 | 97.0% | 99.5% | 92.4% | 3.3 | 144 | >95% | 2 | 100.0% | 100.0% | 100.0% | 0.9 | 1 |
| Podiatry (Foot Health) | >95% | 6 | 79.4% | 89.2% | 83.9% | 4.5 | 440 | >95% | 2 | 100.0% | 100.0% | | - | 0 |
| Lymphodema Care | >95% | 6 | 100.0% | 100.0% | 100.0% | 3.0 | 23 | >95% | - | | | | - | 0 |
| Tissue Viability | >95% | 6 | 86.7% | 97.2% | 88.2% | 2.9 | 34 | >95% | - | | | | - | 0 |
| Cardiology Service | >95% | 6 | 100.0% | 100.0% | 100.0% | 2.0 | 26 | >95% | 2 | 100.0% | 100.0% | 100.0% | 0.8 | 3 |
| Diabetes Service | >95% | 6 | 88.5% | 98.5% | 94.4% | 2.9 | 18 | >95% | 2 | 0.0% | | 100.0% | 0.0 | 1 |
| Respiratory Service | >95% | 6 | 75.9% | 93.2% | 95.3% | 2.5 | 43 | >95% | 2 | 100.0% | 100.0% | 100.0% | 1.2 | 2 |
| Spirometry Service | >95% | 6 | 84.2% | 73.8% | 66.7% | 4.7 | 12 | >95% | - | | | | - | 0 |

Page 15 of 20

## Haringey

| SERVICE | ROUTINE REFERRALS | | | | | | URGENT REFERRALS | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | % Threshold | Target Weeks | Jan-20 | Feb-20 | Mar-20 | Avg Wait (Mar) | No. of Pts Seen | % Threshold | Target Weeks | Jan-20 | Feb-20 | Mar-20 | Avg Wait (Mar) | No. of Pts Seen |
| CAMHS | >95% | 8 | 50.0% | | 100.0% | 1.0 | 1 | >95% | - | | | | - | 0 |
| Child Development Services | >95% | 12 | 100.0% | 100.0% | 100.0% | 2.4 | 11 | >95% | - | | | | - | 0 |
| IANDS | >95% | 18 | 100.0% | 100.0% | 100.0% | 2.7 | 6 | >95% | 2 | 100.0% | | | - | 0 |
| Community Children's Nursing | >95% | 2 | 84.6% | 90.0% | 100.0% | 0.3 | 10 | >95% | 1 | | | 100.0% | 0.1 | 1 |
| Community Paediatrics Services | >95% | 18 | 82.2% | 79.5% | 91.7% | 10.0 | 36 | >95% | 1 | 0.0% | 0.0% | | 10.0 | 0 |
| Family Nurse Partnership | >95% | 12 | 90.9% | 100.0% | 100.0% | 0.1 | 2 | >95% | - | | | | - | 0 |
| Haematology Service | >95% | 12 | 100.0% | 100.0% | 100.0% | 0.4 | 11 | >95% | - | | | | - | 0 |
| Looked After Children | >95% | 4 | 100.0% | 87.5% | 90.0% | 1.7 | 10 | >95% | - | | | | - | 0 |
| Occupational Therapy | >95% | 18 | 41.2% | 58.8% | 54.2% | 12.8 | 24 | >95% | - | | | | - | 0 |
| Physiotherapy | >95% | 18 | 98.7% | 95.6% | 100.0% | 6.0 | 41 | >95% | 2 | | | 0.0% | 6.4 | 1 |
| PIPS | >95% | 12 | 93.3% | 100.0% | 100.0% | 2.0 | 5 | >95% | - | | | | - | 0 |
| School Nursing | >95% | 12 | 83.5% | 93.7% | 95.1% | 2.1 | 123 | >95% | - | | | | - | 0 |
| Speech and Language Therapy | >95% | 8 | 78.8% | 79.2% | 73.7% | 9.1 | 38 | >95% | 2 | 100.0% | 50.0% | 25.0% | 5.7 | 4 |
| Bladder and Bowel - Children | >95% | - | | | | - | 0 | >95% | - | | | | - | 0 |
| Community Matron | >95% | 6 | 100.0% | 100.0% | 100.0% | 0.8 | 10 | >95% | - | | | | - | 0 |
| Adult Wheelchair Service | >95% | 8 | 100.0% | 100.0% | 100.0% | 1.8 | 50 | >95% | 2 | 100.0% | 100.0% | 100.0% | 0.0 | 2 |
| Community Rehabilitation (CRT) | >95% | 12 | 100.0% | 100.0% | | - | 0 | >95% | 2 | 100.0% | | | - | 0 |
| ICTT - Other | >95% | 12 | 85.8% | 87.9% | 93.9% | 4.4 | 147 | >95% | 2 | 50.9% | 60.0% | 51.0% | 2.1 | 102 |
| ICTT - Stroke and Neuro | >95% | 12 | 54.8% | 47.8% | 73.5% | 8.5 | 49 | >95% | 2 | 40.5% | 38.5% | 50.0% | 2.3 | 24 |
| Intermediate Care (REACH) | >95% | 6 | 100.0% | 100.0% | | - | 0 | >95% | - | | | | - | 0 |
| Paediatric Wheelchair Service | >95% | 8 | 100.0% | 100.0% | 100.0% | 3.8 | 3 | >95% | 2 | | | 100.0% | 0.0 | 1 |
| Bladder and Bowel - Adult | >95% | 12 | 86.3% | 91.9% | 92.6% | 5.8 | 68 | >95% | - | | | | - | 0 |
| Musculoskeletal Service - CATS | >95% | 6 | 55.5% | 58.0% | 52.0% | 7.0 | 254 | >95% | 2 | 66.7% | | 50.0% | 1.8 | 2 |
| Musculoskeletal Service - Routine | >95% | 6 | 78.4% | 84.6% | 76.7% | 4.7 | 516 | >95% | 2 | | 25.0% | 0.0% | 5.1 | 1 |
| Nutrition and Dietetics | >95% | 6 | 95.4% | 99.0% | 90.3% | 3.5 | 93 | >95% | 2 | 100.0% | | 100.0% | 0.9 | 1 |
| Podiatry (Foot Health) | >95% | 6 | 73.8% | 87.8% | 77.6% | 4.8 | 223 | >95% | 2 | 100.0% | | | - | 0 |
| Lymphodema Care | >95% | 6 | 100.0% | 100.0% | 100.0% | 3.2 | 8 | >95% | - | | | | - | 0 |
| Tissue Viability | >95% | 6 | 92.0% | 96.6% | 89.5% | 2.6 | 19 | >95% | - | | | | - | 0 |
| Cardiology Service | >95% | 6 | 100.0% | 100.0% | 100.0% | 2.1 | 15 | >95% | 2 | | 100.0% | | - | 0 |
| Diabetes Service | >95% | 6 | 84.2% | 98.0% | 87.5% | 3.3 | 8 | >95% | - | | | | - | 0 |
| Respiratory Service | >95% | 6 | 63.9% | 93.5% | 100.0% | 2.7 | 25 | >95% | 2 | 100.0% | | 100.0% | 0.6 | 1 |
| Spirometry Service | >95% | 6 | 84.2% | 73.8% | 66.7% | 4.7 | 12 | >95% | - | | | | - | 0 |

