

**TRUST BOARD**

14.00 – 17.00  
Wednesday 3 June 2015

Whittington Education Centre Room 7





Meeting	Trust Board – Public		
Date & time	3 June 2015 at 1400hrs – 1700hrs		
Venue	WEC 7		
AGENDA			
Steve Hitchins, Chairman Anita Charlesworth, Non-Executive Director Paul Lowenberg, Non-Executive Director Tony Rice, Non-Executive Director Anu Singh, Non-Executive Director Prof Graham Hart, Non-Executive Director		Simon Pleydell, Chief Executive Siobhan Harrington, Director of Strategy & Deputy Chief Executive Stephen Bloomer, CFO Dr Greg Battle, Medical Director (Integrated Care) Lee Martin, Chief Operating Officer Dr Richard Jennings, Medical Director Philippa Davies, Director of Nursing and Patient Experience	
Attendees Colin Gentile, Interim CFO Lynne Spencer, Director of Communications & Corporate Affairs Chris Goulding, Deputy Director of HR Raimondo Gallo, Leadership Coach for item 15/086 Paul Convery, Local Authority Kate Green, Minute Taker			
Contact for this meeting: Kate Green ( <a href="mailto:kate.green4@nhs.net">kate.green4@nhs.net</a> ) or 020 7288 3554			
Agenda Item		Paper	Action and Timing
Patient Story			
	Patient Story Philippa Davies, Director of Nursing & Patient Experience	Oral	Note 1400hrs
15/074	Declaration of Conflicts of Interests Steve Hitchins, Chairman	Oral	Declare 1420hrs
15/075	Apologies & Welcome Steve Hitchins, Chairman	Oral	Note 1425hrs
15/076	Minutes, Action Log and Matters Arising 6 May Steve Hitchins, Chairman	1	Approve 1430hrs
15/077	Chairman’s Report Steve Hitchins, Chairman	Oral	Note 1435hrs
15/078	Chief Executive’s Report Simon Pleydell, Chief Executive	2	Note 1445hrs
Patient Safety & Quality			
15/079	Safe Staffing Report Philippa Davies, Director of Nursing & Patient Experience	3	Note 1455hrs
15/080	Quality Account 2015/16 Dr Richard Jennings, Medical Director	4	Approve 1505hrs

Strategy and Planning			
15/081	<b>Finance - Budget and Operating Plan 2015/16 and Auditor Letter of Representation</b> <i>Colin Gentile, Interim Chief Finance Officer</i>	<b>5</b>	<i>Approve</i> 1515hrs
15/082	<b>Capital Investment Plan 2015/16</b> <i>Phil Ient, Director of Estates &amp; Facilities</i>	<b>6</b>	<i>Approve</i> 1525hrs
Performance and Delivery			
15/083	<b>Financial Performance Month 1</b> <i>Colin Gentile, Interim Chief Finance Officer</i>	<b>7</b>	<i>Note</i> 1535hrs
15/084	<b>Performance Dashboard</b> <i>Lee Martin, Chief Operating Officer</i>	<b>8</b>	<i>Note</i> 1545hrs
15/085	<b>Workforce Report</b> <i>Chris Goulding, Acting Director of HR</i>	<b>9</b>	<i>Note</i> 1555hrs
15/086	<b>Staff Survey 2014/15 &amp; Action Plan 2015/16</b> <i>Chris Goulding, Acting Director of HR</i> <i>Raimondo Gallo, Leadership Coach</i>	<b>10</b>	<i>Approve</i> 1605hrs
Governance			
15/087	<b>TDA Board Statements</b> <i>Colin Gentile, Interim Chief Finance Officer</i>	<b>11</b>	<i>Approve</i> 1615hrs
Any other urgent business and Questions from the public			
	No items notified to the Chairman		
Date of next meeting:			
	1 July 2015 Whittington Education Centre, Room 7		
Register of Conflicts of Interests:			
The Register of Members' Conflicts of Interests is available for viewing during working hours from Lynne Spencer, Director of Communications & Corporate Affairs, at Trust Headquarters, Ground Floor, Jenner Building, Whittington Health, Magdala Avenue, London N19 5NF - <a href="mailto:communications.whitthealth@nhs.net">communications.whitthealth@nhs.net</a> .			



**The draft minutes of the meeting of the Trust Board of Whittington Health held in public at 14.00pm on Wednesday 6 May 2015 in the Whittington Education Centre**

Present:	Steve Hitchins	Chairman
	Simon Pleydell	Chief Executive
	Dr Greg Battle	Medical Director, Integrated Care
	Anita Charlesworth	Non-Executive Director
	Philippa Davies	Director of Nursing and Patient Experience
	Siobhan Harrington	Director of Strategy/Deputy Chief Executive
	Graham Hart	Non-Executive Director
	Colin Gentile	Interim Chief Finance Officer
	Dr Richard Jennings	Medical Director
	Paul Lowenberg	Non-Executive Director
	Lee Martin	Chief Operating Officer
	Tony Rice	Non-Executive Director
	Anu Singh	Non-Executive Director

In attendance:	Chris Goulding	Acting Director of Human Resources
	Kate Green	Minute Taker
	Lynne Spencer	Director of Communications & Corporate Affairs

## Patient Story

Helen McCormick, a patient suffering from cancer, had undergone multiple treatments and procedures including surgery, chemotherapy and radiotherapy. She had moved her outpatient treatment to Whittington Health and had been impressed by her care. Helen referred in particular to the holistic questionnaire she had completed which she felt demonstrated that the views and wishes of the patient were valued.

SH thanked Helen for her feedback, and the Board went on to discuss the value of apologies when mistakes were made, possible environmental improvements such as to signage and lifts, 'end to end' patient experience and the duty of candour.

## 15/062 Declaration of Interests

62.01 No Board members declared an interest in any part of the May Board proceedings.

## 15/063 Apologies for absence

63.01 Apologies were received from Paul Convery.

## 15/064 Minutes of the previous meeting, matters arising and action log

64.01 The minutes and Action log of the meeting held on 4<sup>th</sup> March were approved.

## 48.03 Matters arising

All picked up on the Agenda.

15/065      Chairman's Report

- 65.01      Non-Executive Director Rob Whiteman had resigned from the Board with immediate effect. The recruitment process for Rob's replacement will be managed by the TDA. CG will be leaving the Trust in June to take up his new position at King's and the Board wished CG well in his future career. A Director of Human Resources had been appointed the previous day but details had yet to be finalised.
- 65.02      SH had recently attended a tea party for a nurse on Mary Seacole Ward who had retired after 46 years' service. He read out a letter of gratitude from a patient who had written to pay tribute to the care she had received from Valentina Treskavica, the Trust's first prescribing physiotherapist. The MSK service had been described as a 'beacon of light'. 1-7 June was volunteers' week, and SH would be holding a tea party for the Trust's volunteers and making an award to the nominated volunteer of the year.
- 65.03      SH offered his apologies for the recent minor problems with the telephone service, caused by a fault with the external provider service.
- 65.04      Planning permission for the maternal and neonatal unit development had been received from the London Borough of Islington. The Trust had also been awarded a second Darzi fellowship, and the Board extended its thanks to Monica Lakhanpaul for her work on this submission. SH was pleased to announce the Trust Development Authority (TDA) had informed him that all Non-Executive Directors had passed the 'Fit and Proper Persons' Test'.

15/066      Chief Executive's Report

- 66.01      SP expanded on the positive news of the planning permission, emphasising the wide level of support the Trust had received from its partner organisations and the local community. Highlights of the year end included safety and quality achievements with further details within the Performance Report. The new Patient Safety Walkabouts had commenced and these were a valuable tool for monitoring quality and safety.
- 66.02      Feedback from the staff Friends & Family Test had improved since the previous quarter; and whilst there was still some room for improvement, the results reflected the general pressure the NHS was under at present. The CQC inspection expected to take place in September is now likely be undertaken later in the year.
- 66.03      The consultation process for the realignment of the new Integrated Clinical Service Units (ICSUs) has concluded and they will go live from 1<sup>st</sup> June. Some changes to the proposals had been made as a result of responses to the consultation; health visiting and school nursing services had been realigned, and acute pain had been aligned to surgery and separated out from chronic pain which would be part of the community unit.
- 66.04      SP thanked staff for all their efforts made throughout the year, acknowledging that it had been an extremely tough year, and staff performance had been outstanding. The Trust had however ended the year with a £7.3m deficit and discussions were underway with the TDA for planning 2015/16 finance and savings targets.
- 66.05      SP thanked members of staff who had taken part in the London Marathon and for supporting the Trust charitable fundraising activities.

15/067      Safe Staffing Report

67.01      The safe staffing report was presented in a new format, focusing on agency rates, bank and agency spend and comparison between registered and unregistered staff. The report showed that additional staff had been required to nurse some high dependency patients with particularly complex needs during this reporting period.

15/068      Trust Operational Plan

68.01      The Trust was taking a robust approach to planning and will submit the Plan to the TDA on 14 May. Many colleagues had been involved in its inception, first through the development of the clinical strategy, and then through the business plan, the first draft of which had been produced in January, followed by an updated version in April, with the final version due in May. The Plan would be discussed further at the Board seminar on 13 May. Some of the Trust's notable achievements, such as the ambulatory care service and the JAG accreditation were mentioned, and the Plan describes the Trust's aspirations, with the primary focus remaining on quality and safety. The corporate objectives for 2015/16 are to :

- deliver high quality safe care and improved patient experience
- develop and support our people and teams
- develop our business to ensure we are clinically and financially sustainable
- further develop and expand our partnerships and engagement.

68.02      The Integrated Clinical Service Units (ICSUs) implementation will support delivery of the Operational Plan 2015/16. RJ added that the focus and content of the Plan supported the commitments undertaken by the Trust in its 'Sign up to Safety' pledges, as well as the statements made in the Quality Account.

68.03      Workforce planning to be strengthened in year and this includes acting on the results of the staff survey. Budgets had been set, a meeting with the TDA was scheduled for the following Friday and the team was looking in detail at all the cost improvement plans. The Plan described the Trust's relationship with its partners and stakeholders, including GPs, academic health science centres, and set out what the Trust planned to deliver over the next 12 months.

68.04      AC praised the quality of the document, saying that it demonstrated a far greater alignment between the different components of the Plan, but wondered how it was planned to move to action. SMH replied that one of the key milestones was the creation of the ICSUs in June, each of which would be provided with a tailored implementation pack. Over the next 4-6 weeks the team would be focusing on plans for next year, and reflecting them in the corporate objectives, which would be cascaded throughout the organisation. SP and LS would be developing communications with core messages for external and internal audiences.

68.05      PL said that the Plan was an impressive piece of work that set out the direction in which the Trust was moving. A robust methodology to keep track of progress and key deliverables and monitoring the risks will be required. CGt highlighted growing our market share, in addition to the routine plans for making savings and managing budgets. It was acknowledged that there needed to be a move away from the previous slightly informal approach to a more accountable and business-like one, supported by the development of better and more robust management information. SMH added that the budget setting process had been more realistic this year, and that all risks would be set out in the redesigned Board Assurance Framework (BAF). LS added that each committee would have its own risk register, in order to

enable the Board to have full oversight of risks and mitigating actions to ensure delivery of plans.

- 68.06 A poster setting out the mission, vision, values, strategic goals and corporate objectives was highlighted. SMH thanked Hannah Finney for her work in helping the development of the Plan. RJ suggested one amendment to the section on the TB hub, saying that the document should reflect the fact that there were five providers. SH suggested some alternative wording which he would discuss with Siobhan outside the meeting, and it was agreed that SMH would give some further thought to local targets. GH highlighted the importance of the growth of research work.

The Operational Plan was approved subject to final financial detail at the May Board Seminar.

15/069 Financial Report

- 69.01 CGt informed the Board that the Trust had declared a £7.3m deficit for 2014/15. The Finance & Business Development sub-committee would be sharing the lessons learned on the management of the CIP programme 2014/15. He was pleased to report that all capital resources had been spent; this had included the purchasing of some important new medical equipment such as an MRI and CT scanner. He emphasised the importance of keeping to planned targets.

15/070 Performance Dashboard

- 70.01 The dashboard contained March data and from next month onwards the dashboard will be refreshed to bring in new indicators from the contract.
- 70.02 LM described the position on RTT and cancer targets, both of which had been affected by a small number of patients with complex needs and multiple interactions with the hospital. ED had performed extremely well during the first two weeks in March, but then had come under immense pressure once again. ED reported a strong result of 94.74% against the 95% target for the year. A review of resilience and winter pressure will take place as requested by Islington CCG.
- 70.03 The MSK target set for 2015/16 had been revised and was now set at 95%. In answer to a question from TR about cancellations, LM explained that the picture was clearer within acute services as data included reasons for cancellations. AC highlighted operational excellence, and getting core processes working more slickly. She noted the Trust appeared to have achieved parity between mortality rates at weekends and weekdays, wondering whether this could be simply explained and whether there was a case for writing it up. RJ replied that major effort had been put into improving access to senior clinicians out of hours over the previous two and a half years, but the way results were calculated was not straightforward and could potentially present a misleading picture.
- 70.04 LM informed Board colleagues that for the next report there would be a summary for the year showing what areas' achievements were sustainable as opposed to those where progress remained ongoing. Additional community data would be included once the May data was processed. PL enquired why there had been a decrease in community face to face contacts, and LM undertook to look into this. PL enquired why there was such a marked difference in district nursing services between Islington and Haringey, and LM replied that this was mostly due to volume, i.e. more referrals received within the timescale. He added that better data was now being received, and that he was in discussion with the CCGs about

service priorities. SMH added that discussions were taking place with the CCGs about the Better Care Fund. GB reported that as a referring GP he would not always know the capacity of the team.

70.05 Turning to page 13 (Maternity Services) PL highlighted areas where the Trust's performance was consistently below target, and asked how this compared with other organisations in London. LM replied that it was planned to carry out a deep dive into this area and an action plan would be produced in future and presented to Quality Committee.

70.06 RJ asked for it to be noted that not every death of a patient in receipt of Trust services was reviewed by the Medical Director, however he was looking at the system through which these deaths should be reviewed. AC asked for this to be brought to the Quality Committee once the system had been decided upon.

70.07 TR asked whether any specific lessons had been learned from the recent episode where problems had been experienced with the telephone system. LM had met with the local Director of the external telephone provider to discuss lessons and several actions had been agreed which will be reported to TMG. It was noted that the Trust had robust business continuity plans in place.

15/071 Workforce Report

71.01 CG reminded Board members that at a recent seminar they had discussed how they wished to see workforce information presented and this new format reflected this discussion. CG and CGt had been working on a template which showed workforce costs and numbers, further supporting narrative was now needed.

71.02 Turning to key performance indicators (KPIs) CG said that both turnover and vacancies were lower than had been the case in recent reports, however sickness rates were slightly higher. There had been a slight increase in the use of agency staff. Mandatory training rates had improved by 2% overall, but in ICAM the rise had been significantly greater. It was noted that the mandatory training booklet had been produced and was now in use throughout the organisation. Furthermore, the process by which information was entered onto the electronic staff record (ESR) had been changed, and there was now a central resource for managers. Appraisal rates remained unchanged, and it was agreed that clear guidance and streamlining of the process were required. SH added that appraisals and objectives needed to be linked to the Trust's clinical strategy. The first benchmarking report would be taken to the Audit & Risk Committee.

71.03 AC queried the proportion of agency spend on A&C staff and medical staff. SP replied that this was partly because of the current market, but it was agreed that for future reports clearer narrative was required. Of the A&C staff referred to a high number were working in the finance department. LM assured the Board that numbers were regularly monitored through the bank and agency steering group. PL asked that Board members should not be asked simply to 'note' such a position, but should be told the cause behind it and what efforts were being made to turn it around. Amend workforce report to include reporting on causal factors, actions planned and improvements.

71.04 In answer to a question from PL about the use of agency staff in March, LM explained that this was due to the necessity of opening additional beds at short notice due to winter pressures. This year plans were in hand to manage resilience

and winter pressures differently; £1.7m had been set aside and the Trust would be submitting plans for phased growth to the TDA.

15/072 TDA Board Statements

72.01 CGt introduced this paper, and it was noted there was little change from the previous month's declaration. One area of risk remaining was around information governance, where the key challenge was delivering Information Governance Level 2.

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### Action Notes Summary 2015-16

Ref.	Decision/Action	Timescale	Lead
143.01	Cancer services strategy to be aligned to clinical strategy to address question on integrated care and present to Board	On Board Cycle	LM
174.06	Finance and Business Development Committee to review business plan produced for the outsourcing of catering service	On F&BD Cycle	PI
08.03	Key performance indicators on ambulatory care to be incorporated in the monthly dashboard report in future	May Board	LM
20/06	The Director of Communication & Corporate Affairs will liaise with the Director of Estates and Facilities to review signage	Ongoing	LS/PI
41.01	BAF and corporate risk register to be reviewed as part of governance review to strengthen risk management for 2015/16	May Board Seminar & July Board	SMH/LS
70/05	LM to carry out a deep dive into maternity and an action plan would be produced in future and presented to Quality Committee.	On Quality Committee Cycle	LM/LS
70.06	AC asked for the death review process this to be brought to the Quality Committee once the system had been decided upon	On Quality Committee Cycle	RJ/LS
70.07	LM had met with the local Director of the external telephone provider to discuss lessons and several actions had been agreed which will be reported to TMG.	On TMG Cycle	LM/LS
71.02	The first HR KPI benchmarking report would be taken to the Audit & Risk Committee.	On Audit & Risk Cycle	CG/LS
71.03	Amend workforce report to include Agency spend on A&C staff and medical staff with clearer narrative and reporting on causal factors, actions planned and improvements.	Board Cycle	CG

# Whittington Health Trust Board

3 June 2015

Title:		Chief Executive Officer’s Report to the Board					
Agenda item:		15/078		Paper		02	
Action requested:		For discussion and information.					
Executive Summary:		The purpose of this report is to highlight specific issues to the Trust Board and to update the Board on local, regional and national key issues facing the Trust.					
Summary of recommendations:		To note the report.					
Fit with WH strategy:		This report provides an update on key issues for Whittington Health’s strategic intent.					
Reference to related / other documents:		Whittington Health’s regulatory framework, strategies and policies.					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		Risks captured in risk registers and/or Board Assurance Framework.					
Date paper completed:		27 May 2015					
Author name and title:		Simon Pleydell, Chief Executive		Director name and title:		Simon Pleydell, Chief Executive	
Date paper seen by EC n/a	n/a	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a



## **Chief Executive Officer Report**

The purpose of this report is to highlight issues to the Trust Board.

### **1. QUALITY**

#### **Quality Account**

Our Quality Account sets out mandatory statements reviewing the Trust's performance and services over the past year with priorities for 2015/16. There are some great examples of the work that we have delivered in the last 12 months to maintain and improve quality and safety across Whittington Health. The paper also includes positive feedback from external stakeholders including the Clinical Commissioning Groups and Healthwatch in both Islington and Haringey. The Board are asked to approve the Quality Account today and it will be formally published on our website and NHS Choices website later this month.

#### **Footprints at Birth Project**

We launched an important patient feedback project on 2 June which aims to seek views of mums who have given birth at the Whittington Hospital. We are asking women to self-record a short video telling us about their experience. Some of these stories will feature in a short documentary designed to educate and support healthcare professionals caring for women.

### **2. OPERATIONAL**

#### **Integrated Clinical Support Units (ICSUs)**

The Trust will be phasing in the new seven integrated clinical service units throughout June with all in place by 1 July. These will strengthen our clinical engagement, leadership and accountability. The clinical service units are: Medicine, frailty and networked services; Surgery; Outpatients, Prevention and Long Term Conditions; Children's services; Women and Families Services; Clinical Support services and Emergency and Urgent Care. Clinical Directors and operational Directors for each unit have been identified. These changes will improve decision making in the organisation and empower our frontline staff.

#### **Annual Staff Survey**

We have reviewed the feedback from our 2014/15 staff survey. The results show that we were in the top 20 percent of trusts for few colleagues witnessing potential harmful incidences, few colleagues experiencing physical violence from patients, the public and colleagues and for feeling they had support from immediate line managers (better than average).

We were in the bottom 20 percent of trusts for appraisal, working extra hours, work related stress, bullying and harassment, career progression and discrimination at work. We achieved the best score of any Trust where our staff felt secure in raising concerns about unsafe clinical practice. The executive team have developed a 2015/16 action plan for the Board to discuss and agree today and this will be incorporated into the team's objectives for the year ahead.

### **3. FINANCE**

There has been much in the national press regarding the current financial challenges faced by Trusts across the NHS. We face a challenging financial plan. We finished the last financial year with a deficit of £7.3m. Our operational plan submitted to the TDA on 14 May incorporated a planned deficit of £19.5m for 2015/16, and the requirement to deliver a savings programme of £16.5m. We believe this is a realistic plan that can be delivered and will improve the run rate of the Trust and move us closer to achieving financial balance. This will include maximising our income, not overspending on agreed budgets, maintaining quality and delivering our savings programme in future.

### **4. EXECUTIVE TEAM**

Director of Finance Stephen Bloomer starts on 3 June. We have recruited Norma French as our Director of HR. Dr Richard Jennings has successfully been appointed the substantive Medical Director for the Trust. The development and recruitment of a permanent leadership team has been a key priority for the organisation and gives us the solid foundations on which to deliver our operational plan through 2015/16.

**Simon Pleydell**  
**Chief Executive Officer**



## Whittington Health Trust Board

3<sup>rd</sup> June 2015

<b>Title:</b>		Safe Staffing (Nursing and Midwifery)					
<b>Agenda item:</b>		<b>15/079</b>		<b>Paper</b>		<b>3</b>	
<b>Action requested:</b>		For information					
<b>Executive Summary:</b>		<p>This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in April 2015.</p> <p>Key issues to note include:</p> <ul style="list-style-type: none"><li>• The majority of areas reported greater than 95 per cent ‘actual’ versus ‘planned’ staffing levels.</li><li>• A number of areas reported ‘actual hours worked’ over and above those ‘planned’ which was attributed in the main to the provision of RMNs/RGN’s/HCA’s to support patients under a Mental Health Section, patients with increased dependency and 1:1 ‘specialing’ of some of our most vulnerable patients.</li></ul>					
<b>Summary of recommendations:</b>		Trust Board members are asked to note the March UNIFY return position and processes in place to ensure safe staffing levels in the organisation. Unify is the online collection system used for collating, sharing and reporting NHS and social care data.					
<b>Fit with WH strategy:</b>		Efficient and effective care, Francis Report recommendations, Cummings recommendations and NICE recommendations.					
<b>Reference to related / other documents:</b>							
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		3.4 Staffing ratios versus good practice standards					
<b>Date paper completed:</b>		22 <sup>nd</sup> May 2015					
<b>Author name and title:</b>		<b>Dr Doug Charlton</b> <b>Deputy Director of Nursing</b>		<b>Director name and title:</b>		<b>Philippa Davies –</b> <b>Director of Nursing and Patient Experience</b>	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>		<b>Risk assessment undertaken?</b>		<b>Legal advice received?</b>	



## Safe Nurse Staffing Levels

### 1.0 Purpose

To provide the Board with an overview of nursing and midwifery staffing levels in terms of 'actual' versus 'planned' hours on our wards in April 2015 and an assurance that these levels are monitored and managed daily.

### 2.0 Background

Whittington Health is committed to ensuring that levels of nursing staff, which include Registered Nurses (RNs), Registered Midwives (RMs) and Health Care Assistants (HCAs), match the acuity and dependency needs of patients within clinical ward areas in the hospital. This includes an appropriate level of skill mix of nursing staff to provide safe and effective care. These staffing levels are viewed along with reported outcome measures, 'registered nurse to patient ratios', percentage skill mix ratio of registered nurses to HCAs and the number of staff per shift required to provide safe and effective patient care.

Staff fill rate information appears on the NHS Choices website [www.nhschoices.net](http://www.nhschoices.net). Fill rate data from 1<sup>st</sup> – 30<sup>th</sup> April 2015 for The Whittington Hospital has been uploaded and submitted on UNIFY, the online collection system used for collating, sharing and reporting NHS and social care data. Patients and the public are now able to see how hospitals are performing on this indicator on the NHS Choices website. This data sits alongside a range of other safety indicators.

### 3.0 Fill rate indicator return

As described above, the 'Fill rate indicator return' was completed and submitted. A copy of the UNIFY submission is available on request and is available to view on the trust website. The 'actual' number of staffing hours planned is taken directly from our nurse roster system, following which a look back exercise is undertaken. There were occasions when planned hours were revised either up or down taking into account an increase or reduction in patient bed numbers. On occasions when there was a deficit in 'planned' hours versus 'actual' hours, staff were moved from other areas to ensure safe staffing levels across our hospital. Staff were also moved to ensure wards/areas were staffed to a safe ratio of permanent versus temporary staff.

**Appendix 1** details a summary of fill rates 'actual' versus 'planned' in April 2015. The average fill rate was 103.9% for registered staff and 116.4% for care staff during the day and 100.6% for registered staff and 137.9% for care staff during the night.

Due to an error being made in the 'average fill rate data' percentages reported in the Trust Board - Safe Staffing report in May 2015, corrected summary fill rate data 'actual' versus 'planned' in March 2015 is also included. The UNIFY return was unaffected.

Two wards fell below 95% fill rates for qualified nurses but were managed safely by moving staff from other green rag rated areas and with the assistance of matrons and practice development nurses. Above 100% fill rate occurred in six areas where nurses were required to care for patients who needed 1:1 care due to mental health issues. Above average fill rates in excess of 100% for HCA's continues on wards where vulnerable patients require 1:1 care. On wards where one HCA is planned, provision of an additional HCA raises the percentage to 200% for that shift.

In the first week of August 2014 the number of HCA 'specials' used for patients on our wards was 162. In April 2015 when comparing the requirement for 1:1 'specials' in March a reduction was noted. The number of RMN 'specials' required to care for patients under a mental health section was also low for the most part of April.

#### **4.0 'Real Time' management of staffing levels to mitigate risk**

Safe staffing levels are reviewed and managed on a daily basis. At the daily 08.30am bed meeting, the Director of Nursing/Deputy Director of Nursing in conjunction with matrons, site managers and other senior staff review all registered and unregistered workforce numbers by ward. Consideration is given to bed capacity and operational activity within the hospital which may impact on safe staffing. Actions are agreed to ensure that all areas are made safe.

Ward shifts are rated 'red' 'amber' or 'green' according to numbers of staff on duty, taking into account patient numbers, acuity and dependency.

- Green shifts are determined to be safe levels and would not require escalation as these constitute the levels expected through the agreed ward establishment.
- Amber shifts are determined to be at a minimum safe level. The matron will be alerted, but no further escalation will be required. Staff will prioritise their work and adjust their workload through the shift accordingly, with a continual review of any changes to the acuity and dependency of patients.
- Red shifts are determined to be at an unsafe level. Mitigating actions will be taken, and documented, which may include the movement of staff from another ward and utilisation of supernumerary staff within the numbers or reducing the number of patients on the ward to match the staff availability. In exceptional circumstances, activity would be reduced through reduction in the number of beds. This addresses the risk and reduces the shift to an amber rating.

In summary, in April a total of 21/1440 (1.45%) shifts triggered 'red' which was lower than previous months. Of these, 10/810 (1.23%) occurred in the Division of Integrated Care and Acute Medicine (ICAM), 0/270 (0%) in the Women's, Children and Families (WCF) division and 11/360 (3.0%) shifts were reported to have triggered 'red' in the Division of Surgery, Cancer and Diagnostics (SCD).

#### **5.0 Conclusion**

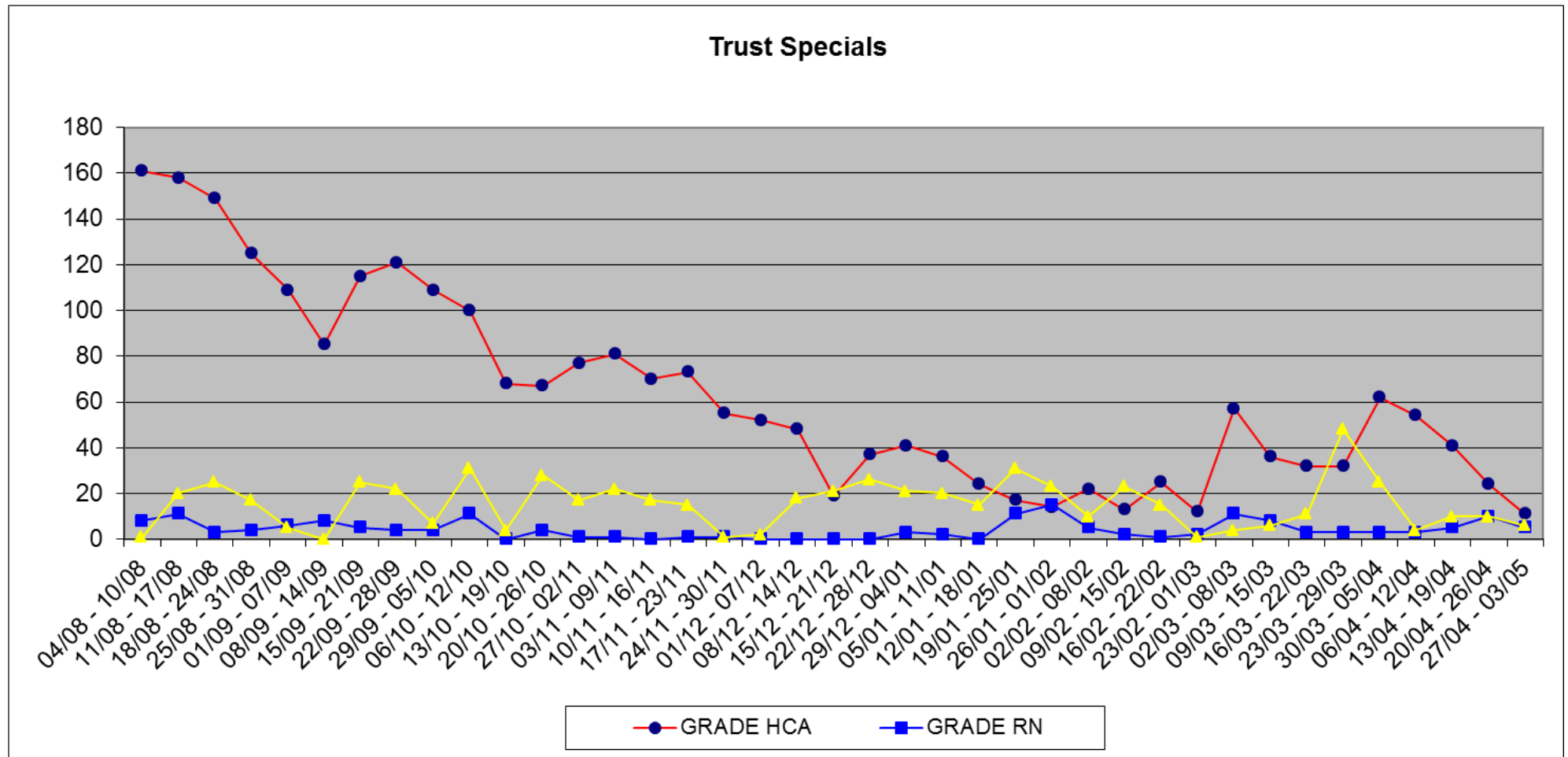
Trust Board members are asked to note the April UNIFY return position and processes in place to ensure safe staffing levels in the organisation.

**Fill rate data - summary  
April 2015**

Day				Night				<u>Average</u> fill rate data- Day		<u>Average</u> fill rate data- Night	
Registered nurses/ midwives		Care staff		Registered nurses/ midwives		Care staff		Registered nurses/ midwives	Care staff	Registered nurses/ midwives	Care staff
Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	103.9%	116.4%	100.6%	137.9%
32,568 hours	33,832 hours	10,382 hours	12,080 hours	27,199 hours	27,736 hours	6,224 hours	8,584 hours				

**Fill rate data summary March 2015 (corrected)**

Day				Night				<u>Average fill rate data- Day</u>		<u>Average fill rate data- Night</u>	
Registered nurses/ midwives		Care staff		Registered nurses/ midwives		Care staff		Registered nurses/ midwives	Care staff	Registered nurses/ midwives	Care staff
Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	101.69%	116.56%	99.13%	134.38%
33,443 hours	34,009 hours	10,539 hours	12,284 hours	27,133 hours	26,897 hours	6,497 hours	8,730 hours				





## Whittington Health Trust Board

3<sup>rd</sup> June 2015

<b>Title:</b>	Whittington Health Quality Account 2014/15		
<b>Agenda item:</b>	<b>15/080</b>	<b>Paper</b>	<b>4</b>
<b>Action requested:</b>	For approval		
<b>Executive Summary:</b>	<p>This is the final draft of the Trust's Quality Account for 2014/15.</p> <p>It assesses our performance over the past year and sets out our vision and approach for the next year. The account has been developed over the last four months with engagement across the Trust.</p> <p>It has been developed in line with the Monitor 'Detailed requirements for Quality Report 2014/15' (March 2015).</p> <p>It has been reviewed at Audit &amp; Risk Committee and Quality Committee, and has been reviewed by our local CCGs, Healthwatch and the shadow Governors. It has also been reviewed by the external auditors.</p> <p>The Quality Account gives an overview of performance on Quality for 2014/15 which demonstrates the Trust continuing to prioritise Quality and Safety across the organisation. There are great examples of good work that has been delivered over the last 12 months. The Account also identifies our priorities for 2015/16 and our commitment to Quality and the Sign Up to Safety campaign.</p> <p>This version once approved will be formatted for publication on the Trust's website and on the NHS Choices website by the end of June.</p>		
<b>Summary of recommendations:</b>	The Board is asked to approve the Quality Account for publication.		
<b>Fit with WH strategy:</b>	Producing an annual Quality Account is a requirement by law. Strategic goal 1 is 'to deliver consistent high quality safe services' in helping local people live longer healthier lives.		

<b>Reference to related / other documents:</b>		Trust Clinical Strategy					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		Within BAF and linked to delivery of strategic goal 1 for the organisation.					
<b>Date paper completed:</b>		22 <sup>nd</sup> May 2015					
<b>Author name and title:</b>		<b>Hannah Finney Strategy and Planning Manager</b>		<b>Director name and title:</b>		<b>Richard Jennings Medical Director</b>	
<b>Date paper seen by EC</b>	<b>19<sup>th</sup> May 2015</b>	<b>Equality Impact Assessment complete?</b>		<b>Risk assessment undertaken?</b>		<b>Legal advice received?</b>	<b>N/A</b>



# **Whittington Health**

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

## **Quality Account 2014 – 2015**

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## **Part 1: Statement on quality from the Chief Executive**

### **Purpose of the Quality Account**

Whittington Health's (Trading as the Whittington Hospital NHS Trust and referred to hereafter as Whittington Health) Quality Account forms part of the Trust's annual report to the public. It describes our key achievements on the quality of patient care for 2014 – 2015, as well as areas for improvement. It also sets out our key Quality Priorities for the year ahead.

Our quality achievements in 2014/15 have been due to the hard work and dedication of our staff. We recognise that there are further areas for improvement and so our Quality priorities for 2015/16 are challenging and achievable.

### **Quality vision for Whittington Health**

Quality has been and remains a key priority for Whittington Health.

As an Integrated Care Organisation (ICO), we can provide innovative and world class healthcare across the acute hospital and community for the benefit of the local population. Our Clinical Strategy has been developed which aims over the next five years to 'help local people live longer healthier lives', with a strategic goal being to deliver consistent high quality, safe services. For the year ahead one of our corporate objectives is to: "Deliver high quality, safe care and improved patient experience". The Chief Executive's 'Way Forward' vision for the future of Whittington Health emphasises the importance of continually striving to improve quality and safety.

Our new strategic goals that were published in our clinical strategy for 2015-20 and our Sign Up to Safety priorities are providing a strong foundation for the Trust to continually promote quality across the organisation. Our Quality priorities for 15/16 are aligned to these strategic goals and we will embed them across the organisation.

In 2015/16, we will be using the Sign Up to Safety initiative to re-energise the organisation's commitment to safety. We will be focusing on specific areas with the aim of reducing avoidable harm to our patients.

The clinical leadership and operational model has been reviewed to reduce bureaucracy and strengthen the clinical leadership and engagement in decision making. This will support delivery of our clinical strategy.

The organisation has a strong structure in place to promote and monitor Quality. We have a programme board consisting of the Executive Medical Director, the Chief Operating Officer and the Director of Nursing and Patient Experience. Safety is reported through the Patient Safety Committee which reports to the Quality Committee, a sub-committee of the Trust Board chaired by our non-executive lead. There are identifiable Quality Leads at director-level and in all clinical areas. There are also audit leads and clinical governance leads. The information strategy follows a

system of information flowing between divisions, and from divisions up to the Quality Committee.

The divisional Quality groups have met on a monthly basis and have had a set core agenda that they may add to but not detract from. This covers all of the Quality monitoring systems such as: patient safety and patient experience walkabouts, Care Quality Commission (CQC) information, NICE guidelines, auditing, SI reporting, and a review of the 14 Quality Standards (inclusive of the 5 'Sign Up to Safety' standards).

We recognise that Whittington Health, like all NHS Trusts, will face several challenges within the complex healthcare environment over the coming year. Safe, high-quality patient care delivered in the right way, at the right time, every time, must remain as our focus as we continue on our integrated care journey.

### **Key quality achievements and developments**

The Trust has had several successful achievements this year thanks to the hard work of our dedicated and talented staff.

We have been providing new services that are offering innovative and high-quality care to our patients. This year has seen the expansion of our pioneering Ambulatory Care service that aims to provide care as close to home as possible for patients, limiting the amount of time they spend in hospital as is appropriate. We also opened our new TB centre as the lead provider of the new coordinated TB service for North Central London in partnership with University College London Hospitals (UCLH). Our Hospital at Home service combines community and acute staff working in partnership to provide safe care at home for children and young people, enabling them to be discharged from hospital quicker or preventing admission. More detailed information about our service achievements this year can be found in the Divisional Quality Highlights section of this Account.

Various services within the Trust have received local or national awards this year:

- Our maternity unit received a number of awards for an initiative that enables birth partners to stay overnight to support women with the care of their newborn baby. The scheme was recognised at the Royal College of Midwives Awards, in March 2015 and by the All-Party Parliamentary Group on Maternity in November at the 'First 1,000 Days' Awards 2014', held together with the National Childcare Trust.
- The London midwifery supervisor of the year was awarded to Logan Van Lessen in October 2014 by the Local Supervising Authority at their conference.
- Our consultant obstetrician Chandrima Biswas was named in the Evening Standard's list of the 1000 most influential people in London for the work she does on campaigning on the dangers of maternal obesity, her volunteer work in Africa tackling deaths in childbirth and her recent Kilimanjaro climb to raise funds for premature babies.

- Children's epilepsy nurse specialist, Tessa Walker won the best practice award at the Young Epilepsy Champions Awards in March 2015 for her work supporting young people with epilepsy to manage their own condition and learn from other young people with the same condition.
- Chief executive Simon Pleydell was named as one the Health Service Journal's top 50 chief executives in the NHS 2015.
- The N19 pilot team was awarded the Team of the Year award at the Islington Council's staff awards.
- Paediatric community matron, Bernadette O'Gorman was named as a winner in the prestigious national 2014 WellChild Awards.
- Our diabetes team received a special commendation for the work with "potentially global impact" in the category of diabetes team of the year at the BMJ awards.
- The Trust received a certificate of excellence award in recognition of our internship programme set up by CAPA International Education given to American exchange students working on projects at the Trust.
- We have also continued to recognise the successes of staff internally through our excellence awards.

We have renewed our approach to Quality across the organisation to ensure we remain focused on providing safe and high-quality care. We reviewed our patient safety walkabout and Serious Incident (SI) processes to ensure they offered the most insight and the best outcomes. We continued to progress our Quality Standards programme, and extend our organisational commitment to Quality through the Sign Up to Safety initiative.

Finally, we have continued to maintain our low Summary Hospital Level Mortality Indicator (SHMI) score, meaning that the Whittington Hospital is one of the safest places nationally to receive care.

### **Trust Board endorsement**

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

### **Chief executive's signature**

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

Signature:

CEO

Date:

## About the Trust

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

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

With both hospital and community services, we are an ICO which means we can improve our patients' experience by bringing services closer to home and ensuring that the way patients receive healthcare is as joined up as possible between their GP, health facilities in the community and, when appropriate, the hospital. The Trust's vision is to continue to give people the most advanced care with quicker recovery times and where possible, enable our patients to receive their care at home and in the community. This is now considered the best way to provide healthcare to maintain health and wellbeing. We will 'help local people live longer healthier lives'.

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

This year we have developed our clinical strategy for the next five years with staff and our local community. Quality is a key theme throughout our new strategy. We have a new mission: helping local people live longer, healthier lives  
And a new vision: to provide safe, personal, co-ordinated care for the community we serve.

We have six new strategic goals:

1. To secure the best possible health and wellbeing for all our community
2. To integrate/co-ordinate care in person-centred teams
3. To deliver consistent high quality, safe services
4. To support our patients in being active partners in their care
5. To be recognised as a leader in the fields of medical and multi-professional education, and population based clinical research.
6. To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population

We developed our strategy around population groups to target our thinking and develop real patient-centred care that would achieve the best outcomes.

2014/15 was a busy year for the Trust where we continued our journey of integrating care. We developed innovative new pathways for patients to provide care in a holistic joined-up manner.

## **Listening to the workforce**

During the period 2014/15, there have been a range of staff engagement activities which notably include the NHS Staff Survey and Staff Family Friendly test as well as local forums. These are summarised below with actions that took place.

### **NHS staff survey 2014**

The NHS Staff Survey was published on 24 February 2015. The survey collects the experiences and opinions of NHS staff on a range of matters including job satisfaction, staff wellbeing and raising concerns. Questionnaires were sent to all permanent colleagues and our response rate was 39.2 per cent.

The Trust was in the top 20 per cent of trusts for:

- Colleagues feeling they had support from immediate line managers
- Few colleagues witnessing potential harmful incidences
- Few colleagues experiencing physical violence from patients or the public

The Trust was in the bottom 20 per cent of trusts for

- Appraisal
- Working extra hours
- Work related stress
- Bullying and harassment
- Career progression
- Discrimination at work

Some of these findings support the results of the Opinion Research Corporation Employee Engagement survey that staff also undertook last year. Work is already underway in a number of these areas.

### **Actions being taken**

Based on staff feedback from the past two years, the following actions are being taken:

- Commitment that meetings are held across community and hospital sites & managers based at hospital are more present to community teams on a regular basis
- Communications team to work on embedding WH brand across all services – ensuring that it is not “hospital-centric”
- Improvement to the appraisal process and outcomes
- Staff are able to access training opportunities to support business processes and change management: Cascade and facilitate operational management participation in leadership and change programmes.
- Managers to be trained in managing change effectively: details to be advertised – booked as part of local induction for new managers

## Staff Friends and Family Test

The Staff Friends and Family Test (FFT) was introduced in April 2014. Staff engagement is a key indicator for the Trust in measuring how well it manages its staff and the FFT test is one way of measuring our progress on a quarterly basis.

We have seen improvements in our quarterly response rates since we started, with over 1100 members of staff replying to this quarter's survey. The results show: 78% of staff would recommend Whittington Health to friends and family if they needed treatment or care (compared to 75% for the previous survey). 61% of staff would recommend Whittington Health to friends and family as a place to work (compared to 59% for previous survey). The results together with staff comments are shared and discussed at Trust Management Group, before the results are submitted to NHS England.

The results for this quarter, together with the London and National comparison data for quarter 2 (quarter 3 included in the NHS Staff Survey Results) are illustrated below:

Total respondents: 1125. Response rate: 27%.

	Care or Treatment	Place to work
Recommendation scores	How likely are you to recommend Whittington Health to friends and family if they needed care or treatment?	How likely are you to recommend Whittington Health to friends and family as a place to work?
% Recommending	78%	61%
% Not Recommending	8%	25%

Notes: 1) Response rate is based on a Trust total of 4116 employees from HSCIC workforce headcount in Q2. 2) Numerator for % recommending is *number answering 'likely' or 'extremely likely'*; Numerator for % not recommending is *number answering 'unlikely' or 'extremely unlikely'*.

Org.	Total responses	Response rate	% Recommend Care	% Not Recommend Care	% Recommend to Work	% Not Recommend to Work
England Q2	141450	12%	77%	8%	61%	19%
London Area Team Q2	20392	12%	77%	8%	63%	19%
Whittington Health Q2	962	23%	75%	9%	59%	26%
Whittington Health Q4	1125	27%	78%	8%	61%	25%

You will see from the figures in the previous table, that our response rates are almost double that of Trusts across both London and Nationally. The reasons for this are that we invite all our staff to take part in the survey every quarter and whilst the survey is online, we promote the FFT in a variety of ways from all staff emails to managers making their iPads available for those staff who do not have access to computers.

PLACE TO WORK FFT	CARE OR TREATMENT FFT						Total
	Ex. Likely	Likely	Neither	Unlikely	Ex. Unlikely	Don't know	
Ex. Likely	224	66		2		1	293
Likely	80	278	25	8	1	4	396
Neither	19	76	45	4	3	2	149
Unlikely	9	73	35	21	7	4	149
Ex. Unlikely	11	36	40	20	23	4	134
Don't know		2			1	1	4
Total	343	531	145	55	35	16	1125

You will see from the results above that 78% of staff who responded to the survey would recommend our organisation to their friends and family as a good place to receive medical care. The comments and feedback received in the comments box suggest that this is due to our patient focus, professionalism and the excellent levels of patient care, by all teams across the Trust. The main area to focus on to improve this score is around better management of our resources, in particular staff shortages. We have seen a slight improvement in our percentage score since Q2 and is slightly above both the London and National average.

As a place to work, many staff would recommend the Trust due to its friendly, supportive environment with good training and professional colleagues. Many staff like the smaller size of our organisation and that it is closely aligned to the needs of the local population.

We cannot provide data for the last reporting periods as the Test was only established in April 2014. Furthermore, we cannot provide the national average or highest and lowest-performing Trusts, as that data is published in arrears, and is not available at the time of writing.

As with all organisations, the existing economic climate brings with it its own challenges. A reduction in excessive workloads, improved communications across different sites and improved management capability, would all bring about improvements to our scores. Our Trust Management Group are currently agreeing corporate priorities identified from the NHS staff survey, which should see further improvements in this score.

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

### **Our quality priorities for 2015-16**

Through the engagement of staff, clinical teams and our community, the development of the clinical strategy and our commitment to providing quality care was reaffirmed.

Quality remains a key priority in all that we do.

