

T R U S T B O A R D

14.00 – 16.30

Wednesday 2 December 2015

Whittington Education Centre Room 7



Meeting	Trust Board – Public		
Date & time	2 December 2015 at 1400hrs – 1630hrs		
Venue	WEC 7		
AGENDA			
Steve Hitchins, Chair Anita Charlesworth, Non-Executive Director & Acting Chair Paul Lowenberg, Non-Executive Director Tony Rice, Non-Executive Director Anu Singh, Non-Executive Director Prof Graham Hart, Non-Executive Director David Holt, Non-Executive Director		Simon Pleydell, Chief Executive Siobhan Harrington, Director of Strategy & Deputy Chief Executive Stephen Bloomer, Chief Finance Officer Dr Richard Jennings, Medical Director Dr Greg Battle, Medical Director (Integrated Care) Philippa Davies, Director of Nursing and Patient Experience Carol Gillen, Acting Chief Operating Officer Norma French, Director of Workforce	
Attendees Lynne Spencer, Director of Communications & Corporate Affairs Kate Green, Minute Taker			
Contact for this meeting: Kate Green (kate.green4@nhs.net) or 020 7288 3554			
Agenda Item		Paper	Action and Timing
Patient Story			
	Patient Story Philippa Davies, Director of Nursing & Patient Experience	Verbal	Note 1400hrs
15/150	Declaration of Conflicts of Interests Anita Charlesworth, Acting Chair		Declare 1420hrs
15/151	Apologies & Welcome Anita Charlesworth, Acting Chair		Note 1425hrs
15/152	Minutes, Action Log and Matters Arising 4 November Anita Charlesworth, Acting Chair	1	Approve 1430hrs
15/153	Chairman’s Report Anita Charlesworth, Acting Chair	Verbal	Note 1435hrs
15/154	Chief Executive’s Report Simon Pleydell, Chief Executive	2	Note 1440hrs
Patient Safety & Quality			
15/155	Serious Incident Report Philippa Davies, Director of Nursing & Patient Experience	3	Note 1450hrs
15/156	Safer Staffing Report Philippa Davies, Director of Nursing & Patient Experience	4	Note 1500hrs

Performance and Delivery			
15/157	Financial Performance Month 7 <i>Stephen Bloomer, Chief Finance Officer</i>	5	<i>Note</i> 1510hrs
15/158	Performance Dashboard Month 7 <i>Carol Gillen, Acting Chief Operating Officer</i>	6	<i>Note</i> 1520hrs
15/159	Workforce KPIs Month 7 <i>Norma French, Director of Workforce</i>	7	<i>Note</i> 1530hrs
Governance and Regulatory			
15/160	TDA Oversight Statements <i>Siobhan Harrington, Director Strategy & Deputy Chief Executive</i>	8	<i>Note</i> 1540hrs
15/161	Quality Committee Minutes <i>Anu Singh, Non Executive Director Chair</i>	9	<i>Note</i> 1550hrs
15/162	Finance & Business Development Committee Minutes <i>Tony Rice, Non Executive Director Chair</i>	10	<i>Note</i> 1600hrs
Any other urgent business and questions from the public			
	No items notified to the Chairman		
Date of next Trust Board Meeting			
	06 January 2016 (observed by TDA) 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 - communications.whitthealth@nhs.net .			



The draft minutes of the meeting of the Trust Board of Whittington Health held in public at 1400hrs on Wednesday 4th November 2015 in the Whittington Education Centre

Present:	Greg Battle	Medical Director, Integrated Care
	Stephen Bloomer	Chief Finance Officer
	Anita Charlesworth	Non-Executive Director (acting Chair)
	Philippa Davies	Director of Nursing and Patient Experience
	Norma French	Director of Workforce
	Carol Gillen	Acting Chief Operating Officer
	Siobhan Harrington	Director of Strategy/Deputy Chief Executive
	Graham Hart	Non-Executive Director
	David Holt	Non-Executive Director
	Richard Jennings	Medical Director
	Paul Lowenberg	Non-Executive Director
	Simon Pleydell	Chief Executive
	Anu Singh	Non-Executive Director
In attendance:	Kate Green	Minute Taker
	Lynne Spencer	Director of Communications & Corporate Affairs

Suspension of Lower Urinary Tract Services (LUTs) Clinic

A number of patients had attended the Board meeting specifically to make representations about the suspended LUTS clinic at Hornsey Central Neighbourhood Health Centre. Due to the exceptional circumstances surrounding the suspension of this clinic, Anita Charlesworth as acting Chair agreed to start the Board meeting twenty minutes later than usual in order to give these patients an opportunity to make statements and ask questions. At the conclusion of this session it was noted that the patients had requested a special meeting to further discuss the LUTS clinic and future service provision.

Patient Story

Philippa Davies introduced Ian Grant, in attendance to recount his experience of his late father's admission to the Emergency Department (ED) in August. Mr Grant explained that his father, who had lived in a residential care home in Muswell Hill, had just celebrated his one hundredth birthday when (on a Saturday) he suffered a fall in his room. Attending paramedics had brought him straight to Whittington Health's ED, where he had been treated by the duty nurse and doctor. Mr Grant praised the gentleness and care with which his father had been treated by these staff. Examination and an x-ray, which had all taken place speedily, revealed that he had suffered a broken shoulder, and he had been made as comfortable as possible. At all times staff had been with him and had spoken to him with great respect, and he had even been able to joke with them.

Mr Grant had died peacefully and in little discomfort a few days after his discharge from hospital, and his son had been so impressed by the care his father had received that he had been moved to write to Simon Pleydell to record his appreciation of his father's treatment on what had turned out to be his last weekend. ED Nurse Fiona Long thanked Mr Grant for his comments, and said that she was pleased to hear of the good working relationship between doctor and nurse, as well as the positive effect that the patient's treatment had had upon both him and his family.

She also briefed the Board on the recent introduction of the rapid assessment team, which was helping staff to assess and prioritise faster on the basis of clinical need. Simon Pleydell commented on the importance of patients being given quality time, and Richard Jennings commented on the desirability of people being given end of life options.

15/132 Declaration of Conflicts of Interest

132.01 No member of the Trust Board declared any interests in the proceedings scheduled for discussion that day.

15/133 Apologies and welcome

133.01 Apologies for absence had been received from Tony Rice and Steve Hitchins. Steve had attended the earlier part of the meeting and Board members had been pleased to see him looking so much better. Apologies had also been received from Peter Morton and Paul Convery.

133.02 Anita Charlesworth welcomed Carol Gillen to her first meeting as acting Chief Operating Officer, and on behalf of the Board said how pleased she was to see Carol in that role.

15/134 Minutes of the previous meeting, action log and matters arising

134.01 The minutes of the meeting held on 7th October were approved, and there were no matters arising other than those already scheduled on the agenda for discussion.

15/135 Chairman's Report

135.01 Anita Charlesworth had already reported on Steve Hitchins's recovery, and had nothing further to report that month.

15/136 Chief Executive's Report

136.01 Simon Pleydell said that the Trust was currently in a phase of preparation for the CQC inspection which was to take place week commencing 07 December. There had been a 'mock inspection' the previous week, and he thanked staff and partners who had participated.

136.02 Simon highlighted the recently published Royal College of Physicians national audit of inpatient falls, where Whittington Health was shown to have had the second lowest rate of inpatient falls in London. This was an extremely good result, and Simon paid particular tribute to the work of the nursing staff on falls prevention.

136.03 The Trust was actively proceeding with the national annual staff survey and the flu vaccination campaign.

136.04 Simon wished to acknowledge the amount of hard work being undertaken across the Trust to deliver the financial plan. He drew attention to the ongoing work on the estates review that had included a significant number of engagement meetings for both staff and wider stakeholders and regular meetings with the Defend the Whittington Coalition. A draft estates strategy will be presented to the Board meeting in January.

15/137 Quarterly Safety and Quality Report

137.01 Richard Jennings informed Board colleagues that this was the first quarterly report to be presented to the Board. There were two key principles underpinning the report:

- to separate quality and safety from performance and allow a focus on the key issues
- for the Board to see the same information presented in a consistent way so that Board members could focus on the run charts which showed the trends.

137.02 Richard was keen for the Board to focus on goals which were measurable and time-bound, such as the pledges in the Trust's Sign up to Safety commitment, one of which would be addressed in each report; this quarter's report featured an in-depth look at pressure ulcers. The overall aim was to raise awareness of patient safety and the patient safety culture, and to make the organisation aware of the renewed emphasis on this area. To collate learning and better share it was something Richard was conscious of the need to continue to work on.

137.03 Greg Battle praised the high quality of the report and thanked all those who had worked to produce it, saying it was a significant improvement on benchmarking. Anita Charlesworth reminded the Board that there were areas where people's desire to effect change had led to a real difference in services and improvement in quality and this illustrated what could be achieved given the right focus. The chart on page 14 illustrated areas where changes of practice have had a real impact, and this was something staff should be proud of.

137.04 Paul Lowenberg felt that the report added a significant dimension to what the Board could see in terms of assurance and was therefore very welcome, however he felt it could be developed in terms of building in community indicators, especially if this could be linked with integrated care. He mentioned the desirability of getting feedback on the targets listed on page 10 of the report, and asked when the intranet site on learning was to be launched and how would clinicians become engaged with it. On the latter point, Richard replied that the intranet site would soon be well populated (this was happening this month).

137.05 Replying to the point about measures, Richard gave the example of sepsis, explaining that collecting information could be quite complicated, and adding that the team was about to appoint a nurse who would have as part of her brief the gathering of some of this data. On building in community indicators, he expressed his strong support. Referring back to improvements made, Simon Pleydell pointed out that much of the work carried out by the Trust's junior doctors was highlighted here and the Board needed to recognise their vital role particularly in the current climate. Anu Singh echoed the comments of her Board colleagues in welcoming the report, whilst wondering whether it would be possible to introduce more of a patient emphasis.

15/138 Safer Staffing Report

138.01 Philippa Davies introduced the safer staffing report covering the Trust's position in September. She drew attention to two letters which had been circulated with the report and which she asked the Board to note; the first from a range of national organisations on safe staffing and efficiency, and the second, from the TDA and Monitor, which proposed the introduction of price caps for agency staff. She would be working with Norma French and Stephen Bloomer on this.

138.02 In answer to a question from David Holt about whether the Trust needed to be considering a different approach, Philippa replied that she would shortly be undertaking a major establishment review and would be bringing the resulting paper to the Board. Simon Pleydell talked briefly of issues which might potentially signify a problem area such as the distribution of falls or pressure ulcers; this had been further highlighted by the mock inspection the previous week. It had also been proven, he said, that a well-organised ward was able to deliver up to 20% more patient contacts, thus proving that high numbers alone were not an indicator of good quality services.

138.03 Norma French reminded Board colleagues of the continuing work carried out across the Trust to reduce agency spend and to increase the size and flexibility of the staff bank. The report was noted by the Board.

15/139 Serious Incident Report

139.01 Philippa Davies said that four serious incidents had been declared during September, taking the total for the year to 27 since 1st April. The four were as follows:

- the never event, reported at the previous board meeting, involving the misplacement of a nasogastric tube
- an unexpected admission to the neonatal intensive care unit
- an information governance breach involving inappropriate access to staff records, and
- an information governance breach involving faxes sent to a wrong address.

139.02 Anita Charlesworth queried the Trust's continued use of fax machines, and Carol Gillen reassured her that almost all had now been replaced by scanners.

15/140 Trust Risk Management Strategy

140.01 Philippa Davies said that she had revised the risk management strategy so that it aligned with the new Integrated Clinical Service Units (ICSUs) and it now clearly highlighted accountabilities and responsibilities. The strategy detailed the bottom up and top down approach to risk management, from the Trust board assurance framework and Trust corporate risk register. The strategy also highlighted how the Trust triangulated risks from all levels across the organisation from strategic to operational management. The Trust datix system held all the risks to provide a robust repository of risks and mitigating actions. The strategy had been informed from internal audit recommendations, the executive team's feedback and had been agreed at the trust management group to recommend approval by the Board.

140.02 David Holt pointed out there appeared to be no mention of the accountability of the non-executive directors, and Anita Charlesworth replied that this was defined and governed through the committee structure and their terms of reference. Lynne Spencer added that the strategy was directed at employees. The Board approved the strategy.

15/141 System Resilience Winter Plan

141.01 Carol Gillen informed the Board that the plan for winter 2015/16, written by Lee Martin shortly before he left the Trust, had been developed very much in line with lessons learned from the previous year. There is now more of a system-wide approach led by the CCGs, with each CCG having been asked to develop a System Resilience Group (SRG). Whittington Health feeds into two such groups, Islington's and Haringey's.

141.02 A mop-up review of last winter had been completed. It was noted that the Trust had narrowly missed its performance target, possibly due to 'flu. The total additional funding received last year had been £2.7m, and a good range of services had been put in place which included escalation beds, additional staff and extended ambulatory care. Resilience planning had been challenging however, largely due to the way funding had been allocated, i.e. in several gradual stages.

141.03 Much work had been carried out over this summer around improved access and discharge procedures, and training for bronze, silver and gold staff. There were however a number of risks associated with managing demand during winter, not least of which was significantly reduced funding. This meant that the funding of additional capacity would only be approved following an executive level instruction.

141.04 During discussion the following points arose:

- the growing number of homeless people in the capital and their needs (noted homeless people can register with GP practices but policies vary from practice to practice)
- outliers – it was noted that following the intervention of the relevant ICSUs Mercers ward was now surgical and Victoria medical, Alison Kett and Clarissa Murdoch continued to monitor and work on this
- seasonal flexibility – the recognition that winter brings an increase in medical cases
- nursing homes – since the introduction of the ICATs service admissions to hospital have reduced from 40 to 25 per month and Haringey is exploring the model

141.05 Paul Lowenberg queried whether the demand risks lay with Whittington Health or the commissioners, Stephen Bloomer replied that this was an issue currently being discussed with commissioners, but at present, if winter pressures necessitated the opening of Eddington Ward this would be on the basis of no income (i.e. a cost pressure) to the Trust.

15/142 Capital Plan

142.01 Siobhan Harrington introduced the paper which gave an update on the Trust's capital plan for 2015/16, explaining that the main issue currently facing the Trust was the progression of the maternity and neonatal redevelopment business case, which was affected by a shortage of capital funding within the wider NHS. The team continued in its efforts to conclude Stage 3 within the best possible value for money. The Trust Board will receive the draft Estates Strategy in January. The paper was noted.

15/143 Financial Report

143.01 Stephen Bloomer introduced the financial report covering Month 6, i.e. until the end of September 2015. There had been a significant in-month improvement, with a year to date deficit of £6.2m, £303k better than the planned position, and this was largely attributable to the conclusion of some estates negotiations. Progress had also been made on CIPs, which had helped to support revenue. The cash balance was currently higher than planned but this would reduce once estates invoices were settled.

143.02 Paul Lowenberg asked about the expected downturn in pay figures and when these might be expected, Stephen replied that this should be visible from the second half of the year, and would be largely attributable to a reduction in agency spend.

15/144 Performance Dashboard

144.01 Carol Gillen began her report by describing the technological solutions the team had been working with the IT department on to combat DNAs, saying that she would expect to see an improvement in the figures early in the New Year. She was also pleased to report that diagnostic performance had significantly turned round in September.

144.02 Paul Lowenberg said that he had been pleased to note the improvements shown within acute services, however achievements in community services seemed lower, not just within MSK services but also within rehabilitation, podiatry and intermediate care. He specified that on MSK, the Board had been told the position was improving yet the report showed a deterioration and the run-rate on contacts appeared to have gone down. Carol confirmed that face-to-face contacts had reduced in some areas and the Trust needed to improve community activity reporting to better reflect the position within the report.

144.03 The report showed a high number of 'reds' for waiting times, and Carol explained that this was in part due to a reporting issue on RIO, whereby a patient who had been seen by one

therapist but was waiting for another might appear as 'waiting' despite having initially been seen. Within MSK there was a capacity issue, and this needed to be shared with the commissioners in the context of understanding demand and capacity in this area. Siobhan Harrington added that data quality was an area staff were actively working on. She and Sarah Hayes had met with the Haringey LMC Chair the previous week, and whilst some concerns in community services had been expressed about access, feedback on the Trust's clinical performance had been extremely positive.

144.04 In answer to a question from Paul Lowenberg about the medication errors shown in the table on page 4 of the report, Philippa Davies replied that the detail of these would be shown in the patient safety report which would be taken to Quality Committee.

15/145 Workforce KPIs

145.01 Norma French informed Board colleagues that most indicators had improved since last month's report. She went on to say that at her first Board report she had been asked about the harmonisation of the ledger with ESR, and she was pleased to report that this work had now started.

145.02 Norma had attended her first ICSU performance review meetings, which had given her a good opportunity to discuss workforce issues directly with the Directors and teams. The appraisal rate had risen slightly and each ICSU had an improvement plan, as it did for mandatory training. In answer to a question from David Holt about what sanctions were available for those who failed to complete appraisals, Simon Pleydell replied that ultimately disciplinary action could be taken and increments could be withheld to those who had not been appraised. Norma added that there were again some issues to do with reporting on ESR. Richard Jennings added that doctors could not be revalidated without providing evidence of regular appraisal.

15/146 TDA Oversight Statements

146.01 Siobhan Harrington informed the Board that the only change to the statements was to number 12, where the statement reflected Carol Gillen's role as Acting Chief Operating Officer (COO) and the plan to start the recruitment process for a substantive COO in the New Year. The statements were formally approved by the Board.

15/147 Corporate Risk Register

147.01 Siobhan Harrington informed the Board that this updated version of the corporate risk register had been developed through the ICSUs risk registers, using their performance review sessions where each had identified their top three risks. Risk registers were also signed off at each Trust Board Committee level with risks >16 escalated to the Trust Board corporate risk register. The highest risk identified was the Maternity & Neonatal Full Business Case.

147.02 Siobhan invited Board colleagues to consider joining a task and finish group which she was establishing to look at the methodology through which the Trust currently rates its risks and to ensure the Trust risk appetite was reviewed.

147.03 David Holt said that the document was a good and clear one, and asked why the maternity FBC had moved from amber to red. Anita explained because of the national position regarding capital, and Simon Pleydell added that the Trust would revisit its own position on capital in the coming months. Paul Lowenberg called for triangulation between risk register and problems identified within the performance report, and Siobhan Harrington reminded Board members that the register only included those risks graded >16 and lower risks were managed at an operational or management level.

15/148 Audit & Risk Committee Terms of Reference

148.01 David Holt assured Board colleagues that the terms of reference circulated now represented best practice, they had been benchmarked and had also been scrutinised by the auditors. He therefore felt the committee had done all it could to finesse the terms of reference and recommended adoption. Adoption was formally agreed by the Board.

15/149 Medical Revalidation Annual Report

149.01 Richard Jennings introduced the medical appraisal and revalidation annual report for 2014/15. He described the process of revalidation, informing the Board that there were currently 226 consultants with a 'prescribed connection' to the Trust. Of these, 175 had been revalidated within the agreed timetable, 22 within the three months following, and 17 who had not and whose cases would require escalation. He also asked the Board to note there were now 58 appraisers, which showed a real commitment amongst the doctor body. The report was approved for Simon to sign off as required.

149.02 This week the post of Assistant Medical Director for appraisal and revalidation was to be advertised, and Richard confirmed the appointment would help to strengthen his team.

Action Notes Summary

Ref	Action	Timescale	Lead
125.04	Performance measures for district nursing to be included in next month's performance dashboard	2 Dec 2015	CG
105.08	External review of IT out to tender and the Board to receive an update from Stephen Bloomer next month	2 Dec 2015	SB
109.06	Theatre utilisation discussion at January Board but might arise earlier in context of discussion of the Boston Consulting work	6 Jan 2016	CG
142.01	The Trust Board will receive the draft Estates Strategy in January.	6 Jan 2016	SMH

Whittington Health Trust Board

2 December 2015

Title:		Chief Executive Officer’s Report to the Board					
Agenda item:		15/136		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:		24 November 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 AND PATIENT SAFETY

Care Quality Commission (CQC)

The Trust continues to make good progress to prepare for a full CQC inspection which will take place from week commencing 7 December over a 3 week period. The inspection will identify best practice, as well as highlighting areas which may need improvement. CQC led focus groups have already commenced which are enabling views from members of the public and staff to be shared with inspectors. These forums will continue throughout the next few weeks.

The inspection is an excellent opportunity for the Trust to showcase its services and for staff to explain how we are implementing our clinical strategy to help local people live longer healthier lives.

MRSA Bacteremia

The Trust is pleased to report that it has had no cases of MRSA so far for this financial year. The Trust has a robust zero tolerance approach to MRSA bacteremia breaches and will continue to keep this as a top patient safety and quality priority.

Clostridium Difficile

The Trust reported that it has had 1 new case of Clostridium Difficile reported during October. This brings the Trust total to 6 cases for the year to date. The target is for no more than 17 cases in each year. The Trust has reminded colleagues to be extra vigilant with regular awareness raising initiatives on the importance of adhering to infection control procedures to maintain a strong focus on patient safety as the top priority.

Cancer Waiting Time Targets

The Trust has dipped performance for its national cancer targets and achieved 4 of the 7 national cancer waiting time targets for the latest reporting period up to end of September 2015. The cancer targets achieved include important patient safety areas such as referral to treatment 14 days wait, 31 days from decision to treatment, 31 days from subsequent treatment (surgery) and 31 days to subsequent treatment (drugs).

Community Access Targets

MSK and GUM appointments are slightly under target. MSK 6 weeks wait has improved, but show an increase in demand and capacity planning is in place. GUM target has also improved and recruitment continues with plans to become within target early 2016.

Design Council Award

Congratulations to Professor David Patterson, consultant cardiologist and Helicon Health chief clinical officer whose teams have won a coveted Design Council award. This recognises developing inventions that help people stay independent safely for longer as

they get older or develop debilitating illness. The team will receive mentoring from Design Council's leading design associates to develop an online tool to help care teams manage the health of frail elderly people. These patients often have multiple health conditions and the electronic patient record will help interdisciplinary care teams manage the health of elderly people with multiple conditions more effectively and easily.

This programme will teach our winners how the application of design can develop and shape their ideas to become practical products that people want as much as they need. This combination of innovation and design will support the delivery of our clinical strategy, as well save money.

London Healthier Workplace Charter

I am pleased to report that Whittington Health was commended by the Mayor of London last month at the London Healthy Workplace Charter Awards, in recognition of creating a healthy working environment. The charter recognises and rewards employers for investing in workplace health and wellbeing. We met the standards for creating a health-enhancing environment which focused. Over sixty accredited employers from across a wide range of sectors have signed up to the scheme, covering over 150,000 employees.

Staff survey 2015/16

The annual NHS Staff Survey was launched at the end of September and closed at the end of November. Our uptake rate to 25 November was 22% which is disappointing against the national average and it is hoped this position will improve by the closing date. The views gathered provide important feedback to enable the Trust Management Group to inform their business plans with work priorities that tackle the issues staff raise as areas for improvement.

Flu campaign

The Trust continues to vaccinate staff against flu. Whittington Health has a track record of delivering a high rate of flu vaccinations and we are currently at 45.55% of staff having been vaccinated which is slightly less than we did last year at this time of year. We are encouraging all staff to ensure they are vaccinated in order to protect our patients at this time of year.

2. FINANCE MONTH 7

At the end of October, the Trust is reporting a year to date deficit of £7.76m which is £1.26m worse than its planned position.

Income was £0.5m less than planned in month 7, and £0.2m behind plan YTD. Patient Level income was £1.1m behind plan in month and offset by other income over performance. Several patient care services reported significant under-performance against activity plans including elective, day case and for the first time this year outpatient activity. There were material in month reductions in CDU, maternity and pathology and these are being investigated to ensure that all activity was accurately captured.

The Trust over spent against its Month 7 expenditure plans by £1.0m. Non-Pay was over spent by £0.7m and this was largely due to a substantial increase in drugs (£350k) and an increase in overseas income provisions.

The Trust's pay bill exceeded its Month 7 plan by £0.3m. This over spend was due to the continued use of temporary staffing, which accounted for £2.7m of October's expenditure, and a failure to achieve the related savings.

As a result, the Trust breached its 6% agency nursing ceiling by 3.5% and delivered just 44% (£0.8m) of its planned £1.8m savings in October. YTD, the Trust has delivered 84% of its planned savings.

The Trust forecasts to meet its planned 15/16 deficit of £15m, but given the deterioration in performance this month, this outcome is contingent on the Trust containing overspends within the Medicine and Emergency ICSUs, and through improving CIP delivery on corporate schemes related to the reduction of temporary staff usage.

The Trust ended the month with a cash balance of £6.3m as planned. It underspent against its YTD capital plan by £2.0m, and capital expenditure continues to be actively managed to support the Trust's deficit reduction plan.

3. MATERNITY SERVICES

Baroness Julia Cumberlege visited our maternity service in November in her role as independent chair of the national maternity review, part of the NHS Five Year Forward View. During her visit she spoke to patients and colleagues at the hospital maternity unit and at Archway Children's Centre, one of the 36 locations across Islington and Haringey where our midwives offer antenatal appointments.

Our teams were pleased to highlight many of our innovative projects, such as carbon monoxide monitoring for pregnant women to encourage them to stop smoking and our award winning project that enables partners to stay overnight with new mums.

The national maternity review will assess current maternity care provision and consider how services should be developed to meet the changing needs of women and babies. The review is expected to report by the end of the year.

4. ESTATE STRATEGY

The Trust is currently developing an Estates Strategy that will enable the Clinical Strategy 2015-2020 to be delivered. The work is well underway with engagement of staff and stakeholders in considering the environment required to deliver care for our local population over the next five years. We are engaging with our local community in a number of ways; attending local meetings, meeting with local groups and having informal events across the Trust. We want to continue this active engagement through December so the final strategy will come to January Trust Board.

5. JUNIOR DOCTORS

The Trust has robust arrangements in place for the potential junior doctors' strike scheduled for 1, 8 and 16 December. The Trust will operate business as usual apart from elective and planned procedures. Talks have begun with ACAS so there could be a resolution that will result in the planned strikes being cancelled.

Simon Pleydell
Chief Executive Office

Whittington Health Trust Board

December 2015

Title:		Serious Incidents - Monthly Update Report					
Agenda item:		15/155		Paper		03	
Action requested:		For Information					
Executive Summary:		<p>This report provides an overview of serious incidents submitted externally via StEIS (Strategic Executive Information System) as of the end of October 2015.</p> <p>This includes SI reports completed during this timescale in addition to recommendations made, lessons learnt and learning shared following root cause analysis.</p>					
Summary of recommendations:		None					
Fit with WH strategy:		<ol style="list-style-type: none">1. Integrated care2. Efficient and Effective care3. Culture of Innovation and Improvement					
Reference to related / other documents:		<ul style="list-style-type: none">• Supporting evidence towards CQC fundamental standards (12) (13) (17) (20).• Ensuring that health service bodies are open and transparent with the relevant person/s.• National Framework for Reporting and Learning from Serious Incidents Requiring Investigation,• Whittington Health Serious Incident policy.					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		Corporate Risk 636. Create a robust SI learning process across the Trust. Trust Intranet page has been updated with key learning points following recent SIs and RCA investigations. Standing operating procedure is currently being developed to ensure learning from SIs at all learnings nursing staff, junior doctors, consultants and admin staff.					
Date paper completed:		19/11/2015					
Author name and title:		Jayne Osborne, Quality Assurance Officer and SI Co-ordinator		Director name and title:		Philippa Davies, Director of Nursing and Patient Experience	
Date paper seen by EC		Equality Impact Assessment complete?	n/a	Risk assessment undertaken?	n/a	Legal advice received?	n/a



Serious Incident Monthly Report

1. Introduction

This report provides an overview of serious incidents submitted externally via StEIS (Strategic Executive Information System) as of the end of October 2015.

The management of Serious Incident's (SIs) includes not only identification, reporting and investigation of each incident but also implementation of any recommendations following investigation and dissemination of learning to prevent recurrence.

2. Background

The Serious Incident Executive Approval Group (SIEAG) — comprising the Executive Medical Director, Director of Nursing and Patient Experience, Chief Operating Officer and the Head of Integrated Risk Management meets weekly to review Serious Incident investigation reports in addition to investigations into high severity incidents to ascertain whether these meet the reporting threshold of a serious incident (as described within the NHSE Serious Incident Framework (March 2015)).

3. Serious Incidents

3.1 The Trust declared 4 serious incidents during October 2015 bringing the total to 31 since 1st April 2015. This includes 1 incident that was later downgraded (de-escalated).

All serious incidents are reported to North East London Commissioning Support Unit (NEL CSU) via StEIS and a lead investigator is assigned to each by the Clinical Director of the relevant Integrated Clinical Support Unit.

All incidents are also uploaded to the NRLS (National Reporting and Learning Service) in line with national guidance and CQC registration requirements.

All serious incidents to the NHS Commissioning Board (via the National Reporting and Learning System; NRLS) which then shares the information with the CQC.

3.2 The table below details the Serious Incidents currently under investigation

Category	Month Declared	Summary
Loss of usage of major outages relating to hospital services. (Ref:Aug15 IT)	Aug 15	Loss of ability to access the electronic patient record and PACS. 2015.28462
Medical equipment/ devices incident. (Never Event) (Ref:Sept15 NE)	Sept 15	Misplaced Naso Gastric tube 2015.30546
Maternity/Obstetric incident (Ref:Sept15 M/O)	Sept 15	Unexpected Admission to NICU 2015.29434
Information Governance Breach (Ref:Sept15IGF)	Sept 15	Faxes sent to Incorrect address 2015.29720
Sub optimal care of deteriorating Patient (Ref: Oct Socdp)	Oct 15	Patient under the care of the Podiatry and District nursing was admitted to hospital with sepsis.
Delayed Diagnosis	Oct 15	Delayed diagnosis and treatment of colo-rectal cancer

(ref Oct DD)		
Loss of patient data (Ref; Oct Lopd)	Oct 15	Loss of dental service records due to a corruption of the service database.
Medication Incident (Ref;Oct MI)	Oct 15	Patient sustained long term harm from prolonged treatment with oral antimicrobials.

3.3.The table below details serious incidents by category reported to the NEL CSU. The Trust reported 4 serious incidents in October 2015

STEIS 2015-16 Category	April	May	Jun	Jul	Aug	Sept	Oct
Child protection	0	0	0	1	0	0	0
Communication issue	1	0	0	0	0	0	0
Confidential information leak/loss/Information governance breach	1	2	0	0	1	2	1
Diagnostic Incident including delay	0	2	0	1	0	0	1
Drug incident	0	0	0	0	1	0	1
Maternity/Obstetric incident mother and baby (includes foetus, neonate and infant)	0	1	0	1	0	1	0
Pressure ulcer grade 3	5	1	0	0	0	0	0
Screening Issues	0	0	0	1	0	0	0
Slips/Trips/Falls	1	0	0	0	0	0	0
Suboptimal care of deteriorating patient	0	1	0	2	0	0	1
Medical equipment/ devices/disposables incident	0	0	0	0	0	1	0
Total	8	7	0	6	2	4	4

4. Submission of SI reports

All final investigation reports are reviewed at a meeting of the SIEAG chaired by an Executive Director (Trust Medical Director or Director of Nursing and Patient Experience) comprising membership from the Executive Operational Team and Integrated Governance Department. The Integrated Clinical Support Unit's (ICSU) Operational Directors or their deputies are required to attend each meeting when an investigation from their services is being presented.

The remit of this meeting is to scrutinise the investigation and its findings to ensure that contributory factors have been fully explored, root cause identified and that actions are aligned with the recommendations, so that lessons are learnt and appropriate action taken to prevent future harm.

On completion of the report the patient and/or relevant family member are given the opportunity to receive a copy of the report and a 'being open' meeting is offered in line with duty of candour recommendations.

Lessons learned following the investigation are shared with all staff and departments involved in the patient's care through various means including the 'Big 4' in theatres, 'message of the week' in Maternity and Obstetrics and other departments. Learning from identified incidents is also published on the Trust Intranet making them available to all staff.

4.1 The Trust submitted 3 reports to NELCSU in October 2015.

4.2. The table below provides a brief summary of the 2 individual completed serious incident investigations submitted in October and a selection of actions taken as a result of the lessons learnt.

Summary	Actions taken as result of lessons learnt
<ul style="list-style-type: none"> Suboptimal care of deteriorating Patient 	<ul style="list-style-type: none"> The Trust's current referral system has been reviewed to ensure that highly abnormal echocardiogram reports (for conditions such as tamponade, dissection, valve dehiscence, new vegetation) are referred independently to the cardiology team. The Standard Operating Procedure (SOP) for Echocardiogram reporting is being reviewed in light of the findings from the investigation.
<ul style="list-style-type: none"> Safe Guarding Incident 	<ul style="list-style-type: none"> Guidelines for when patients are on leave has been updated outlining procedures to follow in the absence of response to support calls including action to take if an incident is reported when a patient is on leave. A clear and timely structure is being agreed with partner agencies and commissioners to share SI's and safeguarding information. The Head of Integrated Risk Management, Head of Safeguarding and the NHSE case manager will attend Governance team meetings on a bi-monthly basis and the minutes of the governance meetings to be submitted to the Children's ISCU Clinical Director. To ensure that Gillick competence and Frazer guidelines are assessed and followed. Reinforce the importance of reporting of all incidents on the Trust Datix incident information system. Clinical governance training to ensure all staff are familiar with Trust

Summary	Actions taken as result of lessons learnt
	policies and procedures within the Incident reporting policy 2015 and the Management of serious incidents 2015 in regards to access, reporting and escalating incidents

5.0 Sharing Learning

In order to ensure learning is shared widely across the organisation, a dedicated site has been created on the Trust intra-net detailing a range of patient safety case studies.

5.1 Summary

The Trust Board is asked to note the content of the above report which aims to provide assurance that the serious incident process is managed effectively and lessons learnt as a result of serious incident investigations are shared widely.

Whittington Health Trust Board

2 December 2015

Title:		Safe Staffing (Nursing and Midwifery)					
Agenda item:		15/156		Paper		04	
Action requested:		For information					
Executive Summary:		<p>This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in October 2015. Key issues to note include:</p> <ul style="list-style-type: none">• The majority of areas reported greater than 95 per cent ‘actual’ versus ‘planned’ staffing levels.• A number of areas reported ‘actual hours worked’ over and above those ‘planned’ which was attributed in the main to the provision of extra support required due to the increase in beds to accommodate patients.• The number of requests for 1:1 specials has slightly increased this month compared to last.					
Summary of recommendations:		Trust Board members are asked to note the October 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.					
Fit with WH strategy:		Efficient and effective care, Francis Report recommendations, Cummings recommendations and NICE recommendations.					
Reference to related / other documents:		Aligns with safety and quality policies and procedures					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		3.4 Staffing ratios versus good practice standards					
Date paper completed:		November 2015					
Author name and title:		Dr Doug Charlton Deputy Director of Nursing		Director name and title:		Philippa Davies – Director of Nursing and Patient Experience	
Date paper seen by EC	01 Dec	Equality Impact Assessment complete?	n/a	Risk assessment undertaken?	n/a	Legal advice received?	n/a



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 October 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. Fill rate data from 1st – 31st October 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 October 2015. The average fill rate was 103.8% for registered staff and 107.0% for care staff during the day and 101.7 % for registered staff and 97.8 % for care staff during the night.