Page 16 of 20

Date & time of production: 15/04/2020 10:15:00

## Islington

| SERVICE | ROUTINE REFERRALS | | | | | | | URGENT REFERRALS | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | % Threshold | Target Weeks | Jan-20 | Feb-20 | Mar-20 | Avg Wait (Mar) | No. of Pts Seen | % Threshold | Target Weeks | Jan-20 | Feb-20 | Mar-20 | Avg Wait (Mar) | No. of Pts Seen |
| CAMHS | >95% | 8 | 74.1% | 64.0% | 86.8% | 5.6 | 53 | >95% | 2 | 88.9% | 100.0% | 80.0% | 0.9 | 5 |
| Child Development Services | >95% | - | | | | - | 0 | >95% | - | | | | - | 0 |
| IANDS | >95% | 18 | 97.2% | 95.6% | 87.0% | 10.6 | 146 | >95% | - | | | | - | 0 |
| Community Children's Nursing | >95% | 2 | 84.7% | 84.2% | 86.5% | 0.6 | 37 | >95% | 1 | 100.0% | 100.0% | 100.0% | 0.0 | 19 |
| Community Paediatrics Services | >95% | 18 | 88.9% | 100.0% | 100.0% | 6.7 | 14 | >95% | - | | | | 6.7 | 0 |
| Family Nurse Partnership | >95% | 12 | 66.7% | 100.0% | 100.0% | 2.6 | 2 | >95% | - | | | | - | 0 |
| Haematology Service | >95% | 12 | 100.0% | 100.0% | 100.0% | 0.0 | 3 | >95% | - | | | | - | 0 |
| Looked After Children | >95% | 4 | 90.9% | 75.0% | 40.0% | 6.4 | 5 | >95% | - | | | | - | 0 |
| Occupational Therapy | >95% | 18 | 0.0% | | 0.0% | 19.9 | 1 | >95% | - | | | | - | 0 |
| Physiotherapy | >95% | - | | | | - | 0 | >95% | - | | | | - | 0 |
| PIPS | >95% | 12 | | 100.0% | | - | 0 | >95% | - | | | | - | 0 |
| School Nursing | >95% | 12 | 96.2% | 91.2% | 95.3% | 2.3 | 86 | >95% | - | | | | - | 0 |
| Speech and Language Therapy | >95% | 8 | 100.0% | 100.0% | 100.0% | 5.0 | 13 | >95% | - | | | | - | 0 |
| Bladder and Bowel - Children | >95% | - | | | | - | 0 | >95% | - | | | | - | 0 |
| Community Matron | >95% | 6 | 96.0% | 100.0% | 100.0% | 0.5 | 11 | >95% | 2 | 100.0% | 100.0% | | - | 0 |
| Adult Wheelchair Service | >95% | - | | | | - | 0 | >95% | - | | | | - | 0 |
| Community Rehabilitation (CRT) | >95% | 12 | 91.8% | 94.1% | 95.9% | 4.7 | 74 | >95% | 2 | 76.0% | 66.7% | 89.5% | 1.3 | 19 |
| ICTT - Other | >95% | 12 | 100.0% | 71.4% | 100.0% | 2.3 | 4 | >95% | 2 | 100.0% | 0.0% | 0.0% | 4.5 | 2 |
| ICTT - Stroke and Neuro | >95% | 12 | | 50.0% | | - | 0 | >95% | 2 | 0.0% | 0.0% | 50.0% | 3.6 | 2 |
| Intermediate Care (REACH) | >95% | 6 | 88.5% | 91.1% | 95.7% | 2.0 | 94 | >95% | 2 | 87.8% | 88.4% | 75.7% | 1.2 | 37 |
| Paediatric Wheelchair Service | >95% | - | | | | - | 0 | >95% | - | | | | - | 0 |
| Bladder and Bowel - Adult | >95% | 12 | 51.6% | 63.8% | 69.7% | 9.0 | 66 | >95% | - | | | | - | 0 |
| Musculoskeletal Service - CATS | >95% | 6 | 54.0% | 64.9% | 53.6% | 6.8 | 265 | >95% | 2 | | | 50.0% | 3.4 | 2 |
| Musculoskeletal Service - Routine | >95% | 6 | 82.9% | 88.0% | 79.6% | 4.5 | 373 | >95% | 2 | | | 0.0% | 5.7 | 1 |
| Nutrition and Dietetics | >95% | 6 | 100.0% | 100.0% | 96.1% | 3.0 | 51 | >95% | 2 | | 100.0% | | - | 0 |
| Podiatry (Foot Health) | >95% | 6 | 85.6% | 90.7% | 90.6% | 4.3 | 212 | >95% | 2 | | 100.0% | | - | 0 |
| Lymphodema Care | >95% | 6 | 100.0% | 100.0% | 100.0% | 3.0 | 15 | >95% | - | | | | - | 0 |
| Tissue Viability | >95% | 6 | 77.8% | 100.0% | 84.6% | 3.5 | 13 | >95% | - | | | | - | 0 |
| Cardiology Service | >95% | 6 | 100.0% | 100.0% | 100.0% | 1.9 | 11 | >95% | 2 | 100.0% | 100.0% | 100.0% | 1.1 | 2 |
| Diabetes Service | >95% | 6 | 95.7% | 100.0% | 100.0% | 2.7 | 10 | >95% | 2 | 0.0% | | 100.0% | 0.0 | 1 |
| Respiratory Service | >95% | 6 | 84.3% | 92.9% | 88.2% | 2.1 | 17 | >95% | 2 | 100.0% | 100.0% | 100.0% | 1.9 | 1 |
| Spirometry Service | >95% | - | | | | - | 0 | >95% | - | | | | - | 0 |