The quality priorities for 2015/16 were developed through:

- Executive Team discussion and ownership
- Trust Board discussion and ownership
- Through the clinical teams and divisions identifying their priorities for delivering quality being embedded in all future business planning
- Sign up to Safety initiative
- Our Patient Safety Week

### **Our priorities for 2014-15 were:**

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

**Our priorities for 2015-16 are:**

Trust Strategic Goals	Quality Priorities
To secure the best possible health and wellbeing for all our community	<p><u>Learning Disabilities</u></p> <p>In Q4 90% of inpatients with learning disabilities (LD) will meet the LD specialist nurse during their admission, be clearly identified on the electronic patient record, and have a personalised care plan (Purple Folder). In the Emergency Department (ED) 75% of all staff will have had specific training in the care of people with LD.</p>
To integrate/co-ordinate care in person-centred teams	<p><u>Falls</u></p> <p>We will reduce the number of inpatient falls that result in serious harm by 50%.</p>
To deliver consistent high quality, safe services	<p><u>Sepsis and Acute Kidney Injury (AKI)</u></p> <p>We will achieve the national CQUIN around giving antibiotics within the first hr to patients with severe sepsis. In addition we will effectively record our performance in delivering the sepsis 6 care bundle for all patients. We will improve our performance by 50% in the course of the year. We will achieve all our outcome measures associated with our AKI CQUIN in 2015/16.</p>
To support our patients/users in being active partners in their care	<p><u>Pressure Ulcers</u></p> <p>We will have no avoidable grade 4 pressure ulcers. We will reduce the number of avoidable grade 3 pressure ulcers in the acute setting by 50%. We will reduce the number of avoidable grade 3 pressure ulcers in the community by 30%.</p>
To be recognised as a leader in the fields of medical and multi-professional education, and population-based clinical research.	<p><u>Research and Education</u></p> <p>We will increase by at least 20% the number of National Institute of Health Research (NIHR) programmes in which we participate. We will increase participation in inter-professional learning events within Whittington Health by 30%.</p>
To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population	<p><u>Patient Experience</u></p> <p>We will improve the response rate of Family and Friends Test responses. We will reduce the no. of people who would not recommend the Trust, &amp; increase the no. who would. We will improve the capture of data that demonstrates the impact of service delivery on outcomes in our diabetic service and frail elderly service.</p>

## **Commissioning for Quality and Innovation (CQUINs) agreed with our commissioners for 2015/16**

A proportion of Whittington Health's income in 2015-16 is conditional on achieving quality improvement and innovation goals agreed between the Trust and our local CCGs. Under the CQUIN payment framework, these goals were agreed as representing areas where improvements will result in significant benefits to patient safety, experience and health outcomes. These CQUINs have been agreed, subject to changes in detail with local commissioners:

- Discharge planning and delivery
- Alcohol misuse
- Smoking cessation
- Domestic violence
- Value-based commissioning
- Acute Kidney Injury
- Sepsis screening and antibiotic administration
- Dementia and delirium

## **Progress report on our 2014-15 Priorities**

### **Priority 1: Develop a localities-based model of care with our commissioners.**

Over the past year, a lot of work has been done on developing the localities-based model of care.

In October 2014, a number of 'test and learn' sites were launched in Islington as part of the area's development of a locality model of integrated health and care services. The purpose of the pilots is to provide the opportunity for core teams including GP's, social workers, community matrons and mental health professionals to test new ways of working together.

The model based on integrated teams is designed to improve patient experience by:

- Providing care co-ordination with a shared care plan
- Providing a named professional who is the main point of contact for health and care needs
- Supporting skills, knowledge and confidence amongst patients through collaborative conversations
- Supporting patient-identified outcomes to deliver an asset-based approach
- Delivering care that is seamless, co-ordinated and proactive

Community rehabilitation and intermediate care services in Islington were also integrated this year. The new structure with two area teams of integrated social care staff and the recovery and rehabilitation community staff came into being on 30th March.

Our locality-based models of working are very new, but we have achieved this integration with a lot of planning and work over the past year. Our clinical strategy for the next 5 years confirms that we will continue to work in locality-based models and this will remain a priority for the organisation moving forwards.

### **Priority 2: Improve patient experience in Outpatients.**

Improving patient experience in Outpatients is an ongoing challenge for the Trust. We have taken steps to ensure that patients find Outpatients to be a service that communicates with patients more effectively and is easier to get in contact with.

In August 2014, we introduced the Patient Access Call Centre, which takes telephone calls from patients enquiring about their outpatient appointment or needing to book an appointment. This has led to an improvement in the average time to calls being answered from 14 minutes to 2½ minutes. Staff rotas have been amended to

ensure all available staff are answering calls at busy periods, such as days following Bank Holidays. We are currently looking at how opening hours can be extended to enable patients to contact the Centre outside the core hours of 8.30am–5.00pm. Furthermore, a new streamlined referral management process for GP referral letters has now been implemented in the Patient Access Centre. Continuing with this work, we will be introducing scanning for GP referral letters in June 2015. This will enable the Centre to be more efficient and work better for patients.

We have also focused on the Reception desks in the main Outpatient department. A Reception Supervisor is in place and a Reception rota drafted to ensure the main Outpatient reception desks are covered whilst clinics are running. This work is ongoing with regular assessment of the need for available Reception cover for additional clinics being introduced.

Improving patient experience in Outpatients is a challenging task and will remain an area that the Trust will strive to improve in 2015/16.

### **Priority 3: Further develop co-creation of healthcare with patients as active partners**

Our work on co-creation of healthcare with patients as active partners has its beginnings in a programme called “Co-Creating Health”. This programme took as its starting point that to truly co-create health, we need to shift the culture so that patients feel engaged and informed, and have the knowledge, skills and confidence to work in partnership with health and social care professionals. These professionals are in turn committed to partnership working and also work towards shaping a service delivery system that supports new collaborative relationships between patients, professionals and the system.

During 2014/15, through funding from Islington Clinical Commissioning Group (CCG) we have continued to deliver the Co-Creating Health Advanced Development Programme to over 90 clinicians in inter-professional groups. Over 90% of those attending rate the programme as excellent, very good or good.

We have for the second year, provided training based on Co-Creating Health: Advanced Development Programme to year 5 medical students - 120 students per term. We provided the Advanced Development Programme to Specialist Registrars (Long-Term Conditions) for University College London Partners (UCLP) started in February 2015. There is provision for around 200 doctors, and provided bespoke training for Whittington staff to deliver an Enhanced Recovery Programme to improve doctor/nurse/AHP-patient conversations whilst in hospital and during planning for patients’ discharge from hospital.

We supported practitioner development in Hanley Road GP Practice and development of a Self-Management Strategy, the aim of which was to increase awareness of supported self-management among patients, receptionists and

doctors. All staff were trained in supporting self-management. All patients with Diabetes and other chronic diseases were encouraged to attend a self-management programme.

Our Supporting Lifestyle Behaviour Change training, commissioned by both Haringey and Islington Public Health, has been attended by over 300 people from Whittington Health, local GP practices, both Haringey and Islington Council staff and third sector staff in inter-professional, interagency groups. This training gives front line staff knowledge of key lifestyle messages relating to smoking, alcohol, healthy eating and physical activity and supports them with the understanding of motivating behaviour change. This gives them the tools needed to engage people as active partners and make every contact count. Following training over 95% of participants said that they feel more confident to support behaviour change with their clients.

For patients living with long term conditions we have continued to offer the Expert Patients Programme, the (type 2) Diabetes Self-Management Programme, workshops for people who live with Muscular Skeletal and Chronic Pain; a new pilot programme of workshops for people who have mild Chronic Obstructive Pulmonary Disease (COPD); a singing group for people with breathing problems called “Sing for your Lungs”, a Safer Medicines Management pilot programme to support people taking lots of medications who have long-term conditions. These programmes are designed to support patients to increase their level of activity and capacity to self-manage their conditions.

The physiotherapy service have developed a musculo-skeletal self-management section of the Whittington Health website and a page called “Living with long term conditions” for patients to more easily find self-management support services has been created on the Whittington Health Website

A part of our continued work with the Health Foundation was a commitment to share our learning with others. During 2014/15 we have contributed to:

- A workshop at the UCLP 2014 education conference ‘Improving patient safety through innovations in education’. (May 2014).
- Kings Fund conference which launched a new report by Judith Hibbart and Helen Gilburt ‘Supporting people to manage their health – an introduction to patient activation’ in May 2014.
- A presentation to Whittington Health’s Board on 5<sup>th</sup> November. The purpose was to raise awareness about self management programmes and training, the challenges we envisage are ahead, and asking if we could support the Board with its strategic development. The presentation was well received.
- Whittington Health’s new Clinical Strategy incorporates this ethos of supporting the journey towards co-creating health with patients and has an explicit strategic goal to ‘support patients to be active partners in their care’

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

### **Smoking harm prevention**

Indicator	Target	Q1	Q2	Q3	Q4
Smoking status recording for all inpatients	90%	93%	93%	92%	90%
Brief advice for identified inpatient smoker	90%	95%	94%	91%	92%
Smoking status recording in five outpatients services*	90% (Q3 & Q4)	Methodology Set		91%*	92.9%*
Brief smoking advice provided in five outpatients services*	90% (Q3 & Q4)	Methodology Set		95%*	95%*
Quit attempt - Percentage referred to Stop Smoking Service	Measure referral Rates	21%	23%	23%	29%
Staff smoking reduction	Conduct two stop smoking events after Q1	Event planning completed	Event successfully conducted	Event successfully conducted	-

\* OP services: Respiratory, TB, Cardiology, Maternity, Paediatrics (Asthma and other respiratory problems). Performance measured by manual audit.

Overall, performance in delivery smoking harm prevention has been strong in 2014/15. We remain committed to improving this in 2015/16.

### **Alcohol harm prevention**

Indicator	Target	Q1	Q2	Q3	Q4
Screening in A&E	Q1: 20% Q2: 30% Q3: 40% Q4: 50%	35.3%	43.6%	48.6%	51.3%
Brief intervention	90%	98.3%	96.4%	96.5%	98.2%
Offer Referral information	90%	98.3%	96.4%	96.5%	98.2%
GP communication	90%	90.1%	91.4%	92.6%	90.5%

Delivering alcohol harm prevention in 2014/15 has also been a key strength. We will continue our focus on this into 2015/16.

## **Priority 5: Work with other Islington stakeholders to develop our pilot Community Education and Provider (CEPN) network**

Islington CEPN is led by Whittington Health. The membership includes:

- Islington CCG
- GP surgeries
- London Borough of Islington
- Community pharmacies
- Community service providers
- Acute providers
- Higher Education institutions
- Voluntary and Community Sector

In 2014-15, Islington CEPN pilot's aim was to fully establish itself through a fit for purpose governance structure. Its first year work programme aimed to align the integrated care agenda and Islington's "locality offer", with an appropriately developed workforce.

In 2014-15, the CEPN had many successes. It implemented an Integrated Workforce Assessment programme and Care Certificate pilot. It developed a super hub for Community Nursing, brought additional resources into the borough, and formed successful partnerships with a variety of parties, including the voluntary sector, local authorities and care homes.

The CEPN adds strength to what we want to achieve by working collectively and provides a framework in which to do so, as well as allowing us to develop more collaboratively and in an integrated manner. It adds strength to the well-established partnership approach across health and social care economies in Islington. The network has been a catalyst for change not only for the training and workforce development but also in other areas having a wider impact on the system than initially imagined.

The Islington CEPN Steering Group had a priority setting workshop in March 2015 to look at its joint strategic priorities for the second year and it will focus on: workforce; effectiveness; learning; and, faculty development.

## **CQUINs 2014/15**

1.8% of Whittington Health's income in 2014-15 was conditional on achieving quality improvement and innovation goals agreed between Whittington Health and our local commissioners through the CQUIN payment framework. These goals were agreed because they all represent areas where improvements result in significant benefits to patient safety and experience. Both the Whittington Health and our commissioners believed they were important areas for improvement.

The achievement of CQUINs has been embedded into Whittington Health in 2014/15. There is a full CQUIN team responsible for the achievement of CQUINs with an Operational lead and a Clinical lead. There is also a clinical lead and operational lead for each individual CQUIN.

### Performance against CQUINS

CQUIN scheme	Rationale / Objectives	Estimated Compliance
<b>Friends and Family Test</b>	The FFT will provide timely, granular feedback from patients about their experience. A number of different services will use the test including Maternity and ED. Staff will also be surveyed.	<b>Compliant</b>
<b>NHS Safety Thermometer</b>	This involves a series of measures to improve patient safety and benchmark us against other organisations.	<b>Compliant</b>
<b>Dementia screening in &gt;75 yrs for emergency admissions</b>	To make sure we screen patients who are admitted as an emergency for dementia.	<b>Compliant</b>
<b>Integrated Care</b>	To encourage co-ordination between clinicians providing care at different stages in a patient's pathway - across treatment settings.	<b>Compliant</b>
<b>Stop smoking interventions in the Whittington Hospital</b>	Smoking cessation: Up to one in five deaths in London is due to smoking yet there are cost effective interventions that can be used in hospitals to reduce that mortality, improve health and prevent admissions.	<b>Compliant</b>
<b>Alcohol screening in the emergency department</b>	To make sure that patients with alcohol problems are identified and that their General Practitioners are informed, so that they can offer help.	<b>Compliant</b>
<b>Domestic Violence Prevention</b>	To ensure that staff are trained in approaching patients about domestic violence and abuse, and are able to provide specialist advice, advocacy and support.	<b>Compliant</b>
<b>Value based commissioning: Diabetes, Elderly People with Frailty and Mental Health</b>	To encourage communication between Whittington health, Commissioners and other nearby trusts around the following clinical areas: Diabetes, Elderly People with Frailty and Mental Health	<b>Compliant</b>
<b>Child Health Information System (CHIS)</b>	To promote the secure and timely transfer of clinical records between providers and the tracking of all HepB, BCG and LAC. This promotes best clinical care for the most vulnerable children.	<b>Partially compliant</b>

Looking forward, there are detailed discussions with commissioners to focus quality measures on outcomes. The Trust believes this will result in our Quality Account being increasingly focused on outcomes rather than process measures in future.

## Statements of assurance from the Trust Board

### Review of services

During 2014-15, Whittington Health provided 198 NHS services delivered through three divisions, and did not sub-contract any services. The Trust has reviewed all data available on the quality of care of those services.

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

The clinical income generated by the NHS Services reviewed in 2014-15 for the compilation of the Quality Accounts represents 100% of the total clinical income of Whittington Health.

### Participation in Clinical Audits 2014-2015

During 2014/2015 48 national audits and 4 national confidential enquiries covered NHS services that Whittington Health provides.

During 2014/2015 Whittington Health participated in **96%** national clinical audits and **100%** national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Whittington Health participated in are listed in the table below. The reasons for non-participation are also included.

The national clinical audits and national confidential enquiries that Whittington Health participated in and for which data collection was completed during 2014/2015 are included below, listed alongside are the number of cases submitted to each audit.

Title	Management Body	Participation during 2014/15	If data collection completed, no. of cases submitted
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	National Institute for Cardiovascular Outcomes Research	Yes	90 cases
Adult Community Acquired Pneumonia	British Thoracic Society	Yes	On-going data submission
British Society for Clinical Neurophysiology and Association of Neurophysiological Scientists Standards for Ulnar	Association of Neurophysiological Scientists (ANS)/British Society of Clinical Neurophysiologists (BSCN)	Yes	20

Neuropathy at Elbow testing			
Bowel cancer (NBOCAP)	Royal College of Surgeons of England	Yes	64 patients
Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	718 cases
Diabetes (Adult)	Health and Social Care Information Centre	Yes	1700 cases
Diabetes (Paediatric) (NPDA)	Royal College of Paediatrics and Child Health	Yes	On-going data submission
Elective surgery (National PROMs Programme)	Health and Social Care Information Centre	No	See below
Epilepsy 12 audit (Childhood Epilepsy)	Royal College of Paediatrics and Child Health	Yes	Completed
Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians (London)	Yes	118 cases
Fitting child (care in emergency departments)	The Royal College of Emergency Medicine	Yes	50 cases
Inflammatory Bowel Disease (IBD) programme	Royal College of Physicians (London)	Yes	41 cases
Lung cancer (NLCA)	Royal College of Physicians	Yes	19 cases see below
Major Trauma: The Trauma Audit & Research Network (TARN)	The Trauma Audit & Research Network	Yes	Retrospective data submission Q4 2014/15
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	MBRRACE-UK, National Perinatal Epidemiology Unit	Yes	32 cases
Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	NCEPOD	Yes	100% compliance See section below
Mental health (care in emergency departments)	The Royal College of Emergency Medicine	Yes	33 cases
National Audit of Intermediate Care	NHS Benchmarking Network	Yes	223/332 cases or 75.9%
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre (ICNARC)	No	See below
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (Pulmonary Rehabilitation)	Royal College of Physicians (London)	Yes	On-going data submission
<i>National Audit of Dementia</i>	<i>Royal College of Psychiatrists</i>	<i>Not applicable</i>	<i>See below</i>
National Comparative Audit of Blood Transfusion programme	NHS Blood and Transplant	Yes	Completed
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	Yes	Ongoing

(NCISH)			
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	Yes	100 cases
National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research	Yes	160 cases
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership	Yes	Ongoing
National Prostate Cancer Audit	Clinical Effectiveness Unit, The Royal College of Surgeons of England	Yes	22 cases
Neonatal Intensive and Special Care (NNAP)	The Royal College of Paediatrics and Child Health	Yes	373 cases
<i>Non-Invasive Ventilation - adults</i>	<i>British Thoracic Society</i>	<i>Not applicable</i>	<i>See below</i>
Oesophago-gastric cancer (NAOGC)	Royal College of Surgeons of England	Yes	25 cases
Older people (care in emergency departments)	The Royal College of Emergency Medicine	Yes	119 cases
Pleural Procedure	British Thoracic Society	Yes	7 cases
Rheumatoid and Early Inflammatory Arthritis	British Society of Rheumatology	Yes	6 cases

### **Lung Cancer**

*The National Lung Cancer Audit has moved provider from the HSICA to the Royal College of Physicians and a new collecting system is being set-up. There were 75 lung cancer patients first seen in 2014 of which 19 have been entered onto the old Open Exeter system before it closed. It is proposed for the outstanding 56 patients to be entered on to the new system.*

### **National Cardiac Arrest Audit (NCAA) – Reason for non-participation**

The Trust undertakes its own cardiac arrest audit, which is reported monthly to Divisional Board and every 2 months to the Resuscitation Committee. As of 2015/16 the Trust will be participating in the national audit.

### **Elective surgery (National PROMs Programme) – Reason for non-participation**

The audit was on hold and has now recommenced.

### **National Audit of Dementia – Not applicable**

Healthcare Quality Improvement Partnership confirmed there was no data collection during 2014/15.

### **Non-Invasive Ventilation – adults – Not applicable**

The audit was withdrawn by the British Thoracic Society

<b>Additional National Audits</b>	<b>Management Body</b>	<b>Participated in 2014/15</b>	<b>Status of Audit</b>
BAD National audit on melanoma skin cancer excision	British Association of Dermatologists	Yes	Completed 45 cases

BASHH Management of Anogenital Herpes	BASHH - specialty initiated National audit	Yes	Completed 40 cases
UK National Screening Committee Hepatitis B in Pregnancy audit	UK National Screening Committee	Yes	21 cases
National study of HIV in Pregnancy and Childhood	Royal College of Obstetricians and Gynaecologists / UCL Institute of Child Health, London	Yes	Ongoing
National Metabolic and Bariatric Surgery Registry	Association of Laparoscopic Surgeons, Association of Upper Gastrointestinal Surgery, British Obesity & Metabolic Surgery Society and Dendrite Clinical Systems	Yes	Ongoing
A multicentre prospective observational audit of the diversity of clinical management and outcomes of acute diverticulitis-time to look closely	Yorkshire Surgical Research Collaborative	Yes	First round data submission complete
Cardiac Rehabilitation	Health & Social Care Information Centre, British Heart Foundation	Yes	Ongoing
National Pregnancy in Diabetes audit	Health and Social Care Information Centre (HSCIC) working in collaboration with Diabetes UK and Diabetes Health Intelligence.	Yes	Completed 27 cases
Minimum Data Sets for Palliative Care	National Council for Palliative Care	Yes	Completed 267 cases
National Trauma Snapshot Audit	National Council of Juvenile and Family Court Judges	Yes	Completed
Pain assessment in Intensive Care	Royal College of Anaesthetists and the Difficult Airway Society	Yes	Completed 22 cases
National clinical audit on paediatric eczema	British Association of Dermatologists	Yes	Completed 10 cases
National Audit of Antidote stocking in acute Hospitals 2014	College of Emergency Medicine	Yes	Completed
STARSurg (Student Audit and Research in Surgery) DISCOVER: Defining Surgical complications in the overweight	The Association of Surgeons in Training	Yes	Completed
Quality of Intra-operative cerebral protection	Quality of Intra-operative cerebral protection	Yes	Completed

The reports of **10** national clinical audits and national confidential enquiries were reviewed by the provider in 2013/2014 and Whittington Health intends to take the following actions to improve the quality of healthcare provided.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires in 2015/2016 by ensuring:

- Each of the three divisions have an agreed annual clinical audit (quality improvement) programme which aligns the Division's audit strategy to the Trust's overall audit strategy and priorities. National audit and national confidential enquiries will continue to be a key component of these programmes.
- Capacity is channelled where appropriate away from small ad-hoc audits to major, national audits vital to monitor and ensure safety without losing flexibility or suppressing good local ideas.
- Performance in national clinical audit will continue to be acknowledged through the dissemination of participation certificates and outcome presentations at senior Divisional and Corporate level meetings including Trust speciality half day audit meetings.
- National audit compliance will continue to be monitored on an ongoing basis with reporting via the monthly Divisional Quality Committee meetings.

### **Pleural Procedures**

The Pleural Procedures national audit was overseen by the British Thoracic Society (BTS) and the aim was to assess if hospitals are meeting the quality standards in pleural fluid management and chest drain insertion as set out in the BTS national guidelines. The outcome of the audit will look to drive improvements in the quality of care and services for these patients. Whittington Hospital participated in this audit and reviewed patients who had a chest drain inserted from 1<sup>st</sup> June to 31<sup>st</sup> July 2014.

The Hospital submitted 7 patient audits and the findings indicated that there must be documented evidence of patient consent in the patient record. As a result of this, a new Trust guideline was written and approved on pleural procedures, and a chest drain specific consent form. All trainees are to be informed and educated that the consent form needs to be printed off and completed for each patient undergoing chest drain insertion.

### **National Emergency Laparotomy Audit (NELA)**

The NELA Organisational Audit was presented at a multi-disciplinary audit half day meeting in July 2014. This meeting also received feedback from 6 months of audit data.

It was identified that Whittington Hospital is in the lowest quartile in the country for the number of emergency laparotomies carried out at approximately two per week.

By July 2014, 35 cases were complete, of which there had been 6 deaths (17%). All of these 6 cases had p-POSSUM scores that gave a predicted mortality of >10% (although there were also 8 other cases within this category who did not die). There was discussion the pathway for these patients once in the hospital. Concerns were highlighted about late referrals from medical specialities and the challenges of providing gold standard staffing and facilities given the small volume of these cases carried out at Whittington Hospital. Improvements have been implemented including high risk patients (using pre-op p-POSSUM scoring) being identified and fast tracked for Consultant management (surgical, anaesthetic and ITU) with urgent transfer to theatre.

The next review of the audit findings is planned for July 2015.

### **British Association of Dermatologist (BAD) Non-Melanoma Skin Cancer Excision National Audit**

This is a national audit designed by the BAD and British Society of Dermatological Surgery to provide a snapshot of UK excision practice. The audit reviewed 10 cases per clinician. The aim of the audit is to ascertain if non-melanoma skin cancers are being sufficiently excised to prevent local recurrence.

The results of the audit identified that the pro-forma required updating in order for more detailed information is recorded to support the identification of high risk tumours. This will aid clinicians to identify high risk tumours prior to surgery and communicate this on the referral.

### **National Audit of Antidote stocking in Acute Hospitals 2014**

Emergency Departments (EDs) are expected to carry certain antidote medication which is to be stored in ED for instant access, whilst some medication must be available within one hour and for others staff need to know where they can be accessed. The College of Emergency Medicine and National Poisons Information Service updated this guideline in 2014, and NHS wanted to audit the availability of these antidotes, because past audits have revealed some gaps in this area.

Following the findings of the audit, a process has been established whereby Pharmacy will be informed by e-mail when antidotes are due to expire so they can be replaced.

The reports of **96** local clinical audits were reviewed by the provider in 2014/2015 and Whittington Health intends to take the following actions to improve the quality of healthcare provided.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in 2015/2016 by ensuring:

- All clinical audits are now mapped against the CQC standards.
- Following previous external auditor recommendations, each local clinical audit will additionally identify the source of the audit and the quality driver.

- The audit registration form has been updated to reflect the requirements of registering both clinical audit and service evaluation projects.
- A programme of clinical audit awareness sessions, half-day clinical audit teaching workshops and ad hoc information dates by the Clinical Governance Department will continue throughout the coming year.
- Clinical audit actions will continue to be assigned to a senior clinician and managerial representative if appropriate, with specific time scales for completion.
- Local clinical audit performance will continue to be monitored on an ongoing basis with regular reporting via the monthly Divisional Quality Committee meetings.

### **Examples of actions being taken for local audit:**

In December 2013 NICE introduced guidelines on IV Fluid Management. Current evidence demonstrates that 1 in 5 patients suffer morbidity or mortality as a result of inappropriate administration of IV fluids and electrolytes.

The guideline was audited in line with best practice. As a direct result of this audit and guideline, we have taken the following actions:

- Produced a local IV Fluids Prescribing Guide based upon the NICE model;
- Produced a pocket-sized, tri-fold guide carried by doctors attached to their ID badge. This is a quick and easy reference, developed with Dr Chekairi (Clinical Director for Anaesthesia), Professor Montgomery and Professor Mythen
- Approved by both the Drugs and Therapeutics Committee and the Clinical Guidelines Committee, these guides have been printed with an initial run of 100 copies. They are to be distributed to junior doctors at a teaching session of IV Fluid prescribing during Induction Week. Initial feedback has been overwhelmingly positive.
- A local hospital management guideline entitled *Intravenous Fluid Management: For General Medical and Surgical Patients* with accompanying general information has also been written by Dr Ruth Richardson (FY2) with Dr Chekairi and has already been ratified at the Clinical Guidelines Committee.

### **To assess whether Abdominal X-rays are requested appropriately for Surgical Patients**

Anecdotal evidence suggested surgical patients admitted to Whittington Hospital undergo abdominal x-ray (AXR) unnecessarily. There is a significant radiation dose associated with AXR. The aim of the audit was to assess whether AXRs are requested for appropriate indications for emergency surgical patients in line with imaging referral guidelines from the Royal College of Radiologists

The outcome of the audit has resulted in:

- Teaching of the Royal College of Radiologist guidelines for AXR indications to Surgical and ED staff with leaflets on the importance of compliance being disseminated to ED staff.
- Discussion with Radiology Department regarding the possibility of vetting AXR requests/using the electronic system Anglia ICE.

## **Smoking Cessation Policy at Simmons House**

Simmons House is an Adolescent Psychiatric Unit for young people aged 13-18. It is an open unit and permits smoking on the grounds of the unit in a designated area (the outside courtyard) under the current policy. This is a local audit designed to review whether the current smoking policy at Simmons House is being complied with.

The audit results demonstrated that further awareness of the policy was required and posters with key findings of the audit and flow chart of implementation of recommendations is to be provided to team leaders to disseminate among the whole multidisciplinary team.

## **Snack Provision in Early Year Settings in Islington**

The early years provide a crucial time to help children develop healthy eating patterns and reduce health inequalities which persist across the life course. The quality of early year's experiences, including education, can have a fundamental impact on development, and an increasing number of children in England are attending full day care. Early year settings therefore provide an ideal opportunity to promote positive healthy eating messages to both children and parents, through conversations, activities and role modelling as well as familiarising children with a variety of foods.

The key aim of this audit was to assess whether early year providers such as, Private, Voluntary and Independent nurseries and Children Centres within Islington are implementing the Voluntary Food and Drink Guidelines for Early Years in particular focusing on the snack provision provided within the early year settings.

The audit identified that there should be on-going promotion and support to the Early Years' setting of the Voluntary Food and Drink Guidelines and to introduce twice yearly review of menus by Summer 2015.

## **National Confidential Enquiry into Patient Outcome and Death (NCEPOD)**

### **Eligibility and participation:**

Title	Participation 2014/2015	Percentage of cases submitted
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Sepsis	Yes	100%
Gastrointestinal haemorrhage	Yes	100%
Tracheostomy care	Yes	100%

**NB** Lower limb amputation study: there were no relevant cases attributable to the Trust however the organisational questionnaire was completed and submitted.

## Participation in clinical research

In 2014–15, 609 patients who received their care through Whittington Health were recruited into studies classified by the National Institute of Health Research (NIHR) as part of the NIHR research portfolio. This compares to 236 patients in 2013–14.

There are currently 31 NIHR portfolio studies in progress at Whittington Health compared to 21 studies in 2013–14. In addition to the 31 NIHR portfolio studies that are on-going, an additional 12 other studies were commenced in 2014-15. These studies are undertaken by nurses, allied health professional and trainee doctors. The results and impact of these studies are published in peer reviewed publications and at conference presentations.

In completing our clinical strategy enabling local people to ‘live longer healthier lives’, a key strategic goal has been identified to become a leader of medical, multiprofessional education and population based research. To this end we are currently developing a Whittington Health Research Strategy that will underpin our clinical strategy. We believe we are uniquely placed to take a life course approach to population based research and be at the forefront of the synergy between clinical service, education and clinical research.

Participation in clinical research demonstrates Whittington Health’s commitment to improving the quality of care that is delivered to our patients and also to making a contribution to global health improvement. We are committed to increasing the number of studies in which patients can participate, as research active hospitals deliver high quality care. The Trust’s research portfolio continues to evolve to reflect the ambitions of our ICO and also reflect the health concerns of our local population, including cancer, haemoglobinopathies, critical care, infection, women’s health, continence science and speech and language therapy.

## The CQC and Whittington Health 2014/15

Whittington Health is required to register with the CQC and its current registration status is registered with no conditions. The CQC has not taken any enforcement action against Whittington Health in 2014/15.

The CQC has not made any formal visits to Whittington Health services in the hospital or the community since the hospital inspection in January 2014 that was referred to in the Quality Account for 2013/14.

Only one essential standard was not considered to have been met at that inspection but the overall comments by the CQC were reviewed and a detailed action plan was set out. Progress was reported and reviewed throughout the year through the governance committee structures of the Trust, including the Quality Committee. There were a total of 84 Corporate or Divisional actions and 64 were reported as completed by September 2014 with the remainder on track to meet target dates.

The CQC Intelligent Monitoring (IM) Report uses 150 different data sets, including staff and patient surveys, mortality rates, and performance information, as one of the ways of regulating services and deciding what services to inspect. In March 2014 the report raised the assessment of Whittington Health from risk band 4 to risk band 6 (the safest band). Subsequent IM reports in July and December 2014 have continued to place Whittington Health in band 6.

A robust programme of mock CQC inspections of wards and departments in the hospital and community settings is in place, using the CQC Key Lines of Enquiry for each of the five domains of Safe, Caring, Responsive, Effective and Well-led.

There has also been a programme of regular presentations by the team, supported by the Chair of the Trust, with the aim of raising awareness among staff of the role of the CQC, how they carry out their inspections and how staff can demonstrate and promote areas of good practice.

The Trust anticipates a full formal inspection during 2015/16.

## **Quality of Data**

Reliable information is essential for the safe, effective and efficient operation of the organisation. This applies to all areas of the Trust's activity from the delivery of clinical services to performance management, financial management and internal and external accountability. Understanding the quality of our data means we can accurately measure our performance and enable healthcare improvements. Whittington Health submitted records during 2014/15 to the Secondary Uses service for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

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

A Senior Data Quality Lead is in place to ensure the agenda is part of everyone's business. Data Quality Groups for Acute and Community have been established; the Data Quality Policy and terms of reference have been updated and agreed. Acute Standard Operating Procedures for areas that have been identified as needing strengthening have been rolled out to staff.

Data Quality groups have a system/methodology for spot checking the quality of data items and monitoring compliance as part of the continual audit programme for 2014/15. Data Quality issues can be reported directly to the Data Quality Team via a dedicated email address, which is monitored by the Data Quality Team. In 15/16 the work of the Data Quality Group will be strengthened.

## Information Governance (IG)

In 2014/15 the Trust continued to work to deliver IG Level 2 compliance with the IG toolkit. Unfortunately, the Trust achieved 59%, requiring 66% to be Level 2 compliant. 2014/15 was a year of transition for Information Governance in the Trust. There were some staff changes and a permanent executive Senior Information Responsible Officer (SIRO) was identified in September 2014.

### IG Toolkit attainment levels

Year	Score	
2011/12	69%	Satisfactory
2012/13	60%	Not Satisfactory
2013/14	60%	Not Satisfactory
2014/15	59%	Not Satisfactory

Whittington Health is committed to achieving full compliance with the IG toolkit in 2015/16.

### What does this mean?

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

### Mitigation of Risk

Actions are in place to mitigate against identified risk and to improve Trust performance against IG Toolkit requirements for 2015/16, including the following:

- The Data Quality Group will include the appropriate IG Toolkit requirements in their annual improvement plan and submit regular updates, and evidence items, to the IG Committee for assurance;

- The Records Management Board will be reinvigorated and support the implementation of the requirements in line with the Trust's Records Management Strategy
- The IG department aims to improve standards through the implementation of the 2015/16 IG Improvement Plan, information flow work-plan, and IG action plans (e.g. data sharing, pseudonymisation, serious incidents, information security, and IG training)
- The IG team will be fully recruited to.

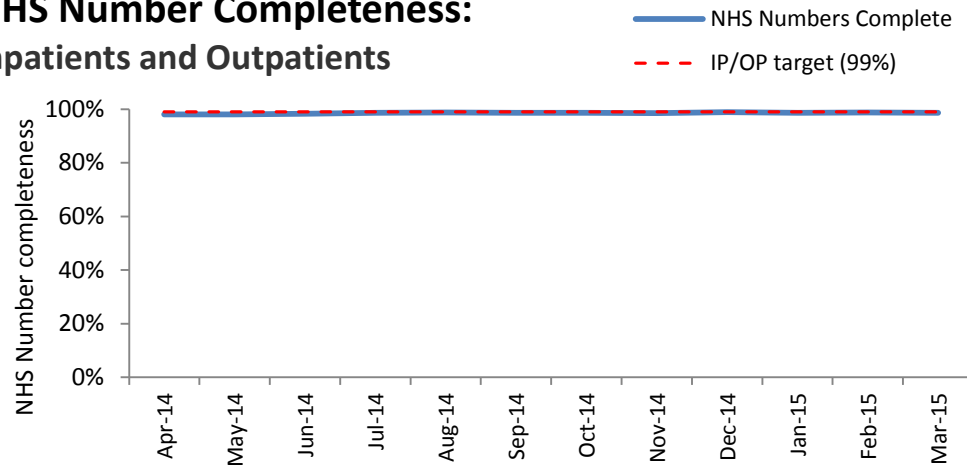
The area that continues to present a challenge to the Trust is the achievement of the 95% target for all staff to have completed IG training annually. The compliance rates will continue to be regularly monitored by the Information Governance Committee, including methods of increasing compliance. The IG department will continue to target staff with individual emails, Whittington bulletin messages and classroom-based Induction sessions.

### NHS Number Completeness

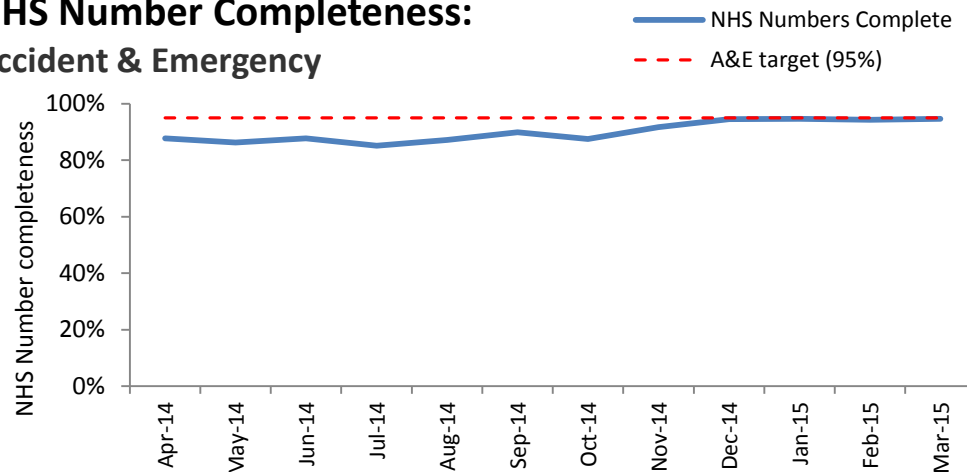
Month & Year	Inpatient and Outpatient Dataset		A&E Dataset	
	Completeness	Target	Completeness	Target
Apr-14	98.0%	99%	87.7%	95%
May-14	98.0%	99%	86.3%	95%
Jun-14	98.3%	99%	87.8%	95%
Jul-14	98.6%	99%	85.1%	95%
Aug-14	98.8%	99%	87.2%	95%
Sep-14	98.7%	99%	89.9%	95%
Oct-14	98.6%	99%	87.5%	95%
Nov-14	98.5%	99%	91.8%	95%
Dec-14	98.9%	99%	94.5%	95%
Jan-15	98.7%	99%	94.3%	95%
Feb-15	98.8%	99%	94.4%	95%
Mar-15	98.6%	99%	94.7%	95%

The Trust has an NHS number action plan in place and continues to work hard to achieve the targets in this area.

## NHS Number Completeness: Inpatients and Outpatients



## NHS Number Completeness: Accident & Emergency



## Clinical coding audit

A clinical coding audit was not undertaken this year. Conducting a clinical coding audit is a priority for the Trust for 2015/16. A Data Quality group has been in place through 2014/15, however arrangements are being strengthened in 2015. There have been internal and external data quality review including internal audit, and Commissioning Support Unit and NHS England assurance reviews.

## **Part 3: Review of quality performance**

As well as monitoring our quality priorities, the Trust Board receives a monthly report (the “Dashboard”) on all national performance indicators. This report is part of the Trust’s Board papers and is published on the Trust’s website.

### **National performance indicators**

<b>Goal</b>	<b>Standard/benchmark</b>	<b>Whittington performance</b>
<b>RTT 18 Week Waits: Admitted Patients</b>	90% of patients to be treated within 18 weeks	<b>91.64% (Dec14-Mar15)</b>
<b>4 hour ED wait</b>	95% to be seen within 4 hours	<b>94.74%</b>
<b>RTT 18 Week Waits: Non-Admitted Patients</b>	95% of patients to be treated within 18 weeks	<b>95.31% (Dec14-Mar15)</b>
<b>RTT 18 Week Waits: Incomplete Pathways</b>	92% of patients to be waiting within 18 weeks	<b>93.00% (Dec14-Mar15)</b>
<b>Outpatient follow up ratio</b>	London upper quartile performance	<b>1.6</b>
<b>Hospital Cancellations on the Day</b>	Target = 0 Cancellations on the day (Trust monitors all cancellations and specifically those for Urgent procedures)	<b>62 Total Cancellations on the day (10 of which were urgent procedures)</b>
<b>Waits for diagnostic tests</b>	99% waiting less than 6 weeks	<b>99.15%</b>
<b>Day surgery rate</b>	NHS Better care, Better Value Indicators (using The British Association of Day Surgery aspirational day surgery rates guidelines)	<b>84.17% (Reported quarterly. Most recent data available: 14/15 Q3)</b>
<b>Outpatient Department (OPD) DNA rate (hospital)</b>	8%	<b>Firsts: 13.44% Follow Ups: 14.31%</b>
<b>Community Adults’ Services DNA rate</b>	0.1	<b>5.64%</b>
<b>Community Children’s Services DNA rate</b>	0.1	<b>7.22%</b>
<b>Average length of stay for all acute specialities</b>	1 day reduction (5.81 days in 2013/14)	<b>6.0 Days</b>
<b>Staff sickness absence rate</b>	Local target: less than 3%	<b>2.82%</b>
<b>Ward cleanliness score</b>	95%	<b>98.3% (Most recent score used: period 09 Jan 15 to 17 Feb 15)</b>
<b>Elimination of mixed sex accommodation</b>	0 mixed sex breaches	<b>30 cases Apr14-Jul14 0 cases Aug14-Mar15</b>

<b>New Birth Visits (Islington)</b>	95% seen within 14 days	<b>90.5%</b>
<b>New Birth Visits (Haringey)</b>	95% seen within 14 days	<b>86.0%</b>
<b>Sexual Health services</b>	100% offered an appointment within 2 days	<b>99.65%</b>
<b>Cancer waits</b>		
<b>Urgent referral to first visit</b>	93% seen within 14 days	<b>91.60%</b>
<b>Diagnosis to first treatment</b>	96% treated within 31 days	<b>99.59%</b>
<b>Urgent referral to first treatment</b>	85% treated within 62 days	<b>90.14%</b>
<b>Maternity</b>		
<b>Bookings by 12 weeks, 6 days of pregnancy</b>	90%	<b>85.01%</b>
<b>One to one midwife care in labour</b>	100%	<b>94.06%</b>
<b>Smoking in pregnancy at delivery</b>	Less than 17%	<b>5.24%</b>
<b>Rate of breast feeding at birth</b>	Less than 78%	<b>90.24%</b>
<b>Complaints</b>		
<b>New complaints</b>	no benchmark for ICO	<b>359</b>
<b>Palliative care</b>		
<b>% of deaths with palliative care coding</b>	Not available	<b>Not available</b>

### **Summary Hospital Mortality Indicator (SHMI)**

Whittington Health has the lowest SHMI score in the country. We consider this data is as described because the data is obtained from Hospital Episodes Statistics data and sourced via the HSCIC Indicator portal. Performance is reviewed monthly in the Trust performance report to the Board.

<b>Whittington Health SHMI score</b>	<b>0.597</b>
<b>National standard</b>	<b>100</b>
<b>Lowest national score</b>	<b>0.597 (Whittington Health)</b>
<b>Highest national score</b>	<b>1.198</b>

### **PROMs**

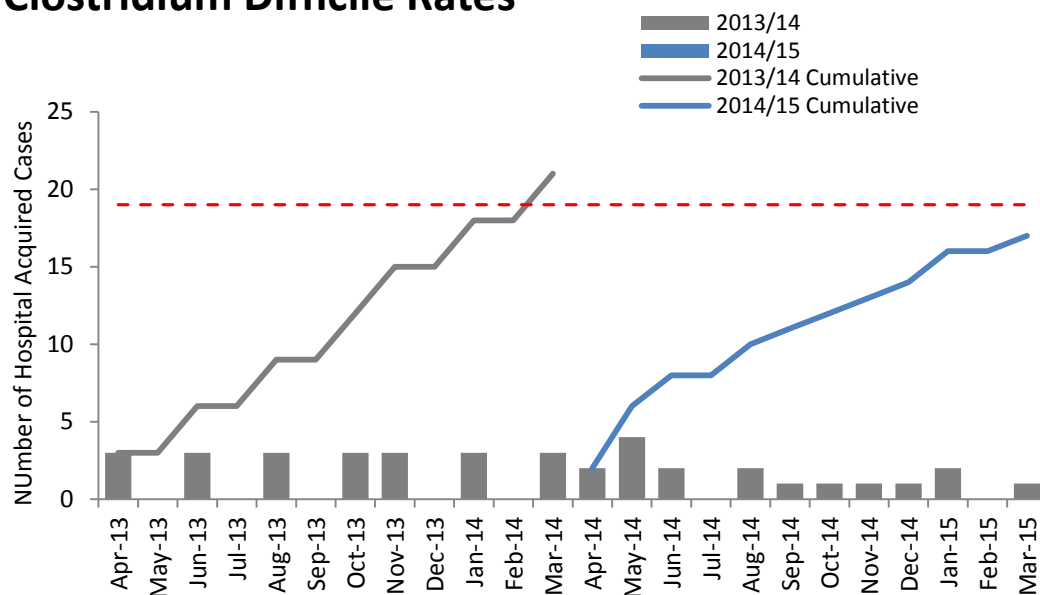
We did not collect PROMs data in 14/15. Our renewed improved process is now in place and will be submitted in 2015/16. We are putting in place improvements to our governance arrangements and extending internal audit to ensure that we capture all statutory data.

## Clostridium Difficile

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

Month & Year		Monthly Cases	YTD Cumulative	2014/15 YTD Target
Apr-13		3	3	19
May-13		0	3	19
Jun-13		3	6	19
Jul-13		0	6	19
Aug-13		3	9	19
Sep-13		0	9	19
Oct-13		3	12	19
Nov-13		3	15	19
Dec-13		0	15	19
Jan-14		3	18	19
Feb-14		0	18	19
<b>Mar-14</b>		<b>3</b>	<b>21</b>	<b>19</b>
Apr-14		2	2	19
May-14		4	6	19
Jun-14		2	8	19
Jul-14		0	8	19
Aug-14		2	10	19
Sep-14		1	11	19
Oct-14		1	12	19
Nov-14		1	13	19
Dec-14		1	14	19
Jan-15		2	16	19
Feb-15		0	16	19
<b>Mar-15</b>		<b>1</b>	<b>17</b>	<b>19</b>

## Clostridium Difficile Rates



Whittington Health considers that this data is as described for the following reasons; the data used for these calculations is sourced from national submissions of C Diff incidents. Locally reported performance is reviewed monthly in the Trust performance report to the Trust Board. We cannot provide national comparison information as year-end information has not been published at the time of writing.

### **What we are doing to improve Clostridium Difficile rates**

During 2014/2015 there were 17 patients diagnosed with Trust-attributable Clostridium Difficile (C Diff) diarrhoea against a locally agreed ceiling objective of 19, resulting in the organisation being below the ceiling trajectory at the year end. This was a significant improvement on last year's performance and the lowest figures submitted since mandatory C Diff surveillance commenced in 2003.

Each patient case of Trust-attributable C Diff was thoroughly investigated with a full Consultant-led post-infection review focusing on all aspects of the patient pathway from admission to diagnosis. 13 cases were deemed by the Trust and the local CCG to be entirely non-preventable. 3 cases out of 17 were associated with features where we were non-compliant with Infection Prevention and Control practices. There was only 1 Antimicrobial prescribing non-compliance amongst the 17 cases. Overall there has been an improvement in performance related to isolation and speed of testing for C Diff. The deep cleaning programme continued in clinical areas and also level of cleaning and use of personal protective equipment was high.