Six wards reported below 95% fill rates for qualified nurses but were managed safely by moving staff from other green RAG rated areas and with support from matrons and practice development nurses. Above 100% fill rates occurred in twelve areas where nurses were required to care for patients who needed 1:1 care due to high dependency or acuity needs of those patients with mental health needs. A number of wards increased their bed base which resulted in additional staff required over and above those planned.

3.1 Additional Staff (Specials 1:1)

When comparing October's requirement for 1:1 'specials' with previous months, the figures continue to demonstrate a low level of need. There was a small increase noted with regard to 1:1 requests in October (95) compared to the previous month (88). The requests made for this level of care are to ensure the safe management of particularly vulnerable groups of patients including elderly patients at risk of falls due to severe confusion, agitation and those patients detoxifying from drugs or alcohol. The number of RMN 'specials' required caring for patients under a mental health section increased from 2 in September to 38 in October this was due to a small number of patients requiring specialist support to ensure their safety.

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.

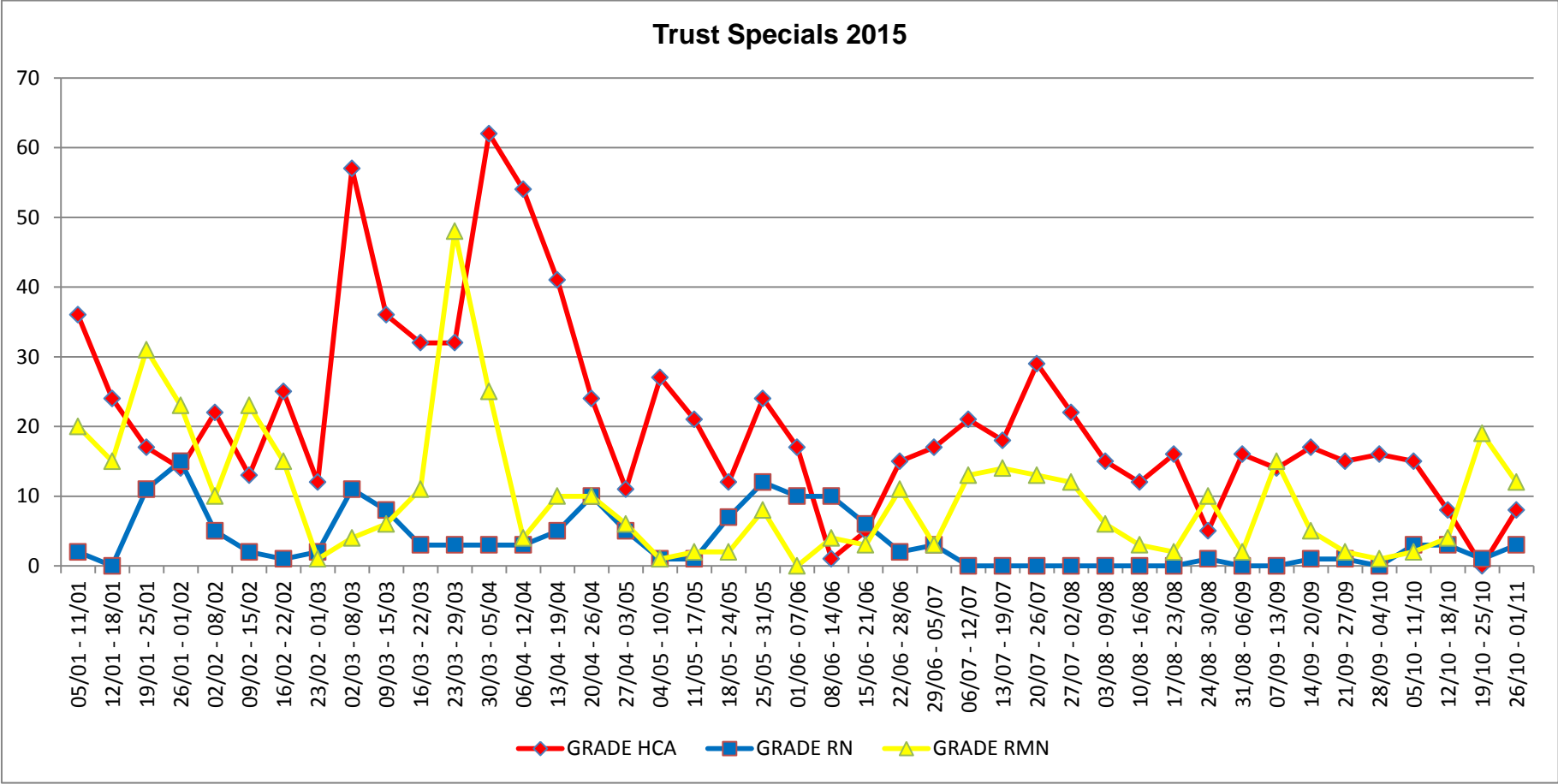
In summary, in October a total of 30/1488 (2.0 %) shifts triggered 'red' which was higher than previous months. Of these, 10/372 (2.6%) occurred in the Surgical Integrated Care Service Unit, 5/93 (5.4%) in the Women's ISCU and 9/558 (1.6%) shifts were reported to have triggered 'red' in the Medicine and Frailty & Networked Service ISCU). In addition 6/186 (3.2%) triggered red in the Emergency and Urgent Care ISCU.

5.0 Conclusion

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

**Fill rate data - summary
October 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				
29871 hours	31009 hours	10088 hours	10785 hours	24598 hours	25025 hours	7427 hours	7263 hours	103.8%	107.0%	101.7%	97.8%



Trust Board

02nd December 2015

Title:		Month 7 2015/16 - Financial Performance					
Agenda item:		15/157		Paper		5	
Action requested:		For noting					
Executive Summary:		The paper analyses the financial performance of the Trust covering overall, clinical division and corporate performance, cash and capital.					
Summary of recommendations:		To note the financial results relating to September 2015.					
Fit with WH strategy:		Delivering efficient, affordable and effective services. Meeting statutory duties.					
Reference to related / other documents:		Previous monthly finance reports to the Trust Board. Operational Plan papers (Trust Board: March, April and May 2014). Board Assurance Framework (Section 3).					
Date paper completed:		26th November 2015					
Author name and title:		Stephen Bloomer, Chief Financial Officer		Director name and title:		Stephen Bloomer, Chief Financial Officer	
Date paper seen by EC	n/a	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a



Finance overview | Position Summary

Indicator	Measure	In-Month Plan	In-Month Actual	YTD Plan	YTD Actual
Monitor COSR	score	-	-	1	1
EBITDA margin	%	5.28%	-0.85%	1.62%	0.92%
EBITDA achieved	£000s	1,327	-208	2,724	1,550
Adjusted net deficit margin	%	0.06%	-6.29%	-3.86%	-4.62%
Adjusted net deficit achieved	£000s	15	-1,548	-6,495	-7,755
Liquidity ratio	days	-	-	-21	-16
Capital Servicing Capacity	times	-	-	-0.34	0.30
Income	£000s	25,109	24,609	168,184	167,997
Pay	£000s	17,399	17,730	124,010	123,987
Non-Pay	£000s	6,383	7,087	41,449	42,461
CIPs	£000s	1,838	804	7,833	6,560

The Trust remains within Monitor's COSR high risk category which is in line with the current plan and will remain throughout the financial year.

Finance overview | Statement of comprehensive income

At the end of October, the Trust posted a YTD deficit of £7.76m which is £1.26m worse than its planned position.

Income was £0.5m less than planned in month 7, and £0.2m behind plan YTD. Patient Level income was £1.1m behind plan in month and offset by other income overperformance. Several patient care services reported significant under-performance against activity plans including elective, day case and for the first time this year outpatient activity.

There were material in month reductions in CDU, maternity and pathology and these are being investigated to ensure that all activity was accurately captured.

The Trust over spent against its Month 7 expenditure plans by £1.0m. Non-Pay was over spent by £0.7m and this was largely due to a substantial increase in drugs (£350k) and an increase in overseas income provisions.

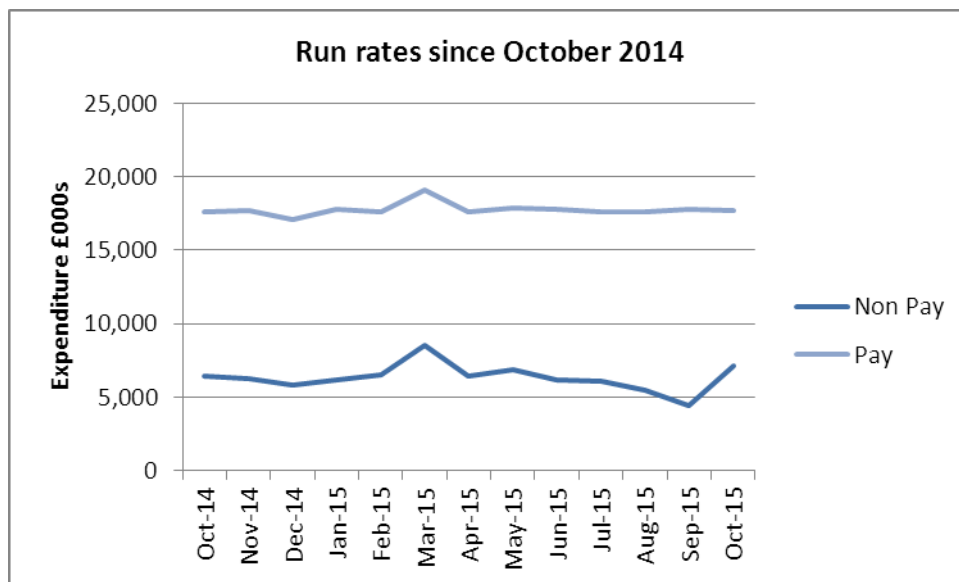
The Trust's pay bill exceeded its Month 7 plan by £0.3m. This over spend was due to the continued use of temporary staffing, which accounted for £2.7m of October's expenditure, and a failure to achieve the related savings.

As a result, the Trust breached its 6% agency nursing ceiling by 3.5% and delivered just 44% (£0.8m) of its planned £1.8m savings in October. YTD, the Trust has delivered 84% of its planned savings.

The Trust forecasts to meet its planned 15/16 deficit of £15m, but given the deterioration in performance this month, this outcome is contingent on the Trust containing overspends within the Medicine and Emergency ICSUs, and through improving CIP delivery on corporate schemes related to the reduction of temporary staff usage.

The Trust ended the month with a cash balance of £6.3m as planned. It underspent against its YTD capital plan by £2.0m, and capital expenditure continues to be actively managed to support the Trust's deficit reduction plan.

in £000	In Month Budget (£000s)	In Month Actual (£000s)	Variance (£000s)	YTD Budget (£000s)	Ytd Actuals (£000s)	Variance (£000s)	Full Year (£000s)
Nhs Clinical Income	21,059	19,944	-1,115	143,165	141,878	-1,287	243,894
Non-Nhs Clinical Income	1,982	2,107	125	10,376	10,597	222	20,284
Other Non-Patient Income	2,068	2,558	490	14,643	15,522	879	25,997
Total Income	25,109	24,609	-500	168,184	167,997	-187	-290,176
Non-Pay	6,383	7,087	-705	41,449	42,461	-1,011	77,308
Pay	17,399	17,730	-330	124,010	123,987	24	211,839
Total Operating Expenditure	23,782	24,817	-1,035	165,460	166,447	-988	289,148
EBITDA	1,327	-208	-1,535	2,724	1,550	-1,175	1,028
Depreciation	671	673	-2	4,696	4,701	-5	9,663
Dividends Payable	396	410	-14	2,875	2,871	4	4,750
Interest Payable	251	264	-13	1,697	1,783	-86	3,231
Interest Receivable	1	2	1	6	17	11	10
Total	1,317	1,345	-29	9,263	9,337	-75	17,634
Net Surplus / (Deficit) - before IFRIC 12 adjustment	10	-1,553	-1,563	-6,538	-7,788	-1,249	-16,606
Add back impairments and adjust for IFRS & Donate	5	5	0	44	34	-10	1,569
Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments	15	-1,548	-1,563	-6,495	-7,755	-1,260	-15,037



Operating expenditure in October is £2.67m more than it was in September. This change is largely due to the Trust having benefitted from one-off premises cost reductions of £1.8m in September. Premises expenditure returned to its normal level in October.

Planned consulting expenditure on CIPs and information systems accounted for £290k of the increased non-pay bill. While expenditure on the drugs bill increased by £350k.

Pay expenditure reduced slightly by £15k, but the Trust overspent against its pay budgets, failed to achieve its temporary staffing savings, and exceeded the 6% agency ceiling imposed by the TDA for registered nursing. This is a key area for the trust as it is critical to delivering CIP and controlling spend in the challenged ICSU areas.

Finance overview | Statement of financial position

The statement of financial position shows the assets, liabilities and equity held by the Trust and is used to assess the financial soundness of an entity in terms of liquidity risk, financial risk, credit risk and business risk.

Property, Plant & Equipment: The Trust continues to slow down its capital spend as one of the ways it is managing its cash position. The variance of £11.5m is a combination of £8.7m between actual and plan relates to the maternity project which has not started and slowing down on capital spend. The future of the project is dependent on approval by the Department of Health.

Trade Receivables: The Trust continues to make very good progress in collecting long outstanding debts and more efforts are being put in place to collect more.

Cash: The cash position was slightly better than planned due to the collection of outstanding debts and cash management. The Trust has received £15m of cash support to maintain its cash position of the originally agreed £23.9m facility. This represents the maximum level of support under the revised proposal received from DoH and is subject to an application to the ITFF.

Payables: Continuing from last month when significant progress was made and some of the large long outstanding liabilities have been settled, the Trust continues to ensure bills will be paid according to plan.

Borrowings: Borrowings are £4.6m greater than planned due to a combination of factors; the working capital support accessed to date of £15m compensated by £8.3m relating to the maternity project not yet accessed. The working capital support is expected to be paid off by PDC funding which would be assessed on application, which is why PDC year to date is lower than planned.

	As at	Plan	Year to Date		Year to Date
	1 April 2015	31 March 2015	Plan YTD	As at	Variance YTD
	£000	£000	31 Oct 2015	31 Oct 2015	31 Oct 2015
	£000	£000	£000	£000	£000
Property, plant and equipment	194,918	211,762	203,576	192,061	(11,515)
Intangible assets	4,481	2,891	3,573	4,663	1,090
Trade and other receivables	757	533	755	833	78
Total Non Current Assets	200,156	215,186	207,904	197,557	(10,347)
Inventories	1,427	1,356	1,456	1,713	257
Trade and other receivables	19,223	22,224	18,192	17,680	(512)
Cash and cash equivalents	1,347	1,619	6,256	6,377	121
Total Current Assets	21,997	25,199	25,904	25,770	(134)
Total Assets	222,153	240,385	233,808	223,327	(10,481)
Trade and other payables	38,847	39,551	35,293	35,588	(295)
Borrowings	1,809	255	766	515	251
Provisions	1,380	723	975	996	(21)
Total Current Liabilities	42,036	40,529	37,034	37,099	(65)
Net Current Assets (Liabilities)	(20,039)	(15,330)	(11,130)	(11,329)	(199)
Total Assets less Current Liabilities	180,117	199,856	196,774	186,228	(10,546)
Borrowings	34,950	43,993	44,247	48,842	4,595
Provisions	1,952	1,697	1,952	1,946	(6)
Total Non Current Liabilities	36,902	45,690	46,199	50,788	4,589
Total Assets Employed	143,215	154,166	150,575	135,440	(15,135)
Public dividend capital	62,377	86,277	76,275	62,377	(13,898)
Retained earnings	6,187	(10,120)	(177)	(1,411)	(1,234)
Revaluation reserve	74,651	78,009	74,477	74,474	(3)
Total Taxpayers' Equity	143,215	154,166	150,575	135,440	(15,135)
Capital cost absorption rate	3.5%	3.5%	3.5%	3.5%	

Finance overview | Cost improvement programmes

In month 7 savings amounting to £804k (44%) were delivered against the TDA operating plan of £1.8m. Year to date, £6.56m (84%) has been achieved.

Against savings schemes allocated to ICSUs and divisions (PMO schemes), October's performance was 90% and YTD it is 118%. £495k under performance in ICSUs is offset by £1.4m over performance derived by a one off Estates benefit in Month 6 which resulted in a reduced expenditure. The Trust failed to deliver savings against the central schemes as delivery on these is based on the organisation, these schemes require the Trust to deliver a reduction in the overall temporary staffing spend and to live within the operational budget agreed with ICSUs. In month, the expenditure on agency and bank was at level in excess of plan and a number of ICSUs overspent materially therefore not allowing CIP release. In addition to this it has not been possible to validate the procurement savings however it is expected that this will be completed in M8 and will deliver a CIP.

Trust-wide schemes of £3.7m must be delivered in the last 5 months to ensure the Trust meets its planned deficit. These schemes include procurement efficiencies, reductions in temporary staffing and improved recurrent budget management.

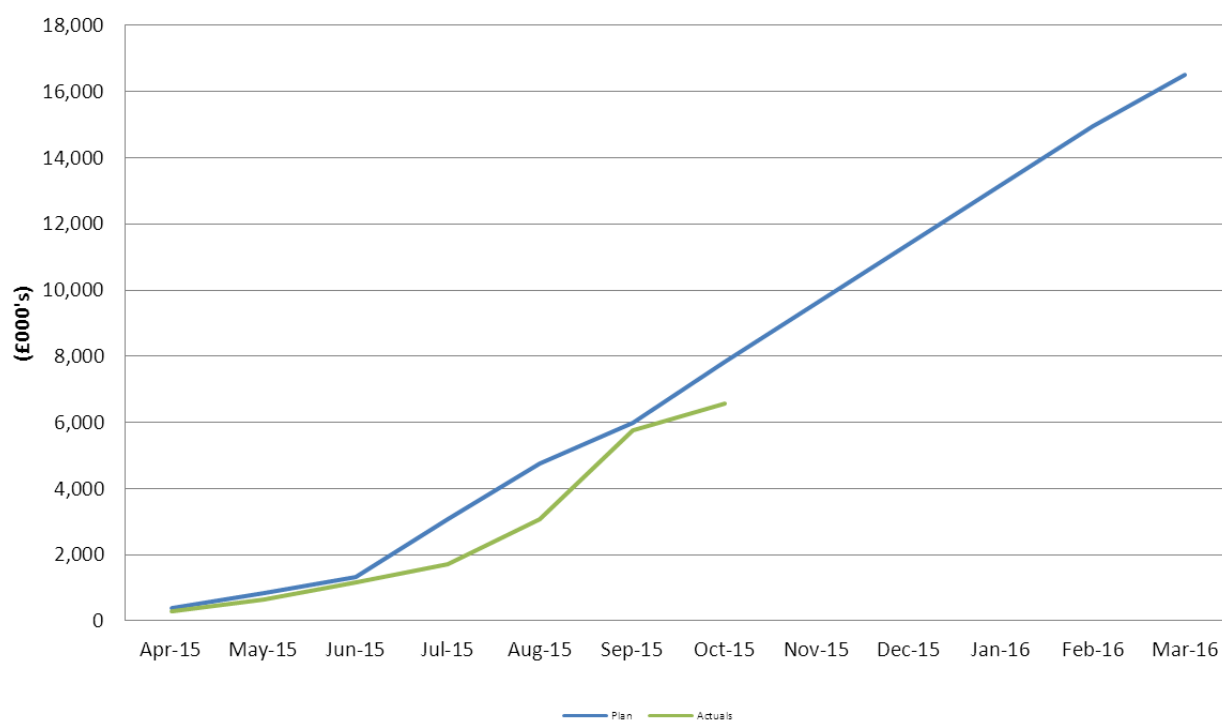
For the savings schemes allocated to ICSUs and divisions (PMO schemes), October's performance was 90% and YTD it is 118%. £495k under performance in ICSUs is offset by £1.4m over performance derived by a one off Estates benefit in Month 6 which resulted in a reduced expenditure.

ICSUs delivered £604k (86%) savings in October compared to £658k (124%) in September. This change was due to September's over performance on Women's services income one-off mitigating schemes delivered in that month. Monthly clinical agency expenditure across Nursing and Medical staffing groups did not yield the savings recognised in August.

Trust-wide schemes of £3.7m must be delivered in the last 5 months to ensure the Trust meets its planned deficit. These schemes include procurement efficiencies, reductions in temporary staffing and postponing expenditure on a non-recurrent basis.

	Annual Plan £'000	October				YTD			
		Plan £'000	Act £'000	% achieved	Var £'000	Plan £'000	Act £'000	% achieved	Var £'000
Integrated Clinical Service Units									
Medicine Frailty and Network Services	1,332	129	94	73%	(35)	699	507	73%	(192)
Surgical Services	1,557	152	142	93%	(10)	823	754	92%	(69)
Emergency and Urgent Care	490	43	27	62%	(16)	275	210	76%	(65)
Women's Services	995	107	105	98%	(2)	459	453	99%	(5)
Children's Services	1,362	129	121	94%	(8)	720	717	100%	(3)
Clinical Support Services	635	56	32	58%	(24)	373	212	57%	(161)
OP and Long Term Conditions Services	753	83	83	100%	(0)	279	287	103%	8
Corporate Services	2,891	191	200	104%	8	1,396	2,795	200%	1,399
Performance against PMO schemes	10,016	890	804	90%	(87)	5,023	5,936	118%	912
Trust-wide Schemes	6,485	948	0	0%	(948)	2,810	624	22%	(2,186)
Performance against Operating Plan	16,500	1,838	804	44%	(1,034)	7,833	6,560	84%	(1,273)

CIP Performance 2015-16



Whittington Health Trust Board

2nd December 2015

Title:	Trust Board Report December 2015 (October 15 data)		
Agenda item:	15/158	Paper	6
Action requested:	For discussion and decision making		
Executive Summary:	<p>The following is the Performance and Quality report for December 2015; a number of highlights and areas for focus are identified.</p> <p><u>Summary of report:</u></p> <p>QUALITY</p> <ul style="list-style-type: none"> • Inpatient deaths remain as expected. • Completion of valid NHS number: Remain just below the standard of 95% for SUS submission. • SHMI: Whittington Hospital mortality rate remains better than expected for the Trust. • HSMR: Continuing to perform better than expected for the national standard. <p>PATIENT SAFETY</p> <ul style="list-style-type: none"> • Harm Free Care: Below target due to pressure ulcers, action plan in place with community teams. • Falls (audit): 0.19%, which means a small number of falls resulted in harm, as recorded in the snapshot audits this month. • VTE assessment: Scoring 94.99%, just under the target of 95%, areas of non-compliance identified. • Medication errors causing severe/moderate/low harm: The five incidents causing moderate harm include the electronic system JAC not being available and missed or incorrect medication. The majority of incidents causing low harm were reported by community based staff (12 of 18). • Never events: No never events reported in October 2015 • CAS alerts: None outstanding. • Serious incidents: Four SI's were reported in October. One Medication error, one information governance breach, data loss in the Dental service, one sub-optimal care and one delayed diagnosis. <p>PATIENT EXPERIENCE</p> <ul style="list-style-type: none"> • Family and Friend Test: Achieves standard. • Mixed sex Accommodation: No breaches. 		

- **Patient admission to adult facilities for under 16 years of age:** No breaches.
- **Complaints:** Below target for 6 of the now 7 ICSU's reported. Focus on internal processes.
- **Patient admission to adult ward for under 16 years of age:** None.

INFECTION PREVENTION

- **MRSA:** No new cases
- **E.coli:** No new cases
- **MSSA:** No new cases
- **C Difficile:** One new infection, all protocols in place.
- **Ward Cleanliness:** Overall cleanliness rate at 97.8%.

ACCESS

Acute

- **First to follow-up:** Whittington Health performance better than the National Standard.
- **Theatre Utilisation:** Boston Group has reviewed the service, further merging of lists considered.
- **Hospital cancellations:** Achieved for first appointment and just above target for follow up appointment.
- **Patient DNA:** Remain underachieving around 12% for first appointment and 14% for follow up appointment. Netcall being implemented and reviewed in services.
- **Hospital cancelled operations:** 6 patients cancelled in September of which 3 were target patients and 3 were routine. The target patients included missing documentation, interpreter not booked and patient not informed to come in early. The routine patients include equipment not to standard, incorrect booking procedure and an overran list.
- **Cancelled ops not rebooked within 28 days:** none
- **RTT 52 week wait:** No patients waited over 52 weeks for first appointment.
- **RTT 18 weeks Admitted Target 90%:** Overall achieved
- **RTT 18 weeks non-Admitted Target 95%:** Under achieving, services identified and capacity and demand issues established. Action plans in place.
- **RTT 18 weeks incomplete Target 92%:** Overall Achieved.
- **Diagnostic waits Target 99%:** Achieved
- **Cancer:** Not achieved in September 2015 for 14 days first seen, Breast 14 days and 62 days referral to treatment. October forecast to be compliant.

Community

- **Service cancellations:** Open RiO implementation started to impact on the figures and target achieved for this month.

		<ul style="list-style-type: none"> • Patient DNA: Achieved standard. • Face to Face contacts: Monitoring in place and reviewed for contract performance. • Appointments with no outcome: Above target and monitored within services. • MSK wait 6 week (non-consultant led): Below target due to reduced capacity, action plan in place. • MSK 18 weeks: Achieved. • IAPT: Just under target, expected to be within target again next month. • GUM: below target due to reduced capacity, action plan in place. <p>EMERGENCY AND URGENT CARE</p> <ul style="list-style-type: none"> • Emergency Department standard: Under achieving due to bed capacity within the hospital. <p>MATERNITY</p> <ul style="list-style-type: none"> • Woman seen by HCP or midwife within 12 weeks and 6 days: below target, but improved from last month. • New birth visits within 14 days: Improved performance especially in Haringey, action plan being monitored. • Elective C-section rate: elective above standard, extensive action plan in place. • Breastfeeding initiated: Just below target, action plan in place. • Smoking at delivery: Achieved. 					
Summary of recommendations:		That the board notes the performance.					
Fit with WH strategy:		All five strategic aims					
Reference to related / other documents:		N/A					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		N/A					
Date paper completed:		19 th November 2015					
Author name and title:		Hester de Graag, Performance Lead		Director name and title:		Carol Gillen, Acting Chief Operating Officer	
Date paper seen		Equality Impact		Quality		Financial	

by EC		Assessment complete?		Impact Assessment complete?		Impact Assessment complete?	
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Quality	Threshold	Aug-15	Sep-15	Oct-15
Number of Inpatient Deaths	-	29	35	31
NHS number completion in SUS (OP & IP)	99%	98.7%	98.7%	arrears
NHS number completion in A&E data set	95%	94.2%	93.8%	arrears

Quality (Mortality index)	Threshold	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15
SHMI	-	0.60	0.66	0.67

Quality (Mortality index)	Threshold	May-15	Jun-15	Jul-15
Hospital Standardised Mortality Ratio (HSMR)	<100	67.2	69.5	63.2
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	116.9	81.3	76.0
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	44.4	67.6	60.5

Patient Safety	Threshold	Aug-15	Sep-15	Oct-15
Harm Free Care	95%	94.0%	94.3%	94.7%
VTE Risk assessment	95%	96.2%	95.0%	arrears
Medication Errors actually causing Serious/Severe Harm	0	0	0	0
Never Events	0	0	1	0
CAS Alerts (Central Alerting System)	-	0	0	0
Proportion of reported patient safety incidents that are harmful	-	37.0%	38.1%	40.6%
Serious Incident reports	-	0	3	4

Access Standards

Referral to Treatment (in arrears)	Threshold	Jul-15	Aug-15	Sep-15
Diagnostic Waits	99%	94.1%	97.2%	99.8%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0

Efficiency and productivity - Community	Threshold	Aug-15	Sep-15	Oct-15
Service Cancellations - Community	8%	8.8%	8.1%	7.7%
DNA Rates - Community	10%	7.3%	7.6%	6.1%
Community Face to Face Contacts	-	48,937	56,834	58,863
Community Appts with no outcome	1.0%	4.8%	6.2%	5.8%

Community Access Standards	Threshold	Aug-15	Sep-15	Oct-15
MSK Waiting Times - Non-Consultant led patients seen in month (% < 6 weeks)	95%	70.5%	59.4%	72.6%
MSK Waits - Consultant led patients seen in month (% < 18 weeks)	95%	100.0%	100.0%	arrears
IAPT - patients moving to recovery	50%	51.0%	48.4%	arrears
IAPT Waiting Times - patients waiting for treatment (% < 6 weeks)	75%	92.6%	94.9%	arrears
GUM - Appointment within 2 days	100%	92.3%	92.3%	98.0%

Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Aug-15	Sep-15	Oct-15
First:Follow-up ratio - acute	2.31	1.37	1.39	1.47
Theatre Utilisation	92%	82.0%	81.1%	79.6%
Hospital Cancellations - acute - First Appointments	8%	5.0%	5.3%	5.3%
Hospital Cancellations - acute - Follow-up Appointments	8%	7.0%	8.2%	9.3%
DNA rates - acute - First appointments	10%	13.0%	13.7%	12.5%
DNA rates - acute - Follow-up appts	10%	14.5%	14.2%	14.1%
Hospital Cancelled Operations	0	5	16	6
Cancelled ops not rebooked < 28 days	0	0	0	0
Urgent procedures cancelled	0	0	4	3

Dec 2015 Trust Board Report (Oct data)

Patient Experience	Threshold	Aug-15	Sep-15	Oct-15
Patient Satisfaction - Inpatient FFT (% recommendation)	-	95%	97%	94%
Patient Satisfaction - ED FFT (% recommendation)	-	94%	96%	93%
Patient Satisfaction - Maternity FFT (% recommendation)	-	93%	91%	96%
Mixed Sex Accommodation breaches	0	0	0	0
Complaints	-	22	33	35
Complaints responded to within 25 working day	80%	75%	59%	arrears
Patient admission to adult facilities for under 16 years of age	-	0	0	0

Infection Prevention	Threshold	Aug-15	Sep-15	Oct-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	-	0	0	0
Hospital acquired MSSA Infections	-	0	1	0
Ward Cleanliness	-	98%	98%	98%

Access Standards (RTT)

Referral to Treatment (in arrears)	Threshold	Aug-15	Sep-15	Oct-15
Referral to Treatment 18 weeks - Admitted	90%	90.6%	90.4%	arrears
Referral to Treatment 18 weeks - Non-admitted	95%	95.1%	94.7%	arrears
Referral to Treatment 18 weeks - Incomplete	92%	92.2%	92.2%	arrears

Meeting threshold
 Failed threshold

Emergency and Urgent Care	Threshold	Aug-15	Sep-15	Oct-15
Emergency Department waits (4 hrs wait)	95%	95.8%	95.0%	92.3%
ED Indicator - median wait for treatment (minutes)	<60	61	72	73
30 day Emergency readmissions	-	213	201	arrears
12 hour trolley waits in A&E	0	0	0	0
Ambulatory Care (% diverted)	>5%	3.2%	2.8%	2.3%
Ambulance Handover (within 30 minutes)	0	0	1	arrears
Ambulance Handover (within 60 minutes)	0	0	0	arrears

Cancer Access Standards (in arrears)	Threshold	Jul-15	Aug-15	Sep-15
Cancer - 14 days to first seen	93%	93.2%	93.2%	90.9%
Cancer - 14 days to first seen - breast symptomatic	93%	93.6%	92.1%	89.7%
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%	89.7%	90.5%	73.7%

Maternity	Threshold	Aug-15	Sep-15	Oct-15
Women seen by HCP or midwife within 12 weeks and 6 days	90%	82.7%	74.7%	84.2%
New Birth Visits - Haringey	95%	88.8%	92.3%	arrears
New Birth Visits - Islington	95%	95.0%	93.9%	arrears
Elective Caesarean Section rate	14.8%	9.1%	15.2%	14.9%
Breastfeeding initiated	90%	88.7%	90.3%	88.3%
Smoking at Delivery	<6%	4.7%	5.6%	4.9%

	Threshold	Trust Actual		
		Aug-15	Sep-15	Oct-15
Number of Inpatient Deaths	-	29	35	31
Completion of a valid NHS number in SUS (OP & IP)	99%	98.7%	98.7%	arrears
Completion of a valid NHS number in A&E data sets	95%	94.2%	93.8%	arrears

		Lower Limit	Upper Limit	RKE SHMI Indicator
SHMI	Apr 2014 - Mar 2015	0.89	1.12	0.67
	Jan 2014 - Dec 2014	0.89	1.12	0.66
	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

Commentary

Inpatient Deaths

Issue: The number of in-patient death remain at expected level. October 2014 , 24 inpatients death were reported.

Action: Audits are discussed in the ICSU Quality Committee meetings monthly and feedback is provided to the Trust quality committee from the Audit Committee.

Timescale: completed

Completion of valid NHS number

Issue: NHS number completion in SUS dataset remains just under target.

Action: Reports to support the process are in place. Walk-in clinic identified as areas where NHS numbers are not recorded. Action plan to be devised.

Timescale: NHS number in A&E dataset expected to be compliant in October 2015 (January 2016 Dashboard) due to training schedule and new staff commencing. Action plan for Walk-in clinics to be devised over the next couple of week.