Page 17 of 20

# Children's Community Waits Performance

| SERVICE | ROUTINE REFERRALS | | | | | | | URGENT REFERRALS | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | % Threshold | Target Weeks | Jan-20 | Feb-20 | Mar-20 | Avg Wait (Mar) | No. of Pts Seen | % Threshold | Target Weeks | Jan-20 | Feb-20 | Mar-20 | Avg Wait (Mar) | No. of Pts Seen |
| CAMHS | >95% | 8 | 74.7% | 65.2% | 85.7% | 5.7 | 63 | >95% | 2 | 88.9% | 100.0% | 80.0% | 0.9 | 5 |
| Community Children's Nursing - Haringey | >95% | 2 | 60.0% | 100.0% | | - | 0 | >95% | 1 | | | | - | 0 |
| Community Children's Nursing - Islington | >95% | 2 | 86.0% | 86.3% | 90.2% | 0.5 | 51 | >95% | 1 | 100.0% | 100.0% | 100.0% | 0.0 | 21 |
| Community Paediatrics - Haringey (SCC) | >95% | 18 | 47.8% | 41.2% | 80.0% | 18.0 | 15 | >95% | 1 | 0.0% | 0.0% | | - | 0 |
| Community Paediatrics - Haringey (NDC) | >95% | 18 | 100.0% | 100.0% | 100.0% | 13.2 | 8 | >95% | 1 | | | | - | 0 |
| Community Paediatrics - Haringey (Child Protection) | >95% | 18 | 96.0% | 100.0% | 100.0% | 0.3 | 13 | >95% | 1 | | | | - | 0 |
| Community Paediatrics - Haringey (Other) | >95% | 18 | 100.0% | 100.0% | 100.0% | 0.6 | 4 | >95% | 1 | | | | - | 0 |
| Community Paediatrics - Islington | >95% | 18 | 88.9% | 100.0% | 100.0% | 5.9 | 16 | >95% | 1 | | | | - | 0 |
| Family Nurse Partnership - Haringey | >95% | 12 | 90.0% | 100.0% | 100.0% | 0.1 | 2 | >95% | - | | | | - | 0 |
| Family Nurse Partnership - Islington | >95% | 12 | 77.8% | 100.0% | 100.0% | 2.6 | 2 | >95% | - | | | | - | 0 |
| Haematology Service - Islington | >95% | 12 | 94.7% | 100.0% | 100.0% | 0.3 | 17 | >95% | - | | | | - | 0 |
| IANDS | >95% | 18 | 100.0% | 100.0% | 87.5% | 6.1 | 8 | >95% | 2 | | | | - | 0 |
| IANDS - SCT | >95% | 20 | 66.7% | 16.7% | 0.0% | 48.7 | 15 | >95% | 2 | | | | - | 0 |
| Looked After Children - Haringey | >95% | 4 | 100.0% | 94.1% | 54.5% | 3.6 | 11 | >95% | 2 | | | | - | 0 |
| Looked After Children - Islington | >95% | 4 | 75.0% | 36.4% | 33.3% | 6.0 | 6 | >95% | 2 | | | 0.0% | 6.0 | 1 |
| Occupational Therapy - Haringey | >95% | 18 | 40.0% | 57.9% | 52.0% | 13.1 | 25 | >95% | - | | | | - | 0 |
| Occupational Therapy - Islington | >95% | 18 | 91.3% | 100.0% | 100.0% | 10.7 | 11 | >95% | - | | | | - | 0 |
| Paediatrics Nutrition and Dietetics - Haringey | >95% | 12 | 100.0% | 100.0% | 100.0% | 2.5 | 11 | >95% | - | | | | - | 0 |
| Paediatrics Nutrition and Dietetics - Islington | >95% | 12 | 100.0% | 95.0% | 95.5% | 6.3 | 22 | >95% | - | | | | - | 0 |
| Physiotherapy - Haringey | >95% | 18 | 98.7% | 95.7% | 100.0% | 5.9 | 42 | >95% | 2 | | | 0.0% | 6.4 | 1 |
| Physiotherapy - Islington | >95% | 18 | 100.0% | 100.0% | 100.0% | 4.1 | 58 | >95% | 2 | 100.0% | | | - | 0 |
| PIPS | >95% | 12 | 93.3% | 100.0% | 100.0% | 2.0 | 5 | >95% | - | | | | - | 0 |
| SALT - Haringey | >95% | 15 | 74.3% | 80.4% | 79.1% | 8.2 | 43 | >95% | 2 | 100.0% | 50.0% | 20.0% | 5.5 | 5 |
| SALT - Islington | >95% | 15 | 96.3% | 96.8% | 95.1% | 7.8 | 41 | >95% | 2 | | | | - | 0 |
| SALT - MPC | >95% | 18 | 100.0% | 100.0% | 100.0% | 4.8 | 22 | >95% | 2 | | | | - | 0 |
| School Nursing - Haringey | >95% | 12 | 85.0% | 94.5% | 93.6% | 2.3 | 141 | >95% | - | | | | - | 0 |
| School Nursing - Islington | >95% | 12 | 96.6% | 92.4% | 96.0% | 2.1 | 100 | >95% | - | | | | - | 0 |

Date & time of production: 15/04/2020 10:15:00

# Appendix 3. Cancer Performance - 62D and 2WW by Tumour Group

## Cancer - 62D Performance by Tumour Group

| Indicator | 19_20 Target | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | 2019-2020 | Performance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Breast | >85% | 100.0% | 100.0% | 84.6% | 100.0% | 83.3% | 75.0% | 100.0% | 100.0% | 100.0% | 66.7% | 80.0% | | 90.2% | |
| Gynaecological | >85% | 50.0% | 50.0% | | 0.0% | 44.4% | 33.3% | 33.3% | 0.0% | 100.0% | 0.0% | 0.0% | | 30.3% | |
| Haematological (Excluding Acute Leukaemia) | >85% | 100.0% | 100.0% | | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | 100.0% | |
| Lower Gastrointestinal | >85% | 100.0% | 0.0% | 100.0% | 100.0% | 83.3% | 100.0% | 88.9% | 40.0% | 100.0% | 100.0% | 100.0% | | 90.3% | |
| Lung | >85% | 100.0% | 50.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 0.0% | 50.0% | 50.0% | 66.7% | | 76.0% | |
| Other | >85% | 100.0% | | | | | 0.0% | | 100.0% | | | 100.0% | | 85.7% | |
| Skin | >85% | 100.0% | 100.0% | 100.0% | 100.0% | 66.7% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 99.0% | |
| Testicular | >85% | 100.0% | | 0.0% | | 100.0% | 100.0% | 100.0% | | | | | | 83.3% | |
| Upper Gastrointestinal | >85% | 50.0% | 100.0% | 66.7% | 0.0% | | 100.0% | 100.0% | 0.0% | 0.0% | | 0.0% | | 63.2% | |
| Urological (Excluding Testicular) | >85% | 88.9% | 70.6% | 71.4% | 62.5% | 80.0% | 88.9% | 85.7% | 76.9% | 95.7% | 66.7% | 76.5% | | 78.8% | |

## Cancer - 2WW Performance by Tumour Group

| Indicator | 19_20 Target | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | 2019-2020 | Performance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Breast | >93% | 93.9% | 99.0% | 96.8% | 98.0% | 95.5% | 96.9% | 98.5% | 95.7% | 97.9% | 96.4% | 98.9% | | 97.0% | |
| Childrens | >93% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | 100.0% | | | | | 100.0% | |
| Gynaecological | >93% | 94.5% | 96.0% | 96.1% | 96.4% | 94.3% | 51.8% | 48.1% | 92.4% | 95.9% | 91.5% | 92.9% | | 85.7% | |
| Haematological | >93% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 94.1% | 100.0% | 100.0% | | 99.4% | |
| Lower Gastrointestinal | >93% | 91.2% | 96.7% | 96.2% | 92.8% | 95.5% | 93.4% | 98.6% | 95.3% | 98.2% | 93.0% | 97.9% | | 95.5% | |
| Lung | >93% | 100.0% | 80.0% | 83.3% | 83.3% | 100.0% | 85.7% | 92.9% | 100.0% | 71.4% | 88.9% | 100.0% | | 88.9% | |
| Skin | >93% | 98.0% | 98.8% | 97.5% | 91.1% | 82.3% | 90.1% | 98.3% | 100.0% | 97.5% | 98.6% | 96.2% | | 95.1% | |
| Upper Gastrointestinal | >93% | 91.4% | 96.6% | 98.5% | 97.9% | 97.1% | 92.9% | 97.7% | 98.1% | 100.0% | 100.0% | 90.9% | | 96.5% | |
| Urological | >93% | 98.8% | 98.4% | 98.8% | 93.8% | 95.0% | 98.0% | 97.8% | 98.9% | 95.6% | 96.3% | 96.9% | | 97.0% | |