There was a Trust Development Authority (TDA) improvement visit in November 2014 when the Trust was over planned trajectory for C Diff. Feedback from the inspection team was highly complementary with a request made to share exemplar practices with other organisations. No critical issues around policy, procedures or practice were raised.

Each case of C Diff in 2015/16 will be reviewed in significant detail and we will endeavour to deliver less cases focussing on those with any preventable themes. The ceiling objective for 2015/16 is 17.

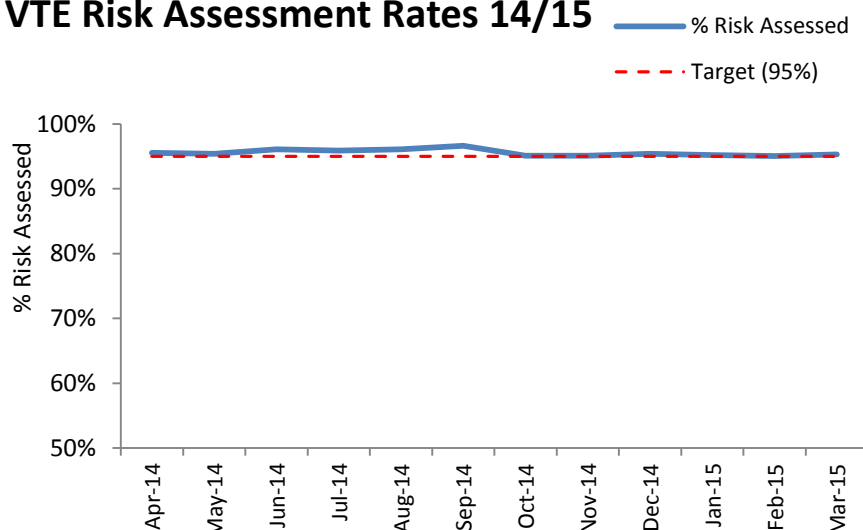
### **Venous thromboembolism**

Venous thromboembolism (VTE) is a condition in which a thrombus – a blood clot – forms in a vein. Usually, this occurs in the deep vein of the legs and pelvis and is known as deep vein thrombosis (DVT). The thrombus or its parts can break off, travel in the blood system and eventually block an artery in the lung. This is known as a pulmonary embolism (PE). VTE is a collective term for both DVT and PE. VTE is a major cause of mortality and disability in England with thousands of deaths directly attributed to it each year. Over the years, hospital acquired venous thromboembolism has been referred to as the, “silent killer”. The majority of people still associate blood clots with long-haul air flights but the truth is you are 1000 times more likely to suffer a VTE by simply being admitted to hospital. On the back of this the government has therefore set hospitals a target requiring 95% of all admitted patients to be assessed in relation to their risk of VTE and appropriate treatment administered.

Whittington Hospital met or performed better than the 95% target for the year 2014/15. We cannot provide national comparison information as year-end information has not been published at the time of writing.

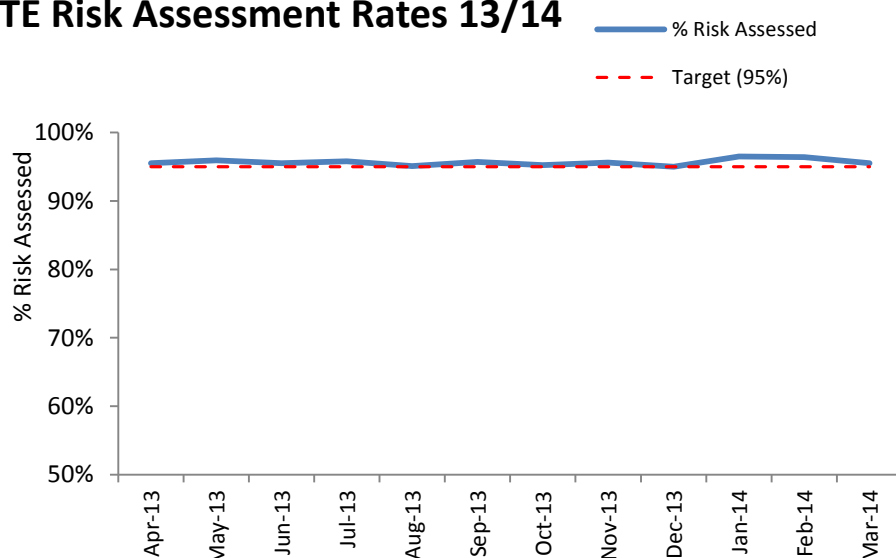
Month & Year	% Risk Assessed	Target
Apr-14	95.54%	95%
May-14	95.40%	95%
Jun-14	96.10%	95%
Jul-14	95.90%	95%
Aug-14	96.08%	95%
Sep-14	96.62%	95%
Oct-14	95.10%	95%
Nov-14	95.09%	95%
Dec-14	95.38%	95%
Jan-15	95.22%	95%
Feb-15	95.04%	95%
Mar-15	95.30%	95%

**VTE Risk Assessment Rates 14/15**



Month & Year	% Risk Assessed	Target
Apr-13	95.50%	95%
May-13	95.90%	95%
Jun-13	95.50%	95%
Jul-13	95.80%	95%
Aug-13	95.10%	95%
Sep-13	95.70%	95%
Oct-13	95.20%	95%
Nov-13	95.60%	95%
Dec-13	95.00%	95%
Jan-14	96.50%	95%
Feb-14	96.40%	95%
Mar-14	95.5%	95%

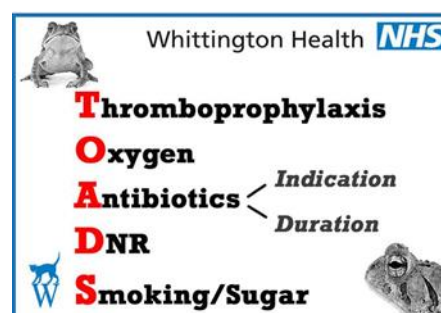
**VTE Risk Assessment Rates 13/14**



## Planned improvement

### Introduction of TOADS check list

A common theme we have identified from VTE root cause analysis is inconsistency or lack of documentation in the case notes concerning VTE management; this was more pronounced in documentation of repeat VTE assessment. In response to these findings the thrombosis working group will be rolling out a trust wide awareness campaign aimed at front-line clinicians which will not only include VTE and appropriate management



but will encompass five other key clinical areas. The aim of this initiative will be to improve initial and on-going management of these key areas of clinical care, alongside improving documentation by front-line clinicians.

## Patient safety incidents resulting in severe harm

The data in this report is derived from information uploaded to the National Reporting and Learning Service (NRLS) Patient safety incident data is used by the CQC as one of the indicators in their Intelligent Monitoring reports; *ID NRLS05: "Potential under-reporting of patient safety incidents"* The indicator is not rated as a risk for Whittington Health, when benchmarked against other medium acute Trusts.

The Quality Account considers incidents causing severe harm or death. Whilst Whittington Health appears slightly above the mean for both categories compared with other acute Trusts, this reflects a positive reporting culture, while for severe harm an excess arises because as an ICO, the Trust reports community acquired grade 3 pressure ulcers - unlike a purely acute trust. The NRLS does not have a separate category for ICOs.

The 52 severe harm incidents in 2014/15 included 31 pressure ulcers, 5 falls resulting in fractures, an incident of undiagnosed sepsis and a delay in diagnosing complications in a patient with learning disabilities. These four topics are among the key areas identified for improvement under the Sign up to Safety Campaign commencing in April 2015. Other incidents included eight in Maternity and Obstetrics including two still births and 5 transfers to neonatal intensive care. Events which are routinely reported as Serious Incidents are fully investigated.

The table below details four years of data relating to severe harm and death since the inception of Whittington Health as an ICO.

Year	Incidents causing Severe Harm	As a % of all incidents reported to the NRLS	Incidents resulting in Death	As a % of all incidents reported to the NRLS %
2011-12	76	2.22%	23	0.67%
2012-13	52	1.96%	14	0.53%
2013-14	56	1.55%	16	0.44%
2014-15	48	1.36%	13	0.37%

We are unable to provide a comparison to the national average, or to the Trusts with the highest and lowest numbers, as this information is published 6 months in arrears, and therefore, it has not been published at the time of publication.

## Safety Alerts

The Trust receives Safety Alerts via the Central Alerting System (CAS) from external bodies, such as NHS England, Medicines and Healthcare Products Regulatory

Agency (MHRA), Department of Health and Public Health England. These alerts contain information about safety issues that could potentially harm patients or staff and usually contain a number of actions the organisation is required to carry out to minimise the risk of occurrence.

During 2014/15 alerts received included, 15 Patient Safety Alerts; 50 Medical Device Alerts and 60 Estates Alerts. 18 Field Safety Notices were also received from external suppliers and these are also logged on the Datix Safety Alerts system.

Alerts are received centrally in the first instance by the CAS Liaison Officer; they are managed on the Datix Risk Management system to ensure compliance with deadlines which is monitored closely by the Safety Alerts Group which meets every six weeks. Activity of the Safety Alerts Group is regularly reported to the ICO Patient Safety Committee.

In accordance with two Safety Alerts issued by NHS England, the roles of Medication Safety Officer (MSO) and a Medical Device Safety Officer (MDSO) have been identified and systems have been put in place for effective ongoing compliance.

## **Medicines Management**

There have been significant improvements and achievements in medicines management at the Trust over the past year.

In 2014/15, we appointed a medication safety officer to support the national initiatives in improving medicines safety in hospital. Furthermore, two new pharmacist posts were commissioned to support the optimisation of medicines for patients over 75 in care homes, and those identified in GP practices who are taking more than ten medicines.

This year, we introduced e-prescribing on maternity wards. A preliminary audit has shown a decrease in error rate of 7% to 1% prior to pharmacy screening and intervention. Through e-prescribing we have ensured that midwives can only order items on our formulary that are on the midwifery exemption list. The doses of these medicines are set and therefore are reducing prescribing errors.

## **Never events**

Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'

NHS England issued a list of 25 Never Events in December 2013. This list is currently being revised. The Trust will review the revised list in 2015 to ensure there are preventative systems and procedures in place for each of the risks.

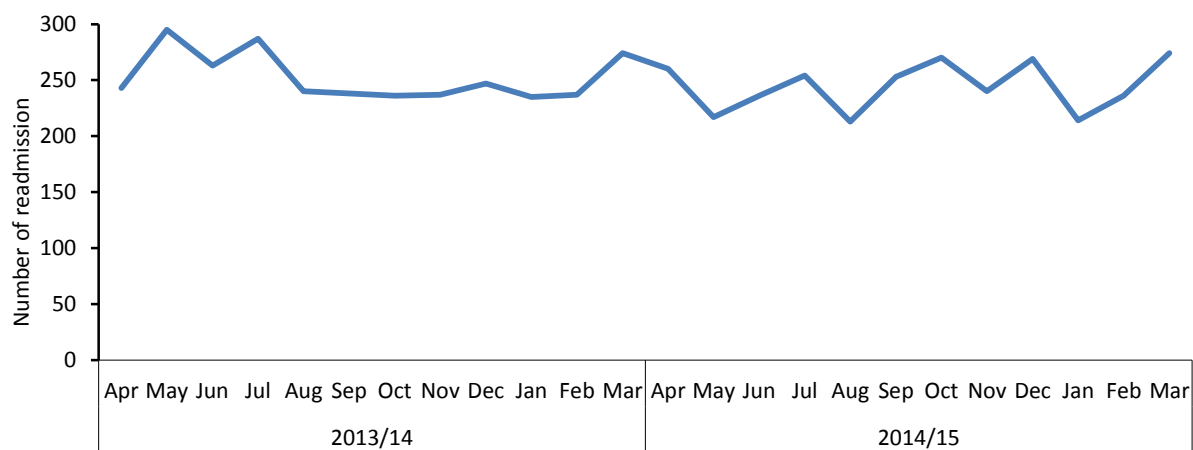
Whittington Health reported no Never Events in 2014/15.

## Key performance information

### Emergency Readmissions within 30 days

Year and Month		Number of Readmissions
2013/14	Apr	243
	May	295
	Jun	263
	Jul	287
	Aug	240
	Sep	238
	Oct	236
	Nov	237
	Dec	247
	Jan	235
	Feb	237
	Mar	274
2014/15	Apr	260
	May	217
	Jun	236
	Jul	254
	Aug	213
	Sep	253
	Oct	270
	Nov	240
	Dec	269
	Jan	214
	Feb	236
	Mar	274

### Emergency Readmissions within 30 days



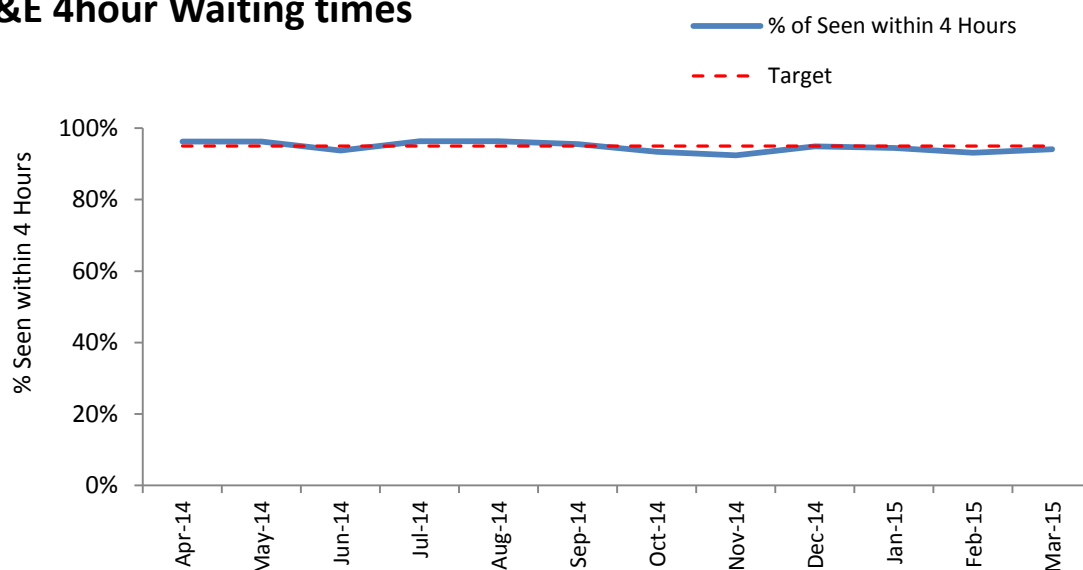
Emergency readmissions are monitored by the Emergency Care Value Improvement programme. Within Operations and as part of evaluating our Ambulatory Care models, we review emergency readmissions as well as frequent attenders on an ongoing basis.

This information cannot be broken down by age group and national comparisons cannot be made as this information has not been published at the time of writing.

### Accident & Emergency Department - 4 Hour wait performance

Month & Year	% Seen within 4 Hours	Target
Apr-14	96.3%	95%
May-14	96.3%	95%
Jun-14	93.7%	95%
Jul-14	96.4%	95%
Aug-14	96.4%	95%
Sep-14	95.5%	95%
Oct-14	93.4%	95%
Nov-14	92.4%	95%
Dec-14	94.9%	95%
Jan-15	94.5%	95%
Feb-15	93.1%	95%
Mar-15	94.1%	95%
<b>Year Total</b>	<b>94.7%</b>	<b>95%</b>

### A&E 4hour Waiting times



In 2014/15, robust resilience planning was undertaken in the face of increasing A&E attendance. Whittington Health has strong relationships with other providers and partners regarding emergency care. The Emergency Care Value Improvement Plan

and the local area resilience committee will be reviewing Emergency Care and A&E waiting times to identify lessons that can be learned.

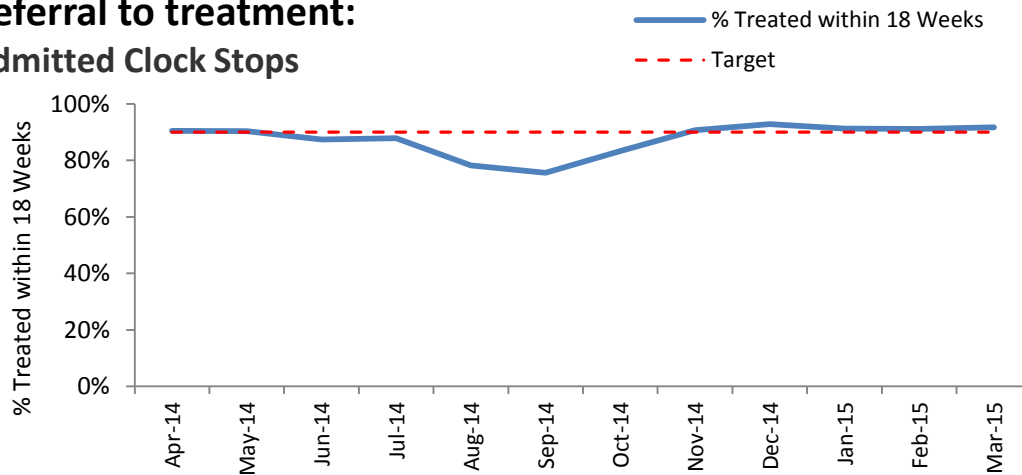
The Trust has performed well against the A&E waiting time target in comparison to many peers and is continuing to innovate around the Emergency Care pathways through services such as Ambulatory Care to ensure that patients receive high-quality timely care in the most appropriate setting.

## Referral to Treatment (RTT) Waiting Times

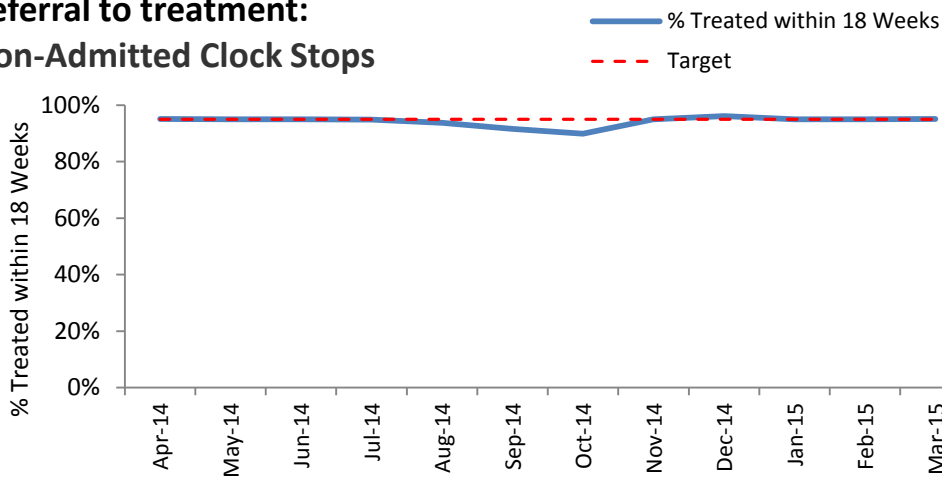
Through July to October additional funding was provided to increase the number of patients treated on the RTT pathways. The improvement plan increased capacity to treat more long waiting patients. This meant that national targets were suspended during this period, but were reinstated from November onwards. All RTT targets have been met from November onwards.

Month & Year	Admitted Clock Stops		Non-Admitted Clock Stops		Incomplete Waiters	
	% Treated within 18 Weeks	Target	% Treated within 18 Weeks	Target	% still waiting under 18 weeks	Target
Apr-14	90.5%	90%	95.1%	95%		92%
May-14	90.3%	90%	95.0%	95%		92%
Jun-14	87.5%	90%	95.1%	95%	90.2%	92%
Jul-14	87.9%	90%	94.9%	95%	87.3%	92%
Aug-14	78.2%	90%	93.7%	95%	86.9%	92%
Sep-14	75.6%	90%	91.6%	95%	85.7%	92%
Oct-14	83.3%	90%	90.0%	95%	84.9%	92%
Nov-14	90.7%	90%	95.0%	95%	92.2%	92%
Dec-14	92.8%	90%	96.1%	95%	92.4%	92%
Jan-15	91.3%	90%	95.0%	95%	92.8%	92%
Feb-15	91.1%	90%	95.1%	95%	93.2%	92%
Mar-15	91.7%	90%	95.2%	95%	93.5%	92%

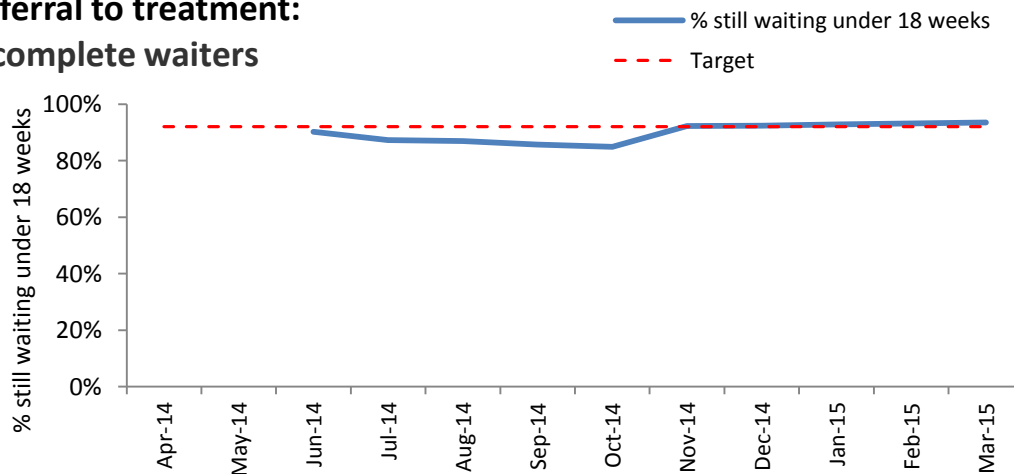
## Referral to treatment: Admitted Clock Stops



## Referral to treatment: Non-Admitted Clock Stops



## Referral to treatment: Incomplete waiters

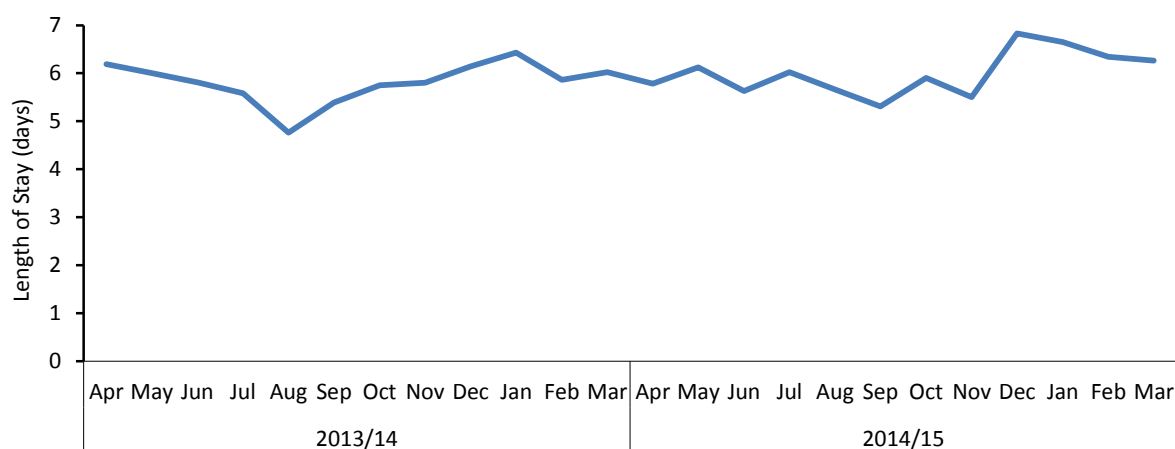


## Average Length of Stay

Year and Month		Average LoS
2013/14	Apr	6.19
	May	6.00
	Jun	5.81
	Jul	5.58
	Aug	4.76
	Sep	5.39
	Oct	5.75
	Nov	5.80
	Dec	6.14
	Jan	6.43
	Feb	5.86
	Mar	6.02
2014/15	Apr	5.78
	May	6.12
	Jun	5.63
	Jul	6.02
	Aug	5.66
	Sep	5.31
	Oct	5.90
	Nov	5.50
	Dec	6.83
	Jan	6.65
	Feb	6.34
	Mar	6.26

Our average Length of Stay in 2014/15 was 6.00 days, compared to an average of 5.81 days in 2013/14. Analysis of Length of Stay is completed each week. This has shown an increase in acuity and age of patients needing admission into acute beds. The development of our ambulatory care unit has also shown a reduction in people who have a short stay admission to the Trust. The Trust has strong working relationships to identify and progress integration of each individual patient's needs. This includes mental health, social care, and other providers. Length of Stay will continue to be monitored and analysed throughout 2015/16.

## Average Length of Stay per month



## Patient Experience

### Friends and Family Test

FFT is a feedback tool which supports patients to feedback about their experiences. FFT was introduced in 2013 and has been made available across Whittington Health as follows:

- all inpatients that stay more than 24 hours (implemented April 2013)
- all those who attend ED and are discharged from there (implemented April 2013)
- all women at four stages of the maternity pathway: antenatal (36 weeks specifically); birth (labour ward/birthing unit/homebirth); postnatal ward and postnatal community (implemented October 2013)
- all those attending the day treatment centre (implemented September 2014)
- all those attending outpatients (implemented October 2014)
- all those accessing community services (implemented January 2014)

Whittington Health is using a variety of methods to collate patient feedback. This includes postcards, handheld devices and kiosks. Whilst the postcards only include the FFT questions the surveys available via kiosks and handheld devices also include additional questions regarding patient experience.

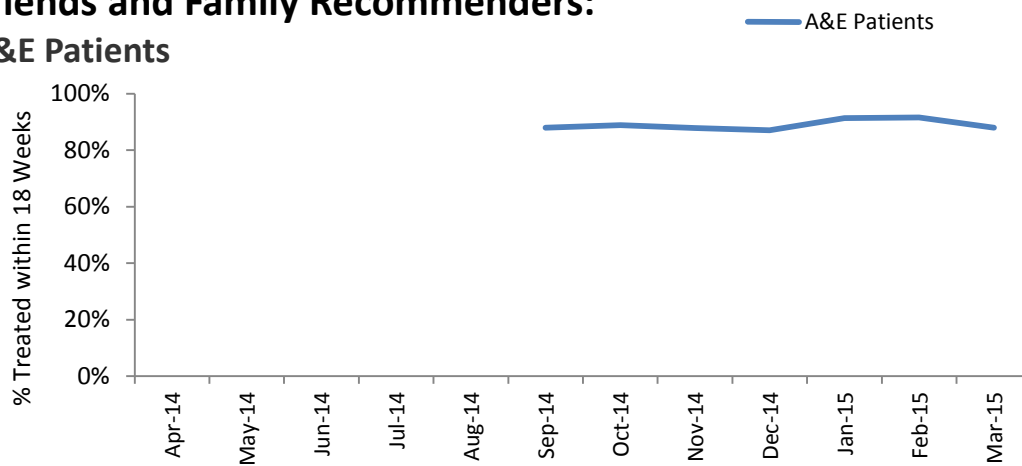
Feedback is being circulated every two weeks to clinical and operational leads for action. Monthly reports of the overall response rates and scores are submitted to the Trust Board once the data is validated and approved.

Whittington Health is currently required to meet a target response rate of 20% for ED, 40% for inpatients and 15% for maternity. Whittington Health is currently achieving the target response rates in all areas and the scores have remained consistent overall. The responses rates, scores and actions taken are discussed regularly at the Patient Experience Committee.

Month & Year	A&E Patients	Inpatients	Maternity
Apr-14	Patient Survey methodology changed mid-year (in line with national guidance)		
May-14			
Jun-14			
Jul-14			
Aug-14			
Sep-14	87.9%	87.7%	89.9%
Oct-14	88.9%	89.5%	92.2%
Nov-14	87.9%	87.5%	90.5%
Dec-14	87.0%	93.8%	87.2%
Jan-15	91.4%	93.6%	94.9%
Feb-15	91.6%	86.4%	88.6%
Mar-15	88.0%	90.0%	88.5%

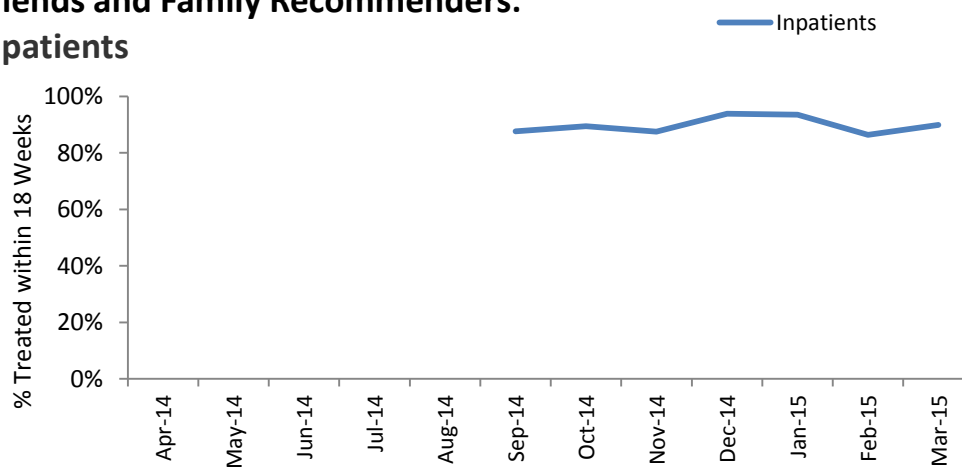
## Friends and Family Recommenders:

### A&E Patients



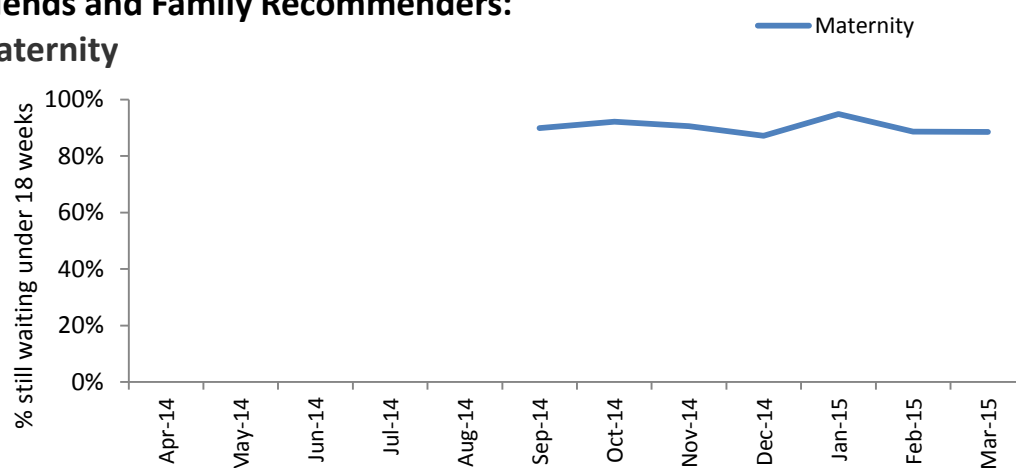
## Friends and Family Recommenders:

### Inpatients



## Friends and Family Recommenders:

### Maternity



## PALS and Complaints

Feedback from concerns and complaints is also used to help us focus on areas where we need to improve. During 2014/15 we have continue to embed improvements with regards to how we manage our complaints. This has included our processes for handling complaints; engagement with complainants whilst investigations are underway; our response times; the timeliness and regularity of reporting on themes and trends and ensuring that action plans are developed and monitored for upheld complaints.

In the year 2014/15 the PALS and Complaints Team received a total of 359 formal complaints, 95% of which were allocated across our three operational divisions as follows: 43% to ICAM (153), 35% to SCD (126) and 17% to WCF (63). In terms of themes, 46% of complaints received during this period related to medical and nursing care (164), 26% related to communication and attitude (94) and 10% were regarding appointments (38).

Of the 359 formal complaints received, 34 (9%) required an allocation of 40 working days for response as they were deemed complex and 37 remained opened as at 22<sup>nd</sup> April.

Of the 298 closed complaints, 64% (192) were responded to within 25 working days. (Please note that it is possible that this figure will change as the outstanding complaints are closed).

During 2014/15, the Trust also received 1740 PALS queries, the majority of which related to issues around appointments (38%), communication (16%) and medical and nursing care (12%). Many of these led to specific learning and improvements in care.

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

- As a result of missed fractures ED introduced high resolution screens.
- To support learning from complaints about attitude in ED a small theatre company were commissioned (through fund raising) to provide a series of sketches with audience participation using examples from complaints
- Following a medication error in the learning disability service staff underwent assessment and training; a local service medication protocol was written; an audit was carried out; the service were provided a named pharmacist and given access to an out of hours pharmacy advice line
- A number of staff have attended Sage and Thyme training to support improvement in communication (this training continues)
- Following a complaint from patient who suffered pain when being given a transfusion in ambulatory care the department produced a leaflet about receiving a transfusion including what to expect
- Following a complaint about a junior member of staff in ambulatory care the service developed a 'buddy' scheme to support and mentor junior staff

- To improve patient experience in the recovery unit for those whose stay is prolonged the department have provided: screens to ensure privacy for patients and relatives; soft chairs to enable patients to be sat out; snack boxes and hot and cold drinks; portable phones so that patients can contact their relatives and a leaflet with more robust information about what to expect on the day of surgery

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

## **Partnership working**

We have continued to work collaboratively with colleagues in other hospitals. For example, we work in partnership with UCLH on our TB service, Hospital at Home, and bowel screening service.

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

Within the UCLP Quality Forum, Whittington Health is working with the other partner organisations on better prevention and management of deterioration of inpatients.

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

This year, partnership working was crucial for the Trust as we developed our proposal to become one of NHS England's vanguard sites from the Five Year Forward View. We developed a joint proposal with Islington and Haringey CCGs, Islington and Haringey Councils, Camden and Islington NHS Foundation Trust, and other local partners. We were shortlisted, but not selected as one of the final sites. We are committed, as are our partners, to move forward with this work.

## Quality Standards

Throughout 2014/15 work was completed to embed 14 Quality Standards within the three clinical divisions of the Trust. There was a specific quality programme that resulted in each division having a Divisional Quality Committee with a programme of work. Each Division identified a clinical and operational quality lead.

Whittington Health's 14 Quality Standards are:

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

We have achieved improvements in most areas; there have been improvements in communication and sharing of data both within and across divisions.

We have seen significant improvements in our Sepsis quality standard. A focus group led by three staff with a special interest in sepsis and regularly attended by other key stakeholders was formed to work on improvements in this area. Implementation of the care bundle known as 'sepsis 6' has been shown to reduce mortality by 50%, and in 2014/15 Whittington Health achieved an improved compliance rate of 65%.

The work of the quality standards will continue. The clinical business units will continue to have Quality Committees that will consider the quality and safety agenda.

Some of the quality standards are explicitly part of our 'Sign up Safety' work programme in 15/16, for example, Sepsis, Falls, pressure care and patient experience. The remainder will continue to be priorities through work to prepare for our CQC inspection, our work to deliver CQUINs, our contractual obligations or through our quality improvement work which will continue to ensure that we deliver the best care for deteriorating patients, or patients on end of life care pathways. As the clinical business units become established they will also identify more local priorities in their service areas that will fit within the framework of our clinical strategy and quality and safety agenda.

## **Revalidation**

In 2012 the General Medical Council launched the national process of strengthened appraisal and revalidation. Appraisal is fundamental to revalidation, and Whittington Health continues to value this process as a means of improving quality through providing a supportive environment for clinicians to reflect on their practice and how they can improve it. The Trust reports on a quarterly basis to NHS England, in addition to performing our own internal monitoring. The Responsible Officer has made 92 recommendations to the General Medical Council (GMC) from April 2014 - March 2015, in line with their schedule of revalidation dates. We have assessed our processes and have submitted the first of a number of Medical Appraisal Annual Board Reports to NHS England which is designed to provide the Board with oversight and assurance of its local medical appraisal and revalidation process.

## **Dealing with inequalities**

### **Learning disabilities**

The integration of health and social care services for people with learning disabilities has been policy of successive governments and local partners, and remains a key driver for future improvements in the delivery of health and social care services, nationally and locally. A section 75 partnership agreement sets out the contractual arrangements for the establishment of an integrated provision of learning disabilities services in Haringey, under the title of Haringey Learning Disabilities Partnership (HLDP), with Haringey Council as lead organisation in the Partnership alongside Whittington Health and Barnet, Enfield and Haringey Mental Health Trust. HLDP health and social care services work closely together to improve outcomes and reduce inequalities.

Whittington Health is committed to providing the best possible care to ensure good health outcomes for people who have learning disabilities and their families. We recognise that all our patients are unique, with individual needs.

As part of the response to Winterbourne View, the Department for Health developed a national response looking at issues affecting people with learning disabilities residing in hospitals. NHS England then made a Transforming Care commitment, which includes the delivery of Care and Treatment Reviews (CTRs) for patients.

CTRs assess the needs of people with learning disabilities and how their future care needs can best be met – including the most appropriate setting. The CTR process also supports the action planning required to deliver the required discharges or transfers into the appropriate care. CTRs are being offered to people with learning disabilities who are in hospital beds, who have requested a review. They are also offered where a review has been requested by their family, or commissioner.

The CTR process asked whether the person needs to be in hospital, and if there are care and treatment needs, why these cannot be carried out in the community. CTRs support the aspiration to make sure that people with learning disabilities are supported to have good lives in the community and are only in a hospital if they absolutely need to be, for the shortest length of time necessary, and on a clear evidence based assessment and treatment pathway. The person will only be transferred or discharged to a different setting where this is the most appropriate outcome, based on their personal and clinical needs. There is no quota for discharges or transfers.

Haringey has 8 people who were assessed under CTRs in January and early February 2015. Members of the HLDP represented Haringey at each of these reviews and there are discharge plans (at different stages of development) in place for all 8 of these people.

The Acute Liaison (Learning Disabilities) Nurse has supported parent carers and people with learning disabilities to share their stories about their experience of the Whittington Hospital at the Trust Board. She continues to actively contribute to the Haringey and Islington Learning Disability Partnership Health Sub-Groups, which feed into the Learning Disability Partnerships Boards. In 2015, the Whittington Hospital Learning Disability Steering Group will undertake a peer reviewed self-assessment of the six standards of CQC special data collection 'Access to healthcare for people with a learning disability, including people on the autism spectrum' and linked to findings, recommendations of Confidential Inquiry into premature deaths of people with learning disabilities (CIPOD) and the Health and Social Care Self-Assessment Framework (2015). Also, a Whittington Hospital project group is currently developing a protocol for flagging additional information regarding diagnosis, communication issues, potential barriers to effective healthcare, reasonable adjustments, etc in the individual patient with learning disabilities electronic records.

### Purple Folders

Approximately 450 new Purple Folders have been distributed to people with learning disabilities, their carers and families across Haringey. Within the Purple Folder is an easy read Health Action Plan (HAP) – which is used to provide an overview of the current treatment and proposed follow-up care for the person with learning disabilities. Health professionals across the NHS (primary, secondary and tertiary care) have responsibility for completion of the HAP at each consultation.

### Friends and Family Test

A service user (easy read) version of the FFT is available at the learning disabilities services located Edwards Drive 1 and 2 (Bounds Green) and is offered after clinical appointments, therapy sessions, assessments, etc. HLDP hope this feedback will provide valuable information for our service to celebrate good practice, and identify opportunities to make improvements.

**Improving the care of people with learning disabilities is one of our key priorities in our sign up to safety programme for 2015/16.**  
**Safeguarding children**

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

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

- Whittington Health meets statutory requirements in relation to Disclosure and Barring Service (DBS) checks. All relevant staff complete a DBS check prior to employment and staff working with children are required to complete an enhanced level of assessment..
- Legacy guidelines and policies have been combined and updated to form one Whittington Health Safeguarding Children Policy, 2015. The aim of the policy is to detail the operational and strategic management processes and procedures involved in regards to safeguarding children. All safeguarding children policies and systems are reviewed regularly as part of Whittington Health's quality assurance process.
- Whittington Health has a policy in place for working with women who have experienced, or girls who are at risk of experiencing Female Genital Mutilation. The policy is written in line with the Female Genital Mutilation Multi-Agency Practice Guidelines 2011, Working Together to Safeguard Children 2013 and the London procedure for safeguarding children at risk of abuse through female genital mutilation 2007.
- Whittington Health has an audit programme to assure the Trust Board that safeguarding children systems and processes are working.
- Safeguarding Children supervision is mandatory for all professionals who work with children and families and is available for all other staff. Supervision is provided by appropriately trained and experienced lead professionals and is monitored by the safeguarding children committee. An audit on the quality and standard of safeguarding supervision is being undertaken in the first quarter of 2015/16.
- An action plan is in place to ensure that all staff are trained to the appropriate level. An active programme of increasing awareness is in place to improve uptake of training. An updated Training Policy is being ratified in quarter 1 of 2015/16.

- Whittington Health has fully participated in review processes associated with safeguarding and has an action plan and work programme to embed learning from local and national Serious Case Reviews and incidents.
- The Director of Nursing is the Executive Director Lead for Safeguarding and Chairs the Whittington Health Safeguarding Children Committee. The Trust Board receives updates and an annual Safeguarding Children report.

Whittington Health is represented on Local Safeguarding Children Boards in Islington and Haringey and actively participates in all LSCB sub groups and training events.

## **Safeguarding adults**

This year has seen the Care Act 2014 come into force; from the 1<sup>st</sup> April 2015 Safeguarding Adults has a statutory footing that sets out a clear legal framework for how organisations will work in partnership with the local authority to protect adults at risk of abuse.

Last year's Quality Account return indicated that training for staff relating to the Mental Capacity Act (MCA) would be increased. This year has seen a number of training sessions on the MCA and Deprivation of Liberty Safeguards (DoLS), some of which have been arranged via the Learning and Development team and others have been bespoke sessions arranged by and funded by NHS England. Face to face level two safeguarding adults training is being delivered to staff throughout the year in order to meet the target of 90%.

Our plans for the year ahead include:

- Ensuring that the Adult Safeguarding policies are supported by relevant and accessible guidance and information that enables clinical staff to ensure that vulnerable patients in our care are appropriately safeguarded.
- A priority for 2015/16 is to reach 90% compliance of staff trained in Safeguarding Adults level one and level two. This includes the categories of abuse and definitions used in the Care Act.
- The preparation with relevant clinical staff of Standard Operating Policies on MCA/DoLS and the preparation of standardised Adult Safeguarding investigation reports.
- Use of DATIX as a mechanism for capturing Adult Safeguarding alerts raised by the organisation which will link to joining information from complaints, DATIX and Adult Safeguarding alerts which have been raised against the organisation.

## **Equality, Diversity and Human Rights**

Patients' experiences continue to be at the heart of the Trust's equality and quality agenda. The Trust's mission statement "Helping local people living longer, healthier lives" and strategic goals recognises the rights of patients, service users and staff. This has been demonstrated by the increasing the number of opportunities to listen to our patients' experience and staff feedback at Trust Board; meetings and other fora. Patients through various channels such as local voluntary groups and Healthwatch are regular attendees to events, meetings and forums taking place across the boroughs served by Whittington Health.

2014/15 has been a notable period for Whittington Health as an ICO focusing on the continuous improvement of healthcare services for our local communities, Islington and Haringey in particular. The opening of the ambulatory care centre for people of all ages has provided an easier access to diagnostic tests, consultants and specialist staff in one place. This is an example of improving access; and is seen as a major achievement in achieving the vision of providing excellence and innovative practices in healthcare for all of our local communities. The Trust continues to work in partnership with colleagues in the local authorities and commissioning to embed good practice.

Whittington Health developed and piloted a bespoke programme, named, 'Inclusive Champions'. The purpose of the programme is to increase the strength of knowledge of Human Rights on behalf of patients, service users and workforce. The programme is currently under review as is the equality and diversity policy following the evaluation by the participants who piloted the programme.

Apprenticeships were introduced into the workforce during 2014, with a particular focus on younger people from our local communities. Whittington Health successfully recruited twelve young people during 2014/15.

Appraisals can be seen as a tool for promoting equality throughout the Trust. Annual appraisals are expected to be carried by all managers for their staff. In 2014 a new appraisal system was implemented across the Trust. There have been issues with regard to the process and the amount of paperwork staff are expected to complete. In 2015, the detail of the process is being simplified; senior leadership and the Trust Board are committed to ensuring continuous development and lifelong learning. Monitoring of appraisal compliance forms a part of the Chief Executive performance reviews and is built into individuals' objectives. We will continue to refine the process to support all staff completing appraisals and having Personal Development Plans in place.

The national staff survey findings shows that the equality and diversity training is well regarded by staff. The compliance rate for staff attending training has been consistently in excess of 85% during 2014/15.

## **Divisional Quality Highlights**

### **Integrated Care and Acute Medicine (ICAM)**

#### **Musculo-Skeletal Service (MSK)**

##### **Independent Prescribing**

Physiotherapists were given independent Prescribing rights in 2013, a landmark decision in healthcare provision aimed at improving the patient pathway and their care outcomes, through a one-stop-shop approach.

Recognising the need to innovate by looking at new roles and difference ways of working, our first Independent Prescriber recently qualified in January 2014 and the aim as part of the Clinical Assessment and Treatment Service (CATS) is to develop the role for physiotherapists in medicines management, so that patients can benefit from faster access to medicines e.g. painkillers and anti-inflammatories hugely improving the care that we can provide.

##### **MSK Website**

The MSK WEBSITE – [www.whittington.nhs.uk/msk](http://www.whittington.nhs.uk/msk)

The MSK website is now available, providing information and guidance on self-management as well as information for service users on how to access and refer to MSK Services e.g. Physiotherapy and Podiatry. An electronic version of the Adult MSK referral form and patient self-referral form is available to download.

##### **Access Times**

Through increased productivity, better access to information and transformation in the management of referrals, access times for both RTT and Non-RTT have significantly improved

#### **Ambulatory Care**

Our ambulatory care model is unique. It delivers a whole-system approach that bypasses traditional acute, community and primary care boundaries to provide truly holistic multi-disciplinary working. These clinician-to-clinician discussions are crucial to directing patients to the most appropriate place for them, rethinking the 'default settings' of the acute care pathway.

Our Ambulatory Care service has been essential at easing demand pressures. The Whittington Hospital has not increased its bed base as ED attendances have risen. Treating patients in Ambulatory Care is more efficient for patients, ensuring that they spend the minimum amount of time that is necessary in hospital.

An internal audit of on-the-day referrals to Ambulatory Care was conducted in November 2014; 70% of 195 calls received over 10 days by the consultant bleep

were accepted to be seen in Ambulatory Care, thus directing patient flow away from ED.