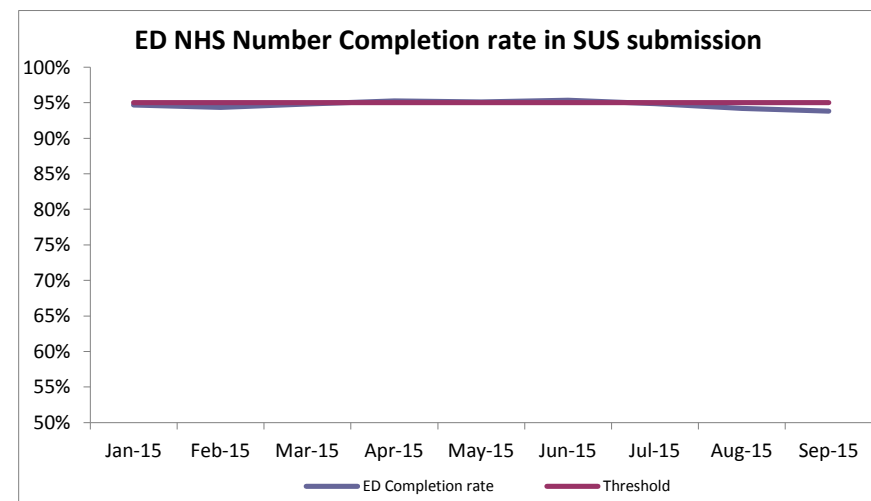
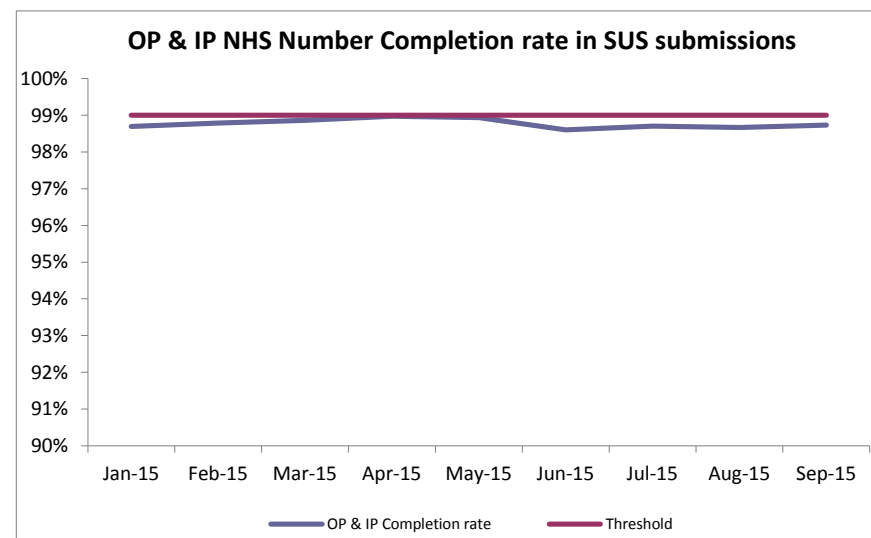
SHMI

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

HSMR

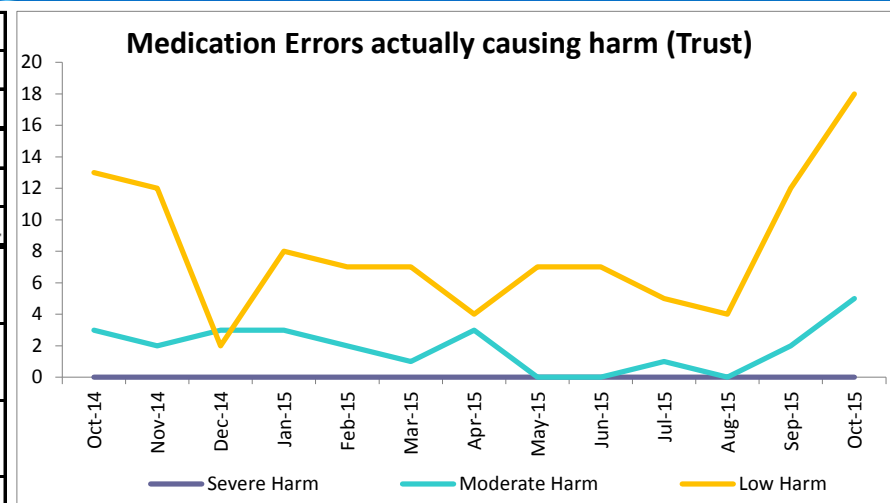
In July 2015 Whittington Health reported 25 in-patient deaths. The overall standardised mortality rate has remained expected level for Whittington Hospital, which means the balance between elective admissions and non-elective admissions are back at expected levels.

	Standardised National Average	Trust		
		May-15	Jun-15	Jul-15
Hospital Standardised Mortality Ratio	<100	67.2	69.5	63.2
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	116.9	81.3	76.0
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	44.4	67.6	60.5



Data extracted on 07/11/2015

	Threshold	Trust Actual				Trend
		Jul-15	Aug-15	Sep-15	Oct-15	
Harm Free Care	95%	94.7%	94.0%	94.3%	94.7%	
Pressure Ulcers (prevalence)	-	4.21%	5.68%	4.79%	4.65%	
Falls (audit)	-	0.40%	0.00%	0.00%	0.19%	
VTE Risk assessment	95%	95.3%	96.2%	95.0%	arrears	
Medication Errors actually causing Serious or Severe Harm	0	0	0	0	0	
Medication Errors actually causing Moderate Harm	-	1	0	2	5	
Medication Errors actually causing Low Harm	-	5	4	12	18	
Never Events	0	0	0	1	0	
Open CAS Alerts (Central Alerting System)	-	0	0	0	0	
Proportion of reported patient safety incidents that are harmful	-	40.7%	37.0%	38.1%	40.6%	
Serious Incidents (Trust Total)	-	6	0	3	4	



Continued commentary

Serious incidents

- 2015/33773, Declared 23/10/2015 Medication incident meeting SI criteria Read (Nitrofurantoin -Medication Incident)
A Whittington Health out-patient was prescribed oral Nitrofurantoin fairly continuously (with few treatment interruptions of a few days) for six and a half years. There was an adverse drug reaction which is most likely the cause of patient developing interstitial lung disease with pulmonary fibrosis and as a result this constitutes severe harm.
- 2015/33120 Declared 16/10/2015 Adverse media coverage or public concern about the organisation or the wider NHS (Community Dental incident loss of records due to data corruption)
Patient data lost for a large number of patients across the dental service. Clinical notes did not save on SOEL due to an outage (air-con/power failure) on 25th June at the Hospital data centre which has corrupted SOEL files. This was noticed on 9th July 2015, 1,987 Patients appointments affected.
- 2015/33108 Declared 16/10/2015 Sub-optimal care of the deteriorating patient meeting SI criteria (DN/Pod Patient-Deceased) who had leg amputated.
A complaint was made via email from the NoK of deceased patient regarding the treatment received from both Podiatry and District Nursing teams. The patient died at the North Middlesex Hospital and previous to this underwent a complete left leg amputation. The NoK felt that the lack of treatment and care by the Trust's services had led to the deceased patient's leg amputation.
- 2015/33113 Declared 16/10/2015 Whittington Health Diagnostic incident including delay meeting SI criteria (including failure to act on test results) (Delayed Diagnosis and Treatment of Colo-rectal Cancer)
Patient was referred routinely by GP and seen in Whittington Heath OPD by a local consultant who routinely booked an colonoscopy showed a large sigmoid tumour. A Laparoscopic left hemi-colectomy performed 3 months after colonoscopy being undertaken, colon surveillance was recommended but not followed up.

All identified learning from these incidents has been shared with the Services.

Commentary

Harm Free Care

Issue: Scoring just 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 remains around 5%.

Action: The improvements put in place in the community have identifying the need for education to families around pressure ulcers. This is ongoing work.

Timescale: On-going

VTE

Issue: VTE scores just below target 94.99%, hence the target is rag rated red.

Action: VTE assessment completion is monitored for all areas.

Medication Errors actually causing harm

There was an increase in the number of medication incidents reported (59 compared with last three month average of 36).

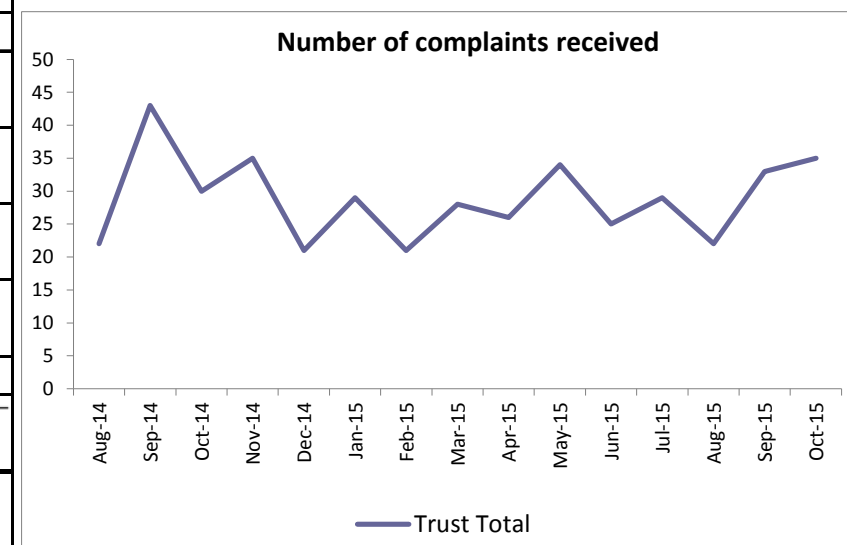
There were no incidents causing serious harm.

Of the five incidents causing moderate harm, two involved patients not given medication that had been prescribed. In one of these, the nursing staff were unable to access the electronic prescription generated in the ED. The e-prescribing team have done some work with ED on this and the Medicines Safety Group are to work with the Matrons to highlight what to do if a sick patient does not have a drug chart. Another incident involved a missed visit for insulin administration by DNS. The remaining two incidents concern patients given the incorrect medication: inhaled air when oxygen had been prescribed and the anticoagulant tinzaparin given to the wrong patient.

The majority of incidents causing low harm were reported by community based staff (12 of 18). Those where the manager has seen the incident have been resolved with follow-up actions documented. Patients not being visited for medicines administration was the most commonly reported incident. There were five incidents reported by school nurses or Health Visitors concerning vaccine administration.

Falls Audit

	Threshold	Trust Actual				Trend
		Jul-15	Aug-15	Sep-15	Oct-15	
Patient Satisfaction - Inpatient FFT (% recommendation) **	-	95%	95%	97%	94%	
Patient Satisfaction - Emergency Department FFT (% recommendation) **	-	91%	94%	96%	93%	
Patient Satisfaction - Maternity FFT (% recommendation) **	-	93%	93%	91%	96%	
Mixed Sex Accommodation (not Clinically justified)	0	0	0	0	0	
Complaints (incl Corporate)	-	29	22	33	35	
Complaints responded to within 25 working day	80%	83%	75%	59%	Arrears	
Patient admission to adult facilities for under 16 years of age	-	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 - a local standard of 90% has been agreed, overall standard achieved.

Action: continue to raise awareness and role out into community and OPD . Under achieving areas now identified through the Meridian system.

Timescale: On-going

Mixed Sex Accommodation

Achieved

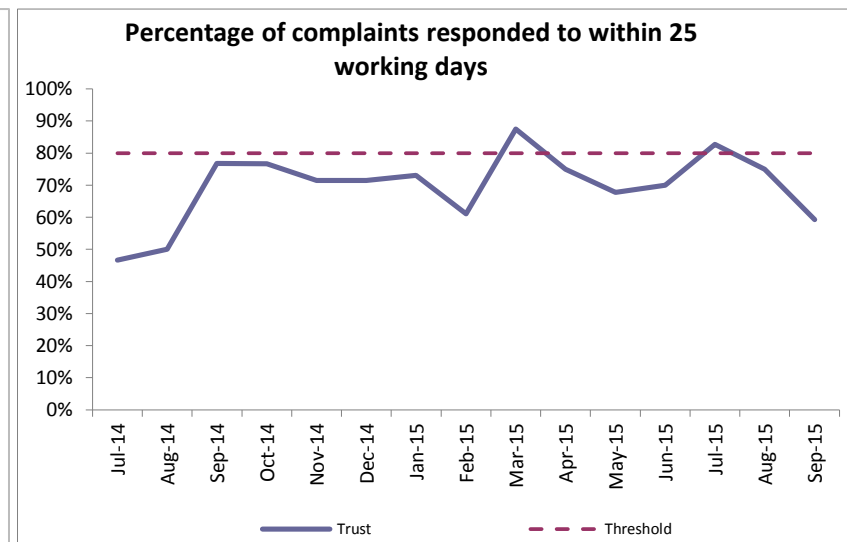
Complaints

The complaints compliance figure includes all services within the Trust. The operational services score as shown in the table within the commentary section.

Action: All complaints are monitored weekly within the ICSU's. New training being developed by corporate team for Complaints handling and ongoing recruitment for the vacant post supporting the ICSU's.

Timescale: Stepped improvement expected over the next months.

ICSU	Number of complaints	Percentage
WHS	6	0%
OPLTC	2	100%
Surgery	11	50%
EUC	6	75%
CS	0	0%
MFNS	6	67%
CSS	2	0%



	Threshold	Trust Actual				Trend
		Jul-15	Aug-15	Sep-15	Oct-15	
MRSA	0	0	0	0	0	
E. coli Infections*	-	0	0	0	0	
MSSA Infections	-	1	0	1	0	

	Threshold	Jul 15	Aug 15	Sep 15	Oct 15	2015/16 Trust YTD
C difficile Infections	17 (Year)	1	0	1	1	6

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

Ward Cleanliness

Audit period	Trust					Trend
	19/01/15 to 17/02/15	14/04/15 to 01/05/15	15/06/15 to 10/07/15	01/09/15 to 30/09/15	05/10/15 to 03/11/15	
Trust %	98.3%	98.4%	97.9%	97.7%	97.8%	

Commentary

MSRA and E.coli

No new infections

MSSA

One new infection and all protocols implemented.

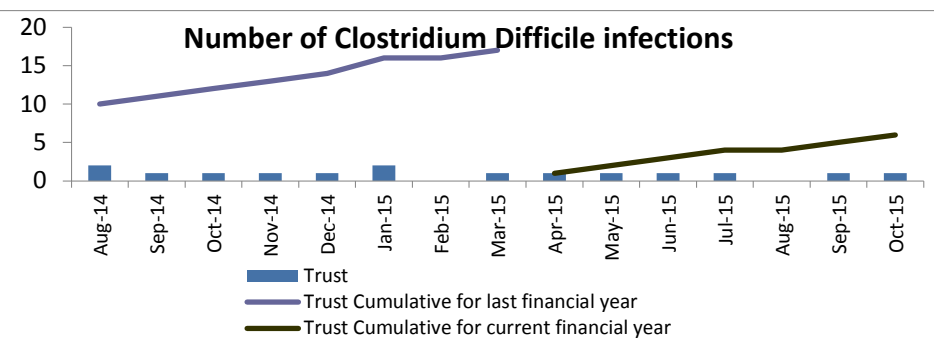
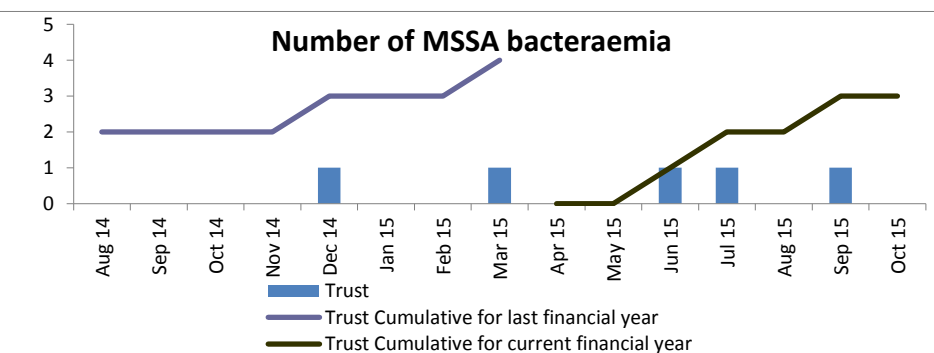
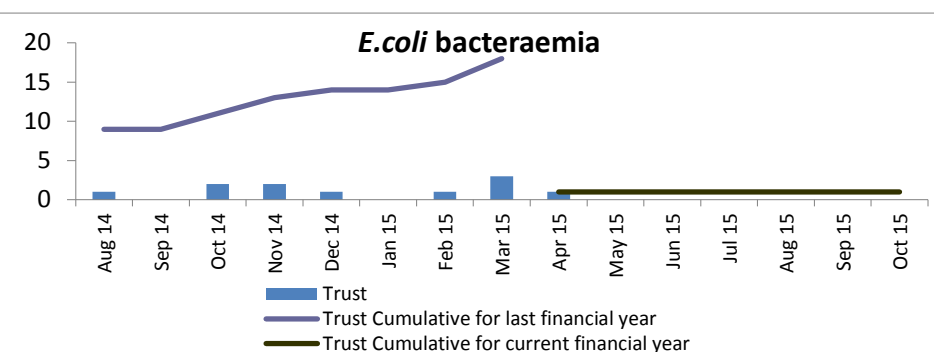
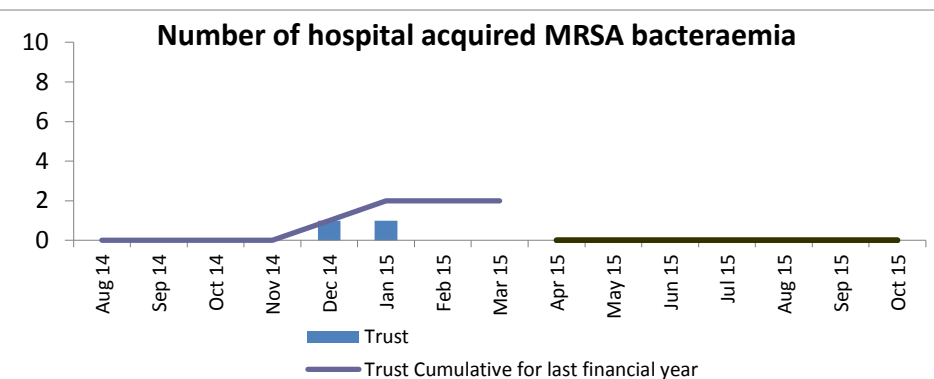
C difficile

One new infection and all protocols implemented.

Ward Cleanliness

Issue: Ward Cleanliness figures for September remained between 97 and 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.



	Trust						Trend
	Threshold	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	
First:Follow-up ratio - acute	2.31	1.35	1.42	1.37	1.39	1.47	
Theatre Utilisation	92%	82.5%	82.1%	82.0%	81.1%	79.6%	
Hospital Cancellations - acute - First Appointments	<8%	5.6%	5.6%	5.0%	5.3%	5.3%	
Hospital Cancellations - acute - Follow-up Appointments	<8%	7.6%	8.2%	7.0%	8.2%	9.3%	
DNA rates - acute - First appointments	10%	12.8%	12.4%	13.0%	13.7%	12.5%	
DNA rates - acute - Follow-up appointments	10%	12.7%	14.5%	14.5%	14.2%	14.1%	
Hospital Cancelled Operations	0	6	3	5	16	6	
Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	
Urgent Procedures cancelled	0	1	0	0	4	3	
Urgent Procedures cancelled (of these how many cancelled 2nd time)	0	0	0	0	0	0	

Commentary

First: Follow-up ratio - acute

The new to follow up rate is continuing to be under the national benchmark of 2.31.

Theatre Utilisation

Issue : utilisation continues to be below the stretch target of 95%, the Boston Group has reviewed the service.

Action : further not well utilised clinics are being reviewed and some will be merged. Boston's advice will be reviewed and implemented.

Timescale : continued monitoring

Hospital Cancellations - acute

Achieved for first appointments and over the target of 8% for follow up appointments.

Issue: Non-compliant areas are identified.

Action: Close monitoring of non-compliant areas. Access policies and correct booking procedures re-enforced.

Timescale: on-going

Did not attend

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

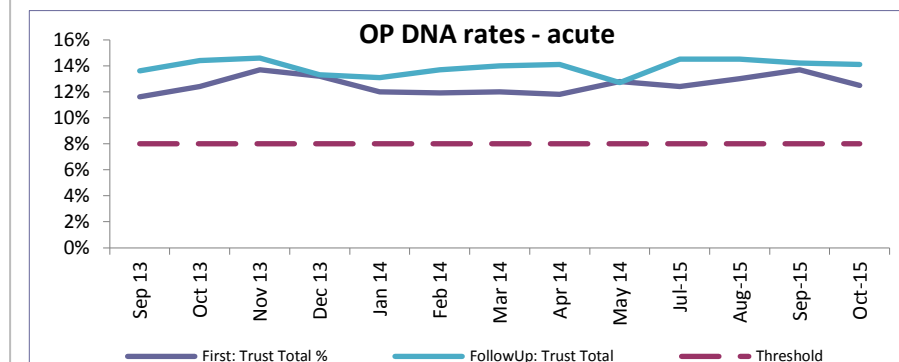
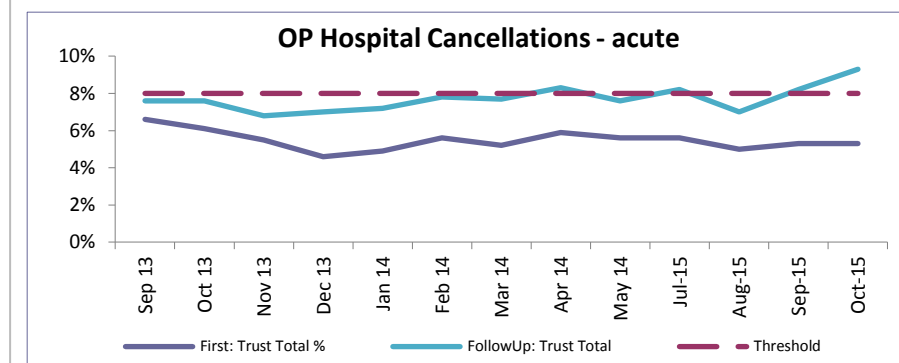
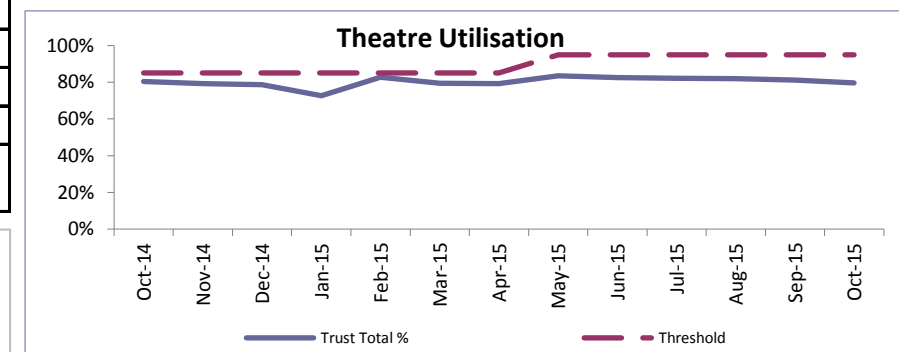
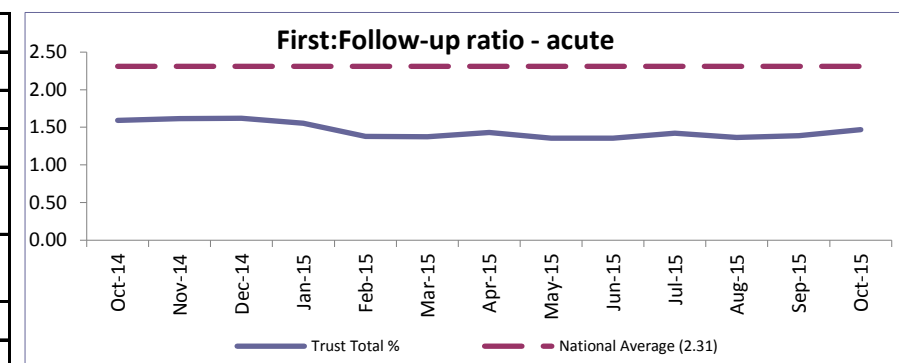
Action: All services are now using protocols including given choice at point of booking, reminder call 7 days and 1 days before appointment. EPR is in the process of being re-aligned with the service Netcall, with text reminding being rolled out to all out patient clinics. Further services identified who are not on Netcall.





Timescale: Stepped improvement to be seen over the next coming months.

Hospital Cancelled Operations

Issue: There were 6 operation cancelled by the hospital in October due to non-clinical reasons, 3 patients were clinically categorised as routine. Three were categorised as urgent. All have been rebooked within the 28 day period. Urology cancelled the 2 targets patients. One needed an interpreter booked and for one patient the notes were not found. General surgery cancelled one target patients as the patients was not told to come in early. Gynaecology cancelled one patient due to incorrect booking procedure. The other 2 patients were in Orthopaedics for who one set of equipment was not appropriately sterile and for one patient the list overran.

Action: The Surgical board monitor cancellations.



	Trust					Trend
	Threshold	Jul-15	Aug-15	Sep-15	Oct-15	
Service Cancellations - Community	8%	8.0%	8.8%	8.1%	7.7%	
DNA Rates - Community	10%	7.5%	7.3%	7.6%	6.1%	
Community Face to Face Contacts	-	62,279	48,937	56,834	58,863	
Community Appointment with no outcome	1.0%	2.0%	4.8%	6.2%	5.8%	

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

Commentary

Service Cancellations - Community

Issue: Achieved

Action: The new version Open Rio will be able to reflect service cancellation more accurately. Implementation underway.

Timescale: Role out in October 2015 started and continuing during November.

DNA Rates - Community

Community clinics - Achieved.

Community Face to Face Contacts

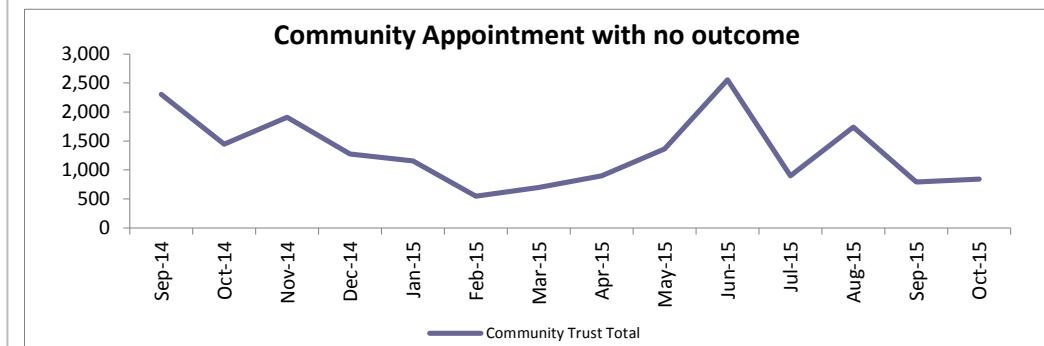
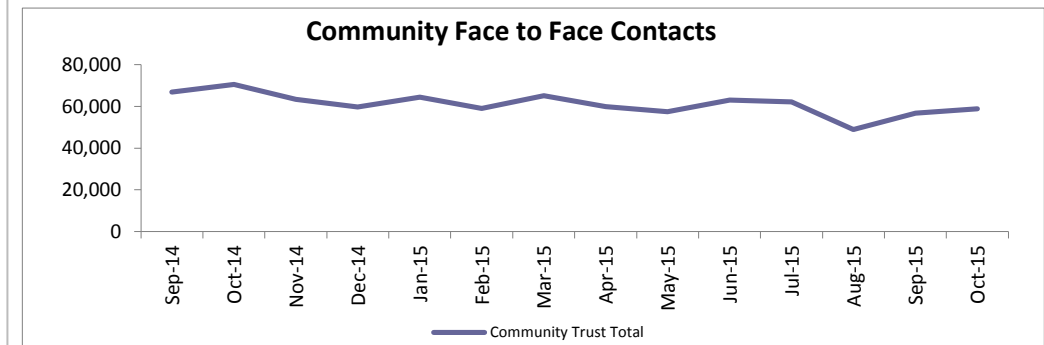
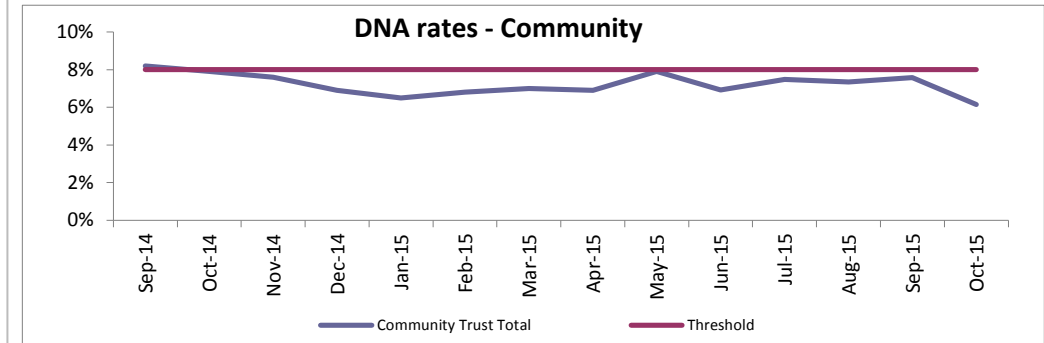
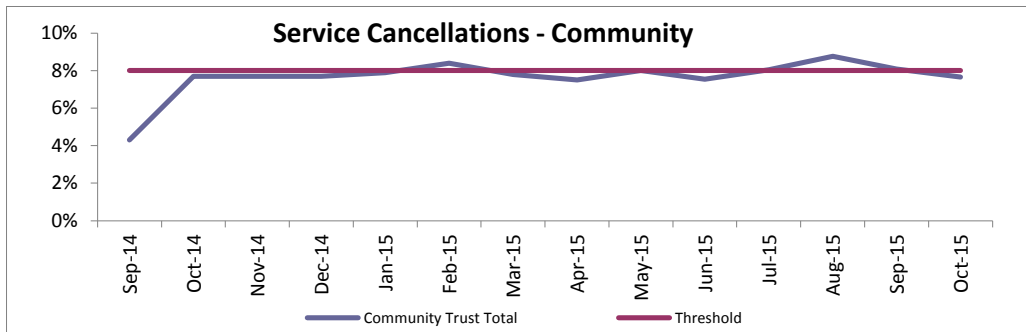
All services are monitored against activity targets.

Community Appointment with no outcome

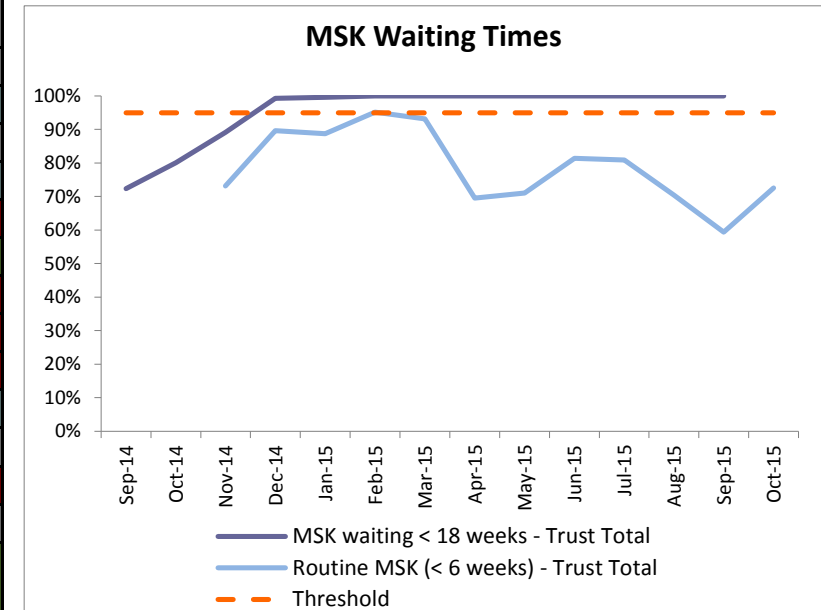
A process is in place to complete all outcomes of appointment within the same timelines as the acute services. This process has been standardised and training provided. The high volume service District Nursing have most un-outcomed appointments, a improvement plan is lead by the Operational director of Emergency and Urgent Care ICSU. Unoutcomed appointments are reported to the commissioners and a monthly reminder check is in place to make sure all appointments are outcomed before final submission.

Action: Monitor to ensure the new processes are embedded.

Timescale: Immediately.



	Threshold	Trust Actual			Trust YTD
		Aug-15	Sep-15	Oct-15	
District Nursing Wait Time - 2hrs assess (Islington)	-	66.7%	66.7%	88.9%	65.7%
District Nursing Wait Time - 2hrs assess (Haringey)	-	88.9%	90.0%	87.8%	86.4%
District Nursing Wait Time - 48hrs for visit (Islington)	-	96.3%	95.6%	98.3%	94.7%
District Nursing Wait Time - 48hrs for visit (Haringey)	-	91.5%	90.7%	97.2%	95.8%
MSK Waiting Times - Routine MSK (<6 weeks)	95%	70.5%	59.4%	72.6%	77.3%
MSK Waiting Times - Consultant led (<18 weeks)	95%	100.0%	100.0%	arrears	100.0%
IAPT - patients moving to recovery	50%	51.0%	48.4%	arrears	51.0%
GUM - Appointment within 2 days	100%	95.6%	92.3%	98.0%	97.0%
Haringey Adults Community Rehabilitation (<6weeks)	85%	76.0%	78.0%	66.4%	74.0%
Haringey Adults Podiatry (Foot Health) (<6 weeks)	-	69.0%	73.0%	51.7%	68.4%
Islington Community Rehabilitation (<12 weeks)	-	97.9%	93.0%	84.1%	93.2%
Islington Intermediate Care (<6 weeks)	85%	63.0%	70.0%	54.0%	59.2%
Islington Podiatry (Foot Health) (<6 weeks)	-	70.0%	69.0%	57.9%	67.0%
IAPT Waiting Times - patients waiting for treatment (% < 6 weeks)	75%	93.6%	94.5%	arrears	93.6%



Commentary

District Nursing

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

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 District Nursing Triage 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 catheters'.

Action: Process from Central Referral Team to triaging to be reviewed. Further actions include meeting with the messaging service, agree plans / revised SLA for DN. Addressing incomplete and inappropriate referrals, to be visible on the system. Addressing the triage nurse training needs for 8 new nurses into roles that will be used to cover the Triage rota.

Timescale: Action to be put in place in October and November 2015 with improvement being seen in early 2016.

MSK

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

Issue: Ongoing increased demand. The main issue is the capacity for specialist community clinics.

Action: An extensive action plan has been completed following review of the total waiting list and realignment of capacity. A paper has been shared with the Clinical Director of OPLC.

Timescale: Ongoing.

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

IAPT

Patient moving to recovery scores just under target. IAPT waiting times have been added and are performing above the threshold of seeing 75% of all patients within 6 weeks. The threshold of 18 weeks is 95%.

Action: All action plans agreed with partner organisation.

Timescale: Expected to be within target next month.

GUM

Issue: Staffing reduction due to vacancies.

Action: Alignment of demand and clinic capacity has taken place.

Timescale: Improvement will be seen when vacant posts have been filled towards the end of 2015.

Referral to Treatment (RTT) and Diagnostic waits

	Trust (arrears)				Trend
	Threshold	Jul-15	Aug-15	Sep-15	
Referral to Treatment 18 weeks - Admitted	90%	90.8%	90.6%	90.4%	
Referral to Treatment 18 weeks - Non-admitted	95%	95.0%	95.1%	94.7%	
Referral to Treatment 18 weeks - Incomplete	92%	92.2%	92.2%	92.2%	
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	
Diagnostic Waits	99%	94.1%	97.2%	99.8%	

Commentary RTT

Issues: 18 weeks non-admitted under achieving Dermatology, ENT Oral Surgery, T&O, Cardiology, Gastroenterology, Haematology, Neurology and Pain relief did not comply with the 95% target.

Action: Gastroenterology and Neurology demand has exceeded capacity and backlog has built. Action plans in place to increase the capacity for patient booking. Cardiology cancellations (patient) and re booking closely monitored by service leads as patients were being rebooked too late in pathway. This has now been corrected.