Date & time of production: 15/04/2020 10:15:00

# Appendix 4. Trust Level Activity

| Category | Indicator | 19_20 Target | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Activity |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ED | ED Attendances | 8285 | 9077 | 9281 | 8921 | 9458 | 8778 | 8658 | 9428 | 9371 | 9768 | 9561 | 8732 | 6565 | |
| ED | ED Admission Rate % | | 15.0% | 14.2% | 14.8% | 13.4% | 13.5% | 13.8% | 14.4% | 14.9% | 13.1% | 12.0% | 12.7% | 15.3% | |
| Community | Community Face to Face Contacts | | 56005 | 60115 | 59805 | 61940 | 52321 | 59494 | 64336 | 60805 | 50518 | 60040 | 53517 | 40969 | |
| Admissions | Elective and Daycase | | 2130 | 2083 | 2160 | 2244 | 1977 | 1898 | 2171 | 2085 | 1792 | 2116 | 2085 | 1433 | |
| Admissions | Emergency Inpatients | | 2224 | 2217 | 2096 | 2101 | 2042 | 2087 | 2140 | 2182 | 2110 | 1959 | 1854 | 1752 | |
| Referrals | GP Referrals to an Acute Service | | 8452 | 8914 | 8195 | 7919 | 6592 | 7000 | 8003 | 7177 | 6403 | 7287 | 6642 | 4780 | |
| Referrals | % of GP Referrals that were completed via ERS | | 88.3% | 88.0% | 88.9% | 88.6% | 86.7% | 88.0% | 88.0% | 87.2% | 87.3% | 86.6% | 87.8% | 85.4% | |
| Referrals | % e-Referral Service (e-RS) Slot Issues | <4% | 12.7% | 12.0% | 11.5% | 13.4% | 14.3% | 11.0% | 15.7% | 18.3% | 18.7% | 13.9% | 14.3% | 19.3% | |
| Maternity | Maternity Births | 320 | 306 | 312 | 283 | 315 | 307 | 310 | 304 | 317 | 292 | 283 | 269 | 300 | |
| Maternity | Maternity Bookings | 377 | 367 | 390 | 342 | 408 | 357 | 314 | 357 | 344 | 353 | 437 | 368 | 338 | |
| Outpatients | Outpatient DNA Rate % - New | <10% | 10.7% | 11.4% | 12.9% | 12.9% | 12.9% | 12.5% | 11.2% | 11.2% | 11.6% | 9.7% | 9.7% | 12.8% | |
| Outpatients | Outpatient DNA Rate % - FUp | <10% | 10.3% | 11.5% | 13.6% | 12.4% | 11.6% | 11.5% | 10.8% | 10.5% | 10.7% | 9.7% | 9.6% | 11.1% | |
| Outpatients | Outpatient New Attendances | | 9482 | 9684 | 9203 | 10376 | 9098 | 9467 | 10788 | 9881 | 9167 | 10567 | 9421 | 7793 | |
| Outpatients | Outpatient FUp Attendances | | 18383 | 18596 | 17166 | 18965 | 16820 | 17364 | 18919 | 17676 | 16168 | 19462 | 17510 | 15430 | |
| Outpatients | Outpatient Procedures | | 7494 | 7558 | 7534 | 8301 | 7222 | 7707 | 8333 | 7841 | 7422 | 8705 | 7928 | 5630 | |

Date & time of production: 15/04/2020 10:15:00

| Meeting title | Trust Board – public meeting | Date: 29.4.2020 |
|---|---|---|
| Report title | **Audit and Risk Committee Chair's report to the Board** | Agenda item: 12 |
| Report author | Deborah Harris-Ugbomah | |
| Executive director lead | Kevin Curnow, Acting Chief Finance Officer | |
| Summary | *In line with regulatory and statutory governance requirements for provider trusts, the activity reflects consideration of key risks to the corporate strategic objectives, with detailed review of specific risks for which this committee has board-delegated responsibility (e.g. Financial Reporting, Counterfraud, Financial Management)* | |
| Purpose: | Board assurances on the evaluation of systems of internal controls adequacy | |
| Recommendation(s) | As noted in the report | |
| Board Assurance Framework | Board Assurance Framework items | |
| Risk Register | *Financial reporting and Financial management direct assurances*<br><br>*The committee obtains assurances through work conducted by Quality committee (clinical and quality controls) and Finance & Business Development Committee (detailed business development and performance controls)*<br><br>Assurances received for this period covered the following risks themes:<br>• Board Assurance Framework and governance considerations<br>• Corporate Risks<br>• The 2019/20 Quality Report<br>• Counterfraud<br>• Internal Audit workplan progress<br>• the Financial statements and Year End reporting<br>• Financial Reporting, Financial Management Risks, Losses and Special Payments | |

| Committee name | Audit & Risk Committee |
|---|---|
| Date of meeting | 18 March 2020 |
| **Summary of evaluation of assurances received:** | |

| 1. | **Corporate Governance - Committee Administration** <br> <u>Committee Membership</u> <br> Due to the timing of communication, this is the earliest opportunity for Audit committee to record formal vote of thanks to Yaw Hoe Hua, who stepped down from the trust board in February 2020. Yaw Hoe brought NHS clinical education, operations and quality assessment perspectives during her time on the committee. <br> The 2019/2020 committee members all conclude with the trust by April. <br><br> <u>Delivery of Audit Committee responsibility</u> <br> The committee considered where it might safely scale back to minimum core issues in order to release management time during the response to the current pandemic. <br> Business continuity lessons learned was noted as an areas for future consideration |
|---|---|
| 2 | **Corporate Governance - Board Assurance Framework** <br> The Board Assurance Framework (BAF) is to be updated with the 1st and 2nd tier assurances following emergence of the global pandemic. **The committee recommends the board consider the updates to the BAF in response to the pandemic.** |
| 3 | **Risks & assurances: Corporate Risk Management** <br> <u>Risks Register Review</u> <br> The committee noted that the additional corporate risks being managed due to Coronavirus pandemic are to be presented to board. Recommendation: **The Board may wish to assure itself if and how the current risk appetite is adequately reflected in the risk register** |
| 4 | **Risks & assurances: Systems and controls around Quality** <br> *Note: The committee receives assurances on Quality from the Quality committee. In addition:* <br> Discussion of the Quality Report was carried forward to enable clinical and medical executive leads be available to share their insights from the year with the committee. |
| 5 | **Risks & assurances: Financial Management** <br> <u>SFI Waivers, Losses and Special Payments</u> <br> The log of these transactions was received. No untoward items were highlighted or noted. |
| 6 | **Risk & Assurances: Annual Governance Statement (AGS) for 2019/2020** <br> The draft document was noted, Members suggested that the trust may wish to include a comment reflecting the start of the pandemic in the last few weeks of the financial year. |
| 7 | **Risks & assurances: Year End Financial Reporting** <br> <u>Impact of Covid-19 pandemic on submission and reporting deadlines</u> <br> The committee noted the practicalities of health and safety protections during this pandemic and requested auditors make appropriate representation on this. Following the March committee meeting, the submissions deadlines were confirmed by NHSE&I. <br> Management makes no change to original submission deadlines so **an audit committee will need to conclude year end activity and reports to the board by May.** |