Patients who have benefitted from this approach include our frail, elderly, complex and vulnerable patients. There is evidence that these patients have an increased risk of inpatient-related complications, e.g. hospital acquired infections, and falls. We are co-located with the specialty clinics for the frail-elderly which means that there is better working around care for older people with access to expertise for some of our most vulnerable patients. Furthermore, Whittington Health's Integrated Community Ageing Team (ICAT) runs from Ambulatory Care, providing comprehensive geriatric reviews with full medication reviews and therapy input. Therefore, the Ambulatory Care service is improving the standard of care provided to our most vulnerable patients, providing them with safe, patient-centred, comprehensive care.

Ambulatory Care is proving highly successful at facilitating early inpatient discharges by providing access to rapid follow up, and at admission avoidance by enabling same day clinical review and diagnostics. There is a dedicated room for practical procedures such as lumbar punctures and pleural drains. The innovative acute surgical ambulatory pathway is also showing promising developments at reducing length of stay and bed days.

Ambulatory Care is providing excellent patient experience with 90% of patients reporting their experience as 'good' or 'very good'. Our position as an innovative ICO means the service operates harmoniously across care settings with new ways of working. We have developed a 'virtual ward', allowing patients to receive part or all of their care at home. This is possible as we have community matrons as part of the core ambulatory care clinical team. Patients can be seen in their own homes by community matrons or district nurses, thus providing acute expertise and resources in a comfortable and familiar setting.

We continue to be ahead of the curve on developments in Ambulatory Care; we now have the Enhanced Virtual Ward which includes local GPs. The virtual ward component of the service promotes integrated and efficient care for our patients. It has enriched links with community and voluntary teams who are crucial to ensuring continuity and joined up care for our patients.

Our Ambulatory Care service has a well-regarded reputation and is a pioneer in its field. We have held multiple open day events and tours aimed at explaining our model of care and had an extremely high level of interest from visitors nationally and internationally. Our innovative model of care and patient-centred approach is not just limited to the context of Whittington Health as an ICO, but has an application to the wider NHS.

## **District Nursing**

This year, the District Nursing Service successfully completed their improvement project. This project was one of Whittington Health's value improvement projects. A Head of Nursing post for community nursing has been introduced with a specific focus on quality assurance and improvement.

Recruiting and retaining the best nurses has been at the heart of the project. A successful recruitment campaign has been run locally, nationally and internationally, and the number of unfilled vacancies has now been reduced to 10%. Across London the number of nurses undertaking the District Nursing specialist practitioner course continues to be very low and the service has developed career pathways for nurses to be able to undertake the course both full and part time, as well as continuing to recruit to staff nurse, pharmacy technician, health care assistant and phlebotomist posts. Rotational posts across the division have been introduced to give nurses the opportunity to develop their skills and careers within Whittington Health. The increased number of permanent staff in post has improved continuity. Alongside this the team have introduced a District Nursing post in each borough visiting patients who have palliative care needs so that the group of patients at the end of life receive care from the same nurse wherever possible.

The District Nursing teams have been restructured to fit around the proposed integrated locality working models in both Haringey and Islington. Each team is led by a District Nurse Team Manager who works alongside a Community Matron. The triage nurses who manage and signpost new referrals to the service are now based with the district nurse message-taking service so that calls can be effectively and quickly passed to the most appropriate nursing team. This has also meant that calls can be answered and actioned more quickly by the message-taking service, leading to better patient experience and being able to respond more quickly to patient need.

A large part of the project has been around improving productivity in order to effectively manage increased workload. Senior administrator posts have been introduced to release the senior nurse team for advanced clinical care. iPads have been rolled out to all of the teams, meaning that documentation and risk assessments can be completed more easily in patients' homes. Decisions can be made more easily on site in the home between the District Nurses and specialist nurses. Nurses are now able to start their day on patient visits rather than going to the office as they receive their clinical handover via FaceTime from a nursing co-ordinator at the work base. The nurse co-ordinator is able to track where each team member is so that urgent patient visits can be allocated to the nurse who is geographically close to the patient. The service has worked with NHS Elect to further understand demand and capacity. A successful process has been introduced to monitor and maintain length of stay on the District Nursing caseloads. More electric cars and electric bikes have been introduced to reduce travel time. The District Nurses in North East Haringey, North and Central Islington are piloting a wound dressings purchase project, meaning that dressings are ordered and delivered from a central District Nursing store without the need to request prescriptions from the surgeries and rationalising the dressings ordered and used.

## **Stroke prevention/anti-coagulation**

The Whittington has, over the last 10 years developed a unique model of shared and distributed care for anticoagulant and stroke prevention services in the community.

These have included outreach services from the hospital, community pharmacy delivered services and GP Practice delivered. We also have developed a small self-monitoring programme for patients over the last years.

Now the Whittington partners a UCL spin out company ([www.heliconhealth.co.uk](http://www.heliconhealth.co.uk)) that supports the delivery of stroke prevention services. With Helicon Health's comprehensive package of software, patient and clinician education together with other support we are improving care for thousands of people in north London and Hertfordshire. In one particular CCG in north London, where GPs, hospital clinicians and patients work together, it is estimated to have prevented 37 strokes in an over-60 population of 57,290, saving around £592,000 per annum in stroke care. Imagine those savings extrapolated across the whole UK, not to mention the reduction in human suffering and disability.

AF accounts for only about 20% of stroke risk in the population. If we are really serious about cutting the risk of stroke, we need to have a much broader view of patient self-care than anticoagulation monitoring. We will need to adopt more effective means to control high blood pressure (responsible for around 50% of stroke risk); inactive lifestyle (20%) and smoking (10%). Preventing stroke and heart disease isn't the sole responsibility of cardiac specialists and a few enlightened patients. It's a public health task for us all, including town planners and architects, to encourage a more active life-style.

We are now grasping every opportunity to enable patients to self-test and manage their own health in partnership with their doctor. That way they will better understand the benefits of our interventions. Take the biggest stroke risk of all, high blood pressure (BP). Despite a plethora of effective drugs, we have failed miserably to deal with this on a large scale. Many people do not take their medication (sometimes because of the side effects) and don't understand why it's important. How much would compliance improve if patients took their own BP regularly using a simple wrist device, and sent the results to an electronic health record (EHR) to be recorded on a graph that both they and their doctor could see?

The same method could be applied to weight control, exercise and diabetes care, areas where sophisticated, user-friendly patients apps already proliferate but are not yet connected nor incorporated into the EHR nor into the patient record. The aim, whatever the area of health, would be to take the patient-generated information and use it to tailor and improve their health care. The result? Expert patients who are less likely to suffer stroke and engaged in far healthier relationships with their doctor. Patient apps, particularly when incorporated into the patients EHRs not only improve care, they are also a rich source of data that provide the analytics we need to improve care across whole health populations. And with the development of two-way interoperability between hospital systems and GP systems such as exists in HeliconHeart, this data becomes yet more powerful. Data convinces health commissioners. And we now also have sophisticated outcome data against which to measure our preventative measures for stroke prevention – the Sentinel Stroke National Audit Programme defines the numbers of patients sustaining a stroke in the preceding months and can be viewed at a CCG level.

## **Endoscopy**

The Endoscopy Unit is one of the busiest day case diagnostic services at the Whittington Hospital, undertaking just over 7,000 procedures last year alone.

The unit has seen significant improvements over the last couple of years, yielding well-recognised achievements both internally and externally.

A transformation programme began in 2013 when, at the time, it was recognised that there were a number of administrative issues within the service. To support improvements, the organisation requested an external review from the national support team. A visit was undertaken in March 2013. The Trust was keen to provide assurances in the delivery of the services to meet all national targets and quality standards. New management structures were put in place aligned with new clinical leadership. So began a journey of qualitative improvement and growth of the service, with the development of a strong well-embedded team ethos from all disciplines. In October 2013 the National Support Team returned and their follow up report commended the Trust for the significant improvements that had been made in such a short period.

To cement the incredible hard work of all the team, the unit was inspected by the Joint Advisory Group (JAG) in November 2014. JAG operates within the Clinical Standards of the Royal College of Physicians. The Endoscopy unit was assessed against a number of national standards including quality of care, patient experience, training, the unit environment, cleaning standards, equipment and the length of wait between referral and diagnosis. The unit was successful in meeting all standards, and some areas were highly recommended for the high quality level of service.

Following the JAG accreditation, the Endoscopy unit proceeded with the National Office for Bowel Cancer screening inspection to be an accredited Bowel Scope Screening Centre, offering flexible sigmoidoscopy screening for people aged 55 and upwards, starting from March 2015. This is a programme working in partnership with UCLH and is aimed at having a significant impact in the early detection and treatment of bowel cancer for our community.

These achievements are a true reflection of the dedication and hard work of the whole Endoscopy team. 2014/15 has marked the unit out as one of an elite number of hospitals delivering the highest quality and safe endoscopy services to patients.

## **Women, Children and Families (WCF)**

### **Hospital at Home**

The project involves the establishment of a seven days a week Hospital at Home service for children and young people in Islington. This is being provided by Whittington Health for patients of both Whittington Hospital and UCLH.

Specialist community children's nurses work in partnership with acute paediatricians at Whittington Health and UCLH to provide safe care at home for acutely unwell children and young people from 0-18 years, enabling them to be discharged from hospital quicker or preventing admission.

The service operates 7 days a week. It is a nurse led team available to conduct home visits 8am-10pm and can administer IV antibiotics or home phototherapy, monitor the trajectory of an acutely unwell child or young person and/or provide additional support to enable the carer to look after the child or young person in their home environment.

The service works closely with community paediatricians, GPs, midwives and other community health services. Centre 404 (voluntary sector provider of services to families with a disabled child) and Islington parents are actively shaping the service to meet the needs of parents, especially those of children and young people with complex needs.

At this stage of the project all referrals are coming from WH or UCLH A&E but in future, as GP confidence in the service grows, we want to consider the possibility of the service taking GP referrals, particularly for children already known to the service. This would result in a higher level of savings.

Example of quotes:

*"excellent service very professional, staff friendly, helpful, punctual, clear communicators. did what they said they would do and acted as a link between hospital and home."*

*"very supportive, puts you at ease"*

#### **Evidence of Public or Patient Involvement in decision making**

- Consent needed from Parents to admit into the Hospital at Home Service
- Parents and carers are to be approached through a third sector organisation 'Centre 404' to ask which questions would matter to them for feedback. The feedback questionnaire on discharge will be co-produced with the views of parents and carers as to what matters to them, and will be responsive to the needs of parents and carers.
- Two separate questionnaires, one for parents and one for young people aged 10-18 years will be developed. The questions will be similar in both questionnaires however the young peoples' questionnaire will be customised with the type and language suitable to the aged group.

## **Surgery, Cancer and Diagnostics (SCD)**

### **Theatres and the Day Treatment Centre (DTC)**

Main Theatres' utilisation has risen from high 60-75% to 80 – 85% over the past year, we identified areas affecting our planned hours used and address these weekly. We now follow 53% fewer theatre sessions than at the start of last year, and our average number of cases and theatre sessions is up. We now perform about 200 elective operations per week.

The DTC has seen theatre utilisation with a steady incline increasing the capacity of the unit to up to 65 elective cases per day and 40 endoscopies, plus all other unplanned procedures and infusions. This has built the foundations today for a strong and viable future.

We have worked in collaboration with Endoscopy to achieve full JAG accreditation, thus paving the way to increasing endoscopy lists by an extra 1/3. We have developed a bowel screening project in collaboration with UCLH to roll out in May 2015. The trust will then become one of the two largest bowel screening centres in London. We are undertaking a project doing extra capacity work for cataract procedures for Moorfields Eye Hospital meaning we are now catering for an average of 48 extra patients, increasing to 60 patients in May 2015. We have also commenced with a private sexual health project on Sundays to utilise theatre and clinical area space when the unit is closed to elective patients.

We have been undertaking research audits to ensure we have the most effective practice and appropriate usage of the DTC. This has been hugely beneficial to the future of the department. Furthermore, all of these newly created projects and strengthening of already formed relationships could not have been created without the immense dedication and commitment of the great team of staff involved.

### **Cancer**

The 2014 results for the National Cancer Patient Experience Survey for Whittington Health mirror many of the areas for improvement specified in the National Cancer Patient Experience Report for 2014. Whittington Health is no longer in Macmillan's bottom 10 Trusts in the country which is a huge achievement. Whittington Health has one of the strongest performances across the sector in the recent CPES results. 83% of the patients rating their care as excellent or very good, which is a respectable score and a slight improvement on last year's score (82%), however this is still falling in the bottom 20% of all Trusts from across the country. There was a statistically significant improvement on 11 questions (out of 70 in total) since 2010, and significant improvement on 2 questions in the last year. There has not been a significant decline in any questions since 2010, however there was a significant decline in 1 question in the last year. For Whittington Health, 19 questions had the scores in the lowest 20% of all Trust scores across the country as apposed to 37 last year, and 13 questions fell into the best 20% of all Trust scores which is a vast

improvement since last year (6 questions). There is still room for improvement as 15 questions still have scores lower than 70% however this is an improvement to last year (20 questions for 2013). There has been significant improvement since 2010 in patients being given the name of the Clinical Nurse Specialist (CNS) in charge of their care, with 100% of breast cancer patients reporting this. There has been a slight decline from the previous year in how easy patients find it to contact their CNS with a Trust score of 66% and a slightly lower score for breast (64%). The scores for hospital staff giving patients information on getting financial help (62%) has significantly improved in the past 4 years and is considerably higher than the national average and 58% for breast patients. There has been some improvement in the last year in hospital staff informing patients about free prescriptions, with scores more positively for breast (82%).

Electronic Holistic Needs Assessments (eHNA) started in October 2014, and early performance reports to date show improvements in all our tumour types for completion of eHNA and subsequent care plans. The immediate energy and drive in adopting the eHNA was recognised and awarded at a recent Macmillan eHNA event. We are leading London Cancer on completed eHNA and care plans for first two quarters of 2014. Macmillan are planning a 'learn and share' event for other neighbouring Trusts looking at implementation at Whittington as a successful example. The Cancer CNS team have won the Chief Executives team of the month award for Excellence regarding implementation of this project. Securing funding for this project from Macmillan ensures all our Cancer CNS and Chemotherapy team have Trust ipads which are invaluable resource for remote access to assist them in their roles. Our next stage of service improvement is to implement co-created eHNA between CNS and Macmillan support, ensuring all patients meet information officer on diagnosis and have opportunity to discuss how they can be of service.

Health and Well Being Events began in the autumn with more planned to start throughout 2015. Events currently being held are: 'Look Good, Feel Better' events every quarter, Breast Support Group every month, free 12 week 'Managing Fatigue' Exercise programme in partnership with Tottenham Hotspur Foundation, Help Overcoming Problems Effectively (HOPE) course based on a range of theoretical concepts from the areas of positive psychology and cognitive social theory.

We commenced monthly CNS meetings. From this several objectives and work streams were generated and we review our successes and plan further service development monthly to ensure these objectives remain viable and achievable. We commenced monthly 1-2-1 sessions for all CNS affording opportunity to review job plans, ensuring objectives set at appraisals remain achievable, discuss any concerns so they are dealt with promptly. We are 100% compliant with appraisals for Cancer CNS team.

We introduced 'pre chemo chats'. This affords patients and relatives the opportunity to meet with their named nurse and the team after they have consented but before the actual day of treatment. Within the quiet room full assessment and admission is completed. This not only ensures we are compliant with peer review measures but it has proven hugely popular with patients and staff to afford protected time where all the necessary information can be given in an unhurried supportive environment.

We have introduced a new diary system which allows nurses to book patients not only based on chair availability but also individual nurse skill mix and availability, This has ensured safe working levels are spread throughout the week and unnecessary treatment delays are minimised.

Waiting times and satisfaction survey for Chemo Day Unit remains very positive and is presented in Waiting room for patients' and visitors to read full results. We created 'You said we Did' board to highlight all patient ideas and suggestions' are implemented wherever possible.

Our Chemotherapy 24hr hotline has been in place since May 2014. Initial feedback from a patient satisfaction survey reflects that patients find this an invaluable resource and very reassuring to have Chemotherapy Nurse advice out of hours. Full survey results and data were presented to Chemotherapy team in December detailing admission avoidance figures.

The Trust held a very successful coffee & cakes morning which raised £1,000 for Macmillan whilst raising awareness of the new Information service for patients, carers and staff. There is currently ongoing recruitment of volunteers which will allow the Pod to be fully open. Two new volunteers will start towards end of March. The Official Opening by a celebrity guest Barbara Windsor in January was a fantastic success with both our patients and our staff. Tracey Palmer, the Trust's Macmillan Information Officer has successfully helped our cancer patients to receive over £20 870 in Macmillan grants These grants ,of around £300 per patient, allows them to spend it on whatever makes life easier for them at that time. Quarterly data reports show 419 people were seen in the POD from January until the end of March. Our Macmillan Information officer presents Macmillan updates and reports at our Cancer Nursing monthly meetings.

## **Dental services**

Following a successful tender, from April 2014 our Dental Services now provide all Out of Hours Urgent Dental Care across 9 boroughs in North Central and North East London. We also provide the only in-hours walk-in urgent dental service in the whole of London at Kentish Town.

Whittington Health Dental Services were the successful bidder for the Dental Service at HMP Holloway and YOI with services commencing in November 2014.

In partnership with local authority public health departments Dental Services have secured funding to increase provision of health promotion and fluoride programmes across Islington, Camden, Haringey and Enfield. This work, together with our paediatric dental services, have been recognised as a model of best practice in addressing the high rates of tooth decay and GA admissions for young children in north London.

We continue to achieve high scores for patient satisfaction across all our Dental Services, with over 90% of patients recommending the service to friends and family, as well as low levels of patient complaints

Dental Services are required by the Department of Health to carry out rigorous twice-yearly audits of Decontamination and Infection Control procedures. In 2014-15 these audits showed that 95% of dental clinics achieved the essential national quality standards with more than half achieving best practice.

Dental Services have provided training sessions for high-street dentists in minor oral surgery to improve their skills in this area and to foster collaboration between different sectors of dentistry.

## **Who has been involved in developing the Quality Account?**

The Trust has engaged many internal and external stakeholders in the development of this year's Quality Account.

Internally, clinical and operational teams have been at the forefront of developing the Account, from frontline staff to management level. Clinical and operational leads were crucial in ensuring the Quality Account is detailed and provides accurate information. Clinical and corporate divisions worked together to produce the Quality Account. The Strategy and Planning team, Information team, and Clinical Governance team all had significant input into developing the Account.

Externally, our Quality Account has been seen by our governors, local CCGs, local Healthwatch, and our designated external auditors.

## Statements from external stakeholders

### Commissioners' Statement

NHS Islington Clinical Commissioning Group is responsible for the commissioning of health services from Whittington Health NHS Trust on behalf of the population of Islington and surrounding boroughs.

This Account has been reviewed within Islington CCG, Haringey CCG and by colleagues in NHS NEL Commissioning Support Unit.

Islington CCG welcomes the opportunity to provide this statement on Whittington Health Trust's Quality Accounts. We have reviewed the information contained within the Account and checked this against data sources where available to us as part of existing contract/performance monitoring discussions. We confirm the information is accurate in relation to the services provided but acknowledge that some information, such as CQUIN data for Quarter 4, is not yet validated. We also confirm that the content of the Account complies with the prescribed information, form and content as set out by the Department of Health.

We welcome the identified priorities for improvement for 2015/16 and support the focus on improving patient safety for the coming year. We are pleased to see some of the chosen priority areas for improvement are targeted on areas of vulnerability such as patient falls and the incidence of pressure ulcers. We are also pleased to see an emphasis on learning disabilities and the ambition to improve patients' experiences at the Trust.

As commissioners we will work with the Trust during 2015/16 to support the focus on improving the quality and safety of patient care. We recognise that there is a collective willingness to work collaboratively across the Trust, both in the hospital and across community services to improve the experience for our residents.

There has been no formal CQC inspection this year however the Trust has had an independent review undertaken by the TDA on Infection Prevention and Control procedures which was evaluated very positively. There has also been an external independent review of Safeguarding policies and procedures that was carried out in 2014 along with a Cancer Peer Review which was assessed as good with some actions for the Trust to take forward in the coming year.

We look forward to the year ahead working with Whittington Health to improve the quality and safety of health services for the population they serve. We will continue to work with the Trust on key priorities such as Referral to Treatment pathways, Cancer Services, meeting the growing demand on Urgent Care Services as well as the ongoing work to develop an integrated responsive Community Service.

## **Healthwatch Islington Statement**

Healthwatch Islington notes and acknowledges the positive achievements of the Trust in 2014/15, in particular:

- Developing models of integrated care to make services more joined up for our local populations,
- Schemes to recognise staff achievements and support morale – and the comparatively high and positive response rate to the staff Friends and Family test,
- Reduced hospital stays brought about by the ambulatory care model,
- Improvements in maternity – in addition to those highlighted in the report, we were pleased to note that a recent PLACE audit demonstrated improvements in the maternity unit.

We welcome the strategic priorities for 2015/16 in particular the focus on patient-centred care. We welcome the involvement of Healthwatch at the Patient Experience Committee, though it can be difficult to demonstrate the impact of this involvement and how our feedback is used by the Trust to improve patient experience. We would welcome more focus on demonstrating the impact of feedback on planning and delivery.

We recognise that the Trust has worked to reduce waits for community-services. The Trust has not met targets on waiting times in all areas (though we note that they managed additional winter pressures well) and we hope to receive assurance that this will improve in 2015/16 so that patient experience or safety is not affected adversely.

Some local residents have reported issues with patient communication about appointments generally and around appointments for community services during the year. We have been informed that work is ongoing in this area.

We note the Trust's work to improve accessibility for people with Learning Disability. Feedback raised with Healthwatch Islington suggests that more could be done to improve the experience of Deaf patients, particularly those who need to use British Sign Language. We are keen to support the Trust on this issue.

## **Healthwatch Haringey Statement**

### **Introduction**

1. It would be helpful to have a definition of "Quality" at the beginning. In some other Quality Accounts it is defined as the three strands of Effectiveness, Safety and Experience.
2. It is very encouraging to see many examples of excellence reflected in awards and to individuals and teams over the last 12 months.
3. In the recent PLACE audit our team of volunteers were impressed with the significant improvements to cleanliness of wards and the other internal and external areas since their visit last year.

## 2014 /15 Performance / 2015/16 Priorities

1. The staff survey results are very disappointing and we are glad to see these issues are being addressed. They are reflected in the FFT % of staff not recommending The Whittington as a place to work - at 25% this is over twice the national average and should in our view be addressed as a priority for 2015/16.
2. Data quality is a continuing issue and there has been no improvement since 2012/13. This should be a priority for action in 2015/16 and we would expect to see a significant improvement this year.
3. New birth visits within 14 days in Haringey are well below the 95% target at 86.8% and lower than the 91% achieved in Islington. Why is the performance lower in Haringey than Islington and what action is being taken to improve the performance in Haringey?
4. Are the numbers of returns within 30 days after discharge recorded for the ambulatory care centre and in-patients? If so it would be interesting to see this breakdown.
5. In the section on Inequalities the work relating to those with learning disabilities is very positive. Does the Trust have any other monitoring data relating to those with Protected Characteristics e.g. ethnicity and physical disability.
6. There has been an improvement in the outpatient's service but to be honest this would not be difficult as the appointments / reception system was in a state of collapse. The figures for complaints show that this is a continuing area of concern for patients, accounting for 38% of the total, and we think it should continue to be a priority in 2015/16.
7. We think the section on PALS / Complaints should be given a higher profile and included in the section on Patient Experience not in the Partnerships section. We would also like to see a reference to the new CQC KLOI regarding Complaints and a commitment to develop a CQC compliant process.

## Others

We approached our local Overview and Scrutiny Committee for feedback, but they were unable to comment before publication.

The Quality Account has also been reviewed by our Shadow Governors.

## **Part 4 How to provide feedback**

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

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

## **Appendix 1: Statement of directors' responsibilities in respect of the Quality Account**

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

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

The Quality Account presents a balanced picture of the Trust's performance over the period covered, In particular, the assurance relating to consistency of the Quality Report with internal and external sources of information including:

- Board minutes;
- papers relating to the Quality Account reported to the Board;
- feedback from Healthwatch;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009,;
- the latest national patient survey;
- the latest national staff survey;
- the Head of Internal Audit's annual opinion over the trust's control environment;
- feedback from Commissioners;
- the annual governance statement; and
- CQC Intelligent Monitoring reports.

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

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

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

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

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

## **Appendix 2: Independent auditors' Limited Assurance report to the directors of the Whittington Hospital NHS Trust on the Annual Quality Account**

We are required to perform an independent assurance engagement in respect of the Whittington Hospital NHS Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

### **Scope and subject matter**

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following indicators:

- Percentage of patients risk-assessed for VTE
- Rate of clostridium difficile infections

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

### **Respective responsibilities of the Directors and the auditor**

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

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

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

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

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

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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

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

- Board minutes for the period April 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners dated May 2015;
- feedback from Local Healthwatch dated May 2015;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated May 2015;
- the latest national patient survey dated 2014;
- the latest national staff survey dated 2014;
- the Head of Internal Audit's annual opinion over the trust's control environment dated May 2015;
- the Annual Governance Statement dated May 2015; and
- the Care Quality Commission's intelligent monitoring reports 2014/15;

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

This report, including the conclusion, is made solely to the Board of Directors of the Whittington Hospital NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and the Whittington Hospital NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

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

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

### **Limitations**

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

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

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to

other users, for example for the purpose of comparing the results of different NHS organisations.

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

## **Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

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

KPMG LLP  
Chartered Accountants  
15 Canada Square  
Canary Wharf  
London  
E14 5GL  
XX June 2015

## Glossary

Abbreviation	Definition
BTS	British Thoracic Society
C Diff	Clostridium Difficile
CCG	Clinical Commissioning Group
CEPN	Community Education and Provider Network
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUINS	Commissioning for Quality and Innovation
DATIX	Name of incident reporting system
DBS	Disclosure and Barring Service
DNA	Did not attend
DoLS	Deprivation of Liberty Safeguards
DTC	Day Treatment Centre
DVT	Deep Vein Thrombosis
ED	Emergency Department
FFT	Friends and Family Test
GMC	General Medical Council
GP	General Practitioner
ICAM	Integrated Care and Acute Medicine
ICAT	Integrated Community Ageing Team
ICO	Integrated Care Organisation
IG	Information Governance
LoS	Length of Stay
MCA	Mental Capacity Act
MSK	Musculo-Skeletal
NIHR	National Institute of Health Research
NRLS	National Reporting and Learning System
OPD	Out-patient Department
PALS	Patient Advice Liaison Service
PE	Pulmonary Embolism
PROMs	Patient Reported Outcome Measures
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
RTT	Referral to Treatment
SCD	Surgery, Cancer and Diagnostics
SHMI	Summary Hospital Level Mortality Indicator
SI	Serious Incident
TDA	Trust Development Authority
UCLH	University College London Hospitals
UCLP	University College London Partners
VTE	Venous Thrombo-embolism
WCF	Women's Children & Families
YTD	Year to date



## Trust Board

3<sup>rd</sup> June 2015

<b>Title:</b>		2015/16 Finance - Budget and Operating Plan submitted to the TDA					
<b>Agenda item:</b>		<b>15/081</b>		<b>Paper</b>		<b>5</b>	
<b>Action requested:</b>		For approval					
<b>Executive Summary:</b>		This paper describes the budget setting process and key components of the financial plan for 2015/16.					
<b>Summary of recommendations:</b>		To recommend that the Trust accept the proposed budget for 2015/16.					
<b>Fit with WH strategy:</b>		Delivering efficient, affordable and effective services. Meeting statutory duties.					
<b>Reference to related / other documents:</b>		TDA Operating Plan					
<b>Date paper completed:</b>		26 <sup>th</sup> May 2015					
<b>Author name and title:</b>		Ursula Grueger Deputy Director of Finance		<b>Director name and title:</b>		Colin Gentile, interim CFO	
<b>Date paper seen by EC</b>	27/5/15	<b>Equality Impact Assessment complete?</b>	N/A	<b>Quality Impact Assessment complete?</b>	N/A	<b>Financial Impact Assessment complete?</b>	N/A



## INTRODUCTION

1. The Trust faces significant financial challenges in 2015/16. We exited the 2014/15 financial year with a headline deficit of £7.3m. This deficit in 2014/15 was underpinned by non-recurrent resources and so was in fact a larger underlying deficit. The bridge analysis is attached at **Appendix 1** which explains the main drivers of the underlying deficit, reconciled back to the 2014/15 deficit.
2. Further to the above the NHS saw an unprecedented delay in the tariff arrangements and therefore a consequential delay in the business planning and contract cycle nationally for providers and commissioners.
3. The further local context is the financial position of the local CCGs. Islington CCG has a relatively strong financial position however this position is “tighter” than in previous years. They have shared their financial position with the Trust on an open book basis.

## BUDGET SETTING METHODOLOGY

4. The approach to setting the 2015/16 revenue budgets is based on 2014/15 outturn and not based on 2014/15 budget. This means the starting point is what was actually spent in 2014/15 and therefore anchors the budget to a realistic level of expenditure. We have made all efforts to ensure that all budget holders understand the updated methodology. We put emphasis on making the budget setting exercise :
  - More transparent
  - Promoting greater ownership of budgets
  - Having sign off at Service Line level, below Divisional Operations Director Level
5. The aim was to produce a credible and realistic financial plan that is consistent with the Trust’s business plan. The general approach was to use corporate and divisional forecast outturn expenditure for 2014/15, as at month 10, adjusted for the various items that are identified within this report.

## EXPENDITURE BUDGETS

6. The table below summarises the expenditure budget it identifies the sums that are held in reserve which will be released into budgets when appropriate.

**Appendix 2** provides detail of the divisional expenditure budgets.

	£
<b>Income</b>	<b>288,498,398</b>
<b>Expenditure</b>	
Operating Expenditure	-281,845,720
Cost Pressures	-4,186,061
Investments	-475,550
Winter Resilience	-1,679,000
Interest, Dividends, Depreciation	-17,767,254
Impact of cash schemes	-5,450,000
Other Operating Costs	-2,685,121
	<b>-314,088,705</b>
<b>Savings</b>	<b>16,500,000</b>
<b>Reserves</b>	
Pay Increment	-1,661,888
Pay Award	-735,017
Drugs Inflation 1.4%	-147,858
Non-pay inflation 0.35%	-663,034
Contingency	-5,187,489
Other	-3,600,009
	<b>-11,995,295</b>
<b>Total</b>	<b>-21,085,602</b>
<b>Add back: Impairments, IFRIC</b>	<b>1,582,602</b>
<b>Adjusted Financial Position</b>	<b>-19,503,000</b>

7. **Cost pressures.** Cost pressures in the plan total £5.2m. The majority of this (£3.8m) relates to an increase in CNST premium. This reflects the impact of the NHS Litigation Authority moving from a risk assessed contribution basis to a claims history basis when calculating the premium. The remainder of cost pressures is related to agreed changes in services. They have been through a process of challenge by the Executive Team.

## INCOME BUDGETS

8. The contract with the main CCGs is a block with sophistication. The Trust will need to perform to a high operational standard to achieve full contract value. This is a realistic aim but requires focus to deliver the income value in the plan, there is risk associated with this. There is risk within the local authority income as there is pressure to reduce the financial envelopes within which services are delivered.

Income	£
7 Smaller CCGs	6,600,000
CCG income: SLA	2,539,550
Main 5 CCGs	203,291,000
NHS England	18,091,368
Non contracted CCGs	3,058,235
Overseas and private patients	11,648
R&D	683,139
Tariff Excluded Drugs	46,462
Education, LA and other devolved	54,176,996
	<b>288,498,398</b>

## COST IMPROVEMENTS

9. The indicative savings target is 3% of expenditure for divisions and corporate areas and 2.5% Trust schemes (£16.5m in total). This level of saving is greater than the 3.5% standard savings level in the national tariff. There is a requirement for the Trust to save more as the Trust needs to fund cost pressures and contribute to the financial recovery trajectory. It is anticipated that the savings requirement will be applied as an expenditure saving target with the balance to be achieved in exceptional circumstances by approved income generating schemes.
10. The Trust is planning to deliver £16.5m of saving. **The budget assumes full delivery of these sums.** We have reviewed the 2014/15 programme and have improved the arrangements for delivery and accountability.
11. CIPs with detailed PIDs amount to £7.4m. There are a further set of worked-up schemes of £1.2m. Further schemes of £7.9m which are being worked through. Clearly work is on-going to develop a full set of schemes. The current gap between CIPs identified and the £16.5m savings built into the budget represents a significant financial risk which must be mitigated. We expect to have plans to fully bridge the gap. **Appendix 3** sets out the schedule of identified CIPs.

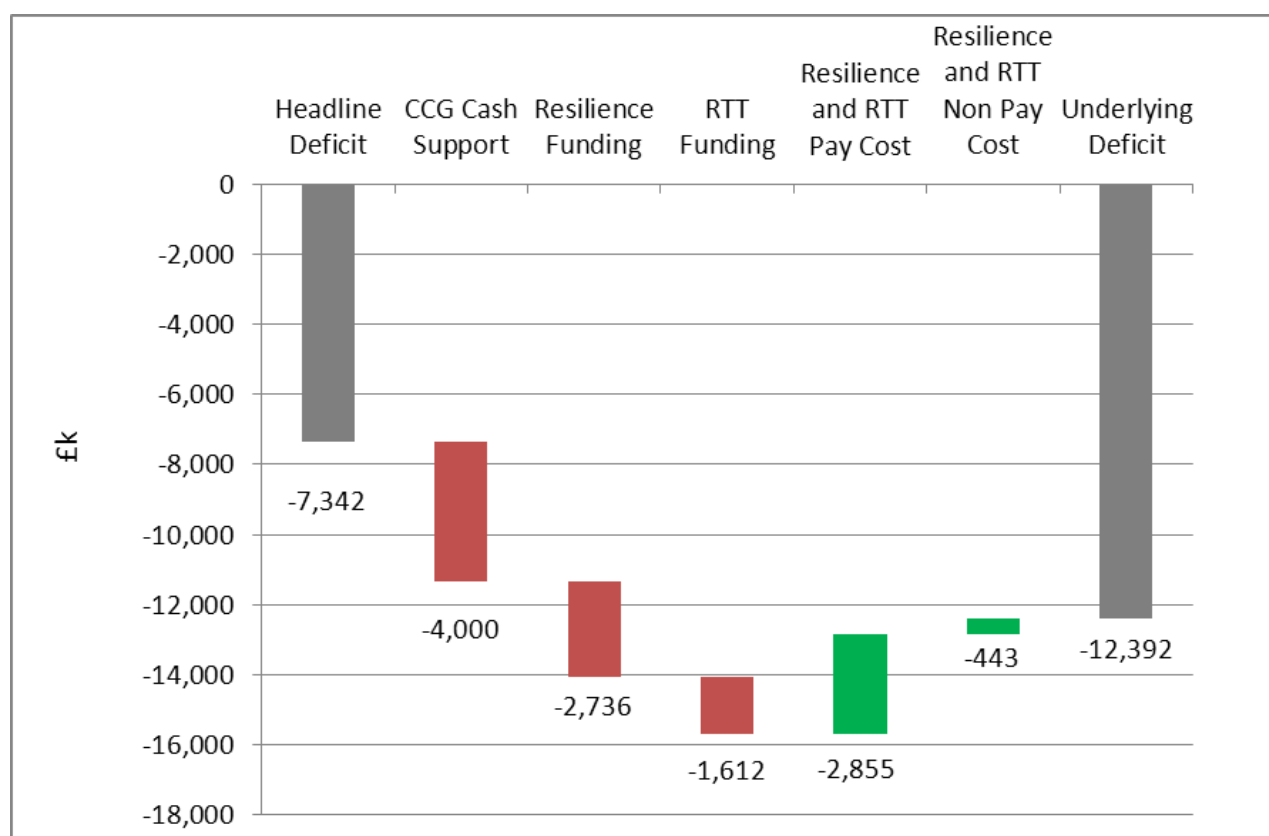
## OVERALL POSITION

The budget and the plan submitted to the TDA is a £19.5m deficit for 2015/16. The Trust Board will strive to improve this planned financial position in year. The Trust will therefore work to deliver a significantly smaller deficit than £19.5m. This is an important target as it will produce an improved run rate moving into 2016/17. We will be reporting against an internal target to better the plan by £5m and have a deficit no greater than £14.5m.

## RECOMMENDATIONS

- The Board is asked to approve the budget.
- The Board is asked to note the risks to delivery of the budget.

## Appendix 1 – Underlying Deficit Bridge – TDA FORMAT



## Appendix 2 – Divisional Expenditure Budgets

Devolved Expenditure (in £)						
Expenditure	Detail	Corporate Services	Integrated Care & Acute Medici	Surgery, Cancer & Diagnostics	Women, Children & Families	Grand Total
Non-Pay	Establishment	1,781,011	602,439	419,082	712,014	3,514,546
	Ext Cont Staffing & Cons	479,888	465,481	152,470	105,859	1,203,698
	Healthcare From Non Nhs		89,452			89,452
	Miscellaneous	12,853,094	448,545	538,072	322,783	14,162,494
	Non-Pay Reserve	0	0			0
	Premises & Fixed Plant	17,722,102	749,643	1,002,035	659,039	20,132,819
	Supplies & Servs - Clin	866,024	15,654,680	11,633,437	2,611,939	30,766,080
	Supplies & Servs - Gen	966,511	524,628	524,477	291,287	2,306,903
Non-Pay Total		34,668,630	18,534,868	14,269,573	4,702,921	72,175,992
Pay	A/C	12,858,863	5,480,817	4,736,784	4,994,069	28,070,533
	Chairman & Non-Executive	71,689				71,689
	Dental			2,216,758		2,216,758
	Executive Board & Sen Mgr	4,861,852	533,775	598,026	651,285	6,644,938
	Maintenance & Works	576,532				576,532
	Medical	311,566	14,617,671	16,550,464	11,686,618	43,166,319
	Nurses & Midwives	2,326,072	29,866,965	15,028,315	32,241,442	79,462,794
	Other Support Workers	5,064,568	391,559	462,501	152,456	6,071,084
	Pay Reserve	-1	392,605			392,604
	Scientific, Ther & Tech	933,649	17,767,713	9,119,774	13,314,544	41,135,680
Pay Total		27,004,789	69,051,105	48,712,622	63,040,414	207,808,930
Grand Total		61,673,419	87,585,973	62,982,195	67,743,335	279,984,922

Please note the above only includes the divisional cost budgets. CIPs and central finance items are excluded.

## Appendix 3 – CIPs agreed to date

### CIPs agreed to date

in £	Target	Identified with PIDs	Identified without PIDs	Total Identified CIPs	CIP underdevelopment/authorising
ICAM	2,266,926	2,266,926	0	2,266,926	0
SCD	1,748,000	1,160,100	587,900	1,748,000	0
WCF	1,728,762	1,077,562	651,200	1,728,762	0
Corporate	1,924,419	1,924,419	0	1,924,419	0
Trust					
Wide	8,831,893	969,059	0	969,059	7,862,834
<b>Total</b>	<b>16,500,000</b>	<b>7,398,066</b>	<b>1,239,100</b>	<b>8,637,166</b>	<b>7,862,834</b>

Neil Hewitson  
Director  
KPMG LLP  
15 Canada Square  
Canary Wharf  
London  
E14 5GL

3 June 2015

Dear Neil,

This representation letter is provided in connection with your audit of the financial statements of Whittington Hospital NHS Trust ("the Trust"), for the year ended *31 March 2015*, for the purpose of expressing an opinion:

- i. as to whether these financial statements give a true and fair view of the financial position of the Trust as at *31 March 2015* and of its income and expenditure for the financial year then ended; and
- ii. whether the financial statements have been prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England.

These financial statements comprise the Statement of Financial Position, the Statement of Comprehensive Income, the Statement of Cash Flows, the Statement of Changes in Taxpayers Equity and notes, comprising a summary of significant accounting policies and other explanatory notes.

The Board confirms that the representations it makes in this letter are in accordance with the definitions set out in the Appendix to this letter.

The Board confirms that, to the best of its knowledge and belief, having made such inquiries as it considered necessary for the purpose of appropriately informing itself:

#### **Financial statements**

1. The Board has fulfilled its responsibilities for the preparation of financial statements that:
  - i. give a true and fair view of the financial position of the Trust as at *31 March 2015* and of its income and expenditure for that financial year;
  - ii. have been prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England.

The financial statements have been prepared on a going concern basis.

2. Measurement methods and significant assumptions used by the Board in making accounting estimates, including those measured at fair value, are reasonable.
3. All events subsequent to the date of the financial statements and for which IAS 10 *Events after the reporting period* requires adjustment or disclosure have been adjusted or disclosed.

4. The effects of uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole.

### **Information provided**

5. The Board has provided you with:
  - access to all information of which it is aware, that is relevant to the preparation of the financial statements, such as records, documentation and other matters;
  - additional information that you have requested from the Board for the purpose of the audit; and
  - unrestricted access to persons within the Trust from whom you determined it necessary to obtain audit evidence.
6. All transactions have been recorded in the accounting records and are reflected in the financial statements.
7. The Board confirms the following:
  - i) The Board has disclosed to you the results of its assessment of the risk that the financial statements may be materially misstated as a result of fraud.

Included in the Appendix to this letter are the definitions of fraud, including misstatements arising from fraudulent financial reporting and from misappropriation of assets.

- ii) The Board has disclosed to you all information in relation to:
  - a) Fraud or suspected fraud that it is aware of and that affects the Trust and involves:
    - management;
    - employees who have significant roles in internal control; or
    - others where the fraud could have a material effect on the financial statements; and
  - b) allegations of fraud, or suspected fraud, affecting the Trust's financial statements communicated by employees, former employees, analysts, regulators or others.

In respect of the above, the Board acknowledges its responsibility for such internal control as it determines necessary for the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In particular, the Board acknowledges its responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

8. The Board has disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
9. The Board has disclosed to you and has appropriately accounted for and/or disclosed in the financial statements, in accordance with IAS 37 *Provisions, Contingent*

*Liabilities and Contingent Assets*, all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

10. The Board has disclosed to you the identity of the Trust's related parties and all the related party relationships and transactions of which it is aware. All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with IAS 24 *Related Party Disclosures*.
11. The Board confirms that all intra-NHS balances included in the Statement of Financial Position (SFP) at 31 March 2015 in excess of £100,000 have been disclosed to you and that the Trust has complied with the requirements of the Intra NHS Agreement of Balances Exercise. The Board confirms that Intra-NHS balances includes all balances with NHS counterparties, regardless of whether these balances are reported within those SFP classifications formally deemed to be included within the Agreement of Balances exercise.
12. The Board confirms that:
  - a) The financial statements disclose all of the key risk factors, assumptions made and uncertainties surrounding the Trust's ability to continue as a going concern as required to provide a true and fair view.
  - b) Any uncertainties disclosed are not considered to be material and therefore do not cast significant doubt on the ability of the Trust to continue as a going concern.
13. The Trust is required to consolidate any NHS charitable funds which are determined to be subsidiaries of the Trust. The decision on whether to consolidate is dependent upon the financial materiality and governance arrangements of the charitable funds. The Board confirms that, having considered these factors, it is satisfied that the charitable funds do not require consolidation as they are not material to the Trust's financial statements.
14. The Trust has included in its financial statements Property, Plant and Equipment (PPE) of £194,917K, of which £177,821K relates to land and buildings. The Trust underwent a full valuation of its land and buildings as at 30 June 2014 and a further desktop valuation as at 31 March 2015. The Board confirms that this valuation is accurate and that the value of land and buildings reported in the financial statements as at 31 March 2015 does not differ materially from the market value of those land and buildings at this date.
15. The Trust has included in its financial statements NHS Accruals and Deferred Income of £5,092K (£4,522k relates to NHS Accruals) and Non-NHS Accruals and Deferred Income of £13,063K (£11,157K relates to Non-NHS Accruals). The Board confirms that these accruals are complete and appropriate as at 31 March 2015.

This letter was tabled and agreed at the meeting of the Board of Directors on 3rd June 2015.