Timescale: completed

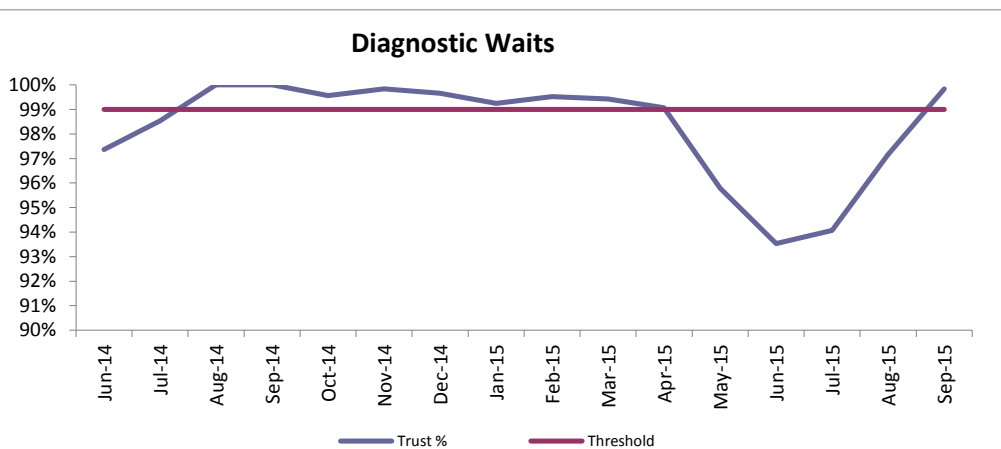
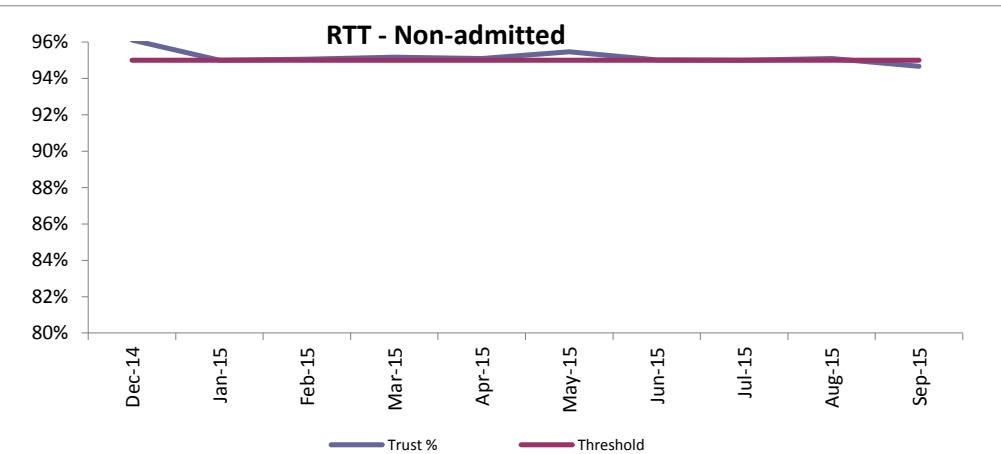
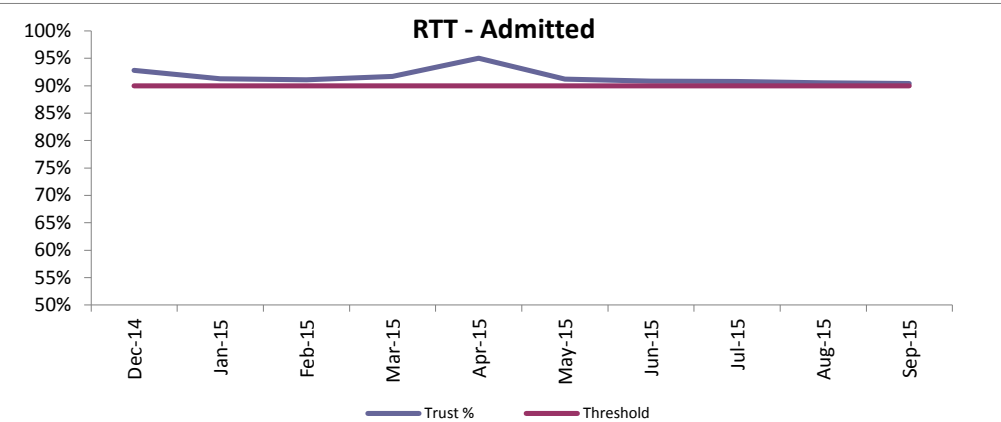
Diagnostic Waits Achieve standard

Waiting times - OPD appointment

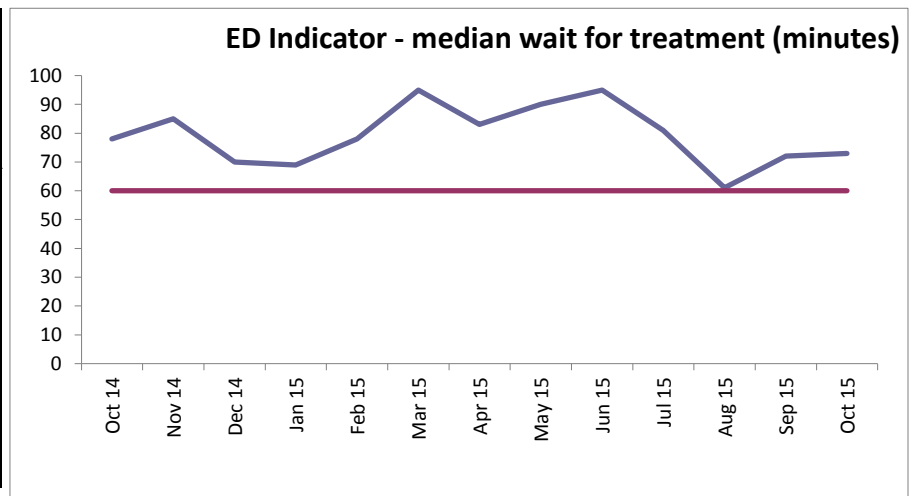
Cardiology 7 Weeks, Dermatology 13 Weeks , Endocrine 7 Weeks, ENT 10 Weeks, Gastroenterology 9 Weeks, General Surgery 5 Weeks , Gynaecology 8 Weeks, Neurology 10 Weeks, Pain 11 Weeks , Rheumatology 4 Weeks, Thoracic Medicine 6 Weeks, Urology 3 Weeks, Vascular 12 Weeks, Ophthalmology 5 Weeks, Trauma and Orthopaedic 6 weeks.

Diagnostic waiting times (radiology) under 6 weeks (42 days) waiting time standard

Imaging Modality wait in days: CT 23 days, MRI 29 days, Nuclear Medicine 8 days, DEXA 23 days, Fluoroscopy 29 days, Mammography 33, Ultrasound (Gynae) 8 days, Ultrasound General (Radiologist Lead) 28 days, Ultrasound Paediatrics 22 days, Ultrasound MSKs 35 days, Ultrasound Hernias 23 days, Ultrasound Obstetrics Anomaly 50 days, Ultrasound Obstetrics Growth 17 days, Ultrasound Abdomen & Gynae at Hornsey General 9 days.



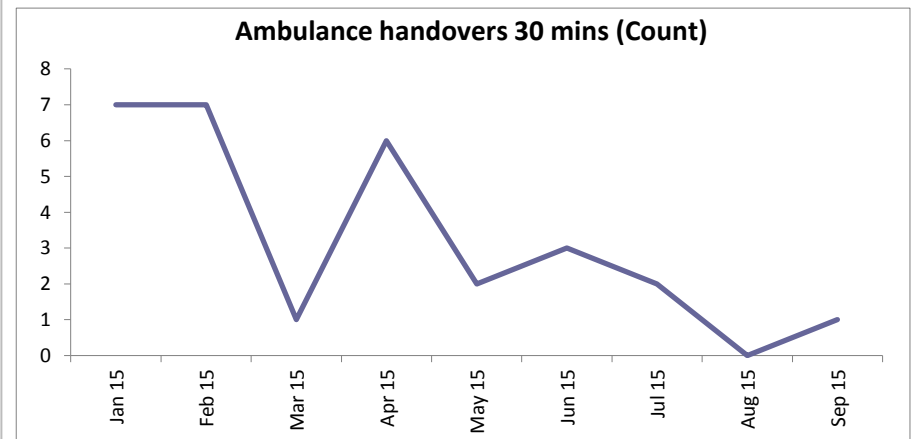
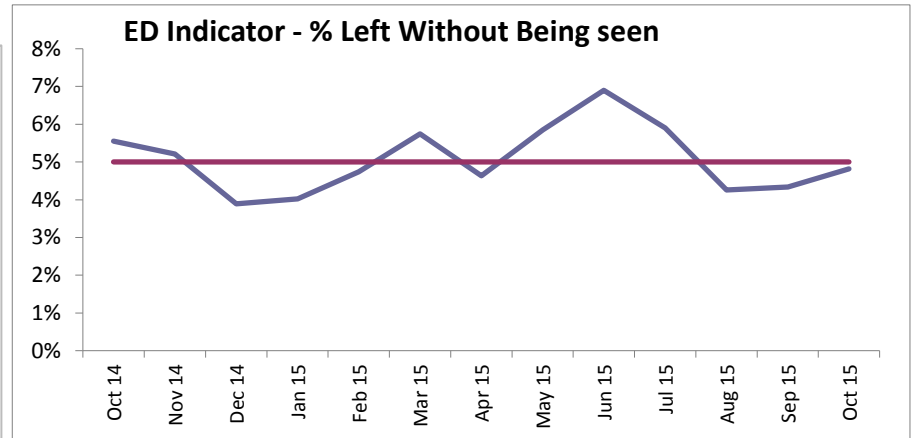
	Threshold	Trust Actual		2015/16 Trust YTD
		Sep-15	Oct-15	
Emergency Department waits (4 hrs wait)	95%	95.0%	92.3%	94.4%
Emergency Department waits (4 hrs wait) Paeds only	95%	97.1%	97.3%	97.3%
Wait for assessment (minutes - 95th percentile)	<=15	13	15	14
ED Indicator - median wait for treatment (minutes)	60	72	73	79
Total Time in ED (minutes - 95th percentile)	<=240	240	368	296
ED Indicator - % Left Without Being seen	<=5%	4.3%	4.8%	5.3%
12 hour trolley waits in A&E	0	0	0	0
Ambulance handovers 30 minutes	0	1	arrears	14
Ambulance handovers exceeding 60 minutes	0	0	arrears	0







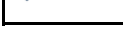


The Emergency Department performance was not achieved in October in relation to the 4 hour national standard. The main issues during the month were external to the ED and related to bed capacity issues causing backlogs in ED. Part of the reduced capacity was in relation to the last phase of the annual refurbishment - with Coyle ward (24 bedded ward) transferring to Bridges ward (19 bedded ward) There has been a focus on maintaining quality of care for patients waiting to be transferred from ED to the ward. Additional winter capacity has now opened on Bridges Ward.

Wait for treatment - remains above the standard due to continued middle grade recruitment challenge and maternity leave. Dept. unable to allocate an doctor to the front of house rapid assessment area.
action : focus on mid grade and consultant recruitment.

Ambulance handover - remain the best performer in sector.



	Threshold	Trust			Trend
		Jul-15	Aug-15	Sep-15	
Cancer - 14 days to first seen	93%	93.2%	93.2%	90.9%	
Cancer - 14 days to first seen - breast symptomatic	93%	93.6%	92.1%	89.7%	
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%	89.7%	90.5%	73.7%	
Cancer - 62 days from consultant upgrade	-	67%	100%	100%	

2015/16 Trust				
Q1	Q2	Q3	Q4	YTD
93.2%	92.5%	-	-	92.8%
93.6%	91.7%	-	-	92.7%
100.0%	100.0%	-	-	100.0%
100.0%	100.0%	-	-	100.0%
100.0%	100.0%	-	-	100.0%
93.2%	85.5%	-	-	90.4%
92.9%	83.3%	-	-	91.2%

Commentary

Cancer

- 14 days to first seen

Issue: Upper (9 out of 50 patients were not seen in time) and lower (12 out of 98) Gastro, Gynaecology (7 out of 56) and Urology (8 out of 56) did not meet the target of 93%.

Action: All waiting lists are scrutinised daily.

Timescale: It is expected to be within target next month.

- 14 days to first seen - breast symptomatic

Issue : 15 out of 145 patients were not seen in time this month.

Action : a sustainable position is now in place and October is expected to be within target.

Timescale : completed

- 62 days from referral to treatment

Issue: Two areas did not meet their target affecting only 1 patient in each area. Gynaecology and Urology.

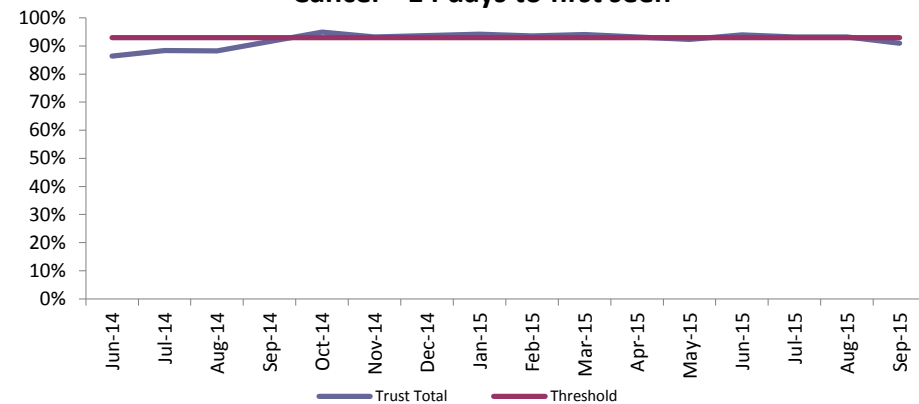
Action: All waiting lists are scrutinised daily.

Timescale: It is expected to be within target next month.

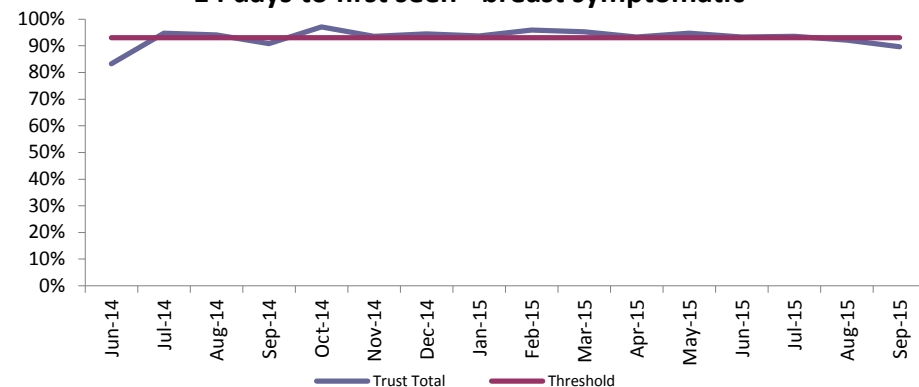
All other cancer targets were met and not met targets for September are on track for October 2015.

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

Cancer - 14 days to first seen



14 days to first seen - breast symptomatic



	Threshold	Trust Actual			2015/16 Trust YTD
		Aug-15	Sep-15	Oct-15	
Women seen by HCP or midwife within 12 weeks and 6 days	90%	82.7%	74.7%	84.2%	81.9%
New Birth Visits - Haringey	95%	88.8%	92.3%	Arrears	87.1%
New Birth Visits - Islington	95%	95.0%	93.9%	Arrears	91.8%
Elective Caesarean Section rate	14.8%	9.1%	15.2%	14.9%	13.1%
Emergency Caesarean Section rate	-	18.9%	16.8%	20.6%	18.5%
Breastfeeding initiated	90%	88.7%	90.3%	88.3%	89.7%
Smoking at Delivery	<6%	4.7%	5.6%	4.9%	4.5%

Commentary

12+6

Issue: Under performing, but significant improved compared to last month. Problematic across the NCL Maternity Network and the service is not a significant outlier.

Action: To work closely with Public health strategist in Haringey and Islington to increase knowledge about referring early in pregnancy. IT now pulling report from the correct fields and taking into account the clinically necessary data changes. Meeting planned w/c 16 November with NCL Commissioner lead and Public Health re importance of early booking campaign

Timescale: completed

New Birth Visits

Issue: Haringey has improved considerably and this directly correlates with starting of new staff. Islington has gone down slightly. The cohort in September is consistently higher which accounts for the drop in compliance. Premia for HV now in place. FTC for a HCP Development Lead recruited to and in place. Increased the skill mix - 11 nursery nurses and 3 staff nurses recruited and start dates in place. New HV, 2x NQHVs and 3x HVs are embedding.

Action: Action plan continue to be monitored.

Timescale: Ongoing

Caesarean Section rate

Issue: WH elective C-section rate remains red in rag rating. This rate is similar to North Central London sector (NCL)

Action: Audit under way including looking at pathway with respect to those women exercising their preference to book for a planned elective section rather than vaginal delivery where no indication for section is apparent. The maternity services have an agreed pathway to be followed in accordance with NICE guidelines. Practice against pathway is to be audited to check compliance with pathway and impact on final decision

Timeframe: tbc

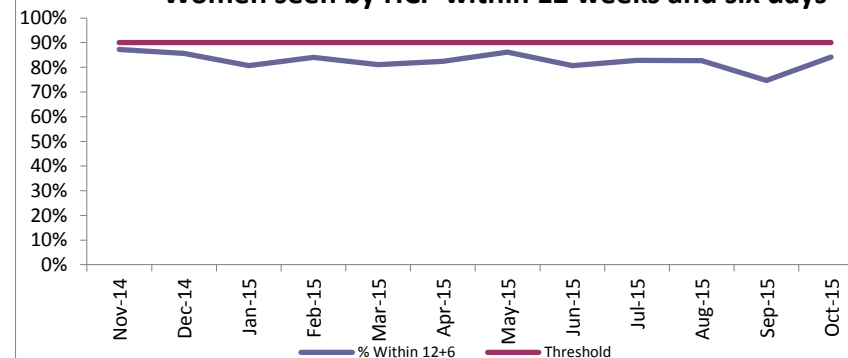
Breastfeeding

Issue: Just below target. CQC Inpatient Maternity Survey recently published showed inconsistencies in breastfeeding advice as well as support at ward level.

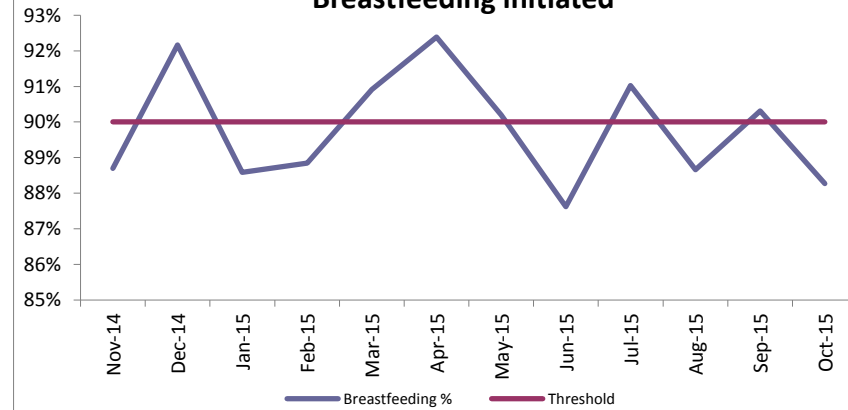
Action: Daily slots now in place for breast feeding advice sessions on the ward. A dedicated area created for breast feeding at the end of the ward and for breast feeding ladies to meet. NCT breast feeding volunteers now visiting Cellier Ward. Planning for BFI level 2 in place.

Timescale: immediate

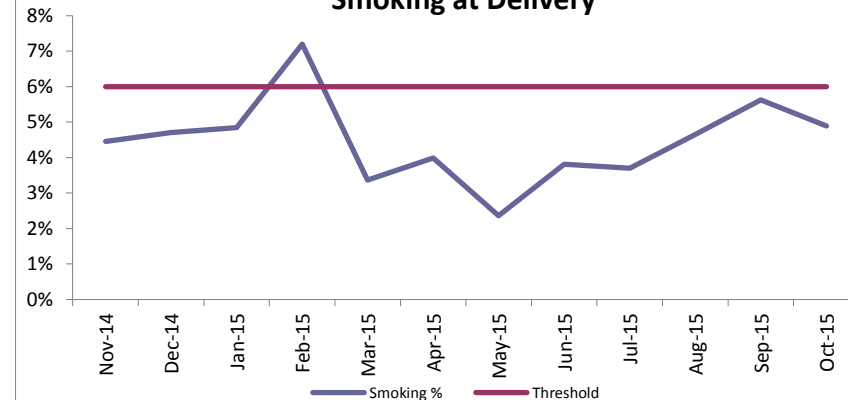
Women seen by HCP within 12 weeks and six days



Breastfeeding initiated



Smoking at Delivery



Whittington Health Trust Board

2 December 2015

Title:		Corporate Workforce Information – October 2015					
Agenda item:		15/159		Paper		7	
Action requested:		For information					
Executive Summary:		<p>This report gives details of the Trust workforce key performance indicators (KPIs) as at 31st October 2015.</p> <p>The report covers the following workforce KPIs:</p> <ul style="list-style-type: none">1. Vacancy rate;2. Sickness absence rate;3. Turnover rate;4. Appraisal rate;5. Statutory and mandatory training rate					
Summary of recommendations:		<p>The Trust Board is are asked to note the content of this report and support the Workforce Directorate as we improve the quality of workforce information that can be provided.</p> <p>In addition staff with management responsibilities are request to give attention to the workforce key performance indicators they are responsible for within their area</p> <p>It is proposed to produce this report on a quarterly basis with monthly reports being produced for ICSUs and Directorates</p>					
Fit with WH strategy:		Aligns fully to strategic intent.					
Reference to related / other documents:		Aligns to HR policies and procedures.					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		Captured in risk registers and board assurance framework as relevant.					
Date paper completed:		24 th November 2015					
Author name and title:		Norma French Director of Workforce		Director name and title:		Norma French Director of Workforce	
Date paper seen by EC		Equality Impact Assessment complete?		Risk assessment undertaken?		Legal advice received?	

WHITTINGTON HEALTH NHS TRUST

Paper to: Trust Management Group
Trust Board

Paper from: Director of Workforce

Date: 20th November 2015

Subject: Corporate Workforce KPIs – October 2015

1.0 Introduction

This report gives details of the Trust workforce key performance indicators (KPIs) as at 31st October 2015.

This month it has been agreed to move the resource and responsibility for the maintenance of the electronic staff record (ESR) from Payroll to the Workforce Directorate. The post will go out to advert as soon as possible. This will result in more accurate vacancy, statutory and mandatory training and appraisal data as staff are correctly assigned on the ESR establishment. Given the work involved in rectifying our systems it is suggested that this corporate report is produced on a quarterly basis. ICSUs and Directorates will continue to receive monthly reports.

2.0 Vacancy Rate

Table 1 below and Graph 1.1 of Appendix 1 give details of the vacancy rate as at 31st October 2015. The vacancy rate for the Trust dropped again in October to 9.9%.

TABLE 1 – Workforce KPIs

		Trust						
Management of the workforce	Threshold	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Trust Turnover Rate	<13%	14.1%	14.4%	14.2%	14.8%	14.4%	14.6%	14.7%
Total trust vacancy rate	<13%	12.5%	14.2%	13.5%	13.7%	14.6%	10.7%	9.9%
Sickness rates	<3%	2.8%	2.5%	2.9%	3.0%	2.9%	2.9%	3.1%

Table 2 shows the analysis by ICSU/Department of vacancy rates.

TABLE 2 – Vacancy Rate by ICSU/Directorate

Divisions	Sum of Budget (WTE) source Finance Ledger	Staff in Post (WTE) source ESR	Vacancy (WTE)	Vacancy %
Children'S Services	917.61	843.71	73.90	8.05
Clinical Support Services	273.91	236.89	37.02	13.52
Corporate Services	594.47	538.57	55.90	9.40
Emergency & Urgent Care	486.54	422.85	63.69	13.09
Med, Frailty & Networked Ser	596.00	563.78	32.22	5.41
Op, Prevention & Lt Conditi	315.98	300.50	15.48	4.90
Surgery	631.46	552.29	79.17	12.54
Women & Family Services	386.32	327.47	58.85	15.23
Grand Total	4202.29	3786.06	416.23	9.90

Table 3 indicates the vacancy rate across all medical and nursing and midwifery staff (AfC band 5 and above). In terms of recruitment activity there are currently 28 nursing and midwifery adverts live (equating to around 64 posts); 61 candidates under offer and awaiting pre-employment checks and a further 35 ready to commence or just having commenced.

TABLE 3 – Vacancy Rate by Professional Group

Staff Group	Aug-15		Sep-15		Oct-15	
	WTE Vacant	Vacancy Rate	WTE Vacant	Vacancy Rate	WTE Vacant	Vacancy Rate
Medical and Dental	39.4	8.10%	25.3	5.30%	14.33	3.03%
Nursing and Midwifery	205	14.60%	214.4	15.40%	212.74	15.27%

The Trust participates in the London Streamlining Programme which streamlines HR processes for staff that move between Trusts without unnecessary duplication and with inherent risk being minimised. This allows the Trust to benchmark on a range of data, including:

- Time to hire;
- Volume of recruitment;
- Productivity.

The table in Appendix 2 indicates the time to hire for 15 of the participating Trusts. This shows that Whittington Health (WH) was the best performer in 2014 with around eight weeks from advert to unconditional offer. Early indications are that WH continues to be the best performer in 2015 at around seven weeks.

3.0 Sickness Absence Rate

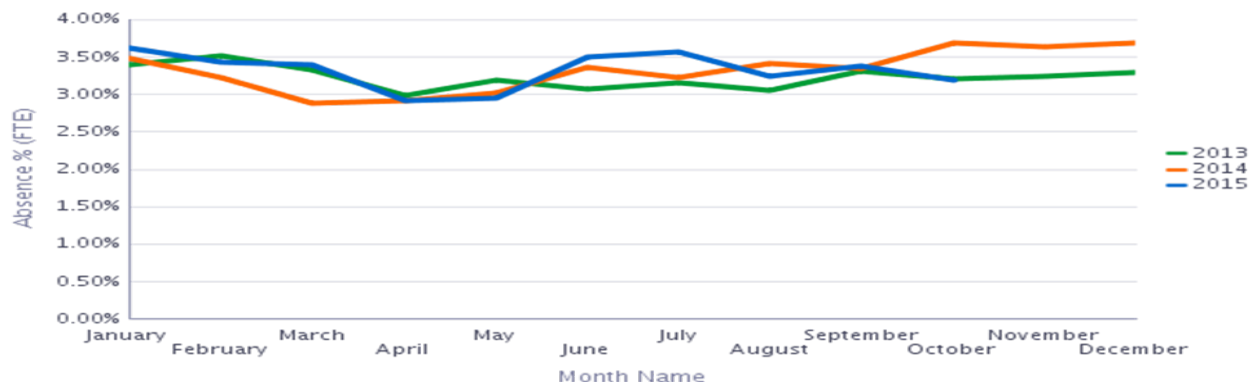
Table 1 above and Graph 1.2 of Appendix 1 give details of the sickness absence rate at 31st October 2015. The level for sickness rates in October has increased slightly to 3.1% from last month but remains below the national target of 3.5%.

Facilities has the highest sickness rate 5.9%, due to a few staff being on long term sickness. Within the ICSUs:

- Outpatient, Prevention and LTC 4.8% (Additional Clinical Services had the highest rate with 8.7%, followed by Admin and Clerical with 8.3%);
- Women & Family Services 4.8% (Admin and Clerical had the highest rate with 12.8%);
- Emergency and Urgent Care 3.4% (Health Care Support Workers had the highest rate with 8%)

The sickness rate for the remaining ICSUs was below the 3% threshold.

The graph below aims to show trends of sickness absence in the organisation. The analysis shows the monthly absence rate (% of FTE Lost) over the last few years to enable comparison of sickness rates and seasonal trends year to year.



4.0 Turnover

Table 1 above and Graph 1.3 of Appendix 1 give details of the turnover rate as at 31st October 2015. Turnover rate in October was 14.7%.

Turnover in Corporate Services has the highest turnover of all the divisions:

- Nursing and Patient Experience 37%,
- Workforce 23.8%,
- Finance 23%.

At ICSU level Emergency and Urgent Care has the highest turnover (19.7%) with community nursing and HCA having the highest turnover rates (30.3% and 15.2%).

Medicine, Frailty and Networked Services had 16.5% turnover (the highest being within the Dietician professional group (30%), followed by Occupational Therapists, in particular B6, and Speech and Language Therapist).

Surgery had 15.7% turnover. The remaining ICSUs remain at or below the threshold (13%).

Overall turnover by staff group indicates that nursing and midwifery had the highest rate at 19.4% with AHP at 17.2%.

5.0 Appraisals

Overall compliance increased by 13% through October and early November. While there continues to be an improvement it is essential that we continue to improve the trajectory of appraisal activity to achieve the Trust's compliance rate of 90% by December. A continuous concerted focus on this indicator is needed to maintain this positive impact in the forthcoming weeks. Table 4 below details the monthly rate since April 2015. Compliance rates for appraisals continue to be reviewed on a regular basis within management teams. The implementation of action plans and the development of trajectories for improvement remains a priority for the ICSUs. Appendix 3 indicates the breakdown by ICSU / Division.

As with Statutory and Mandatory training, appraisal rates are a priority for the Executive Team with regular feedback to directors and ICSUs of performance in their area of responsibility.

TABLE 4 – Appraisal and Stat/Man Training Rates

Workforce Development	Threshold	Apr	May	June	July	Aug	Sept	Oct
Appraisal	90%	58%	56%	56%	54%	52%	60%	73%
Stat/Man Training	90%	73%	76%	77%	78%	78%	77%	81%

6.0 Statutory and Mandatory Training

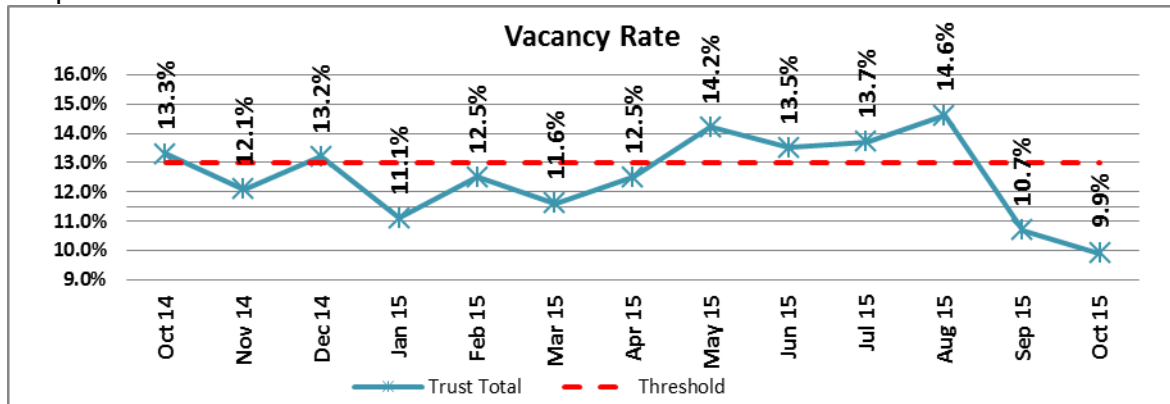
Table 4 above gives details of the rates since April 2015. The latest report in October shows an increase in activity by 3%. The Trust compliance rate is improving and the recent increase brings the Trust in line with other Trusts across London falling into the category of an average rating. A review of action plans continues to be part of performance review meetings in ICSUs and corporate areas. Each Director is expected to continue making significant improvements to achieve the Trust compliance rates for their staff.

Appendix 4 gives a breakdown of compliance rates by subject matter. This shows that only adult safeguarding level 1 has achieved the compliance target of 90%. Managers have been asked to urgently review staff who are not compliant and arrange for them to complete training using the different mode of training where available.

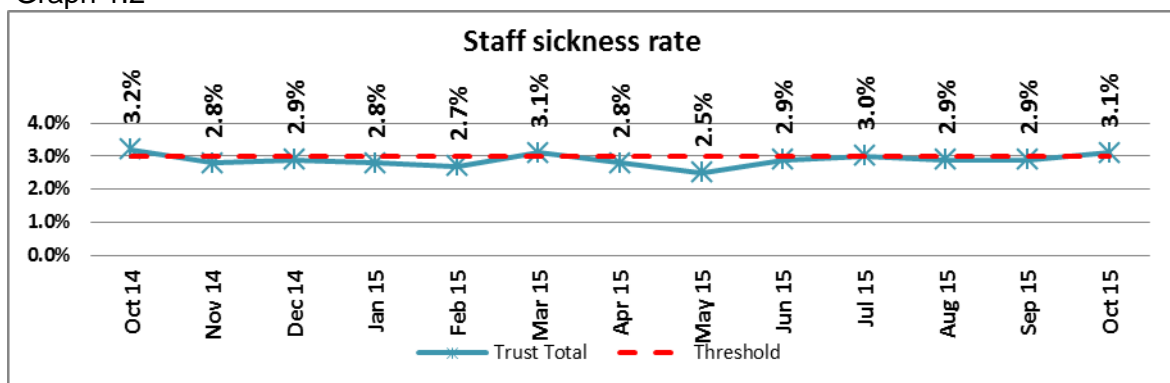
7.0 Recommendations

Trust Board and Trust Management Group are asked to note the content of this report and support the Workforce Directorate as we improve the quality of workforce information that can be provided. In addition staff with management responsibilities are request to give attention to the workforce key performance indicators they are responsible for within their area. In addition it is requested to approve producing this report on a quarterly basis.