| 8 | **Risk & Assurances - Counter Fraud** |
|---|---|
| | The committee noted the workplan for 2020/2021 and received an update on progress of LCFS cases and briefings on pandemic related fraud examples that have arisen in the sector. |
| 9 | **Risk & Assurances - Bank Mandate fraud** |
| | Board members have previously been informed of this issue. The members received a report from the Chief Finance Officer, noting remedial actions implemented to reinforce existing financial controls. The trust is securing a return of the funds sent to the fraudulent account. An independent internal investigation report is expected on its completion in due course. |
| 10 | **Risk & Assurances: Progress of internal audit reviews** |
| | *Recommendation that the Board seek assurances on the status of progress of internal audit work prior to the May Board meeting.* The Chair reports that a response was received to the letter sent by the trust to the internal auditors. Communication issues and subsequent delays had impacted delivery of the internal audit plan. |
| | The internal auditor response, together with management feedback and discussion at the March meeting all evidenced better communication system was working well and provided the line of sight and momentum required for completion of reviews. This issue is deemed closed. |
| | However, in light of the Coronavirus pandemic, a review of the 2019/2020 schedule of work and how it is to be executed was considered. Internal audit confirmed a focus on completing all reviews that are used to determine the year end opinion. **The committee supports the recommendation to reschedule all other reviews as staff and auditors comply with shutdown and social distancing requirements during the pandemic.** |
| 11 | **Risk & Assurances: Internal Audit Strategic Plan and 2020/21 workplan** |
| | The members received the strategic plan and 2020/21 proposed internal audit plan. In light of discussion on learnings from current pandemic, the members supported a review of business continuity no earlier than Q3. The members deferred approval of the 2020/2021 workplan subject to revisions discussed. |
| | An additional audit committee prior to the May year end session has not been secured by the trust. The updated plan is to be agreed with management and circulated to the committee for approval prior to the year end meeting in May. |
| 12 | **Conclusion** |
| | Deborah Harris-Ugbomah FCA, ends audit committee Chair duties in April 2020 at the completion of the non-executive term. In addition to wishing the trust every success for the future, opportunity is now taken to record special thanks to three individuals in particular: |
| | • Vivien Bucke, whose service as committee secretary is delivered with exemplary good will, extensive capability and a calm competence. |
| | • Johnathan Gardner, whose BAF leadership supported the 'golden thread' evidencing alignment of audit committee workplan to the strategic corporate focus. |
| | • Kevin Curnow is commended for the candour, consideration and good humour he has brought to the time with this committee. He has addressed auditor and LFCS liaison, and provided the executive communication and contact required to support members delivery of the committee responsibilities. |
| | These specific efforts are all highly commended. Their activities provided a reliable foundation for discharge of this board committee's duties. |

| Meeting title | Trust Board – public meeting | Date: | 29.4.2020 |
|---|---|---|---|
| Report title | 2020-21 Financial plan | Agenda item: | 13 |
| Executive director lead | Kevin Curnow, Chief Finance Officer (Acting) | | |
| Report author | Finance Team | | |
| Executive summary | The paper details the proposed budget for the Trust for the financial year 2020-21.Trust's budgets are compliant with the Financial Improvement Trajectory (FIT) issued by NHS England and NHS Improvement in February.<br><br>The financial improvement trajectory has been set at a breakeven position after the receipt of £2.969m of Financial Recovery Fund (FRF).<br><br>The budget has been prepared within the terms of the Budget Setting Principles agreed at Finance and Business Development Committee and in line with the draft financial plan submitted in March.<br><br>Due to ongoing pandemic, the operational and financial planning process for 2020/21 has been suspended and a temporary finance regime will operate till end of July. The new guidance regime will impact expenditure, contracting and capital.<br><br>HM Treasury has agreed to defer implementation of IFRS 16 Leases until April 2021 | | |
| Purpose: | To provide the Board with an overview the financial plan for 2020-21 | | |
| Recommendation(s) | To approve the financial plan for 2020-21 | | |
| Risk Register or Board Assurance Framework | BAF risks Sustainable 1 and 2 | | |
| Report history | 28 April, Trust Management Group | | |
| Appendices | None | | |

# 2020/21 Financial Plan

**A recap of what was presented to Finance and Business Development committee  (F&BD) in February**

- An update on 2020-21 financial plan was  presented to F&BD in February. The update included the proposed first draft of the financial plan to be submitted in March.
- The first draft of the financial plan for 2020-21 was submitted on the 5th of March 2020
- The final  version of the financial plan for 2020-21 was due for submission on the 30th of April 2020
- The financial plan submitted in March was compliant with the  Financial Improvement Trajectory (FIT) for 2020-21 of £2.97m deficit and included Cost Improvement Programme (CIP) target of £15.1m


**What has changed since the first submission on the 5th of March?**

- Due to the covid pandemic a temporary finance regime  that will operate for the first four months of 2020-21 was announced on 17th of March.
- The operational and financial planning process for **2020-21 was suspended,** as was the payment by results mechanism
- Commissioners and providers are required to agree block contracts covering the period from 1 April to 31 July 2020.
- Revised process for issuing Capital Resource Limits (CRLs) and making any subsequent adjustments to align capital plans with Sustainability and Transformation Partnerships (STP) plans
- Treasury has agreed to defer implementation of IFRS 16 Leases until April 2021


**What does this mean for 2020-21 budgets?**

- Though the 2020-21 planning process has been suspended at a national level, the  2020-21 budgets will continue to be based on budget setting guidance approved by the Trust and the draft financial plan submitted in March.
-  2020-21 CIP targets  (£15.1m) will be allocated and phased as per the financial plan submitted in March
- Financial performance will be monitored and reported internally based on 2020-21 budgets
- Trust is  awaiting further guidance on external reporting  of financial performance  (April to July) and this might impact the phasing and alignment of internal budgets

## Income Planning Assumptions

- Income has been generally set , based on forecast/outturn, adjusted for any known changes.
- For main NHS clinical income, the budgeted income is based on Month 6 x 2 (a close correlation with forecast outturn) uplifted for net tariff changes that include a reduction to market forces factor (MFF) and a 0.45% increase for notional growth.
- For North Central London (NCL) this equates to a £7.4m increase to £241.4m from a forecast outturn of £235m.
- Growth will have to cover demographic and non-demographic changes, impact from business cases and commissioner and Trust system efficiency savings (Quality Innovation Productivity & Prevention (QIPP) and Cost Improvement Plan (CIP)).
- The expectation, subject to some risk mitigation strategies, is that the income from the main NCL CCGs is likely to be fixed. This will enable the Trust to concentrate on cost reductions and reducing activity without affecting income.