Yours faithfully,

[Chairman]

[Secretary]Optional  
cc: Audit Committee



## Whittington Health Trust Board

3 June 2015

<b>Title:</b>		Capital Investment Plan 2015~2017					
<b>Agenda item:</b>		<b>15/082</b>		<b>Paper</b>		<b>6</b>	
<b>Action requested:</b>		To ratify the capital investment plan for 2015~2017 approved at the Finance and Business Development Committee meeting held on 30 April 2015					
<b>Executive Summary:</b>		<p>The attached document is the draft Capital Investment Plan for 2015 to 2017. It has been approved by the Finance and Business Development Committee, and is brought to the Trust Board for ratification.</p> <p><b>Table 1</b> Category table outlining the annual allocation for backlog and lifecycle schemes, and fixed Private Finance Initiative (PFI) and Managed Equipment Scheme (MES) costs. Also included is the value of capital projects approved through the business case process.</p> <p><b>Table 2</b> Details of schemes approved through the business planning process that deliver trust objectives. These have been reviewed and approved by Trust Management Group (TMG)</p> <p><b>Table 3</b> Schemes in table 3 have been reviewed at TMG and approved in principal but are subject to financial review. The approval will be subject to the resources available within the financial year.</p>					
<b>Summary of recommendations:</b>		To ratify the draft plan approved by the Finance and business Development Committee subject to final approval of business cases by the Trust Management Group					
<b>Fit with WH strategy:</b>		SG1 – Deliver consistently high quality, safe services SG3 - Innovate and continuously improve quality of our services SG4 – Integrate care in patient centred teams					
<b>Reference to related / other documents:</b>		Fits with strategy					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		Captured in risk register and/or board assurance framework					
<b>Date paper completed:</b>		26 May 2015					
<b>Author name and title:</b>		<b>Philip Ient</b> Director of Estates and Facilities		<b>Director name and title:</b>		<b>Siobhan Harrington</b> Deputy Chief Executive	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>		<b>Risk assessment undertaken</b>	<b>Y</b>	<b>Legal advice received?</b>	<b>N</b>



## (draft) Capital Plan 2015~2017

	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Capital Resource Limit (CRL)</b>	<b>£ 8,946,000</b>	<b>£ 8,950,000</b>			
<b>Category Allocations</b>					
IM&T	£ 80,000	£ 600,000	£ 600,000	£ 600,000	£ 600,000
Medical Equipment	£ 860,788	£ 2,298,046	£ 2,499,591	£ 2,876,092	
Estates; Premises, Health and Safety, Backlog and DDA (to include community & acute backlog)	£ 1,411,042	£ 1,639,132	£ 1,863,361	£ 869,590	£ 869,590
Project Management costs	£ 500,000	£ 500,000	£ 500,000	£ 500,000	£ 500,000
WFL lifecycle costs	£ 470,000	£ 715,000	£ 912,000	£ 974,000	£ 941,000
Asteral life cycle costs (MES)	£ 554,258	£ 1,951,005	£ 1,658,167	£ 2,108,191	£ 162,485
Approved Capital Projects	£ 1,600,000	£ 250,000	£ 250,000	£ 250,000	£ 250,000
<b>TOTAL</b>	<b>£ 5,476,088</b>	<b>£ 7,953,184</b>	<b>£ 8,283,119</b>	<b>£ 8,177,873</b>	<b>£ 3,323,075</b>
Unallocated Pending Business Case Approval	£ 3,469,912	£ 996,816			

Table 1

Approved Capital Projects	2015/16	2016/17	2017/18	2018/19	2019/20
Electronic Patient Records	£ 250,000	£ 250,000	£ 250,000	£ 250,000	£ 250,000
Electronic Document Management System (Year 2 of 2)	£ 250,000				
Simmons House	£ 550,000				
Clinical nurse roster system	£ 400,000				
SIMS Centre	£ 130,000				
Relocation of services from St Anns to community sites (NOT including Mobility)	£ 20,000				
<b>TOTAL Approved Capital Projects</b>	<b>£ 1,600,000</b>	<b>£ 250,000</b>	<b>£ 250,000</b>	<b>£ 250,000</b>	<b>£ 250,000</b>

Table 2

Proposed Capital Projects - Business Cases Prepared Subject to Finance Sign Off	2015/16	2016/17	2017/18	2018/19	2019/20
Improve Jenner space Utilisation & Infrastructure	£ 40,000				
Community IT infrastructure renewals	£ 500,000	£ 500,000	£ 500,000	£ 500,000	£ 500,000
Maternity & neo-nates improvements (Years 2 to 5)	£ 2,700,000	£ 1,000,000	£ 2,000,000	£ 2,000,000	
Replace Endoscopy Processing Unit - Replacement of life expired equipment and provide additional space for proposed expansion	£ 500,000	£ 1,500,000			
New bowel Screening (Year 1; WC - Year 2 additional scopes & driers)	£ 10,000	£ 700,000			
Patient Self Service Check-In for Main OPD Appointments at the Whittington Hospital	£ 90,200				
MDT room (for cancer discussions)	£ 36,000				
Increase Admin area in Clinic 3A (2rooms into 1) - part of TPE (plus removal of inner wall)	£ 15,000				
New Maternity beds for Labour Ward	£ 73,000				
<b>TOTAL</b>	<b>£ 6,114,200</b>	<b>£ 3,950,000</b>	<b>£ 2,750,000</b>	<b>£ 2,750,000</b>	<b>£ 750,000</b>

Table 3

**Trust Board**  
03-Jun-15

Title:	Month 1 2015/15 - Financial Results					
Agenda item:	15/083		Paper		7	
Action requested:	The Trust Board is to charge the Finance & Business Committee to assure future Board meetings that the learning from the 2014/15 financial performance is being actioned.					
Executive Summary:	The paper analyses the financial performance of the Trust covering overall, clinical division and corporate performance, cash and capital.					
Summary of recommendations:						
Fit with WH strategy:	Delivering efficient, affordable and effective services. Meeting statutory duties.					
Reference to related / other documents:	Trust Operating Plan 2015/16. Board Assurance Framework (Section 3).					
Date paper completed:	29th May 2015					
Author name and title:	Ursula Grueger, Deputy Director of Finance		Director name and title:		Colin Gentile, Interim Chief Finance Officer	
Date paper seen by EC ?		Equality Impact Assessment complete?	Risk Assessment undertaken ?	N/A	Legal advice received ?	N/A

## **Month 1 Finance Report - Executive Summary**

The Trust underperformed against plan by £181k in month. This was mainly driven by income performance.

### **Income**

The income position in month 1 was £176k adverse.

This is mainly a result of NHS England underperformance. We are currently investigating what caused this. The underperformance was partially offset by £200k resilience income that was recognised in month 1.

### **Expenditure**

The expenditure position is largely on track and in line with budgets set. Divisional pay and non pay were overspent due to the impact of winter activity, however, was covered by the additional income.

### **CIPs**

The Trust delivered 82% of target in month 1. Work on identifying all outstanding CIP schemes is ongoing.

### **Cash and Capital**

The Trust ended the year the month with £9m cash. This is in line with plan and reflects the high level of income that traditionally comes into the Trust in April. The capital plan was on target.

## Statement of Comprehensive Income

15/16, Month 1

in £'000	Month 1 Budget	Month 1 Actual	Variance	Total Budget
Nhs Clinical Income	20,487	20,111	-376	245,647
Non-Nhs Clinical Income	1,447	1,453	6	17,392
Other Non-Patient Income	1,972	2,165	194	25,575
<b>Total Income</b>	<b>23,906</b>	<b>23,729</b>	<b>-176</b>	<b>288,614</b>
Non-Pay	6,337	6,406	-69	76,093
Pay	17,699	17,647	52	218,525
Unidentified Savings	0	0	0	-7,863
Contingency	0	0	0	5,187
<b>Total Operating Expenditure</b>	<b>24,036</b>	<b>24,053</b>	<b>-17</b>	<b>291,944</b>
<b>EBITDA</b>	<b>-130</b>	<b>-324</b>	<b>-194</b>	<b>-3,330</b>
Depreciation	815	815	0	9,785
Dividends Payable	376	376	0	4,513
Interest Payable	289	289	0	3,468
Interest Receivable	1	1	0	10
<b>Net Surplus / (Deficit) - before IFRIC 12 adjustments</b>	<b>-1,610</b>	<b>-1,804</b>	<b>-194</b>	<b>-21,087</b>
Add back impairments and adjust for IFRS & donated assets	7	20	13	1,585
<b>Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments</b>	<b>-1,603</b>	<b>-1,783</b>	<b>-181</b>	<b>-19,502</b>



## Whittington Health Trust Board

3<sup>rd</sup> June 2015

<b>Title:</b>	Trust Board Performance Report June 2015 (April 15 data)		
<b>Agenda item:</b>	<b>15/084</b>	<b>Paper</b>	<b>8</b>
<b>Action requested:</b>	For discussion on progress through 2014-15, April performance report, refreshed board indicators following contract/national benchmarks and agreement of areas of focus for 2015-16.		
<b>Executive Summary:</b>	<p>The following is the Performance and Quality report for April 2015; a number of highlights and areas for focus are identified. Detailed analysis and commentary are provided within each page of the report.</p> <p><u>Areas to note</u></p> <ul style="list-style-type: none"> <li>• A year review summary for indicators that have full data sets is included within this report.</li> <li>• The dashboard indications have been refreshed with updated targets from contract agreement or national benchmarks</li> </ul> <p><u>Summary of report:</u></p> <p><b>QUALITY</b></p> <ul style="list-style-type: none"> <li>• <b>Inpatient deaths</b> remain within normal limits.</li> <li>• <b>Completion of valid NHS number:</b> Remain just below the standard of 95%.</li> <li>• <b>SHMI:</b> Whittington Hospital mortality rate remains lower than expected for the Trust.</li> <li>• <b>HSMR:</b> Update will be provided in July report.</li> <li>• <b>Complaints:</b> Target achieved in all divisions.</li> </ul> <p><b>PATIENT SAFETY</b></p> <ul style="list-style-type: none"> <li>• <b>Harm Free Care:</b> Below target due to community pressure ulcers, action plan in place.</li> <li>• <b>Pressure Ulcers prevalence:</b> Increase in prevalence overall. The trust is working with partners in the community to implement the action plan.</li> <li>• <b>Falls (audit):</b> Safety thermometer records the percentage of falls recorded on the day out of all collated audit forms. 0.3 % of the forms include falls on the day.</li> <li>• <b>VTE assessment:</b> Achieved standard.</li> <li>• <b>Medication errors causing severe/moderate/low harm:</b> No severe medication errors reported. 3 moderate and 4 low medication errors causing actual harm were reported in April.</li> <li>• <b>Never events:</b> None.</li> <li>• <b>CAS alerts:</b> 2 outstanding being crosschecked which are</li> </ul>		

related to window restrictors. A work plan is in place for completion by June 2015.

- **Proportion of reported patient safety incidents that are harmful:** Remains around one third of all reported incidents.
- **Serious incidents:** 8 new SI's reported in April, all incidents are fully investigated and learning is shared. Duty of Candour was achieved for all SI's.

#### **PATIENT EXPERIENCE**

- **Family and Friend Test:** Increased this month, but low for WCF 25%.
- **Mixed sex Accommodation:** No breaches.
- **Patient admission to adult facilities for under 16 years of age:** No breaches.
- **Complaints:** All divisions achieved above target.

#### **INFECTION PREVENTION**

- **MRSA:** No new cases this month.
- **EColi and MSSA:** One new EColi and one MSSA infections in April, all protocols adhered to.
- **C Difficile:** One new infection, all protocols adhered to.
- **Ward Cleanliness:** Remains at 98%.

#### **ACCESS**

##### **Acute**

- **First to follow-up:** Acute ratio remains below the national benchmark.
- **Theatre Utilisation:** Remains around 80%
- **Hospital cancellations:** Remain around 5% for first appointment and 7 % for follow up appointment.
- **Patient DNA:** Remain around 12% for first appointment and 14% for follow up appointment.
- **Hospital cancelled operations:** 6 patients cancelled in April, 3 due to availability of surgeon, 2 due to the list overrunning and one where equipment was not available on the day.
- **Cancelled ops not rebooked within 28 days:** none
- **Urgent procedures cancelled first and second time:** None.
- **RTT 52 week wait:** No patients waited over 52 weeks for first appointment.
- **RTT 18 weeks Admitted:** Achieved.
- **RTT 18 weeks non-Admitted:** Overall achieved, but in ICAM 75 patient out of 1261 were not seen within 18 weeks and SCD 112 out of 1943 patients were not seen within 18 weeks for first appointment.
- **RTT 18 weeks incomplete:** Overall achieved, but under performance in General Medicine in SCD.
- **Diagnostic waits:** Overall achieved, but under performing in ICAM Neurophysiology Services 6 out of 132 patients were not seen within 6 weeks for first appointment and in Respiratory Services 10 out of 47 patients were not seen within 6 weeks. In

	<p>WCF in Audiology Services 7 of 543 patients were not seen within 6 weeks.</p> <ul style="list-style-type: none"> <li>• <b>Cancer:</b> Overall achieved, under achieving in 14 days to first seen in ICAM 9 out of 56 patients breach and in WCF one breach was shared with UCLH.</li> </ul> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>• <b>Service cancellations:</b> Remain around 7%.</li> <li>• <b>Patient DNA:</b> Achieved standard.</li> <li>• <b>Face to Face contacts:</b> Monitoring in place and reviewed for contract negotiations.</li> <li>• <b>Appointments with no outcome:</b> Above target and monitored within services.</li> <li>• <b>Dental Patient involvement and experience:</b> Achieved.</li> <li>• <b>MSK wait 6 week (non-consultant led):</b> Below target due to Bank Holiday working days lost and staff turnover. Four new staff started during April 2015. Clinics were also not booked to capacity and extra admin time is now allocated to make sure all clinics are fully booked.</li> <li>• <b>MSK 18 weeks:</b> Achieved.</li> <li>• <b>IAPT:</b> Below target of 50% for patients moving to recovery, but compliant with patients real recovery rates of 53.5%. An extensive improvement plan is in place monitored by our counter partners in the council.</li> <li>• <b>GUM:</b> Achieved.</li> </ul> <p><b>EMERGENCY AND URGENT CARE</b></p> <ul style="list-style-type: none"> <li>• <b>Emergency Department waits:</b> Just below 95% target.</li> <li>• <b>ED Indicator – median wait for treatment:</b> Above target.</li> <li>• <b>30 day Emergency re-admission:</b> Project team formed to review 30 day re-admission target.</li> <li>• <b>12 hour trolley wait:</b> None.</li> <li>• <b>Ambulatory Care (% diverted):</b> Below target.</li> <li>• <b>Ambulance handover:</b> 1 breach within 30 minutes and none for 60 min.</li> </ul> <p><b>MATERNITY</b></p> <ul style="list-style-type: none"> <li>• <b>Woman seen by HCP or midwife within 12 weeks and 6 days:</b> Below target and monitored PAN London.</li> <li>• <b>New birth visits within 14 days:</b> Below target due to poor performance in one Haringey team and vacancies across the two boroughs within the Health Visiting Services. An action plan is being written and recruitment is targeted in the vulnerable teams.</li> <li>• <b>Elective C-section rate:</b> Achieved.</li> <li>• <b>Breastfeeding initiated:</b> Achieved.</li> <li>• <b>Smoking at delivery:</b> Achieved.</li> </ul>
Summary of recommendations:	That the Board notes the performance.

<b>Fit with WH strategy:</b>		All five strategic aims					
<b>Reference to related / other documents:</b>		N/A					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		N/A					
<b>Date paper completed:</b>		20 <sup>th</sup> May 2015					
<b>Author name and title:</b>		<b>Hester de Graag, Performance Lead</b>		<b>Director name and title:</b>		<b>Lee Martin, Chief Operating Officer</b>	
<b>Date paper seen by EC</b>	<b>27/5</b>	<b>Equality Impact Assessment complete?</b>	<b>n/a</b>	<b>Quality Impact Assessment complete?</b>	<b>n/a</b>	<b>Financial Impact Assessment complete?</b>	<b>n/a</b>

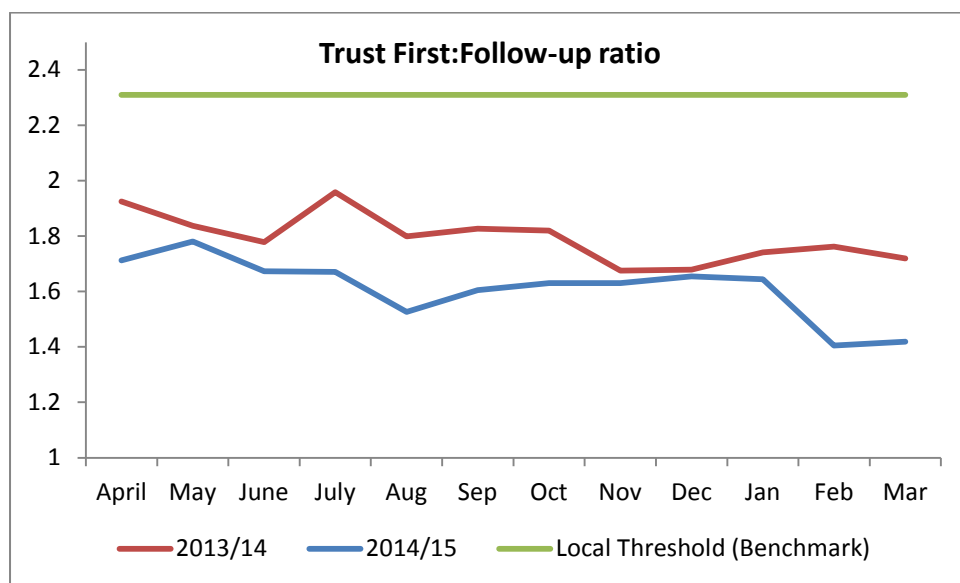
# Whittington Health

## Performance review of financial year 2014-15

This report will provide an overview of Whittington Health performance during 2014/15 for the following indicators:

- First to Follow up ratios
- Hospital Out Patients first and follow up
- Community Appointments cancellations
- Out Patients DNA by first and follow up
- Community DNA
- Community Face to Face contacts
- Community unoutcomed appointments
- Cancer
- Emergency Department 4hr waits
- Routine MSK patients see within 6 weeks
- RTT - Admitted, non-admitted & incomplete

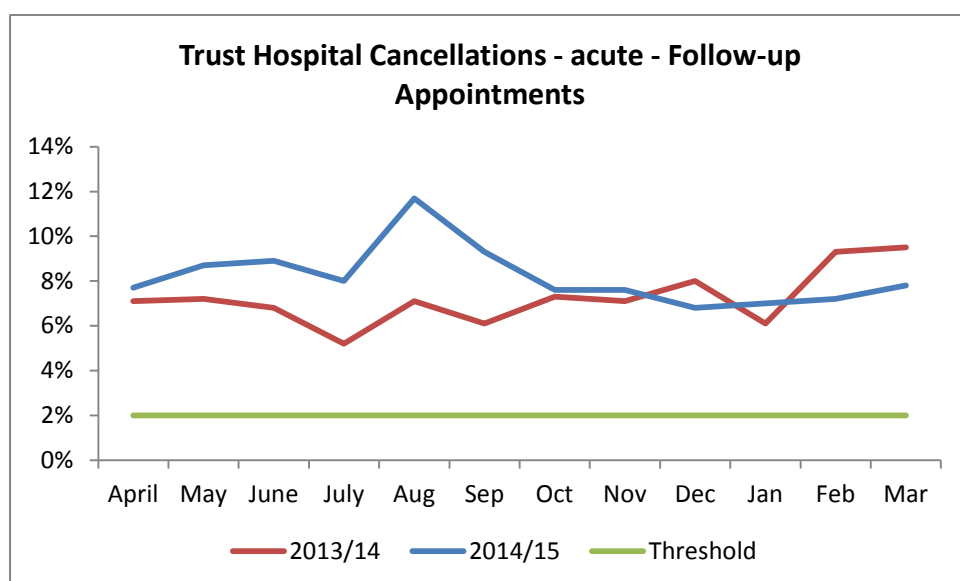
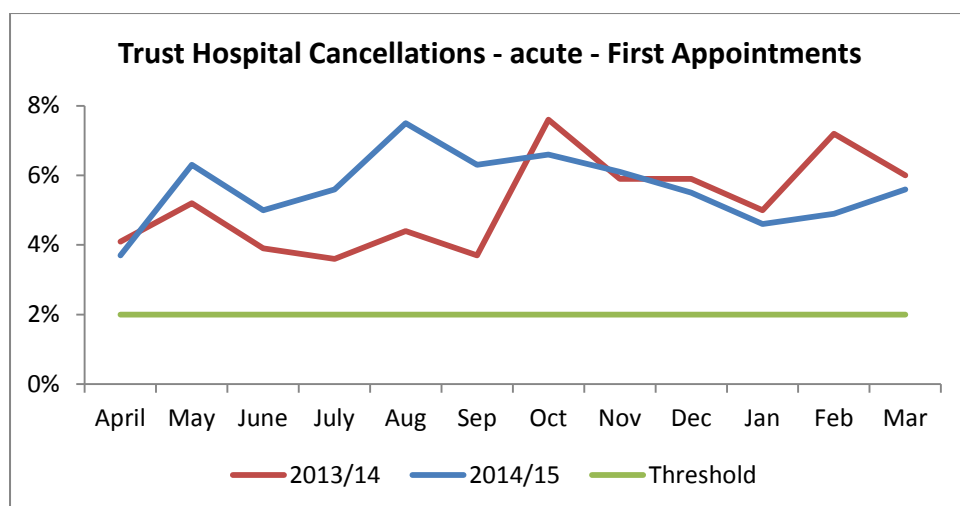
### First to Follow Ratio



Whittington Health has achieved the HSCIC benchmark and has been able to bring down the follow-up ratio even further compared to last year. For example, the ratio reduced from 2.25 follow-up appointments for every new appointment in March 2014 to 1.42 follow-up appointments for every new in March 2015.

The Value Improvement Programme for Out Patients will continue to monitor and improve new to follow-up ratios by unit.

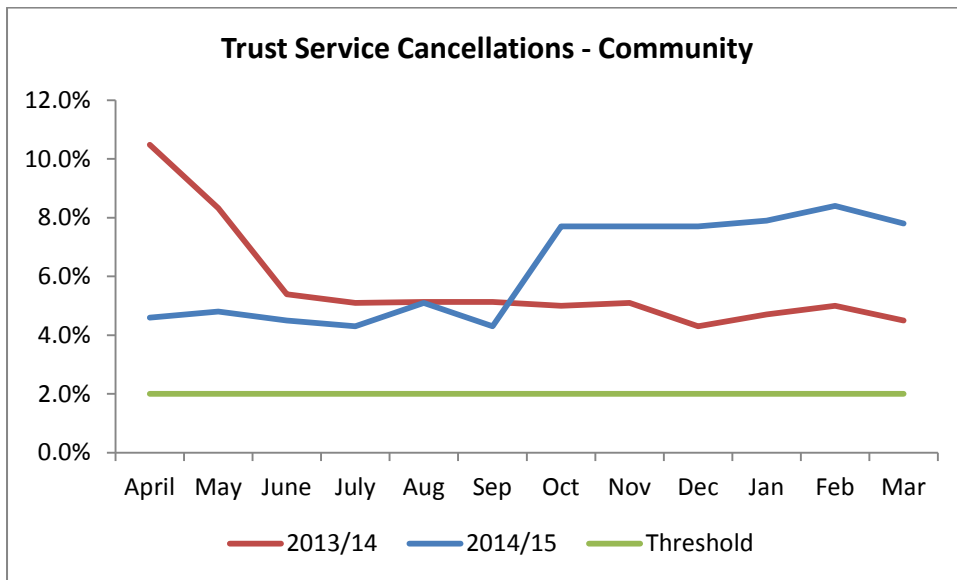
## **Hospital Out Patients cancellations first and follow up appointments**



In 2014/15 Whittington Health implemented the new EPR system, a system for ensuring data is correctly entered and a major program to reduce waiting times for patients. This work involved cancelling and rescheduling patient's appointments, often bringing patients appointments forward which shows as hospital cancellations on the system. During 2014/15, additional funding for increased activity to further improve RTT targets was also provided. Some of this work involved cancelling and rescheduling patient's appointments to ensure that patients were seen within waiting time. In some cases, this showed as an increase in hospital cancellation rates. The hospital cancellation rate for first appointments remains around 5% for the last quarter of the year; with follow-up appointment cancellations remaining around 7%.

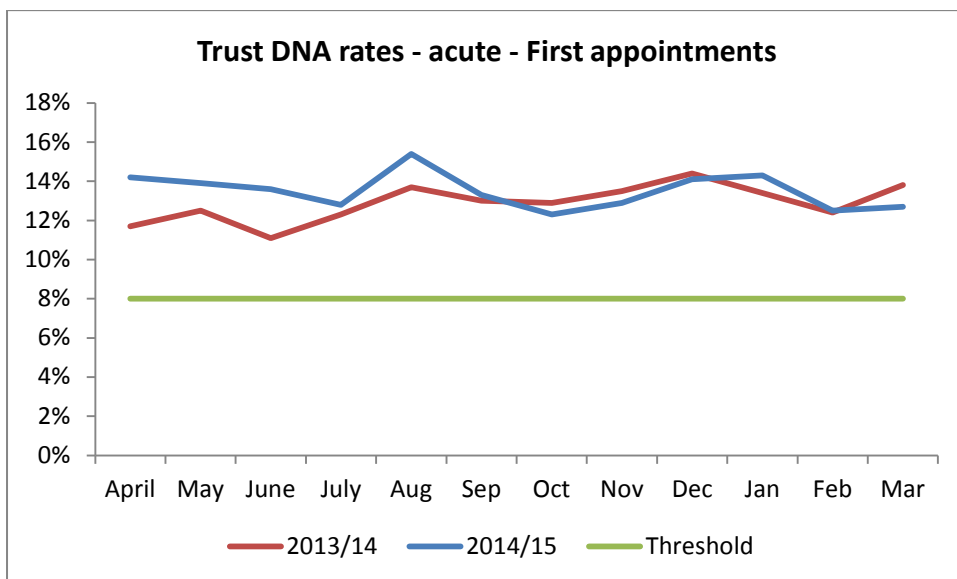
Follow up appointments in some specialties continue to be booked a number of months ahead, which are adversely affected by annual leave. However, the review and implementation of partial booking - where appropriate - will continue in 2015/16. The cancellation target will also be reviewed for 2015/16 to be a more realistic goal and more in line with comparable Trusts. A major piece of work will be undertaken in 2015-16 to further improve OPD services across Whittington Health.

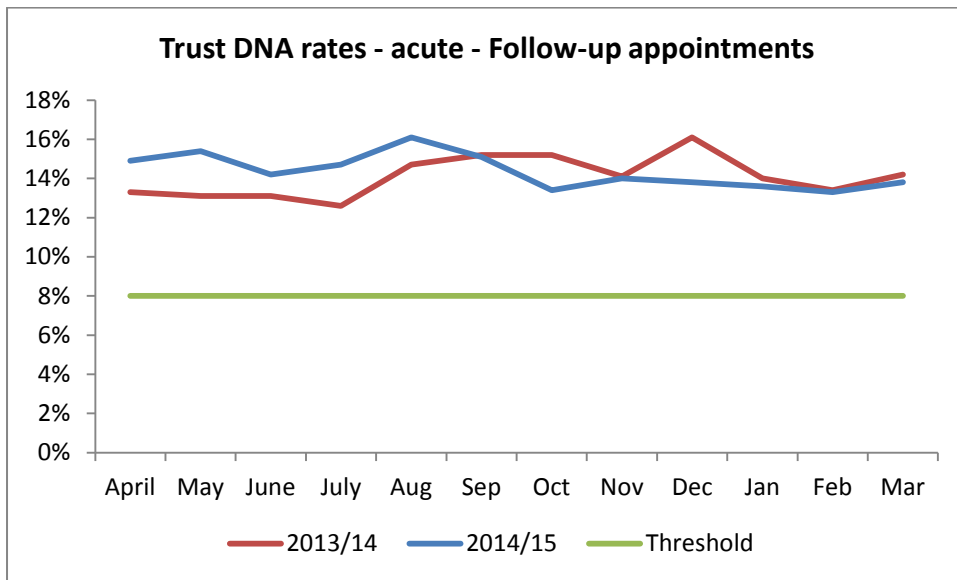
## **Community Appointments cancellations**



During October 2014, the new RIO upgrade was implemented which had a negative effect on the cancellation rate. This was caused because the system change resulted in cancellations made prior to the patient being informed of their appointment date being included in the hospital cancellation rate. This is being reviewed and will be reviewed in the next RiO upgrade. Prior to October 2014, the community cancellation rate had shown an improvement on the 2013/14 run rate; the community cancellation rate was just over 4% in September 2014. The cancellation target will also be reviewed for 2015/16 to be a more realistic goal and more in line with comparable Trusts. We have also implemented new codes for cancellations to be able to further understand reasons for cancellations and what solutions can be found.

#### **Out Patients DNA by first and follow up**

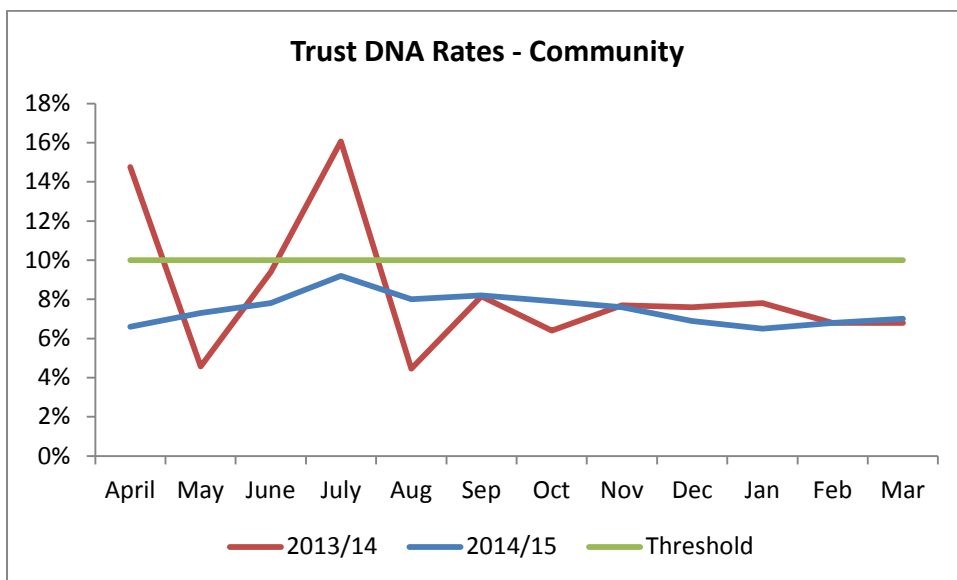




DNA for first and follow-up appointments remained consistent with last year; this is following several improvements being piloted. The improvements have been standardised reminder calls at 7 days, text messages at 2 days, which are both linked to an option to speak to an appointment clerk for further booking of an appointment. Letters have been updated with a single point of access for contacting appointments call centre and new protocols and policies in place. Further review is underway to see what other possible improvements can be made.

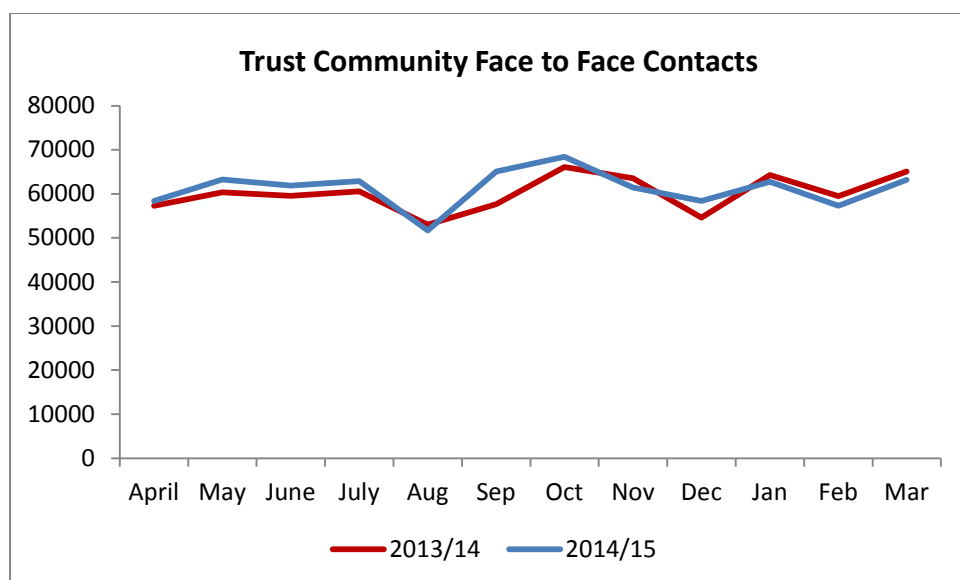
The DNA rate target will also be reviewed for 2015/16 to be a more realistic goal and more in line with comparable Trusts.

### **Community DNA**



Within Whittington Health community services, DNAs have stabilised since September 2013. DNA rates have remained consistently below the threshold of 10% with a community DNA rate of 7% during March 2015. Text message and telephone reminders continue to be rolled out across community services and this has contributed to a sustained lower DNA rate over the past 18 months. There are several community services where high DNA rates are still experienced due to the nature of the service and a number of services are working across local boroughs to share good practice. Acute services have also joined together with community services to standardise all OPD processes and understand improvements together.

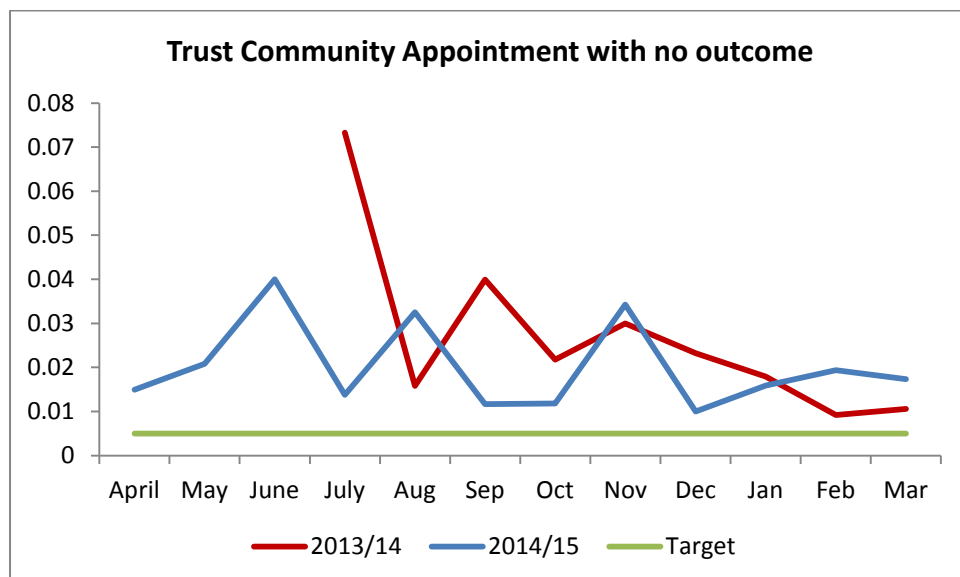
## **Community Face to Face contacts**



The overall number of Face to face contacts in the community has marginally increased in 2014/15 and there is also a seasonal pattern seen each year with a fluctuation per month in the number of contacts.

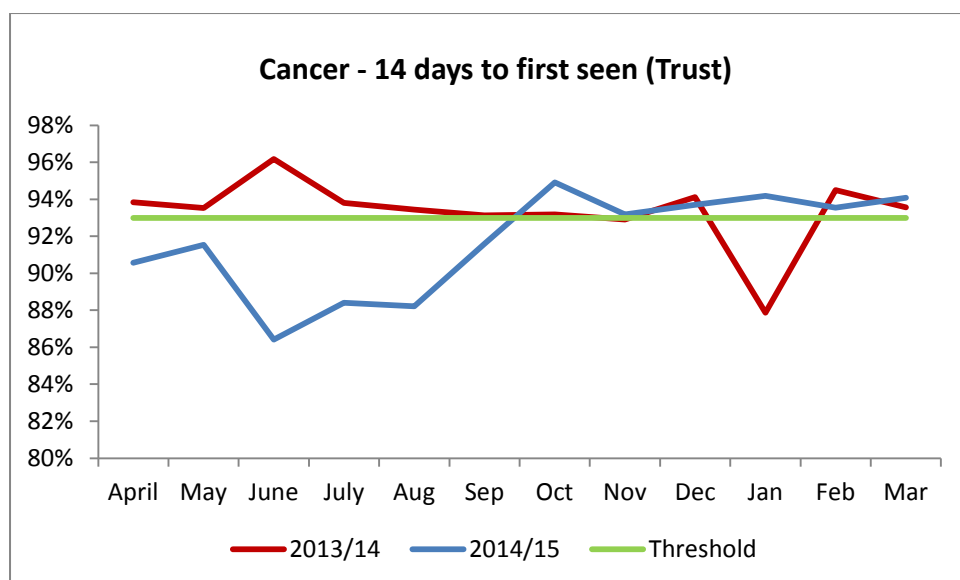
The number of contacts per service is monitored internally and during contract meetings. The Chief Operating Officer has also led a data quality improvement programme within the community to improve data recording and timeliness. This has shown improvement in both recording of activity and management of patient pathways. District nursing, the largest volume of activity in the community, saw an increase in the number of contacts of 6.68% in 2014/15 (299,966) when compared to 2013/14.

## **Community unoutcomed appointments**

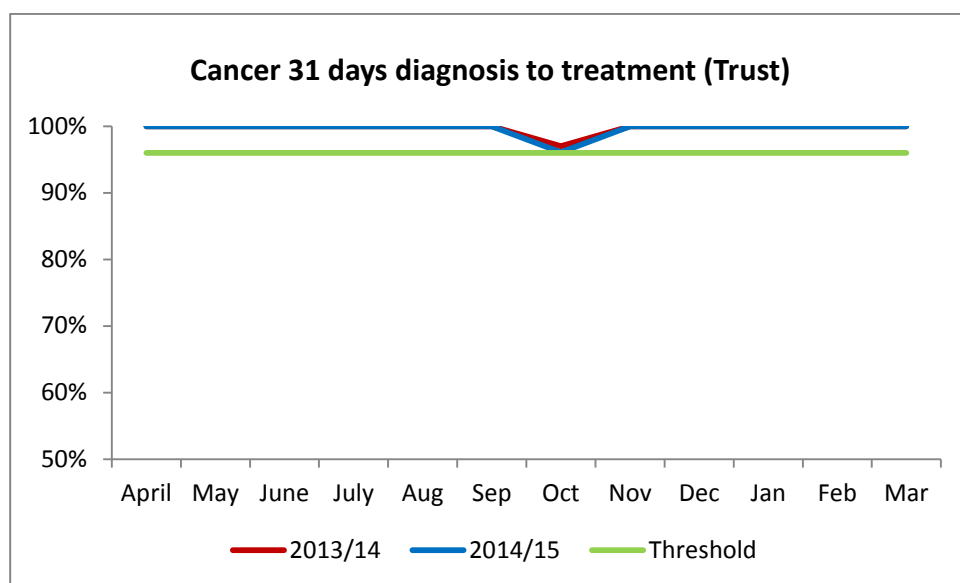


The level of unoutcomed appointments in the community continues to be monitored at service level. Timeliness of outcome has shown improvement in recent months; this was also a focus of the data quality improvement programme led by the Chief Operating Officer. The monthly acute flex and freeze dates for submission of contract data have been adopted in the community to assist with timely management of data entry and controlling potential back log of imputing outcomes.

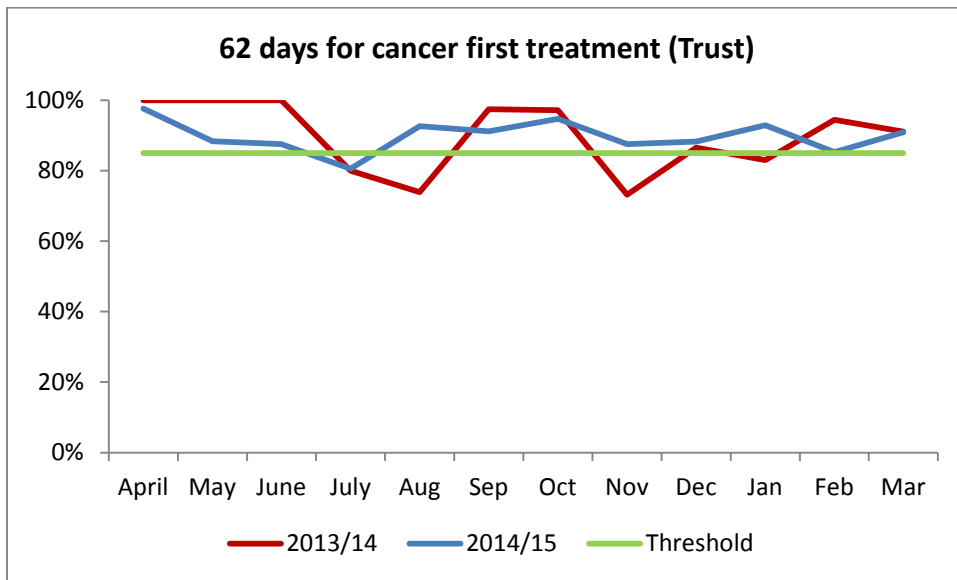
## Cancer



Whittington Health Cancer Services have been achieving the national target for the 14-day measure since October 2014 which is attributable in part to service redesign which resulted from the implementation of the cancer board, tumour streams being standardised, capacity and demand monitoring, new escalation processes and daily review of patient pathways.

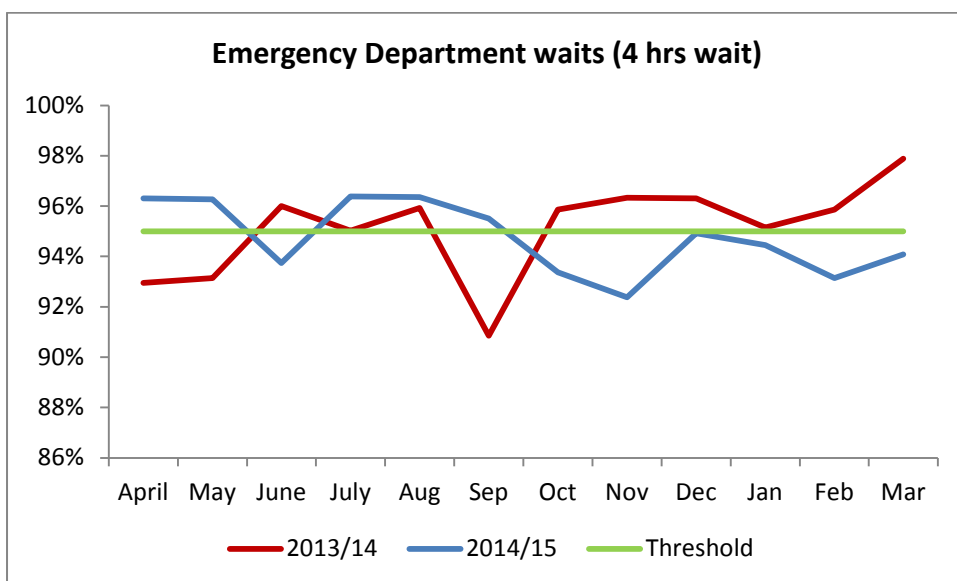


Whittington Health Cancer Services has consistently achieved the 31-day standard for the past two years despite a small dip in October.



From August 2014 Whittington Health Cancer Services consistently delivered above the threshold in 2014/15 compared to a more erratic performance in 2013/14. In fact, Whittington Health achieved all cancer targets in each consecutive month since the beginning of Q3. This is a great achievement that has been sustained now for 6 months and is a result of a combination of projects to improve cancer performance ensuring that our patients continue to receive high quality and timely cancer services.

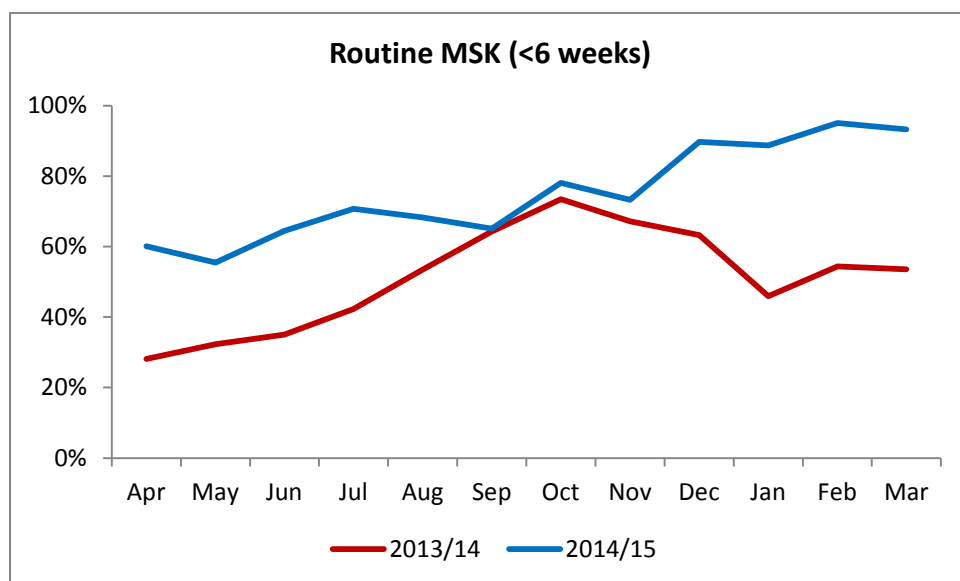
#### **Emergency Department 4hr waits**



Meeting the 95% target is a challenge across London due to increased demand. The Whittington has seen an increase in demand, particularly the acuity and complexity of the patients presenting at the Emergency Department. The year-end performance for the 4 hour target was 94.74% and therefore the target was almost met. Whittington Health remains in the top quartile for performance of hospitals across London for delivering timely and high quality services to patients who attend our emergency department. A number of improvements have been implemented to assist with the management of high quality and timely access to emergency and urgent care. These have been; new nursing standards to ensure that any patient with a prolonged wait will have nutrition, pressure care and hydration checks, a new assessment and treatment area, redesigned staffing model to match time of day of presentations, increase senior nursing support at matron level, clear escalations and emphasis on whole of health economy response to emergency pressures.

Work continues in 2015/16 to manage the increased demand and complexity of patients presenting to the department. Clearly the 19 different community pathway programmes have assisted with meeting these demands. The Ambulatory Care unit also continues to support the emergency care system following the launch of the new unit in April 2014. The new unit saw approximately 1400 contacts in March 2015.

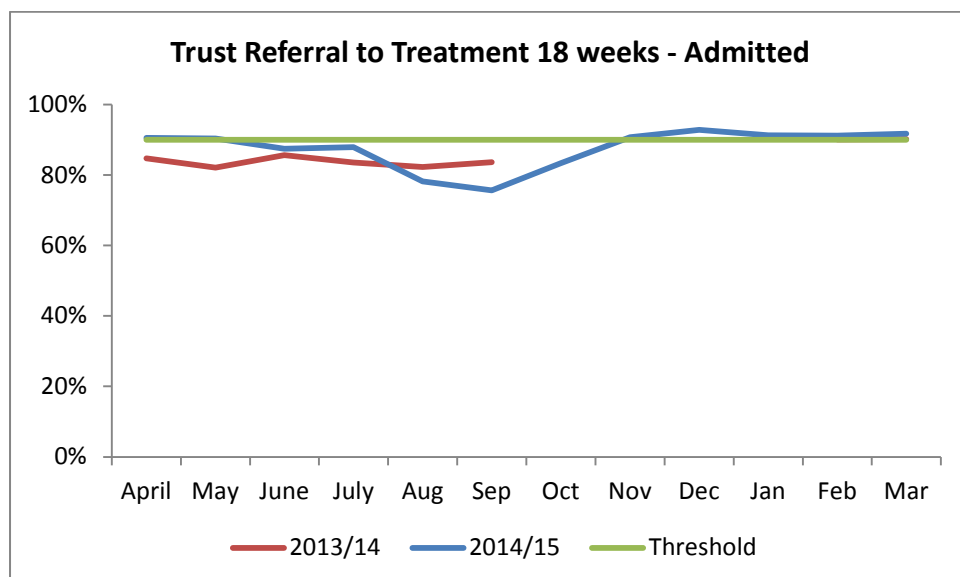
### **Routine MSK patients seen within 6 weeks**



The Routine MSK service performance has shown a significant improvement over the year. This has been achieved with some additional capacity; increased productivity and careful management of the patient waiting list. This was also achieved despite an increase of contacts in the Musculoskeletal Service by 4.74% from 2013/14 to 2014/15.