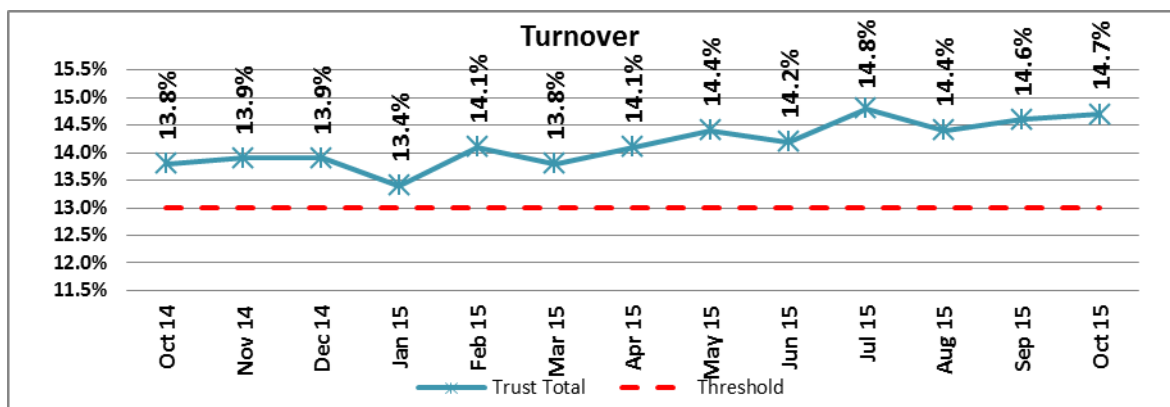
Graph 1.1



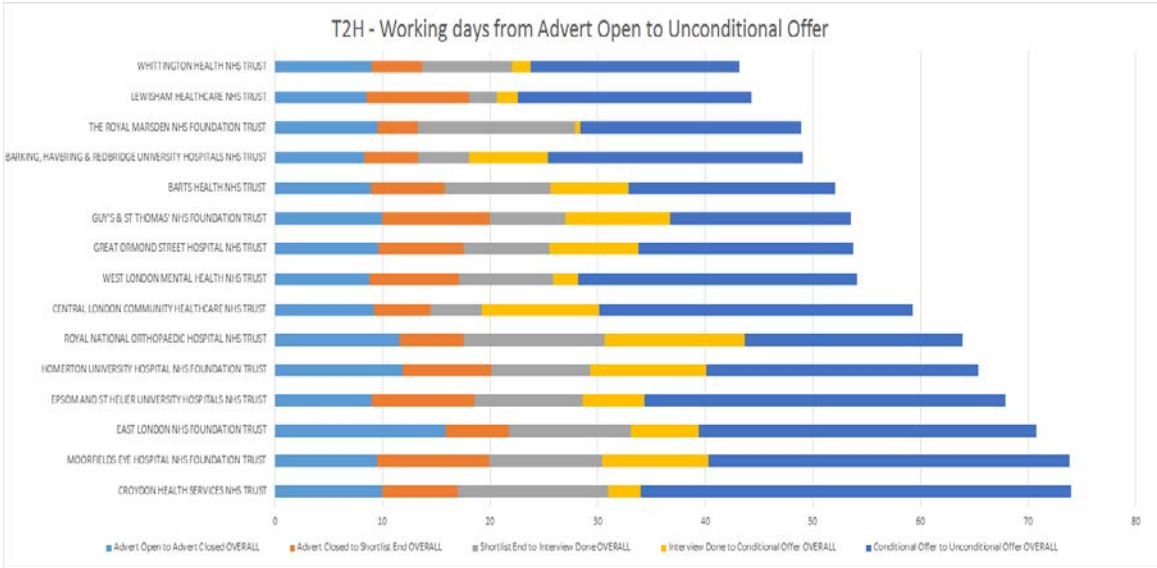
Graph 1.2



Graph 1.3



2014 – TIME TO HIRE
Range 8-14 weeks, average 12 weeks



APPENDIX 3

APPRAISAL RATE BY ICSU/DIRECTORATE AT 20th NOVEMBER 2015

Divisions	Staff Nos:	Q 1	July %age	August %age	Sept %age	Oct %age	In month diff
Integrated Care & Acute Medicine	1,339						
Surgery Cancer & Diagnostics	792						
Women Children & Families	1,283						
Medicine, Frailty & Networked Service	674	70	72	68	76	76	-
Emergency & Urgent Care	348	65	64	66	65	61	-4
Clinical Support Services	263	60	58	52	81	86	+5
Outpatient, Prevention & Long Term	249	56	60	64	53	73	+20
Children's Services	893	49	51	50	63	67	+4
Women & Family Services	370	35	35	36	37	49	+12
Surgery	567	51	49	51	61	66	+5
Workforce	46	84	85	79	88	95	+7
Nursing & Patient Experience	58	60	60	73	64	79	+15
Facilities	258	59	43	26	24	70	+46
Medical Director	17	44	38	54	86	86	-
Finance	53	42	51	50	84	88	+4
Procurement	98	36	20	16	46	46	-
Chief Operating Officer	6	30	17	20	60	67	+7
Trust Secretariat	20	28	60	75	82	76	-6
Information Technology	61	96	53	48	60	77	+17
Total	3891	57	54	52	60	73	+13

NB: Data included in above table excludes staff who have joined Whittington Health within the past 12 months; on maternity and adoption leave; career break; external secondment and bank staff.

MANDATORY TRAINING ACTIVITY AT OCTOBER 2015
APPENDIX 4

Subject	Frequen cy	Total Staff (Oct 15)	Trained (Oct 15)	Quarter 2	Oct	Difference since last month	Gap % to Achieve Compliance
Child Protection Level 1	3 years	999	877	83%	88%	3%	2%
Child Protection Level 2	3 years	1901	1359	72%	71%	1%	19%
Child Protection Level 3	3 years	1112	800	72%	72%	-1%	18%
Equality & Diversity	3 years	4013	3471	85%	86%	1%	4%
Fire Safety	2 years	4013	3182	76%	79%	3%	11%
Health & Safety	2 years	4013	3223	75%	80%	3%	10%
Infection Prevention & Control	2 years	4013	3522	83%	88%	4%	2%
Information Governance*	Annual	4013	3182	76%	79%	3%	16%
Moving & Handling	2 years	4013	3288	78%	82%	3%	8%
Resuscitation	2 years	2912	2392	80%	82%	2%	8%
Safeguarding Adults Level 1	3 years	999	899	85%	90%	3%	3%
Safeguarding Adults level 2	3 years	3013	2507	79%	83%	3%	7%
Conflict	3 years	2925	1928	70%	66%	-2%	24%
Risk Management/ Duty of Candour	Under review	4013	3540	68%	88%	20%	2%
Overall %				78%	81%	3%	9% (*16%)

Whittington Health Trust Board

2nd December 2015

Title:		TDA oversight and self-certification report					
Agenda item:		15/160		Paper		08	
Action requested:		Approve the self-certification for board governance to report to the TDA for submission of the monthly oversight report.					
Executive Summary:		<p>The Trust is required to produce monthly self-certification statements for board governance.</p> <p>The report provides the details for November 2015.</p> <p>The Trust will declare compliance with its board governance statements except the IG Toolkit level 2.</p> <p>The Trust has a plan in place to achieve IG Toolkit level 2 in 2015/16.</p>					
Summary of recommendations:		The Board are asked to approve the compliance statements and identify any gaps or concerns.					
Fit with WH strategy:		Alignment with financial and clinical strategies. It is also a mandatory requirement placed on us by our regulator.					
Reference to related / other documents:		Complies with SFI’s, SOs and NHS reporting requirements					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		All risks are documented and captured on the Trust Datix risk management software system and/or the corporate risk register and BAF					
Date paper completed:		23 rd November 2015					
Author name and title:		Hannah Finney Strategy and Planning Manager		Director name and title:		Siobhan Harrington Director of Strategy and Deputy Chief Executive	
Date paper seen by EC	23rd November 2015	Equality Impact Assessment complete?		Risk assessment undertaken?		Legal advice received?	N/A



NHS Trust Development Authority oversight report for November 2015

1. Monitor compliance statements

		Compliant (Yes/risk/no)	Issue	Action plan
1.	Condition G4: Fit and proper persons as Governors and Directors	Yes	n/a	n/a
2.	Condition G5: Having regard to Monitor Guidance	Yes	n/a	n/a
3.	Condition G7: Registration with the Care Quality Commission	Yes	n/a	n/a
4.	Condition G8: Patient eligibility and selection criteria	Yes	n/a	n/a
5.	Condition P1: Recording of information	Yes	n/a	n/a
6.	Condition P2: Provision of information	Yes	n/a	n/a
7.	Condition P3: Assurance report on submissions to Monitor	Yes	n/a	n/a
8.	Condition P4: Compliance with the National Tariff	Yes	n/a	n/a
9.	Condition P5: Constructive engagement concerning local tariff modifications	Yes	n/a	n/a
10.	Condition C1: The right of patients to make choices	Yes	n/a	n/a
11.	Condition C2: Competition oversight	Yes	n/a	n/a
12.	Condition IC1: Provision of integrated care	Yes	n/a	n/a

2. Board assurance statements

		Executive Lead	Compliant (Yes/risk/no)	Issue	Action plan	Timetable
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 the TDA's oversight, (supported by the 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.	Director of Nursing & Patient Experience	Yes	n/a	n/a	n/a
2.	The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Director of Nursing & Patient Experience	Yes	CQC Inspection announced December 2015	n/a	n/a
3.	The Board is satisfied that process 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.	Executive Medical Director	Yes	n/a	n/a	n/a
For FINANCE, that:						

4.	<p>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.</p>	<p>Chief Financial Officer</p>	<p>Yes</p>	<p>For 2014/15 the Trust reported a deficit of £7.3m.</p> <p>In 2015/16 the Trust has a planned deficit of £15m.</p>	<p>In June external auditors judged the Trust as a going concern.</p> <p>The Trust has agreed cash support of £23.9m which is being reviewed by the ITFF.</p> <p>The Trust has the support of local and national commissioners and has contracts in place for 2015/16.</p> <p>During the year the Trust has improved its expected outturn position and has developed a more comprehensive CIP governance structure with detailed tracking including accountability and exception reporting and an income steering group. A CIP PMO has been established which reports to a Steering Group which oversee mitigations for underachieving CIP and overspending budgets. A Quality Impact Group is in place to ensure a robust process for identifying quality impact scores and validating schemes to protect patient safety and quality is chaired by the Medical Director or Director of Nursing and Patient Experience. The Trust continues to work with external support to identify further schemes and ensure there are detailed plans for 2016/17 so that the Trust achieves financial balance in the future.</p> <p>Work is on-going with Boston Consulting Group to finalise a three year clinically led CIP and a revised LTFM will be discussed by the Trust Board in January.</p>	<p>31/03/16</p>
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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.	Director of Comms & Corporate Affairs	Yes	n/a	The Trust Board will receive a briefing paper on the NHS constitution. This national initiative has recently been amended and republished.	Jan 16
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.	Director of Nursing & Patient Experience	Yes	n/a	n/a	n/a
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.	Director of Nursing & Patient Experience	Yes	n/a	n/a	n/a
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.	Director of Strategy / Deputy Chief Executive	Yes	n/a	n/a	n/a
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.	Director of Strategy / Deputy Chief Executive	Yes	n/a	The Board received a revised risk management strategy in November which aligned with the new ICSUs	n/a

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.	Chief Operating Officer	Yes	<p>A winter plan has been agreed and is now operational.</p> <p>Escalation beds have been open from 1st November 2015</p>	The Trust is committed to achievement against targets. Work continues supported by our CCG colleagues to drive improvements and compliance with the standards which are off target. These are documented within the Board monthly performance reports and reported to the TDA each month. Plans are in place to mitigate areas which are off trajectory.	n/a
11.	The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Director of Strategy / Deputy Chief Executive	No	Non-compliant	<p>An improvement plan to achieve Level 2 has been agreed at the IG Committee. The improvement plan will be managed by the IG department and monitored by the IG Committee.</p> <p>An audit by the Information Commissioner's Office (ICO) reported a 'reasonable assurance' rating in July 2015.</p>	31/03/16
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.	Chief Executive	Yes	n/a	<p>Following the departure of the Trust's Chief Operating Officer, Deputy COO is acting COO from the 24th October. Recruitment will commence in the New year. There are backfill arrangements for the Deputy COO's current responsibilities.</p>	n/a

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.	Chief Executive	Yes	n/a	n/a	n/a
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.	Chief Executive	Yes	n/a	n/a	n/a

Trust Board
2 December 2015

Title:		Quality Committee Meeting 9 September 2015					
Agenda item:		15/161		Paper		9	
Action requested:		For the Board to note the business of the 9 September Quality Committee Meeting and its effective decision making					
Executive Summary:		This paper is the agreed September Quality Committee minutes and action log					
Summary of recommendations:		The Trust Board is asked to take assurance that the Quality Committee is compliant with its terms of reference and delegated authority					
Fit with WH strategy:		The Committee, a sub-committee of the Trust Board, considers business relating to quality and safety of services					
Reference to related / other documents:		SO's. SFI's and Scheme of Delegation					
Date paper completed:		September 2015					
Author name and title:		Lynne Spencer, Director of Communications & Corporate Affairs		Director name and title:		Anu Singh, Non-Executive Chair	
Date paper seen by EC	11 Sept	Equality Impact Assessment complete?	N/A	Risk assessment undertaken?		Legal advice received?	N/A

AGREED Quality Committee (QC) Minutes & Action Log of the Meeting held on 9 September 2015

No	Draft Minute	Action	Progress	Lead	RAG
01	Welcome, Apologies & Declarations of Interest	n/a			
	<ul style="list-style-type: none"> AS welcomed everyone to the new QC and all introduced themselves Apologies - DC, DCworthy, Lee Martin and Bernie O’Gorman No declarations of interest by members or attendees 	n/a			
02	Minutes of last Meeting held on 08 July 2015				
	<ul style="list-style-type: none"> True record of business 	Approved	Completed	AS	
03	Actions from Minutes of QC Meeting 08 July 2015				
	<ul style="list-style-type: none"> Appraisal - NF to attend next Meeting to report progress ICAM – Confirmed erroneous data Access to intranet - LS to resolve by next meeting 	Invited to 9 Nov Removed Liaise with I&MT	Completed Completed Completed	NF LS LS	
04	Quality Performance Reports				
	<ul style="list-style-type: none"> ICSU reporting - AS confirmed this was the first QC Meeting receiving assurance from the new 7 Integrated Clinical Support Units (ICSUs) To manage volume of reporting there will be a focus on 2 to 3 ICSUs at each QC Risk - AC reported she was unable to identify top 5 quality risks and mitigations RJ suggested to list the high risks from each ICSU report and add the quality risks at corporate level and advised detailed discussion of risks in a small forum rather than Committee FI was confident about risk management in the Surgery ICSU but requested improvements in the report template CG reported successful risk management approach of former ICAM division AS requested risks from ICSU reports to be highlighted in the Minutes 	Reporting arrangements to be reviewed in future Agreed All adopt ICAM best practice approach to risk management	Planned reporting from 2 and/or 3 ICSUs at each QC Head Integrated Risk Management leads detailed discussions Risks recorded in these Minutes	CDs DP ALL LS	
06	Medicine, Frailty & Networked Services				
	<ul style="list-style-type: none"> CM confirmed improvements in performance over the last 6 months Compliance of complaint response times had improved and focus now on the quality of responses and learning 				

No	Draft Minute	Action	Progress	Lead	RAG
	<ul style="list-style-type: none"> • Patient Experience Committee receive reports and disseminate the learning across the Trust • Mandatory Training and Appraisal rates continue a challenge • Recording completed training records remains an outstanding issue and junior doctors' compliance required improvements • Serious Incident investigations and reports compliant and CM reported the process is now more robust and open with Duty of Candour • High risk incidents backlog and high risks <ul style="list-style-type: none"> ➢ Nutrition screening for wards ➢ Dysphasia – lack of speech therapists ➢ Learning disabilities – contact and services within hospital setting ➢ Endoscopy • AC highlighted the patient story at September's Trust Board and asked how reporting of ward risks are managed to ensure QC are aware of significant risks • CM confirmed these risks had been on the previous divisional risk registers, mitigating actions had been implemented and residual risks transferred to ICSUs • AK reported there were residual risks which will be further managed • PD provided assurance to the Committee that revised ward indicators were under development which will supplement ICSU reporting for the QC • RJ felt the new approach to encourage a cultural change will empower the clinical voice in not only service management but also risk management • RJ highlighted a current investigation of a serious incident in endoscopy where elements appeared to mirror an incident of 2 years ago. The lessons from both will be compared to ensure the learning was implemented • RJ encouraged staff to raise areas of early concern that were 'on their radar' • PD confirmed some CQC standards reporting had been omitted from this meeting due to the transition of division to ICSU report templates 	<p>Improve training compliance & recording</p> <p>Tackle backlog of high incidents</p> <p>ICSUs manage risks within their governance structures</p> <p>Include CQC standards in future reports</p>	<p>Ongoing action plan</p> <p>Add risks and mitigations to relevant Risk Registers</p> <p>ICSU Risks highlighted to quarterly performance and quarterly reviews</p> <p>Included in new report template</p>	<p>CG / NF</p> <p>DP /LS</p> <p>CDs</p> <p>CDs</p>	
07	Emergency & Urgent Care				
	<ul style="list-style-type: none"> • PM reported significant progress on recording NHS numbers at ED • Review of departmental administration showed extremely positive results • Friends & Family Test positive at 90% although sample size had been small • Response rate for complaints 100% and focus remained on learning and dissemination across the ICSU and the Trust 	<p>PM's team to support work to increase response rates</p>		PM	

No	Draft Minute	Action	Progress	Lead	RAG
	<ul style="list-style-type: none"> Mandatory training and appraisal remain a challenge Review of the departmental risk register had closed off some risks High risks <ul style="list-style-type: none"> ➤ Paediatric emergency nursing ➤ Ambulance handover - new rapid assessment area mitigating risks ➤ Missed fractures in ED ➤ Increase in DN referrals resulting in a number of unallocated appointments ➤ Pressure ulcers - rare incident of a Grade 4 RJ confirmed the eradication of pressure ulcers is one of the pledges in the 'Sign up to Safety' plan and was included in the Quality Account 15/16 	Improve training compliance & recording	Add risks and mitigations to relevant Risk Registers	PM / NF DP /LS	
08	Surgery				
	<ul style="list-style-type: none"> FI confirmed appraisals and mandatory training remained a challenge with improvements shown in radiology and theatres Backlog updating ESR records required addressing as this impacted on compliance reports CQC inspection preparation continued with regular walk-about resulting in an action plan for improvements in out-patients Progress in learning from incidents and improvements reported in the SI administration process with no reports now outstanding Recent obstetrics SI will take time to complete Clinical leads appointed for individual specialties to strengthen governance High risks <ul style="list-style-type: none"> ➤ CIP gap ➤ Backlog in administration ➤ RTT waits for trauma & orthopaedics ➤ Cancer standards – 2 week waits ➤ Rise in referrals for dermatology – another staff member recruited ➤ Junior doctor rotas ➤ Cluster of colorectal leaks ➤ NH reported a new risk - decommissioning of medical urology services by Islington and Haringey to be added to the new quality and safety risk register - c. 200 I&H patients affected and others from out of area 	Improve training compliance & recording Assurance sought to assure obstetric SI of patient safety Add to Risk Register	Add risks and mitigations to relevant Risk Registers	FI / NF DP /LS	

No	Draft Minute	Action	Progress	Lead	RAG
09	Outpatient, Prevention & Long Term Conditions				
	<ul style="list-style-type: none"> • MB highlighted the report will continue to be developed • First of their ICSU Quality Working Groups meetings held that morning • Compliance with appraisals and mandatory training improving • Backlog of ESR data entries • CQC compliance included some areas required Datix and risk management training with plans in place by the risk team/Bally Virdi to progress this work • High risks <ul style="list-style-type: none"> ➢ Health records legacy issues continue and an action plan is now in place ➢ Outpatients estate with action plan in place to improve • Health records discussed in detail and MB provided assurance of actions including strengthening procedures, restricting access to the library and reviewing and re-launching the patient records policy • MB reported the issue of temporary records • GH queried when electronic patient records would be fully implemented and CM confirmed this was in place for ambulatory care and TB services • RJ reported the responsibility for implementation was with the Medical and Nursing Directors. This area would be greatly improved if clinic letters could be made available on line 	<p>Improve training compliance & recording</p> <p>Liaise with I&MT Director to progress</p>	<p>Training being implemented</p> <p>Add risks and mitigations to relevant Risk Registers</p>	<p>MB</p> <p>RJ</p>	
10	Children's Services				
	<ul style="list-style-type: none"> • SPg confirmed work underway to improve uptake of the Friends & Family Test • Outstanding complaints due to complexity including multiple services, and some included safeguarding issues - High risks <ul style="list-style-type: none"> ➢ CIP duplicate records eg paediatrics ESR example where a child with unexplained injury may not have a recorded history so if that child represented it posed a risk to identifying safeguarding issues ➢ Information governance - 2 serious incidents ➢ Delayed new birth visits as recruitment to health visitor posts difficult (national issue) ➢ Cuts in local authority funding in Islington and Haringey affecting clinical nurse specialist posts in epilepsy and asthma – NHSE recommendations require compliance to national standards ➢ No H&S lead 		<p>Add risks and mitigations to relevant Risk Registers</p>	<p>SPg</p>	

No	Draft Minute	Action	Progress	Lead	RAG
	<ul style="list-style-type: none"> Team recruiting a quality and safety lead All areas checking the statistics on mandatory training and appraisal to improve Good preparations within the team for the CQC inspection AC enquired of new national standards and where compliance was recorded. RJ confirmed information was recorded by the clinical governance department who submitted reports to the QC; compliance with standards was a financial pressure AC highlighted performance measures are weighted towards adult services and requested the executive consider measures for children's services RJ recommended that NP and SPg develop options which could initially be presented to him and PD and then to the Trust Management Group to make recommendations to the QC for ratification. AS suggested looking at social care indicators and GH recommended considering Great Ormond Street Hospital indicators to inform draft indicators 	<p>Improve training compliance & recording</p> <p>Develop children's indicators</p> <p>Agreed recommendations to be presented QC Jan Meeting</p>	<p>Ongoing action plan</p>	<p>SPg</p> <p>NP, SPg, RJ, PD</p>	
11	Women & Family Services				
	<ul style="list-style-type: none"> AH reported that the Friends & Family test had improved and acknowledged a larger sample was required Complaint response times required improvements and reported delays were due to cross departmental working or had been referred back for amendments Incidents had a relatively high number of medication errors which were being addressed. Issues being reviewed around C-section rate and post-partum haemorrhages Appraisal and mandatory training targets required improvement and AH reported compliance rates were higher than reports indicated because ESR updating was not in line with manual records AC queried why both manual and electronic records were being maintained and AH confirmed that managers lacked confidence in updating to ESR which meant compliance rates were showing less than had been achieved AC reported this issue should be raised at Board level Staff continued to attend briefings in preparation for the CQC inspection 	<p>Improve training compliance & recording</p> <p>Reported to Board</p>	<p>Ongoing action plan</p> <p>NF team working on updating</p>	<p>AH</p> <p>NF</p>	

No	Draft Minute	Action	Progress	Lead	RAG
	<ul style="list-style-type: none"> High risks <ul style="list-style-type: none"> Duplicate record keeping - EPR and papers records being completed as confidence levels in EPR required improvement – parallel systems so inherent risks of duplication/error and decrease in staff productivity Maternity vacancies – high number of leavers resulting in low staff morale – 6 starters are in the pipeline Planned caesarean sections – target exceeded National audit results RCOG to be released in November Environment and estates overcrowding in high dependency areas Improvements to daily ward rounds required Data quality eg identification of high risk women at time of booking required improvement Data inputting required improvement eg 10% forceps deliveries show as caesarean Low number of births so targets not met which affects FBC – GB and CB are marketing services with GPs to support more referrals Lack of funding for marketing and communications to promote the service CB reported information on the delivery rate would be presented at the next audit day AC queried induction rates and CB confirmed a data issue needed to be resolved to present a more accurate position On birth rate numbers, there had been a rise in bookings when Homerton NHS FT had received high profile negative press coverage 	Add risks and mitigations to relevant Risk Registers	Ongoing action plan	DP /LS	
12	Clinical Support Services				
	<ul style="list-style-type: none"> HT reported that there was no dashboard this month as the services she now managed had previously been divided amongst different divisions Meeting held to discuss dashboard content and consulting over different options which included medication, radiation and transfusion incidents and areas where 'Harm Free Care' might be applied 	Agreed content dashboard feedback to HT consider for and		CDs and DOs	

No	Draft Minute	Action	Progress	Lead	RAG
	<ul style="list-style-type: none"> There was no F&FT within pharmacy out-patients with consideration being given to introducing one All areas were subject to frequent inspection by regulatory bodies, and were likely to be observed by CQC as part of their inspection visit Cleaning audits were carried out and increasing the frequency of these was planned Three forums met regularly - Pharmacy, Imaging and Pathology HT will meet the risk team every month to manage risks High risks <ul style="list-style-type: none"> Audits in pharmacy – none at present so these will commence in future Nursing for interventional radiology Vacancies in histology The anti-coagulation service Attendance at the Transfusion Committee Wi-Fi ‘crashing’ (down in last 72hrs) and the subsequent effect on e-prescribing Patient group directives – some are out of date 	Add risks and mitigations to relevant Risk Registers	Ongoing action plan	DP /LS	
	Quality Performance Dashboard				
	<ul style="list-style-type: none"> Report discussed in detail at the previous week’s Trust Board meeting and AS proposed this item be formally accepted 	Agreed		AS	
13	Safety Thermometer				
	<ul style="list-style-type: none"> AKn presented the report for August and highlighted that it included the results of a monthly one day audit where patients are surveyed against four areas of harm: <ul style="list-style-type: none"> Pressure ulcers Falls resulting in harm Catheters with urinary tract infection Venous thromboembolism (VTE) AKn explained that ‘old’ meant that a patient had been admitted with an existing pressure ulcer, whereas ‘new’ meant it had been acquired whilst someone was an in-patient 	Approved			

No	Draft Minute	Action	Progress	Lead	RAG
	<ul style="list-style-type: none"> The statistics for harm-free care, where the target was to achieve 95%, included both old and new which meant that the Trust had a limited influence over the outcome Although 95% was a high target, AKn reported that the ambition was to achieve 100%, recognising there were some conditions it was impossible to prevent The Trust had performed extremely well, as illustrated by the chart on page 6 which if all 'old' harms were removed showed the Trust had exceeded 95% in all areas Similarly the chart on page 7 showed that there had only been 4 months since December 2012 when Whittington Health had fallen below the national average PD thanked AKn for such a useful and clear report 				
14	Director of Nursing Patient Safety Report				
	<ul style="list-style-type: none"> The report was presented to the QC with no questions 	Approved			
15	Director of Nursing Patient Experience Report				
	<ul style="list-style-type: none"> PD highlighted that this report included results of the most recent Friends & Family Test and results were largely positive but there was a clear need to increase the response rate The results of the recent survey on maternity services will come to a future meeting FI queried how much staff time was spent on increasing the numbers completing the Friends & Family Test and PD explained that volunteers helped patients by using ipads 	Approved			
16	Serious Incident Report				
	<ul style="list-style-type: none"> PF explained that the serious incident report was being presented in a new format, and had been presented in part 1 of the public Trust Board, where it had been well received All incident investigations were now on track, presented in a timely fashion to the SI panel, then sent to the CCGs PD thanked all concerned for their efforts in helping to improve the process and reporting of SOs 	Approved			

No	Draft Minute	Action	Progress	Lead	RAG
17	Safeguarding Children Annual Report				
	<ul style="list-style-type: none"> In future there will be a joint annual report covering both children and vulnerable adults. The new substantive adult safeguarding lead will lead this work Work throughout the previous year had been carried out in response to national strategies, such as responding to gang culture, dealing with internet grooming and sexual exploitation The team had worked hard with multi-agency groups and the police. This was the first school year that the team had worked in Hackney, which had brought new challenges, also in Camden, where there was a high volume of vulnerable children, many of whom suffered from post-traumatic stress disorder There had been 9 Serious Case Reviews, from which key themes had emerged such as strengthening partnerships with GPs, more emphasis on assessment of fathers and other carers (particularly partners) and improvements of multi-agency safeguarding hubs Training rates remained at around 70% although considerable effort had been made to increase compliance. This was due in part to staff shortages and the non-compliance of junior doctors likely attributable to high turnover AC praised the quality of the report and enquired what stage the team was at to identifying children at risk of radicalisation KM replied that the Prevent Strategy was in place, and she would be working with the adult safeguarding lead to progress this work. Both Islington and Haringey local authorities had employed a full-time member of staff to work in this area and the newly-established panel had already received 180 referrals 	Approved	Develop new report for future	Karen Miller	
18	Infection Control Quarterly Report				
	<ul style="list-style-type: none"> TF reported there had been no cases of MRSA to date this year, and the number of C. Difficile cases remained at 4. The Trust had declared its third case of CPE, but this had not been acquired whilst under the care of Whittington Health All audits were up to date, take-up of infection control training was reported at 83% and good progress has been training junior doctors 	Approved			
19	Aggregated Report on Claims, Complaints & PALs				
	<ul style="list-style-type: none"> PF confirmed DP will be leading this work in the future and thanked PF 	Approved		DP	

No	Draft Minute	Action	Progress	Lead	RAG
20	Policies Review				
	<ul style="list-style-type: none"> PF confirmed 23 clinical policies outstanding and further reviews are underway PF reported numerous HR policies had been reviewed 	Continue revision of policies	Action plan in place	DP	
21	Medicine Management Annual Report				
	<ul style="list-style-type: none"> HT highlighted the rollout of electronic prescribing and the work carried out on patient group directives 	Approved	Circulate the Annual Report	HT	
22	Research Strategy				
	<ul style="list-style-type: none"> RS presented the revised Research Strategy which had been developed to align with the Trust's Clinical Strategy, quality reports and results of a bespoke survey The Strategy would focus on areas of research excellence in existence and develop further expertise in integrated care Asked about the challenges of implementing the strategy, RS reported that this referred to the need to generate funding for the post and he felt this would be possible through the marketing of commercial studies RJ highlighted the importance of the Trust producing peer reviewed publications that demonstrated some of the innovative service developments, as he was aware excellent work had been carried out but not published AS asked what support QC could offer and RJ confirmed achieving this required clinical leads to prioritise writing up their work and submitting to relevant bodies RS suggested the QC maintained an overview of published work 	Approved	Implement strategy and report to QC quarterly	RS	
23	Non-Medical Education & Training				
	<ul style="list-style-type: none"> LSm confirmed this was the first time the Q1 report had been received by the Quality Committee, Qs 2 and 3 to contain more activity data LS reported the successful nurses' conference 12 May and confirmed the Trust continued to provide 1000 placement hours for nurses, midwives and AHPs 	Approved		LSm	
24	Non-Medical Education & Training Annual Report				
	<ul style="list-style-type: none"> LSm confirmed the successful quality visit to education services and the team had been rated green PD paid tribute to the work carried out by LMs and RJ added that UCLP colleagues had praised Whittington Health's record of achievement in this area 	Approved		LSm	

No	Draft Minute	Action	Progress	Lead	RAG
	<ul style="list-style-type: none"> FI asked how decisions were made about where the money was spent and LMs confirmed she wrote to managers each December asking them to fill out a training needs analysis, as well as taking into account appraisal feedback 				
25	Any other business				
	<ul style="list-style-type: none"> All QC members and their colleagues were invited to attend the annual Whittington Oration, which was to take place on Monday 21st September, 5.30pm for 6.00pm, to be delivered by Professor Sir Mike Richards of the CQC 	ALL	Professor Albert Singer leading	LS	

MEMBERS

Anu Singh (AS)	Non-Executive Director (Chair)
Anita Charlesworth (AC)	Non-Executive Director
Philippa Davies (PD)	Director of Nursing & Patient Experience
Graham Hart (GH)	Non-Executive Director
Richard Jennings (RJ)	Medical Director
Helena Kania (HK)	Shadow Governor
Mary Slow (MS)	Shadow Governor

IN ATTENDANCE

Chandrima Biswas (CB)	Clinical Director, Women & Family Services
Maureen Blunden (MB)	Director of Operations, Outpatient, Prevention & LTCs
Michael Clift (MC)	Practice Development Nurse Specialist
Trish Folan (TF)	Matron, Infection Control (for item 15/92)
Pauline Frost (PF)	Director, Risk & Governance
Carol Gillen (CG)	Director of Operations, MF&N
Kate Green (KG)	PA to Director of Workforce (notes)
Amanda Hallams (AH)	Director of Operations, Women & Family Services
Nick Harper (NH)	Clinical Director, Surgery
Sarah Hayes (SH)	Clinical Director, Outpatient, Prevention & LTCs
Fiona Isacsson (FI)	Director of Operations, Surgery
Alison Kett (AK)	Head of Nursing
Angie Killeen (AKn)	Development Manager (for item 15/87)
Rachel Landau (RL)	Clinical director, Emergency & Urgent Care

Paula Mattin (PM)	Director of Operations, Emergency & Urgent Care
Karen Miller (KM)	Child Protection Lead (for item 15/91)
Clarissa Murdoch (CM)	Clinical Director, MF&N
Sam Page (SPg)	Director of Operations, Children's Services
Daniela Petre (DP)	Head of Integrated Governance and Risk Management
Rob Sherwin (RS)	Consultant, Women & Family Services
Lisa Smith (LSm)	Assistant Director of Nursing
Lynne Spencer (LS)	Director of Communications & Corporate Affairs
Helen Taylor (HT)	Clinical Director, Clinical Support Services
Rai Gallo (RG)	Leadership Coach

Finance & Business Development Committee
Draft Minutes & Action Log
Thursday 8 October 2015

AgendaItem: 15/162
Paper No. 10

Paper No	Draft Minute	Action	Progress	Lead
	28th July 2015:			
03	Finance Position Month 3			
	i. New risk winter resilience – difficult discussions with CCGs flagged already	To take forward discussions on shortfall on winter funding	Discussions on-going.	SH
04	Reference Costs			
	i. Need to work on disaggregation of community activity and effectively a service line cost in the community. This is part of the income work stream	UG to progress in income work stream	This is forms part of the commissioning intentions for local CCGs and is in process.	UG
05	Financing			
	i. SB explained the changes to the funding for the NHS and the emerging picture on the process for going to the ITFF for deficit and capital funding in 2015/16. To go to the ITFF the Trust will need a recovery plan with detailed CIP for at least two years, plans aligned with CCGs, our response to Section 42a and the Estates Strategy. There is a lot to be completed by November. ii. DH queried whether this should be a Board or F&BC item	TR to be advised by Executive whether to F&BD or Trust Board.	On the Agenda.	
06	CIP Review & Update			
	i. Estates work almost finished and will move to the Estates review	SP keen no detail missed when moved to review	Prior year estate CIP achieved and short term gains actioned.	LM
10	Market Share and analysis			
	i. Need for a list of contracts and an annual review of the Business Strategy	October	On Agenda	VC

Paper No	Draft Minute	Action	Progress	Lead
	2nd September 2015:			
	CIP Review			
	<p>xiii. SP and DH concluded there is a need to make judgments of the level of improvements that can be achieved. There is a paper at Board this p.m. on revalidation. TR said that the F&BD Committee needed as strong assurance as possible about the CIP outcome and if there was a need for a re-forecast of the year end outcome and equally importantly the run rate into 2016/17 then that should be done and cleared through the Committee for onward communication to the Board asap. TR was told that the Trust is currently liaising with CCGs on winter pressures as currently plans are red and there is a necessity to fix that. There is £1m left in budget and the Trust has never operated at this level in the past. SP stated the Trust is saying all we can commit to is what is in the budget and this is new area of discussion with commissioners and the risk is the Trust starts under-performing against targets. He emphasised that this is a national problem. TR asked for a short report on actions against target. SB confirmed the relaxing of targets had been raised with the TDA and if have to the Trust will go to mediation. . DH felt there is culturally a need to give clear messages to staff and he cautioned on how to think ahead on how to do this so staff do not revert to pre-cip behaviour.</p>	Report on actions against targets	Complete. The Board received a forecast outturn paper which included income and resilience issues.	