**Make up the changes to National tariff**

| Description | NTPS (Acute PbR) % | Local % |
|---|---|---|
| Pay | 2 | |
| Capital | 0.1 | |
| CNST | 0.1 | |
| Other | 0.4 | |
| **Total Uplift** | **2.5** | |
| Less efficiency | -1.1 | |
| **Net Change** | **1.4** | **1.4** |

**Changes to Market Forces Factor (MFF)**
- The MFF top up the Trust receives has fallen from 20.4% in 2019/20 to 19.4%, this reduces Trust income by approximately £0.8m.
- The overall impact of tariff and market forces changes varies by Trust but for Whittington Health this is approximately 1.8% for acute national tariff activity and 1.4% for local priced items.
- Approximately 47% of Trust NHS clinical income is locally priced, with the biggest element being the community.

# Expenditure  - Pay

| | |
|---|---|
| **Underlying based on M9 forecast outturn** | **239,888** |
| Barnet Audiology | 1,303 |
| Haemoglobinopathies | 1,784 |
| Other cost pressure | 2,487 |
| Inflation | 7,072 |
| CIP target | (10,513) |
| **2020-21 Plan** | **242,021** |

**Pay**

- Proposed pay budget for 2020-21 is  £242m. Excluding CIP targets this is an increase of 5.2%

- The allocation of CIP target to pay is an estimate and is likely to change as new CIP plans get developed

- The cost pressures included with the pay budgets are
    - Barnet audiology  £1.3m – offset by income
    - Haemoglobinopathies £1.8m– offset by income
    - Consultancy cost - £0.7m
    - Orthopaedic hub contribution - £0.5m
    - Community investment - £1.3m

**Agency Ceiling**

- The agency ceiling for 2019-20 was £8.8m. The Trust spent £9.2m on agency in 2019-20. Excluding costs  relating to covid, this was £0.2m above the agency ceiling for 2019-20.

- The agency  ceiling for 2020-21 is £8.8m.

| | |
|---|---|
| **Underlying based on M9 forecast outturn** | **82,809** |
| Other cost pressure | 2,872 |
| Inflation | 2,435 |
| CIP target | (4,505) |
| **2020-21 Plan** | **83,610** |

**Non-Pay**
- Proposed non-pay budget for 2020-21 is  £83.6m. Excluding CIP targets this is an increase of 6.4%
- The allocation of CIP target to non-pay is an estimate and is likely to change as new CIP plans get developed.

- The cost pressures included with non-pay budgets are
    - Pathology Business case £1.8m
    - Revenue impact of Fast follower - £0.6m

## Changes to Depreciation

For the draft plan submission in March, the aim was to implement the International Financial Reporting Standard (IFRS)16 for 2020-21. However due to the Covid pandemic, the Treasury has agreed to defer implementation of IFRS 16 Leases until April 2021. The impact for the Trust budgets will be a reduction in depreciation charges and corresponding increase in lease costs.

## Increase in Public Dividend Capital (PDC)

Interim revenue loans, working capital facilities and capital debt will be extinguished and replaced with public dividend capital (PDC) in 2020/21, effective 1st April 2020. Hence the plan includes increase in PDC charge of £0.9m. However this increase is offset by reduction of loan interest payment of £0.4m for 2020-21.

- In drafting the current financial plan the Trust has carefully considered the efficiency requirements, taking into account actual CIP performance in 2019/20, the need to address the underlying deficit and ensuring service costs benchmark appropriately, with a view to have a realistic and achievable target to balance to the 2020/21 control total. The current planning assumptions mean the total CIP programme for 2020/21 is £15.1m

- However this is based on the currently levels of unavoidable cost pressures and expected income from commissioners included within the plan submitted in March. Any adverse movement will increase the level of CIP required to deliver the Financial Improvement Trajectory.

The proposed phasing of CIP target is detailed below

|  | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Target for the month | 417 | 518 | 614 | 916 | 990 | 1,025 | 1,482 | 1,482 | 1,836 | 1,925 | 1,925 | 1,924 | 15,054 |
| Percentage of target | 2.8% | 3.4% | 4.1% | 6.1% | 6.6% | 6.8% | 9.8% | 9.8% | 12.2% | 12.8% | 12.8% | 12.8% | |
| **Cumulative phasing** | **417** | **935** | **1,549** | **2,465** | **3,455** | **4,480** | **5,962** | **7,444** | **9,280** | **11,205** | **13,130** | **15,054** | |

## Capital Programme

The main principle behind the capital programme is investing in our services to primarily address red risks appearing on the Trust's risk registers, or to meet contractual obligations. The size of the capital programme will drive the Capital Resource Limit (CRL) which is set for the Trust by NHS Improvement as part of their approval of the 2020-21 financial plan submission.

The capital programme for 2020-21 included in the March submission was £15.2m and funded through depreciation, cash reserves and transaction PDC

## What has changed since the submission for capital?

NHS England and NHS Improvement (NHSE/I) have released several financial and contracting documents/guidance recognising the impact of the Covid outbreak. For NHS trusts, there will be a revised process for issuing Capital Resource Limits (CRLs) and making any subsequent adjustments to align these with ICS/STP plans and affordability. A new approach to capital funding is being introduced in 2020/21, the main purpose of which is the allocation of a capital envelope for each STP/ICS. This will provide greater clarity and confidence on the level of capital resource available, support system working and discussion on capital priorities, and enable faster access to national capital funding for critical safety issues.

### Cash Flow forecast

Updates on capital programme will be reported at future trust board meetings.

| | |
|---|---|
| **Opening cash balance (forecast)** | **32,178** |
| Cash flows from operating activities | 19,555 |
| Cash flows from investing activities | -14,928 |
| Cash flows from financing activities | -9,430 |
| **Overall decrease in cash** | **-4,803** |
| **Closing cash balance** | **27,375** |

Overall cash position remains healthy due to proceeds from land sales and PSF from prior years.

Non-delivery of CIP and use of worsening of underlying position will have an adverse impact on cash reserves.

- Budgets for 2020-21 have been set in line with the budget setting guidance and the financial plan submitted in March as detailed in the table below
- The Trust is reporting a financial plan in line with the NHSE/I requested level before the reporting of Financial Recovery Funds. The total plan is however not in financial balance as the Trust has not assumed receipt of the NCL system Financial Recovery Fund as there is a system gap in its control total. The FRF allocation is split in two tranches, half being paid on the Trust achieving financial balance (£1.484m) and the other on system performance.

|  | £'000 |
| --- | --- |
| Operating income from patient care activities | 313,528 |
| Other operating income | 28,902 |
| Employee expenses | (242,068) |
| Operating expenses excluding employee expenses | (92,538) |
| **OPERATING SURPLUS/(DEFICIT)** | **7,824** |
| **Finance Costs** | |
| Finance income | 228 |
| Finance expense | (3,710) |
| PDC dividends payable/refundable | (5,826) |
| **NET FINANCE COSTS** | **(9,308)** |
| **Deficit including PSF, FRF and MRET** | **(1,484)** |
| **Deficit excluding PSF, FRF and MRET** | **(3,334)** |

The temporary finance regime that will operate for the first four months of 2020-21 has introduced significant changes in reporting and monitoring. While the Covid response is underway, organisations are not expected to resubmit plans, given the likelihood that this will have a material impact on capital plans, priorities and levels of expenditure.