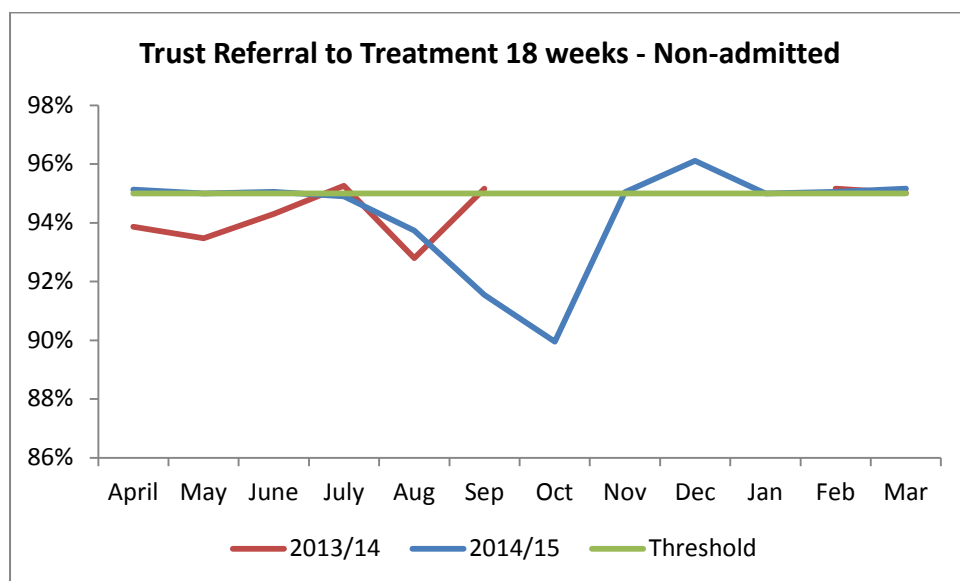
### **RTT - Admitted, non-admitted & incomplete**

All RTT targets have now been met consecutively for six months, since November 2014.

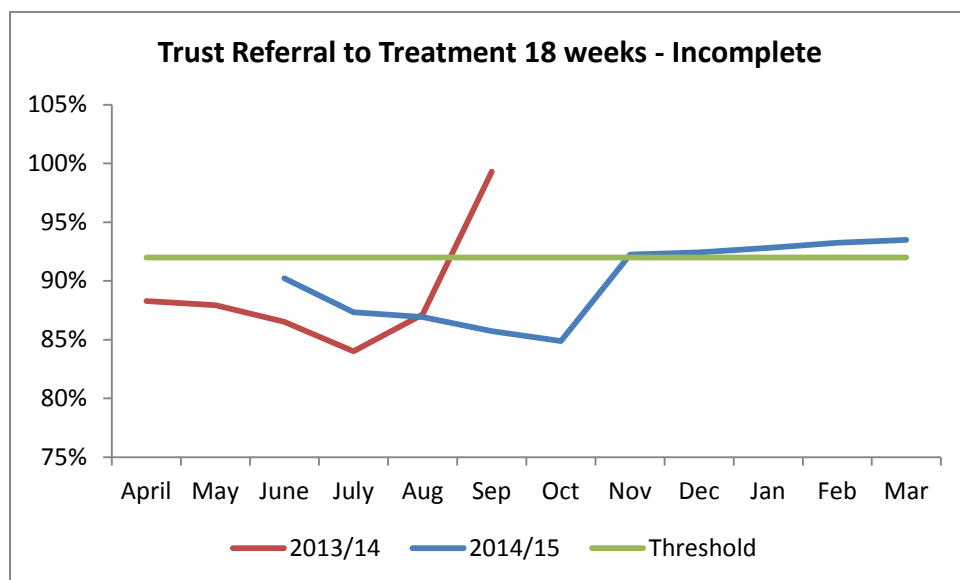


Whittington Health has achieved all RTT targets since November 2014. Prior to November 2014, national targets were suspended due to additional investment nationally to improve the target performance. Performance is monitored closely in weekly meetings to ensure patients are seen within in a timely manner across often complex treatment pathways. The Trust achieved 91.7% in March 2015 against a target of

90% for admitted patients. Theatre utilisation is monitored closely by the operational management team and plays a part in the achievement of the admitted target. The pre-assessment pathway has also been recently changed to ensure patients are able to be reviewed as soon as the decision is taken to add them to a waiting list. This has helped to improve the efficiency of the booking process.



Again this target was affected by the national suspension of RTT targets prior to November 2014. Since the re-introduction of the national target of 95% of non-admitted patients to be seen within 18 weeks, Whittington Health has achieved this target every month. Careful monitoring takes place to ensure patient appointments are booked throughout the pathway to ensure care is received in a timely manner; this often requires the co-ordination of a number of support services and specialties. The Whittington saw 95.2% of non-admitted patients within 18 weeks in March 2015.



Incomplete performance has shown great improvement since the start of 2013/14. Since November 2014, the Trust has met the 92% standard for incomplete waiters (92% of those still waiting treatment, have been waiting less than 18 weeks). The year ended 93.5% of patients were waiting under 18 weeks. The additional RTT funding was used to ensure long waiting patients were treated and additional capacity created to maintain this target. The Chief Operating Officer led the project to carefully monitor progress and patient waiting times are monitored in a weekly meeting to ensure bottlenecks and issues are identified and resolved early.

## **Areas for focus and discussion by the Trust Board for 2015-16**

**OPD – DNA** rates have remained high even through significant efforts in redesign and improvement has been made. Proposed next steps are a deep dive into two speciality units with high DNAs and a discussion with the national team to see if there are any further improvements that could be trialed.

**Maternity indicators** – a maternity dash board has been developed to assist the new Director of Operations and New Head of Midwifery to assess and monitor performance

**Emergency performance** – concern of further increased demand and complexity/acuity of patients with a predicted high demand winter has been raised with the resilience committee lead by ICCG. A work shop is being held for all partner organisations to come together to look at what improvement and capacity is needed to maintain and improve emergency access. There has also been discussion around how we not only build resilience in systems and processes but also assist staff to have resilience to meet the daily demands of working in very busy areas. This will be picked up at the planning workshop.

**Ongoing monitoring of performance indicators** – the present system of monthly meetings between leadership team and the COO will continue and the quarterly executive performance meetings have been scheduled. The weekly meetings for monitoring PTL (waiting lists) will be maintained for community and acute services.

### **Changes to the present board performance indicators**

A number of indicators have been reviewed and discussed with operational lead or commissioners. The following have been amended in 2015-16.

- Service cancellations – community – present 2% increase to 8% in line with national benchmarking group.
- Community appointments unoutcomed – 0.5% increase to 1%.
- MSK wait to 95% from 100% as per contract agreed with commissioners.
- Theatre utilisation to 92% as per the national benchmark.
- Hospital cancellations 8% from 2% aligned to national benchmark.
- DNAs to 10% more realistic measure as discussed with commissioners during 2014-15.

These indicators have been amended in the April report.

# June Trust Board Report (April data)

Quality	Threshold	Feb-15	Mar-15	Apr-15
Number of Inpatient Deaths	-	32	40	32
NHS number completion in SUS (OP & IP)	99%	98.8%	98.6%	arrears
NHS number completion in A&E data set	95%	94.4%	94.7%	arrears

Quality (Mortality index)	Threshold	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14
SHMI	-	0.54	0.54	0.60

Quality (Mortality index)	Threshold	Sep-14	Oct-14	Nov-14
Hospital Standardised Mortality Ratio (HSMR)	<100	79.98	63.03	71.43
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	58.2	61.8	-
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	88.4	64.1	-

Patient Safety	Threshold	Feb-15	Mar-15	Apr-15
Harm Free Care	95%	92.8%	92.1%	93.1%
VTE Risk assessment	95%	95.1%	95.3%	arrears
Medication Errors actually causing Serious/Severe Harm	0	0	0	0
Never Events	0	0	0	0
CAS Alerts (Central Alerting System)	-	0	2	2
Proportion of reported patient safety incidents that are harmful	-	43.5%	36.1%	33.5%
Serious Incident reports	-	14	3	8

## Access Standards

Referral to Treatment (in arrears)	Threshold	Jan-15	Feb-15	Mar-15
Diagnostic Waits	99%	99%	99.5%	99.4%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0

Efficiency and productivity - Community	Threshold	Feb-15	Mar-15	Apr-15
Service Cancellations - Community	8%	8.4%	7.8%	7.5%
DNA Rates - Community	10%	6.8%	7.0%	6.9%
Community Face to Face Contacts	-	59,086	65,145	59,889
Community Appts with no outcome	1.0%	1.9%	1.7%	2.2%

Community Access Standards	Threshold	Feb-15	Mar-15	Apr-15
Community Dental - Patient Involvement	90%	97.0%	96.0%	98.0%
Community Dental - Patient Experience	90%	96.0%	97.0%	100.0%
MSK Waiting Times - Non-Consultant led patients seen in month (% < 6 weeks)	95%	95.1%	93.2%	69.5%
MSK Waits - Consultant led patients seen in month (% < 18 weeks)	95%	100.0%	100.0%	arrears
IAPT - patients moving to recovery	50%	43.5%	49.5%	arrears
GUM - Appointment within 2 days	100%	99.9%	99.9%	100.0%

## Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Feb-15	Mar-15	Apr-15
First:Follow-up ratio - acute	2.31	1.41	1.42	1.45
Theatre Utilisation	92%	84.6%	79.8%	79.8%
Hospital Cancellations - acute - First Appointments	<8%	4.9%	5.6%	5.2%
Hospital Cancellations - acute - Follow-up Appointments	<8%	7.2%	7.8%	7.7%
DNA rates - acute - First appointments	10%	12.5%	12.7%	12.5%
DNA rates - acute - Follow-up appts	10%	13.3%	13.8%	13.5%
Hospital Cancelled Operations	0	5	5	6
Cancelled ops not rebooked < 28 days	0	0	0	0
Urgent procedures cancelled	0	0	0	0

		Meeting threshold		
Patient Experience	Threshold	Feb-15	Mar-15	Apr-15
Patient Satisfaction - Inpatient FFT (% recommendation)	-	86%	90%	92%
Patient Satisfaction - ED FFT (% recommendation)	-	92%	88%	92%
Patient Satisfaction - Maternity FFT (% recommendation)	-	89%	88%	92%
Mixed Sex Accommodation breaches	0	0	0	0
Complaints	-	21	28	26
Complaints responded to within 25 working day	80%	61%	88%	arrears
Patient admission to adult facilities for under 16 years of age	-	0	0	0

Infection Prevention	Threshold	Feb-15	Mar-15	Apr-15
Hospital acquired MRSA infection	0	0	0	0
Hospital acquired <i>C difficile</i> Infections	17 (15/16)	0	1	1
Hospital acquired <i>E. coli</i> Infections	-	1	3	1
Hospital acquired MSSA Infections	-	0	1	0
Ward Cleanliness	-	98%	98%	98%

## Access Standards (RTT)

Referral to Treatment (in arrears)	Threshold	Jan-15	Feb-15	Mar-15
Referral to Treatment 18 weeks - Admitted	90%	91.3%	91.1%	91.7%
Referral to Treatment 18 weeks - Non-admitted	95%	95.0%	95.1%	95.2%
Referral to Treatment 18 weeks - Incomplete	92%	92.8%	93.2%	93.5%

Meeting threshold  
Failed threshold

		Failed threshold		
Emergency and Urgent Care	Threshold	Feb-15	Mar-15	Apr-15
Emergency Department waits (4 hrs wait)	95%	93.1%	94.1%	94.8%
ED Indicator - median wait for treatment (minutes)	<60	78	95	83
30 day Emergency readmissions	-	236	274	arrears
12 hour trolley waits in A&E	0	0	0	0
Ambulatory Care (% diverted)	>5%	3.0%	3.2%	2.6%
Ambulance Handover (within 30 minutes)	0	7	1	arrears
Ambulance Handover (within 60 minutes)	0	0	0	arrears

Cancer Access Standards (in arrears)	Threshold	Jan-15	Feb-15	Mar-15
Cancer - 14 days to first seen	93%	94.2%	93.5%	94.1%
Cancer - 14 days to first seen - breast symptomatic	93%	93.7%	95.9%	95.2%
Cancer - 31 days to first treatment	96%	100.0%	100.0%	100.0%
Cancer - 31 days to subsequent treatment - surgery	94%	100.0%	100.0%	100.0%
Cancer - 31 days to subsequent treatment - drugs	98%	100.0%	100.0%	100.0%
Cancer - 62 days from referral to treatment	85%	92.9%	85.3%	90.9%

Maternity	Threshold	Feb-15	Mar-15	Apr-15
Women seen by HCP or midwife within 12 weeks and 6 days	90%	84.0%	81.2%	82.4%
New Birth Visits - Haringey	95%	81.5%	70.6%	arrears
New Birth Visits - Islington	95%	91.3%	85.0%	arrears
Elective Caesarean Section rate	14.80%	11.7%	13.0%	11.2%
Breastfeeding initiated	90%	88.8%	90.9%	92.4%
Smoking at Delivery	<6%	7.2%	3.4%	4.0%

	Threshold	Trust Actual		
		Feb-15	Mar-15	Apr-15
Number of Inpatient Deaths	-	32	40	32
Completion of a valid NHS number in SUS (OP & IP)	99%	98.8%	98.6%	arrears
Completion of a valid NHS number in A&E data sets	95%	94.4%	94.7%	arrears

SHMI		Lower Limit	Upper Limit	RKE SHMI Indicator
	Oct 2013 - Sep 2014	0.88	1.13	0.60
	Jul 2013 - Jun 2014	0.88	1.14	0.54
	Apr 2013 - Mar 2014	0.87	1.15	0.54
	Jan 2013 - Dec 2013	0.88	1.14	0.62
	Oct 2012 - Sep 2013	0.89	1.13	0.63
	Jul 2012 - Jun 2013	0.88	1.13	0.63
	Apr 2012 - Mar 2013	0.88	1.14	0.65

## Commentary

### Inpatient Deaths

**Issue:** The number of in-patient death remain at expected level. Last year Whittington Health recorded 33. A high proportion of in-patient deaths are still related to respiratory diseases.

**Action:** All in-patient deaths are reviewed by the Medical Director.

**Timescale:** On-going

### Completion of valid NHS number

**Issue:** NHS number completion in SUS and A&E dataset remains just under target.

**Action:** The ED department has now access to a report identifying missing NHS numbers. by clinician to ensure the last NHS numbers are entered into EPR.

**Timescale:** Expected to be compliant in April 2015 (June 2015Trust Dashboard)

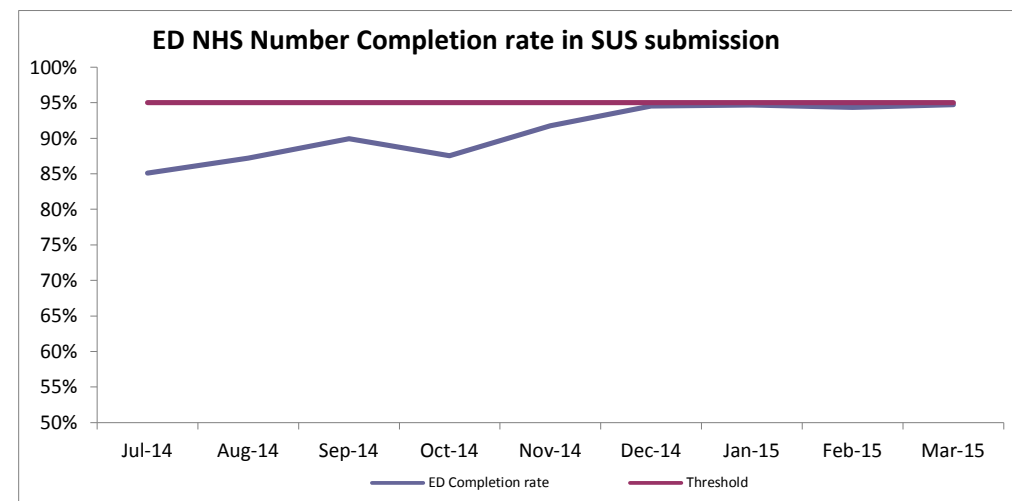
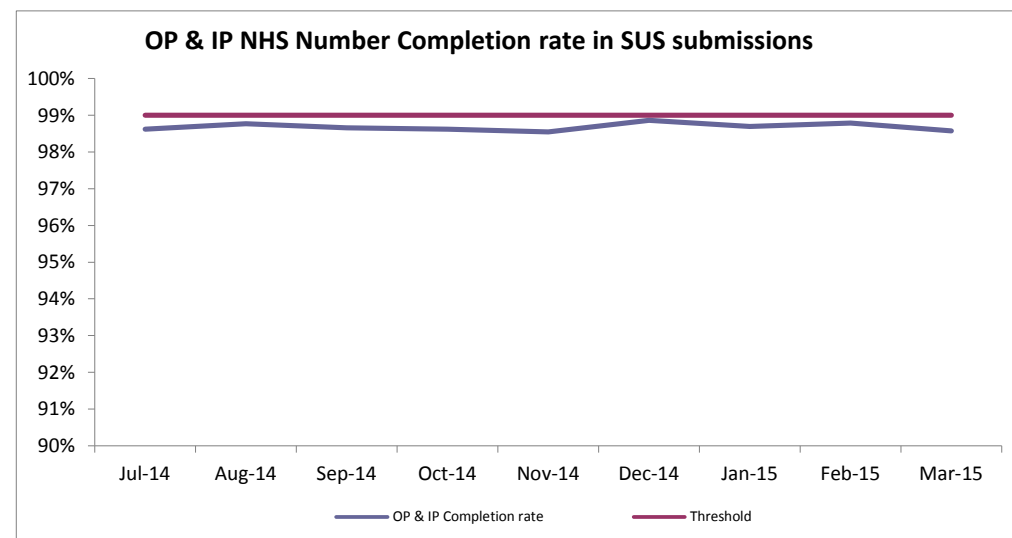
### SHMI

WH score remains below the lower limit which therefore, indicates that the mortality rate remains lower than expected at our Trust.

### HSMR No update since last report, due to delay in subscription to Dr Foster.

In November 2014 Whittington Health reported 27 in-patient deaths. The standardised mortality rate has returned to an expected level for Whittington Hospital, which means the balance between elective admissions and non-elective admissions are back at expected levels.

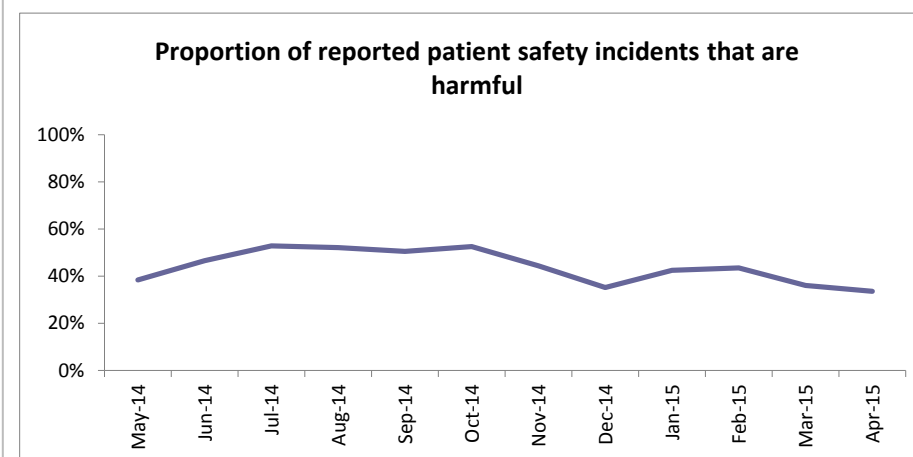
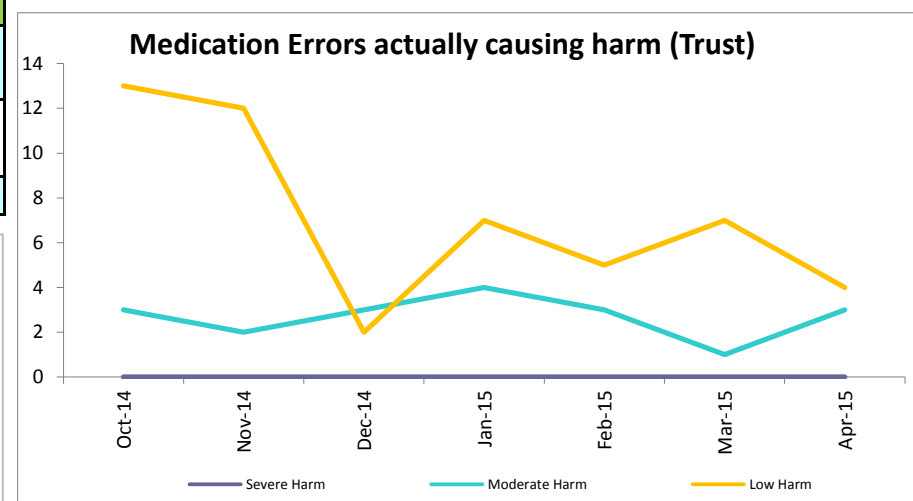
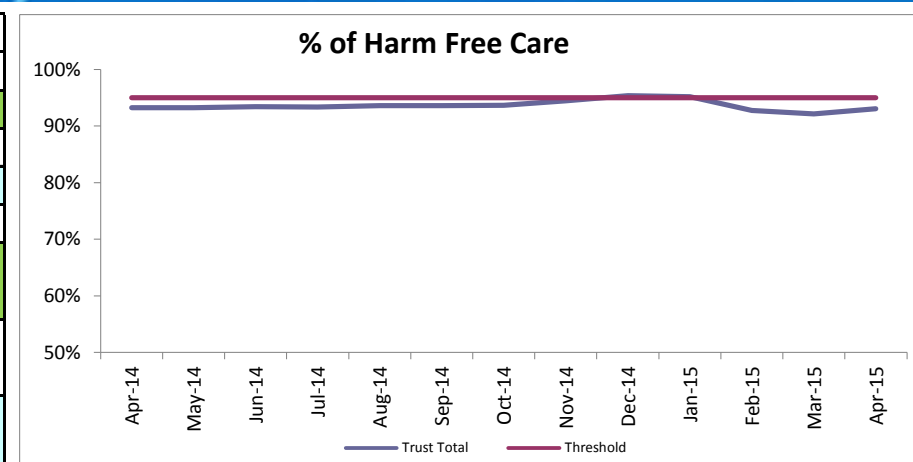
	Standardised National Average	Trust		
		Sep-14	Oct-14	Nov-14
Hospital Standardised Mortality Ratio	<100	79.98	63.03	71.43
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	58.2	61.8	-
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	88.4	64.1	-



Data extracted on 11/05/2015

	Threshold	Trust Actual	
		Mar-15	Apr-15
Harm Free Care	95%	92.1%	93.1%
Pressure Ulcers (prevalence)	-	6.99%	5.81%
Falls (audit)	-	0.57%	0.29%
VTE Risk assessment	95%	95.3%	arrears
Medication Errors actually causing Serious or Severe Harm	0	0	0
Medication Errors actually causing Moderate Harm	-	1	3
Medication Errors actually causing Low Harm	-	7	4
Never Events	0	0	0
Open CAS Alerts (Central Alerting System)	-	2	2
Proportion of reported patient safety incidents that are harmful	-	36.1%	33.5%
Serious Incidents (Trust Total)	-	3	8

Apr-15		
ICAM	SCD	WCF
91.4%	98.8%	98.7%
7.48%	1.16%	0.00%
0.38%	0.00%	0.00%
Reported one month in arrears		
0	0	0
3	0	0
3	1	0
0	0	0
-	-	-
31.8%	46.2%	32.3%
7	0	1



## Commentary

### Harm Free Care

**Issue:** Scoring below target.

**Action:** Continued HFC monitoring and learning from reviews is in place. Thematic action plan in community in place to monitor the number of pressure ulcers acquired by patients under the care of Whittington Health. This plan is monitored by an overarching pressure ulcer prevention group spanning Haringey and Islington and include partner organisations.

**Timescale:** On-going

### Pressure Ulcer prevalence

**Issue:** Prevalence is increasing.

**Action:** A paper was tabled at the last Trust Quality Committee detailing the improvements put in place in the community and identifying the need for education to families around pressure ulcers.

**Timescale:** On-going

### Medication Errors actually causing harm

**Issue:** No Serious medication error have been reported in April 2015. Three moderate errors relates to 2 incorrect medication doses being given and one incorrect frequency. The 4 low harm incidents two related to incorrect length of medication prescribed, one related to the observation of medication given not included in the drug chart and one related to the frequency of medication to take not explained to the patient on discharge.

**Action:** All errors are investigated and appropriate action taken.

**Timescale:** completed

### CAS Alerts

**Issue:** 2 open alerts referring to Window Restrictors from April are still open

**Action:** Window restrictors have been placed and are near to completion in the community a new deadline has been set and completion of the work is now expected by mid June 15 and hospital work will be completed end of May 2015.

**Timescale:** immediately

	Threshold	Trust Actual		Apr-15		
		Mar-15	Apr-15	ICAM	SCD	WCF
Patient Satisfaction - Inpatient FFT (% recommendation) **	-	90.0%	92.0%	97.3%	86.6%	25.0%
Patient Satisfaction - Emergency Department FFT (% recommendation) **	-	88.0%	92.5%	92.5%	-	-
Patient Satisfaction - Maternity FFT (% recommendation) **	-	88.5%	92.2%	-	-	92.2%
Mixed Sex Accommodation (not Clinically justified)	0	0	0	0	0	0
Complaints (incl Corporate)	-	28	26	13	7	4
Complaints responded to within 25 working day	80%	87.50%	arrears	81.8% *	87.5% *	100.0% *
Patient admission to adult facilities for under 16 years of age	-	0	0	0	0	0

\* Complaints responded to within 25 working days are previous months figures (reported in arrears)

\*\* FFT calculation has now changed nationally from Nov 2014

## Commentary

### Patient Satisfaction

The nationally mandated scoring method for FFT has changed to make it simpler and more suitable for NHS Hospital Trusts. It shows percentage of patients satisfied. There are currently no targets set.

**Issue:** The overall in-patient score increased this month, although WCF scored lower as usual. the data refers to Ifor ward for older children and very few responses were received this month.

**Action:** Raise awareness of importance of FFT in Ifor ward.

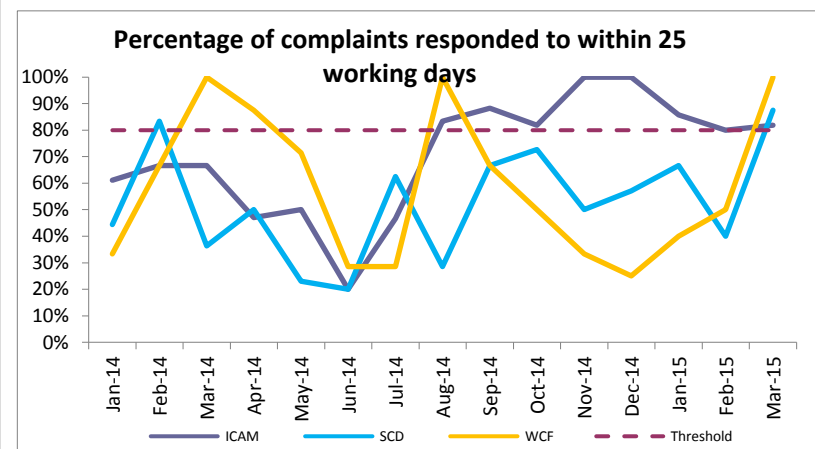
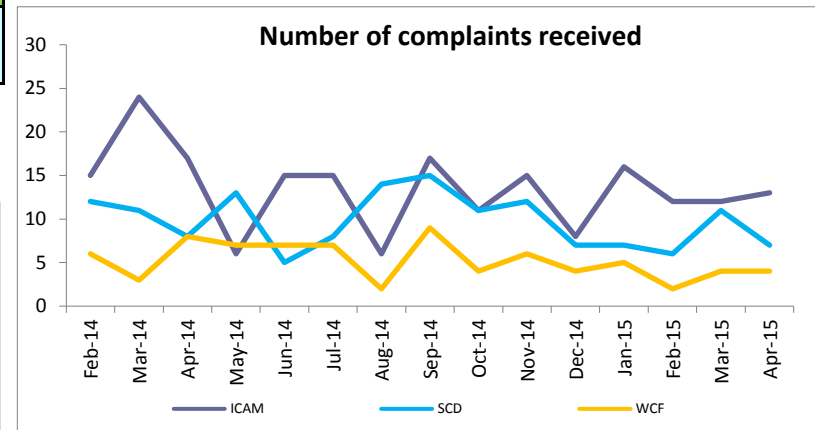
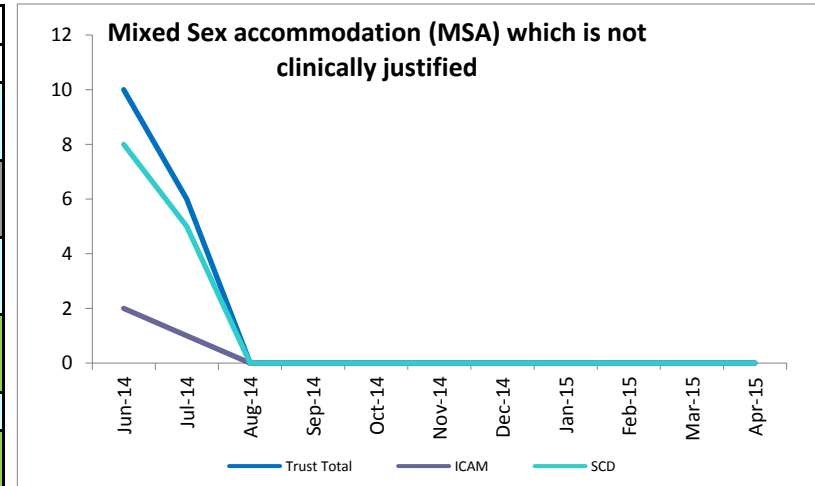
**Timescale:** On-going

### Mixed Sex Accommodation

A policy and processes embedded in the services and no breaches for 9 consecutive months.

### Complaints

Achieved



	Threshold	Trust Actual		Apr-15		
		Mar-15	Apr-15	ICAM	SCD	WCF
MRSA	0	0	0	0	0	0
E. coli Infections*	-	3	1	-	-	-
MSSA Infections	-	1	0	0	0	0

	Threshold	Apr 15	2015/16 Trust YTD	ICAM	SCD	WCF
C difficile Infections	17 (Year)	1	1	1	0	0

\* E. coli infections are not specified by ward or division

## Ward Cleanliness

Audit period	Trust					
	09/05/14 to 12/06/14	01/07/14 to 15/08/15	01/09/14 to 02/10/14	06/11/14 to 16/12/14	19/01/15 to 17/02/15	14/04/15 to 01/05/15
Trust %	97.9%	97.7%	98.2%	98.1%	98.3%	98.4%

## Commentary

### MRSA

No new MRSA infections for April 2015

### E.coli Infection

**Issue:** One new E. coli infection was identified .

**Action:** Action plan in place. Patient placed in a side room as per protocol.

**Timescale:** Immediate

### C Difficile

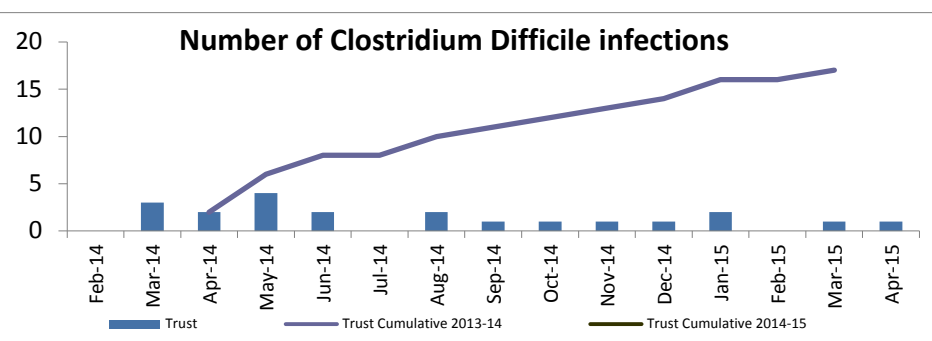
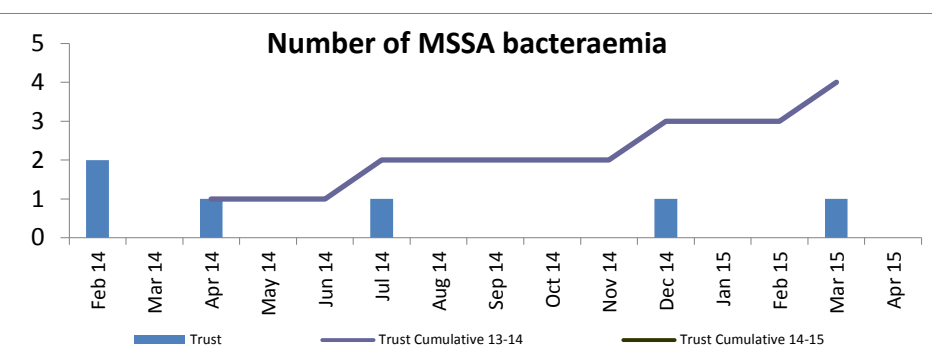
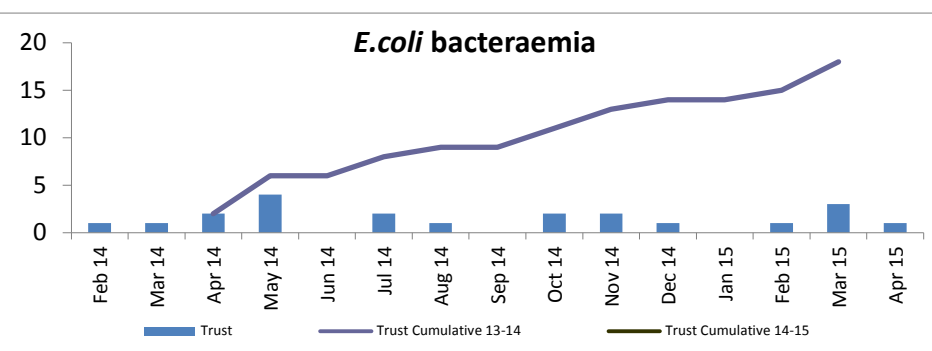
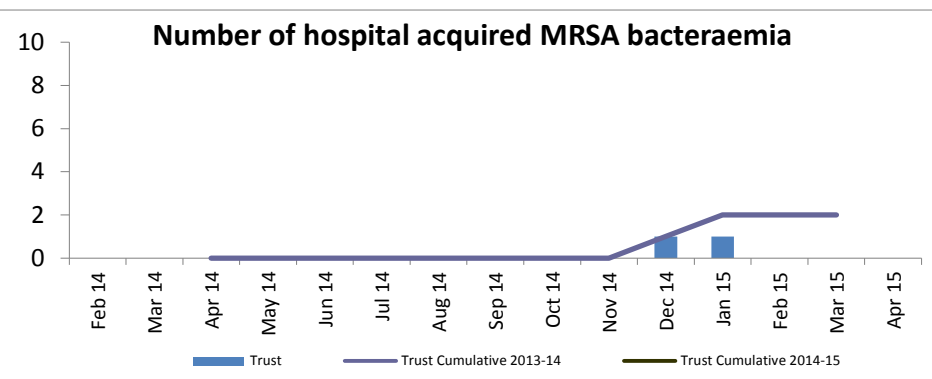
One new C Difficile infection for April 2015. New threshold set for Whittington Health which is to identify less than 17 infections this year.

### Ward Cleanliness

**Issue:** Overall percentage remains around 98%

**Action:** A detailed action plan is in place for infection prevention, cleaning standards and audits are being carried out by Estates and matrons to ensure standards are maintained.

**Timescale:** In place.



# Efficiency and productivity - acute

	Apr-15				
	Threshold	Trust Actual	ICAM	SCD	WCF
First:Follow-up ratio - acute	2.31	1.45	1.90	1.45	0.99
Theatre Utilisation	92%	79.8%	67.3%	78.3%	90.5%
Hospital Cancellations - acute - First Appointments	<8%	5.2%	5.8%	6.3%	3.4%
Hospital Cancellations - acute - Follow-up Appointments	<8%	7.7%	10.9%	7.5%	4.6%
DNA rates - acute - First appointments	10%	12.5%	15.4%	12.1%	10.6%
DNA rates - acute - Follow-up appointments	10%	13.5%	14.5%	14.3%	11.7%
Hospital Cancelled Operations	0	6	3	1	2
Cancelled ops not rebooked < 28 days	0	0	0	0	0
Urgent Procedures cancelled	0	0	0	0	0
Urgent Procedures cancelled (of these how many cancelled 2nd time)	0	0	0	0	0

## Commentary

### First: Follow-up ratio - acute

The new to follow up rate is continuing to have a steady improvement over time and is well under the national benchmark of 2.31. The Value Improvement Program for Out Patients will continue to monitor and improve new to follow up ratios by unit.

### Theatre Utilisation

**Issue :** Under target. Specialities which are poor performers are the low volume specialities Breast, Pain, ENT and urology.

**Action :** Theatre utilisation has dropped slightly as activity has increased . The limited capacity on DTC ward is preventing us fully utilising our sessions . Pathway revisions are being developed and the use of alternative areas for admission/discharge are being trailed. A limited number of staff are now able to discharge patients straight from recovery. Further revisions to the theatre template are being assessed .

**Timescale :** Immediate

### Hospital Cancellations - acute

**Issue:** Both first and follow-up cancellations have remained the same. The percentage is still affected by bringing forward patients into unused clinic slots.

**Action:** Consultant leave is monitored closely. Booking Team continue to identifying any unused clinic slots to pull patient appointments forward.

**Timescale:** on-going

### Did not attend

**Issue:** Overall 'Did not attend ' remained around the same.

**Action:** All services are now using protocols including given choice at point of booking, reminder call 7 days and 1 days before appointment.

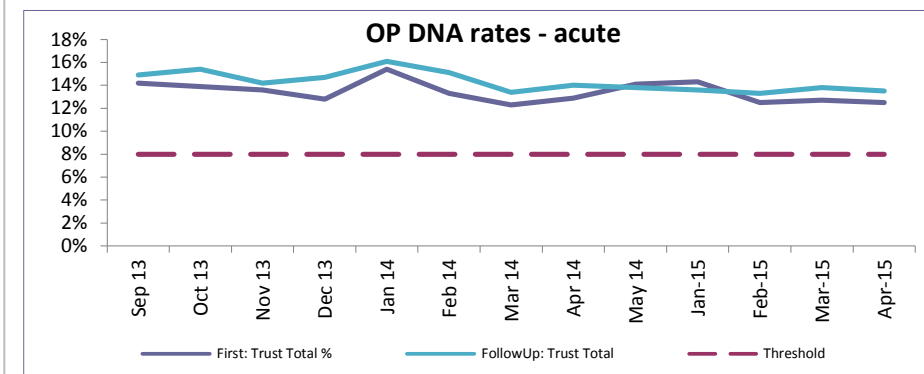
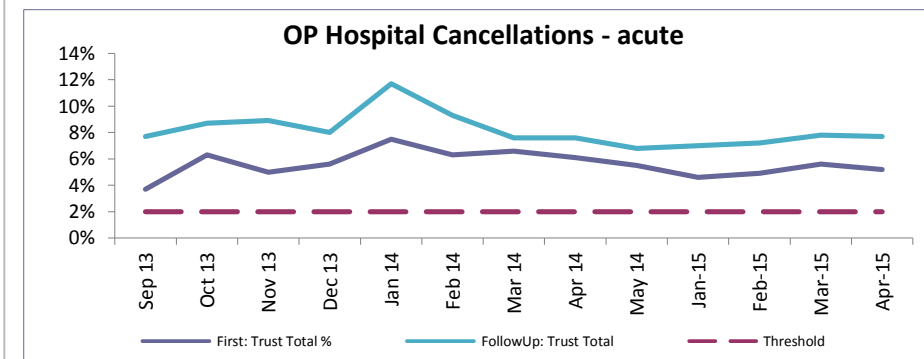
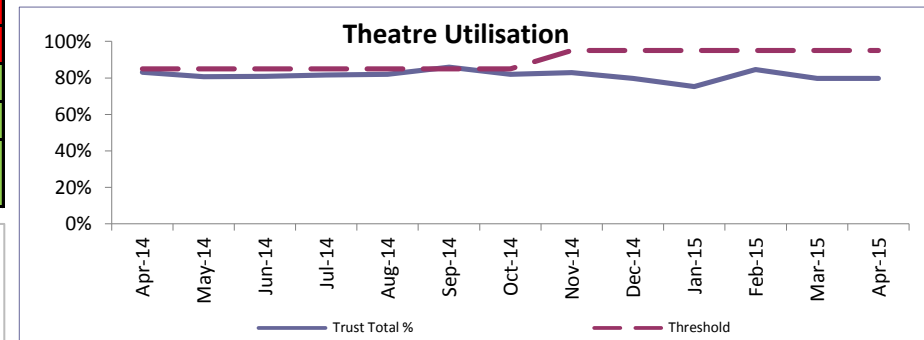
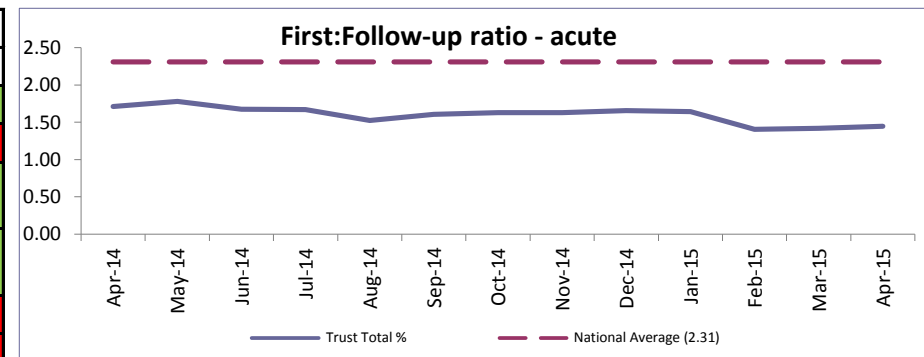
**Timescale:** on-going

### Hospital Cancelled Operations

**Issue:** There were 6 operation cancelled by the hospital in April due to non-clinical reasons, all patients were clinically categorised as routine. All have been rebooked within the 28 day period.

Three were cancelled in Pain, due to availability of surgeon, 2 were cancelled in Gynaecology due to over running of the list and one was cancelled in Urology due to availability of equipment.

**Action:** The Surgical board monitor cancellations.



	Apr-15				
	Threshold	Trust Actual	ICAM	SCD	WCF
Service Cancellations - Community	8%	7.5%	8.4%	5.0%	4.9%
DNA Rates - Community	10%	6.9%	6.7%	12.0%	7.6%
Community Face to Face Contacts	-	59,889	42,743	1,886	15,260
Community Appointment with no outcome	1.0%	2.2%	2.4%	0.0%	2.1%

N.B. From October 2014, figures include Community Dental activity (SCD)

## Commentary

### Service Cancellations - Community

**Issue:** Work on the community waiting list continues and service cancellations are slowly reducing, see chart.

**Action:** The improvement plan for waiting list management in the community continues and includes review of all templates and increase in filling unfilled late cancellations by patients.

**Timescale:** The threshold to be achieved after completion of additional capacity work in March 2015. Improvement should be seen from April onwards.

### DNA Rates - Community

Community clinics - Achieved.

Community Dental DNA's (reported in SCD column) continues to be between 12 and 15%. Actions are being taken to remind patients regarding their appointments including text and phone call reminders.

### Community Face to Face Contacts

Face to face contacts have decrease by 0.7 %, compared to the same month last year.

All services are in the process of negotiating new contracts. Service development and variances to face to face contacts are taken into account. Extensive work is taking place to set up electronic systems to include financial and performance data.

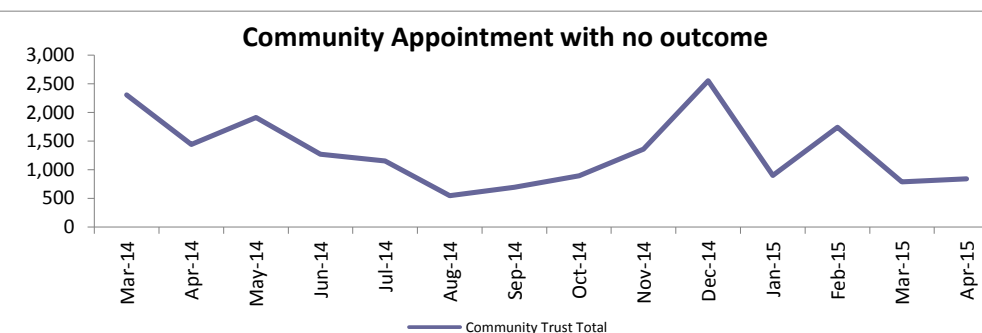
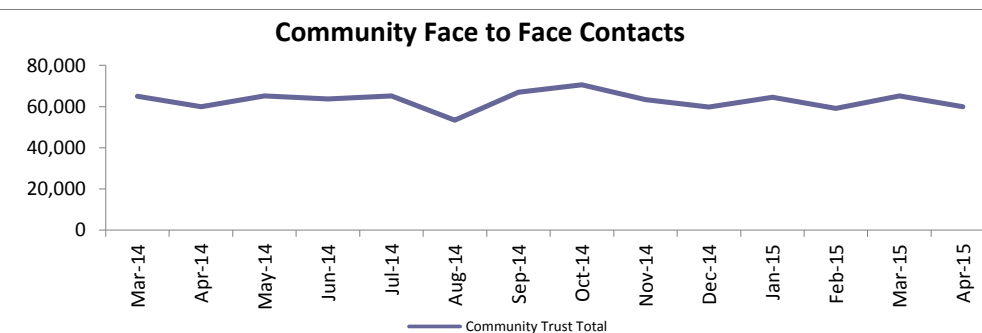
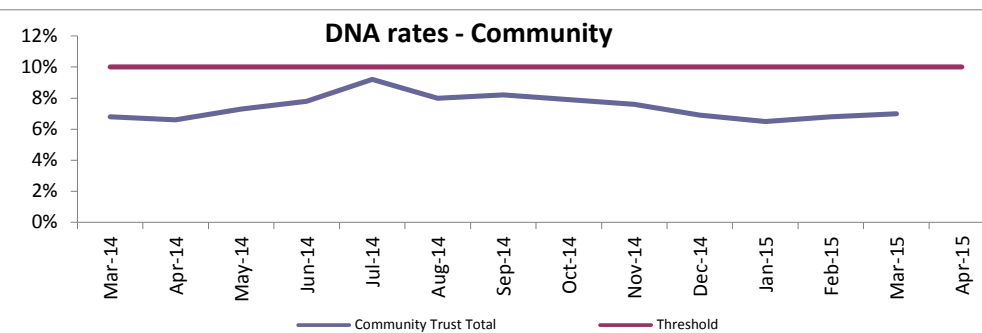
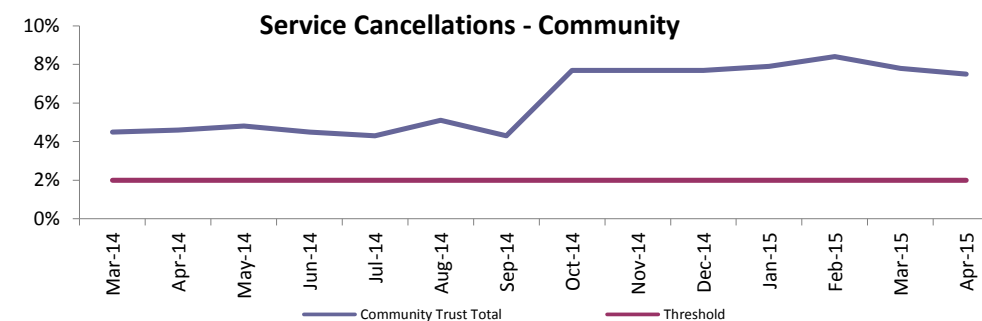
### Community Appointment with no outcome

February data submission was completed before the final submission to the Secondary Uses Service (SUS). This is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

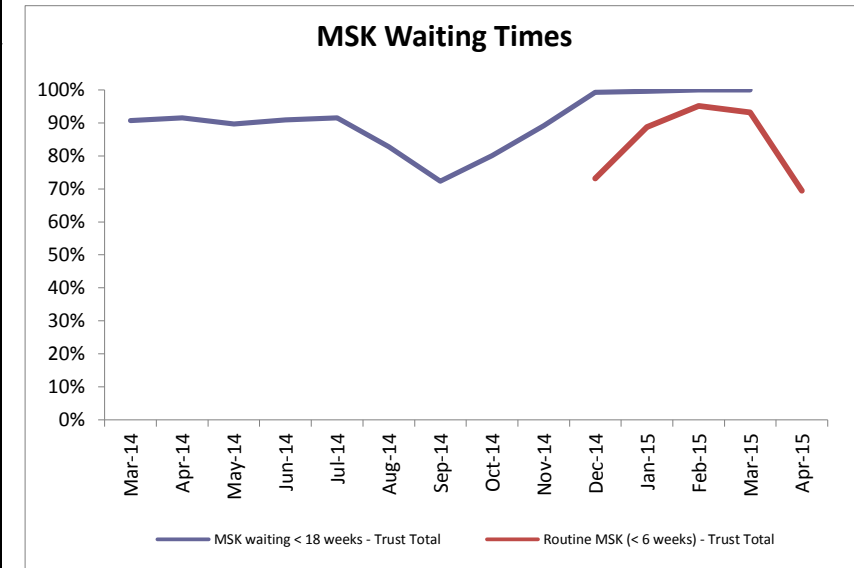
**Issue:** Above the threshold. There is a delay in outcoming appointments but all are done by final SUS submission. Services with high numbers of outcomed appointments are District Nursing and Child Development Services, which are both high volume services.