	F&BD Committee 8 October 2015			
Paper No	Draft Minute	Action	Progress	Lead
01	Apologies, Minutes 28th July 2015 , Action Notes			
	<p><u>Nurse Savings 08vi</u> LM reported there will be a presentation & discussion at TMG and the Trust Board on Winter Resilience. PL asked about mobile working for District Nursing and was told the service had been part of a joint pilot for Technology and the learning would be spread across all areas. SP agreed to pass to IT PL's offer of help as PL had used the technology elsewhere.</p>	SP to contact IT for meeting with PL.	Complete.	SP

02	Finance Position Month 5			
	i. Month 5 fell behind in Income position but with phasing SB expected to see the position back in line in October/November. Pay & Non Pay were broadly in line.			
	ii. There was a consistent achievement of CIPs where there are plans but the Trust is behind overall. Intensive support had been given to Medicine, Frailty & Networked Services ICSU and the Trust had seen improvement plans in place as well as control of the Capital plan. £1m has been cleared from the Haringey debt.			
	iii. SB felt it was important to note that what said would be undertaken had been however, the Trust will see cash go down as it is necessary to commit some of the loan to PDC (£0.5m in next few days) and cash increased. Cash is expected to reduce in October/November as prior year creditors relating to estates are paid.			
	iv. Activity was broadly on plan and cost control for the ICSUs has improved as variances are far closer to plan than in previous years.			
	v. The Trust does not have an agreement with CCGs on Income and therefore is a little exposed. LM stated the national requirement to open additional capacity wasn't funded and SB confirmed the Trust has challenged the CCG position and outlined what is affordable to keep open.			
	vi. LM confirmed the Trust had opened to winter capacity already. In response to a query from PL, SB stated revenue to capital transfers in IT would improve the non-pay run rate to which there are general improvements.			
03	CIPs Recovery Plan			
	i. LM reported that recovery plans had been developed for IT, Estates, Medicine, Frailty & Networked Services and Emergency & Urgent Care ICSUs and it was agreed these would be sent to the Committee within the week.	LM to send recovery plans to the Committee		LM
	ii. SB reported that £1-2m of CIPs would flow into the next financial year and DH asked that the gross CIP number be shown before seeing the net position.			
	iii. SB said the Trust would be back on track for the four areas by the end of the year and it was important to not lose the link with budgets.			
	iv. SB responded to a query on the 38% non-recurrent figure and confirmed expectation is higher and mitigation schemes had been			

	requested from all areas and from month 6 schemes will be recurrent.			
	<p>v. <u>IM&T:</u> GW presented to the Committee confirming IT staff costs had been capitalised, the reduction in contractors had been brought forward and additional staff would not be needed for next year. SB confirmed if there were any additional projects staff costs would have to be justified. GW outlined additional savings and confirmed that the clinical strategy for IT would go to the next Trust Board. GW stated that while staffing was comfortable the infrastructure was not being refreshed at the same rate and there would be a constraint to get to the highest level for EPR. These risks had been flagged on the BAF. SP confirmed there is a session on the 1/12/15 on any risks for the ICSUs. GW also spoke on Qlikview/EPS – Engage and there was discussion on the information provided on Length of Stay and Income. GW confirmed that £27.5k of savings had been recovered on updated activity data.</p>			
	vi. SMH said the demand led contracts (laundry/catering) were being checked to see if budgets were set at the right level and income phasing was being looked at also.			
	vii. The Trust was looking at withdrawing from Goswell Road and Mulberry House. SB said the Trust was looking at buying in an accountant with forensic skills to support a team already working on the Estates Strategy. It is taking a lot of unpicking on the Community billing that the Trust had inherited			
	viii. PL asked if the Trust has best practice for management of the relationship with suppliers and SB confirmed a full time staff member was being brought in to look at this.			
	<p>ix. <u>Medicine, Frailty& Networked Services ICSU:</u> CG stated the Psychology contract has a YTD cost pressure of £185k (£135 old year & £50k this year) as this was not captured due to the unanticipated increase in contracts. The delayed recruitment of specialist nurses is a £200k cost pressure. Cavell rehab unit has a £102k YTD negative impact on budget due to Pay (2 additional beds opening earlier this year and more recently 5 surgical) and Early support discharge £50k negative impact.</p> <p>x. There had been a lot of work on reducing the administration budget (Medical Specialities Admin & PPC teams) however Dictate II rollout will provide a huge impact on this.</p>			

	<p>xi. There had been good progress on Agency for AHP/Physio and the tariff for one stop diagnostics would be looked at for next year.</p> <p>xii. CG confirmed no cost pressure was being incurred on C&I staff who will be redeployed.</p>			
	BCG Initial Findings			
	The Committee was asked to agree prioritisation for moving forward and SP stated TDA sign off is required for the next phase plus engagement from the clinicians is paramount. BH agreed support from clinicians was key. SMH stated Islington CCG is looking at different models of care and discussions are beginning on this. LM disputed the information on clinical room space available (slide 10).			
	Detailed Plan of the Commercial Strategy			
	VC stated a detailed Commercial Strategy would be brought to the Committee in December and there is a lot of work being undertaken at the Income Steering group at present.	To December Committee		VC
04	Value Based Commissioning			
	<p>i. VC outlined the issues of being lead provide for Diabetes in Islington & Haringey and Older People living with Frailty in Haringey. VC said the Trust is looking at what the flat contract for 5 years would like but she reported there are issues with the partial bundle approach suggested. The risk is less but so is the opportunity, as it limits the ability to shift money from one contract to another. The transactional model is a challenge. The Trust had proposed some solutions but the trigger point was to be worked through and it was difficult to give a clear assessment as yet. If agreement cannot be reached by 31st October the CCG will decide the option. VC explained that at present there was no project manager to run this project (which is something that would need to be addressed as a matter of urgency). SMH confirmed the Executive are waiting for the Board to sign the contract by the 31 October as lead provider on a partial bundle but SP confirmed there is a need to say who is bearing the demand risk and what is an acceptable level of risk. In his view he would only feel comfortable signing a contract with a lot of 'get out' clauses. SP agreed that a distribution of risk analysis would be sent to the NEDs to ask for their views with mitigations for all risks. This would then be taken to the Trust Board in November to retrospectively agree. The basic risks would go to TMG.</p>	SH to take paper to the Trust Board		<p>SH</p> <p>SP</p>

05	F&BD Committee Risk Register			
	ii. PL felt the VBC work should be more explicit on the Risk Register and he asked about a metric to help focus on income.	SH to review VBC risk. SB to review income reporting	Revised income reporting in M6 full finance report.	SH SB

MEMBERS

Tony Rice, Chair
 Paul Lowenberg, Non-Executive Director
 David Holt, Non-Executive Director
 Simon Pleydell, Chief Executive Officer
 Lee Martin, Chief Operating Officer
 Lynne Spencer, Director of Communications & Corporate Affairs
 Siobhan Harrington, Director of Strategy and Deputy Chief Executive
 Steve Bloomer, Chief Finance Officer
 Vicky Cirillo
 Vivien Bucke.

PRESENTING

Ben Horner, BCG (BH)
 Glenn Winteringham (GW)
 Carol Gillen (CG)

Whittington Health Trust Board
2nd December 2015

Title:		<i>CQC Statement of Purpose</i>					
Agenda item:		AOB				Doc 11	
Action requested:		<i>To approve the revised Statement of Purpose</i>					
Executive Summary:		<p>The Care Quality Commission require all providers to have a Statement of purpose which includes a standard required set of information about a service;</p> <ul style="list-style-type: none">• The provider’s aims and objectives in providing the service.• The kinds of services provided.• The health or care needs the service sets out to meet.• The locations where the services are actually provided or provided from.• Details about the provider, including their legal status, and any manager(s), including the ‘address for service’ for all registered persons <p>Statements of purpose must be amended if there are any changes to the above standard requirements, and a notification form sent to the CQC with Board sign-off.</p> <p>In this instance, WH Statement of Purpose has been updated to reflect the new organisation structure and 7 ICSUs. Core domains remain the same in terms of regulated activities and registered locations.</p>					
Summary of recommendations:		<i>For approval</i>					
Fit with WH strategy:		Regulatory compliance and CQC Registration					
Reference to related / other documents:		Regulatory compliance and CQC Registration					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		Regulatory compliance and CQC Registration					
Date paper completed:		27/11/15					
Author name and title:		Gillian Lewis, Compliance Manager		Director name and title:		Philippa Davies, Director of Nursing	
Date paper seen by EC	30 Nov	Equality Impact Assessment complete?	Y	Quality Impact Assessment complete?	Y	Financial Impact Assessment complete?	Y

The Whittington Hospital NHS Trust

Statement of Purpose 2015

“Helping local people live longer healthier lives”

Name of Service Provider	The Whittington Hospital NHS Trust (Whittington Health)
CQC Provider ID	Provider ID RKE
Business Address	Trust Offices Magdala Avenue London N19 5NF
Nominated Individual	Philippa Davies, Director of Nursing philippa.davies@nhs.net

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- 1.0** Introduction
- 2.0** Aims and Objectives
- 3.0** Accountability and Regulated Activities
- 4.0** Registered Locations and Trust premises
- 5.0** Description of Services by ICSU:
 - 5.1 Emergency and Urgent Care
 - 5.2 Medicine, Frailty and Networked Services
 - 5.3 Outpatient, Prevention and Long Term Conditions
 - 5.4 Clinical Support Services
 - 5.5 Surgery
 - 5.6 Women and Family Services
 - 5.7 Children’s Services
- 6.0** Patients detained under the 1983 Mental Health Act

1. Introduction

Whittington Health is the trading name for The Whittington Hospital NHS Trust (CQC Provider ID RKE). It was created in April 2011 when the Whittington Hospital merged with the community health services of the former Haringey and Islington PCTs to become a single integrated care organisation (ICO). In May 2011, the ICO was expanded when Haringey Children’s Services, which had formerly been managed by Great Ormond Street Hospital, joined the Trust.

Whittington Health provides hospital and community care services to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield, Camden and Hackney. As one organisation providing both hospital and community services, we are known as an ‘integrated care organisation’.

2. Aims and Objectives

Our mission

Helping local people live longer, healthier lives.

Our vision

Provide safe, personal, co-ordinated care for the community we serve.

Our 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 /Users 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

The full Clinical strategy is available to download as a pdf on the Whittington Health public website at:

<http://www.whittington.nhs.uk/default.asp?c=20804>

3. Accountability and Regulated Activities

The Accountable Officer for Whittington Health is the Chief Executive, Mr Simon Pleydell.

The Nominated Individual is Mrs Philippa Davies, Director of Nursing and Patient Experience.

Whittington Health is registered to carry out the following Regulated Activities as defined by the Care Quality Commission:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery services
- Family Planning
- Termination of pregnancies
- Assessment or medical treatment for patients detained under the 1983 Mental Health Act

4. Registered Locations and Premises

Registered Locations

The Whittington Hospital NHS Trust (**Provider ID RKE**) is registered in respect of the named Regulated Activities at 3 locations:

4.1 Whittington Hospital NHS Trust [Location ID RKEQ4](#)

Trust Offices
Magdala Avenue
London
N19 5NF

Tel. 02072723070

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury

This is the HQ address for the organisation and also the '**Address for Service**' by the CQC.

The Trust delivers its acute hospital activities from this location. The Magdala Avenue address is, in addition, the Registered Location for all the community based services of Whittington Health, including all Health Centres, except for:

4.2 St Luke's Hospital (Simmons House) [Location ID RKEX5](#)

Woodside Avenue
London
N10 3HU

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

Simmons House is an in-patient CAMHS unit for up to 10 young people between 13 and 18 years of age. Further details on **page 46**

4.3 Hanley Primary Care Centre [Location ID RXEX7](#)

51 Hanley Road
London
N4 3DU

- Diagnostic and screening procedures
- Maternity and midwifery services
- Treatment of disease, disorder or injury

The purpose built Hanley Primary Care centre provides a directly managed GP service as part of the Integrated Care and Acute Medicine division of Whittington Health. Further details on **page 11**.

The CQC Service Types provided at each Registered Location are as set out in the table below:

Service Type	RKEQ4	RKEX5	RKEX7
Acute Services (ACS)	Yes		
Rehabilitation Services (RHS)	Yes		
Long Term Conditions (LTC)	Yes		
Community Healthcare services (CHC)	Yes		Yes
Community based services for people with mental health needs (MHC)	Yes		
Community based services for people with a learning disability (LDC)	Yes		
Hospital services for people with mental health needs and/or learning disabilities (MLS)		Yes	
Community based services for people who misuse substances (SMC)	Yes		
Urgent Care Services (UCS)	Yes		
Doctors consultation service (DCS)	Yes		Yes
Doctors treatment service (DTS)	Yes	Yes	Yes
Dental Service (DEN)	Yes		

4.4 Trust Premises

In addition to the three Registered Locations, community services are delivered from numerous hospitals, health centres and other facilities across Haringey and Islington. Some community services are additionally provided from bases in the London boroughs of Enfield, Hackney and Camden. In addition, staff see children in schools across Haringey and Islington and many services see patients in their own homes or in clinics at GP practices. The main addresses are:

Haringey:

- ◆ St Ann's Hospital, St Ann's Road, Tottenham, N15 3TH*
- ◆ Bounds Green Health Centre, Gordon Road, New Southgate, N11 2PF
- ◆ Crouch End Health Centre, 45 Middle Lane, Crouch End N8 8PH
- ◆ Hornsey Central Neighbourhood Health Centre, 151 Park Road, Hornsey, N8 8JD
- ◆ 1a Lansdowne Rd, Tottenham, N17 0LL
- ◆ The Laurels Healthy Living Centre, St Ann's Road, Tottenham, N15 5AZ
- ◆ Lordship Lane Neighbourhood Health Centre, 239 Lordship Lane, N17 6AA
- ◆ Stuart Crescent Health Centre, Wood Green, N22 5NJ
- ◆ Stroud Green Health Centre, 12-14 Upper Tollington Park, N4 3EL
- ◆ Tynemouth Road Health Centre, Haringey, N15 43H*
- ◆ 1 – 3 Edwards Drive, Gordon Road, London N11 2HD

Islington:

- ◆ Archway Community Care Centre, Vorley Rd, N19
- ◆ Bingfield Street Health Centre, 8 Bingfield Street, N1 0AL
- ◆ Calshot Community Care Centre, 57 Calshot St N1 9XH

- ◆ City Road Practice, 190-196 City Road, EC1V 2QH
- ◆ Finsbury Health Centre, 17 Pine Street, EC1R 0LP*
- ◆ Goodinge Health Centre, 20 North Road, London, N7 9EW
- ◆ Hanley Primary Care Centre, 51 Hanley Road N4 3DU
- ◆ Highbury Grange Health Centre, 1-5 Highbury Grange, N5 2QB
- ◆ Holloway Community Health Centre, 11-17 Hornsey Street, N7 8GG*
- ◆ Hornsey Rise Health Centre, Hornsey Rise, N19 3YU*
- ◆ Hunter Street Health Centre, 8 Hunter St, London WC1N 1BN
- ◆ Islington Outlook, 133 St John's Way N19 3RQ
- ◆ Kings Cross Primary Care Centre, 264 Pentonville Road, N1 9JY*
- ◆ Michael Palin Centre, 13-15 Pine Street, EC1R 0JH
- ◆ Northern Health Centre, 580 Holloway Road, N7 6LB
- ◆ PULSE 164 Holloway Road, N7 8DD
- ◆ Partnership Primary Care Centre, 331 Camden Road, London, N7 0SL
- ◆ River Place Health Centre, Essex Road, London, N1 2DE

Camden

- ◆ Belsize Priory Health Centre, 208 Belsize Road, NW6 4DX*
- ◆ Crowndale Health Centre, 59 Crowndale Road, NW1 1TN*
- ◆ Gospel Oak Health Centre, 5 Lismore Circus, NW5 4QF*
- ◆ Kentish Town Health Centre 2 Bartholomew Road, London, NW5 2BX*
- ◆ South Camden Centre for Health, Stephenson House 146 Drummond St. NW1 2PL

Enfield

- ◆ Evergreen Primary Care Centre, 1 Smythe Close, Edmonton, N9 0TW*
- ◆ Forest Road Primary Care Centre, 308a Hertford Road Edmonton, N9 7HD*
- ◆ North Middlesex University Hospital, Sterling Way, Edmonton, N18*
- ◆ Chase Farm Hospital, The Ridgeway, Enfield EN2 8JL*

Hackney

- ◆ Hackney Service Centre, 1 Hillman St, E8 1DY
- ◆ Linden Children's Centre, 86/92 Rectory Road, N16 7SH

Locations marked * are those providing dental clinics. Some dental surgery is carried out in theatres at North Middlesex Hospital, Chase Farm Hospital and children's dental surgery is carried out in Theatres in the Whittington Hospital.

5. Description of Services

Although listed as a 'medium acute Trust', Whittington Health is a very diverse Integrated Care Organisation and provides services corresponding with all eight of the Acute Core Services as well as three of the Community Health Services and four of the Specialist Mental Health Core Services as defined in the CQC Provider Handbooks, together with a single directly managed Primary Care (GP) service and a Primary Care Alcohol and Drugs Service.

The vertical integration of services in Whittington Health enables the Trust to provide a full range, level and intensity of services in primary and secondary care to patients

from the local community and follows through into the design of services around individuals' needs and preferences.

Clinical services in Whittington Health are organised into seven Integrated Care Service Units (ICSU) designed to cross care boundaries. These are described in detail on pages **8 to 46**

The services in each ICSU do not correspond with the Core Services set out in the Acute, Community or Specialist Mental Health provider handbooks but are listed in the table below which shows how they relate to the CQC descriptors of Core Services.

5.1 Emergency and Urgent Care	Page	Corresponds with CQC Core service:
Emergency Department (A&E)	8	Urgent and Emergency services
Urgent Care Centre	8	Urgent and Emergency services
Ambulatory care centre (adults) and Virtual Wards	9	Urgent and Emergency services
Ambulatory care centre (children)	9	Urgent and Emergency services
Acute Assessment Wards (MAU)	10	Medical Care including older people's care
Facilitating Early Discharge Service (FEDS)	10	Medical Care including older people's care
District Nursing services		Community Services for Adults
Community Matrons		Medical Care including older people's care
Hanley Primary Care Centre		Primary Care Services (GP)
PCADS Primary Care Alcohol and Drug Services		Drug and Alcohol services

5.2 Medicine, Frailty and Networked Services	Page	Corresponds with CQC Core service:
Cardiovascular Medicine		Medical Care including older people's care
Care of older people (Whittington Hospital)		Medical Care including older people's care
Cavell Rehabilitation Unit		Medical Care including older people's care
Continence and Urodynamics		Medical Care including older people's care
Continuing Care (Islington)		Community Services for Adults
Diabetes (Haringey and Islington)		Community Services for Adults
Diabetes (Whittington)		Medical Care including older people's care
Diagnostics EEG/ECG		Outpatients and Diagnostic Imaging
End of Life Care (Palliative care)		End of Life Care
Endocrinology		Medical Care including older people's care
Gastroenterology		Medical Care including older people's care
Haematology		Medical Care including older people's care
Haringey Learning Disabilities Partnership		Community services for people with LD/Autism
Integrated Community Ageing Team		Community Services for Adults
Integrated Community Therapy Team (Haringey)		Community Services for Adults
REACH & Intermediate Care Team (Islington)		Community Services for Adults
Nephrology (kidney/renal disease)		Medical Care including older people's care
Neurophysiology		Medical Care including older people's care
Nutrition (In-patients)		Medical Care including older people's care
Occupational Therapy & Physiotherapy(In-patients)		Medical Care including older people's care
Respiratory Medicine (Chest Medicine)		Medical Care including older people's care

Integrated Community Respiratory (CORE)		Community Services for Adults
Rheumatology		Medical Care including older people's care
Speech and language therapy		Medical Care including older people's care
TB Service North Central London		Outpatients and Diagnostic Imaging

5.3 Outpatient Prevention and Long Term Conditions	Page	Corresponds with CQC Core service:
Acute Outpatients		Outpatients and Diagnostic Imaging
Transcript and Health Records		Outpatients
Access Centre		Outpatients
Call Centre		Outpatients
Community Booking Service (CBS)		Community Services for Adults
Bladder & Bowel Service (Haringey)		Community Services for Adults
Bladder & Bowel Service (Islington)		Community Services for Adults
Health Centre Managers		Community Services
Expert Patient Programme (Islington)		Community Services for Adults
Improving Access to Psychological Therapies (run by DN)		Mental Health Services for Adults of Working Age
		Community Services for Adults
		Community Services for Adults
Musculoskeletal CATS Service		Community Services for Adults
Musculoskeletal Physiotherapy		Community Services for Adults
Nutrition and Dietetics (Community)		Community Services for Adults
Chronic Pain Management Service		Medical Care including older people's care
Podiatry (Acute service)		Medical Care including older people's care
Podiatry/Foot Health (Community Services)		Community Services for Adults
Smoking Cessation		Community Services for Adults
Tissue Viability and Lymphoedema Service		Community Services for Adults
Self-Management		Community Services for Adults

5.4 Clinical Support Services	Page	Corresponds with CQC Core service:
Imaging (x-ray, MRI, CT)		Outpatients and Diagnostic Imaging
Interventional Radiology		Outpatients and Diagnostic Imaging
Phlebotomy		Outpatients and Diagnostic Imaging
Biochemistry		Outpatients and Diagnostic Imaging
Microbiology		Outpatients and Diagnostic Imaging
Histopathology		Outpatients and Diagnostic Imaging
Pharmacy		n/a
Infection Prevention and Control		n/a

5.5 Surgery	Page	Corresponds with CQC Core service:
General Surgery		Surgery
Day Surgery		Surgery
Bariatric Surgery		Surgery

Trauma and Orthopaedics		Surgery
Anaesthetics for Surgery		Surgery
Ear, Nose and Throat		Surgery
Dermatology		Surgery
Ophthalmology		Surgery
Urology		Surgery
Critical Care		Surgery
Oncology		Surgery
Community Dentistry		Community Services for Children YP and Families

5.6 Women and Family Services	Page	Corresponds with CQC Core service:
Gynaecology and Colposcopy		Maternity and Gynaecology
Maternity and Obstetric Services		Maternity and Gynaecology
Sexual Health and Contraception Service		Community Services for Children YP and Families
Termination of Pregnancies		Community Services for Children YP and Families
Haringey HIV Prevention Programme (Haringey)		Community Services for Children YP and Families

5.7 Children's Services	Page	Corresponds with CQC Core service:
Audiology and New Born Hearing		Community Services for Children YP and Families
Neonatal Intensive Care Level 2 (NICU) and SCBU		Neonatal Services
Paediatrics(Whittington)		Community Services for Children YP and Families
Community Paediatrics (Islington)		Community Services for Children YP and Families
Community Children's Nursing (Islington)		Community Services for Children YP and Families
The Life Force Team (Palliative Care)		Community Services for Children YP and Families
Occupational Therapy		Community Services for Children YP and Families
Physiotherapy Service		Community Services for Children YP and Families
Speech & Language Therapy		Community Services for Children YP and Families
Michael Palin Centre		Community Services for Children YP and Families
Sickle Cell & Thalassaemia (Adults & Children)		Community Services for Children YP and Families
Child Development Team (Haringey)		Community Services for Children YP and Families
Family Nurse Partnership		Community Services for Children YP and Families
Health Visiting		Community Services for Children YP and Families
School Health Service		Community Services for Children YP and Families
Special School Nursing		Community Services for Children YP and Families
Child Protection		Community Services for Children YP and Families
Looked after Children		Community Services for Children YP and Families
CAMHS (Islington)		Specialist community MH services for Children
CAMHS Adolescent Outreach Team (Islington)		Specialist community MH services for Children
Community child psychology service		Specialist community MH services for Children
Simmons House Adolescent Unit (CAMHS)		Child and Adolescent Mental Health wards

5.1 Emergency and Urgent Care

Emergency Department (A&E)

The Emergency Department is open 24 hours a day, seven days a week for anyone needing treatment for an urgent problem caused by an accident or illness. It includes a dedicated, newly refurbished, child friendly paediatric area. Emergency surgery and medicine services are also provided, initially within the department, and then in our Medical and Surgical Assessment wards and emergency day surgery unit. Please note that we do not provide services for acute strokes, heart attacks (myocardial infarction) or major trauma. These patients are cared for in the relevant specialist centres.

Urgent Care Centre

The Urgent Care Centre is a collaborative service development delivered by Whittington Health and WISH, a consortium of GP practices in close proximity to the hospital providing sessional GP's and GP leadership. The service aims to meet the needs of local residents requiring care and treatment for minor illness, injury and other primary care presentations.

The Urgent Care Centre is colocated with the Emergency Department at Whittington Hospital to complement existing services and offer users increased choice and flexibility when accessing health care by directing patients to the service most appropriate to their needs. There is a strong emphasis on opportunistic health promotion and education with signposting to other services and proactive registration of patients with local primary care providers.

The aims include to:

- Reduce the number of patients presenting at ED who would be better treated by primary care clinicians.
- Improve patient's experiences in urgent care
- Reduce the number of unplanned hospital admissions through improved management of long term conditions.

Ambulatory Care Centre (adults)

Ambulatory care is same day emergency care. The ambulatory care centre offers easy access to diagnostic tests, hospital consultants and specialist staff in one place. It is a way of providing safe care designed around the needs of the patients and to avoid unnecessary hospital admissions.

The adult service is consultant led with a multi-disciplinary team of more than 20 staff including medical and emergency physicians, community matrons, GPs, surgeons and a full range of hospital based specialities working together in the acute care of patients.

The service is not pathway or condition led to ensure that all patients can be considered. All patients must be referred and clinically accepted by the ambulatory care team.

Clients may be:

- Adults needing emergency care who are referred by their GP
- Patients redirected from our emergency department
- Patients who have been in hospital, providing support to go home as part of our enhanced recovery programme

Ambulatory care centre (children)

Our ambulatory care centre is a safe way of providing care which aims to avoid unnecessary admissions but allows children to be observed for longer periods of time than is possible in our children's emergency department.

In coordination with our children's community nursing teams, it will continue to provide ongoing treatment and review for children who have been recently discharged. Our new consultant supported hospital-at-home service (currently in development) will also work closely with the service.

The paediatric ambulatory care service is a fully integrated component of the Trust's acute paediatric service and is Consultant led with support from the full multi-disciplinary team.

Acute Assessment Wards

There are two acute assessment wards; Mary Seacole North (18 beds) and Mary Seacole South (16 beds).

The Facilitating Early Discharge Service (FEDS)

FEDS provides therapist assessment of functional ability and plans discharge home as early as possible with patients who attend the Emergency Department, or are admitted to the Medical Acute Admissions wards and who do not need to stay in hospital for medical treatment. As part of this role the therapists (Occupational Therapists, Physiotherapists and Therapy Technicians) may accompany patients home or carry out follow up visits to the patient's home. The purpose of these visits is to ensure that the person can safely manage basic tasks, e.g. mobilising to the toilet, transferring to chair or bed, and able to answer the front door, as necessary, and to provide adaptive equipment to support independence as required. The team will make referrals to other community services if ongoing enabling or rehabilitation is required.

District Nursing services

The District Nursing Service visits patients in both Islington and Haringey. There are ten daytime district nursing teams and two twilight teams. As well as the mainstream district nursing teams, there are two leg ulcers clinics which provide skilled assessments and treatments for patients with leg ulcers.

The district nursing team is made up of nurses with a wide range of nursing skills and knowledge. They provide expert care to patients living in their own homes and residential homes. The district nurse team manager is supported by community staff nurses and health care assistants.

The district nursing team works closely with GPs, social workers, hospitals, community matrons, continuing care nurses and voluntary agencies.

How we can help patients and carers:

- Co-ordinate care in the place the patient live
- Ongoing nursing care to aid recovery from illness and operations
- Assessment for equipment to promote and maintain independence
- Advice on how to live more healthily and manage long term conditions
- Care for patients with long term illnesses
- Expert specialist care when people are at the end of life
- Referral to other specialist services as necessary
- Work with people and other community services to prevent unnecessary hospital admissions
- Work with patients and families to prevent pressure ulcers and manage any pressure ulcers that patients have on referral to the service.

Client Group

To be eligible for district nursing care, patients need to be aged 16 year and over and housebound (that is they are unable to travel to their GP practice for nursing care).

Hours

The District Nursing Service work 365 days a year from 08:30 to midnight. The Camden Night Nursing Service is commissioned to provide nursing care to residents in the London Borough of Islington between midnight and 08:00.

Community Matrons

Community Matrons work across Islington and Haringey. Each Matron is linked to a group of G.P practices. They provide:

- Case management for patients who are frequently readmitted to hospital or who are frequently requiring GP visits.
- Care co-ordination for the identified patients by coordinating the work of other professionals (for example district nurses, specialist nurses and therapists) and act as their main point of contact with health services.
- A comprehensive baseline assessment for each identified patient in conjunction with GP, patient, relatives, carers and other professionals. This will include an advanced Physical Assessment. The Health and Social Care Single Assessment process will be utilised to facilitate communication between health and social services about patient care and to minimise duplication.
- Proactive monitoring of chronic diseases plus identification and management of early symptoms of exacerbation (this also involves educating the patients and their carers to recognise these and to alert appropriately).
- Patient held management plans. These will define any 'trigger points' and be an agreed plan for the patient in the event of exacerbation/crisis rather than attending A&E or calling emergency services.
- Liaison with acute hospitals in the event of an admission/A&E attendance to facilitate a smooth safe and speedy discharge and undertake a review with the GP and primary care team within 3 working days, to see whether systems and/or management need to be amended to prevent a recurrence.

- Patient education (and education for families/carers) and ensure this is arranged to support self-management for the patient and that there is an ongoing ethos of self-management.

Hanley Primary Care Centre

The Practice

This is a GP Provider Service that serves the area from Holloway Road/Seven Sisters Road to Stroud Green Rd/Hornsey Lane/ Isledon Road. If patients live in the practice area, they are able to register with us permanently. We also provide temporary registration to those patients staying within the area for up to 3 months, along with an option for Immediate Necessary Treatment, for non-residents, should an acute crisis occur. We have an open list and a maximum registration capacity for 6300 patients.

Premises and Opening Times

Hanley is a purpose built GP surgery and fully accessible to all disabled patients. The practice is open every weekday Monday to Friday from 8.00am to 06:30 pm. When we are closed after 6:30pm, telephone calls are automatically diverted to our out-of hours GP service HARMONI.

The Clinical Team

The Team includes: three GPs (one Lead Clinician), one practice nurse and one health care assistant together with other visiting clinical staff

Services

The core services of general practice include the general management of acute and chronic medical conditions, health promotion, appropriate referral and urgent care. The practice provides antenatal and postnatal care.

Health Promotion:

- New patient health checks
- Healthy diet / exercise advice
- Smoking cessation advice
- Blood pressure monitoring.
- Cervical smear
- Chlamydia screening.
- Asthma/Diabetes/COPD
- Travel Vaccination

Specialised Clinics:

- Psychology Service
- Drugs/Alcohol Service
- Diabetic clinic
- Baby Immunisations Hosted Clinics
- Citizen Advice Bureau Service
- Child Health Walk-In Clinic
- Hornsey Rise Midwifery Team

Minor Ailment Scheme (MAS)

We participate in the Minor Ailments Scheme and offer vouchers for minor ailments/conditions that can be self-treated with medicine available over the counter from the pharmacy. MAS allows easier access to the same advice, treatment and medicines from pharmacist as one would get from a GP, without having to wait for a GP appointment.

Patient Participation Group (PPG)

We have an active PPG & would welcome expression of interest from any of our patients. We have a designated staff lead for this group

Patients who do not speak English

The practice books face-to-face interpreters for patients that have difficulty communicating in English. There is also telephone interpreting for immediate use and sign language for hearing impaired.

PCADS (Primary Care Alcohol and Drug Services)

The service provides a range of Tier 2-3 appropriate programmes of care that are in line with the National Treatment Agency substance misuse service frameworks "Models of Care for Alcohol (2006)" and "Models of care for Drugs (2006)". These include primary care and acute based treatments and support services to adults affected by substance misuse, including carers, with referral and joint working with other local treatment providers in order to promote co-ordinated care packages. Individuals from the age of eighteen who are assessed appropriate for treatment in a primary care setting can access the following services:

- Comprehensive substance misuse assessment.
- Brief interventions, motivational interviewing and longer term psychological therapy.
- Case management.
- Blood borne virus screening and vaccination
- Withdrawal management and relapse prevention pharmacotherapy.

PCS (Primary Care Service – Homeless persons / Substance misuse)

The Primary Care Service (substance misuse / homeless persons) is for people who live in Islington who are either homeless or using local drug services and who are not registered at a local GP practice. The service identifies and manages acute and chronic health problems and supports patients in fully registering with a local GP practice as soon as possible. The service cannot offer GP registration so the range of services is limited to those which best meet the needs of the target group. Individuals from the age of eighteen who are assessed appropriate for treatment in this primary care setting can access the following services:

- Long Term Condition management (Diabetes, Asthma, COPD)
- Wound Management and Suture removal
- Assessment and treatment of minor ailments
- Cervical Screening
- Contraceptive Services

- Sexual Health Services
- Vaccinations and Immunisations
- Blood Borne Virus (BBV) Screening, Immunisation & Treatment
- Smoking cessation and safer drinking interventions.
- Mental Health Assessment / Referral

5.2 Medicine, Frailty and Networked Services

(Services listed alphabetically)

Medical wards

The Whittington Hospital has three medical wards: Nightingale (21 beds, respiratory), Montuschi (16 beds cardiology and coronary care) and Victoria (other medical specialties). In addition the spare Bridges ward is available for winter pressures.

Cardiovascular Medicine within the ICO

Cardiovascular medicine has long embraced an erosion of conventional primary/secondary care barriers for people with accredited access for local GPs to cardiovascular investigations and the early involvement of nurse specialists, health psychologists and pharmacists within the multi-disciplinary team that deliver care within and outside the hospital. The development of the ICO has allowed us to forge still stronger links and more effective mechanisms for delivering high quality patient centred care, wherever needed from home to hospital.

Key services:

Whittington outpatient cardiovascular services aim to deliver a friendly, efficient and timely outpatient service across the range of cardiovascular conditions. This has always been Consultant led and proportionately is increasingly Consultant delivered. It is supported by a GP telephone helpline on a Monday evening and a range of diagnostic services. We have also developed a number of specialised and rapid access outpatient services which increasingly integrate with community and primary care delivered services:

1. Rapid access chest pain service – designed to detect and treat coronary disease early and thereby mitigate against muscle damage, arrhythmias and premature death. Chest pain nurse specialist with Consultant cardiologist – 5 clinics weekly. Supported by local exercise testing, nuclear medicine imaging and diagnostic angiography (Whittington) and intervention, undertaken at the Heart Hospital by our local interventionist.
2. Rapid access HF clinics – Consultant one stop clinic to confirm or exclude a diagnosis (including echocardiography and electrocardiography) 5 clinics weekly.
3. Advanced HF service – for those with high risk, complex or unstable HF, or where additional advice required by GP, nurse specialist and others, and or to assess for devices, transplantation and other select interventions. These are often multidisciplinary. 2 sessions per week.

4. Post discharge HF services – designed to ensure safe and timely review in keeping with NICE Quality standards for HF (2011) and to ensure secure and timely referral to community services. These clinics are often multidisciplinary and involve close working with the acute HF nurse, or community HF nurses (both Islington and Haringey).
5. Anticoagulation and stroke prevention – these services span hospital, GP based, Pharmacy based and emerging home based facilities across the North central sector.

Rehabilitation

Whittington Health offers a range of cardiac rehabilitation services, all community based, spanning a “fixed term programme” for those with more complex disease which includes patients with heart failure amongst others, and a “roll in roll out” gym based programme aimed at younger patients often following coronary intervention. The aim of all programmes is increased well-being and exercise for life. Some patients are unable or unwilling to attend a formal programme and for these we offer a one off assessment and advisory programme, with additional services being explored by the Community HF nurses.

Inpatient services

Cardiovascular expertise within the hospital covers the full range of care, and is supported by close working with colleagues at the Heart Hospital (including a number of Multidisciplinary meetings in which we participate), Harefield and Papworth Hospitals. Much of the care is delivered within the cardiovascular ward, Montuschi ward, which incorporates a CCU and additional monitored beds, alongside dedicated nursing and other staff. In addition there are HF rounds across the hospital (delivering shared care) and an active outreach cardiovascular service to the acute admitting and other medical, surgical, and obstetric, wards. There is a weekly MDT review of all known inpatients with HF.