As the budgets are based on financial plan submitted in March, regular updates will be provided to the board on the financial impact of Covid relating to both income and expenditure

| Meeting title | Trust Board – public meeting | Date: | 29.4.2020 |
|---|---|---|---|
| Report title | Trust risk register summary report | Agenda item: | 14 |
| Executive director lead | Michelle Johnson, Chief Nurse & Director of Allied Health Professionals | | |
| Report author | Gillian Lewis, Head of Quality Governance | | |
| Executive summary | This paper provides a brief overview of the risk management structure and a summary of the high level risks (≥16) currently on the Risk Register in April 2020.

The Trust has set a threshold for risks reviewed at Board Committee level (≥15) to ensure Non-Executive Director oversight. The Non-Executive Director who chairs the committee will escalate any ≥15 risks to the Trust Board as required.

All risks <15 are managed at an Integrated Clinical Service Unit (ICSU) or corporate directorate level and escalated to the relevant Trust Board Committee if necessary.

This report outlines the key changes to the Quality and Safety Risk Register since January 2020.

**There have been the following changes:**

1.  **Risk closures**
    None

2.  **Downgraded risks (now below 16)**
    Risk 1035: Ligature and anchor point estate works Simmons House
    Update: Mitigating actions taken and risk reduced.

3.  **Risk increases**
    None

4.  **New risks**

    1055 Risk of non-continuity of care for some oncology patients: If there is an inadequate establishment of consultant cover at Whittington Health, it could result in some patients having a poor experience

    1058 Sonography shortage: If there are insufficient sonographers for scanning, there is a risk that the trust will not have enough clinics to meet | | |

| | |
|---|---|
| | the two week wait for cancer referral compliance, leading to potential delays in the patient pathway. (This is due to a national shortage of sonographers). |
| **Recommendation(s)** | The Trust Board is asked to:<br><br>(i)   review the risk register and approve the removal of closed risk entries;<br>(ii)  review all ≥16 risks and agree there is adequate mitigating action and assurance to manage these risks; and<br>(iii) consider if any ≥16 risks not currently on the Board Assurance Framework (BAF) should be considered for entry by the Trust Board. |
| **Risk Register or Board Assurance Framework (BAF)** | All BAF entries and linked entries on the corporate risk register |
| **Report history** | The information in this report is presented at the relevant Committee of the Board (Quality, Workforce Assurance, Finance & Business, Audit & Risk) - – however during the national Covid-19 emergency the report is coming here for prior to going to the committees |
| **Appendices** | None |

**Risk register summary report**

**1.    Introduction**
1.1    Risk is an inherent part of the delivery of healthcare. Whittington Health is therefore committed to ensuring that there is a robust organisational governance structure, with clear lines of reporting and accountability for risks. This paper provides a brief overview of the risk management structure and a summary of the high level risks (≥15) of quality and safety currently on the Trust Risk Register in April 2020. It also provides information of the mitigating actions and timescales to address the identified risk.

1.2    The report demonstrates that the top risks to the organisation, as reflected in the Risk Register, are aligned with the principle board assurance framework (BAF) risks. Which are failure to deliver savings plan, failure to modernise the trust's estate, and failure to recruit and sustain workforce.  The BAF presented at the Board today represents the Trust's response to the Covid-19 pandemic.

**2.    Risk management overview**
2.1    The Trust maintains a central database for all risks on DATIX, an electronic incident and risk management system. In order to maintain consistency across the trust all risks are collated by Integrated Clinical Service Unit (ICSU), Corporate Directorates (Information Management &Technology (IMT); Facilities and Estates; Finance, Human Resources and Workforce) or as an organisation wide risk.

2.2    All risks are categorised under key headings and given a risk rating. This process ensures that risks can be automatically collated and filtered through DATIX to ensure they are reviewed by the appropriate leads. All ICSUs/Directorates/Board Committees are responsible for ensuring there are clear risk management structures and processes in their areas.

2.3    A separate category for Covid-19 pandemic has been added to make it easy to identify and monitor specific Covid-19 risks.

**3.    ≥ 16 Risk register**
3.1    The Trust has set a threshold of ≥16 risk grading for review at Board Committees. This is to ensure that there is Non-Executive oversight of these risks and a clear escalation process to Board.

3.2    To strengthen the Trust's ability to deliver effective risk management, the organisational structure includes a number of Committees with responsibility for risk. These include:
- Audit and Risk Committee
- Quality Committee
- Finance and Business Committee
- Workforce Assurance Committee
- Emergency Planning for Covid-19 (Trust Management Group)

3.3    All have a critical role in monitoring risk and providing assurance to the Trust Board that there are systems in place to effectively identify, manage and escalate risks across the Trust. Each Committee has responsibility for specific risks to ensure there is clear accountability and oversight, and that information flows quickly to the Board as required. In this way the Trust can identify patterns and promote best practice throughout the organisation.

**4.    Relationship between the risk register and the Board Assurance Framework**

4.1    The Board Assurance Framework (BAF) provides a structure and process that enables the Trust to focus on the risks to achieving its annual objectives and be assured that adequate controls are operating to reduce these risks to tolerable levels (Good Governance Institute 2009).

4.2    While the risk register may help to inform the BAF, they are two distinct risk tools with different purposes. The fundamental difference between the Risk Register and the BAF is that the Risk Register is an operational and dynamic tool focused on the day to day management of the organisation. The BAF focuses on the strategic, long-term priorities of the Trust.  At times the operational risks affecting the day to day management of the Trust will have implications for the delivery of the Trust's strategic objectives. These risks are escalated for inclusion on the BAF via the Board Committees and the Trust Management Group.  All the key risks that are identified in achieving the Trust's strategic goals or corporate annual objectives will be recorded on the BAF and reported to the Board.

**5.    Risk register update: April 2020**

5.1    As at 16 April 2020, the Trust has two risks graded as graded as ≥20, sixteen risks graded as 16. There are thirteen risks graded as 15 which are monitored at Board Committee level. There are three key themes from the current high level risks on the risk register.
   • Facilities and estates
   • Financial
   • Workforce and recruitment

5.2    These risks have all been escalated for inclusion on the BAF due to the strategic implications and are monitored by the Trust Board through this assurance mechanism. A brief summary of the risks and key mitigating actions are outlined below.

5.3    **Facilities and Estates** There are specific action plans in place to mitigate each risk, and this has been identified as a strategic risk to our strategic objective to '**Transform and deliver innovative, financially sustainable services.** The Trust Board monitors actions against this risk through the BAF process, including implementation of the estates strategy.

| Datix ID | ICSU/ Directorate | Category | Title | Current risk score | Mitigations and controls |
|---|---|---|---|---|---|
| 697 | Acute Patient Access Clinical Support Services and Women's Health | Patient Safety and Quality | Maternity and neonatal redevelopment. – Poor patient experience if redevelopment and modernisation delayed | 20 | Update: Second labour theatre now in operation. Further redevelopment to follow as part of Estates development strategy. |
| 858 | Children and Young People Services | Patient Safety and Quality | Neonatal Unit environment - including lack of space between cots Linked to risk 697 | 16 | Update: Risk ongoing and regularly reviewed against national recommendations. Infection control team carried out review of cots allocated to isolation |

| Datix ID | ICSU/ Directorate | Category | Title | Current risk score | Mitigations and controls |
|---|---|---|---|---|---|
| | | | | | space. |
| 890 | Facilities and Estates | Health and Safety | PFI Fire Building Strategy Deficiencies (in relation to building passive and active ventilation system and smoke fire dampers to deal with a fire and smoke) | 16 | Controls: PFI has introduced Fire Warden system 24 hours on the site; Staff are trained to shut down ventilation system manually on their own initiative or instruction of the Fire Service; weekly meetings with PFI to review assurances. Risk reviewed at Fire Safety Group. |
| 907 | Trust wide | Estates or Infrastructure | High ambient temperatures of ward treatment rooms affecting quality of medicines. | 16 | Update: Calibrated thermometers and new SOP for the monitoring of room temperature now fully implemented across Trust. Updated SOP approved and implemented for the management of medicines within environments where temperatures are higher than recommended. Medicines being reviewed and discarded in accordance with SOP where required. Stock lists reviewed and reduced where possible. Business case in progress for Temperature Controlled Cabinets (TCC). On-going updates provided to the Drugs & Therapeutics Group and Nursing & Midwifery Executive Committee. |
| 1025 | Surgery & Cancer | Patient safety and quality | Emergency Buzzers in Day Treatment Centre | 16 | The emergency buzzers in DTC do not identify the exact place of the emergency therefore significantly delaying getting appropriate, timely assistance and causing confusion. Update: There is an |

| Datix ID | ICSU/ Directorate | Category | Title | Current risk score | Mitigations and controls |
|---|---|---|---|---|---|
| | | | | | agreement to install a Wi-Fi solution using the existing ward call bell system with new information panels in the relevant areas. |
| 1036 | Children & Young People Services | Estates or Infrastructure | Secure garden fencing at Simmons House requires upgrading (CAMHS inpatient unit) - the current fence is not secure and is too low. Patients have been able to jump over the fence and leave the premises, putting themselves at risk. | 16 | Controls: Individual care plans and risk assessments are being used to plan and mitigate against this, and the unit is being kept locked to stop young people from going outside into the unit garden without supervision<br><br>Update: Trust's Architects have visited Simmons House and are in process of producing a scope of security works. This includes suitable fencing and other security measures. |

5.4    **Financial -** There are specific action plans in place to mitigate each risk, and this has been identified as a strategic risk to our strategic objective to '**Transform and deliver innovative, financially sustainable services.** The Trust Board monitors actions against this risk through the BAF process, including implementation of the estates strategy.

| DATIX | ICSU/Directorate | Category | Title | Current risk grading | Mitigations and controls |
|---|---|---|---|---|---|
| 723 | Emergency Integrated Medicine | Financial | Finance deficit in EIM ICSU | 16 | Regular finance meetings to review budgets and CIPs. Risks reviewed at Quarterly ICSU Performance meetings and Finance and Business Development Committee. |
| 772 | Surgery and Cancer | Financial | Not meeting CIP target and financial balance for 2018/19. | 20 | |
| 780 | Finance | Financial | Budget Control | 16 | |

5.5    **Workforce and recruitment -** The executive team have undertaken a review of the culture risk against the trust risk assessment matrix as agreed following the previous report to board (30.10.19) and it is now rated as 16 on the BAF.  <15 risks continue to be monitored

at ICSU level and the trust wide controls and actions are reflected in the *BAF Risk People 1: Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs (e.g. nursing, junior doctors, medical posts).* There are specific action plans in place to mitigate each risk, and this has been identified as a strategic risk to our strategic objective to '**Empower, support and develop an engaged staff community.** The Trust Board monitors actions against this risk through the BAF process, including implementation of the estates strategy.

| DATIX | ICSU/Directorate | Category | Title | Current risk grading | Mitigations and controls |
|---|---|---|---|---|---|
| 970 | Surgery and Cancer | HR and Workforce | Central Booking team staffing provision inadequate which risks processes not being followed and booking errors occurring. | 16 | Update: Band 3 posts recruited to; awaiting recruitment to Band 4. |
| 1002 | Surgery and Cancer | HR and Workforce | Inadequate establishment of anaesthetic staff | 16 | Controls: All rotas are examined in advance and populated so that activity is covered Update: Appointment of additional half WTE Anaesthetist start date June 2020. |

## 6.    ≥16 Risks not currently on the BAF

| DATIX | ICSU/ Directorate | Category | Title | Current risk grading | Comments and key mitigations and controls |
|---|---|---|---|---|---|
| 683 | Emergency & Integrated Medicine | Patient Safety & Quality | Overcrowding in ED | 16 | Update: Risk increased to 16 following review at EIM Quality meeting. Ongoing work in ED to manage demand, influence GP referral processes and increase referrals to Ambulatory Care. New 136 suite provision at Highgate to open end January 2020, review impact of this in March 2020 (paused due to Covid-19) |
| 760 | Acute Inpatient Access, Clinical | Patient Safety & Quality | Radiology systems interface | 16 | Radiology works across several systems for which there is a parallel paper system; if paper system does not change unlikely to |

| DATIX | ICSU/ Directorate | Category | Title | Current risk grading | Comments and key mitigations and controls |
|---|---|---|---|---|---|
| | Support Services, Women's Health | | | | meet cancer targets without significant costs incurred. Update: Currently in the recruitment phase of the project with interviews happening shortly, the risk is unlikely to change until mid 2021 as the project will not complete until then |
| 901 | Trust wide | Patient Safety and Quality | Lack of equipment for flat-lifting patients (post-falls) | 16 | When a patient has fallen and if they cannot get up with minimal assistance, current practice is to hoist. This carries a risk to the patient and to staff. Update: Equipment ordered, due for delivery end April 2020. Covid pandemic likely to affect delivery and training of staff.  Risk will remain until equipment delivered and staff trained to use. (training paused due to Covid-19) |

## 8.    Recommendations To The Trust Board
8.1    The Trust Board is asked to:

   i.    review the risk register and approve the removal of any closed risk entries (not applicable this quarter);
   ii.    review all ≥16 risks and agree there is adequate mitigating action and assurance to manage these risks; and
   iii.    consider if any ≥16 risks not currently on the Board Assurance Framework (BAF) should be considered for entry.