**Action:** Teams with high levels of un-outcomed appointments identified and processes to outcome appointments within 48 hours re-enforced. SUS submission discussed weekly at Patient Tracker List meeting.

**Timescale:** immediately



	Threshold	Trust Actual			Trust YTD
		Feb-15	Mar-15	Apr-15	
Community Dental - Patient Involvement	90%	97.0%	96.0%	98.0%	98.0%
Community Dental - Patient Experience	90%	96.0%	97.0%	100.0%	100.0%
District Nursing Wait Time - 2hrs assess (Islington)	-	78.6%	91.7%	70.0%	70.0%
District Nursing Wait Time - 2hrs assess (Haringey)	-	87.5%	55.7%	94.2%	94.2%
District Nursing Wait Time - 48hrs for visit (Islington)	-	97.6%	92.1%	85.0%	85.0%
District Nursing Wait Time - 48hrs for visit (Haringey)	-	97.1%	96.6%	98.7%	98.7%
MSK Waiting Times - Routine MSK (<6 weeks)	95%	95.1%	93.2%	69.5%	69.5%
MSK Waiting Times - Consultant led (<18 weeks)	95%	100.0%	100.0%	arrears	90.9%
IAPT - patients moving to recovery	50%	43.5%	49.5%	arrears	-
GUM - Appointment within 2 days	100%	100.0%	99.9%	100.0%	100.0%
Haringey Adults Community Rehabilitation (<6 weeks)	-	68.4%	69.0%	76.0%	-
Haringey Adults Podiatry (Foot Health) (<6 weeks)	-	73.9%	84.4%	70.0%	-
Islington Community Rehabilitation (<6 weeks)	-	77.9%	89.9%	80.0%	-
Islington Intermediate Care (<6 weeks)	-	55.6%	62.2%	53.0%	-
Islington Podiatry (Foot Health) (<6 weeks)	-	92.0%	79.2%	52.0%	-



### Commentary

#### Dental

Patient Involvement and Experience consistently score above threshold.

#### District Nursing

The two response times for District Nursing are now reported electronically.

**Issue:** Referrals for DN are processed in the Central Referral Team and Urgency is taken from the referral form, filled in by the referrer. The referral is then triaged by the Specialist Nurse and the Urgency might be changed, hence the lower scores than previously reported. The true Urgent referrals are mostly phoned through to the Service and are always seen within 2 hours. Examples of urgent referrals are 'End of Life Care change' and 'Blocked catheter'.

**Action:** Process from Central Referral Team to triaging to be reviewed.

**Timescale:** May 2015 (July 2015 Trust Dashboard)

#### MSK

##### MSK Waiting Times - Routine MSK (<6 weeks):

**Issue:** the number of referrals received remained the same whilst the service lost working days in April due to bank holidays and 4 new member of staff starting at the same time needing induction days. Although the lost working days were anticipated and extra clinics for new referrals were scheduled **Action:** Extra admin staff time is allocated to make sure all extra clinics are booked to full capacity in May and June 2015.

**Timescale:** immediate

MSK Waiting Times - Consultant led (<18 weeks): Standard is being met.

#### IAPT

**Issue:** Improving

**Action:** An extensive improvement plan is in place, and shows 53.5% reliable recovery rate for March 2015.

**Timescale:** Improvement in patients moving to recovery will be seen from April 2015

#### GUM

Achieved.

Please note: Change in reporting for Sexual Health Service Haringey. As of December 2014 only Haringey residents will be included in the figures.

	Mar-15 (arrears)				
	Threshold	Trust Actual	ICAM	SCD	WCF
Referral to Treatment 18 weeks - Admitted	90%	91.7%	92.3%	91.1%	96.1%
Referral to Treatment 18 weeks - Non-admitted	95%	95.2%	94.1%	94.2%	99.3%
Referral to Treatment 18 weeks - Incomplete	92%	93.5%	95.6%	90.3%	99.3%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0
Diagnostic Waits	99%	99.4%	98.7%	100.0%	98.71%

## Commentary

### RTT

Trust wide achieved fifth consecutive month.

**Issue:** Non-compliance for non-admitted in ICAM Pain, Endocrinology, Haematology and Neurology and SCD General Surgery, Oral Surgery and T&O.

Incomplete non-compliance in SCD General Medicine, General Surgery, Ophthalmology, Oral Surgery, T&O, Vascular Surgery.

**Action:** Weekly monitoring of target in place at PTL meeting chaired by COO. Expected to be within target next month.

**Timescale:** June 2015

### Diagnostic Waits

Overall trust target achieved.

**Issue:** ICAM Neuro physiology and Respiratory - sleep studies and WCF Audiology under achieving this month.

**Action:** Both divisions are instigating capacity and demand studies to ensure compliance.

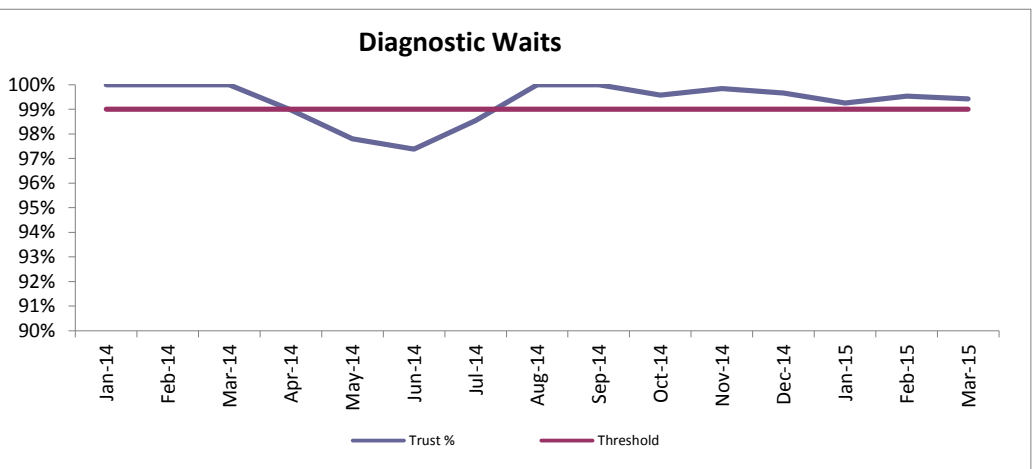
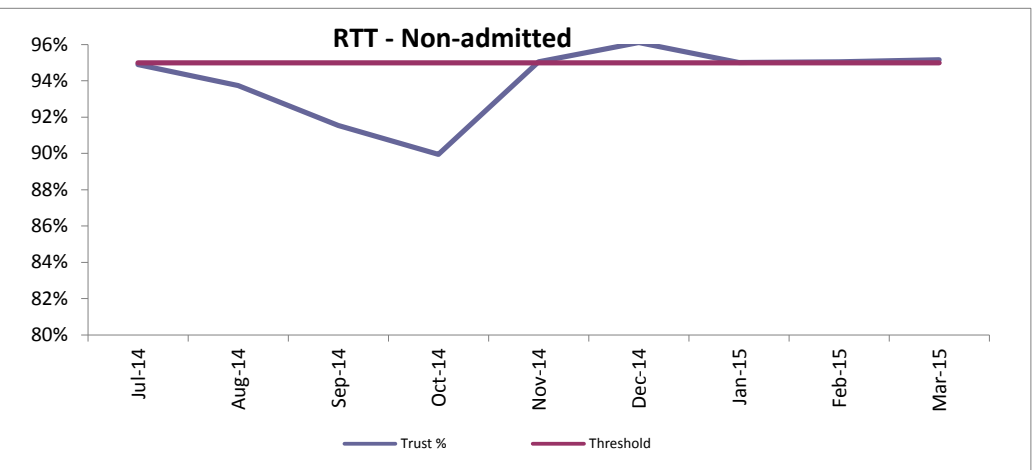
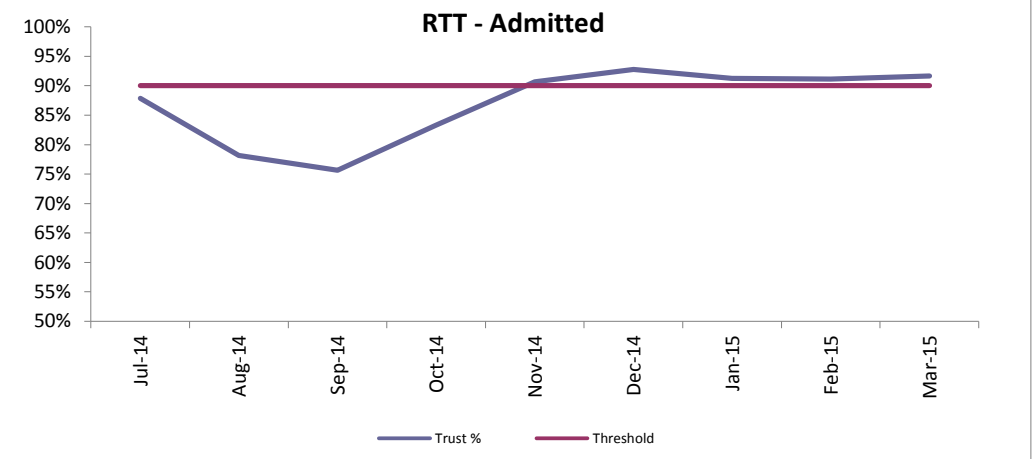
**Timescale:** July 2015

### Waiting times - OPD appointment

Cardiology 8 Weeks, Dermatology 8 Weeks, Endocrine 9 Weeks, ENT 6 Weeks, Gastroenterology 13 Weeks, General Surgery 4 Weeks, Gynaecology 6 Weeks, Neurology 9 Weeks, Pain 14 Weeks, Rheumatology 3 Weeks, Thoracic Medicine 5 Weeks, Urology 4 Weeks, Vascular 12 Weeks, Ophthalmology 4 Weeks

**Diagnostic waiting times (radiology) all under 6 weeks (42 days) waiting time standard NOT UPDATED**

Imaging Modality no wait, CT 25 days, MRI 10 days, Nuclear Medicine 22 days, DEXA 29 days, Fluoroscopy 29 days, Ultrasound (Gynae) 21 days, Ultrasound General (Radiologist Lead) 30 days, Ultrasound Paediatrics 36 days, Ultrasound MSKs 36 days, Ultrasound Hernias 37 days, Ultrasound Obstetrics Anomaly 42 days, Ultrasound Obstetrics Growth 28 days, Ultrasound Abdomen & Gynae at Hornsey General 17 days.



	Threshold	Trust Actual		2015/16 Trust YTD
		Mar-15	Apr-15	
Emergency Department waits (4 hrs wait)	95%	94.1%	94.8%	94.76%
Emergency Department waits (4 hrs wait) Paeds only	95%	93.2%	96.2%	96.2%
Wait for assessment (minutes - 95th percentile)	<=15	19	17	17
ED Indicator - median wait for treatment (minutes)	60	95	83	83
Total Time in ED (minutes - 95th percentile)	<=240	310	277	277
ED Indicator - % Left Without Being seen	<=5%	5.7%	4.6%	4.6%
12 hour trolley waits in A&E	0	0	0	0
Ambulance handovers 30 minutes	0	1	arrears	72*
Ambulance handovers exceeding 60 minutes	0	0	arrears	0*

\* 2014/15 YTD

## Commentary

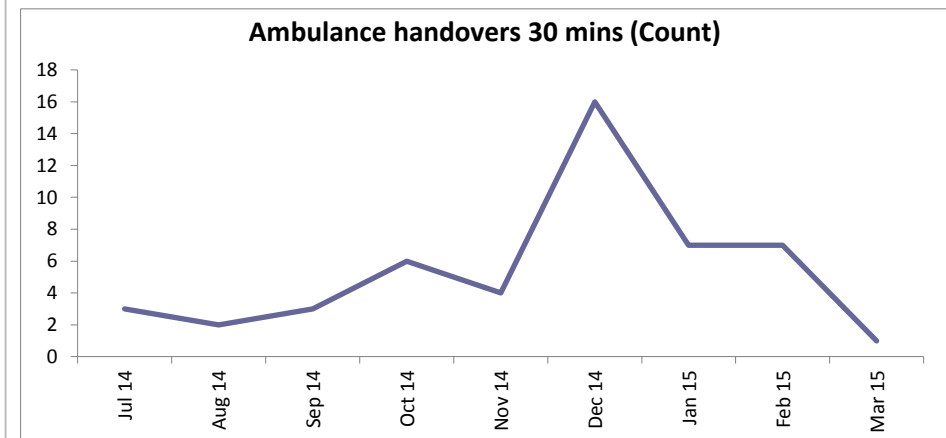
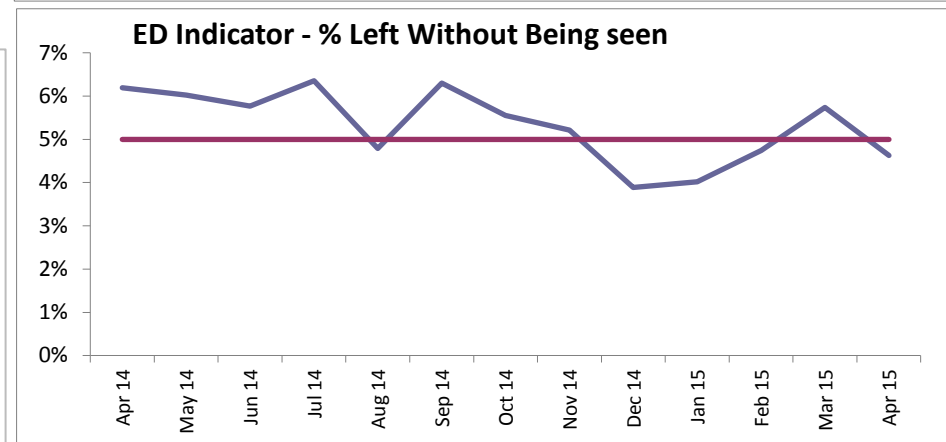
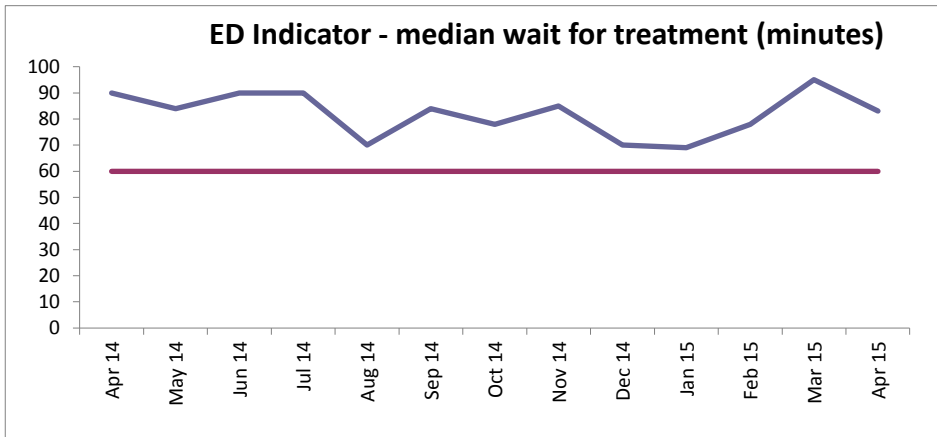
The Emergency Department remained challenged during March with continued pressure on inpatient beds. All additional bed capacity has remained open but peaks in demand have directly affected flow though the department.

Additional resilience schemes are in place providing additional medical support to the department. Particular emphasis continues to be placed on providing the best possible clinical care during times of increased pressure.

ED waits for Paediatrics remain above target.

One month into the redesigned front of house Ambulance handover time is going down and Rapid Assessment and Treatment Service are successful with fewer patients leaving without being seen.

The Whittington continues to perform well within London remaining in the top 5 highest performing type one departments.



	Threshold	Trust Actual	Mar-15			2014/15 Trust				
			ICAM	SCD	WCF	Q1	Q2	Q3	Q4	YTD
Cancer - 14 days to first seen	93%	94.1%	88.5%	95.7%	90.8%	89.3%	89.4%	93.9%	93.9%	91.7%
Cancer - 14 days to first seen - breast symptomatic	93%	95.2%	-	95.2%	-	83.7%	93.1%	95.2%	95.0%	91.4%
Cancer - 31 days to first treatment	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	99.6%
Cancer - 31 days to subsequent treatment - surgery	94%	100.0%	-	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer - 31 days to subsequent treatment - drugs	98%	100.0%	-	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer - 62 days from referral to treatment	85%	90.9%	92.3%	92.9%	-	91.5%	88.9%	90.6%	89.6%	90.1%
Cancer - 62 days from consultant upgrade	-	100%	-	100%	-	75.0%	72.7%	33.3%	100.0%	72.7%

### Commentary

All cancer targets were achieved this month and QRT 4 standards all achieved.

The Cancer Patients tracking list is monitored daily and discussed in the weekly

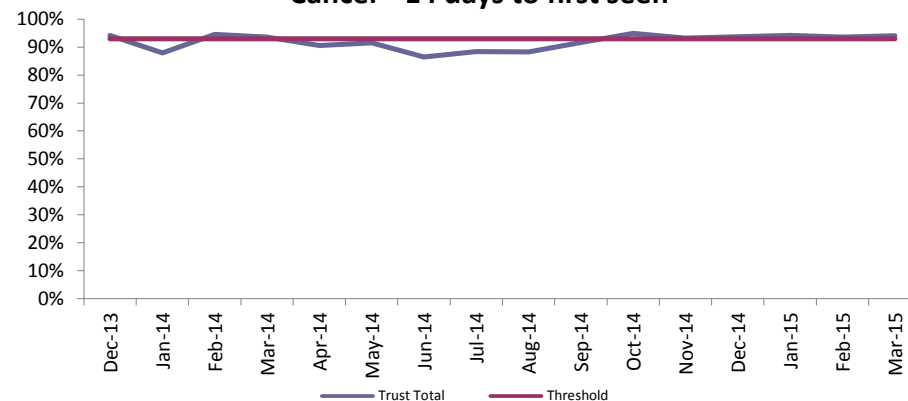
### Cancer 14 days to first seen

**Issue:** ICAM for Upper Gastrointestinal services affected 9 patients out of 56 patients. WCF breach was shared with UCLH, who did not have the capacity to treat within 14 days.

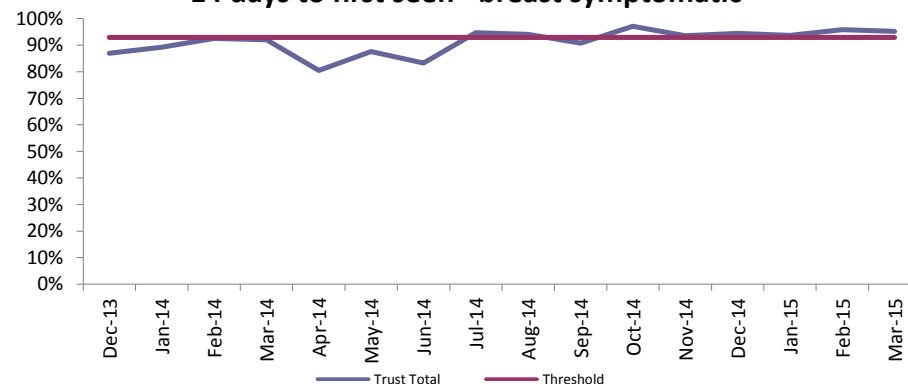
**Action:** Daily checks of referrals in place.

**Timescale:** immediate

Cancer - 14 days to first seen



14 days to first seen - breast symptomatic



	Threshold	Trust Actual			2015/16 Trust YTD
		Feb-15	Mar-15	Apr-15	
Women seen by HCP or midwife within 12 weeks and 6 days	90%	84.0%	81.2%	82.4%	82.4%
New Birth Visits - Haringey	95%	81.5%	70.6%	Arrears	-
New Birth Visits - Islington	95%	91.3%	85.0%	Arrears	-
Elective Caesarean Section rate	14.80%	11.7%	13.0%	11.2%	11.6%
Emergency Caesarean Section rate	-	17.4%	16.1%	16.4%	17.0%
Breastfeeding initiated	90%	88.8%	90.9%	92.4%	92.4%
Smoking at Delivery	<6%	7.2%	3.4%	4.0%	4.3%

## Commentary

### Women seen by HCP or midwife within 12 weeks and 6 days

**Issue:** The 12+5 target remains challenging across the sector and London.

**Action:** Work being undertaken with NCL commissioner on target description to more accurately identify performance..

**Timescale:** TBC with commissioner.

### New Birth Visits

**Issue:** very poor performance in one Haringey team. Vacancies in one Haringey and one Islington team.

**Action:** Haringey team leader to deliver action plan to head of service by end of week. Targeted recruitment to vulnerable teams.

**Timescale:** End June

### Caesarean Section rate

Achieved

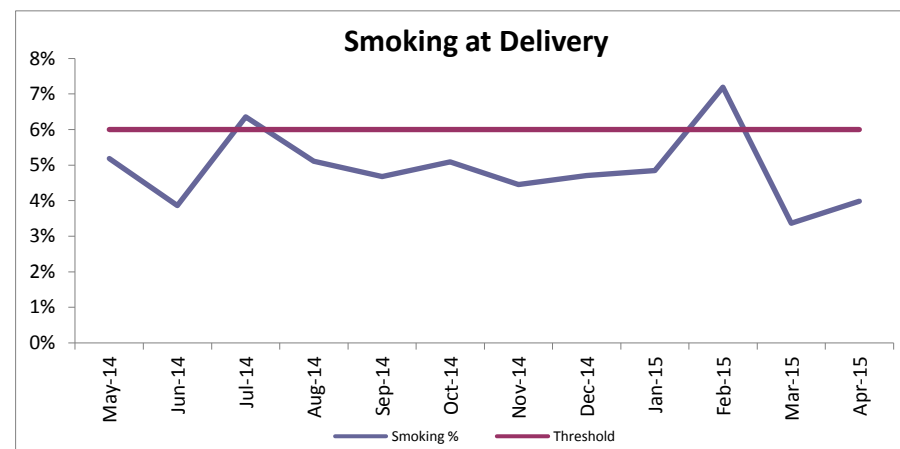
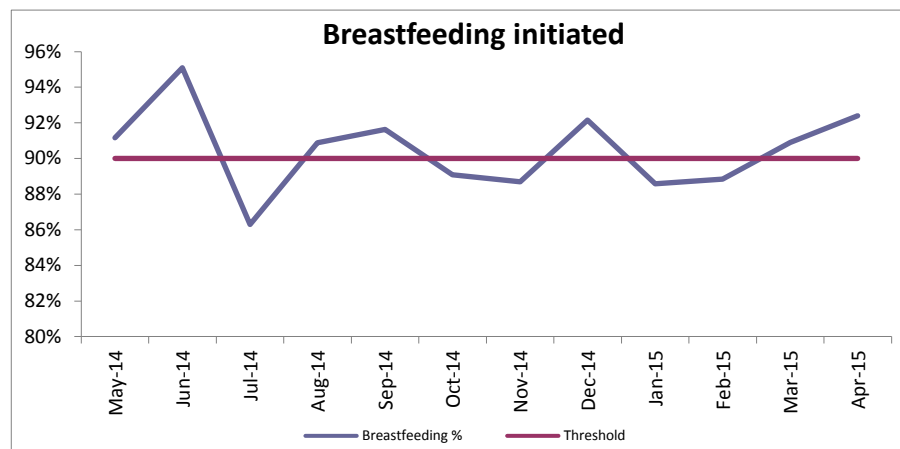
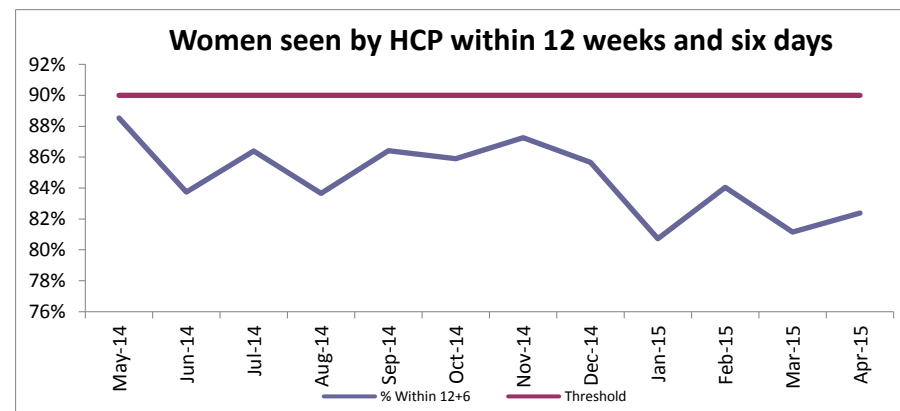
### Breastfeeding

Achieved

### Smoking

Achieved

Commentary





## Whittington Health Trust Board

June 3rd 2015

<b>Title:</b>	Dashboard Performance Workforce report April 2015.	
<b>Agenda Item:</b>	<b>15/085</b>	<b>Paper 9</b>
<b>Action requested:</b>	To update the Trust Board on key workforce performance indicators (KPI's) for April.	
<b>Executive Summary:</b>	<p><b>Background</b> The monthly dashboard as it refers to the workforce KPI's is a standard report and part of the performance dashboard report.</p> <p><b>Highlights this month:</b></p> <p><b>Workforce WTE and workforce costs.</b> Agency spend appears to have reduced from the end of 2014-15 Month 12 to 2015-16 Month 1 this is due to plans in place to reduce agency staffing by recruiting on a permanent basis. For example permanent staff costs have increased which is largely driven by increased numbers of Health Visitors.</p> <p><b>Turnover</b> Turnover figures this month is higher than the previous month. However, the figure for ICAM has decreased as a result of interventions by the management team to address staff retention. Corporate services are showing an increase.</p> <p><b>Vacancy rates</b> The vacancy rates are below threshold.</p> <p><b>Sickness</b> Sickness rates are slightly below the Trust threshold of 3 %. Action plans have been developed by each Division/Corporate services to tackle short term absence and relatively high Bradford scores. Further control mechanisms are being put in place for reporting sickness and a programme for addressing long term sickness cases. More recently the Trust is targeting other service areas and a key action is to ensure return to work interviews are being carried out and recorded on ESR.</p> <p><b>Overtime</b> Overtime figures have decreased from previous month in both Corporate services and particularly in the three clinical Divisions which has seen a significant reduction.</p>	

		<p><b>Bank and Agency</b> Bank and agency spend has significantly reduced from the previous month which indicates that substantive recruitment has increased and the controls being put in nursing and midwifery on the wards is having an effect.</p> <p><b>Mandatory Training</b> There is a 2% increase in the performance on mandatory training compliance rates. A review of action plans continues to be part of performance review meetings in divisions and Corporate services. A central resource is in place to upload ESR to support managers. The Trust Board should see an increase in compliance rates by September 2015.</p> <p><b>Appraisal</b> The appraisal process has been reviewed and streamlined and will be launched in June supported by manager briefings. Executive Directors have developed action plans with all their managers and the inputting onto ESR is being centralised by Learning and Development to support managers.</p>					
<b>Summary of recommendations:</b>		To note the report and the progress being made in key areas to increase compliance rates and benchmark with other Trusts.					
<b>Fit with WH strategy:</b>							
<b>Reference to related / other documents:</b>		N/A					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		N/A					
<b>Date paper completed:</b>		20 May 2015					
<b>Author name and title:</b>		<b>Various Managers who source the workforce data</b>		<b>Director name and title:</b>		<b>Chris Goulding Acting Director HR</b>	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>		<b>Quality Impact Assessment complete?</b>		<b>Financial Impact Assessment complete?</b>	



	Current Month 1						Prior Year, In Month	YTD 15/16			FY 14/15
	Budget £	Actuals £	Variance	Budget WTE	Actuals WTE	Variance WTE	Actuals £	YTD Budget £	YTD Actuals £	YTD Variance	Actuals £
Administrative and Clerical	84,284	201,905	(117,621)	26	21	5	170,734	84,284	201,905	(117,621)	1,574,092
Dental	163	103	60	0	0	0	866.26	163	103	60	13817.26
Management	0	0	0	0	0	0	9,240	0	0	0	45,360
Facilities	0	0	0	0	0	0	0	0	0	0	0
Medical	66,477	238,362	(171,885)	4	6	(1)	451,553	66,477	238,362	(171,885)	4,139,736
Nurses & Midwives	48,242	511,563	(463,321)	10	35	(25)	602,894	48,242	511,563	(463,321)	6,618,896
Other support Workers	14,131	5,550	8,582	6	3	3	5,544	14,131	5,550	8,582	266,331
Scientific Ther & Tech	122,428	232,490	(110,062)	11	9	2	184,903	122,428	232,490	(110,062)	2,280,960
Agency	335,725	1,189,973	(854,248)	57	73	(16)	1,425,734	335,725	1,189,973	(854,248)	14,939,192
Administrative and Clerical	170,471	481,291	(310,820)	69	214	(146)	491,371	170,471	481,291	(310,820)	6,241,956
Dental	36,483	31,263	5,220	4	4	0	36,493	36,483	31,263	5,220	302,534
Medical	18,001	56,242	(38,241)	3	7	(4)	71,162	18,001	56,242	(38,241)	792,149
Nurses & Midwives	148,939	663,348	(514,409)	50	195	(145)	703,167	148,939	663,348	(514,409)	8,454,609
Other support Workers	79,442	88,639	(9,197)	39	50	(11)	81,607	79,442	88,639	(9,197)	997,964
Scientific Ther & Tech	35,857	113,958	(78,101)	9	35	(26)	139,567	35,857	113,958	(78,101)	1,413,756
Bank	489,193	1,434,741	(945,547)	174	505	(331)	1,523,368	489,193	1,434,741	(945,547)	18,202,968
Medical	57,805	161,482	(103,677)	6	10	(4)	112,910	57,805	161,482	(103,677)	1,862,664
Locum	57,805	161,482	(103,677)	6	10	(4)	112,910	57,805	161,482	(103,677)	1,862,664
Administrative and Clerical	2,059,557	1,994,655	64,903	773	703	70	1,973,496	2,059,557	1,994,655	64,903	23,665,201
Dental	175,568	171,844	3,724	23	24	(1)	161,889	175,568	171,844	3,724	2,022,950
Management	601,691	586,252	15,439	99	87	13	771,890	601,691	586,252	15,439	8,135,524
Maintenance & Works	45,544	44,230	1,314	15	13	1	48,249	45,544	44,230	1,314	562,504
Medical	3,416,803	3,061,813	354,990	446	409	37	2,553,682	3,416,803	3,061,813	354,990	36,842,900
Nurses & Midwives	6,313,115	5,487,844	825,271	1,815	1,498	317	5,294,766	6,313,115	5,487,844	825,271	64,289,732
Other support Workers	391,101	429,527	(38,426)	157	174	(17)	500,804	391,101	429,527	(38,426)	4,939,516
Scientific Ther & Tech	3,310,430	3,084,547	225,882	843	780	63	2,964,323	3,310,430	3,084,547	225,882	36,926,656
Permanent	16,313,809	14,860,712	1,453,097	4,170	3,687	483	14,269,098	16,313,809	14,860,712	1,453,097	177,384,982
	17,196,532	17,646,908	(450,376)	4,408	4,276	132	17,331,110	17,196,532	17,646,908	(450,376)	212,389,807

		Trust
Management of the workforce	Threshold	Apr-15
Trust Turnover Rate	<13%	14.1%
Total trust vacancy rate	<13%	12.5%
Sickness rates	<3%	2.8%
Overtime wte	75	89.62
Overtime expenditure		51k
Bank expenditure	-	1.4m
Agency expenditure		1.7m

		Trust
Development of the workforce	Threshold	Apr-15
Appraisal	90%	58%
Mandatory Training	90%	73%

		Trust
Staff FFT Results		Q1
Staff who would recommend the trust as a place to work	-	Not available
Staff who would recommend the trust as a place for treatment	-	Not available

Q1 results will be available by beginning of Q2

	April 2015					
	Threshold	Trust Actual	ICAM	SCD	WCF	CORP
Trust Turnover Rate	<13%	14.1%	16.7%	11.9%	12.3%	14.8%
Total trust vacancy rate	<13%	12.5%	10.9%	15.4%	10.7%	15.3%
Trust level total sickness rate	<3%	2.8%	2.7%	2.2%	3.1%	3.1%

## Turnover rate

Turnover rate in April was higher than last month. In particular ICAM figures have further reduced this month and this has been due to results of plans that the Director has put in place. SCD services is showing an increase from last month (10.5%).

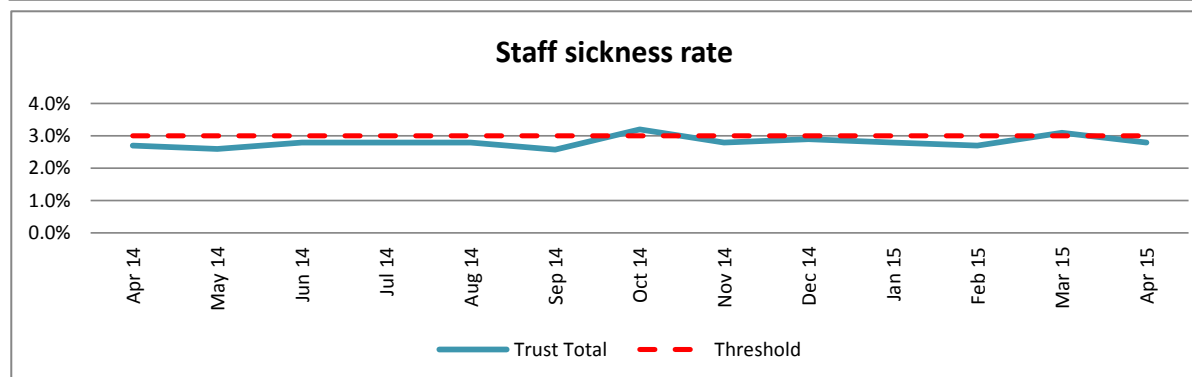
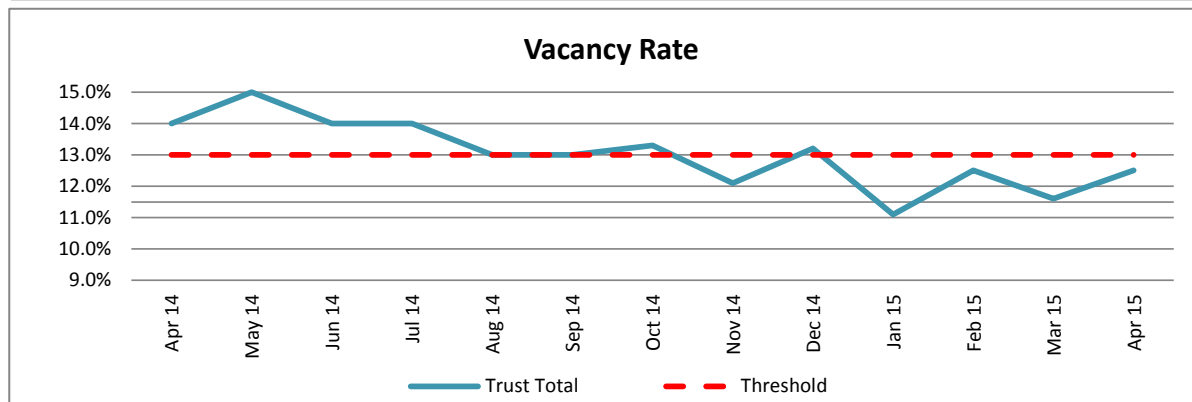
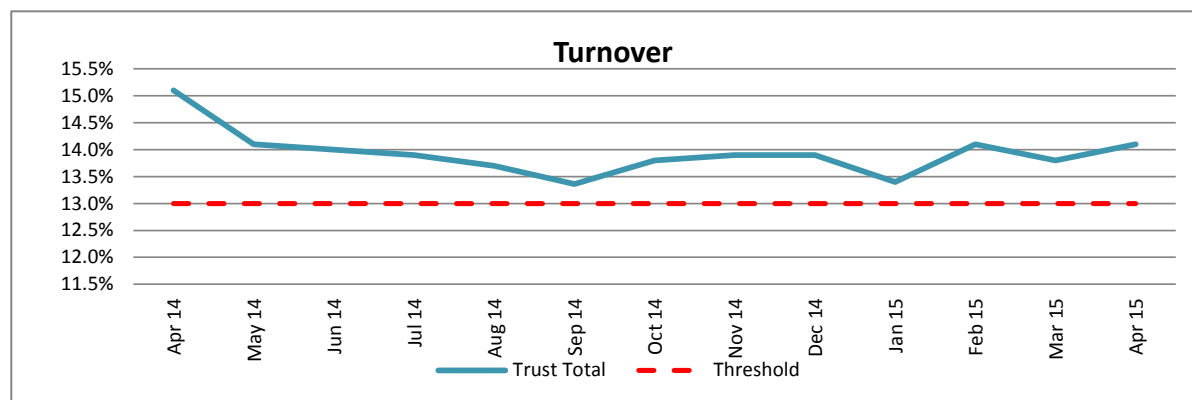
Corporate services show no significant change. A new policy for exit interviews will strengthen the completion rate.

## Vacancy Rates

Vacancy rates are linked to turnover and the high level of vacancies in Corporate Services. In April the Trust vacancy rate increased by around 1%.

## Trust Level Sickness rates

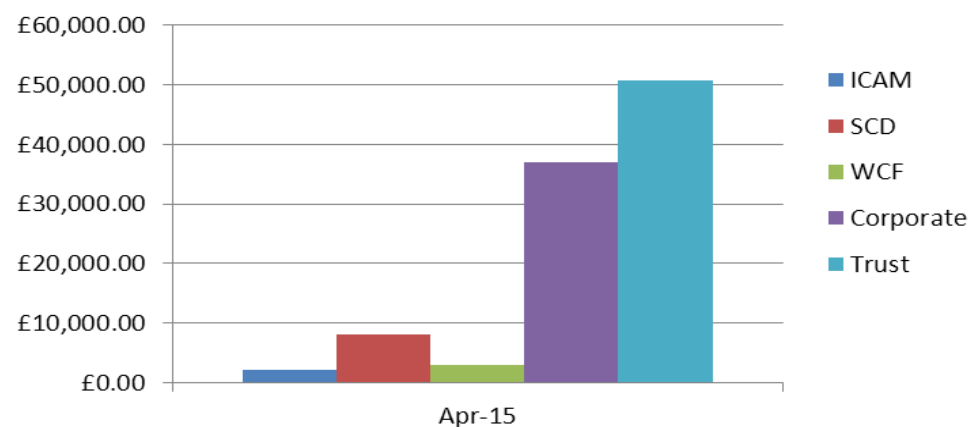
Levels for sickness rates in April remain below the threshold. Action plans have been developed by each Division/Corporate services to reduce short term sickness absence and to tackle high Bradford scores. In addition further control mechanisms will be put in place for reporting sickness and a program of addressing long term sickness cases work is also being put in place.



## Overtime expenditure

	April 2015					
	Trust		ICAM	SCD	WCF	CORP
Overtime cost	51k		2k	8k	3k	37k

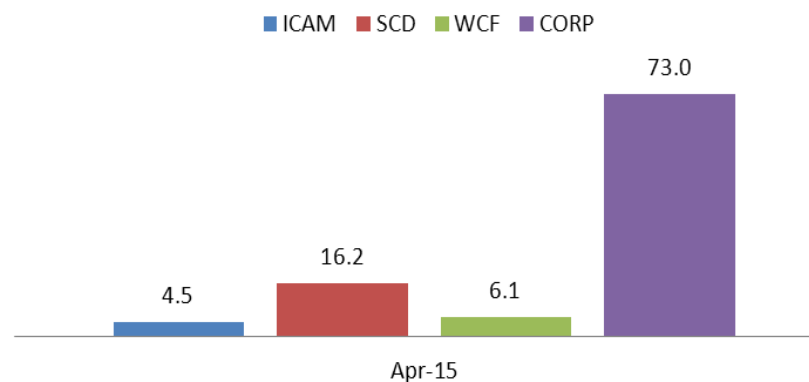
**Expenditure by Division (April 2015)**



## Overtime

In April there was a slight increase in overtime expenditure in Corporate services . This was due to increased demand from front lined services. The rest of the Divisions are showing a decrease.