Community Services

The community based HF team, supported by the British Heart Foundation, aims to improve the care and well-being of patients with chronic heart failure within Islington and Haringey, working closely with GPs, and the relevant Hospital Consultants (from Whittington, UCLH and the North Middlesex) to that end. The long term aim is to ensure high quality care throughout the ICO. Community HF clinics are available across both Haringey and Islington, including in some instances GP based clinics, with additional home support, and the facilities to monitor less stable patients and to up-titrate in close consultation with primary care physicians and consultant colleagues. The specialist expertise of the HF nurses is supported by a wide range of other community services and diverse educational initiatives including patient self-management, and patient support groups.

Outcomes for Cardiovascular Conditions within the ICO

1. Patient experience

The Cardiovascular Service was first awarded the Government standard accolade of the Charter Mark Award 12 years ago for the overall quality of service with emphasis on patient experience. The Service has been successful in being re-awarded the Charter mark and its successor the Customer Service Excellence Award in every successive year, and most recently in 2012.

2. Patient Outcomes

The HF service across hospital and community has been recognised by NHS Improvement, whilst a number of National Audits (MINAP for acute MI, HF and Rehabilitation) demonstrate good outcomes when compared to the national and sector comparators for prescribing, and in hospital and subsequent 12 month mortality and readmission rates (HF). The standardised Whittington hospital mortality rate is overall lower than expected, reflecting low inpatient mortality rates across cardiovascular inpatient care including HF. Similar figures are found through interrogation of HES and other data sets. These are achieved even though many of the patients admitted have poor social deprivation ratings, which within the community reflect high (though decreasing) CV related mortality rates.

Care of older people (Whittington Hospital)

The Trust provides inpatient, day care and outpatient services for elderly patients, normally over the age of 75. There are two dedicated wards: Cloudesley and Meyrick, each with 25 beds. A multi-disciplinary team of specialist nurses, doctors, and allied health professionals provide assessment, treatment, and rehabilitation. Frail patients and those who have had falls, where an assessment of mobility is key, are well suited for care here.

Cavell Rehabilitation Unit

The Rehabilitation Unit is a 10-bedded Ward in Whittington Hospital which offers a period of inpatient rehabilitation following an acute hospital admission, primarily following a surgical procedure. The multidisciplinary team includes nursing, medical and therapy staff and aims to enable patients to regain as much independence as possible. Patients admitted to the unit are either:

- Older people (65 years plus) who need a period of rehabilitation following an acute hospital admission or
- Over 50 years old and in need of specialist inpatient rehabilitation.

The aims of the service are to:

- Provide high quality rehabilitation to enable patients to regain as much independence as possible after leaving hospital;
- Provide high quality nursing care with a rehabilitation focus;
- Provide a swift response to enable patients to transfer from an acute hospital to a rehabilitation unit in a timely fashion;
- Support patients in returning to their own homes where possible.

Continuing Care (Islington)

NHS Continuing Health Care is care provided to a person 18 or over to meet their physical and mental health needs. This need may have arisen as a result of disability, accident or illness. It means that the person's primary need is a health need not a social need. A complete package of ongoing care is arranged and funded solely by the NHS. Care can be provided in any setting, in a person's own home, a care home or a hospital setting. The Continuing Care Service provides:

- The identification of patients and their assessment of eligibility for continuing care
- Expert care co-ordination of continuing care clients
- Expert professional nursing advice and training to a range of multidisciplinary and multi-agency services.
- The Nurse advisers for complex continuing care panels.

The continuing care service is an established service in Islington. It has actively collaborated with all health and social care services in identifying clients with complex health and social care needs to provide a seamless service within the resources available. It works closely with the district nursing, palliative care and the community rehabilitation services. It has remained an accessible and approachable service for all health and social care professionals. The Team also provides the a statutory nursing review to all those in receipt of Funded Nursing Care in Islington & Camden Care homes who have an Islington G.P. All these residents are screened to ensure that their needs do not meet eligibility for full NHS continuing care.

Diabetes (Haringey and Islington)

The Haringey and Islington Diabetes Specialist Nurse and Dietitian Service offers specialist support, education and case management to patients with diabetes across the two boroughs. The team consists of highly specialised nurses and dietitians who are able to provide expertise to support those living with Diabetes. The team works closely with the diabetes services at the Whittington Hospital, UCLH and NNUH, has worked in partnership with them to develop the Diabetes Guidelines for Primary Care in Islington and Haringey. Services offered by the team include:

- **DESMOND** (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed). This is a structured self-management programme for people newly diagnosed with Type 2 Diabetes. This is a group session, run twice a month and held at 2 different venues in the borough (**ISLINGTON ONLY**)
- **Structure Patient Education** – 3 session delivered in a group setting for those who have diagnosed with Type 2 Diabetes in last 12 months – started October 2012 (**HARINGEY ONLY**)
- **Diabetes management** – helping people to maximize their diabetes treatment, including starting injectable (insulin and GLP-1 therapy), reviewing and titrating doses. This maybe within a clinic setting or in patient home if unable to attend clinic
- **A Nurse Led Intermediate Diabetes Service**, supported by Consultant Diabetologists and Dieticians to provide diabetes care in a primary care setting.
- Providing **clinical support** to health staff looking after people with diabetes e.g. the District Nursing Service and General Practice
- **New Referral Central Triage service:** To triage all secondary care referrals from general practice to the Hospital Diabetes Outpatient Services to ensure appropriate referrals go to Intermediate Diabetes Service and Hospital Diabetes Service (in Haringey only).

Diabetes and Endocrinology (Whittington)

The Department of Diabetes and Endocrinology aims to improve the health of people with all types of diabetes by education and training as well as by treating them. Both outpatient and in-patient care is provided for patients of all ages including the provision of insulin pump services.

The Endocrinology Department provides services to patients with a broad range of endocrine disorders both as outpatients and inpatients. A telephone clinic has also been set up to follow up patients in their own homes. The range of services provided is as follows:

- Outpatient clinic for patients with thyroid, calcium, adrenal and reproductive endocrinology disorders
- Radioactive iodine therapy for thyroid conditions
- Monthly specialist clinics
- Monthly specialist children's endocrinology clinic, in conjunction with the paediatric department
- Patients with pituitary tumours are treated in partnership with the National Hospital for Neurology and Neurosurgery.

Diagnostics (EEG/ECG)

Clinics are held in the main outpatient clinic block on the Whittington Hospital site.

End of Life Care (Palliative care)

The Whittington hospital team is led by a consultant in palliative medicine and includes a team of Macmillan specialist nurses. They provide care, support and advice for those patients with cancer and other life-limiting illnesses, and to their families.

Gastroendoscopy

The Gastroendoscopy service provides a comprehensive range of diagnostic tests and treatment for patients with suspected or established disease. Both outpatient and inpatient services are provided, and include:

- Inflammatory bowel disease
- Coeliac disease
- Hepatitis
- Dyspepsia
- Endoscopy, including emergency diagnosis and treatment of gastro-intestinal bleeds
- Colonoscopy
- Flexible sigmoidoscopy
- Bowel screening (from Feb 2015)

Haematology

The Haematology Department specialises in treating a wide range of blood disorders in adults and children and has an international reputation in treating patients with haemoglobin disorders. The range of disorders treated includes:

- General haematology

- Blood transfusion (24 hour service)
- Sickle Cell
- Thalassaemia
- Cancers of the blood (except acute leukaemia and aggressive lymphoma)
- Deep vein thrombosis

Haringey Learning Disabilities Partnership

This service is commissioned and provided through a Section 75 Partnership arrangement between Whittington Health and Haringey Social Services and Barnet, Enfield and Haringey Mental Health Trust and with Local Authority lead.

Services include a Multi-disciplinary Community Team, an Assessment and Intervention Team for adults with mental health conditions associated with their LD and a 5 bed respite care home for adults with complex needs. Nurses, OTs, SLTs and Physiotherapy staff are contracted employees of Whittington Health seconded to the Local Authority, but with professional line management provided through Whittington Health.

Integrated Community Ageing Team (ICAT)

The Integrated Community Ageing Team (ICAT) works with GPs and other community services to provide care for patients from care homes, according to their wishes and needs. (ICAT) aims to:

- Improve communication between secondary care and primary care for patients in care homes
- Maximise the number of days spent at home by reducing unnecessary hospital admissions and length of inpatient hospital stay
- Work closely with care home staff and support their education and development
- Work closely with allied GP practices to support ongoing professional development in complex geriatric case management

Client Groups

- Islington resident
- 75 years and over
- Islington care home residents

Integrated Community Therapy Team (ICTT) (Haringey)

This team is based at Stuart Crescent Health Centre and at Hornsey Central Neighbourhood Health Centre, and provides multi-disciplinary (OT, Physiotherapy and Speech Language Therapy) rehabilitation for adults living within Haringey. Haringey Integrated Community Therapy Team (ICTT) provides:

- Intermediate care and short-term rehabilitation for Haringey adults with predominantly physical conditions (e.g. stroke, complex neurological conditions, orthopaedic conditions and Parkinson's Disease)
- Community stroke rehabilitation service
- Care that enables clients to live as independently as possible at home and to integrate back into their communities by empowering them to manage their daily activities

- Long-term rehabilitation for those living with, and managing, long-term health problems (such as progressive neurological conditions, Motor Neurone Disease, MS or degenerative joint and bone conditions) who have shown the rehabilitation potential to achieve their goals
- Falls Prevention Service
- Hospital admission prevention response
- Mobility assessments for those adults who have applied to London Borough of Haringey Concessionary Travel for a Blue Badge and/or a Disabled Persons Freedom
- Pass on the grounds of reduced mobility
- Support to local day centres around mobility assessments and the safety checking of walking aids
- Support to both teams and clients in Palliative Care to maintain a client's independence for as long as possible, to maintain their respiratory status, to reduce any discomfort and/or to improve their ability to swallow.

Community Rehabilitation Team (Islington)

Rehabilitation services are integrated with Islington Social Services, with Health professionals employed by Whittington Health. CRT (including neuro-rehab) is managed from Outlook Centre, St Johns Rd. Various therapy sessions are offered including a weekly Hydrotherapy in Richard Cloudesley School.

Rehabilitation and Care in the Home (REACH)

The Islington REACH Intermediate Care Team provides for older patients and is an integrated multidisciplinary team which combines Whittington Health, London Borough of Islington, and Camden and Islington NHS Foundation Trust staff under a single management structure. The team contains Physiotherapy, Occupational Therapy, Speech and Language Therapists, Rehabilitation Assistants, Social Workers, Nurses, and Psychologists. The team works in collaboration with older people and their relatives/carers, to promote health and maximise independence in mobility, communication, everyday activities, leisure and work. This work is carried out predominantly in clients own homes, but also in day centres, residential and nursing homes, or any other appropriate environment. The service also provides access to, and therapy assessment and intervention in the Islington Intermediate Care bedded facilities at St. Ann's Nursing Home (Finsbury Park) and Mildmay Park Extra Care Sheltered Housing Scheme. The service delivers complex care as outlined below:

- People with complex health needs associated with later life, who require an episode of assessment, treatment, advice and/or rehabilitation.
- People whose health needs are related to multiple pathologies or whose needs are related to illness, which typically manifests itself in later age, e.g. falls, Parkinson's disease, stroke, degenerative bone and joint disease
- People whose health needs are related to combined physical and mental illness, which typically manifests in later life e.g. combination of dementia and osteoarthritis.
- People who are at risk of or who have had a fall as a result of disease or decline associated with older age.

- Those with age related decline in function who require a period of rehabilitation and social care support to regain health and independence to remain living independently in the community.
- Rehabilitation and disability management service to Islington residents. Services are provided on the basis of need rather than age, but are geared towards the requirements of younger adults, addressing parenting, employment, sexuality, recreation, in addition to self-care and domestic needs, cognitive rehabilitation, health promotion, communication, swallowing and nutrition, risk management, and depression.
- Support access to specialist inpatient neuro-rehabilitation. The Service will work with the referring multi-disciplinary team to firstly establish if community based rehabilitation is a viable option. Secondly, where a need for in-patient treatment is identified the Service will consider with the referring authority recommendations for specialist services, and finally the Service will take a lead role in coordinating the discharge planning, including working closing with Social Services.
- Transport Benefits Mobility Assessment service – Completing mobility assessments for applicants of Freedom Passes, Taxi Cards and Blue Badges.

Nephrology (kidney/renal disease)

The Nephrology Department provides diagnosis and treatment for patients with all types of acute and chronic kidney disease, except for dialysis and transplantation, which are provided by the Royal Free Hospital. We also investigate and treat patients with hypertension (high blood pressure) and renal disease diseases associated with cancer and blood diseases. We treat patients both as outpatients and inpatients.

Neurophysiology

The neurophysiology department provides inpatient and outpatient diagnostic investigations for all ages. The department provides the following services:

- Routine EEG
- Sleep deprived EEG
- Melatonin sleep EEG
- Portable EEG
- Nerve conduction studies
- Electromyography (EMG)
- Multimodal evoked potential tests, used to investigate:
 - Multiple sclerosis
 - Auditory nerve problems
 - Optic pathway problems
 - Peripheral disorders
 - Visual pathways

Nutrition (In-patients)

The department of clinical nutrition provides a service to both in and outpatients of all ages. They give advice on dietary interventions to help manage a wide variety of clinical conditions and work closely with the Catering Department to provide appropriate meals to patients. They also manage and advise on artificial nutrition

such as tube feeding. The team includes dieticians, nutrition nurse specialists and student dieticians. Specialist dieticians provide advice in specific fields including:

- Paediatrics
- Diabetes
- Gastroenterology
- Care of older people
- Patients with strokes
- Bariatric surgery

Occupational Therapy and Physiotherapy (Inpatients)

Occupational Therapy and Physiotherapy Whittington Hospital in-patient staff work in joint teams to provide acute care, rehabilitation and to ensure the safe and timely discharge of patients from hospital.

Occupational Therapists carry out functional assessments of patients to determine the degree to which patients can manage their own care. This may include assessments of the patient's home and advising on aids and equipment to promote independence. They see patients as inpatients on all the wards and also hold outpatient clinics to support orthopaedic, rheumatology and hand clinics.

Physiotherapists provide a comprehensive range of services to patients of all ages including diagnostic, acute and rehabilitative care. They see patients as inpatients on all the wards and also hold outpatient clinics to support orthopaedics, paediatrics, women's health, Dorothy Warren Day Hospital and respiratory services.

Inpatient physiotherapy services include assessment and treatment of patients in the following broad areas:

- Respiratory - including acute breathing problems, Intensive Therapy, Critical Care Outreach and physiotherapy led non-invasive ventilation
- Care of older people rehabilitation – including specific mobility and falls rehabilitation
- Neurology – assessment and rehabilitation of in-patients with acute neurological conditions
- Orthopaedics, trauma and amputee rehabilitation
- Women's Health – including obstetric advice and after gynaecological surgery

Respiratory Medicine (Chest Medicine)

The department provides a wide range of inpatient and outpatient services to patients of all ages including: asthma, chronic obstructive pulmonary disease (COPD), pneumonia, lung cancer, tuberculosis, bronchiectasis, and sarcoidosis and lung fibrosis. Our respiratory diagnostic service provides bronchoscopies, sleep studies and lung function testing. The service also provides a respiratory early discharge service, which allows emergency patients to go home sooner, and a chronic respiratory support service that helps patients with long-term problems to remain at home where possible.

Integrated Community Respiratory (CORE) Team

The Whittington Health Integrated Community Respiratory (CORE) Team is a multi-disciplinary team committed to the provision of high quality, patient centred, and evidence-based care for people with chronic obstructive pulmonary disease (COPD). At the heart of our practice is commitment to optimising patients' own knowledge of their illness and self-management skills.

The Service and Packages of Care:

Our service is accessible through a central referral form which is triaged daily by expert members of the team with consultant support, through to locality teams. Our referral form details the packages of care that are available including:

- Case Management of COPD patients requiring supported self management
- Specialist COPD Acute Exacerbation Follow Up at home following diagnostic assessment by the GP
- Pulmonary Rehabilitation (PR) and Long term Group Exercise
- Quit Smoking Support including domiciliary interventions for housebound patients (Islington patients)
- Spirometry (Haringey patients)
- Psychological Management of anxiety, depression and other mental health co-morbidities associated with COPD, including domiciliary visits for housebound patients requiring the service
- Liaison with and appropriate referrals to all Social Services Agencies

Locality Teams:

There are 3 Locality Teams: Islington South and Central at Partnership Primary Care Centre, 331 Camden Rd; Islington North & West Haringey at The Whittington Hospital and East Haringey at Crouch End Health Centre. The Teams are Consultant led and referrals are triaged to the locality teams who work Monday to Friday 9 am – 5 pm.

Rheumatology

The Rheumatology Department aims to improve the health of patients with musculoskeletal disorders of all ages. The team works closely with the hospital's orthopaedic, physiotherapy and chronic pain departments. Patients are seen on the inpatient ward, but much of the work is carried out in their outpatient clinic, including:

- Nurse-led clinic for patients on anti-rheumatic drugs
- Clinics to assess, support and treat patients with complicated inflammatory joint disease that does not respond to anti-rheumatic drugs
- Paediatric clinic for children, that is run jointly with the Department of paediatric and adolescent rheumatology at Great Ormond Street Hospital
- Lupus clinic
- Injection clinic
- Musculoskeletal service
- Community-based triage

Speech and language therapy (Inpatients and Outpatients)

The department provides a service for babies, children and adults referred for feeding, swallowing, communication and voice disorders. They see patients as inpatients and outpatients.

TB Service North Central London

The tuberculosis (TB) centre at The Whittington Hospital aimed at reducing London's high number of new cases and making it easier to receive treatment.

The new centre – in partnership with University College London Hospital NHS Trust (UCLH) and (RF) Royal Free (from December 2015) - offers a free walk-in service enabling patients to be diagnosed and treated quicker.

This is part of a new coordinated TB service for North Central London comprising two TB centres – one in the north of the region at North Middlesex University Hospital and one in the south of the region at The Whittington Hospital.

The TB centre brings together the Whittington and the UCLH and RF TB medical and nursing teams onto one site with Whittington Health as the lead provider for North Central London which currently has the highest percentage of TB cases in London (rates of TB of 36.3/100,000).

The service aims to provide a world-class, robust clinical service with the ability to manage medically complex and multi-drug resistant TB. The overall objective is to decrease the rates of TB in North Central London.

5.3 Outpatient, Prevention and Long Term Conditions

(Services listed alphabetically)

Access Centre - Call Centre

The Call Centre is one of the initial points of contact for patients.

The Whittington Health Call Centre service ensures that patients are managed swiftly and professionally for outpatient appointments and clinic cancellations within national guidelines and in accordance with Whittington Health Access Policy.

The service provides:

- Prompt / professional manner with appointment bookings, cancellations and queries (over the telephone, email or in person)
- Prioritisation of work loads within agreed time scales
- Escalation process for additional capacity
- Multi skilled role with rotation of all duties including messages, telephone queries, reminder + service, booking/rejecting of appointments and manage incoming of Choose & Book referrals
- Manage a partial booking waiting list

Access Centre – Level 1

The access Centre – Level 1 is the first point of contact for the management of all acute patient referrals including two week waits. This includes registration, accepting, scanning of referrals. Dealing and responding to GP telephone queries, front reception booking and rearranging of appointments and the management, auctioning, processing or re-direction of incoming post and correspondence.

The service also manages the choose and book referrals service.

Acute Outpatients

Outpatient and diagnostic clinics for 30 medical or surgical specialties for Adults are provided on the Whittington Hospital site. Consultants in Urology and Gynaecology also see outpatients in regular Health Centre clinics. There are separate outpatient clinics for children provided as part of the paediatric services on the Whittington site and at the Northern Health Centre in Islington.

Behavioural Self-Management Programme (Islington)

The Expert Patients Programme (EPP) is a 6- week self-management skills course for people over the age of 18 living with one or more long-term health condition such as asthma, arthritis, Multiple Sclerosis (MS), depression, diabetes, Chronic Obstructive Pulmonary Disease (COPD), heart disease, sickle cell, HIV, ME/chronic fatigue or chronic pain.

Lay tutors, who themselves live with a long-term condition, deliver the course. Topics covered on the course include: agenda setting, goal setting, pain and other symptom management, healthy eating, coping with depression and remaining active. The course develops self-efficacy through these topics and through building effective collaborative relationships with health care professionals. The aims of The EPP service are:

- To help people feel more confident to manage their Long Term Conditions.
- To enable people to learn skills to optimally self-manage their long-term condition.
- To provide conditions for peer support to encourage people to continue to self-manage after the course is over.
- To support peer networks such as the EPP Club and Gardening Club.
- To train and supervise volunteer tutors according to the quality framework.
- To maintain capacity by recruiting new volunteers to train as tutors on the programme.
- To raise awareness of and provide training in self-management support with health, social care and other service providers

In Islington, courses are currently delivered in English and Turkish in a range of accessible locations throughout Islington. New courses begin approximately every 6 weeks. The service is based from the Partnership Primary Care Centre, 1st Floor, 331 Camden Road, London N7 0SL

Bladder & Bowel Service (Haringey)

The Bladder & Bowel Care Service provides a Specialist Service to Adults and Children resident in Haringey. Patients can be referred to this service by GPs or District Nurses.

Types of problems for adults: Urgency and frequency of micturition urge or stress incontinence, functional incontinence, nocturia, constipation, faecal incontinence and neurological bladder and bowel conditions.

Types of problems for children: Nocturnal enuresis (bedwetting), daytime wetting and constipation, developmental delay of continence, intermittent catheterisation. Neurological bladder and bowel conditions

Treatment plans available include:

- Assessment leading to treatment, management or containment.
- Responsible for continence assessments undertaken within care homes (but not nursing homes).
- Responsible for the training of care home staff with regards to all continence issues.
- Management of the supply and delivery of incontinence products to patients as prescribed by Haringey staff.
- Providing a local practice based centre for continuing education to add to the pool of skilled practitioners in the community.
- An annual user groups for users of the service.

Bladder & Bowel Service (Islington)

The Bladder & Bowel Care Service provides a Specialist Service to Adults and Children resident in the Boroughs of Islington and Camden. NHS Islington manages the service. Patients can be referred to this service by any health or social care professional, allied health professions and direct patient self-referral.

Types of problems for adults: Urgency and frequency of micturition, urge or stress incontinence, nocturia, constipation, faecal incontinence and neurological bladder and bowel conditions.

Types of problems for children: Nocturnal enuresis (bedwetting), daytime wetting and constipation and developmental delay of continence

Treatment plans available:

- Assessment leading to treatment, management or containment.
- Pelvic floor assessment and commencing effective treatment strategies
- Fast tracking patients who require other specialist interventions
- Providing a local practice based centre for continuing education to add to the pool of skilled practitioners in the community
- Responsible for all continence assessments undertaken within nursing home settings. (District Nurses assess in care homes).
- Responsible for the training of nursing home staff with regards to all continence issues.

- Accept referrals from St Pancras Hospital and Camden & Islington Foundation Trust wards based at SPH, Highgate and St Mary's Hampstead.
- Management of the supply and delivery of incontinence products to patients as prescribed by Camden and Islington and/or B&BCS staff.
- User group for users of the service and other people with bladder and/or bowel symptoms.

Chronic Pain Management

The Chronic Pain Service is part of the Anaesthetic Department. Chronic Pain is longstanding pain and this service is provided by two Consultant Anaesthetists specialising in this. This service has access to a Psychologist and a Physiotherapist. The service is outpatient based. The service also offers acupuncture.

The **Pain Management Programme** is a psychologically based rehabilitative programme for people with chronic pain which remains unresolved by currently available medical and other physically-based treatments. The aim of the programme is to reduce the disability and distresses associated with chronic pain as well as improve the coping strategies of sufferers by teaching physical, psychological and practical techniques to improve the quality of life.

Patients must:

- Have experienced stable chronic low back pain for at least 6 months
- Be between 18 and 65 years old
- Have no symptoms of serious spinal pathology or inflammatory joint disease
- Have completed all diagnostic procedures

Patients referred into the service are offered a face-to-face joint psychology / physiotherapy detailed assessment to ascertain whether the programme will fulfil their needs. The assessment process includes management options, recommendations and onward referral when the patient is not suitable or able to attend the programme. The PMP runs for eight sessions, once a week for consecutive weeks. Patients participate in group based discussion sessions and graded exercise. The course is led by an experienced psychologist and physiotherapist who are experts in the field of pain management.

Pain is also managed by the Palliative Care Team and the Rheumatology Department. Collectively these services provide pain relief to patients of all ages with a variety of conditions. They also provide advice and support to other health care professionals so that they can better manage their patient's pain.

The Whittington Health Central Booking Service

The Whittington Health Community Booking Service is an essential Support Service that serves as the first point of access for 25 Whittington Health Community Service Providers

- Bladder and Bowel (Islington)
- Bladder and Bowel (Haringey)

- Community Respiratory (Islington (COPD and PR))
- Community Respiratory (Haringey)
- Community Matrons (Haringey)
- Community Matrons (Islington)
- Diabetes (Islington (Including Desmond))
- Diabetes (Haringey (including Diabetes Education))
- District Nursing (Islington)
- District Nursing (Haringey)
- Heart failure (Islington)
- Heart Failure (Haringey)
- Integrated Community Therapy Team (Haringey)
- ICTT Parking Services (Haringey)
- Lymphoedema (Haringey)
- Lymphoedema (Islington)
- Mobility and Seating Solutions, Wheelchair Service (Haringey)
- Musculoskeletal Physiotherapy(Islington and Haringey)
- Nutrition and Dietetics (Islington)
- Nutrition and Dietetics (Haringey)
- Palliative care (Haringey)
- Podiatry (Islington)
- Podiatry (Haringey)
- Tissue viability (Islington)
- Tissue viability (Haringey)

The Community Booking Service has a responsibility to ensure that the Referral Management and Booking Processes for each of the different services are delivered efficiently and effectively

Referrals are received from:

- GP's:
- Self-referral
- Hospitals
- HCP's
- Social Services
- Other Community services such as IAPT, Community rehabilitation Teams (REACH/ICCT) etc.

The Central Booking Service aims to process all referrals within 48 hours of receipt.

Referrals are accepted for processing predominately for Adult Haringey and Islington Borough residents or patients with a Haringey or Islington GP depending on service criteria. The team also processes referrals for Children and residents of Barnet, Brent, Enfield, Westminster and Camden where accepted by services.

Referrers are encouraged to email referrals as this is encrypted and a much safer way of receiving and transmitting confidential data.

The CBS offers a wide range of referral management and appointment booking service which includes the following:

- Receipt of referrals
- Upload of referrals
- Forwarding referrals to appropriate services
- Dealing with rejected referrals in line with agreed SLA's
- Booking of first appointments and or follow-up appointments in line with agreed SLA's
- Discharging of referrals
- Booking of Interpreters
- Booking of Transport
- Information/Signposting

Health Centre Managers

The Health Centre Managers ensure the provision of an efficient and high quality administrative, reception and premises management service for the following Whittington Health Health Centres

Islington Health Centres

- River Place Health Centre
- Finsbury Health Centre
- 1st Floor Goswell Road
- Holloway Community Health Centre
- The Northern Health centre
- Bingfield Health Centre
- Goodinge Health Centre
- Highbury Grange Health Centre

Haringey Health Centres

- Hornsey Rise Health Centre
- Lordship Lane Health Centre
- The Laurels Health Centre
- Tynemouth Road Health Centre
- Hornsey Central Neighbourhood Health Centre
- Crouch End Health Centre
- Bounds Green Health Centre
- Stuart Crescent Health Centre
- Broadwater Farm Health Centre

Health centre staff are the first point of contact and aim to provide excellent customer care, good advice and accurate information to all Health Centre users.

Health Centre Managers are responsible for the operations day to day running of each of the Health Centres and ensure that health and safety policies and procedures are adhered to by all staff and users at all times.

Health Records and Transcription Team

The Health Records Department is not a clinical service providing treatment but is an essential support service enabling the clinical services to treat patients through the provision of Health Records.

The department prepares, manages, and stores, Acute patient Health Records for patients seen at the Whittington Hospital.

Records are provided for all elective activity and support is provided for ED during office hours

All records are stored in accordance with the Records Management: NHS Code of Practice, This involves maintaining the current and semi current libraries and storing patients records for their correct lifecycle.

Transcription Team

The transcription team are responsible for the timely filing of patient letter into the patient records following activity in outpatients where dictate 2 has been used.

The team is also responsible for the on-going training of new clinicians on the latest Dictate software.

Improving Access to Psychological Therapies (IAPT) (Haringey)

IAPT stands for Improving Access to Psychological Therapies. It is an NHS program rolling out across England between 2008 and 2015 that aims to make effective psychological therapies more available to members of the public experiencing Common Mental Health problems. The Haringey and Enfield IAPT service is part of the national initiative. IAPT is a partnership between Whittington Health and Barnet, Enfield and Haringey Mental health Trust (BEHMHT) and provides services across two boroughs. However Whittington Health is solely responsible for providing the service in Haringey whilst our partner BEHMHT are responsible for providing it in Enfield.

The service aims to provide easy access to friendly, responsive; evidence based effective psychological treatments for people with mild, moderate and severe depressive and anxiety based emotional disorders. The treatment approaches used within IAPT adhere to the National Institute for Health and Clinical Excellence (NICE) guidance for the treatment of depression and anxiety disorders. IAPT is a Community based psychotherapy service that uses evidenced based and results measured interventions. We focus on improving access to treatments, particularly for BME communities, on helping people recover from their problems (and objectively measuring this), and in helping people return to employment as part of treatment and long term improvement. We work with all people from 16-years of age onwards, who present with disorders such as Depression, Generalised anxiety disorder-GAD, Social phobia, Health anxiety, Post Traumatic Stress Disorder, Obsessive Compulsive Disorder, Panic disorder with or without agoraphobia, Agoraphobia and other 'specific' phobias as well as body dysmorphic disorder

The treatments we can offer include Cognitive Behavioural Psychotherapy, Trauma focused CBT, EMDR, Mindfulness-based interventions, Counselling, brief Dynamic Therapy, Inter-personal Psychotherapy, Guided Self-help, Computer aided CBT and employment return and retention support. These treatments are delivered in a range of ways, including 1:1 sessions, group based workshops, telephone support and other multimedia techniques such as text, email and web based systems. We deliver treatments as close as possible to people's homes in a way that minimises possible

stigma, such as GP surgeries, Children Centres, Libraries as well as from our dedicated IAPT centres.

Musculoskeletal Physiotherapy Service

Physiotherapy is a science-based health care profession. It uses physical approaches to prevent and improve functional limitations of the body which may have arisen from movement dysfunction or pain.

The Whittington Health MSK Physiotherapy Service offers Outpatient Musculoskeletal assessment, treatment and advice. We aim to provide a high quality and equitable service to all of our clients.

The focus of physiotherapy is to assess clients holistically, so we look at the overall picture of their health. We determine the most appropriate approach to target the healing ability of the local tissues and the related nervous system. We also help patients to self-manage their condition.

Our clients have musculoskeletal conditions that can be helped with physiotherapy such as the following:

- Recent injury - sprained ankle, whiplash, knee strain, recent onset of spine related symptoms.
- Post orthopaedic – knee replacement, ligament reconstruction, shoulder surgery.
- Spinal problems - cervical, thoracic and lumbar (lower back pain).
- Soft tissues problems.
- Assess the cause of the dysfunction and the predisposing factors involved.

The Whittington Health MSK Physiotherapy Service offers the following:

- Assessment, diagnosis and evidence based management of all musculoskeletal conditions where we aim to restore confidence and function, relieve pain and muscle spasm, promote healing, provide advice on work, leisure and activities of daily living and encourage healthy living,
- Chronic Pain Services including IAPT's, CBT, workshops, move and stretch classes
- Spinal, Lower and Upper Limb Service including rehabilitation classes and OA knee classes in Health Centres as well as our Local Leisure Centres
- Injection therapy (internal physiotherapist referral to service only)
- Direct onward referral for investigations (including X-ray and MRI) and for specialist opinions from a Consultant if appropriate.
- Close working with Psychology service, Health Trainers and Cognitive Behavioural Therapists
- A dedicated Turkish speaking service including back to fitness classes
- Signposting to other NHS and community services

Musculoskeletal Clinical Assessment & Treatment Service (CATS) Service

The Whittington Health Musculoskeletal Interface Service is a Primary Care assessment, diagnostic and management service run by Extended Scope Physiotherapists and GP's with a musculoskeletal special interest.

These are highly expert staff with many years' experience in musculoskeletal medicine and close links with secondary care Consultants in Orthopaedics and Rheumatology

The service is for:

- Complex Musculoskeletal patients who have failed conservative management.
- Patients that may be suitable for peripheral joint injections
- Screening of patients who may need secondary care intervention.

The service provides:

- Expert musculoskeletal assessment, diagnosis and management planning
- Direct referral for investigations (MRI, US, X-ray, EMG)
- Streamlined onward referral into secondary care if necessary

Musculoskeletal Interface exclusion criteria (exceptions for direct referral to secondary care)

- Screened systemic inflammatory disease requiring medical management
- Suspicion of serious pathology (malignancy, infection, etc)
- Signs of cord compression / cauda equina syndrome
- Suspicion of recent fracture requiring intervention
- Age under 16 years

Nutrition and Dietetics (Community)

The Nutrition & Dietetic Department promotes health and wellbeing and prevents disease through good nutrition on an individual, community and population level, using evidence based practice and patient-centred care planning.

The team includes Registered Dieticians, Dietetic Assistants, Administration Assistants, and Student Dieticians. The team uses a collaborative approach to guide and empower individuals/groups to adopt healthier lifestyles and eating behaviours as appropriate for their clinical condition by using behavioural tools such as Motivational Interviewing (MI) and Cognitive Behavioural Therapy (CBT).

The service is available to adults (18 years +) living in Haringey and Islington; and children (0-18 years) living in Islington and children (>18 months) living in Haringey and who are registered with an Islington/Haringey GP.. Individual dietetic appointments are available in Dietetic Clinics which are run across Islington and Haringey based in GP practices, health centres, special schools and children's centres. Domiciliary visits are provided for clients who are unable to attend clinic appointments for medical reasons. The service also facilitates patient education groups, healthcare profession training and health promotion events across the boroughs. The service offers a range of clinical dietary treatments including:

- Faltering growth

- Delayed weaning & food refusal
- Physical & behavioural feeding difficulties
- Food allergy & intolerance
- Nutritional deficiencies (anaemia, rickets)
- Weight management
- Diabetes
- Heart health
- Gastrointestinal (coeliac, Irritable Bowel Syndrome (IBS), Inflammatory Bowel Disease (IBD)),
-
- Malnutrition (weight loss/ underweight/poor appetite)
- Enteral Tube feeding
- Learning Disabilities

The N&D department has highly specialised Dietitians who provide a specialist service in areas of Nutrition Support e.g. home enteral tube feeding in the community; in-patients at St. Pancras Hospital; patients requiring Oral Nutritional Supplements (ONS) both at home and within clinics and within Special Needs Schools throughout Islington and Camden. The department also provides Sequential Oral Sensory (SOS) Approach to Feeding for children who are selective/fussy eaters in Islington and nutrition support for patients at St. Pancras Hospital as part of the In-Patient Rehabilitation & Camden Community Support Services for Central North West London (CNWL) NHS Foundation Trust.

Podiatry (Acute service)

The department provides a Consultant led service for the assessment and treatment of patients who have “high risk” and “at risk” foot problems. They work closely with a multidisciplinary team including diabetic, vascular and rheumatology consultants, diabetes nurses, dietitian, tissue viability, microbiology, ambulatory care, orthopaedics and surgical appliances. The service is predominantly an Outpatient service with limited Inpatient ward provision.

Podiatry/Foot Health (Community Services) Haringey and Islington

The Podiatry service aims to improve the foot health of the local population by providing an equitable, accessible and fully comprehensive podiatry service within restricted eligibility criteria. Service is provided from a number of community health centre sites, Mon-Fri 9-5pm. Domiciliary care is given to housebound patients only. The service aims to empower and support individuals in taking responsibility for self-management of their foot pathology where possible by means of joint care planning, foot health education and advice.

The service has a strong role in the diabetes care pathway and undertakes diabetic foot screening for patients at increased risk due to their diabetes, and ongoing foot care and checks for high risk podiatry caseload patients, feeding results and care information back to support GP's in their patient management. The service has specialist biomechanics clinic undertaking gait assessment and provision of foot orthotics and insoles as appropriate to correct, stabilise and support foot function.

Podiatrists also carry out minor surgical procedures to alleviate pathological ingrowing and dystrophic toenails. There is additionally specialist radiosurgery and corticosteroid injection therapy offered at the main Holloway site in Islington.

There are health gains for patients beyond foot health, as many patients accessing podiatry care have long term conditions and co-morbidities that mean health signposting by the department can have significant health gains for the population. Treatment is focused on relieving symptoms, improving function, supporting mobility and managing chronic disease to maintain patient independence and well-being. Treatments undertaken include:

- Diagnosis, curative, palliative and preventative treatment of podiatric dermatological conditions including corns, callus, fungal, bacterial and viral infections,
- Curative and preventative treatment of foot ulceration and wound management.
- Preventative and palliative treatments of foot complications associated with diabetes and Management of high-risk feet secondary to Diabetes, Rheumatoid arthritis, HIV, Ischaemia and neurological pathology.
- Surgical correction of ingrown toenail under local anaesthesia.
- Biomechanical assessment and orthotic management of musculoskeletal lower limb pathologies.
- Cryotherapy treatment of verrucae (Islington only)
- Radiosurgery
- Corticosteroid injection therapy

The service has a criteria based assessment process. Treatment undertaken is focused, appropriate and targeted to patients with greatest risk and clinical need.

All Haringey patients must be referred by their GP or a Health Care Professional. Islington residents may additionally self-refer for an initial assessment appointment. The service is appointment only and provided to borough residents only.

Smoking Cessation – Islington & Haringey

The stop smoking service offers a range of services for stop smoking support: clinics in the community, a daily clinic in Whittington Hospital, and sessions with selected pharmacies and GP surgery based advisors and works closely with Smoke free Islington <http://www.smokefreeislington.nhs.uk/>. We also provide a COPD housebound service as part of our Stop Smoking Service.

Tissue Viability and Lymphoedema Service (Haringey and Islington)

The **Tissue Viability** service provides specialist advice and clinical guidance to identified groups of healthcare providers on issues relating to the local and strategic management of patients with chronic wounds. This is achieved through the provision of specialist clinical advice based on holistic assessments, recommendations for evidence based care, research and audit, education and training in and on practice, and the development and implementation of local and national clinical practice guidelines and policies for tissue viability.

Recognition and the prevention of pressure ulceration by providing training and education to patients, family and other health professional is also a key part of the service.

The **Lymphoedema**: Service is for people who have had swelling of any body part for more than 3 months which is not relieved by elevation of the limb or overnight. The service is also for people who have been treated for cancer and notice swelling following treatment. The service is commissioned for clinic based and domiciliary care in Islington but only operates a clinic in Haringey. It offers the following treatments:

- Initial assessment to determine the most appropriate treatment.
- Skin care to achieve good skin conditions and prevent infection.
- Compression/support - compression hosiery or Lymphoedema bandaging to reduce, then control oedema.
- Exercise programme to promote lymph flow with muscle pump activity.
- Manual lymphatic drainage – a gentle form of massage to move fluid to an area.
- Simple lymphatic drainage where lymph drains normally.
- Regular monitoring which is essential for effective management of the condition.

Transcript Service

The transcription team are responsible for the timely filing of patient letter into the patient records following activity in outpatients where dictate 2 has been used.

We are also responsible for the on-going training of new clinicians on the latest software.

5.4 Clinical Support Services

Imaging (x-ray, MRI, CT) and Interventional Radiology

The Imaging department is located on Level 3 of a purpose built PFI building opened in November 2006. It is therefore a new facility and the installed equipment base is part of a 15 year managed service contract to ensure it remains state of the art.

The Imaging unit operates a split-level site. The new Level 3 facility provides the Outpatient, Inpatient and General Practitioner services including 5 Direct Digital Radiography (DR) rooms, 1 x 64-slice CT, 1 x Digital Fluoroscopy, 2 x 1.5T MRI, 6 x Ultrasound rooms, 2 x mammography rooms, 1 x DEXA room and 1 x Nuclear Medicine suite.

The facility on Level 2 provides support to the emergency department, ambulatory care and medical assessment units. It currently consists of 2 x plain digital radiography rooms, 1 x 128-slice CT scanner, 1 x Ultrasound room and a reporting office.

In addition to the above there is an interventional imaging suite within the day-case theatre on level 3. The imaging department also operates an ultrasound room at Hornsey Central Health Centre.

The hospital currently offers a Sectra PACS-RIS environment with all modalities being available on PACS throughout the hospital.

The department performs approximately 180,000 examinations per year, although since the introduction of new technology through the managed service scheme the number of complex examinations is increasing at a higher rate than general imaging. Reporting protocols ensure that all seriously abnormal results are communicated to the relevant referring clinician as soon as possible. The weekly rota nominates a designated consultant to check reports on special procedures of all trainee SpRs on daily basis. There are currently consultant led tutorials every week given to the specialist registrars in addition to tutorials provided as part of the supervision of cross sectional lists. A named consultant always covers SpRs on-call.

PHARMACY

The pharmacy provides a full clinical pharmacy service across the ICO to support medicines optimisation throughout the organisation:

Surgery and Cancer:

- Specialist clinical pharmacy services to ICU and acute surgery wards 7 days a week.
- Specialist clinical pharmacy services to oncology and a chemotherapy production service.
- Pharmacy services to theatres, day surgery, imaging and community dental services.
- Total Parenteral Nutrition rounds

Women and Children's Services

- Specialist clinical pharmacy services to NICU, paediatric wards paediatric ED, hospital at home 7 days a week
- Specialist clinical pharmacy services to maternity and gynaecology wards and day units.
- Specialist clinical pharmacy services to Simmons House
- Pharmacy services to special schools, health visitors, care homes, CAMHS, community midwives.
- Specialist pharmacist involvement in monthly Paediatric telephone MDT.
- Pharmacy services to community sexual health services and Safe Talk nurses.
- Specialist clinical pharmacy support to outpatients including paediatric TB and day case units.

Medicine, Frailty and Networked Services and Emergency and Urgent Care:

- Specialist clinical pharmacy services 7 days per week to the acute admissions units.
- Specialist clinical pharmacy services to medical wards, ambulatory care, ED and TB clinic.
- Community clinics in Islington and Haringey

- Integrated care for older people-Clinical pharmacy services to the acute wards, rehabilitation ward, Care Homes in Islington and Haringey, domiciliary visits in localities and GP clinics for older people in Islington.
- Re-ablement pharmacy services working with Islington LBI
- Clinical pharmacy services and education and training for District Nursing teams.
- Clinical pharmacist services supporting respiratory in the acute setting through to home oxygen and the management of medicines and inhaler use.

Outpatient Prevention and Long-term Conditions

- Outpatient pharmacy services
- Clinical pharmacist services to the community MSK services
- Outpatient and community anticoagulation clinics for WH and Barnet. Anti-coagulation GP training and governance support for Islington and Haringey

Cross Organisation Pharmacy Services:

- Procurement of medicines
- Electronic prescribing management and trust training
- Medicines information services for services across the ICO.
- Management of medicines for homecare patients.
- Formulary management
- Management of clinical trials.
- Education and training or pre-registration pharmacists and technicians, new doctors and undergraduate pharmacy and medical students for UCL.
- Lead the Drugs and Therapeutics Committee, support the UCLP Joint formulary committee contributing to its work and run the WH medicine safety committee.
- Medication Safety Officer in post to provide medication safety initiatives across the trust

Pathology

Phlebotomy

A phlebotomy service is provided for GP patients. Patients who have had blood tests requested by their GP can arrive without an appointment at any time Monday to Friday between 09.00 and 16.30. The only exception being for glucose tolerance tests which are booked via the diabetic clinic. Blood sciences also provide a Phlebotomy service for the Anticoagulant Service, and also provide a number of community based clinics in Islington and Haringey.

Blood Sciences

- Blood sciences offers general chemistry, haematology, blood transfusion, coagulation, haemoglobinopathy studies, tumour markers and hormone testing for the diagnosis and monitoring of disease. The laboratory offers a 24 hour 7 day service to the hospital and a routine service to local GPs. The service includes analysis and advice on interpretation and further investigation.

The laboratory reports almost 2 million tests a year most of which are carried out on highly automated equipment. More specialised investigations are sent to appropriate specialist

laboratories

Biochemistry and Haematology are fully accredited through Clinical Pathology Accreditation (UK) Ltd and is moving towards UKAS accreditation

Microbiology

The Department of Microbiology deals with the diagnostic and prevention of infections and we provide both a scientific diagnostic as well as a clinical ward based service. General Practitioners and other healthcare professionals can directly access medical advice through telephone and e-mail systems.

Services

Diagnosis and management of all microbial conditions, including:

- Bacterial diseases
- Viral diseases
- Fungal diseases
- Parasitic diseases

In addition we provide a diagnostic service for autoimmune disorders and an Andrology service comprising semen analysis

- Microbiology is fully accredited through Clinical Pathology Accreditation (UK) Ltd and is moving towards UKAS accreditation

Histopathology

The Histopathology Department offers both histopathology and cytopathology (cervical and diagnostic) services. General Practitioners and other healthcare professionals may directly access help and advice (both clinical and technical) via the telephone, fax or e-mail.

A wide range of tissue biopsies and resections are received and reported on site. In accordance with NICE guidelines, all haematological and lymphoreticular malignancies reported locally are reviewed centrally at London's Integrated Cancer Haematology Network System (LICHENS), based at University College London Hospital. Renal (non-tumour "medical") biopsies are processed and reported at The Royal Free Hospital.

The histopathologists are core members of several cancer multidisciplinary teams within the hospital, including breast, colorectal, upper gastrointestinal, urological, skin, lung and gynaecological malignancies. They also participate in regular multidisciplinary non-cancer meetings with the Colposcopy and Gastroenterology teams.

Adult post-mortem examinations are performed on-site for cases of medical interest (consented), as well as for H.M. Coroner.

- Histocytopathology is fully accredited through Clinical Pathology Accreditation (UK) Ltd and is moving towards UKAS accreditation

5.5 Surgery

Surgical Wards

The Whittington Hospital has three Surgical Wards: Coyle (24 bed trauma and orthopaedics and emergency surgery ward), Mercers (16 beds general surgery) and Thorogood (10 bed elective orthopaedics). In addition there is a 15 bed Critical Care Unit

General Surgery

The hospital undertakes all the main surgical specialities. The range of services provided is:

- One stop nurse-led clinics in benign upper gastro-intestinal diseases and rectal bleeding
- Breast surgery, including breast abscess and sentinel node biopsy service for diagnosis of breast cancer
- Bariatric surgery
- Colorectal surgery
- Vascular surgery
- Laparoscopic surgical services

Day Surgery

Day surgery is provided from our purpose built Day Treatment Centre. Procedures are undertaken for all specialities including:

- Breast Surgery
- Endoscopy
- Ear, Nose and Throat
- Gastroenterology
- Diagnostic cardiology
- General surgery
- Gynaecology
- Interventional pain management
- Ophthalmology – Royal Free Hospital uses theatre capacity here for their patients
- Orthopaedics
- Urology
- Dental surgery for children

Bariatric Surgery

The Whittington Hospital's Bariatric Service is part of the North London Obesity Service. We provide the following services:

- Eating disorder evaluation
- Self-help group for correction of eating disorder
- Cognitive behaviour therapy
- Supervised physiotherapy
- Gastric banding
- Gastric bypass
- Gastrectomy

Trauma and Orthopaedics

The department provides day case and inpatient surgery as well as outpatient care. We provide a full range of emergency (trauma) services as well as elective (planned.) A fracture clinic is held every morning Monday to Friday, so that a specialist can see patients with new fractures, and daily trauma operating lists are held, so that emergency patients can be operated on every day. The range of services provided includes:

- Joint replacements
- Fractures - all types
- Lower limb service for foot and ankle problems
- Back service for back pain and sciatica
- Sports injuries
- General orthopaedics
- Shoulder service
- Spinal surgery

Anaesthetics for Surgery

Senior clinicians provide a full range of anaesthesia to support surgery, including general anaesthesia, local anaesthesia, sedation, local-blocks and support preoperative assessment. They also ensure pain following surgery is well managed.

Ear Nose and Throat

Whittington Health works in partnership with University College London Hospital (UCLH) to provide this service. We provide daily outpatient clinics Monday to Friday, an audiology service and carry out minor operations in our Day Treatment Centre. Major operations are carried out at UCLH. The types of service provided here are:

- ENT paediatric problems (children)
- Middle ear and mastoid disease
- Sinus disease
- Sleep disordered breathing including snoring
- Voice problems
- Salivary gland problems
- Audiology service for children and adults
- Hearing aid service

Dermatology

This service is provided from our outpatient suite, which includes a dedicated outpatient theatre and treatment rooms. The range of services provided is as follows:

- General dermatology
- Rapid access for skin cancers, one stop clinic
- Specialist children's skin clinic
- Diagnostic skin biopsies
- Dermatological surgery
- Phototherapy and photo-chemotherapy
- Wound management

Ophthalmology

The Whittington Hospital's Ophthalmology Department works in partnership with the Royal Free Hospital, with consultants working at both sites. The Whittington Hospital provides outpatient clinics and day case surgery for with inpatient surgery sessions provided at the Royal Free Hospital. Services provided at the clinics are:

- Diabetic retinopathy
- Glaucoma
- Cataracts and oculoplastics

Emergency patients can be seen in clinic at the Whittington on Monday to Friday, with full emergency cover available at all times at the Royal Free Hospital

Urology

The Whittington Hospital Urology Department treats all common urological disorders and works in partnership with University College Hospital London (UCLH) for the provision of major and complex urological cancer treatment. Services include outpatients, procedure lists, day surgery and in-patient surgery, and include the following:

- General urology
- One stop Prostate Clinics
- Paediatric urology
- One stop Haematuria Services
- Specialist Cancer clinics and joint uro-oncology clinics
- Andrology
- Advanced Stone Service

Critical Care

Critical care encompasses intensive care and high dependency levels of support. We provide this in one dedicated purpose built ward. We provide critical care for patients with a range of conditions including:

- Emergency conditions
- Following major surgery
- For patients needing complex monitoring
- Support for patients with organ failure
- Critical care outreach team – provides a service to very sick patients on the wards

Oncology

The Whittington is a designated cancer unit and we provide the services listed below for adults. Some types of cancer surgery and chemotherapy for all common cancer is provided at the Whittington, whilst radiotherapy is provided at both University College of London Hospitals and The Royal free. We also work in partnership with Great Ormond Street Hospital to provide cancer care for children. The cancer services provided for adults are:

- Multi-disciplinary teams for lung, urology, breast, gynaecology, dermatology, haematology, colorectal and upper gastro-intestinal

- Breast screening
- One stop clinic for patients with suspected breast cancer
- Health and Well Being events including - cancer support group; HOPE programme; Exercise programme; Look good feel better master classes
- electronic - Holistic Needs Assessments
- Lung cancer team that includes specialists in delivering both chemotherapy and radiotherapy treatment and a clinical nurse specialist in lung cancer
- Colorectal cancer service including rapid access diagnostic service laparoscopic and surgical treatment. The team also has specialists in delivering both chemotherapy and radiotherapy for local patients and two colorectal nurse specialists
- Breast cancer team that includes specialists in delivering both chemotherapy and radiotherapy treatment and two clinical nurse specialists in Breast cancer
- Nurse led breast prosthesis clinic
- Counselling/Quiet room for patients and relatives
- Psychological support clinics
- Complimentary therapy sessions
- A fully comprehensive Acute Oncology service
- Chemotherapy service, including one-stop clinic for those on oral chemotherapy (tablets)
- Drop-in clinics for patients, carers and health care professionals wanting advice and support, either in person or via the telephone
- A clinical research trials team
- Hospital based palliative care team
- 24 hour helpline for chemotherapy patients

Community Dentistry

Whittington Health Dental Services provide dental care by referral against eligibility criteria for adults and children with complex needs who find it difficult to use general dental services owing to severe physical or medical disabilities, severe learning difficulties, severe mental illness, complicated medical histories, having blood borne viruses that cannot be inoculated against, or are housebound. The Dental Services are based at 11 community clinics across Camden, Islington, Haringey and Enfield. Locations are marked with an * in the list on page 2 of the Statement. The following dental services are provided:

- Paediatric dental services
- Adult Special Care Dental Services
- General anaesthesia and Sedation
- Domiciliary dental services
- Oral Surgery Service (Islington and Camden)
- Urgent Care / walk-in Dental Service (Camden)
- Community-based Fluoride Varnish programmes
- Community-based Oral Health Promotion service

In addition to the Urgent Dental Service in Kentish Town Health Centre (8.00 to 20.00 Mon-Fri), Whittington Health has the contract for providing Out of Hours Services covering; Haringey, Islington, Camden, Enfield, Barnet, Waltham Forest, Tower Hamlets, City and Hackney and operating from:

- King Cross Primary Care Centre in Islington
- Tynemouth Health Centre in Haringey
- Evergreen Health Centre in Enfield

5.6 Women and Family Services

Gynaecology and Colposcopy

Gynaecology is part of our Women's Health Service. We provide a full range of diagnostic and non-surgical treatments as well as surgical services including:

- General gynaecology
- Gynae-oncology, including rapid access for treatment of cancer
- Gynae-endocrinology (hormones)
- Colposcopy
- Hysteroscopy
- Menorrhagia
- Fertility treatment
- Urogynaecology
- Andrology
- Menopause
- Vulval

Services are delivered from outpatient clinics at the Whittington Hospital as well as at Health Centres in Haringey and Islington to improve access, while surgical procedures are carried out at the Day Treatment Centre at the Whittington. We also have an emergency gynaecology assessment unit to which our GPs can directly refer women for fast track attention, avoiding waits in the Emergency Department.

Maternity and Obstetric Services

We provide a comprehensive maternity and obstetric service in both the hospital and in the local community, and offer the following services:

- Pre-conception clinic
- Antenatal clinics
- Maternal Medicine clinic
- Community clinics, including HMP Holloway
- Education classes
- Early pregnancy unit
- Acupuncture
- In patient antenatal and postnatal care
- Delivery in hospital, either in labour ward or midwifery led birth centre
- Home births
- Neonatal service
- Post-natal outpatient care
- Bereavement counselling
- Teenage pregnancy midwifery team

Sexual Health and Contraception Service

The service provides:

- Most methods of contraception, including emergency contraception
- Long acting reversible contraception (LARC - IUD/IUS coils and implants)
- Pregnancy testing, counselling
- Screening and treatment of sexually transmitted infections (STI's)
- HIV testing in clinic
- HIV post exposure prophylaxis (PEP) treatment
- HIV care and management (satellite of North Middlesex University Hospital)
- HIV community care by HIV Clinical Nurse Specialist – caring for all HIV positive patients resident in Haringey who need community care support – such as adherence support, mental health patients, post acute admission care etc.
- Counselling and support with Health Advisers and Clinical Psychotherapist
- 4YP+ Contraception and Sexual Health Clinic for women under 20
- Emergency contraception and advice
- Sexual Assault Clinic (Hazel Clinic)
- Psychosexual Clinic (for issues such as erectile dysfunction)
- Genital Dermatology Clinic
- Sexual Health on Call Service (SHOC) – a confidential service for female sex workers in Haringey

The service is provided at:

- Sexual Health Centre, St. Ann's Hospital, Tottenham N15 3TH
- Tynemouth Road Health Centre, 24 Tynemouth Road, N15 4RH
- Lordship Lane Health Centre, 239 Lordship Lane, N15 4RH
- Hornsey Central Neighbourhood Health Centre, 151 Park Road, N8 8JD
- (SHOC) Stroud Green Health Centre 12-14 Upper Tollington Park, N4 3EL

Haringey HIV Prevention Programme Partnership

Haringey works in partnership with Enfield to provide a shared programme of HIV prevention work. The programme aims to reduce new HIV infections by raising awareness of HIV within the community; supporting people at risk of HIV infections to take an HIV test and if necessary access treatment and to promote safe sex and campaign against HIV related discrimination and stigma.

For the last three years the programme has delivered free condoms and HIV information resources in 200 business, social and community venues across the two boroughs; HIV testing promotion service and a one to one intervention to help people who have multiple sexual partners to assess their personal risk of HIV infection and to take an HIV test. These services have recently been supplemented with a community HIV testing service, which is based at Wood Green library on Wednesday afternoons.

The partnership is also working with 40 mainly African Christian churches to raise awareness of HIV and to provide Christian spiritual support to people living with HIV in Enfield and Haringey. HIV prevention for gay men in the two boroughs is separately commissioned through the Pan London HIV prevention programme. However, this is mainly accessed by older gay men. The local partnership works with PACE, who provide Outzone; a support group for young gay men at Jackson's Lane Arts Centre. This service promotes emotional well-being and healthy living to gay men aged 15-25

The programme provides practical and emotional support to people living with HIV through the Community Support Service based at the PACSH project. The partnership also provides the only dedicated support service for women diagnosed with HIV through ante-natal screening at the North Middlesex University Hospital Trust. This service supports more than 60 women a year to access ante-natal care; manage HIV treatment and disclose their HIV status to their partners.

5.7 Children's Services

Audiology (Haringey and Enfield)

The Department of Audio-vestibular Medicine is a Consultant led service which serves to provide a comprehensive hearing and balance assessment, treatment, and rehabilitation service for children and adults in Haringey and Enfield. ~~We also see patients from other boroughs.~~ The service is supported by Clinical Scientists and Audiologists. The tertiary service operates from St Ann's hospital and is the tertiary site for referrals from the Newborn hearing screening program for children in Haringey and Enfield. The second tier Paediatric Audiology service provision operates from the Northern health centre and sees children for hearing assessment and management from Camden and Islington. The Adult diagnostic service is based at Whittington hospital. Outreach clinics are also held at Bounds Green and Hornsey Rise health centres.

The service works closely with Teachers of the Deaf for families with children diagnosed with a permanent hearing loss.

Audiology (Children)

- **Newborn Hearing Screening:** We offer a neonatal hearing screening to all newborn babies across the five London boroughs of Islington, Camden, Barnet, Enfield and Haringey. This service is hospital-based and screening is done in the local maternity unit.
- **Second tier audiology clinics:** Routine hearing assessments, diagnosis and management are offered to all children up to the age of 19 years residing in Haringey, Islington and Camden. We also routinely see children with complex needs, where professionals of the family are unable to rule out a hearing loss.
- **The tertiary children's service** operates from St Ann's Hospital and offers multidisciplinary assessment, diagnosis and management in children with

permanent hearing loss and also manages referrals from the Newborn Hearing Screening Programme for children in Haringey and Enfield.

Neonatal Intensive Care Level 2 (NICU)

The Neonatal Intensive Care Unit cares for newborn babies born at the Whittington; accepts antenatal and ex-utero transfers from Level 1 neonatal units (27- 34 weeks gestation), and transfers extremely prematurity infants (< 27 weeks) to the local Level 3 unit, within the North Central London Perinatal Network.

The Neonatal Unit is supported by allied personnel from paediatric speech and language, physiotherapy, dietetics and nutrition and pharmacy. The team works closely with our obstetricians and midwives. There are 23 cots, including six intensive care, six high dependency and eleven for special care, but is flexible to accommodate clinical need. Special Care has the facility of five mother and baby rooms, which allow for transitional care on the neonatal unit for well mothers and their growing premature babies.

Our neonatal outpatients' service includes antenatal counselling, neonatal follow up and neonatal new referrals. Specific clinics are held jointly with obstetricians.

Paediatrics (Whittington)

The Paediatric Department provides a comprehensive service to babies, children and young people from birth to 17 years. They include a day care unit, general and specialist outpatient clinics, inpatient care on a dedicated 23 bed paediatric ward (Ifor ward) including a high-dependency unit and children's community nursing care. Surgical services are provided for children over two years of age, and include: planned general surgery, ENT and urology, which take place in the Day Treatment Centre. Emergency orthopaedic and general surgery is also undertaken from the day and inpatient wards. The Emergency Department includes a recently refurbished separate area for children, and has a separate waiting area, play area, nappy changing and breast-feeding rooms.

Community Paediatrics (Islington)

The service is for children age 0-16 (or up to age 19 if still attending school) with developmental problems or disabilities, and associated health problems. It offers assessment, diagnosis and management of children with a range of developmental difficulties and disabilities, and associated conditions. We provide ongoing follow-up to children with significant disabilities in dedicated clinics or in schools. We see children under the care of child development and specialist disability services and those referred for Medical Assessment as part of statutory assessment of Special Educational Needs.

Community Children's Nursing (Islington)

The Community Children's Nursing Service is made up of teams of specially trained nurses who have the necessary skills, knowledge and expertise to provide nursing care and support to sick children in the community. The service includes the Life Force and Complex Care teams. We provide skilled nursing care, professional advice, support and training to enable sick children with acute and chronic illnesses

or disabilities to remain in their home or other familiar environments. We work in partnership with the child and family and provide support and education. We provide designated support for children and young people with asthma and eczema and care for children and young people with complex health needs. Children and young people from the age of 0-16 years old (up to 19 years if the young person has special needs) that require nursing care at home. The team can see children who live within (or whose GP practice is in) Islington. Complex continuing health care is provided to children and young people in the boroughs of Camden, Islington and Haringey.

The Life Force Team (Palliative Care)

This team supports children with life limiting illnesses primarily through play, respite, specialist nursing, psychology and medical support. The team provides support for the family and aims to work to improve their quality of life through:

- The provision of respite care,
- The management of distressing symptoms, and
- Support and care through death and bereavement.

We aim to ensure that optimal support and home care is achieved for children with life threatening illnesses in Islington, Camden and Haringey. We complement and expand on other healthcare services and offer increased flexibility and choice. We also provide bereavement care for siblings and other family members of children who are expected to die or have died following a period of palliative care.

Islington additional needs and disability service

The service supports babies, children and young people aged 0-19 years with additional needs and disabilities to reach their full potential. This can mean being active in their community, developing friendships and enjoying an ordinary life the same way as other children.

The service provides parents with appropriate information, support and advice for them and their family.

The Islington additional needs and disability service triages all new referrals into the following care pathways teams:

- Early years development/ NICU/ hospital
- Mainstream schools
- Musculoskeletal physiotherapy
- Social communication (0-5 yrs)
- Special schools health

The teams are made up of various health care professionals, including speech therapists, occupational therapists, physiotherapists, clinical psychologists, specialist nurses, family counselling, therapy assistants, health care assistants, and specialist key workers. We work in partnership with Islington local authority.

The teams work across various locations in Islington, including the Northern Health Centre, mainstream and special schools, children's centres & at the Whittington hospital.

Training and development opportunities are available to health, education and social care professionals who work with children with additional needs and disabilities.

Children's Speech & Language Therapy

The service is for children in Islington, Haringey and Camden who have difficulties in developing speech, language and communication skills. A service is also provided to children who have difficulties with eating, drinking and swallowing. Staff work in clinics, early years and school settings.

In partnership with Action for Stammering Children we manage a specialist unit for children and young people who stammer, the Michael Palin Centre. The centre was set up in order to assess and treat children who stammer from all parts of the UK, offering a second opinion service as well as specialist therapy where none is available locally, funded by the local NHS trust. The centre also has an international training programme and a research department.

Sickle Cell & Thalassaemia (Adults & Children)

The Sickle Cell and Thalassaemia Service provides dynamic, integrated, holistic services that places people with or at risk of a haemoglobin disorder at the centre of care, recognising and addressing the complex needs of individuals and families affected by sickle cell disease or thalassemia. The Sickle Cell and Thalassaemia centre, offers genetic counselling to women with abnormal blood results and a blood test for fathers once results are received from Whittington and UCLH. The SCaT centre receives new-born results from Central Middlesex Hospital. Parents are informed of carrier results by letter; offered diagnostic testing in some cases and visited at home (Camden and Islington residents) if babies have a SCD. Integrated care services are provided on site with the Community Matron, clinical psychologist providing targeted intervention to improve community care outcomes.

Child Development Team (Haringey)

The Child Development Team (CDT) is a multiagency service in Islington and Haringey which specialises in assessing, diagnosing, treating and advising on children who have severe and complex developmental difficulties. These difficulties can be physical, mental, social, emotional, behavioural, sensory or related to learning ability. We provide an early support service to families which is coordinated, accessible, consistent and comprehensible and act as a single point of contact to support families through complexity services that are available and enable parents and carers to get actively involved in assessing, managing and reviewing their child's needs.

Parent Infant Psychology Service

Our parent infant psychology service (PIPS) is an early intervention and prevention service for residents of Haringey. We offer direct interventions to parents and infants aged 0-2 years where there is a difficulty in the developing attachment relationship.

We also offer an indirect consultation service to colleagues, e.g. health visitors, midwives and children centre staff, where there are attachment related/mental health concerns for children aged 2-5 years.

The parent infant psychology service is available in children's centres, health centres and in client's homes across Haringey.

Family Nurse Partnership

The family nurse partnership is an evidence-based nurse home visiting programme for first time young parents living in Islington, Haringey, Camden and Hackney & City. The programme's primary focus is improving the health and wellbeing of the child and mother in pregnancy, supporting parents understanding of their child's development and encouraging parents to fulfil their aspirations for their baby and themselves. Family nurses have been selected for their healthcare backgrounds as midwives, health visitors or paediatric nurses and have been specially trained to deliver this programme. The Family Nurse will continue to work with the family until the child is two years of age.

Health Visiting

The Health Visiting Service is offered to all families with children under the age of 5 years who live in Islington and Haringey and promotes the physical health, mental health and social wellbeing of children, young people and families within the community. Health Visitors provide practical help and advice to the whole family. They are proactive in promoting good health and preventing ill health and work closely with GPs, Children's Centres and Nurseries

School Health Service

The School Health service is for all children of school age and their families who attend Islington and Haringey schools. We promote the mental, physical health and social wellbeing of children, young people and families within the community and provide practical help and advice to the whole family. Our School Health Advisors work from primary, secondary schools and pupil referral units in both boroughs. The service is proactive in promoting health and preventing ill health. We provide advice on key issues like nutrition, obesity, sexual health, immunisations, substance misuse and support for children with special needs.

Special School Nursing

This service is for children with complex health care needs associated with their disability. This includes children attending local special schools (2-19 years) as well as students with complex needs in mainstream schools.

Child Protection

The child protection service is staffed by expert nurses and doctors and provides a specialist training and support service to all directly employed Whittington Health staff. The aim of the service is to ensure that all health professionals are aware of their responsibility to safeguard and promote the welfare of children and young people. The service delivers multi-agency and multidisciplinary training; advice, support, consultation and supervision to individuals and groups of staff; examination by a doctor for children and young people suspected of being abused and neglected; It also promotes and contributes to effective working with other agencies.

Looked after Children (Islington, Haringey and Hackney)

These children have a higher risk of experiencing difficulties with their physical and mental health and emotional well-being than those who are not looked after. In Islington the Looked After Children Health Team aims to ensure that looked after children and their carers are provided with timely and appropriate health services, to promote the child's physical psychological health and to support their placement. In Haringey team have a similar role but are not formally integrated with mental health services. The teams also offer advice and consultation to those working with looked after children, including social workers in the local authority childcare, fostering, adoption and residential services and local health and education staff

Child and Adolescent Mental Health Services (CAMHS) (Islington)

CAMHS is a mental health service for children and adolescents in Islington. It is a multidisciplinary service consisting of clinical psychologists, child and adolescent psychiatrists, psychotherapists and family therapists. We provide specialist and multidisciplinary assessment and treatment services for young people who may be experiencing a range of emotional and behavioural difficulties or suffering from psychiatric disorders. We work closely with children's centres, schools and other local services and provide advice and consultation to professionals who are concerned about a child or young person's mental health.

The service prioritises children severe difficulties such as risk of self-harm and serious mental illness and will offer an appointment within 2 weeks. We have a specialist team for children with Neuro Developmental problems such as ADHD or Autism. We also see children with a range of emotional and behavioural difficulties.

The Islington Community Child Psychology Service aims to help parents find solutions for difficult behaviours in their children. The problem-solving plan will be designed to suit individual families. Parents and their children will be seen by a Clinical Child Psychologist who specialises in behaviour problems in children.

CAMHS Adolescent Outreach Team (Islington)

The team provides intensive community support to young people aged 13-17 with severe mental health problems and their families living in Islington. The team offers a range of treatments including medication, family work, cognitive behavioural therapy (CBT) and care coordination. The team closely collaborates with the adult Early Intervention Service for young people with psychotic illnesses. The team is also able to provide consultation and advice.

The service helps 0-11 year olds with emotional or developmental difficulties. Some common problems which parents experience with children: sleep disturbance, eating problems, communication problems, tantrums, over-activity, toileting, sibling rivalry, non-compliance. Up to 26 weekly clinics are delivered from 12 different sites including many Islington Health Centres

Simmons House Adolescent Unit (CAMHS)

This is an in-patient CAMHS unit for young people between 13 and 18 years of age. The unit has places for a maximum of 12 young people. Up to 10 can be resident in individual single bedrooms with no mixed sex accommodation with 2 places for day patients. Young people who attend as day-patients receive the same range of treatments and education as those attending as residents. The unit works closely with community CAMHS and offers:

6.0 Assessment or treatment of persons detained under 1983 Mental Health Act

Whittington Health is not a mental health trust however it does provide some limited services for adults and children with mental health needs as described above. Patients may be admitted for physical health problems who are detained under the 1983 Mental Health Act. Under these circumstances the patient is under the joint care of their own mental health provider, with whom Whittington Health will liaise. Whittington Health provides for their physical care and carries out the instructions of mental health staff with regard to their mental illness. Sometimes a patient may present at the Emergency Department with psychiatric symptoms or a patient may become mentally unwell following admission. In these circumstances they are referred to the Psychiatric liaison team of Camden and Islington Mental Health Trust who provide support under a service level agreement. Occasionally it may be necessary for Whittington Health staff to apply the relevant section under the Mental Health Act to detain them whilst we await the arrival of the mental health team, in order to ensure their safety or the safety of others.

Statement Ends