**Overtime spend % of total monthly expenditure by Division (April 2015)**



# Management of the Workforce - Overtime, Bank & Agency

Whittington Health **NHS**

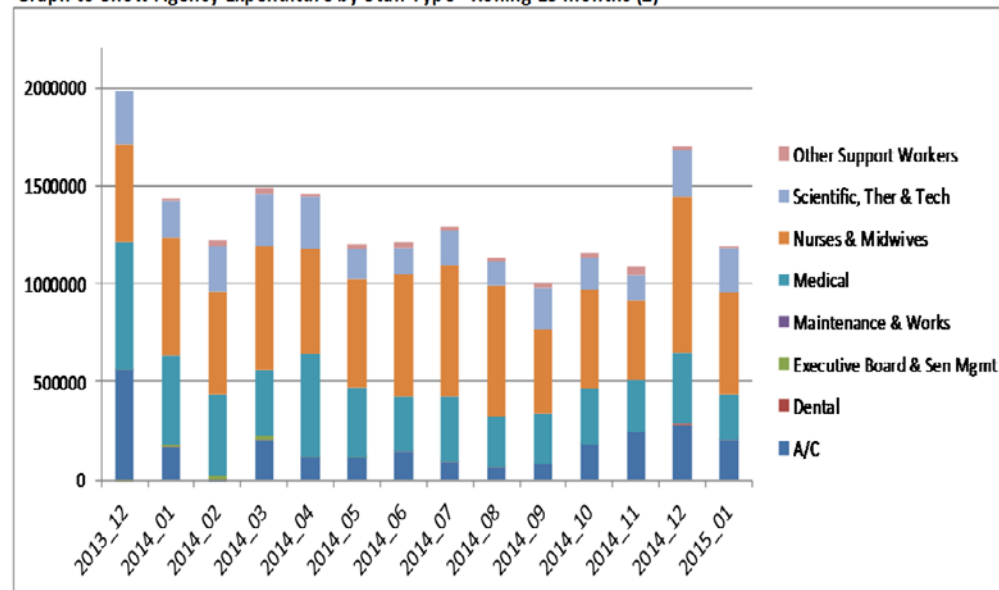
## Bank & Agency wte usage and expenditure

Trust Overall Bank and Agency Report - Month 01

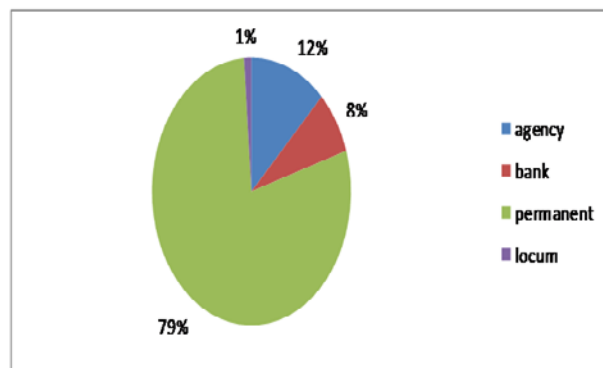
Table to Show Agency Expenditure by Division - Rolling 13 months

Month	ICAM	SCD	WCF	Corporate	Grand Total
2013_12	£1,096,110	£121,000	£320,616	-£620,486	£917,240
2014_01	£875,031	£127,915	£232,972	£189,815	£1,425,734
2014_02	£836,065	£167,507	£179,567	£818	£1,183,957
2014_03	£887,074	£144,052	£244,185	£216,043	£1,491,354
2014_04	£939,968	£186,315	£197,580	£133,503	£1,457,366
2014_05	£749,978	£134,794	£176,518	£138,960	£1,200,250
2014_06	£686,265	£113,053	£232,641	£177,705	£1,209,664
2014_07	£761,329	£174,784	£276,860	£75,573	£1,288,546
2014_08	£715,030	£74,531	£247,067	£88,425	£1,125,053
2014_09	£676,146	£134,796	£81,618	£114,783	£1,007,343
2014_10	£679,535	£105,499	£175,028	£195,275	£1,155,337
2014_11	£590,826	£108,520	£156,807	£233,453	£1,089,605
2014_12	£1,032,645	£133,006	£252,977	£277,709	£1,696,337
2015_01	£625,599	£133,006	£177,235	£235,035	£1,170,876
Last 12 Months	£9,429,892	£1,604,773	£2,453,821	£1,842,061	£15,330,547

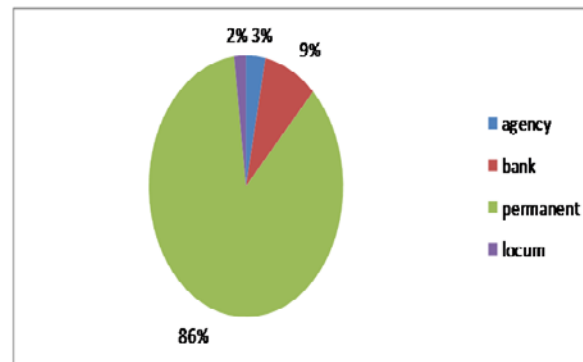
Graph to Show Agency Expenditure by Staff Type - Rolling 13 months (£)



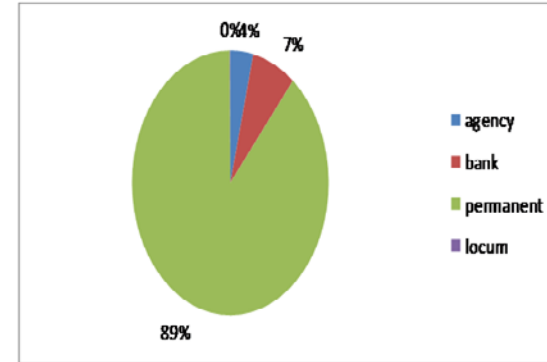
Last 3 Months temporary staffing as a percentage of pay - ICAM



Last 3 Months temporary staffing as a percentage of pay - SCD



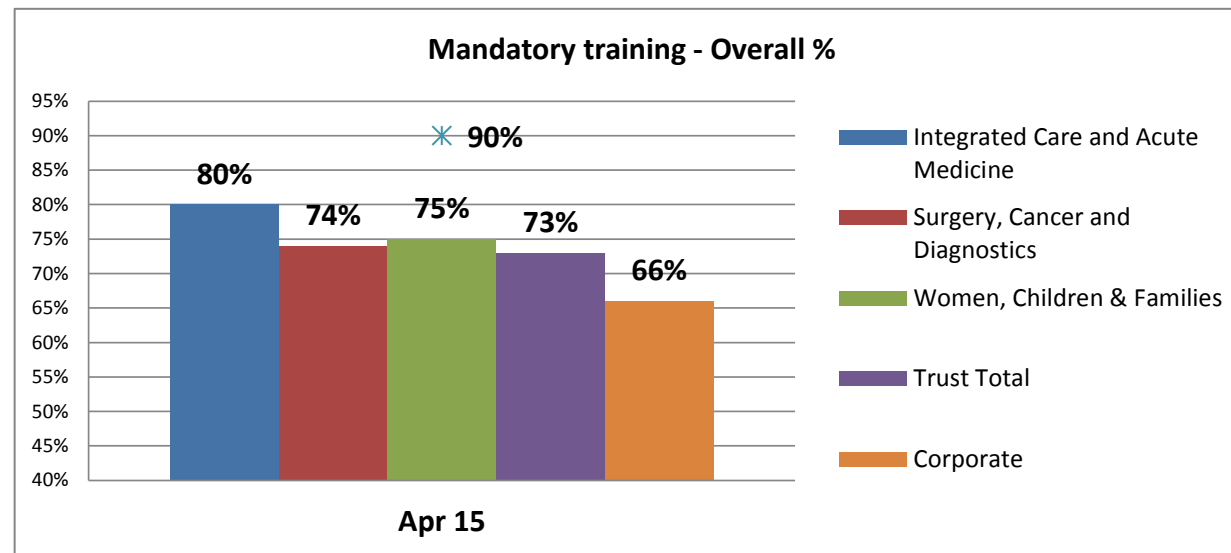
Last 3 Months temporary staffing as a percentage of pay - WCF



	April 2015						
	Threshold	Trust Actual		ICAM	SCD	WCF	CORP
Percentage of staff with mandatory training compliance	90%	73%		80%	74%	75%	66%
Percentage of staff with annual appraisal	90%	58%		72%	51%	50%	55%

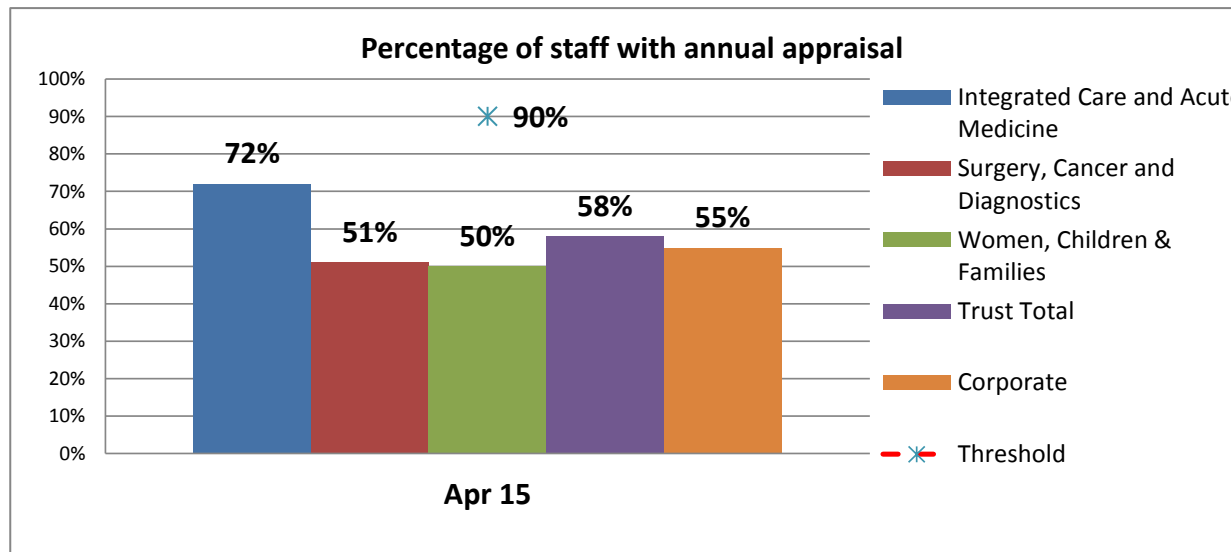
## Mandatory training

The Trust compliance rates are below average for other Trusts across London. A review of action plans continues to be part of performance review meetings in divisions and corporate services. As a result each Director has been tasked with forecasting when significant improvements will be made in compliance rates for their staff. Since the last Trust Board a mandatory training workbook was launched with the purpose of increasing compliance rates and is making a significant difference in the completion of mandatory training. The overall impact will be shown in June onwards. The overall compliance rate in April increased by 1%.



## Appraisal

The overall rate decreased by 3% in April. The implementation of action plans for both Corporate and the divisions remains a priority. Compliance rates for appraisals continue to be reviewed on a monthly basis at Divisional Board meetings.



## Whittington Health Trust Board

03/06/15

<b>Title:</b>	NHS Staff Survey Results 2014		
<b>Agenda item:</b>	<b>15/086</b>	<b>Presentation</b>	<b>10</b>
<b>Action requested:</b>	To approve the seven identified corporate priorities in the presentation, to address the key findings from the NHS staff survey.		
<b>Executive Summary:</b>	<p>Whittington Health achieved the best score of any Trust where our staff feel secure in raising concerns about unsafe clinical practice</p> <p>The Trust was in top 20 per cent of trusts for:</p> <ul style="list-style-type: none"> <li>• Few colleagues witnessing potential harmful incidences</li> <li>• Few colleagues experiencing physical violence from patients or the public</li> <li>• Colleagues feeling they had support from immediate line managers (better than average)</li> </ul> <p>The Trust was in the bottom 20 per cent of trusts for</p> <ul style="list-style-type: none"> <li>• Appraisal</li> <li>• Working extra hours</li> <li>• Work related stress</li> <li>• Bullying and harassment</li> <li>• Career progression</li> <li>• Discrimination at work</li> </ul>		
<b>Summary of recommendations:</b>	<p>Agreement from the Trust Board is sought for the seven recommended areas for corporate focus.</p> <ol style="list-style-type: none"> <li>1. Improved senior management visibility and staff engagement</li> <li>2. Address uncertainty by implementing a clear vision for the future</li> <li>3. Address management behaviours to inspire and motivate staff and act as leaders, encouraging staff to reach their potential</li> <li>4. Training, development and career path opportunities</li> <li>5. Understand the underlying cause and act where staff have reported excessive workload</li> <li>6. Equality &amp; Diversity (Bullying &amp; Harassment)</li> <li>7. Percentage of staff being appraised and having a well-structured appraisal</li> </ol>		

<b>Fit with WH strategy:</b>		This presentation provides an update on key priorities identified from our staff survey and aligns to our OD and staff engagement strategies.					
<b>Reference to related / other documents:</b>		2014 National NHS Survey					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		Organisational Restructure, is a risk for the Trust remaining focused on both the Trust and Directorate staff survey priorities. Regular progress updates to Trust Management Group and Board, should go some way in mitigating this loss of focus.					
<b>Date paper completed:</b>		May 2015					
<b>Author name and title:</b>		<b>Rai Gallo Leadership Coach</b>		<b>Director name and title:</b>		<b>Chris Goulding Director of HR</b>	
<b>Date paper seen by EC</b>	<b>n/a</b>	<b>Equality Impact Assessment complete?</b>	<b>n/a</b>	<b>Quality Impact Assessment complete?</b>	<b>n/a</b>	<b>Financial Impact Assessment complete?</b>	<b>n/a</b>



***Whittington Health  
NHS Staff Survey Results  
Presentation  
Trust Board Seminar***

Rai Gallo  
Date 03/06/15

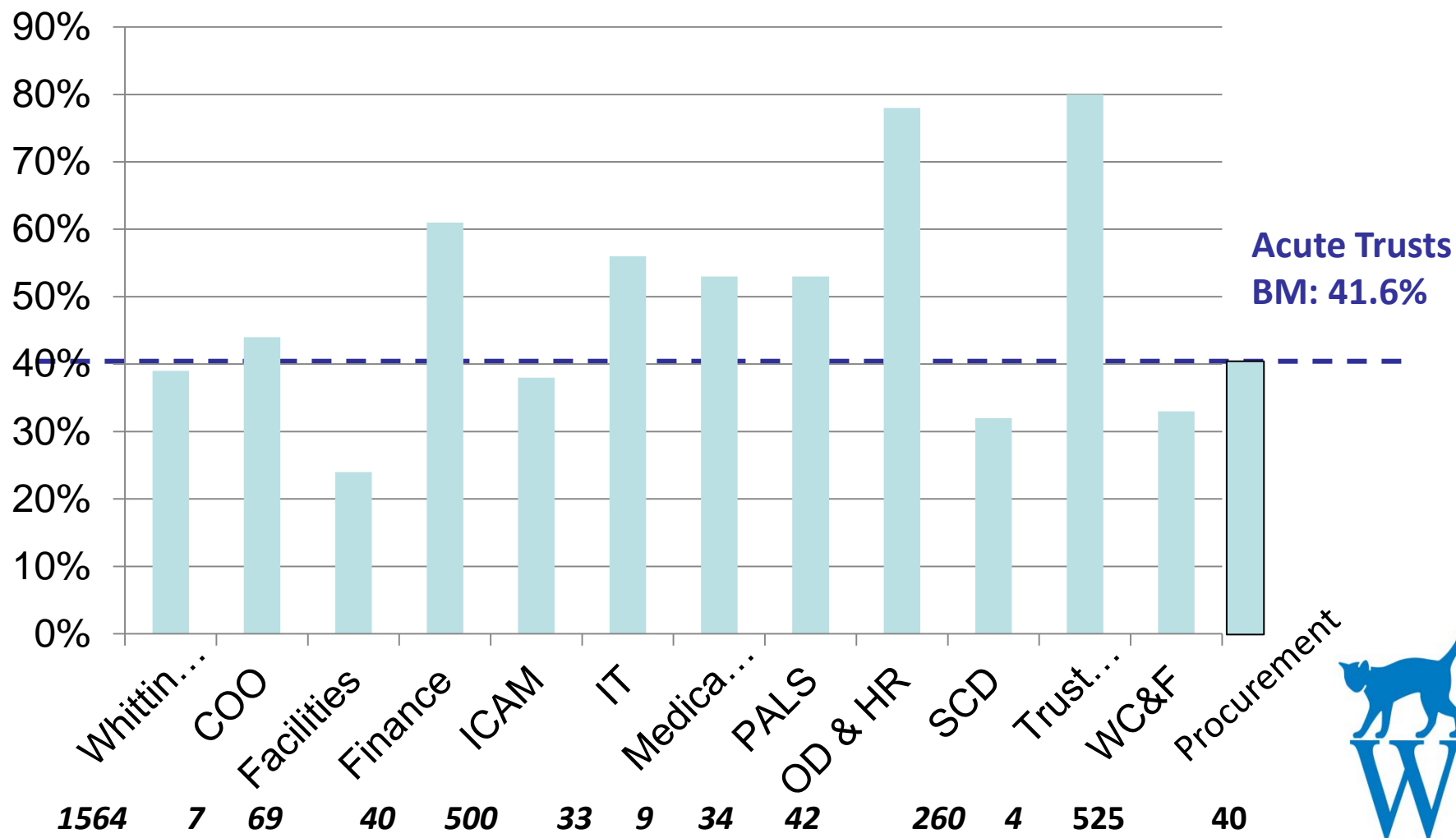


- To provide a measure of staff engagement across the Trust and monitor progress made since the last survey
- To provide staff with a communication channel allowing them to give their feedback on their working lives within a confidential setting.
- To provide a basis for improving engagement levels across the Trust by taking action on the key focus areas arising from the survey results
- Background to the survey
- Survey Methodology



# Response Rates

Whittington Health **NHS**



# Measuring employee engagement at Whittington Health

Whittington Health **NHS**

*The NHS survey includes an index of questions designed to measure employee engagement at Whittington*

## *advocacy*

*I would recommend  
Whittington Health as a  
great place to work 70%  
/ 71%*

*Happy with the standard  
of care provided 74% /  
75%*

*Care of patients a top  
Priority for WH 76% /  
76%*

## *involvement*

*I am able to make  
suggestions to improve the  
work of my team /  
department 76% / 76%*

*There are frequent  
opportunities for me to  
show initiative in my role  
75% / 75%*

*I am able to make  
improvements happen in  
my area 70% / 70%*

## *motivation*

*I look forward to going to  
work 71% / 71%*

*I am enthusiastic about my  
job 78% / 79%*

*Time passes quickly when I  
am working 83% / 82%*

*The scores in red represent the Acute Trust average across the country*



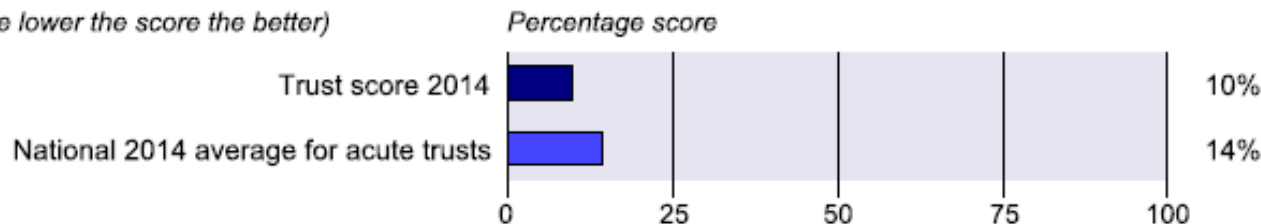
# Headline Results



## TOP FIVE RANKING SCORES

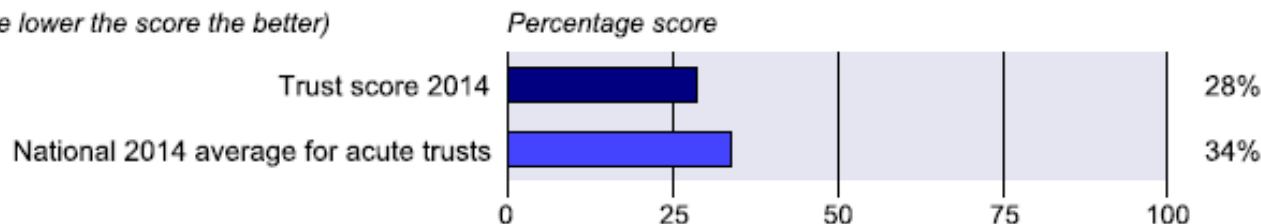
### ✓ KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

*(the lower the score the better)*



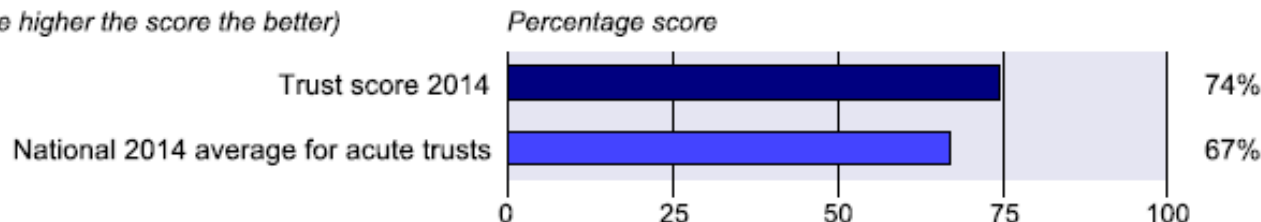
### ✓ KF12. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

*(the lower the score the better)*



### ✓ KF15. Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice

*(the higher the score the better)*

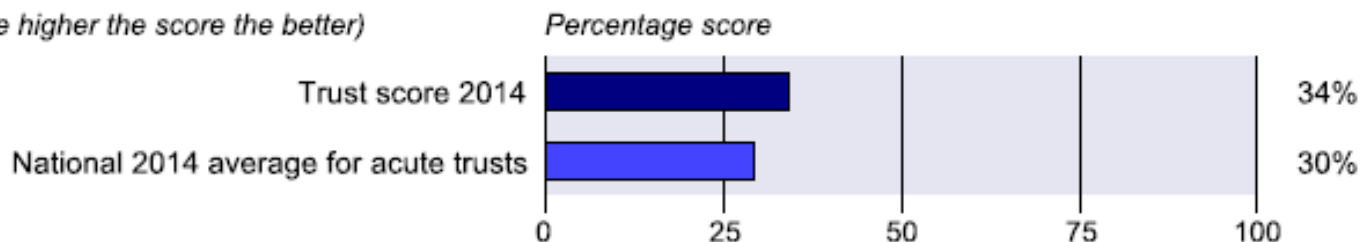


# Headline Results



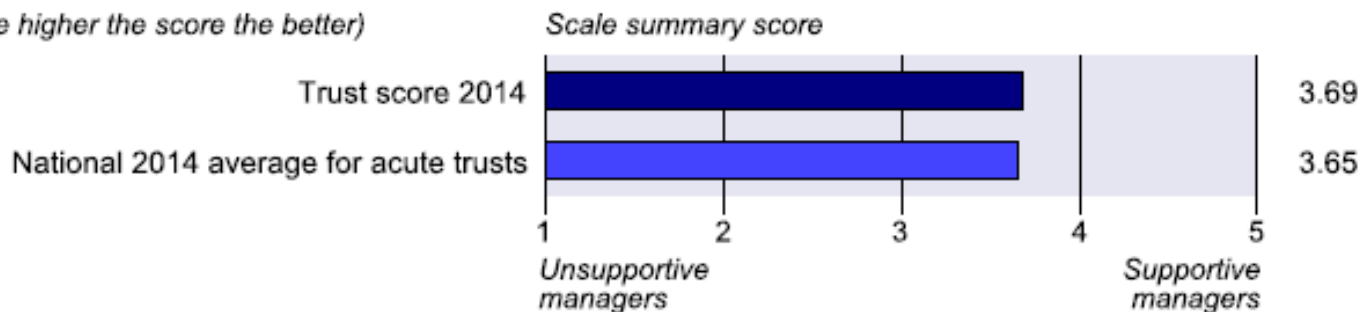
## ✓ KF21. Percentage of staff reporting good communication between senior management and staff

*(the higher the score the better)*



## ✓ KF9. Support from immediate managers

*(the higher the score the better)*



# Bottom five ranking scores compared with other acute trusts

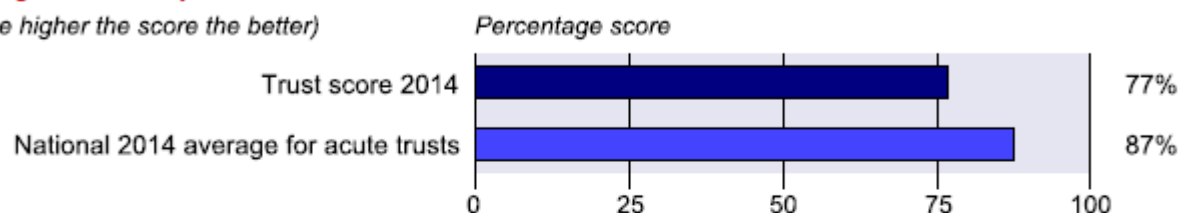
Whittington Health



## BOTTOM FIVE RANKING SCORES

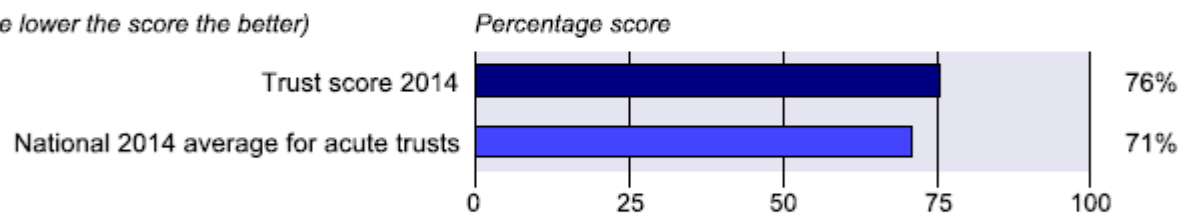
### ! KF27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

(the higher the score the better)



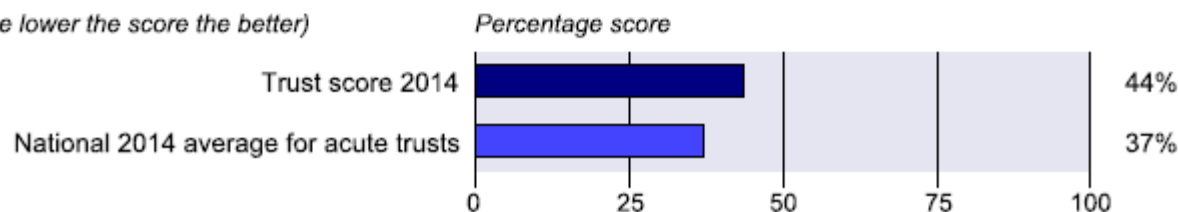
### ! KF5. Percentage of staff working extra hours

(the lower the score the better)



### ! KF11. Percentage of staff suffering work-related stress in last 12 months

(the lower the score the better)



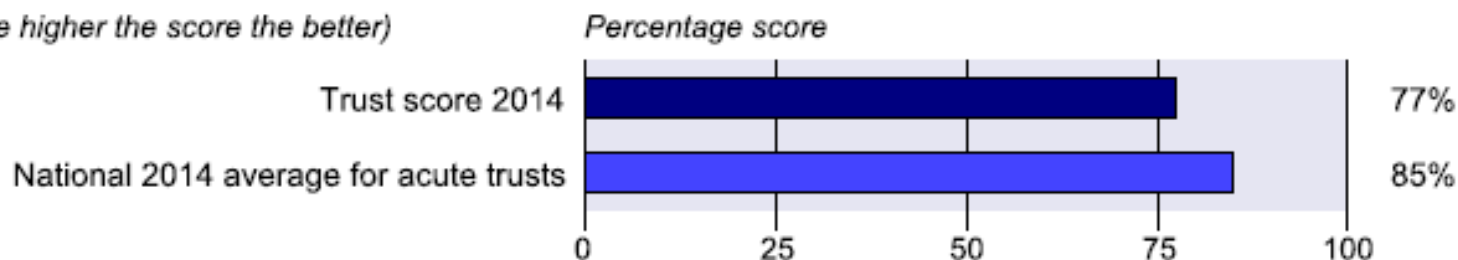
# Bottom five ranking scores compared with other acute trusts

Whittington Health



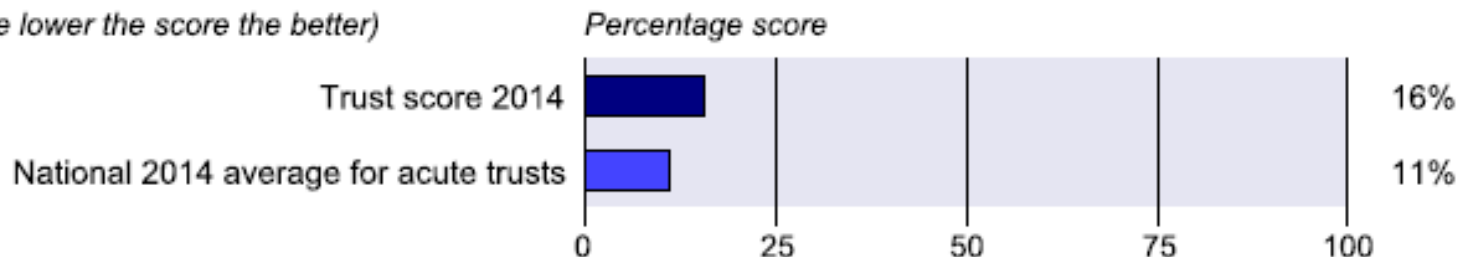
## ! KF7. Percentage of staff appraised in last 12 months

(the higher the score the better)



## ! KF28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



# The survey has highlighted a number of key improvements from last year that should be celebrated

Whittington Health **NHS**

*Staff feel less pressured to come to work when not well*

*Improved staff engagement with immediate line manager*

*Bullying / harassment / physical violence from patients improved*

*Staff are given feedback on changes made as a result of reported errors*

*Staff are feeling more valued and remain enthusiastic about their job*

*Health and safety / wellbeing is taken seriously*



# *Corporate priorities identified from staff survey*

Whittington Health



<b>1. Improved senior management visibility and staff engagement</b>	Siobhan Harrington / Lynne Spencer
<b>2. WH to address uncertainty by implementing a clear vision for the future</b>	Simon Pleydell / Lynne Spencer
<b>3. Address management behaviours to inspire and motivate staff so staff can reach their full potential.</b>	Richard Jennings / Colin Gentile
<b>4. Training, development and career path opportunities</b>	Philippa Davies / Nick Harper
<b>5. Understand the underlying causes and act where staff have reported excessive workloads</b>	Lee Martin / Clarissa Murdoch
<b>6. Equality and Diversity (Bullying and Harassment)</b>	Greg Battle / Phil lent
<b>7. Percentage of staff being appraised and having a well-structured appraisal</b>	Chris Goulding / Glen Winteringham



- TMG have assigned an executive sponsor for each of the identified corporate priorities
- TMG members have agreed what actions they are taking forward in addressing their allocated priorities (see appendix 1)
- Directorate results have been cascaded and presented at Directorate Management Team meetings (DMT's)
- DMT's cascading results, agreeing priorities and developing their action plans (see appendix 2)
- Action plans collated and progress monitored at TMG on a quarterly basis
- Quarterly updates provided to board from September onwards



## Friends and Family Test for Staff: Quarter 4 2014-15

### Summary of Quarter 4 Whittington Health Responses

<b>Total Respondents</b>	1125	<b>Response Rate</b>	27%
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<b>Recommendation scores</b>	Care or Treatment	Place to work
	How likely are you to recommend Whittington Health to friends and family if they needed care or treatment?	How likely are you to recommend Whittington Health to friends and family as a place to work?
% Recommending	78%	61%
% Not recommending	8%	25%

Notes: 1) Response rate is based on a trust total of 4116 employees from HSCIC workforce headcount in Q2

2) Numerator for % recommending is *number answering 'likely' or 'extremely likely'*;

Numerator for % not recommending is *number answering 'unlikely' or 'extremely unlikely'*

### Q4 Responses against Q2 2014-15 (for comparison)

Organisation	Total Responses	HSCIC Workforce Headcount	Response Rate	% Recommend Care	% Not Recommend Care	% Recommend to Work	% Not Recommend to Work
England Q2	141450	1136796	12%	77%	8%	61%	19%
London Area Team Q2	20392	175815	12%	77%	8%	63%	19%
Whittington Health Q2	962	4116	23%	75%	9%	59%	26%
Whittington Health Q4	1125	4116	27%	78%	8%	61%	25%



## DIRECTORATE STAFF SURVEY ACTION PLAN 2015/16

	KEY RESULTS THEME	WHAT & HOW WILL WE DO IT?	WHO IS RESPONSIBLE & WHEN?	HOW WILL WE MEASURE IT?
1	<ul style="list-style-type: none"> <li><b>Identified priority – Percentage of staff being appraised and having a well-structured appraisal. Chris Goulding / Glenn Winteringham</b></li> </ul>			
1.1	Redesign and simplify the appraisal process and documentation.	<ul style="list-style-type: none"> <li>Meeting arranged with key stakeholders to go through the new process and make changes to documentation and existing process</li> <li>Revised simplified process to TOB for feedback</li> <li>Charlotte Johnson reviewing existing documentation and applying changes following key stakeholder engagement</li> <li>Revised appraisal process to be taken to TMG date to be agreed</li> </ul>	RG / CJ 14/05/15  CJ / CG 19/05/15  CJ  CJ/RG/CG	Improved appraisal returns rates  NHS 2015 staff survey improvement of quality of appraisal process.
1.2	Engage all appraising managers in the use of the new scheme.	<ul style="list-style-type: none"> <li>Once the revised process has been agreed at TMG a line managers rollout engagement plan will be developed where we will offer line managers drop in sessions across all our sites to go through the new paper work</li> <li>Update the appraisal intranet site with revised process and new documentation</li> </ul>	CJ / RG  CJ	Improved appraisal returns rates  NHS 2015 staff survey improvement of quality of appraisal process.
1.3	Improve reporting via ESR?	<ul style="list-style-type: none"> <li>Get feedback from managers on why the current</li> </ul>	GW	Improved appraisal

		<p>reporting is not fit for purpose</p> <ul style="list-style-type: none"> <li>• Learning and Development will allocate appropriate resource across the Trust to support managers in updating their completed appraisals on the ESR system.</li> <li>• Monthly Appraisal performance reports to be used to effectively target manage those areas who are under performing.</li> </ul>	CJ	<p>returns rates</p> <p>NHS 2015 staff survey improvement of quality of appraisal process.</p>
<b>2</b>	<b>• Identified priority- Improved senior management visibility and staff engagement Siobhan Harrington / Lynne Spencer</b>			
2.1	New Team Briefing Structure	<ul style="list-style-type: none"> <li>• TMG agreed new process for monthly CEO Team Briefing Meetings and Factsheet</li> <li>• Forward Calendar signed off by SMH/SP with launch date agreed for hospital and community CEO team Briefing meetings and Factsheet</li> <li>• All staff weekly Noticeboard to include 'spotlight' on a member of staff/Board Q&amp;A</li> </ul>	<p>SP, SMH &amp; LS 19/05/15</p> <p>19/05/15 Launch date 06/07/15</p> <p>w/c 26/05/15</p>	<p>Attendance records reported to TMG</p> <p>FAQs produced &amp; published on intranet</p> <p>Survey Monkey staff to measure impact – Q3</p>
2.2	Senior Leaders programme of engagement activities	<ul style="list-style-type: none"> <li>• Out and About calendar of events to be produced and rolled out by senior team; includes deliberative and non-deliberative meetings/events (piggy back existing meetings)</li> <li>• Monthly Patient Safety Walkabouts by Board</li> <li>• Lunch in the staff canteen as much as possible and talk to staff informally</li> </ul>	<p>SP, SMH &amp; LS 06/07/15</p> <p>PD Calendar of events and rolled out 2015/16</p> <p>Board ongoing</p>	<p>Meeting Log and attendance records reported to TMG</p> <p>Meeting Log and feedback reports with actions reported to Quality Committee</p> <p>Feedback to Board in Seminars</p>

		<ul style="list-style-type: none"> <li>• Campaign and collage of 'My name is'... to be displayed within the hospital and other community sites</li> <li>• Photographs and bios of the Board to be produced for prominent display in key locations across ICO</li> <li>• New internal Awards Protocol to be launched for nominations of staff. Executive to be present at award ceremonies to congratulate staff.</li> <li>• Social media policy to be agreed – internal CEO Blog, Trust facebook, twitter accounts – increase use by Executive</li> <li>• Corporate Induction monthly sessions – Executive team to be introduced to new staff via new factsheet (picture and bios of Board)</li> </ul>	<p>PD &amp; LS ongoing in year</p> <p>LS by end July 2015</p> <p>SP, SMH &amp; LS 06/07/15</p> <p>LS by end July 2015</p> <p>LS by end July 2015</p>	<p>Feedback to Quality Committee &amp; TMG</p> <p>Staff Survey results 2015/16</p> <p>Reports to TMG on uptake</p> <p>Report to TMG on growth of Executive social media presence</p> <p>Feedback sheets from event</p>
2.3	Extended management team meetings	<ul style="list-style-type: none"> <li>• ICSU Clinical Director group Meetings CEO</li> <li>• ICSU Directors of Operations Meetings with CEO</li> <li>• Senior managers / Clinicians leadership morning and lunchtime sessions</li> <li>• Middle managers morning / lunchtime sessions</li> <li>• Executive and TMG meetings to be redesigned and rescheduled from July onward</li> </ul>	<p>SP – commence June 2015 and rolling programme</p> <p>SP – commence June 2015 and rolling programme</p> <p>SP, SMH &amp; LS – in year programme tbc post launch of ICSU</p> <p>SP, SMH &amp; LS – in year programme tbc post launch of ICSU</p> <p>SP, SMH &amp; LS</p>	<p>Reports to TMG &amp; Board Seminars</p> <p>Staff Survey 2015/16</p> <p>Annual review</p>
3	<ul style="list-style-type: none"> <li>• Identified priority - Whittington Health to address uncertainty by implementing a clear vision for the future. Simon Pleydell / Lynne Spencer</li> </ul>			

3.1	Clinical strategy briefings and next steps	<ul style="list-style-type: none"> <li>Planning and activity from June onwards</li> </ul>	Siobhan Harrington / Rai Gallo	
3.2	Clinical strategy, mission, vision, strategic goals - communications handling plan in place	<ul style="list-style-type: none"> <li>Promotion of mission, vision, strategic goals and corporate objectives to all staff and external stakeholders - includes activities such as hard copy clinical strategy distributed at corporate induction, regular key messages at team briefings and in weekly all staff Noticeboard, written features and links to clinical strategy in partner newsletters e.g. Islington CCG, Haringey CCG, LAs, published on Whittington website and intranet, poster campaign across ICO, pop up boards promoting vision across ICO, templates include mission statement</li> </ul>	<p>SP, SMH &amp; LS</p> <p>Ongoing promotion within the corporate communication team work priorities</p>	<p>Staff survey 2015/16</p> <p>Annual business plans produced by ICSU and informed by clinical strategy</p>
3.3	Realignment of senior management and clinicians	<ul style="list-style-type: none"> <li>Development of and implementation of new structure for the Integrated Clinical Service Units (ICSUs) across the ICO</li> <li>Recruitment and realignment process underway</li> <li>Implement new structures for greater clinical leadership across seven ICSUs</li> </ul>	<p>SP, LM &amp; RJ– Launch June 2015</p> <p>SP, LM &amp; RJ 04/06/15</p> <p>SP, LM &amp; RJ ongoing</p>	<p>Annual business plans produced by ICSU and informed by clinical strategy</p> <p>Annual review of realignment reported to Board</p>
<b>4</b>	<b>Identified priority - Address management behaviours to inspire and motivate staff and act as leaders, encouraging staff to reach their potential. Richard Jennings / Colin Gentile</b>			
4.1	Leadership development programmes to be devised and rolled out across the ICO 2015/16	<ul style="list-style-type: none"> <li>Trust wide leadership offer designed for Executive, Operational and Frontline levels</li> <li>Values agreed – ICARE innovative, compassionate, accountable, respect and excellence</li> </ul>	<p>Draft offer developed by end of Q1</p> <p>SH, SP, SMH, LS</p>	<p>Signed-off leadership offer from TMG</p> <p>Review values within the 6 month review of ICSUs</p> <p>Staff Survey 2015/16</p>
4.2	Refresh appraisal system	<ul style="list-style-type: none"> <li>Launch new appraisal system 2015/16</li> </ul>	Executive to hold managers to account and each level of	New appraisal process signed off at TMG

		<ul style="list-style-type: none"> <li>Monitor in year compliance of 90% and ensure target is met for the year</li> </ul>	managers below to mirror a zero tolerance approach to off plan compliance 15/16	02/06/15 Quarterly monitoring of appraisal rates to TMG Annual report for appraisal to Board
4.3	Leadership and development programmes to be devised and rolled out across the ICO 2015/16	<ul style="list-style-type: none"> <li>Board development programme to be devised for 2015/16 to forward plan business for Seminars and Away Days</li> </ul>	SP, SMH, LS	Annual appraisal of Board Annual self-review of effectiveness of Board
4.4	Leadership and development programmes to be devised and rolled out across the ICO 2015/16	<ul style="list-style-type: none"> <li>Executive development programme to be devised for 2015/16 to forward plan business for Away Days and Workshops</li> </ul>	SP, SMH, LM	Annual appraisal of Executives Staff survey 2015/16
4.5	Leadership and development programmes to be devised and rolled out across the ICO 2015/16	<ul style="list-style-type: none"> <li>Leadership and development programme to be designed and rolled out for new ICSU leaders and across the ICO for wider clinical, operational and frontline leaders</li> </ul>	SP, RJ, SMH, LM	Annual appraisal of new teams Staff survey 2015/16
4.6	Leadership and development programmes to be devised and rolled out across the ICO 2015/16	<ul style="list-style-type: none"> <li>Leadership and coaching sessions programme 2015/16 for all staff</li> </ul>	SP, RJ, NF, R Gallo	Annual review of coaching sessions
4.7	Schwartz rounds	<ul style="list-style-type: none"> <li>2015/16 programme of Schwartz rounds for clinical leadership development</li> </ul>	RJ, NF, R Gallo	Annual review of Schwartz rounds
<b>5</b>	<b>Identified priority – Training, development and career path opportunities – Philippa Davies / Nick Harper</b>			
5.1	Training and Development	<p>Analysis of Higher Education Institution (HEI) commissions mapped to Training Needs Analysis (TNA) submissions</p> <p>Analysis of in-house T&amp;D opportunities in terms of</p>	Lisa Smith by end Q1	Actions to be determined dependant on the

		provision and uptake		findings
5.2	Career path opportunities	<p>Analysis of all posts recruited to in past 2 years;</p> <ul style="list-style-type: none"> <li>• By Grade</li> <li>• By Directorate</li> <li>• By Division</li> <li>• Whether internal appointment</li> <li>• Whether external appointment</li> <li>• Equalities monitoring data</li> </ul>	Chris Goulding by end Q1	Actions to be determined dependant on the findings
5.3	Consider introduction of talent mapping and succession planning process	To be explored	Philippa Davies with support from HR  by end Q2	To be confirmed once process in place
6	<ul style="list-style-type: none"> <li>• <b>Understand the underlying causes and act where staff have reported excessive workloads – Lee Martin / Clarissa Murdoch</b></li> </ul>			
6.1	ICSU implementation	ICSU will work through the priorities and align the ICSU to be able to deliver the priorities	LM and CDs	Underway by end of quarter two
6.2	Activity monitoring	Activity monitoring to be undertaken weekly as part of the PTL meetings for acute and community	LM and Director of Operations	Underway with completion by quarter two
6.3	Rolling program of staff open session with Operational	Program agreed starting with DMT meetings and cascade to all teams reporting into directors of operations	LM and SH	Quarter one and two

	leadership team			
7	<b>Equality and Diversity – Greg Battle / Phil lent</b>			
7.1	Celebrate Equality and Diversity week.	<ul style="list-style-type: none"> <li>Organise events throughout E&amp;D week, across the Trust</li> <li>E&amp;D conference to be opened by E&amp;D accountable Exec</li> </ul>	CJ / GB  GB	52 attendees to E&D conference  Evaluation of event all good / excellent
7.2	Arrange meeting with BRAP to evaluate our existing approach to Equality & Diversity for Feedback and improvement	<ul style="list-style-type: none"> <li>Meeting to be arranged with BRAP</li> </ul>	CJ	Revised E&D strategy
7.3	Action plan to achieve Whittington Health's baseline data for 2015 to be compliant with NHS Workforce Race Equality Standard	<ul style="list-style-type: none"> <li>Produce equality data on current workforce, based on WRES guidelines</li> <li>Updated equality data on personal files via ESR to inform publication of reports.</li> <li>Recruitment forms capture relevant equality monitoring data</li> <li>Available equality workforce data by division and staff, used to make informed decisions</li> </ul>	CJ	Annual Report  Update report to Quality Committee
7.4	Appraisals	<ul style="list-style-type: none"> <li>Focus and timetable throughout the year for compliance to reach 90%</li> </ul>	PI	Annual Report
7.5	Training	<ul style="list-style-type: none"> <li>Focus and timetable throughout the year for compliance 90%</li> </ul>	PI	IG Toolkit Level 2
7.6	Visit front line staff once per quarter - arrange back to Back to the floor visits for Executive	<ul style="list-style-type: none"> <li>Executive to arrange back to floor visits throughout the year across the ICO – community and hospital sites</li> </ul>	Executive	Quarterly feedback



## Whittington Health Trust Board

3 June 2015

<b>Title:</b>		<b>NHS Trust Development Authority (TDA) – Self-Certification</b>					
<b>Agenda item:</b>		<b>15/087</b>		<b>Paper</b>		<b>11</b>	
<b>Action requested:</b>		<b><i>For approval</i></b>					
<b>Executive Summary:</b>		The NHS TDA has published their Accountability Framework for NHS Trust Boards which details a clear set of rules and principles under which NHS Trusts should all operate. Within the framework, the NHS TDA describes their monthly self-certification process, which is based on compliance to a number of the conditions within Monitor's Provider Licence and a set of Board Statements.					
<b>Summary of recommendations:</b>		Under the NHS TDA assurance process, a self-certification submission is required each month. Therefore the Board is asked to retrospectively sign-off the return for April 2015, which was submitted to the TDA on 26 May 2015 and agree the status for the May 2015 return.  The Trust Board is also asked to discuss and agree any reporting issues in anticipation of the May 2015 and future returns.					
<b>Fit with WH strategy:</b>		n/a – regulatory requirement.					
<b>Reference to related / other documents:</b>		Self-Certification is monthly.					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		Captured on risk register and/or board assurance framework.					
<b>Date paper completed:</b>		26 <sup>th</sup> May 2015					
<b>Author name and title:</b>		<b>Colin Gentile, Interim CFO</b>		<b>Director name and title:</b>		<b>Simon Pleydell, Chief Executive</b>	
<b>Date paper seen by EC</b>	<b>-</b>	<b>Equality Impact Assessment complete?</b>	<b>n/a</b>	<b>Quality Impact Assessment complete?</b>	<b>n/a</b>	<b>Financial Impact Assessment complete?</b>	<b>n/a</b>



## OVERSIGHT: Monthly self-certification requirements - Board Statements Monthly Data.

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### CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

### SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

### BOARD STATEMENTS:



The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

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BOARD STATEMENTS:



For CLINICAL QUALITY, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

1. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For CLINICAL QUALITY, that

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission’s registration requirements.

2. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For CLINICAL QUALITY, that

3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

3. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For **FINANCE**, that

4. The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

**4. FINANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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**BOARD STATEMENTS:**



For **GOVERNANCE**, that

5. The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

**5. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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**BOARD STATEMENTS:**



For GOVERNANCE, that

6. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

6. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For GOVERNANCE, that

7. The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

7. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For GOVERNANCE, that

8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

8. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For GOVERNANCE, that

9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury ([www.hm-treasury.gov.uk](http://www.hm-treasury.gov.uk)).

9. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For GOVERNANCE, that

10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

10. GOVERNANCE  
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For GOVERNANCE, that

11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

11. GOVERNANCE  
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For GOVERNANCE, that

12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

12. GOVERNANCE  
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For GOVERNANCE, that

13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

13. GOVERNANCE  
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

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BOARD STATEMENTS:



For GOVERNANCE, that

14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

14. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

## OVERSIGHT: Monthly self-certification requirements - Compliance Monitor Monthly Data.

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### CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

### SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

### COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



1. **Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. **Condition G5** – Having regard to monitor Guidance.
3. **Condition G7** – Registration with the Care Quality Commission.
4. **Condition G8** – Patient eligibility and selection criteria.
5. **Condition P1** – Recording of information.
6. **Condition P2** – Provision of information.
7. **Condition P3** – Assurance report on submissions to Monitor.
8. **Condition P4** – Compliance with the National Tariff.
9. **Condition P5** – Constructive engagement concerning local tariff modifications.
10. **Condition C1** – The right of patients to make choices.
11. **Condition C2** – Competition oversight.
12. **Condition IC1** – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence: [The new NHS Provider Licence](#)

## COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



Comment where non-compliant or at risk of non-compliance

### 1. Condition G4

Fit and proper persons as Governors and Directors.

Timescale for compliance:

### 2. Condition G5

Having regard to monitor Guidance.

Timescale for compliance:

### 3. Condition G7

Registration with the Care Quality Commission.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

### 4. Condition G8

Patient eligibility and selection criteria.

Timescale for compliance:

Comment where non-compliant or  
at risk of non-compliance

**5. Condition P1**  
Recording of information.

Timescale for compliance:

**6. Condition P2**  
Provision of information.

Timescale for compliance:

**7. Condition P3**  
Assurance report on  
submissions to Monitor.

Timescale for compliance:

**8. Condition P4**  
Compliance with the  
National Tariff.

Timescale for compliance:

Comment where non-compliant or  
at risk of non-compliance

**9. Condition P5**  
Constructive engagement  
concerning local tariff  
modifications.

Timescale for compliance:

Comment where non-compliant or  
at risk of non-compliance

**10. Condition C1**

The right of patients to  
make choices.

Timescale for compliance:

**11. Condition C2**

Competition oversight.

Timescale for compliance:

**12. Condition IC1**

Provision of integrated  
care.

Timescale for compliance: