Whittington Health NHS

TRUST BOARD

14.00 – 17.00
Wednesday 1 July 2015

Whittington Education Centre Room 7

Whittington Health NHS

Meeting	**Trust Board – Public**
Date & time	**1 July 2015 at 1400hrs – 1700hrs**
Venue	**WEC 7**

AGENDA

Steve Hitchins, Chairman Anita Charlesworth, Non-Executive Director Paul Lowenberg, Non-Executive Director Tony Rice, Non-Executive Director Anu Singh, Non-Executive Director Prof Graham Hart, Non-Executive Director	Simon Pleydell, Chief Executive Siobhan Harrington, Director of Strategy & Deputy Chief Executive Stephen Bloomer, CFO Dr Richard Jennings, Medical Director Dr Greg Battle, Medical Director (Integrated Care) Philippa Davies, Director of Nursing and Patient Experience Lee Martin, Chief Operating Officer Norma French, Director of Human Resources

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*	*Oral*	*Note* 1400hrs
15/088	**Declaration of Conflicts of Interests** *Steve Hitchins, Chairman*	*Oral*	*Declare* 1420hrs
15/089	**Apologies & Welcome** *Steve Hitchins, Chairman*	*Oral*	*Note* 1425hrs
15/090	**Minutes, Action Log and Matters Arising 3 June** *Steve Hitchins, Chairman*	**1**	*Approve* 1430hrs
15/091	**Chairman's Report** *Steve Hitchins, Chairman*	*Oral*	*Note* 1435hrs
15/092	**Chief Executive's Report** *Simon Pleydell, Chief Executive*	**2**	*Note* 1445hrs
Patient Safety & Quality			
15/093	**Safe Staffing Report** *Philippa Davies, Director of Nursing & Patient Experience*	**3**	*Note* *1505hrs*
Strategy and Planning			
15/094	**End of Life Strategy** *Dr Gregg Battle, Medical Director (Integrated Care)*	**4**	*Approve* *1515hrs*

Performance and Delivery			
15/095	**Financial Performance Month 2** *Simon Bloomer, Chief Finance Officer*	**5**	*Note* 1530hrs
15/096	**Performance Dashboard** *Lee Martin, Chief Operating Officer*	**6**	*Note* 1540hrs
15/097	**Workforce Report** *Norma French, Director of HR*	**7**	*Note* 1550hrs
Governance/Regulatory			
15/098	**TDA Board Statements** *Stephen Bloomer, Chief Finance Officer*	**8**	*Approve* 1600hrs
15/099	**Board Assurance Framework** *Siobhan Harrington, Deputy Chief Executive and Director of Strategy*	**9**	*Approve* 1605hrs
15/100	**Audit & Risk Committee Assurance Report** *Anita Charlesworth, Audit & Risk Chair May/June Mtgs*	**10**	*Approve* 1615hrs
Any other urgent business and questions from the public			
	No items notified to the Chairman		
Date of next Trust Board Meeting and Annual General Meeting			
	2 September 2015 Whittington Education Centre, Room 7 After the Board meeting on 2 September the Trust will hold its Annual General Meeting at 16.45hrs to present the Annual Accounts, Annual Report and Quality Account for 2014/16		

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.

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Whittington Health NHS

ITEM: 15/090
Doc: 01

The draft minutes of the meeting of the Trust Board of Whittington Health held in public at 14.00pm on Wednesday 3rd June 2015 in the Whittington Education Centre

Present:	Steve Hitchins	Chairman
	Simon Pleydell	Chief Executive
	Siobhan Harrington	Director of Strategy/Deputy Chief Executive
	Greg Battle	Medical Director, Integrated Care
	Stephen Bloomer	Chief Finance Officer
	Anita Charlesworth	Non-Executive Director
	Philippa Davies	Director of Nursing and Patient Experience
	Graham Hart	Non-Executive Director
	Richard Jennings	Medical Director
	Paul Lowenberg	Non-Executive Director
	Lee Martin	Chief Operating Officer
	Tony Rice	Non-Executive Director
	Anu Singh	Non-Executive Director
In attendance:	Colin Gentile	Interim Chief Finance Officer
	Chris Goulding	Acting Director of Human Resources
	Kate Green	Minute Taker
	Lynne Spencer	Director of Communications & Corporate Affairs

Patient Story

The Chairman introduced Miss Yeo who explained her late mother's patient experience when she was as an in-patient at the hospital. The family had submitted a formal complaint, stressing that what was important for them was that staff received proper training, especially in how to deal with patients approaching the end of their lives. Miss Yeo will remain involved in future developments arising from her complaint.

Simon Pleydell apologised to the family as Mrs Yeo's mother had not received the standard of care which the Trust aspired to provide for patients. Senior Nurse Mark Madams assured the Board that a comprehensive action plan had been developed in response to the issues raised. New staff, including a matron specifically trained in the care of elderly people, were now in place. The End of Life Care Board had been also involved, and lessons learned had been shared with all clinical teams in the division.

15/074 Declaration of Interests

74.01 No Board members declared an interest in any part of the June Board proceedings.

15/075 Welcome and apologies

75.01 Apologies were received from Paul Convery. The Chairman welcomed Stephen Bloomer, Chief Finance Officer, to his first Board meeting at Whittington Health.

15/076 Minutes of the previous meeting, matters arising and action log

76.01 Philippa Davies requested an amendment to minute 67.01 and she would provide an accurate form of words outside the meeting. The minutes of the meeting held on 6th May were approved.

Action Log

76.02 Steve Hitchins informed the Board that in future action points would include deadline dates. The Action Log was agreed.

15/077 Chairman's Report

77.01 Steve had recently attended a tea party to celebrate Volunteers' Week. Whittington Health had 170 volunteers, with a further 140 in the pipeline. Six certificates had been awarded to volunteers who had served for three years, and a further six to those who had served for ten years or over. The Trust was pleased to have such committed volunteers and those who had volunteered for six months were also offered the option of signing on to the staff bank.

77.02 Professor Sir Mike Richards would be attending the Trust on 21 September as the main speaker of the 2015 Whittington Health Oration. This event would take place in the early evening and full details would be circulated once confirmed.

77.03 Interviews for a Non-Executive Chair of the Audit & Risk sub-committee of the Board were scheduled for 26th June. Colin Gentile would be leaving the Trust at the end of the week, and thanks were extended to him for all that he had contributed during his time as interim CFO. Likewise thanks were extended to Chris Goulding, acting HR Director, who would be leaving the Trust at the end of the following week.

77.04 The Chairman and Chief Executive had written to all newly or re-elected MPs in the area served by the Trust inviting them to visit and participate in future plans for the development of the ICO.

Annual Report, Accounts, Governance Statement and Quality Account

77.05 The Audit & Risk Committee had met on 1st June, and had approved the following:

- ISA 260, including Audit Opinion.
- 2014/15 Quality Account.
- 2014/15 Annual Accounts (including Letter of Representation).
- 2014/15 Annual Governance Statement.

77.06 The financial deficit had been reflected in the external auditors' report.

77.08 Concluding his report, Steve informed the Board that he had recently acted as a 'mystery shopper' within the Trust's ED service, describing his care at that service as excellent.

15/078 Chief Executive's Report

78.01 The final interviews for the remaining ICSU Clinical Director (CD) posts were scheduled to take place the following day. Simon would be meeting with all the newly-appointed CDs and their Operations Directors to discuss planning for the future.

78.02 The annual staff survey was an integral part of staff engagement and will support culture change.

78.03 The Trust faces a challenging financial plan and finished the last financial year with a deficit of £7.3m. The operational plan submitted to the TDA on 14 May

incorporated a planned deficit of £19.5m for 2015/16, and the requirement to deliver a savings programme of £16.5m. This is a realistic plan that can be delivered and will include maximising our income, not overspending on agreed budgets, maintaining quality and delivering our savings programme in future.

78.04 Norma French had been appointed as Director of Human Resources and would be starting on 23 June. Richard Jennings, Medical Director had been confirmed as permanent earlier this month and recruitment for a substantive Director of Nursing & Patient Experience will take place before the end of the month. This would complete a permanent executive team to provide strong leadership for the Trust.

78.05 The next important milestone was to set corporate objectives with the new clinical leadership team to deliver the Trust's strategic goals. Simon highlighted the Trust's values of safety, quality and kindness, which were as important as financial sustainability.

15/079 Safe Staffing Report

79.01 The report provided a detailed position of staffing on the wards during April and corrected fill rate data was shown in Appendix 1. There had been a decline in specials that month. The Allocate system had now been implemented, which helped to provide robust data.

15/080 Quality Account 2014/15

80.01 The report had been reviewed by the CCGs, Haringey and Islington Healthwatch, the external auditors KPMG and Trust staff. Research information will be included prior to publication by the end of June on NHS Choices.

80.02 In future, the Trust will record and submit PROMS data in line with national requirements.

80.03 Anita Charlesworth welcomed the focus on services for people with learning disabilities and Paul Lowenberg commended the Healthwatch statements, suggesting there might be scope for a 'you said, we did' format.

15/081 Budget & Operating Plan 2015/16 and Auditor Letter of Representation

81.01 The Auditors' Letter of Representation gave assurance that the information provided to the auditor was robust and accurate.

81.02 The 2015/16 budget had been presented to the Finance & Business Development sub-committee. The forecast deficit for 2015/16 was £19.5m and there was total commitment to ending the year below that figure.

81.03 A challenging savings target of £16.5m had been agreed and detailed plans were in place which will be quality impact assessed.

15/082 Capital Investment Plan 2015/16

82.01 Priorities for capital investment had been set by the Trust Management Group (TMG) and robust business cases would be required prior to any allocation being made. The plan comprised a mixture of delivery improvements and backlog maintenance.

82.02 Additional beds at Simmons House were being built and commissioners had been kept fully informed. A meeting to discuss maternity services was scheduled and the Trust remained optimistic that approval would be granted.

82.03 Graham Hart was pleased to see the spend on IT infrastructure within community services, and requested further information on how the success of the work programme was to be monitored and its success measured. Simon Pleydell confirmed that a robust benefits realisation process would provide the Board with assurance that developments were proceeding according to plan.

15/083 Financial Report

83.01 The report focused on headline results with income variance resulting in a slightly off plan position and CIP delivery was reported at 82%.

83.02 Steve Hitchins requested that future Board meetings be timetabled to enable the Board to review the previous month's finances. Simon thanked Colin for producing a realistic forward plan which would help the Trust to regain financial sustainability.

15/084 Performance Dashboard

84.01 An overview of performance during 2014/15 showing key indicators was included within the report.

84.02 ED performance was reported for the year as just below national standards, which was extremely disappointing to the team who had worked so hard to achieve the best possible position. Maternity indicators had been discussed with staff and the team had implemented significant learning. Two new appointments had been made, a Director of Operations for maternity services and a new head of midwifery.

84.03 New indicators will be introduced within future reports and Paul Lowenberg reported that it would be helpful to see a 12-month trend analysis for acute services. Within community services a drop in MSK performance was highlighted against previous reports that showed an upward trend. The service was now being commissioned by seven CCGs and MSK waits had been influenced by rises in referrals from GPs, other healthcare professionals and/or patients. The timing of new birth visits, particularly in Haringey, will be analysed and more information on podiatry, intermediate care and rehabilitation will be included in future reports.

15/085 Workforce Report

85.01 Compliance with mandatory training had increased to 73% and appraisal rates were at 58% (reaching 60% in May). A more streamlined appraisal process will be discussed at Trust Management Group (TMG) the following week. Turnover was average and sickness rates had 'flatlined'. Work was underway to address the high rate of agency spend within Finance. Nursing recruitment faced strong competition across the system and recruitment events were being planned by the heads of nursing to encourage nurses to work for Whittington Health. Steve Hitchins will visit City & Islington College to talk about encouraging their nursing students to consider Whittington Health.

85.02 Paul Lowenberg reported that it would be helpful to have the workforce plan for the year available so reports could be monitored against plan.

15/086 Staff Survey 2014/15 and Action Plan 2015/16

86.01 The results of the staff survey had been circulated to the Board and had been discussed in detail at the Quality Committee. An action plan with seven priorities had been agreed by the executive team as corporate priorities and these were: improved senior management visibility and staff engagement, implement a clear vision for the future, address management behaviours to inspire and motivate staff so staff can reach their full potential, training, development and career path opportunities, understand the underlying causes and act where staff have reported excessive workloads, equality and diversity (bullying and harassment), percentage of staff being appraised and having a well-structured appraisal

86.02 Paul Lowenberg enquired when 90% compliance will be expected and Chris Goulding confirmed that the new process is aimed at supporting compliance over the forthcoming few months. A progress report will be presented to the October Board.

15/087 TDA Board Statements

87.01 The statements were approved.

15/088 Steve Hitchins informed Board colleagues that he would be holding quarterly meetings with shadow governors following Board meetings.

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Action Notes Summary 2015-16

Ref.	Action	Timescale	Lead
143.01	Cancer services strategy to be aligned to clinical strategy to address question on integrated care and present to Board	October	LM
174.06	Finance and Business Development Committee to review business plan produced for the outsourcing of catering service	September	PI
08.03	Key performance indicators on ambulatory care to be incorporated in the monthly performance dashboard report	September	LM
41.01	BAF and corporate risk register to be reviewed as part of governance review to strengthen risk management for 2015/16	July	SMH/ LS/PD
84.03	Information on podiatry, intermediate care and rehabilitation will be included in future performance reports	September	LM
86.02	A staff survey progress report will be presented to the September Board	October	RG/NF
56.02	To pilot including cost of DNAs in patient appointment confirmation letters following example given by Imperial	September	LM
56.03	Information on IAPT waits and ambulatory care to be included in future performance reports	September	LM

Whittington Health NHS

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Whittington Health Trust Board

3 July 2015

Title:	Chief Executive Officer's Report to the Board		
Agenda item:	**15/092**	**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:	23 June 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

Maternity and Neonatal

The Trust has now received planning permission from the local authority for the redevelopment of our maternity and neonatal environment. We have had productive meetings with the TDA during this month to discuss our plans and the final stage is for us to achieve approval of our Full Business Case. It is hoped that we will receive a decision from the TDA by the end of July so that we can start the first phase of the redevelopment later this year.

Recruitment Open Day for Nurses and Midwives

We continue as a Trust to focus on recruiting to our nursing and midwifery vacancies. On Saturday 27 June Whittington Education Centre hosted an open day to support our recruitment of nurses and midwives. Teams of clinicians greeted potential candidates and gave them a tour of the hospital site and our extensive training facilities. We will continue with these initiatives throughout the year as it provides a good opportunity for our Trust to showcase the benefits of working for Whittington Health and our excellent training and clinical facilities to potential employees in a relaxed and informal environment.

MRSA Bacteremia

The Trust is pleased to report that it has had no cases of MRSA 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

One new case was reported in May and our target is for no more than 19 cases in each year. We have reminded colleagues to be extra vigilant with regular awareness raising initiatives on the importance of adhering to our infection control procedures to maintain our focus on patient safety as our top priority.

Cancer Waiting Time Targets

The Trust is pleased to have achieved all eight national cancer waiting time targets for the latest reporting period up to May 2015. The Department of Health requires all Trusts to submit data on the 25th working day following the end of the previous month. May data will be submitted on Friday 3rd July. The cancer targets include important patient safety areas such as two weeks from referral to first appointment, 31 days from decision to treatment and 62 days from referral to treatment waits.

Community Simulation Hub

The Trust is developing and building a new community simulation centre. Built within Crouch End Health Centre, it will provide a dedicated space for delivering innovative education and training for healthcare and social professionals. The official opening is scheduled for Thursday 16 July, 4.30pm-7pm.

Care Quality Commission (CQC)

We continue to make good progress to prepare for a full CQC inspection; likely to happen in quarter three this year. The inspection will identify best practice, as well as highlighting areas which may need improvement. Clinical colleagues and staff who work in patient

areas have been attending our CQC briefing meetings to ensure everyone is well prepared and supported for the inspection.

2. ORGANISATIONAL DEVELOPMENT

Integrated Clinical Support Units (ICSUs)
The new realigned clinical structures based on the Integrated Clinical Support Units will become fully operational in July. Six appointments to the Clinical Director roles have been made. These are as follows:

Outpatient, Prevention & Long Term Conditions
Clinical Director: Sarah Hayes

Medicine, Frailty and Networked Services
Clinical Director: Clarissa Murdoch

Surgery
Clinical Director: Nick Harper

Children's Services
Clinical Director: Neeta Patel

Women and Family Services
Clinical Director: Chandrima Biswas

Clinical Support Services
Clinical Director: Helen Taylor

The outstanding position that needs to be filled is the Clinical Director for Urgent and Emergency Care. It is hoped that an appointment can be made in the very near future.

A new CEO team briefing session will also be launched in July so senior managerial staff will be able to receive and feedback information on our plans and performance. This new communication cascade system will better support two way dialogue between all groups of staff.

3. FINANCE

The Trust finance paper sets out our Month two position which shows a current deficit of £3.1m which is £83k better than our planned position for this period.

The Trust has been in the local press during the month regarding our current financial challenges. We welcomed the opportunity to engage in an open dialogue with our communities to reaffirm our commitment to bring Whittington Health back to a financially sustainable position in the future.

Our operational plan submitted to the TDA sets out a planned deficit of £19.5m for 2015/16, and the requirement to deliver a savings programme of £16.5m. We believe this is a realistic plan that can be delivered and will improve the run rate of the Trust and move us closer to achieving financial balance. This will include maximising our income, not overspending on agreed budgets, maintaining quality and delivering our savings programme in future.

4. EXECUTIVE TEAM

Congratulations to Philippa Davies, the Director of Nursing and Patient Experience whose post became substantive in June. This marks a key milestone in the development of our permanent leadership team.

5. SPEECH AND LANGUAGE THERAPISTS PROFESSIONAL DAY

One hundred and fifty Speech and Language Therapists from throughout Whittington Health attended a 'Professional Day' on Tuesday 16 June. The event was chaired by Elaine Kelman, Professional Lead for Speech and Language Therapy and Head of Specialty for the Michael Palin Centre. This was a forum for staff to present clinical and research projects, and share service models and innovations in practice.

6. LEARNING DISABILITY DAY

This year's Learning Disability week took place during June to engage with patients and carers to discuss services for people with learning disabilities. Members of our learning disabilities team and a local charity the Elfida Society hosted a stand in the hospital foyer. The Trust is committed to supporting those with learning disabilities and their families and we have included objectives for learning disability services within our Quality Account for 2015/16 to ensure we continue to improve our services.

Simon Pleydell
Chief Executive Officer

Whittington Health Trust Board

1 July 2015

Title:	Safe Staffing (Nursing and Midwifery)		
Agenda item:	**15/093**	**Paper**	**03**
Action requested:	For information		
Executive Summary:	This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in May 2015. Key issues to note include: • 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 RMNs/RGN's/HCA's to support patients under a Mental Health Section, patients with increased dependency and 1:1 'specialing' of some of our most vulnerable patients.		
Summary of recommendations:	Trust Board members are asked to note the May 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:	In line with HR policies and guidance.		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	3.4 Staffing ratios versus good practice standards		
Date paper completed:	5th June 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	**n/a**	**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 May 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 1 – 31 May 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 May 2015. The average fill rate was 106.3% for registered staff and 111.3% for care staff during the day and 102.9% for registered staff and 129.7% for care staff during the night.

Four wards fell below 95% fill rates for qualified nurses but were managed safely by moving staff from other green RAG rated areas and with the assistance of matrons and practice development nurses. Above 100% fill rate occurred in eight areas where nurses were required to care for patients who needed 1:1 care due to mental health and or acuity issues. Above average fill rates in excess of 100% for HCA's continues on wards where vulnerable patients require 1:1 care and where international nurses were awaiting for their NMC PIN numbers and are counted in the workforce.

In May 2015 when comparing the requirement for 1:1 ‘specials’ in April a reduction was noted. The number of RMN ‘specials’ required to care for patients under a mental health section was also low for the most part of May 2015.

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.

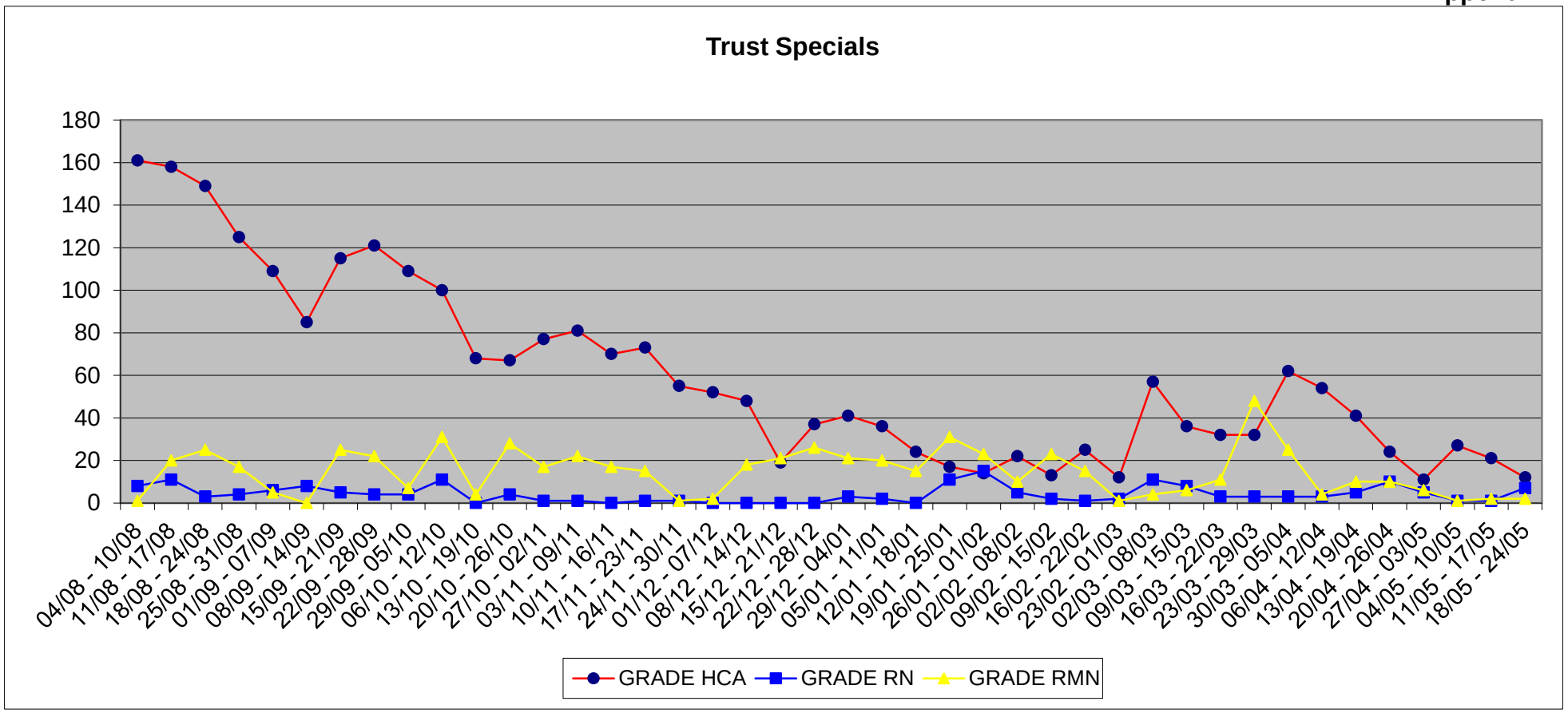
In summary, in May a total of 11/1488 (0.73%) shifts triggered ‘red’ which was lower than previous months. Of these, 10/837 (1.2%) occurred in the Division of Integrated Care and Acute Medicine (ICAM), 0/270 (0%) in the Women’s, Children and Families (WCF) division and 1/372 (0.3 %) shifts were reported to have triggered ‘red’ in the Division of Surgery, Cancer and Diagnostics (SCD).

5.0 Conclusion

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

Fill rate data - summary
May 2015

Day				**Night**				**Average fill rate data- Day**		**Average 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				
31647 hours	33648 Hours	10672 hours	11876 hours	27094 hours	27881 hours	6071 hours	7874 hours	106.3%	111.3%	102.9%	129.7%


Trust Specials
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04/08 - 10/08
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27/04 - 03/05
04/05 - 10/05
11/05 - 17/05
18/05 - 24/05
GRADE HCA
GRADE RN
GRADE RMN

Whittington Health Trust Board

1 July 2015

Title:	Draft End of Life Strategy 2015 to 2020		
Agenda item:	**15/094**	**Paper**	**04**
Action requested:	For approval		
Executive Summary:	This paper sets out the Trust's draft strategy for end of life (EoL) and palliative care for patients. The needs of the family and carers of patients at the end of life are also of critical importance. The document is focused on provision of end of life care and palliative care at the Whittington hospital site to ensure the Board is informed on the current level of provision; is aware of existing gaps when benchmarked against comparators and national policy; to outline a plan to close these gaps with a clear trajectory; and to comment on the resource implications.		
Summary of recommendations:	The Board are asked to comment on current EoL/ palliative provision and existing service gaps. To provide a NED for EoL / palliative care matters, to ensure these are appraised by the Board annually. To approve the improvement plan and comment on requirement for assurance around EoL / palliative care reporting arrangements.		
Fit with WH strategy:	Fully aligns to the Trust Clinical Strategy.		
Reference to related / other documents:	In line with clinical policies and procedures.		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	Captured on relevant risk registers or BAF.		
Date paper completed:	23 June 2015		

Author name and title:		**Paula Meale, Carol Gillen Director of Operations**		**Director name and title:**		**Dr Gregg Battle, Medical Director (Integrated Care)**	
Date paper seen by EC	**23/06/15 & 30/06/15**	**Equality Impact Assessment complete?**	**n/a**	**Risk assessment undertaken?**	**n/a**	**Legal advice received?**	**n/a**

2015 - 2020

Whittington Health End of Life and Palliative Care Strategy for Acute Adult Services: Closing the Gaps

End of Life Care Group

Table of Contents

1. Introduction

Whittington Health's mission is to 'Help Local People live longer Healthier lives'. A key feature of a good life is a good death, and Whittington Health has a key role in helping local people have a good end of life experience, in the place where they choose.

The needs of the family and carers of people at the end of life are of critical importance also. As an integrated care organisation we recognise the need to work across institutional boundaries to deliver timely and effective communication. We are working on better feedback from the bereaved to support people at this critical time.

Our mission is underpinned by our vision; to 'provide safe, personal, co-ordinated care for the community we serve'. End of life Care (EoLC) is an example where we must demonstrate our commitment to excellence in integrated care. Each element of the vision is highly relevant here and requires focus. The EoLC group will work to lead the delivery of continuous improvement.

The six strategic goals of our Clinical Strategy are there to ensure we deliver our mission and vision across our wide portfolio. With regard to EoLC each goal will drive our improvement plans.

1. To secure the best possible health and wellbeing for all of our community.

Here we emphasise the need to be holistic. The need to work with other agencies, with a renewed focus on prevention. In EoLC we may see prevention in the context of patient preferences and ensuring we prevent deaths in the wrong setting and without the right support.

2. To integrate/co-ordinate care in person centred teams.

EoLC is a quintessentially multidisciplinary activity. While this paper is focussed on the acute hospital provision effective EoLC requires an integrated approach that is central to our understanding of an ICO. Supporting and communicating effectively with patients, families and GPs is one key element of a wide approach that we take.

3. To deliver consistently high quality, safe services.

EoLC is no exception to our commitment to safe and effective services. 'Right first time, every time'. The challenge is to ensure the maximum benefit of advanced medical interventions, where indicated, while acknowledging that an end of life approach changes the goals of patients and care givers. This will always be complex and requires input from specialist palliative care teams as well has delivery from well-trained non specialists.

4. To support our patients/users in being active partners in their care.

The National Voices initiative (2011) distilled that 'patients want to be listened to, to get good explanations from professionals, to get their questions answered, to share in decisions and to be treated with empathy and compassion'. Whittington Health has been a leader in supported self-management and also in developing advance care planning.

EoLC again is an area where the National Voices statement could not be more relevant. It is fundamental to our strategy and EoLC must embody this approach.

5. To be recognised as a leader in the fields of medical and multi-professional education, and population-based clinical research.

EoLC lends itself to multi-professional education as the needs of those at the end of life present to practitioners in a wide range of settings. We need to work with the educational faculty to develop the right education and look at areas for research with EoLC services in the community.

6. To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population

Having re-established the EoLC group of our acute site we will, by a process of repeated benchmarking and evaluation develop EoLC provision. Embedding, a culture of innovation and experimentation with a strong clinically led multi-professional group.

The Mission, Vision and 6 Strategic goals of the Clinical Strategy underpin everything that we do.

The acute hospital site is the place of death for approximately 400 people each year (395 in 2014/15). Most (85%) come from either Haringey or Islington. Increasing opportunities for people to die at home is a goal of all services, however there will continue to be significant numbers of deaths at the hospital site.

This paper is focused on provision of end of life (EoL) and palliative care at the hospital site, to ensure the board is sited on the current level of provision; is aware of existing gaps when benchmarked against comparators and national policy; to outline a plan to close these gaps with a clear trajectory; and to comment on the resource implications.

1.1. Definitions

End of Life care is: “Multidimensional and multidisciplinary physical, emotional, and spiritual care of the patient with terminal illness, including support of family and caregivers” [http://medical-dictionary.thefreedictionary.com/end-of-life+care] [1].

“Palliative medicine is the medical care of patients with advanced illness who require medical assessment and treatment of their symptoms” [http://apmonline.org/] [2].

1.2. Background

In July 2008, the National End of Life Care Strategy was published by the Department of Health (DoH) [https://www.gov.uk/government/publications/end-of-life-care-strategy-promoting-high-quality-care-for-adults-at-the-end-of-their-life] [3] highlighting the importance of promoting high quality care for all adults at the end of life. The strategy identified several key areas to be addressed i.e. raising the profile of dying patients; improving early identification of patients nearing the end of their life, facilitating apposite and timely access

to high quality care and services at the point of need, regardless of setting; better involvement and support of those important to the dying patient through the end of life and bereavement process; and enhanced professional development for all health and social care staff caring for dying patients.

A key recommendation of Neuberger's Report, 2013 [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212450/Liverpool_Care_Pathway.pdf] [4] was for Trust boards to appoint a Non-Executive Director (NED) to focus on "the interests of the dying patient, their relatives and carers". In June 2014, a new approach to care i.e. 'Five new Priorities for Care' was launched by the DoH in the One Chance to Get it Right document [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf] [5], for people who are dying based on the needs and wishes of the person and those close to them, aiming to deliver high quality care for all adults at the end of life. This method was welcomed by the Care Quality Commission (CQC) and subsequently EoLC is now a key component of the CQC inspections.

The population of Haringey and Islington has grown by 73,000 since 2004, while the ≥ 85's have increased 30% during this period. The Haringey and Islington population is expected to rise by 50,000 over the next 10 years; the predicted growth in the older population is higher still, the ≥ 85 population is expected to increase by 40% by 2024 [**see Table. 1**].

Whittington Health in-patient discharges have increased by 2.9% (n=555) over the last three years, with this number expected to rise by a further 1,465 by 2019/20 [**see Table. 2**]. Similarly, Specialist Palliative Care Team (SPCT) activity has risen significantly since 2010/11, the number of patients has gone up by 57% overall, and the non-cancer cohort has grown by 198% [**see Table. 3**]. Of all inpatient discharges in 2014/15, 1.74% patients were under the care of the SPCT; this number is expected to rise respectively. Furthermore, over a quarter of the resident English population are now living with a long term condition, by 2018 it is estimated that 2.9 million people will be living with three or more [http://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/] [6].Inevitably this will further augment the demand on local SPCT services.

1.3. Community provision

Islington

EoLC services across the borough of Islington are provided by a multi-disciplinary partnership approach. In conjunction with the patients GP, Whittington Health provides District Nursing visits in line with individual needs; ranging from monthly support visits to symptom free patients in the palliative stage of their illness, up to five visits a day for symptom control, psychological support and hands on nursing care to patients at the end of their life. When a more intensive support package is required at the EoL, funding via the continuing healthcare budget is assessed for and managed by the District Nursing or Continuing Healthcare Teams. This level of care ensures patients and their families and/ carers are able to stay in their home environment at the EoL if this is their wish.

Specialist palliative care (SPC) is delivered by the Islington End of Life and Palliative Care Service (ELiPSe) provided by Central and North West London (CNWL). The team have a long history of close partnership working with the District Nurses around a locality model, education and training provision, and to provide out of hours support and advice to both patients and District Nurses as necessary. Additionally, specialist long term conditions nurses and generalist community matrons from Whittington Health provide expert input for non-malignant patients at the EoL, to prevent exacerbation and provide palliative symptom control.

Haringey

EoLC services across the borough of Haringey are provided by a multi-disciplinary partnership approach. In conjunction with the patients GP, Whittington Health provides District Nursing visits in line with individual needs; ranging from monthly support visits to symptom free patients in the palliative stage of their illness, to five visits a day for symptom control, psychological support and hands on nursing care to patients at the end of their life. When a more intensive support package is required at the EoL, funding via the continuing healthcare budget is assessed and applied for by the District Nursing or Continuing Healthcare Teams. This level of care helps patients and their families and/ carers are able to stay in their home environment at the EoL if this is their wish.

North London hospice are working towards being able to provide a locality model, education and training provision, and to provide out of hours support and advice to both patients and District Nurses as necessary. Additionally, specialist long term conditions nurses and generalist community matrons from Whittington Health provide expert input for non-malignant patients at the EoL, to prevent exacerbation and provide palliative symptom control.

Haringey Palliative Care Service used to be provided by Whittington Health; however, changes have been made to North London palliative care services. The Haringey Community Palliative Care Team is now part of a new integrated service bringing together the expertise of three local hospices i.e. North London Hospice, St Joseph's Hospice and Marie Curie Hospice, Hampstead, and two NHS Trusts i.e. Whittington Health and North Middlesex Hospital. The lead provider is North Middlesex University Hospital NHS Trust, and our palliative care team has been transferred under TUPE to the North London Hospice. There is also a new 24 hour telephone advice line for professionals as well as generic advice for patients unknown to the service, via North London Hospice. A partnership group has been set up to oversee the delivery of this integrated service.

1.4 Inpatient provision

Whittington Health Specialist Palliative Care Team (SPCT) is a nurse led multidisciplinary service, supported by a part time Specialist Palliative Medicine Consultant. Given that not every terminally ill patient requires specialist palliative care (SPC) the team provides two fundamental services:

1. A specialist palliative and end-of-life assessment and advice service for the hospital clinical team
2. EoL education for clinicians delivering the palliative approach

SPCT service hours:

Day	Hours
Monday to Friday (excluding bank holidays)	**9a.m. to 5p.m.**
Saturday & Sunday	**NA**

The service comprises of:

Staff group	Number	WTE	Overall WTE Total
Consultant Palliative Medicine	**1**	**0.5**	**0.5**
Band 8a Nurse specialist	**1**	**1.0**	**1.0**
Band 7 Nurse specialist	**2**	**0.6**	**1.2**

Though we have no official arrangements for specialist palliative care advice out of hours, we advise clinical staff contact Marie Curie Hampstead Hospice (Edenhall) out of hours for informal advice. In the absence of the SPCT Consultant i.e. annual leave there is also an informal arrangement that the SPCT Nurses can contact Dr Tookman/ Dr Lodge Marie Curie Hospice consultants for medical advice.

1.5. Summary of 2014 achievements and provision gaps

- Inpatient SPCT received 411 referrals in 2014/15 of which 74% (306) were reviewed the same day; 22% (90) the day after referral, and 2% (8) on the next working day

- Participation in National Care of the Dying Audit of Hospitals, demonstrating high level of clinical performance for the Whittington hospital [**see Fig.1**]

- Completion and submission of Minimum dataset National Survey of Patient Activity Data for Specialist Palliative Care Services

- Increased adoption and use of the Trust End of Lif Care Plan Aid syringe driver charts, discharge package and community referral forms available on ICE

- SPCT intranet site has been enhanced to provide additional resources for staff

- SPCT Lead nurse qualified as Sage and Thyme facilitator in 2014, 9 staff were trained in 2014, this number continues to grow in 2015/16. The Sage and Thyme

course was developed by a team at University Hospital of South Manchester NHS Foundation Trust in 2006, to teach the core skills of dealing with people in distress.

2. Improvement plan

The Trust End of Life Steering Group resumed in 2014, with revised Terms of Reference [**see Appendix 1**] and membership to reflect the ICO, to manage and develop our service; with the primary aim for Whittington Hospital to meet the set national standards and to address the organisational gaps identified in the National Care of the Dying Audit of Hospitals [**see Fig.2**]

2.1. Aim

To address the NHS commitment to strengthen care in hospitals through the delivery of acute services out of hours consistent to the service provided during normal working hours.

To address the organisational limitations identified in the National Care of the Dying Audit of Hospitals.

To support and provide outstanding palliative and end of life care to our patients and to those identified as important to them, irrespective of day of the week and location, to accomplish:

- Excellent outcomes and experience for our patients, through optimal symptom control and compassionate care
- Excellent experience for those important to the patient, to improve bereavement process and ease associated health and social implications
- Excellent experience for staff through enhanced understanding and provision of support
- Equitable and sensitive EoLC services to address the needs of our diverse hospital community

2.2 Gap closure goals

i. The provision of Trust board representation and planning

- Appoint a non-executive lead to ensure an annual report on care of the dying, palliative patients and those that matter to them is presented and appraised by 31st July 2015

ii. Access to specialist support for care in the last hours or days of life

- Develop KPI's to assure Board through Quality Committee by 1st October 2015

- Scope and develop robust plan [see draft appendix 2] for the delivery of SPCT services seven days per week, specialist advise out of hours, and forthcoming team retirements to ensure the SPCT service meets both the National Standards and those required by the Care Quality Commission, in addition to addressing the needs of our local population by 1st October 2015

iii. Care of the dying: continuing education, training and audit

- Develop and roll out evidence-based education and competency based training, with regular refresher modules, for all professionals working with people approaching the end of their lives, both in the use of prognostic tools and in explanation to patients and relatives or carers of how they are used and the unavoidable uncertainties that accompany an individual's dying [under development**]** by 1st October 2015

- Continue to provide Minimum dataset National Survey of Patient Activity Data as required

- Ongoing participation in National Care of the Dying Audit of Hospitals annually

iv. Access to information relating to death and dying

- Review and revise all available EoL/ palliative care literature, promote and make available electronically, in order that it is readily available when appropriate

v. Clinical provision/protocols promoting patient privacy, dignity and respect, up to and

including after the death of the patient

- Update and develop local guidelines and policies in line with national and best practice standards for the provision and support of patient privacy, dignity and respect, up to and including after the death of the patient by 1st October 2015

Formal feedback processes regarding bereaved relatives/friends views of care delivery

- Learning from complaints:
  - Monthly review of all DATIX incidents and complaints related to EoL/ palliative care
  - SPCT Consultant and Lead Nurse are now copied into any complaint relating to any EoL/ palliative care complaints

- Explore options and roll out survey to capture the experience of the bereaved by 1st January 2016

vi. Care for people identified as in the last 48 hours of life

- Enhanced discharge planning through Continuing Health Care Fast Track process to facilitate preferred place of death [pilot to commence July 2015]

vii. Recognise the need for space and comfort to support the dying and bereaved

- Not all designated spaces and facilities are suitable, an improvement plan needs to be developed and approved by 1st July 2016

3. Conclusions

Delivering EoL / palliative care is a key element of delivering our Clinical Strategy as an integrated care organisation. This document lays out our vision for the future and identifies areas for improvement.

4. Recommendations and requests to the Board

I. To comment on current EoL/ palliative provision and existing service gaps

II. To provide a NED for EoL/ palliative care matters, to ensure these are appraised by the Board annually

III. To approve the improvement plan and comment on requirement for assurance around EoL/ palliative care reporting arrangements

5. Tables and Figures

Table. 1 Local Population Growth

ALL PERSONS							
	Population			10 years 2004-14		10 years 2014 -24	
	2004	2014	2024	change	%	change	%
Islington	183,240	220,111	245,907	36,871	20%	25,795	12%
Haringey	230,910	266,816	293,113	35,907	16%	26,296	10%
Total	414,150	486,928	539,019	72,778	18%	52,092	11%
MALE							
	Population			10 years 2004-14		10 years 2014 -24	
	2004	2014	2024	change	%	change	%
Islington	89,872	108,994	122,167	19,122	21%	13,174	12%
Haringey	113,617	131,629	144,185	18,013	16%	12,556	10%
Total	203,489	240,623	266,352	37,134	18%	25,729	11%
FEMALE							
	Population			10 years 2004-14		10 years 2014 -24	
	2004	2014	2024	change	%	change	%
Islington	93,368	111,118	123,739	17,749	19%	12,622	11%
Haringey	117,293	135,187	148,928	17,894	15%	13,741	10%
Total	210,661	246,304	272,667	35,643	17%	26,362	11%

Source: Whittington Health

Table. 2 Inpatient Discharges

Total inpatient discharges			
Year	**Female**	**Male**	**Total**
2011/2012	10,180	8,637	18,817
2012/2013	9,766	8,674	18,440
3013/2014	10,403	9,068	19,471
2014/2015	10,188	9,184	19,372
3 year change	8	547	555
% over 3 years	0.1%	6.3%	2.9%
	53%	47%	

Source: Whittington Health

Table. 3 SPCT Activity

	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	Growth %
New patients	215	294	309	250	338	57
Continue patients	11	15	10	5	6	-45
Re-referral during year	45	43	67	33	57	27
Total patients	247	326	329	267	354	43
Cancer diagnosis	156	176	200	178	178	14
Non cancer diagnosis	59	117	109	89	176	198
Total Face to Face contacts divided by deaths and discharges	4.1	4.9	5	6	Not known	Not known

19th June 2015

Source: Minimum Dataset for Palliative Care
Fig.1

Clinical KPIs

Table 2

KPI	Description	Cases Score Range	Summary Cut Off (≥)	National (n=6,580)		Your Site (n=44)
				% cases achieved KPI	% cases not achieved KPI	% cases achieved KPI
1	Multidisciplinary recognition that the patient is dying.	0–2	2	59% (n=3859)	41% (n=2721)	82% (36)
2 *	Health professional's discussions with both the patient and their relatives/friends regarding their recognition that the patient is dying (n=5,722). (Your Site n=43)	0–4	4	74% (n=4210)	26% (n=1512)	81% (35)
3	Communication regarding the patient's plan of care for the dying phase.	0–4	4	57% (n=3773)	43% (n=2807)	75% (33)
4	Assessment of the spiritual needs of the patient and their nominated relatives or friends.	0–4	1	37% (n=2410)	63% (n=4170)	41% (18)
5	Medication prescribed prn‡ for the five key symptoms that may develop during the dying phase.	0–5	5	50% (n=3305)	50% (n=3275)	68% (30)
6	A review of interventions during the dying phase.	0–6	5	55% (n=3650)	45% (n=2930)	84% (37)
7	A review of the patient's nutritional requirements (n=5,722). (Your Site n=43)	0–8	6	39% (n=2249)	61% (n=3473)	81% (35)
8	A review of the patient's hydration requirements (n=5,722). (Your Site n=43)	0–8	6	48% (n=2737)	52% (n=2985)	79% (34)
9	A review of the number of assessments undertaken in the patient's last 24 hours of life.	<5 ≥5	≥5	82% (n=5409)	18% (n=1171)	93% (41)
10	A review of the care after death	0–2	1	56% (n=3701)	44% (n=2879)	64% (28)

Source: National care of the dying audit for hospitals, England Site report 2014

Fig.2

Organisational KPIs

Table 1

KPI	Description	Trust score range	Summary cut off (≥)	National (n=131)		Your Site
				% Trusts achieved KPI	% Trusts not achieved KPI	
1	Access to information relating to death and dying.	0–5	5	41% (n=54)	59% (n=77)	Not achieved Score: 3
2	Access to specialist support for care in the last hours or days of life.	0–5	4	21% (n=28)	79% (n=103)	Not achieved Score: 1
3	Care of the dying: continuing education, training and audit.	0–20	10	40% (n=52)	60% (n=79)	Not achieved Score: 0
4	Trust board representation and planning for care of the dying.	0–4	4	28% (n=37)	72% (n=94)	Not achieved Score: 0
5	Clinical protocols for the prescription of medications for the five key symptoms at the end of life.	0–5	5	98% (n=128)	2% (n=3)	Achieved Score: 5
6	Clinical provision/protocols promoting patient privacy, dignity and respect, up to and including after the death of the patient.	0–9	9	34% (n=45)	66% (n=86)	Not achieved Score: 7
7	Formal feedback processes regarding bereaved relatives/friends views of care delivery.	0–4	1	34% (n=44)	66% (n=87)	Not achieved Score: 0

Source: National care of the dying audit for hospitals, England Site report 2014

6. References

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7. Appendix 1 **– Whittington EoL Care Group Terms of Reference**

Appendix 1

Whittington Health NHS

TERMS OF REFERENCE

END OF LIFE CARE GROUP

1. Background

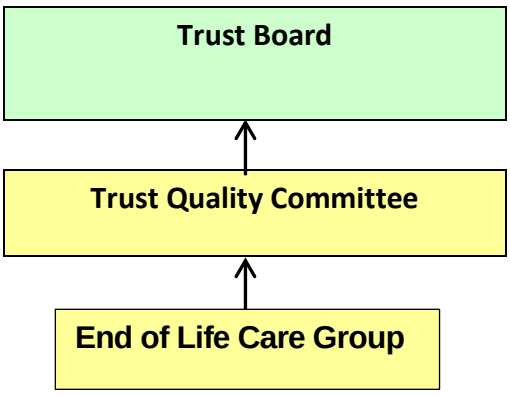
In July 2008 the National End of Life Care Strategy was published by the Department of Health highlighting the importance of promoting high quality care for all adults at the end of life. The strategy identified several key areas to be addressed:

- The importance of raising the profile of dying patients across all areas
- The importance of strategic commissioning and funding of care
- The early identification of patients who are likely to die and thus facilitation of appropriate care planning, the co-ordination of care and rapid access to services when needed.
- Access to high quality services in all locations
- Appropriate care to be delivered in the last days of life regardless of setting.
- The involvement and support of carers at the time of death and into bereavement
- Education, training and continuing professional development for all health and social care staff caring for dying patients
- Appropriate use of measurements and research to ensure standards are maintained an identify areas for improvement.
- Since ICO no End of Life Care oversight

In order to ensure that Whittington Health continues to play an integral part in both national and local NHS End of Life Care initiatives it is proposed that a Trust End of Life Care Board, re constituted as the End of Life Care Group, is developed to oversee this work and to ensure that progress continues to be made.

2. Purpose

To oversee, monitor and review the implementation of the Trust, taking into account, local and National End of Life Care initiatives within Whittington Health. Assure the Board through the Quality Committee, the care delivered to patients, relatives and family is meeting the highest possible standards.



Appendix 1

3. Emerging Priorities / work programme

- Training programmes all nursing and medical staff
- Commission work system End of Life Care across Haringey

4. Membership

Membership	
Medical Director (GP) Integrated Care (Chair)	Greg Battle
Director of Operations, Medicine, Frailty & Networked Services (Deputy Chair)	Carol Gillen
Clinical Lead for End of Life/ Consultant Geriatrician	Ruth Law
Lead Nurse, Specialist Palliative Care Service	Fiona Paterson
General Practitioner	Patrick McDaid
Lead Cancer Nurse	Karen Philips
Consultant Physician, Respiratory/Chest Medicine	Myra Stern
Lead Cancer Clinician & Consultant Medical Oncologist	Pauline Leonard
Divisional Director, ICAM	Richard Jennings
Consultant, Specialist Palliative Care Service	Anna Kurowska
Head of Nursing for Community and AEC nursing	Sarah Hayes
Head of Nursing, Medicine	Alison Kett
Non-Executive Director	**Vacancy**
Consultant Surgeon	**Vacancy**

- The trust End of Life Care Group will be chaired by the Medical Director (GP) Integrated Care or nominated deputy.
- The group will comprise of key representatives within the Trust.
- The group will invite or co-opt appropriate representatives to be involved in sub-groups or work streams who will undertake specific tasks.

5. Frequency of Meetings

The Group will meet 6 weekly in the initial stages of development of the group and will then review the frequency of meetings after 6 months.

6. Quorum of Committee

For this Committee to be quorate the following members need to be present: Chair/ Deputy Chair, management representative, doctor and nurse.

7. Process for Monitoring Compliance

- The Group will be responsible for monitoring the quality of care provided to dying patients at the Whittington.

- The Group will be responsible for overseeing, monitoring and reviewing the implementation of local and national End of Life Care initiatives within the Trust.

Appendix 1

- The Group will be responsible for the provision of strategic leadership ongoing support, and monitoring in relation to defined targets.

- The Group will review the results of any other Network or local audits and devise an action plan to address any areas of concern highlighted.

- The Group will review all complaints in relation to End of Life Care at the Whittington and ensure progress is made in relation to any key themes identified.

- The Group will advise and report to the Trust Quality Committee.

- The End of Life Care Group will produce an Annual Report for the Trust Quality Committee.

- Ensure assurance process around Datix/Complaints/Serious Incidents related to end of life care

8. Dates:

Approval Date: **16 July 2014**

Review Date: **16 July 2015**

All Terms of Reference should be reviewed **ANNUALLY**

Whittington Health NHS

Trust Board

01 July 2015

Title:	**Month 2 Financial Performance**		
Agenda item:	15/095	**Paper**	05
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 May 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:	**15-Jun-15**		

Author name and title:	**Stephen Bloomer, CFO**	**Director name and title:**	**Stephen Bloomer CFO**		
Date paper seen by EC ?		**Equality Impact Assessment complete?**	**Risk Assessment undertaken ?**	**N\A**	**Legal advice received ?**	**N\A**

Statement of Comprehensive Income

2015/16, Month 2 (May 2015)

in £000	In Month Budget	in Month Actual	Variance	YTD Budget	YTD Actual	Variance	Full Year
Nhs Clinical Income	20,584	21,120	536	41,103	41,231	128	246,415
Non-Nhs Clinical Income	1,410	1,373	-37	2,839	2,826	-13	17,064
Other Non-Patient Income	1,858	2,054	195	3,837	4,219	383	25,869
Total Income	**23,853**	**24,547**	**694**	**47,778**	**48,276**	**498**	**289,348**
Non-Pay	6,250	6,879	-629	12,496	13,285	-789	76,754
Pay	17,920	17,884	36	35,823	35,531	292	219,568
Savings	0	0	0	0	0	0	-8,832
Contingency	0	0	0	0	0	0	5,187
Total Operating Expenditure	**24,170**	**24,762**	**-593**	**48,319**	**48,815**	**-496**	**292,678**
EBITDA	**-317**	**-215**	**101**	**-541**	**-539**	**2**	**-3,330**
Depreciation	690	633	57	1,381	1,321	60	9,785
Dividends Payable	410	444	-34	820	811	9	4,921
Interest Payable	255	263	-8	510	496	14	3,060
Interest Receivable	1	3	2	2	5	3	10
Net Surplus / (Deficit) - before IFRIC 12 adjustments	**-1,671**	**-1,553**	**118**	**-3,251**	**-3,163**	**88**	**-21,087**
Add back impairments and adjust for IFRS & donate	7	5	2	14	10	-4	1,585
Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments	**-1,664**	**-1,548**	**116**	**-3,237**	**-3,153**	**83**	**-19,502**

Commentary

At the end of month 2 the Trust had a deficit of £3.1m which is £83,000 better than the planned position.

Income is higher than plan by £498k which is primarily due to the extended operation of winter-level services during April and May. Pay is underspent against budget, largely due to central items.
Non-pay expenditure however is overspent against budget. This is mainly driven by agency expenditure in some corporate departments which are recorded as non pay.

The Trust has a challenging CIP target of £16.5m. The target for the first two months was £884k and the trust achieved £665k, which represents 77% of plan.

The Trust ended the month with a cash balance of £4.1m, which was in line with plan, and a capital spend of £0.5m which was £0.2m more than plan due to some projects starting early.

The Trust is forecasting to hit the planned deficit of £19.5m, but there are a number of risks to this forecast
- underachievement of CIP delivery (£4m)
- poor management of expenditure budgets (£5m)

Statement of Financial Position

	As at 1st April 2015 £000		Plan YTD 31st May 2015 £000	As at 31st May 2015 £000	Variance YTD 31st May 2015 £000		Plan 31st March 2015 £000
Non Current Assets							
Property, plant and equipment	194,918		193,863	194,360	(497)		213,298
Intangible assets	4,481		4,457	4,234	223		4,903
Trade and other receivables	757		755	865	(110)		533
Total Non Current Assets	**200,156**		**199,075**	**199,459**	**(384)**		**218,734**
Current Assets							
Inventories	1,427		1,456	1,395	61		1,356
Trade and other receivables	19,223		15,654	18,677	(3,023)		16,942
Cash and cash equivalents	1,347		4,500	4,054	446		1,619
Total Current Assets	**21,997**		**21,610**	**24,126**	**(2,516)**		**19,917**
Total Assets	**222,153**		**220,685**	**223,585**	**(2,900)**		**238,651**
Current Liabilities (amounts due in less than one year)							
Trade and other payables	38,847		36,183	38,815	(2,632)		33,913
Borrowings	1,809		1,533	1,809	(276)		255
Provisions	1,380		1,720	1,370	350		557
Total Current Liabilities	**42,036**		**39,436**	**41,994**	**(2,558)**		**34,725**
Net Current Assets (Liabilities)	**(20,039)**		**(17,826)**	**(17,868)**	**42**		**(14,808)**
Total Assets less Current Liabilities	**220,195**		**181,249**	**181,591**	**(426)**		**233,542**
Non Current Liabilities (amounts due greater than one year)							
Borrowings	34,950		34,952	39,586	(4,634)		43,993
Provisions	1,952		1,432	1,953	(521)		1,697
Total Non Current Liabilities	**36,902**		**36,384**	**41,539**	**(5,155)**		**45,690**
Total Assets Employed	**143,215**		**144,865**	**140,052**	**4,813**		**158,236**
Taxpayers' Equity							
Public dividend capital	62,377		67,277	62,377	4,900		87,287
Retained earnings	6,187		2,936	3,024	(88)		(14,901)
Revaluation reserve	74,651		74,652	74,651	1		85,850
Total Taxpayers' Equity	**143,215**		**144,865**	**140,052**	**4,813**		**158,236**
Capital cost absorption rate	**3.5%**		**3.5%**	**3.5%**			**3.5%**

Commentary

The capital programme started earleir this year, which is reflected in the PPE amount.

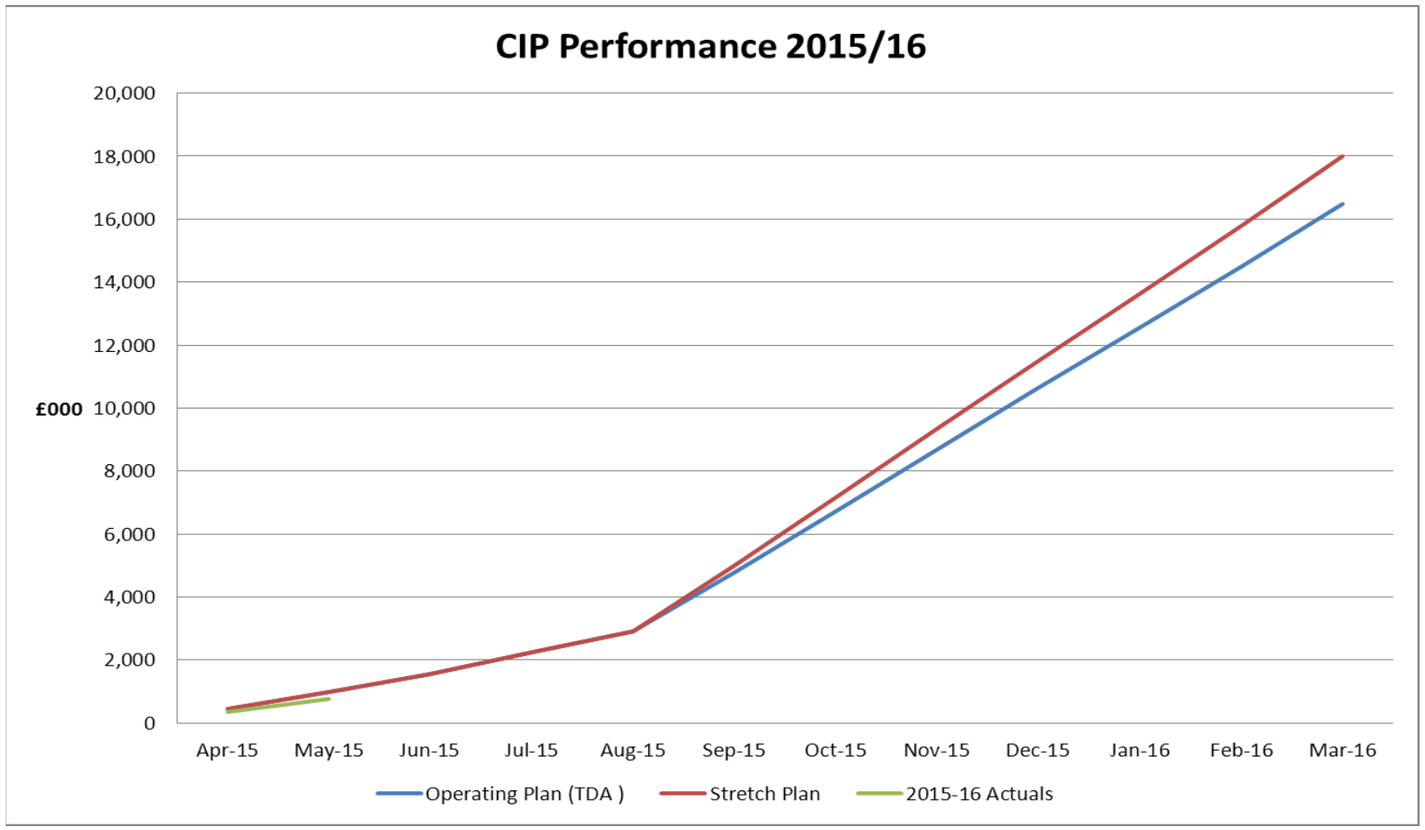
Trade Receivables has reduced by £0.6m from the start of the financial year. There are however a number of longstanding material debts with other NHS organisations outstanding. These are being focused on with the objective of further improving receivables in the coming months.

Payables, Borrowings and Provisions, represent the Trusts's liabilities payable in the short term and remained stable in month. A nuber of the oustanding liabilities relate to other NHS organisations who owe the Trust substantial amounts and are therefore part of the escalation process.

Borrowings and Provisions, are in line with plan and prior year actuals and represent the Trusts's liavbilities payable in the medium to long-term.

Whittington Health Cost Improvement Programme Report at 31 May 2015

	Annual Plan £'000	May Plan £'000	May Act £'000	May % achieved	May Var £'000	YTD Plan £'000	YTD Act £'000	YTD % achieved	YTD Var £'000
ICAM	2,267	151	130	86%	(21)	303	266	88%	(36)
SCD	1,748	86	73	85%	(13)	163	110	67%	(53)
WCF	1,729	138	104	75%	(34)	237	194	82%	(43)
Corporate	1,924	136	55	41%	(81)	181	85	47%	(96)
Total Divisional Schemes	**7,668**	**511**	**362**	**71%**	**(149)**	**884**	**655**	**74%**	**(229)**
Total Trust-wideSchemes	**0**	**0**	**0**		**0**	**0**	**0**		**0**
Total Identified Schemes	**7,668**	**511**	**362**	**71%**	**(149)**	**884**	**655**	**74%**	**(229)**
Unidentified and WIP Schemes	8,832	0	0		0	0	0		0
Trust Total	**16,500**	**511**	**362**	**71%**	**(149)**	**884**	**655**	**74%**	**(229)**



Month 2 CIP Summary

The target for CIP is £16.5m.

In month 2 CIPs amounting to £362,000 were delivery against a plan of £511,000 which has created a year to date position of £665,000 (74%) achievement.

A substantial proporation (47% or £96k) of the YTD underachievement relates to CIP schemes within the Corporate Division. This is presently being reviwed as a matter of priority.

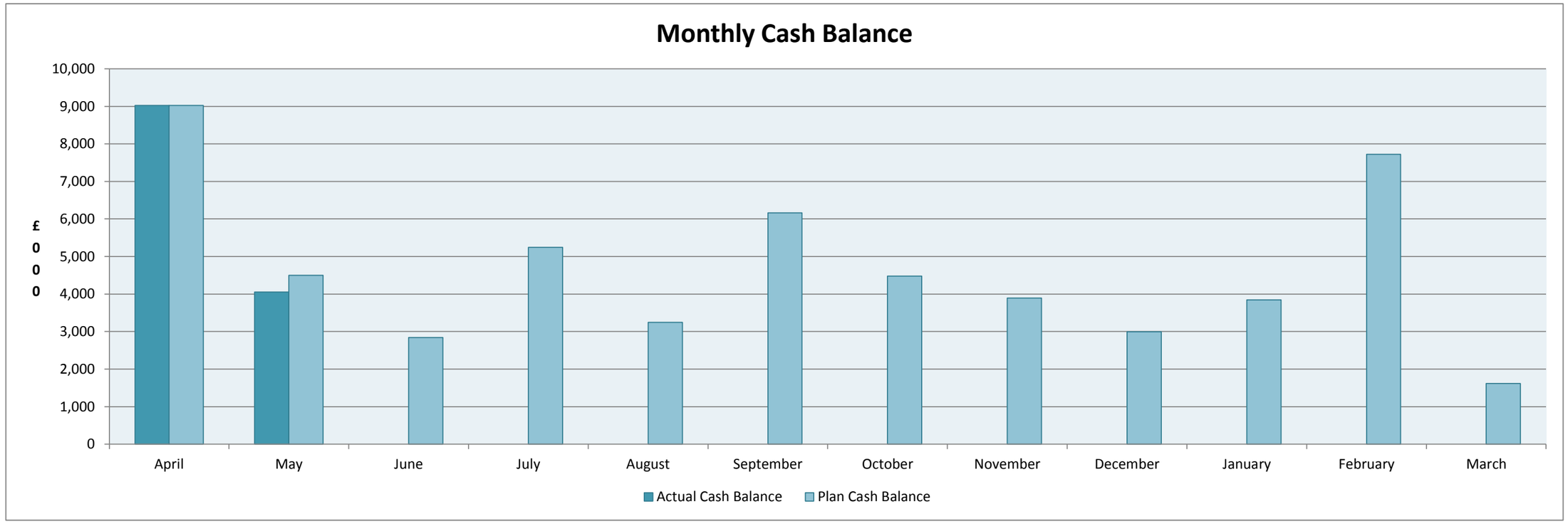
Risks

- The Trust has not fully identified £16m of CIP schemes. If the Trust does not deliver £16m of CIP, this will impact on its ability to deliver the financial plan for 2015/16.
- If schemes are not identified and implemented imminently, there will be a greater pressure on Groups to deliver savings in the latter part of the financial year and may result in an increased reliance on non recurrent measures which will need to be factored in financial planning for 2016/17.
- The CIP plan has been back-ended with the majority of delivery expected from month 6 onwards. Therefore being behind plan early in the financial year it creates a significant risk around delivering the full year plan.

Key Actions

- Services to continue identifying new schemes against their target as a priority, while also ensuring delivery of identified schemes.
- Services to complete all necessary documentation for all schemes currently identified to allow progression to full sign off.
- Weekly finance and operations meetings to validate new schemes
- CIP Steering Group to continue scrutiny of ICSU positions to ensure that work is being progressed to identify and delivery of targets. This will include provision of support to unblock obstacles where necessary.

Cash Forecast for the Trust



Commentary

The Trust ended the month with a cash balance of £4.1m which was £0.4m under plan. The Trust continues to monitor and manage its cash position very tightly. Major challenges continue to be the recovery of outstanding debts mainly due from other NHS organisations, and the settlement of outstanding payables, again mainly due to other NHS organisations. These are being monitored and escalation measures are being employed to ensure resolution.

In order to support its working capital position, the Trust made a successful application to the Department of Health for a revolving loan facility in the sum of £23.9m. As at the end of May, £4.9m of this had been assessed, with plans to access the remainder as and when required during the course of the year. The facility is expected to be repaid when the Trust's financial position improves. Due to the revised cash need for the Trust of £33m in total for the yeara new application for a revised loan facility will need to be made to reflect this and cover the Trust's cash requirements for the year. The TDA are aware of this and sighted on the updated cash flow. They advised the Trust that they will inform us when a new application can be made.

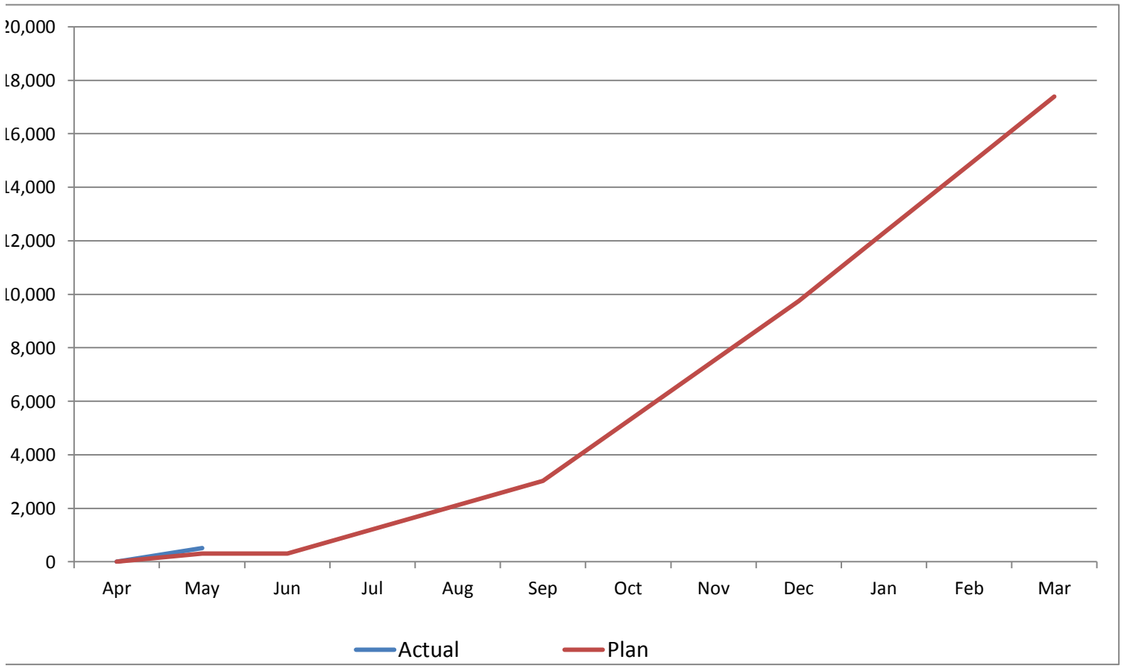
The Trust continues to put measures in place to manage the cash position closely; however achievement of the cash forecast will rely on a number of factors including outstanding debts being paid on time as well as delivery of planned CIPs, delivery of income targets and no overspends against budgets.

Capital Spend Performance and Forecast

	Annual	Current Month			YTD			Forecast Outturn		
	Plan	Plan	Act	Var	Plan	Act	Var	Plan	Forecast	Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Estates	5,625	0	143	-143	0	143	-143	5,625	5,625	-
IT	1,570	0	51	-51	0	51	-51	1,570	1,570	-
Equipment	861	0	21	-21	0	21	-21	861	861	-
Business Cases	8,305	300	209	91	300	209	91	8,305	8,305	-
Leases	1,027	0	93	-93	0	93	-93	1,027	1,027	-
Total	**17,388**	**300**	**517**	**-217**	**300**	**517**	**-217**	**17,388**	**17,388**	**-**

CRL	17,388
Variance	0

Spend against Capital Programme



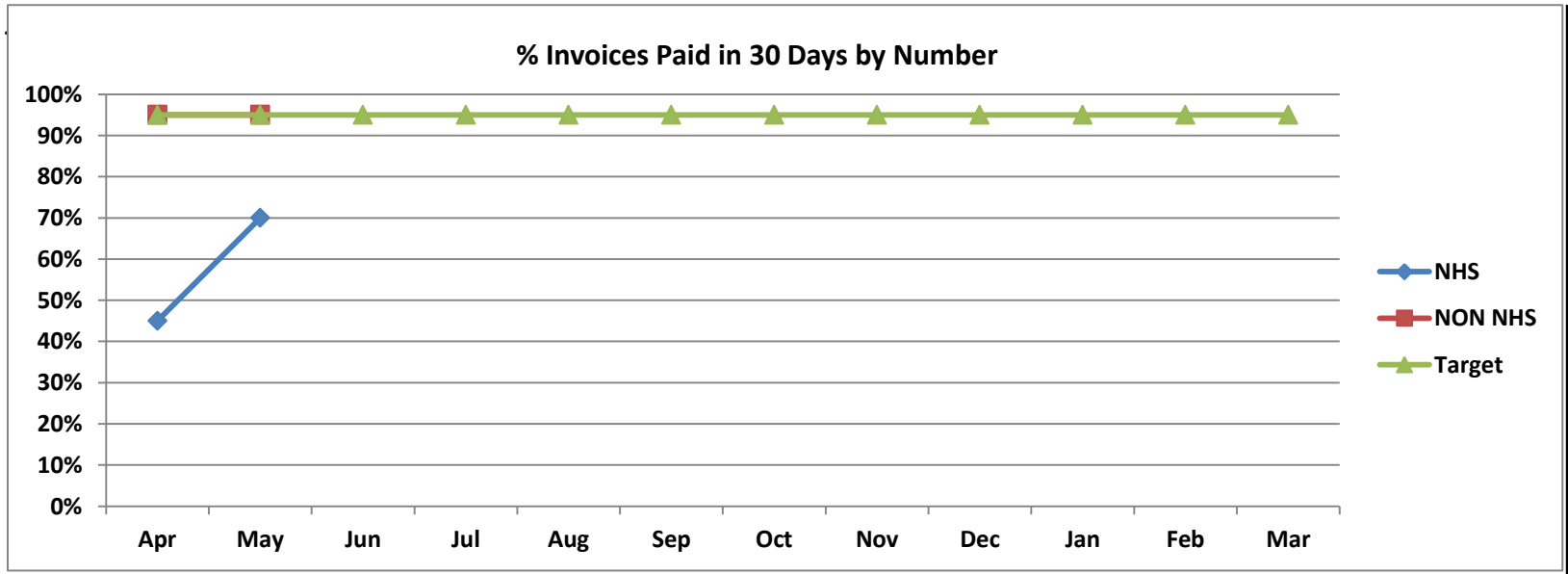
- The Capital Accountant meets regularly with project managers and monthly at the Capital Monitoring Group (CMG) to report progress against plan.

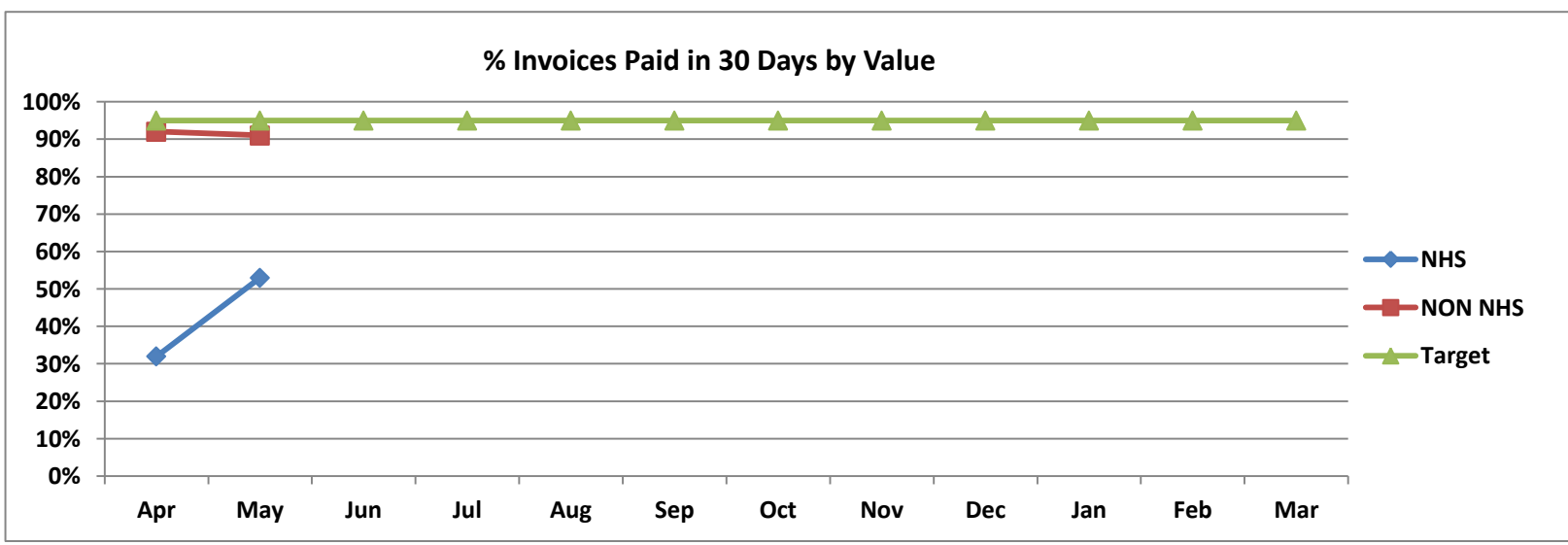
- The year to date actuals are showing an overspend due to schemes starting earlier than plan. Such works include spend on the Community Simulation centre, IT and other acute works

- The Trust is expecting to spend up to it's Capital Resource Limit (CRL).

- The CRL includes £8.4m of capital for the maternity expansion project.

Best Practice Payment Code





Commentary

The Trust continues to fall short of its requirement of paying 95% of invoices within 30 days. This is mainly due to active management of working capital including payment restrictions against organisations who owe the Trust significant debts. We continue to work on a resolution of these issues.

During May, the number of NHS invoices paid within 30 days rose to 70%, whilst Non NHS achieved the 95% target.

Based on the value of invoices paid within 30 days, the value of NHS invoices paid increased to 53%, whilst Non NHS achieved 91%.

In 2015/16, Management reviewed and revised the methodology on which BPPC is calculated (in line with accepted Guidance) as the latter of when goods or services are received or the date of receiving invoices. Previously this was based on the latter of goods received date or date of invoice.

Continuity of Services Risk Rating (COSR)

Metric	Definition	Parameters 1	2	3	4	Actual YTD	Plan Outturn
Working Capital Balance (£'000) (+/-)						(19,263)	(16,164)
Annual Operating Expenses (£'000) (+)						48,837	293,022
Liquidity Ratio (Days)						(24)	(20)
Liquidity Rating	Working Capital Balance x 360 / Annual Operating Expenses	**<-14**	**-14**	**-7**	**0**	**1**	**1**
Revenue Available for Debt Service (£'000) (+)						(534)	(3,332)
Annual Debt Service (£'000) (+)						1,571	9,786
Capital Servicing Capacity (Times)						(0.3)	(0.3)
Capital Servicing Capacity Rating	Revenue Available for Debt Service / Annual Debt Service	**<1.25**	**1.25**	**1.75**	**2.50**	**1**	**1**
Weighted:							
Liquidity Rating - 50%						**0.5**	**0.5**
Capital Servicing Capacity Rating - 50%						**0.5**	**0.5**
Overall Continuity of Services Risk Rating						**1**	**1**

The Continuity of Services Rating (COSR) represents the financial risk rating used by Monitor, where a score of "one" highlights an organisation as "high risk". The table shows that WH is in this high risk category

Whilst this demonstrates the need for improvement this should be assessed in light of the fact that the Trust's balance sheet has been historically weak, compared to Foundation Trusts (who would normally be assessed on this measure) and would likely have high cash balances from previous land and property sales even though they may also report an in year deficit. The Trust continues to work with the TDA to put in place measures for improvement and these are expected to materialise over the coming years.

Operations Directorate
Direct Line: 020 7288 5440
www.whittington.nhs.uk

The Whittington Hospital NHS Trust
Magdala Avenue, London N19 5NF

Whittington Health Trust Board
1st July 2015

Title:	Trust Board Report July 2015 (May 15 data)		
Agenda item:	**15/096**	**Paper**	**06**
Action requested:	For discussion on progress and agreement of areas for focus		
Executive Summary:	The following is the Performance and Quality report for May 2015; a number of highlights and areas for focus are identified. Due to the realignment of the operational structure in to the 7 Integrated Care Service Units (ICSU), the performance report has been refocused to show overall performance against KPIS and progress over three months. The ICSU performance reports have been aligned to show performance within their specific areas and are monitored at the monthly performance meeting with the COO and the quarterly performance meeting with the CEO and executive team. <u>Summary of report:</u> **QUALITY** • **Inpatient deaths** remain as expected. • **Completion of valid NHS number**: Remain just below the standard of 95% for SUS submission, but achieved for A&E data set. • **SHMI:** Whittington Hospital mortality rate remains lower than expected for the Trust. • **HSMR:** Continuing to perform better than expected for the national standard. **PATIENT SAFETY** • **Harm Free Care:** Below target due to pressure ulcers, action plan in place with community teams. • **Pressure Ulcers prevalence:** Decrease in prevalence observed. The trust is working with partners in the community to implement the action plan. An internal audit on pressure ulcer processes has been completed and results will be available in July 2015. • **Falls (audit):** Remain at 0.30% • **VTE assessment:** Achieved standard. • **Medication errors causing severe/moderate/low harm:** No severe or moderate medication errors reported. Seven low harm medication errors were reported, 6 relating to missed		

	medication administration within the community. One error was regarding medication dose. • **Never events:** None. • **CAS alerts:** None outstanding. • **Proportion of reported patient safety incidents that are harmful:** Remains around one third of all reported incidents. • **Serious incidents**: Seven new SI's reported in May 2015, all incidents are fully investigated and learning is shared. Duty of Candour was achieved for all SI's. **PATIENT EXPERIENCE** • **Family and Friend Test:** Remained around 90%. Ifor ward has achieved 100% for a base of 25% last month. Cloudesley ward and ITU scored below target and is due to FFT machines not working. Actions have been taken to address collecting information for FFT. • **Mixed sex Accommodation:** No breaches. • **Patient admission to adult facilities for under 16 years of age:** No breaches. • **Complaints:** Below target for 2 of the 3 divisions. Focus on internal processes. • **Patient admission to adult ward for under 16 years of age:** None. **INFECTION PREVENTION** • **MRSA:** No new cases in May 2015 • **E.coli and MSSA:** No new cases in May 2015 • **C Difficile:** One new infection, all protocols adhered to. • **Ward Cleanliness:** Remains at 98%. **ACCESS** **Acute** • **First to follow-up:** Acute ratio remains below the national benchmark. • **Theatre Utilisation:** Slightly increased to 83%. Focus is now on smaller services provided by other organisations • **Hospital cancellations:** Achieved for first appointment and just above target for follow up appointment. Underachieving services include: Rheumatology, Breast Surgery, General Surgery and Urology. • **Patient DNA:** Remain underachieving around 12% for first appointment and 14% for follow up appointment. • **Hospital cancelled operations:** 4 patients cancelled in May, 1 due to availability of surgeon, 2 due to the list overrunning and one where the interpreter was not booked. Procedures for cancelation and booking have been cross checked. • **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, one underachieving service: General Surgery 85.2%.
- **RTT 18 weeks non-Admitted Target 95%:** Overall achieved, underachieving services include: Haematology 87%, General Medicine 92.3%, Dermatology 88%, T&O 94.8% and Neurology 86.4%
- **RTT 18 weeks incomplete Target 92%:** Achieved.
- **Diagnostic waits Target 99%:** Overall achieved, but under performing in Colonoscopy 96%, Respiratory Services 87%, Flexi sigmoidoscopy 92% and Audiology Services 98%.
- **Cancer:** Overall achieved

Community

- **Service cancellations:** Slightly up in May 2015. This was mainly to bring appointments forward.
- **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.
- **Dental Patient involvement and experience:** Achieved.
- **MSK wait 6 week (non-consultant led):** Below target due to reduced capacity, this was lost days for bank holidays and staff sickness.
- **MSK 18 weeks:** Achieved.
- **IAPT:** Achieved.
- **GUM:** Achieved.

EMERGENCY AND URGENT CARE

- **Emergency Department waits:** Just below 95% target.
- **ED Indicator – median wait for treatment:** Above target.
- **30 day Emergency re-admission:** Project team formed to review 30 day re-admission target
- **12 hour trolley wait:** None.
- **Ambulatory Care (% diverted):** Below target.
- **Ambulance handover:** 6 breaches within 30 minutes and none for 60 min.

MATERNITY

- **Woman see by HCP or midwife within 12 weeks and 6 days:** Below target and working with NCL Commissioners on target description to capture performance more accurately.
- **New birth visits within 14 days:** Below target due to poor performance in one Haringey team and vacancies across the two boroughs within the Health Visiting Services. Islington now successfully recruited. An agreement has been made with

	NHS England to use bank HV staff in Haringey during recruitment process. • **Elective C-section rate:** Achieved. • **Breastfeeding initiated:** Achieved. • **Smoking at delivery:** Achieved. **Proposed areas of focus to be agreed by the Trust Board** • Outpatient (acute and community) cancelations, outcome of appts and DNAs • Emergency department 4 hour target • Elective cancelations • Readmissions • MSK 6 weeks • 12 week and 6 day appointments • New birth visits Actions plans are in place and progress will be provided at the next board meeting.
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:	18th June 2015

Author name and title:		**Hester de Graag, Performance Lead**		**Director name and title:**		**Lee Martin, Chief Operating Officer**	
Date paper seen by EC		**Equality Impact Assessment complete?**		**Quality Impact Assessment complete?**		**Financial Impact Assessment complete?**	

July 2015 Trust Board Report (May data)

Whittington Health NHS

Quality	Threshold	Mar-15	Apr-15	May-15
Number of Inpatient Deaths	-	40	32	22
NHS number completion in SUS (OP & IP)	99%	98.87%	98.98%	arrears
NHS number completion in A&E data set	95%	94.82%	95.18%	arrears

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

Quality (Mortality index)	Threshold	Dec-14	Jan-15	Feb-15
Hospital Standardised Mortality Ratio (HSMR)	<100	111.4	79.9	71.4
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	121.6	76.9	26.5
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	109.6	80.0	84.0

Patient Safety	Threshold	Mar-15	Apr-15	May-15
Harm Free Care	95%	92.1%	93.1%	94.2%
VTE Risk assessment	95%	95.3%	95.9%	arrears
Medication Errors actually causing Serious/Severe Harm	0	0	0	0
Never Events	0	0	0	0
CAS Alerts (Central Alerting System)	-	2	2	0
Proportion of reported patient safety incidents that are harmful	-	36.1%	33.5%	36.1%
Serious Incident reports	-	3	8	7

Access Standards

Referral to Treatment (in arrears)	Threshold	Feb-15	Mar-15	Apr-15
Diagnostic Waits	99%	100%	99.4%	99.1%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0

Efficiency and productivity - Community	Threshold	Mar-15	Apr-15	May-15
Service Cancellations - Community	8%	7.8%	7.5%	8.0%
DNA Rates - Community	10%	7.0%	6.9%	7.9%
Community Face to Face Contacts	-	65,145	59,889	57,504
Community Appts with no outcome	1.0%	1.7%	2.2%	3.5%

Community Access Standards	Threshold	Mar-15	Apr-15	May-15
MSK Waiting Times - Non-Consultant led patients seen in month (% < 6 weeks)	95%	93.2%	69.5%	71.0%
MSK Waits - Consultant led patients seen in month (% < 18 weeks)	95%	100.0%	100.0%	arrears
IAPT - patients moving to recovery	50%	49.5%	50.2%	arrears
GUM - Appointment within 2 days	100%	100.0%	100.0%	100.0%

Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Mar-15	Apr-15	May-15
First:Follow-up ratio - acute	2.31	1.42	1.45	1.37
Theatre Utilisation	92%	79.8%	80.4%	83.9%
Hospital Cancellations - acute - First Appointments	8%	5.6%	5.2%	5.9%
Hospital Cancellations - acute - Follow-up Appointments	8%	7.8%	7.7%	8.3%
DNA rates - acute - First appointments	10%	12.7%	12.5%	12.3%
DNA rates - acute - Follow-up appts	10%	13.8%	13.5%	13.7%
Hospital Cancelled Operations	0	5	6	4
Cancelled ops not rebooked < 28 days	0	0	0	0
Urgent procedures cancelled	0	0	0	1

July 2015 Trust Board Report (May data)

Whittington Health NHS

Meeting threshold

Patient Experience	Threshold	Mar-15	Apr-15	May-15
Patient Satisfaction - Inpatient FFT (% recommendation)	-	90%	92%	92%
Patient Satisfaction - ED FFT (% recommendation)	-	88%	92%	91%
Patient Satisfaction - Maternity FFT (% recommendation)	-	88%	92%	89%
Mixed Sex Accommodation breaches	0	0	0	0
Complaints	-	28	26	34
Complaints responded to within 25 working day	80%	88%	75%	arrears
Patient admission to adult facilities for under 16 years of age	-	0	0	0

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

Access Standards (RTT)

Referral to Treatment (in arrears)	Threshold	Feb-15	Mar-15	Apr-15
Referral to Treatment 18 weeks - Admitted	90%	91.1%	91.7%	95.0%
Referral to Treatment 18 weeks - Non-admitted	95%	95.1%	95.2%	95.1%
Referral to Treatment 18 weeks - Incomplete	92%	93.2%	93.5%	93.1%

Meeting threshold
Failed threshold

Failed threshold

Emergency and Urgent Care	Threshold	Mar-15	Apr-15	May-15
Emergency Department waits (4 hrs wait)	95%	94.1%	94.8%	93.6%
ED Indicator - median wait for treatment (minutes)	<60	95	83	90
30 day Emergency readmissions	-	274	272	arrears
12 hour trolley waits in A&E	0	0	0	0
Ambulatory Care (% diverted)	>5%	3.2%	2.6%	3.1%
Ambulance Handover (within 30 minutes)	0	1	6	arrears
Ambulance Handover (within 60 minutes)	0	0	0	arrears

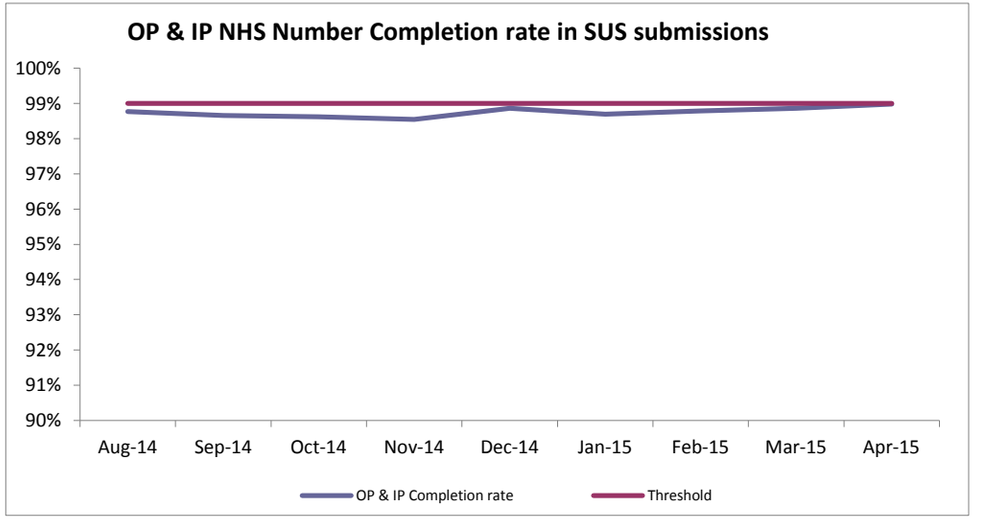
Cancer Access Standards (in arrears)	Threshold	Feb-15	Mar-15	Apr-15
Cancer - 14 days to first seen	93%	93.5%	94.1%	93.2%
Cancer - 14 days to first seen - breast symptomatic	93%	95.9%	95.2%	93.2%
Cancer - 31 days to first treatment	96%	100.0%	100.0%	100.0%
Cancer - 31 days to subsequent treatment - surgery	94%	100.0%	100.0%	100.0%
Cancer - 31 days to subsequent treatment - drugs	98%	100.0%	100.0%	100.0%
Cancer - 62 days from referral to treatment	85%	85.3%	90.9%	95.5%

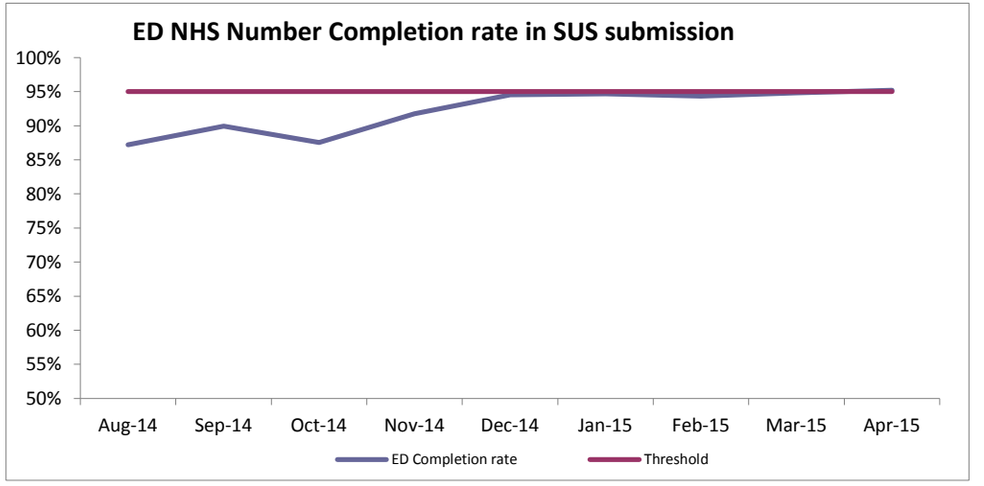
Maternity	Threshold	Mar-15	Apr-15	May-15
Women seen by HCP or midwife within 12 weeks and 6 days	90%	81.2%	82.4%	86.2%
New Birth Visits - Haringey	95%	70.6%	74.9%	arrears
New Birth Visits - Islington	95%	85.0%	86.9%	arrears
Elective Caesarean Section rate	14.80%	13.0%	11.2%	11.0%
Breastfeeding initiated	90%	90.9%	92.4%	90.2%
Smoking at Delivery	<6%	3.4%	4.0%	2.4%

	Threshold	Trust Actual		
		Mar-15	Apr-15	May-15
Number of Inpatient Deaths	-	40	32	22
Completion of a valid NHS number in SUS (OP & IP)	99%	98.87%	98.98%	arrears
Completion of a valid NHS number in A&E data sets	95%	94.82%	95.18%	arrears

	Standardised National Average	Trust		
		Dec-14	Jan-15	Feb-15
Hospital Standardised Mortality Ratio	<100	111.36	79.86	71.4
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	121.6	76.9	26.5
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	109.6	80.0	84.0

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





Commentary

Inpatient Deaths

Issue: The number of in-patient death remain at expected level. Last year Whittington Health recorded the same number of death in May.
One unexpected death of a baby has been recorded as an SI.
Action: All in-patient deaths are reviewed by the Medical Director.
Timescale: On-going

Completion of valid NHS number
A&E data set now within target.
Issue: NHS number completion in SUS , although improved again, remains just under target.
Action: Continued work on NHS number completion in SUS.
Timescale: Expected to be compliant in May 2015 (July 2015 Trust Dashboard)

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

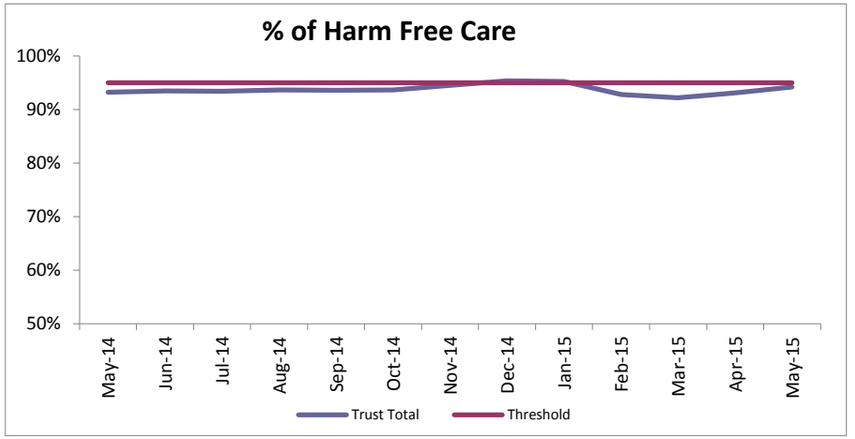
HSMR
Achieved for average, weekday and weekend.

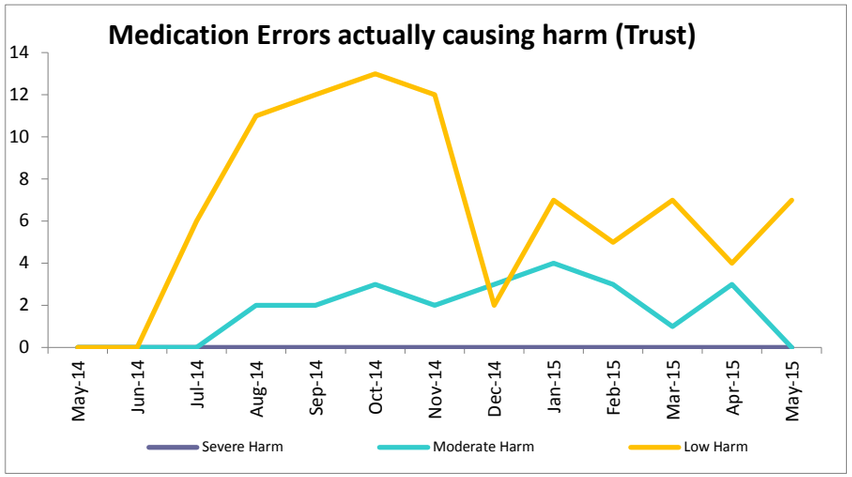
Patient Safety

Whittington Health NHS

Data extracted on 09/06/2015

	Threshold	Trust Actual Feb-15	Mar-15	Apr-15	May-15	Trend
Harm Free Care	95%	92.8%	92.1%	93.1%	94.2%	
Pressure Ulcers (prevalence)	-	6.14%	6.99%	5.81%	5.11%	
Falls (audit)	-	0.43%	0.57%	0.29%	0.30%	
VTE Risk assessment	95%	95.1%	95.3%	95.9%	arrears	
Medication Errors actually causing **Serious** or **Severe** Harm	0	0	0	0	0	
Medication Errors actually causing **Moderate** Harm	-	3	1	3	0	
Medication Errors actually causing **Low** Harm	-	5	7	4	7	
Never Events	0	0	0	0	0	
Open CAS Alerts (Central Alerting System)	-	0	2	2	0	
Proportion of reported patient safety incidents that are harmful	-	43.5%	36.1%	33.5%	36.1%	
Serious Incidents (Trust Total)	-	14	3	8	7	





Commentary

Harm Free Care
Issue: Improving, but still just below target due to the affect of Pressure Ulcers on the score.
Action: Continued HFC monitoring and learning from reviews is in place. Thematic action plan in community in place to monitor the number of pressure ulcers acquired by patients under the care of Whittington Health. This plan is monitored by an overarching pressure ulcer prevention group spanning Haringey and Islington and include partner organisations.
Timescale: On-going

Pressure Ulcer prevalence
Issue: Prevalence is decreasing.
Action: Improvements put in place in the community continue , including identifying the need for education to families around pressure ulcers. In addition an internal audit on Pressure Ulcer processes at Whittington Health has been done and the outcome will be available in July 2015
Timescale: On-going

Falls (audit) Number of fall recorded in the audits has reduced in the last two months.

VTE risk assessments
Target achieved

Medication Errors actually causing harm
Issue: No Serious or Moderate medication error have been reported in May 2015 . Six low harm incidents affected patients on the District Nurse Service caseload missing medication doses and one low incident related to incorrect weight used to determent medication dose.
Action: All errors are investigated and appropriate action taken.
Timescale: completed

Serious Incidents

7 new serious incidents were recorded in May 2015.

Two unexpected deaths, one baby and one adult.
Two information governance breaches.
One medication error.
One delay in diagnosis .
One pressure ulcer

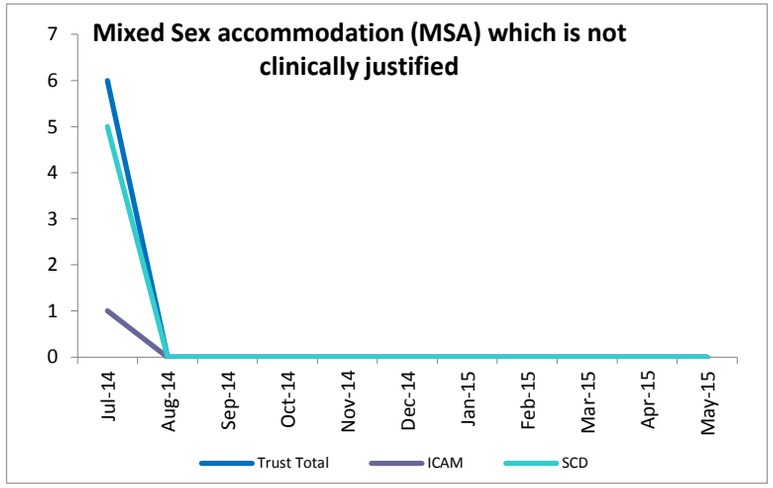
Action: All SI's are being investigated.

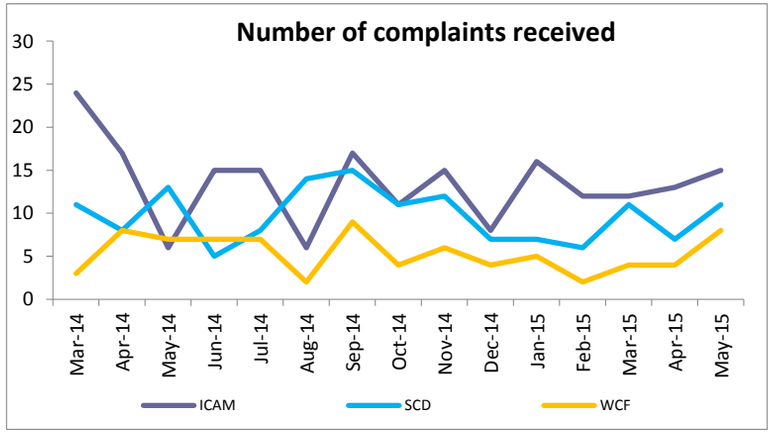
Timescale: July 2015

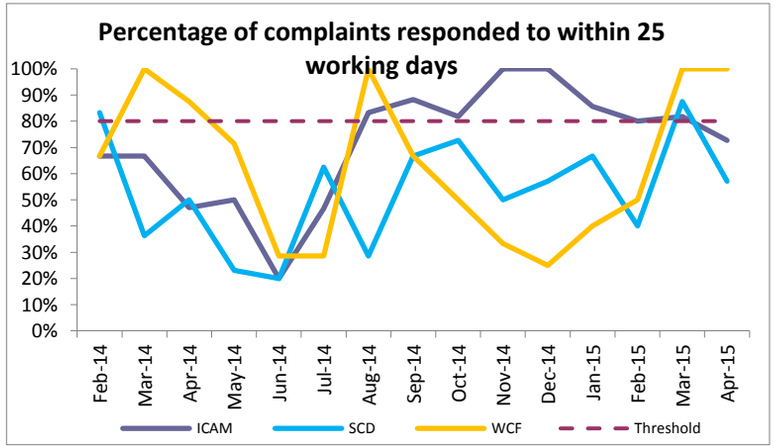
	Threshold	Trust Actual Feb-15	Mar-15	Apr-15	May-15	Trend
Patient Satisfaction - Inpatient FFT (% recommendation) **	-	86.4%	90.0%	92.0%	92.1%	
Patient Satisfaction - Emergency Department FFT (% recommendation) **	-	91.6%	88.0%	92.5%	91.5%	
Patient Satisfaction - Maternity FFT (% recommendation) **	-	88.6%	88.5%	92.2%	89.1%	
Mixed Sex Accommodation (not Clinically justified)	0	0	0	0	0	
Complaints (**incl Corporate**)	-	21	28	26	34	
Complaints responded to within 25 working day	80%	61.11%	87.50%	75.00%	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

Whittington Health are currently rolling out Meridian as system which is able to capture and report on FFT including maternity, outpatients and community.

Issue: The overall in-patient score remained around 92%. WCF scored 25% last month and is now back to 100%. Cloudesley Ward score dropped from 100% to 81.8% and ITU from 100% to 83.3%

Action: Raise awareness of importance of FFT in Cloudesley and ITU

Timescale: On-going

Mixed Sex Accommodation

A policy and processes embedded in the services and no breaches for 10 consecutive months.

Complaints

Issue: Under threshold, overall score was 75%. WCF scored 100%, ICAM scored 73% and SCD 57.1% in April 2015. A verbal update will be provided to the board on the projection for May 2015

Action: Continued focus on responding to complaints within 25 days within the new Integrated Clinical Support Units (ICSU) and streamlining internal processes.

Timescale: Expectation to be all within target next month, August 2015 dashboard.

Infection Prevention

Whittington Health NHS

	Threshold	Trust Actual Feb-15	Mar-15	Apr-15	May-15	Trend
MRSA	0	0	0	0	0	
E. coli Infections*	-	1	3	1	0	
MSSA Infections	-	0	1	0	0	

	Threshold	Feb 15	Mar 15	Apr 15	May 15	2015/16 Trust YTD
C difficile Infections	17 (Year)	0	1	1	1	2

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

Ward Cleanliness

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

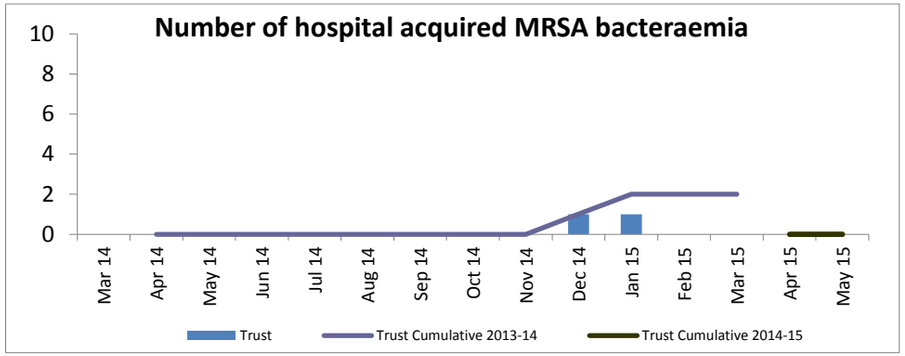
Commentary

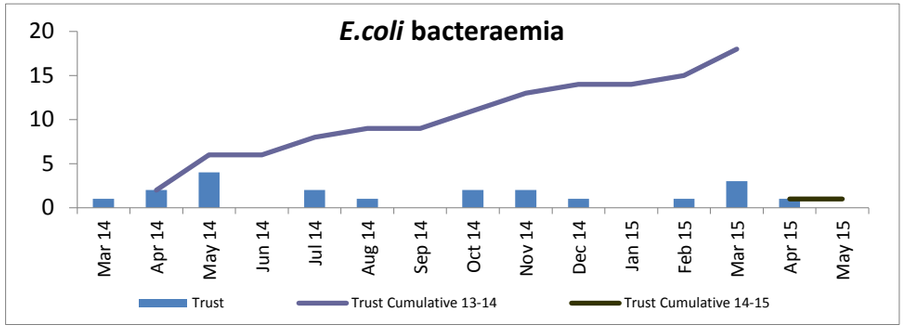
MRSA
No new MRSA infections for May 2015

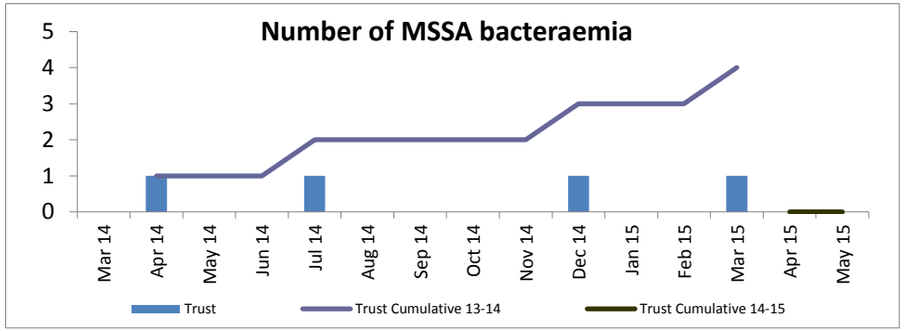
E.coli and MSSA Infections
No new E.coli or MSSA infections for May 2015

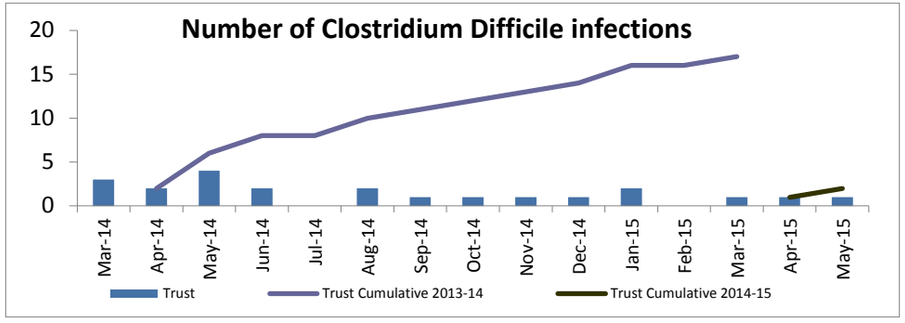
C Difficile
One new C Difficile infection for May 2015.
Action: Action plan in place.
Timescale: Immediate

Ward Cleanliness
Issue: Overall percentage remains around 98%
Action: A detailed action plan is in place for infection prevention, cleaning standards and audits are being carried out by Estates and matrons to ensure standards are maintained.
Timescale: In place.





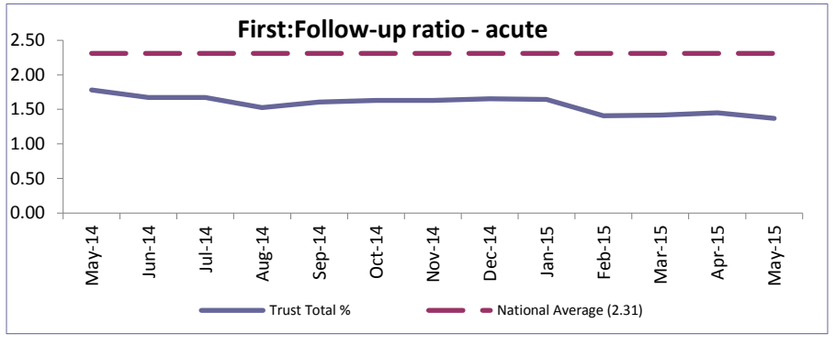


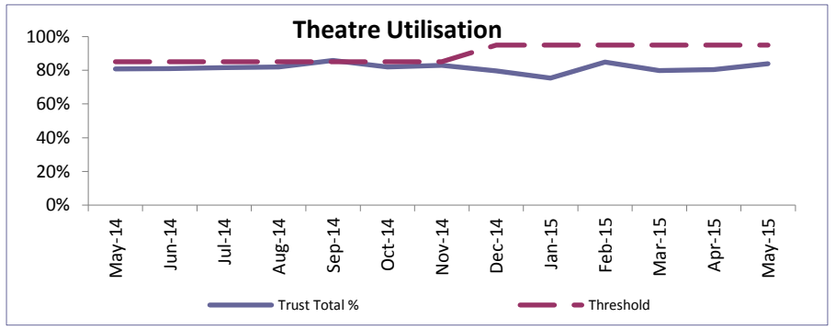


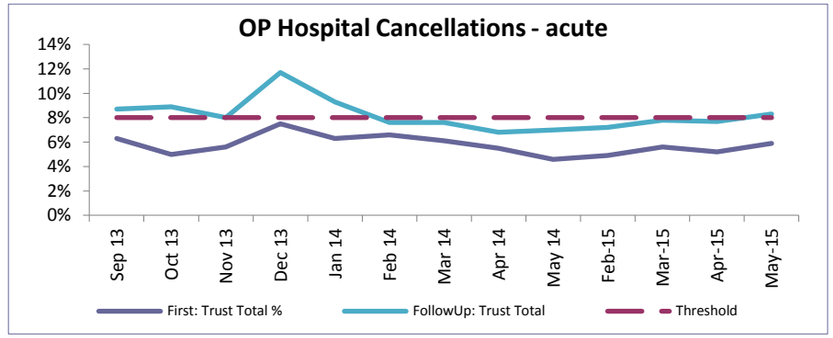
Efficiency and productivity - acute

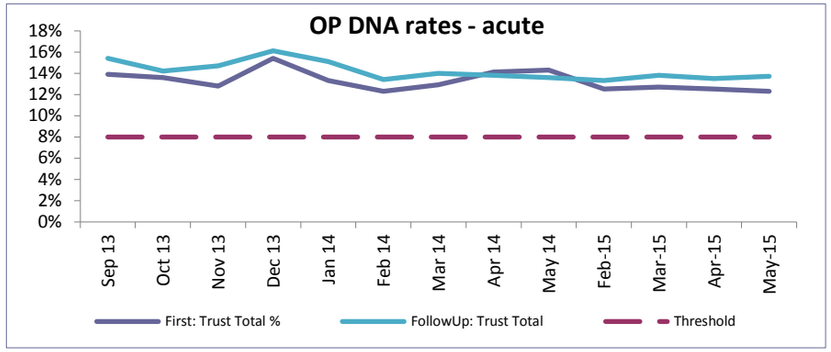
Whittington Health NHS

	Trust						
	Threshold	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Trend
First:Follow-up ratio - acute	2.31	1.64	1.41	1.42	1.45	1.37	
Theatre Utilisation	92%	75.3%	84.8%	79.8%	80.4%	83.9%	
Hospital Cancellations - acute - First Appointments	<8%	4.6%	4.9%	5.6%	5.2%	5.9%	
Hospital Cancellations - acute - Follow-up Appointments	<8%	7.0%	7.2%	7.8%	7.7%	8.3%	
DNA rates - acute - First appointments	10%	14.3%	12.5%	12.7%	12.5%	12.3%	
DNA rates - acute - Follow-up appointments	10%	13.6%	13.3%	13.8%	13.5%	13.7%	
Hospital Cancelled Operations	0	3	5	5	6	4	
Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	
Urgent Procedures cancelled	0	0	0	0	0	1	
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 have a steady improvement over time and is well under the national benchmark of 2.31. The Value Improvement Program for Out Patients will continue to monitor and improve new to follow up ratios by unit.

Theatre Utilisation
Issue : Under target. Specialities which are poor performers are the low volume specialities Breast, Pain, ENT and urology.
Action : Theatre utilisation has improved, whilst activity increased. Capacity has been released in under utilised areas which has taken pressure off the Day Treatment Centre. This allows faster turn around during some sessions.
Timescale : Continuing

Hospital Cancellations - acute
First appointment achieved.
Issue: Follow-up appointments just above target. Services with high cancellations include: rheumatology 19.4%, Breast surgery 10%, General surgery 13.1% and Urology 26.8%.
Action: Consultant leave is monitored closely. Booking Team continue to identifying any unused clinic slots to pull patient appointments forward.
Timescale: on-going

Did not attend
Issue: Overall 'Did not attend ' remained around the same.
Action: All services are now using protocols including given choice at point of booking, reminder call 7 days and 1 days before appointment.
Timescale: on-going

Hospital Cancelled Operations
Issue: There were 4 operation cancelled by the hospital in April due to non-clinical reasons, three patients were clinically categorised as routine and one a target patient. All have been rebooked within the 28 day period.
One operation was cancelled due to the availability of a second surgeon needed to perform the procedure, and one due to an interpreter not being booked. Two were cancelled due to complications encountered with patients earlier on the list.
Action: The Surgical board monitor cancellations.

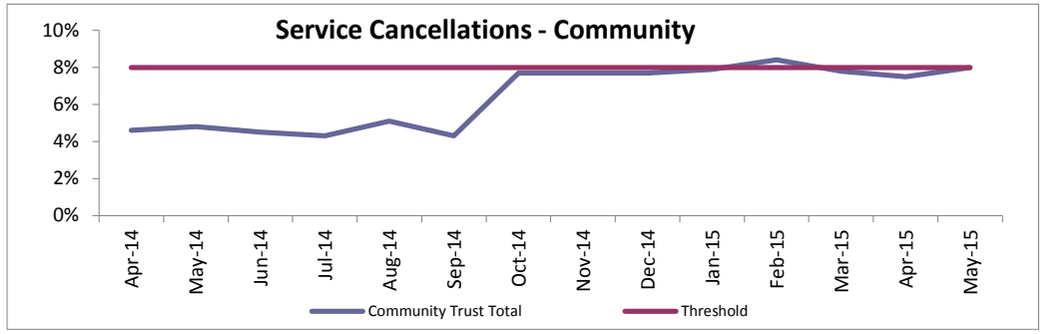
Urgent Procedures cancelled
Issue: One urgent procedure was cancelled, as the interpreter was not booked.
Action: Close monitoring of all urgent target patients in place. Process of booking interpreters for urgent patients reviewed.

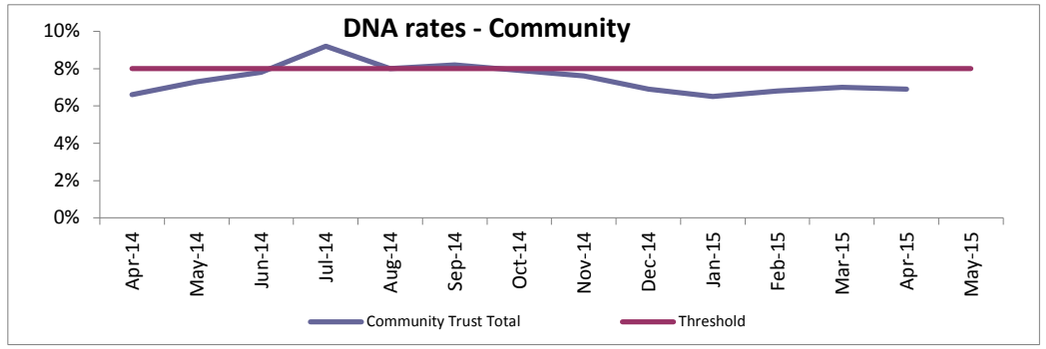
Efficiency and productivity - Community

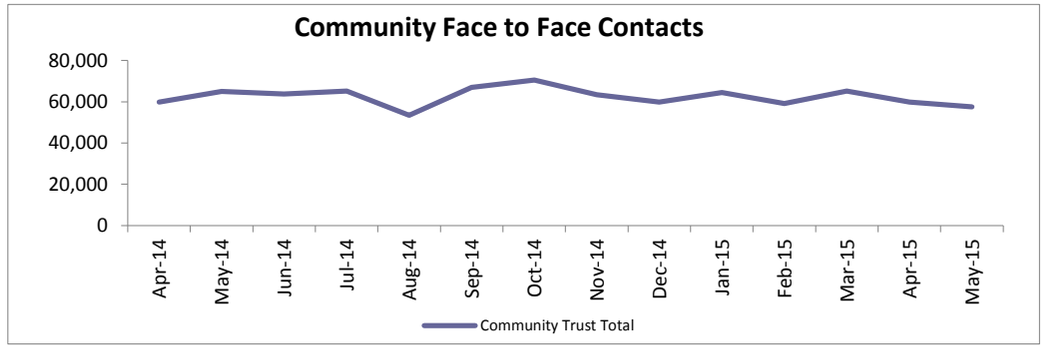
Whittington Health NHS

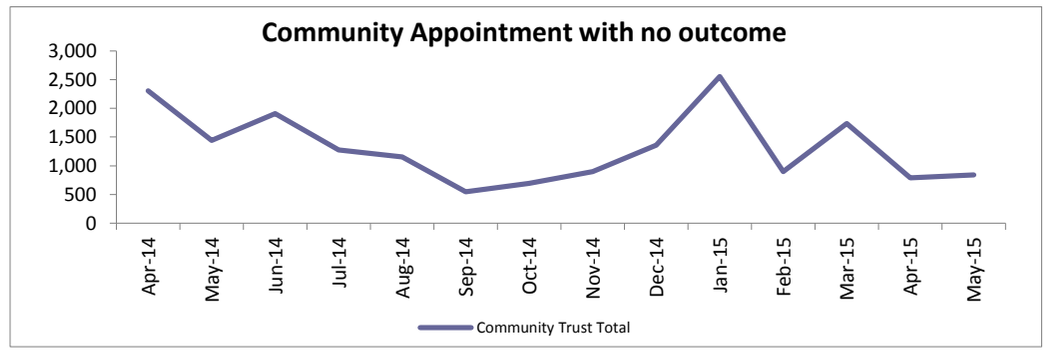
	Trust					
	Threshold	Feb-15	Mar-15	Apr-15	May-15	Trend
Service Cancellations - Community	8%	8.4%	7.8%	7.5%	8.0%	
DNA Rates - Community	10%	6.8%	7.0%	6.9%	7.9%	
Community Face to Face Contacts	-	59,086	65,145	59,889	57,504	
Community Appointment with no outcome	1.0%	1.9%	1.7%	2.2%	3.5%	

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









Commentary

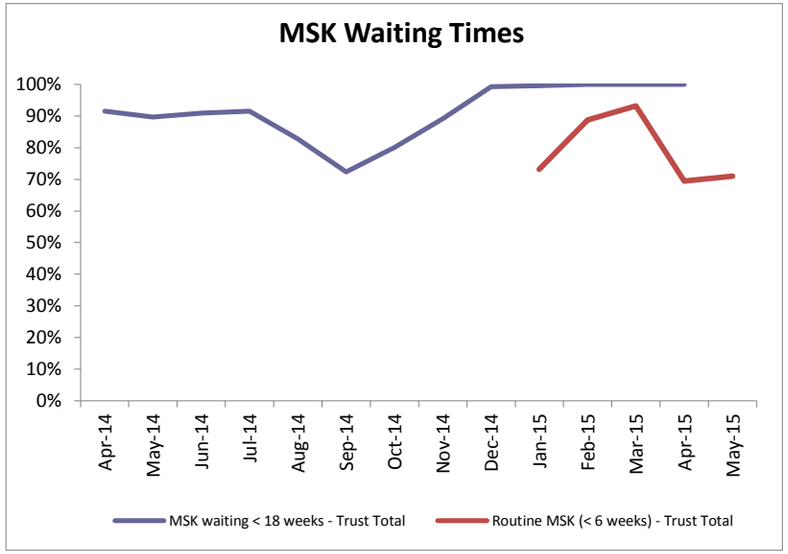
Service Cancellations - Community
Overall achieved.
Issue: Work on the community waiting list continues. Most services are now within target and services with high cancellations include Bladder and Bowel, Wheel chair and Lymphedema Care, all around 20%. Cardiology Service cancelled 17.2% of the appointments, Community Rehabilitation 14.3% and District Nursing cancelled 12.4% of the appointments.
Action: The improvement plan for waiting list management in the community continues and includes review of all templates and increase in filling unfilled late cancelations by patients.
Timescale: The threshold to be achieved after completion of additional capacity work in March 2015. Improvement should be seen from April onwards.

DNA Rates - Community
Community clinics - Achieved.
Community Dental DNA's (reported in SCD column) remains 12%. Actions are being taken to remind patients regarding their appointments including text and phone call reminders.

Community Face to Face Contacts
Face to face contacts have decrease by 11 %, compared to the same month last year.
The number of contacts per service is monitored internally and during contract meetings.

Community Appointment with no outcome
April data submission was completed before the final submission to the Secondary Uses Service (SUS). This is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.
Issue: Above the threshold. There is a delay in outcoming appointments but all are done by final SUS submission. Services with high numbers of outcomed appointments are District Nursing and Child Development Services, which are both high volume services.
Action: Teams with high levels of un-outcomed appointments identified and processes to outcome appointments within 48 hours re-enforced. SUS submission discussed weekly at Patient Tracker List meeting.
Timescale: immediately

	Threshold	Trust Actual Mar-15	Trust Actual Apr-15	Trust Actual May-15	Trust YTD
Community Dental - Patient Involvement	90%	96.0%	98.0%	95.0%	98.0%
Community Dental - Patient Experience	90%	97.0%	100.0%	98.0%	100.0%
District Nursing Wait Time - 2hrs assess (Islington)	-	91.7%	70.0%	-	70.0%
District Nursing Wait Time - 2hrs assess (Haringey)	-	55.7%	94.2%	-	94.2%
District Nursing Wait Time - 48hrs for visit (Islington)	-	92.1%	85.0%	-	85.0%
District Nursing Wait Time - 48hrs for visit (Haringey)	-	96.6%	98.7%	-	98.7%
MSK Waiting Times - Routine MSK (<6 weeks)	95%	93.2%	69.5%	71.0%	70.3%
MSK Waiting Times - Consultant led (<18 weeks)	95%	100.0%	100.0%	arrears	100.0%
IAPT - patients moving to recovery	50%	49.5%	50.2%	arrears	-
GUM - Appointment within 2 days	100%	99.9%	100.0%	100.0%	100.0%
Haringey Adults Community Rehabilitation (<6 weeks)	-	69.0%	76.0%	80.0%	78.10%
Haringey Adults Podiatry (Foot Health) (<6 weeks)	-	84.4%	70.0%	62.0%	65.6%
Islington Community Rehabilitation (<6 weeks)	-	89.9%	80.0%	83.0%	81.30%
Islington Intermediate Care (<6 weeks)	-	62.2%	53.0%	56.0%	54.2%
Islington Podiatry (Foot Health) (<6 weeks)	-	79.2%	52.0%	66.0%	60.8%



Commentary

Dental
Patient Involvement and Experience consistently score above threshold.

District Nursing
The two response times for District Nursing are now reported electronically.
Issue: Referrals for DN are processed in the Central Referral Team and Urgency is taken from the referral form, filled in by the referrer. The referral is then triaged by the Specialist Nurse and the Urgency might be changed, hence the lower scores than previously reported. The true Urgent referrals are mostly phoned through to the Service and are always seen within 2 hours. Examples of urgent referrals are 'End of Life Care change' and 'Blocked catheter'.
Action: Process from Central Referral Team to triaging to be reviewed.
Timescale: May 2015 (July 2015 Trust Dashboard)

MSK
MSK Waiting Times - Routine MSK (<6 weeks):
Issue: the number of referrals received remained the same whilst the service lost working days in May due to bank holidays , induction days of 2 staff and sickness within the team. The lost working days for Bank Holidays and induction days were anticipated and extra clinics for new referrals were scheduled. The sickness however could not have been anticipated and impacted significantly on the waiting times.
Action: All extra clinics are booked to full capacity in June and July 2015, and the services should be back on target in August 2015.
Timescale: August 2015

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

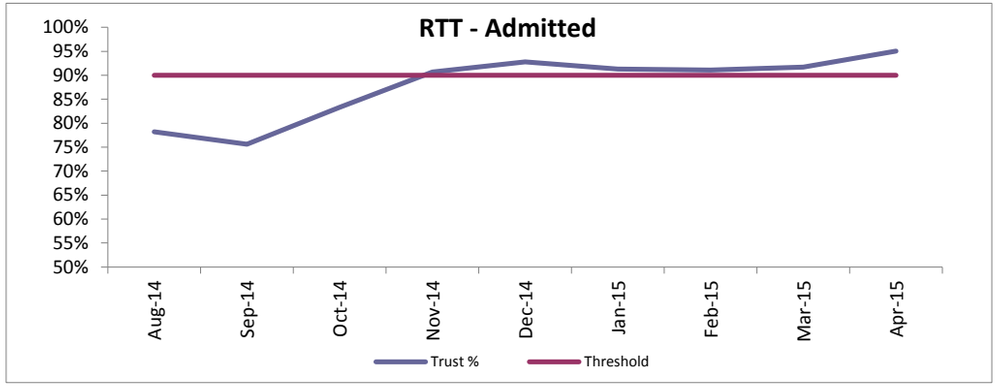
IAPT
Achieved target

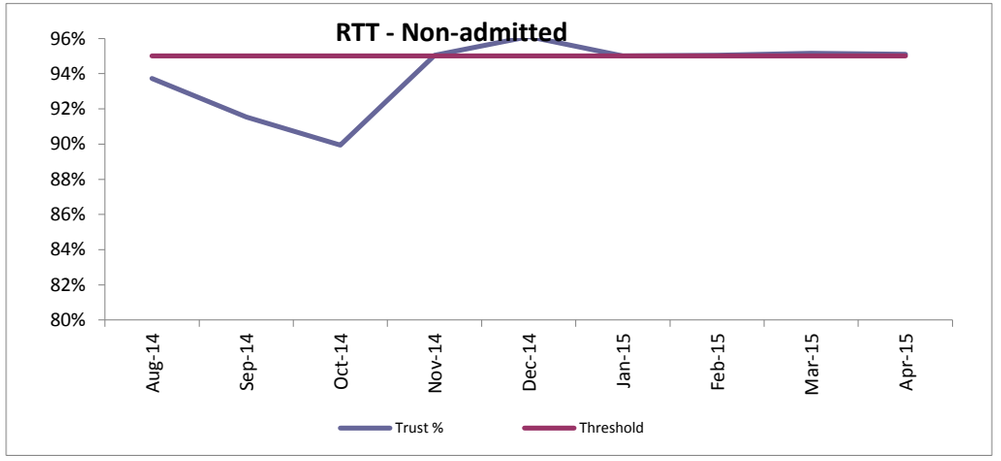
GUM
Achieved.
Please note: Change in reporting for Sexual Health Service Haringey. As of December 2014 only Haringey residents will be included in the figures.

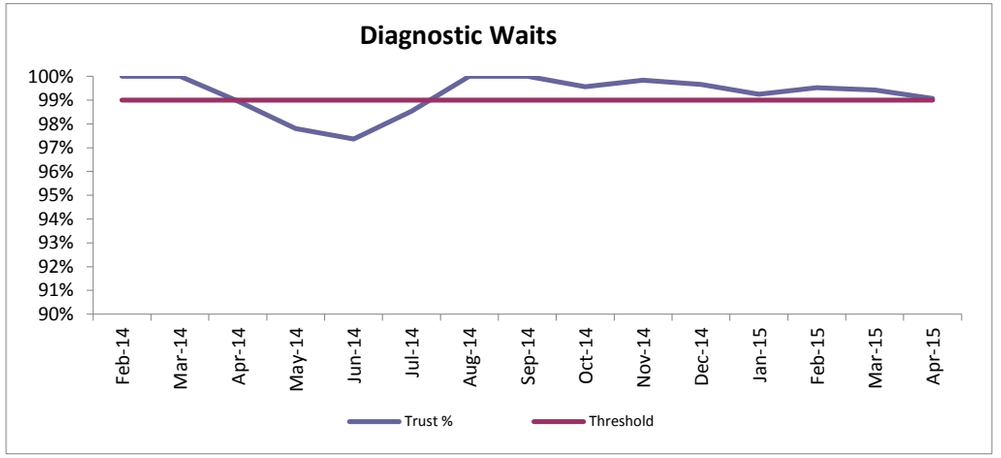
Referral to Treatment (RTT) and Diagnostic waits

Whittington Health NHS

	Trust (arrears)				
	Threshold	Feb-15	Mar-15	Apr-15	Trend
Referral to Treatment 18 weeks - Admitted	90%	91.1%	91.7%	95.0%	
Referral to Treatment 18 weeks - Non-admitted	95%	95.1%	95.2%	95.1%	
Referral to Treatment 18 weeks - Incomplete	92%	93.2%	93.5%	93.1%	
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	
Diagnostic Waits	99%	99.5%	99.4%	99.1%	







Commentary

RTT

Trust wide achieved.

Issue: Admitted shows non-compliance in one service, General Surgery at 85.2%. Non-compliance for non-admitted in ICAM Haematology 87%, General Medicine 92.3% and Neurology 86.4% . In SCD Dermatology 88% and T&O 94.8%.

Action: Weekly monitoring of target in place at PTL meeting chaired by COO. Expected to be within target in July dashboard, May 2015 data.

Timescale: July 2015

Diagnostic Waits

Overall trust target achieved.

Issue: Under achieving: ICAM Colonoscopy 96% (203 out of 212 patients were seen within 6 weeks), Flexi sigmoidoscopy 92% (69 out of 75 patients were seen within 6 weeks) and Respiratory - sleep studies 87% (48 out of 55 patients seen within 6 weeks) and WCF Audiology 98% (585 out of 594 patients seen within 6 weeks)

Action: Divisions are instigating capacity and demand studies and a re reviewing referral processes to ensure compliance.

Timescale: July 2015

Waiting times - OPD appointment

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

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

Imaging Modality no wait, CT 14 days, MRI 22 days, Nuclear Medicine 7 days, DEXA 35 days, Fluoroscopy 35 days, Ultrasound (Gynae) 15 days, Ultrasound General (Radiologist Lead) 29 days, Ultrasound Paediatrics 42 days, Ultrasound MSKs 34 days, Ultrasound Hernias 36 days, Ultrasound Obstetrics Anomaly 21 days, Ultrasound Obstetrics Growth 15 days, Ultrasound Abdomen & Gynae at Hornsey General 16 days.

Emergency Care

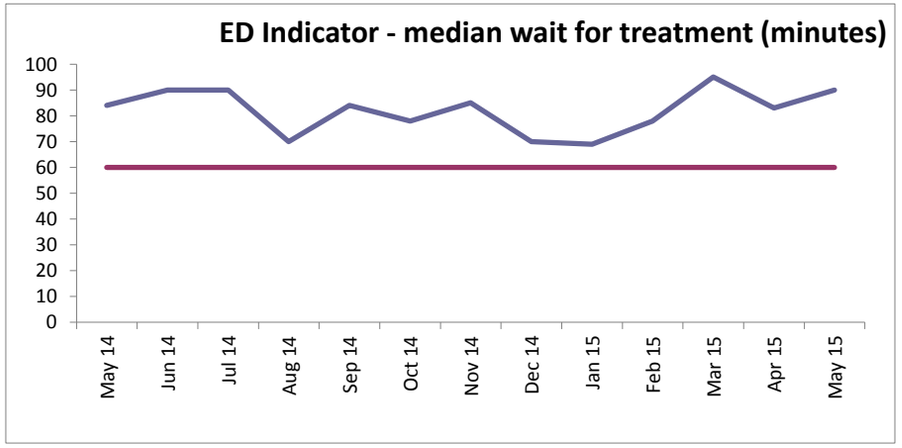
Whittington Health NHS

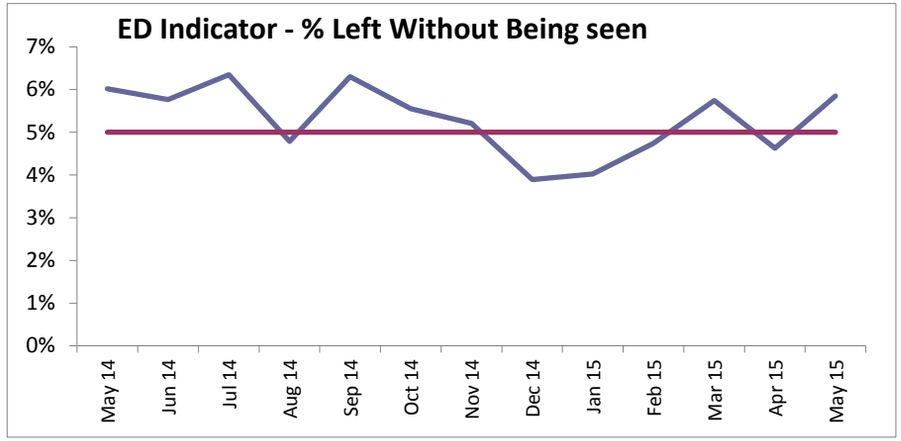
	Threshold	Trust Actual Apr-15	Trust Actual May-15	2015/16 Trust YTD
Emergency Department waits (4 hrs wait)	95%	94.8%	93.6%	94.15%
Emergency Department waits (4 hrs wait) Paeds only	95%	96.2%	97.6%	96.9%
Wait for assessment (minutes - 95th percentile)	<=15	17	15	15
ED Indicator - median wait for treatment (minutes)	60	83	90	87
Total Time in ED (minutes - 95th percentile)	<=240	277	329	311
ED Indicator - % Left Without Being seen	<=5%	4.6%	5.9%	5.3%
12 hour trolley waits in A&E	0	0	0	0
Ambulance handovers 30 minutes	0	6	arrears	6*
Ambulance handovers exceeding 60 minutes	0	0	arrears	0*

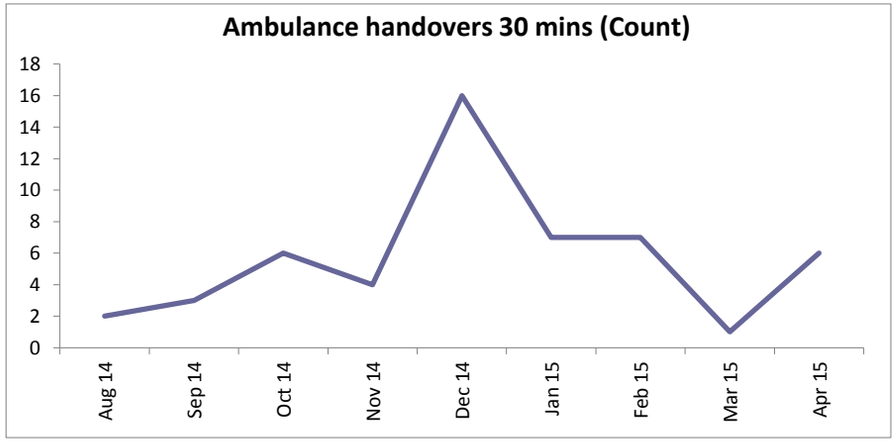
* 2014/15 YTD

Commentary

Performance against the four hour standard remained challenged during May with length of stay and bed capacity impacting on outflow from the department.
Islington and Haringey social care teams are joining the length of stay meetings to enhance joint problem solving.
Additional resilience schemes have continued during May with all additional bed capacity open and additional medical staff working in the ED.
Despite the pressures the department continuous to receive positive feedback that is reflected in the high FFT scores.







Cancer

Whittington Health NHS

		Apr-15				2015/16 Trust				
	Threshold	Feb-15	Mar-15	Apr-15	Trend	Q1	Q2	Q3	Q4	YTD
Cancer - 14 days to first seen	93%	93.5%	94.1%	93.2%		93.2%	-	-	-	93.2%
Cancer - 14 days to first seen - breast symptomatic	93%	95.9%	95.2%	93.2%		93.2%	-	-	-	93.2%
Cancer - 31 days to first treatment	96%	100.0%	100.0%	100.0%		100.0%	-	-	-	100.0%
Cancer - 31 days to subsequent treatment - surgery	94%	100.0%	100.0%	100.0%		100.0%	-	-	-	100.0%
Cancer - 31 days to subsequent treatment - drugs	98%	100.0%	100.0%	100.0%		100.0%	-	-	-	100.0%
Cancer - 62 days from referral to treatment	85%	85.3%	90.9%	95.5%		95.5%	-	-	-	95.5%
Cancer - 62 days from consultant upgrade	-	-	94%	100%		100.0%	-	-	-	100.0%

Commentary

All cancer targets were achieved.

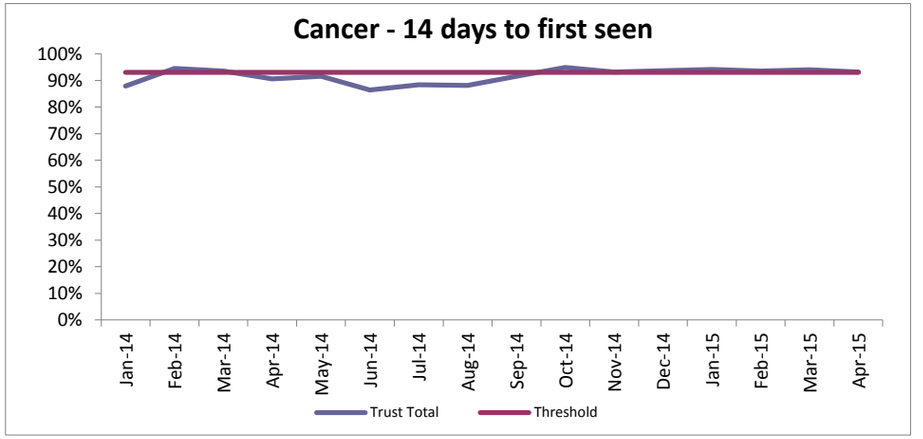
The Cancer Patients tracking list is monitored daily and discussed in the weekly PTL meeting.

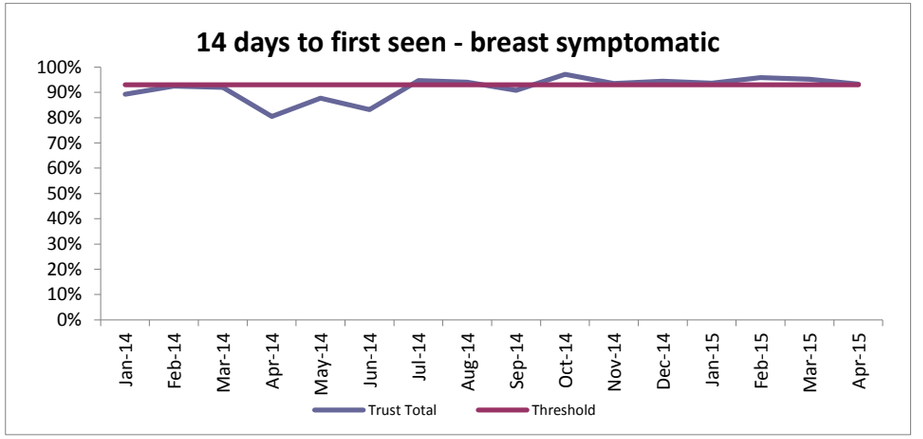
Cancer 14 days to first seen
Issue: Whittington Health Upper Gastrointestinal and Haematological Services scored below the threshold of 93%.
Upper Gastrointestinal score 86%, seven out of 50 patients breached the target.
Haematological Services scored 33%, two out of 3 patients breached the target.

Cancer 62 days
Issue: Testicular cancer service scored 83% which is below the threshold of 85%, one out of 6 patients breached the target.

Action: Daily checks of referrals in place.

Timescale: immediate





Maternity

Whittington Health NHS

	Threshold	Trust Actual Mar-15	Trust Actual Apr-15	Trust Actual May-15	2015/16 Trust YTD
Women seen by HCP or midwife within 12 weeks and 6 days	90%	81.2%	82.4%	86.2%	84.0%
New Birth Visits - Haringey	95%	70.6%	74.9%	Arrears	-
New Birth Visits - Islington	95%	85.0%	86.9%	Arrears	-
Elective Caesarean Section rate	14.80%	13.0%	11.2%	11.0%	11.4%
Emergency Caesarean Section rate	-	16.1%	16.4%	13.0%	15.0%
Breastfeeding initiated	90%	90.9%	92.4%	90.2%	91.3%
Smoking at Delivery	<6%	3.4%	4.0%	2.4%	3.3%

Commentary

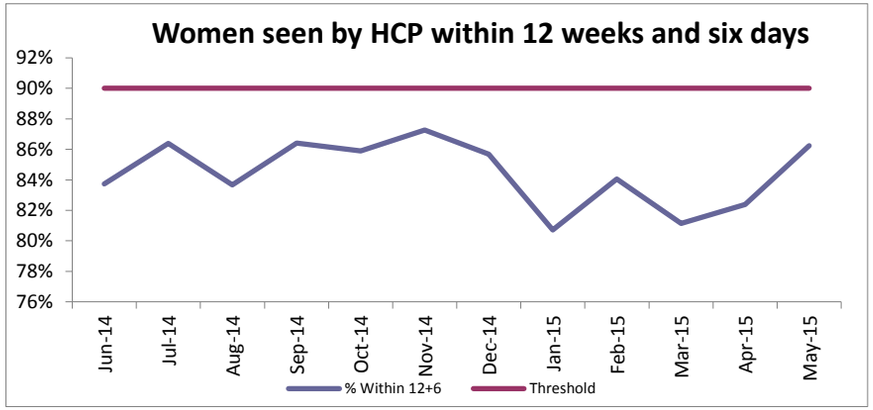
Women seen by HCP or midwife within 12 weeks and 6 days
Issue: The 12+5 target remains challenging.
Action: Work being undertaken with NCL Commissioner on target description to more accurately identify performance.
Benchmark position with neighbouring Trusts. Review booking process and allocation of booking clinics.
Timescale: One month

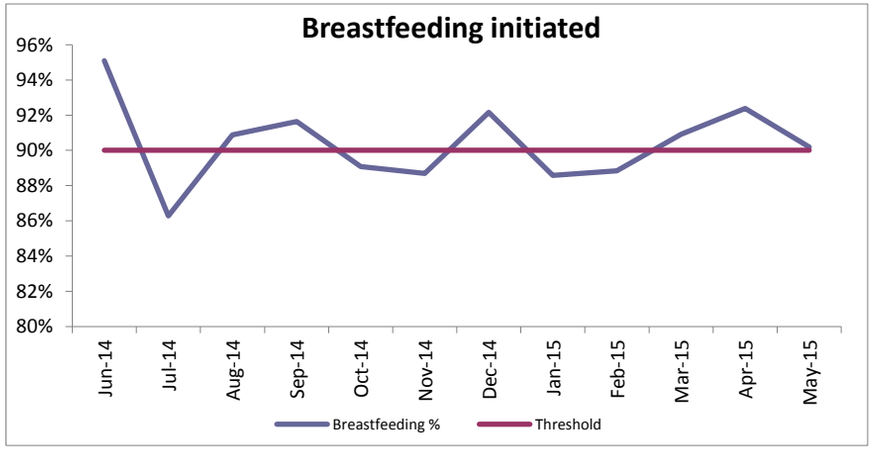
New Birth Visits
Issue: Poor performance in one Haringey team. Vacancies in one Haringey and one Islington team.
Action: Haringey team action plan being monitored. Expect to see improvements in team data in May. Targeted recruitment to East Haringey being actioned. An agreement has been made with NHS England to use agency HV staff in Haringey during recruitment process.
Islington teams have recruited and expect target to be met in June data.
Timescale: End June

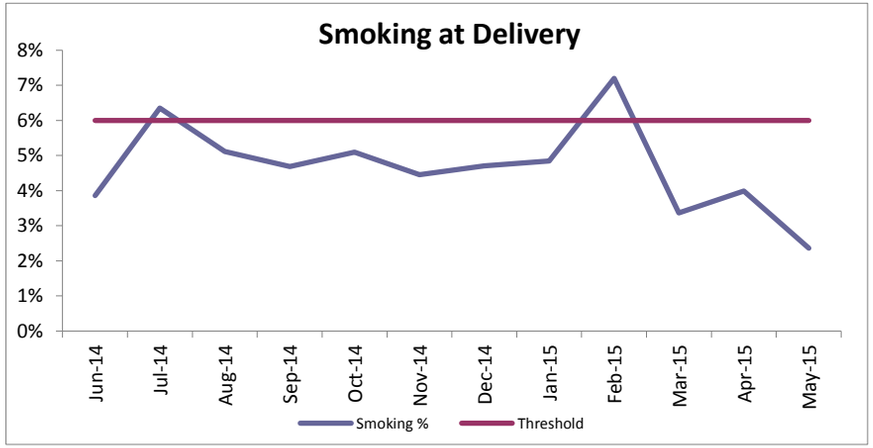
Caesarean Section rate
Achieved

Breastfeeding
Achieved

Smoking
Achieved







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Whittington Health Trust Board

July 2015

Title:	Dashboard Performance Workforce report May 2015.		
Agenda No	**15/097**	**Paper**	**07**
Action requested:	To update the Trust Board on key workforce performance indicators (KPI's) for May. Where there is a variance against compliance rates for some KPI's the outline plans are set out in summary within the report.		
Executive Summary:	**Highlights this month:** **Turnover** Turnover this month is slightly higher than the previous month and has increased in all areas apart from WCF. **Vacancy rates** Vacancy rates are linked to turnover. There is a high level of vacancies in Corporate Services and posts that remain vacant are being scrutinised to assess whether they can be permanently deleted from the establishment. **Sickness** The sickness rate is below the Trust threshold of 3% (2.5%). Action plans have been developed by each Division/Corporate services to tackle short term absence and relatively high Bradford scores. Further control mechanisms are being put in place for reporting sickness and a programme for addressing long term sickness cases is also being put in place. More recently the Trust is targeting other service areas and a key action is to ensure return to work interviews are being carried out and recorded on ESR. **Overtime** Overtime figures have increased on last month in Corporate services but decreased in the three clinical Divisions. **Appraisal** The appraisal figures show a decrease from last month. The appraisal process is currently being revised and will be launched in July supported by manager briefings. Executive Directors have developed action plans with all their managers and the inputting onto ESR is being centralised by		

	Learning and Development to support managers. **Mandatory Training** There is a 3% increase in the performance on mandatory training compliance rates. A review of action plans continues to be part of performance review meetings in divisions and corporate services. The mandatory training workbook is expected to make a significant difference in the completion of mandatory training in the forthcoming year. The Trust Board will see an increase in compliance rates for June through to September.
Summary of recommendations:	To note the report and the progress being made in key areas to increase compliance rates.
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:	22nd June 2015

Author name and title:		**Nigel Redmond Head of HR**		**Director name and title:**		**Norma French Director of Workforce**	
Date paper seen by EC	**23/06 /15**	**Equality Impact Assessment complete?**	**n/a**	**Quality Impact Assessment complete?**	**n/a**	**Financial Impact Assessment complete?**	**n/a**

Trust Board Report - Workforce (May 2015 data)

Whittington Health NHS

		Trust	
Management of the workforce	**Threshol**	**Apr-15**	**May-15**
Trust Turnover Rate	<13%	14.1%	14.4%
Total trust vacancy rate	<13%	12.5%	14.2%
Sickness rates	<3%	2.8%	2.5%
Overtime expenditure		51k	62k

		Trust	
Development of the workforce	**Threshol**	**Apr-15**	**May-15**
Appraisal	90%	58%	56%
Mandatory Training	90%	73%	76%

		Trust
Staff FFT Results		**Q1**
Staff who would recommend the trust as a place to work	-	Available in Quarter 2
Staff who would recommend the trust as a place for treatment	-	Available in Quarter 2

Management of the Workforce - Turnover, vacancy and sickness

Whittington Health NHS

	May 2015					
	Threshold	Trust Actual	ICAM	SCD	WCF	CORP
Trust Turnover Rate	<13%	14.4%	17.8%	12.1%	12.1%	14.8%
Total trust vacancy rate	<13%	14.2%	11.4%	14.7%	9.9%	25.6%
Trust level total sickness rate	<3%	2.5%	2.5%	2.2%	2.4%	3.0%

Turnover rate

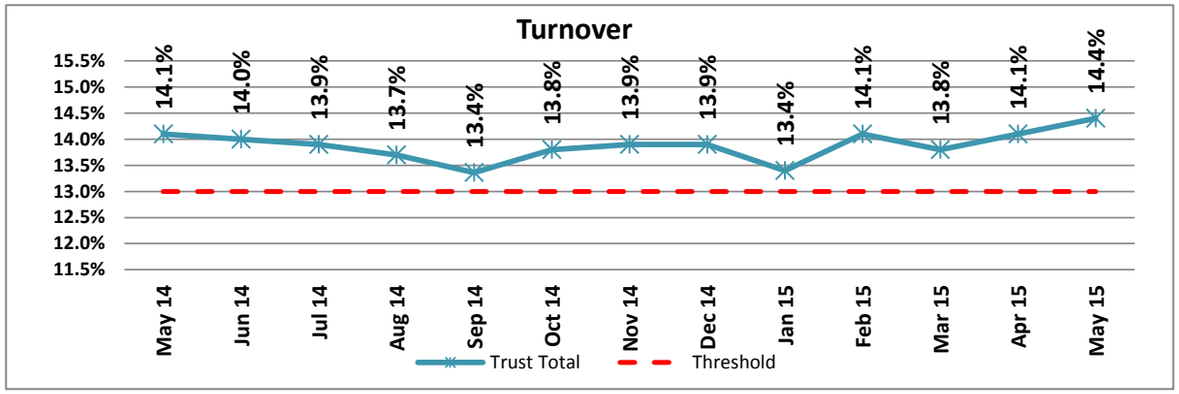
Turnover rate in May was slightly higher than previous month and has increased in all areas except WCF. A new exit interview policy has been devised and will enable better analysis of reasons for leaving.

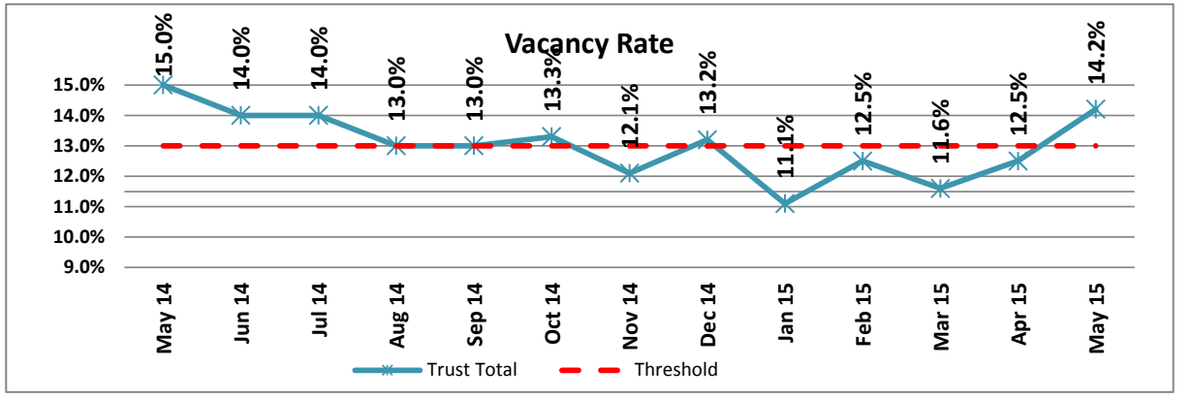
Vacancy Rates

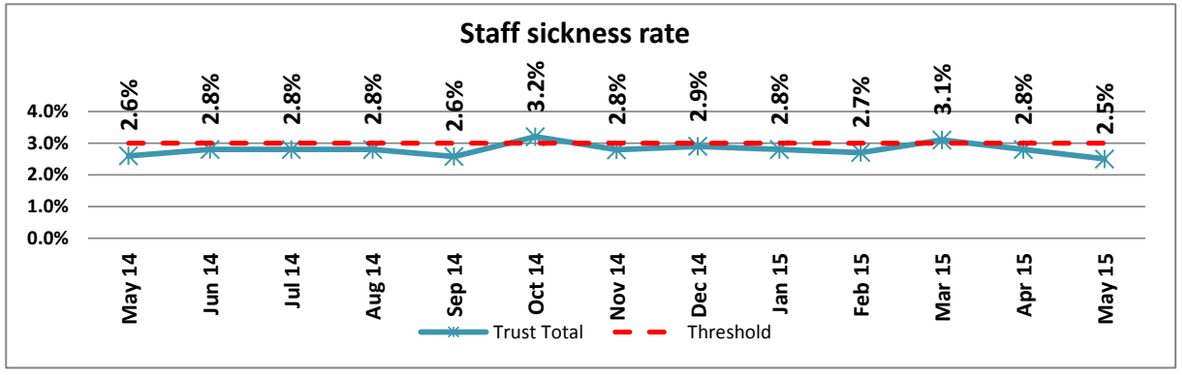
Vacancy rates are linked to turnover and the high level of vacancies in corporate services although some of this change is as a result of the movement of cost centres between corporate and WCF.

Trust Level Sickness rates

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







Management of the Workforce - Overtime, Bank & Agency

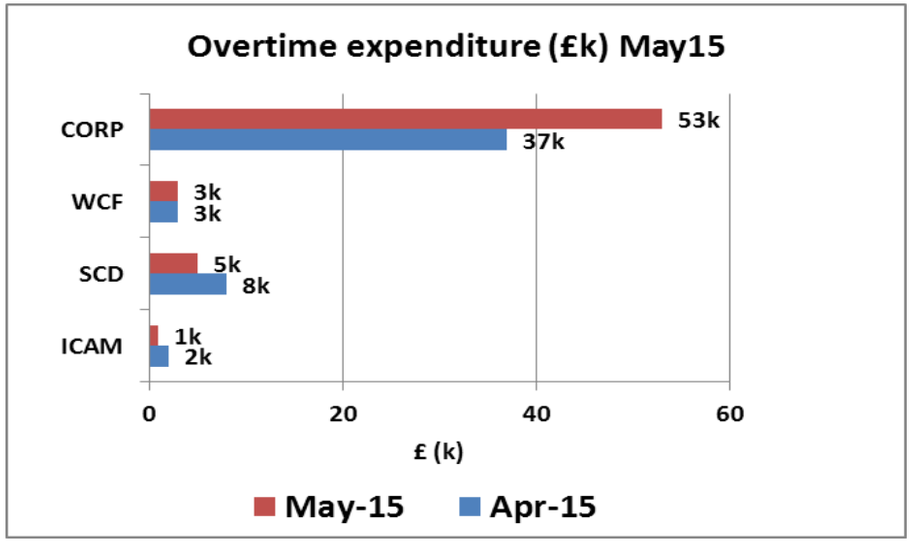
Whittington Health NHS

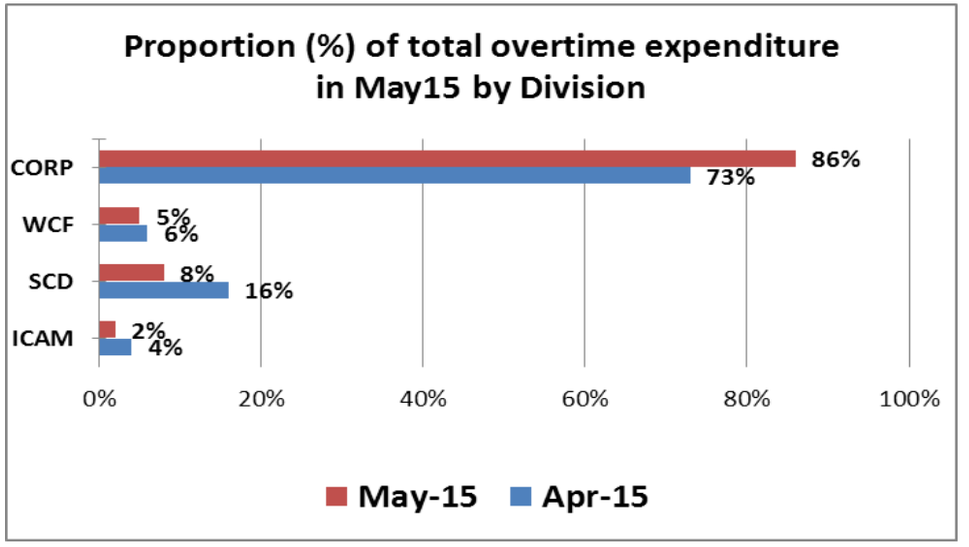
Overtime expenditure

	May 2015					
	Trust		ICAM	SCD	WCF	CORP
Overtime cost	62k		1k	5k	3k	53k

Overtime

In May there was an increase in overtime expenditure in Corporate services . This was due to increased demand from front line services in facilities. The rest of the Divisions are showing a decrease.





Whittington Health NHS

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The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Whittington Health Trust Board

1 July 2015

Title:	**NHS Trust Development Authority (TDA) – Self-Certification**		
Agenda item:	**15/098**	**Paper**	**08**
Action requested:	***For approval***		
Executive Summary:	The NHS TDA has published their Accountability Framework for NHS Trust Boards which details a clear set of rules and principles under which NHS Trusts should all operate. Within the framework, the NHS TDA describes their monthly self-certification process, which is based on compliance to a number of the conditions within Monitor's Provider Licence and a set of Board Statements.		
Summary of recommendations:	Under the NHS TDA assurance process, a self-certification submission is required each month. Therefore the Board is asked to retrospectively sign-off the return for May 2015, which was submitted to the TDA on 23 June 2015 and agree the status for the June 2015 return. The Trust Board is also asked to discuss and agree any reporting issues in anticipation of the June 2015 and future returns.		
Fit with WH strategy:	n/a – regulatory requirement.		
Reference to related / other documents:	Self-Certification is monthly.		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	Captured on risk register and/or board assurance framework.		
Date paper completed:	23 June 2015		

Author name and title:		**Lynne Spencer, Director of Communications & Corporate Affairs**		**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**

NHS TRUST DEVELOPMENT AUTHORITY

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

CONTACT INFORMATION:

Enter Your Name: Stephen Bloomer

Enter Your Email Address: stephen.bloomer@nhs.net

Full Telephone Number: 02072883190 Tel Extension: 3190

SELF-CERTIFICATION DETAILS:

Select Your Trust: The Whittington Hospital NHS Trust

Submission Date: 23/06/2015 Reporting Year: 2015/16

Select the Month

○ April	◉ May	○ June
○ July	○ August	○ September
○ October	○ November	○ December
○ January	○ February	○ March

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:

1. **Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. **Condition G5** – Having regard to monitor Guidance.
3. **Condition G7** – Registration with the Care Quality Commission.
4. **Condition G8** – Patient eligibility and selection criteria.

5. **Condition P1** – Recording of information.
6. **Condition P2** – Provision of information.
7. **Condition P3** – Assurance report on submissions to Monitor.
8. **Condition P4** – Compliance with the National Tariff.
9. **Condition P5** – Constructive engagement concerning local tariff modifications.

10. **Condition C1** – The right of patients to make choices.
11. **Condition C2** – Competition oversight.

12. **Condition IC1** – Provision of integrated care.

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

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COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:

		Comment where non-compliant or at risk of non-compliance
1. Condition G4 Fit and proper persons as Governors and Directors.	Yes	n/a
	Timescale for compliance:	23/06/2015
2. Condition G5 Having regard to monitor Guidance.	Yes	n/a
	Timescale for compliance:	23/06/2015
3. Condition G7 Registration with the Care Quality Commission.	Yes	n/a
	Timescale for compliance:	23/06/2015
		Comment where non-compliant or at risk of non-compliance
4. Condition G8 Patient eligibility and selection criteria.	Yes	n/a
	Timescale for compliance:	23/06/2015

		Comment where non-compliant or at risk of non-compliance
5. Condition P1 Recording of information.	Yes	n/a
Timescale for compliance:	23/06/2015	
6. Condition P2 Provision of information.	Yes	n/a
Timescale for compliance:	23/06/2015	
7. Condition P3 Assurance report on submissions to Monitor.	Yes	n/a
Timescale for compliance:	23/06/2015	
8. Condition P4 Compliance with the National Tariff.	Yes	n/a
Timescale for compliance:	23/06/2015	

		Comment where non-compliant or at risk of non-compliance
9. Condition P5 Constructive engagement concerning local tariff modifications.	Yes	n/a
Timescale for compliance:	23/06/2015	

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

10. Condition C1
The right of patients to make choices.

Yes

n/a

Timescale for compliance: 23/06/2015

11. Condition C2
Competition oversight.

Yes

n/a

Timescale for compliance: 23/06/2015

12. Condition IC1
Provision of integrated care.

Yes

n/a

Timescale for compliance: 23/06/2015

Submit

NHS TRUST DEVELOPMENT AUTHORITY

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

CONTACT INFORMATION:

Enter Your Name: Stephen Bloomer

Enter Your Email Address: stephen.bloomer@nhs.net

Full Telephone Number: 02072883190 Tel Extension: 3190

SELF-CERTIFICATION DETAILS:

Select Your Trust: The Whittington Hospital NHS Trust

Submission Date: 23/06/2015 Reporting Year: 2015/16

Select the Month

○ April	◉ May	○ June
○ July	○ August	○ September
○ October	○ November	○ December
○ January	○ February	○ March

BOARD STATEMENTS:

CLINICAL QUALITY
FINANCE
GOVERNANCE

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

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

BOARD STATEMENTS:

For CLINICAL QUALITY, that

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

1. CLINICAL QUALITY Indicate compliance.	Yes
Timescale for compliance:	23/06/2015
RESPONSE:	n/a
Comment where non-compliant or at risk of non-compliance	

BOARD STATEMENTS:

For CLINICAL QUALITY, that

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

2. CLINICAL QUALITY Indicate compliance.	Yes
Timescale for compliance:	23/06/2015
RESPONSE:	n/a
Comment where non-compliant or at risk of non-compliance	

BOARD STATEMENTS:

For CLINICAL QUALITY, that

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

3. CLINICAL QUALITY Indicate compliance.	Yes
Timescale for compliance:	23/06/2015
RESPONSE:	n/a
Comment where non-compliant or at risk of non-compliance	

BOARD STATEMENTS:

For FINANCE, that

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

4. FINANCE
Indicate compliance.

Yes

Timescale for compliance:

23/06/2016

RESPONSE:

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

The Trust had a deficit in 2014/15 and the audited accounts were prepared on a going-concern basis and signed off by the external auditor on that basis.

The Trust has forecast a planned deficit for 2015/16 of £19.5m and has a long-term financial model that demonstrates recovery by the end of the 2016/17 financial year.

BOARD STATEMENTS:

For GOVERNANCE, that

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

5. GOVERNANCE
Indicate compliance.

Yes

Timescale for compliance:

23/06/2015

RESPONSE:

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

n/a

BOARD STATEMENTS:

For GOVERNANCE, that

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

6. GOVERNANCE Indicate compliance.	Yes
Timescale for compliance:	23/06/2015
RESPONSE: Comment where non-compliant or at risk of non-compliance	n/a

BOARD STATEMENTS:

For GOVERNANCE, that

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

7. GOVERNANCE Indicate compliance.	Yes
Timescale for compliance:	23/06/2015
RESPONSE: Comment where non-compliant or at risk of non-compliance	Trust Board to receive revised Board Assurance Framework 1 July which has been updated with the Trust's revised strategic goals and corporate objectives.

BOARD STATEMENTS:

For GOVERNANCE, that

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

8. GOVERNANCE
Indicate compliance.

Yes

Timescale for compliance:

23/06/2015

RESPONSE:

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

Trust Board to receive revised Board Assurance Framework 1 July which has been updated with the Trust's revised strategic goals and corporate objectives.

BOARD STATEMENTS:

For GOVERNANCE, that

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

9. GOVERNANCE
Indicate compliance.

Yes

Timescale for compliance:

23/06/2015

RESPONSE:

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

The Trust Auditors have signed off the 2014/15 Annual Governance Statement which forms part of the Annual Report that will be presented to the public on the 2 September at the Whittington Health Annual General Meeting.

BOARD STATEMENTS:

For GOVERNANCE, that

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

10. GOVERNANCE
Indicate compliance.

Yes

Timescale for compliance:

23/06/2015

RESPONSE:

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

RTT - 18 weeks performance for April 2015

Admitted Adjusted: 95.05%
Non Admitted: 95.10%
Incompletes: 92.98%

A&E 4 hour performance for May 2015: 93.6 %

Plans are in place to achieve targets

BOARD STATEMENTS:

For GOVERNANCE, that

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

11. GOVERNANCE
Indicate compliance.

Risk

Timescale for compliance:

23/06/2015

RESPONSE:

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

The Trust delivered 59% against a target of 66% required to meet level 2 Compliance for 2014/15.

Internal audit report completed and will be presented to Audit & Risk Committee. Information Commissioner Office audit completed in June and the final report imminently. We are working to achieve IG level 2 compliance for 2015/16.

BOARD STATEMENTS:

For GOVERNANCE, that

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

12. GOVERNANCE
Indicate compliance.

Yes

Timescale for compliance:

23/06/2015

RESPONSE:

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

Permanent Nursing and Patient Experience Director recruited in June 2015. Plans in place to fill one NED vacancy with appointment expected to take place by the end of June.

BOARD STATEMENTS:

For GOVERNANCE, that

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

13. GOVERNANCE
Indicate compliance.

Yes

Timescale for compliance:

23/06/2015

RESPONSE:

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

n/a

BOARD STATEMENTS:

For GOVERNANCE, that

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

14. GOVERNANCE
Indicate compliance.

Yes

Timescale for compliance:

23/06/2015

RESPONSE:

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

n/a

Submit

Whittington Health NHS

Whittington Health Trust Board

1 July 2015

Title:	Draft Board Assurance Framework		
Agenda item:	**15/099**	**Paper**	**09**
Action requested:	For approval		
Executive Summary:	All NHS Trusts are required to provide a Board Assurance Framework as a mechanism for the Board to ensure the effective and focused management of principal risks to the achievement of its strategic goals and corporate objectives. This draft framework has been developed for 2015/16 following the approval of the Clinical Strategy at Trust Board in March 2015. It incorporates recommendations made following a root and branch review by the Deputy Chief Executive/Director of Strategy and Director of Communications and Corporate Affairs, audit recommendations and as an iteration of the Framework followed throughout 2014/15. The draft includes feedback from the Board Seminar in May 2015 which highlighted the risks to the strategic goals and corporate objectives of the Trust that are set out in the Trust's operational plan for 2015/16. This is still a draft that will be discussed further at the Trust Board seminar in July where we will discuss how we assess and utilise the BAF fully as a Board. The top risks at this time identified by Executives through this process are:- ➢ CO3 Develop our business to ensure we are financially sustainable ➢ Delivery of CIP as part of our duty to breakeven and meet control totals ➢ Risk that we will not achieve our planned income This Framework will be a dynamic document and Appendix 1 sets out how the Trust triangulates risks from operational to strategic level.		
Summary of recommendations:	The Board are asked to review and agree the draft Board Assurance Framework, highlight areas/gaps the Board would like included, approve the process and cycle of reporting for the Framework which includes a further review at a future Board Seminar.		

Fit with WH strategy:		Aligns with the Trust Clinical Strategy 2015/20.					
Reference to related / other documents:		In line with risk policies and procedures.					
Date paper completed:		23 June 2015					
Author name and title:		**Lynne Spencer, Director of Communications and Corporate Affairs**		**Director name and title:**		**Siobhan Harrington, Deputy Chief Executive and Director of Strategy**	
Date paper seen by EC	**23/06/15 & 30/06/15**	**Equality Impact Assessment complete?**	**n/a**	**Risk assessment undertaken?**	**n/a**	**Legal advice received?**	**n/a**

Draft Board Assurance Framework 2015/16

Background

All NHS Trusts are required to provide a Board Assurance Framework as a mechanism for the Board to ensure the effective and focused management of principal risks to the achievement of strategic goals and corporate objectives.

This Framework has been developed for 2015/16 incorporating recommendations made following a review by the Deputy Chief Executive/Director of Strategy and Director of Communications and Corporate Affairs as an iteration of the Framework followed throughout 2014/15. Internal Audit recommendations from an assurance review in May 2015 have been incorporated into the revised Framework.

Content

The Trust has reviewed its strategic goals and corporate objectives. These have been grouped under separate headings within the Framework for clarity. Both the strategic goals and corporate objectives are derived from the Clinical Strategy 2015/20 and Operational Plan 2015/16. The Framework will cross reference the relevant Risk Register associated with achievement of the goals and objectives and details controls and assurances which are already in place. It also identifies any gaps in those controls and assurances and responsibility for managing those gaps, or for providing positive assurance, is allocated to an Executive Director.

The Board Assurance Framework is a dynamic document with timescales included and progress against them will be reported. An additional column has been added to demonstrate where external assurance has been provided such as audit review or regulatory inspection.

Reporting

The Framework will be reviewed by Executives, reported to the Trust Management Group and Audit & Risk Committee each quarter. It is proposed that the Trust Board will receive the Framework 6 monthly.

Review

The Executive lead for the Board Assurance Framework will be the Deputy Chief Executive/ Director of Strategy who will delegate day to day management of the Framework to the Director of Communications and Corporate Affairs.

Management

Action points from the Board Assurance Framework will be a standing agenda item for each Committee with Executive responsibilities against actions, and progress reported via Minutes and through reports to the Board by the Chair of the Committee. The Director of Communications and Corporate Affairs will ensure that the Committee Chair and Executive lead receive up to date copies of their actions.

Recommendations

The Board are asked to review and agree the draft Board Assurance Framework, highlight areas and gaps the Board would like included, approve the process and cycle of reporting for the Framework which includes a further review at a future Board Seminar.

DRAFT Whittington Health Trust Board Assurance Framework 2015/16

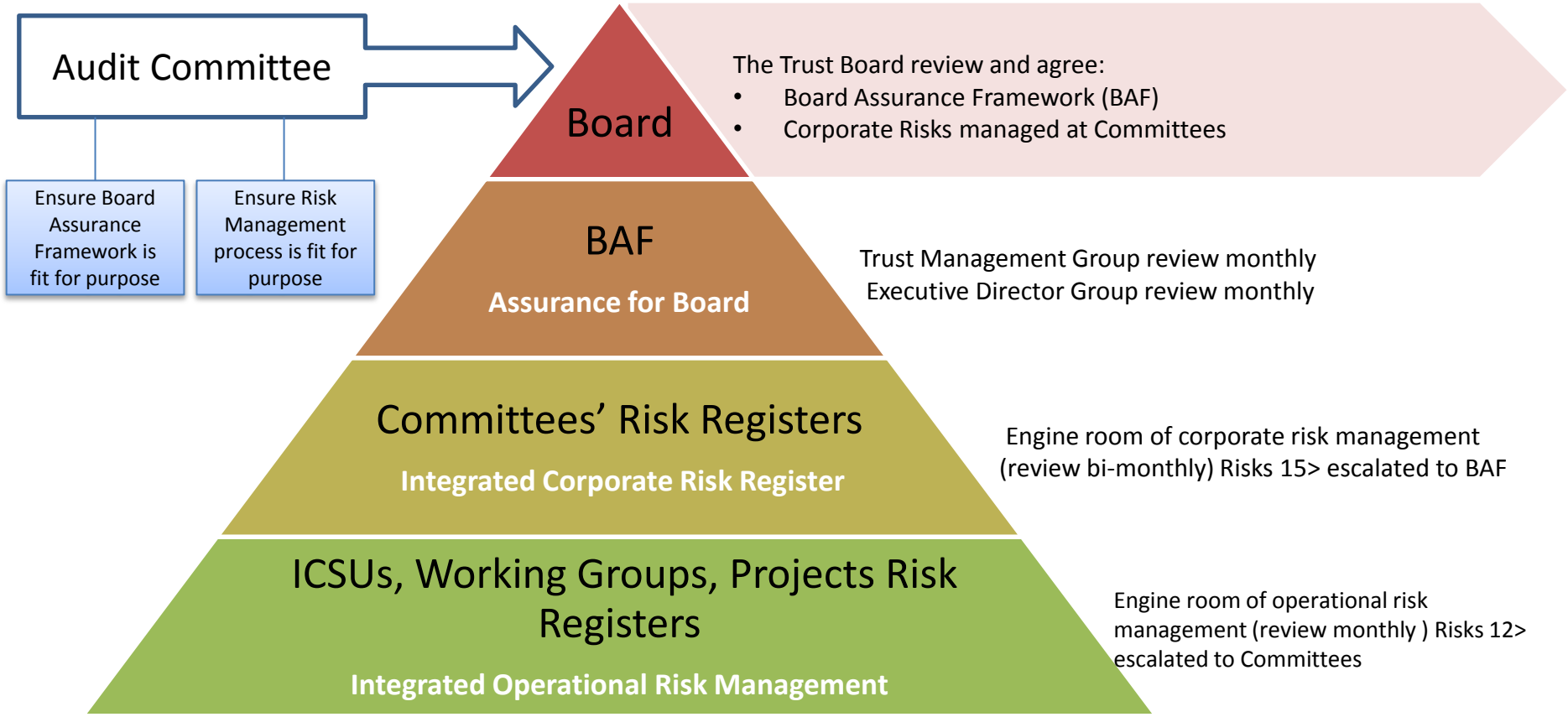
BAF Ref	Type	Strategic Goal (SG) / Corporate Objective (CO) / Priority	Impact	Likelihood	Current rating (IxL)	High Level Risks	Positive Controls / Assurance	Gaps in Controls	Reporting & Monitoring	Actions/ Action Plans	Deadline	Executive Lead	Accountable Lead	External Assurance (eg audits/ inspections)
1	National and Local Priorities	SG1 Deliver consistent high quality, safe services	4	4	16	• Operational excellence; meeting operational performance targets; demand and capacity; the right workforce to deliver the services; risk management strategy; clinical leadership model and integrated clinical service units; CQC preparation; impact of delivering ambitous CIP programme.	• Clinical Directors and integrated service units in place from 1 July with governance and TMG in place • Risk management strategy review • Clinical Strategy to inform ICSU annual plans • CQC preparation plan and group in place • CIP governance in place including QIA process • Quality Account in place • Sign up to Safety programme	ICSU to be fully recruited. ICSU business plans not yet in place. Agreed full CIP PIDs in place	TB performance reports Reports to Quality Committee CIP governance &TMG	CIP PIDs being completed CQC preparation plan being delivered Business planning from July	Monthly targets	SP/LM	LM/PD/RJ/SMH	CQC reports, internal, reports
2	National and Local Priorities	SG2 Secure best possible health & wellbeing for our community	3	4	12	• Relationships with partners in including primary care, local authorities, mental health trusts, voluntary sector and our communities • Risks in contracts and reduction in partners' budgets leading to unintended consequences • Staff engagement in delivering clinical strategy • ICT infrastructure • Estates not appropriate to deliver new ways of working	• Integrated Care Medical Director leadership • New CEO Team Briefings 15/16 to engage staff • CCG monthly meetings with CEO/Deputy CEO • Integrated care programme arrangements in both Boroughs • Capital Plan 2015/16 • F&BD Cmt monitor Capital Plan • Estates strategy review process underway	Engagement strategy, Estate Strategy & I&MTStrategy to be reviewed. to align with clinical strategy Quarterly reports to Board. Contracts register being completed.	Board cycle of business 15/16 to include quarterly reports from Estates & IT	Establish KPIs and regular reporting	From Sept 2015	SMH	PI / GW	Internal audit
3	National and Local Priorities	SG3 Innovate & continuously improve quality of our services	4	3	12	• Data Quality (information) • Suite of indicators • ICT infrastructure • Lack of finance for investment • Workforce (retain/recruit) • CIP programme • London Quality Standards & 7 day working •Clinical leadership and engagement in transformation and change • Well Led Framework • Change may impact on quality focus	• Kings Fund recognition of innovation • Annual Operating Plan 15/16 • CIP to include invest to save schemes • CIP governance • CQC staff workshops & mock sessions • Quality Committee • New ICSUs & realignment of CDs & DOs • Estates Working Group • Quality Account & Sign Up to Safety Plan 15/16	Well Led Framework governance review Workforce Plan	Board cycle of business 15/16 now includes quarterly reports from Estates & IT	Continue delivery of vanguard models Establish KPIs and regular reporting	From Sept 2015	LM/PD/RJ	LM/PD/RJ/SMH	CQC inspection due 15/16
4	National and Local Priorities	SG4 Integrate care in patient centred teams	4	3	12	• Staff changes lead to reduced focus on patient led care •Relationships with partners across health & social care system Potential for different models of integrated care in different boroughs staff and clinical engagement in delivering clinical strategy Economics of the integrated care models and application of the Better Care Fund • IT infrastructure to support integrated care and interoperability	• Integrated care programme arrangements in Boroughs • TMG • Health & Wellbeing Boards System leaders leadership group across Haringey & Islington • Clinical leaders and operational struture IT developments • Innovative pathways and care models in place	Community Engagement & Communication Strategy	To report to TMG & Board	Establish KPIs and regular reporting	From Sept 2015	SMH/LM	LS/LM	CQC reports

BAF Ref	Type	Strategic Goal (SG) / Corporate Objective (CO) / Priority	Impact	Likelihood	Current rating (IxL)	High Level Risks	Positive Controls / Assurance	Gaps in Controls	Reporting & Monitoring	Actions/ Action Plans	Deadline	Executive Lead	Accountable Lead	External Assurance (eg audits/ inspections)
5	National and Local Priorities	SG5 Support patients to be active partners in their care	4	4	16	•Clinical leadership and engagement in the model and delivery of the clinical strategy • Competitive market place • High quality, up to date website contracts and likely reduction in price to deliver models of care • Self management & patient activation models not mainstreamed	• Supportive self management models of care supported by clinicians •Training programmes in place for clinicians & patients • Expert patient programme	Business plans for each integrated service unit	TMG, Trust Board	Establish KPIs and regular reporting	From Oct 2015	GB	LM/GB/RJ/SB	CQC reports
6	National and Local Priorities	SG6 Leader of medical, multi-professional education & population based clinical research	4	4	16	• Focus on business as usual versus strategic forward look • No Strategy • Research needs more focus and momentum • Engagement with stakeholders • Lack of succession planning & talent mapping/CPD • Profile & telling our story - marketing strategy	• Excellent training programmes / facilities at WH • Engagement with UCLP & Health Education England • Education & Research team with budget • Internatiional leading clinical experts at WH • Integrated care education strategy in place	Research strategy	To report to Quality Committee	Establish KPIs and regular reporting	From Sept 2015	RJ/GB	IB/RS/GB	HEE/ UCLP
7	National and Local Priorities	CO1 Deliver quality, patient safety & patient experience	4	3	12	• Reputation damage of high profile Sis; poor patient experience • Breach of local and national targets eg MRSA • Meeting requirements of CQC inspection • Potential impact of CIP programme	• Friends and Family test reports to Board • Quality Committee & governance including risk management strategy • Integrated reporting of complaints, PALs • New Director of Nursing and Patient Experience reports • Infection control annual work programme • Quality Account • CQC preparation • QIA process for CIPs	Quality strategy refresh; Nursing & AHP strategy	Reports to Quality Committee	CQC preparation plan	Oct-15	PD/RJ	DC/PF	CQC inspection due 15/16
8	National and Local Priorities	CO2 Develop & support our people & teams	4	4	12	• OD strategy does not deliver the changes required and the leadership development required • Adequate Equality/ Diversity awareness/workplans • Appraisal compliance and mandatory training compliance • Recruitment & retention of staff	• New leadership substantive team including permanent Director of HR • New appraisal system • Equality and Diversity Lead officer • Training functions integration work	workforce planning immature KPIs and regular progress reports	Reports to Quality Committee & Audit & Risk Committee	Establish KPIs and regular reporting	From Sept 2015	NF	CJ/RG	CQC reports
9	National and Local Priorities	CO3 Develop our business to ensure we are financially sustainable	5	4	20	• CIP delivery; income achievement & risk of overspending • Clinical Strategy delivery • Business planning process • Business development strategy delivery • Loss of contracts • Five year Long term financial model	• Finance & Business Development Committee • Trust Management Group • Business Pipeline & contracting reports • Working towards lead provider model • Clinical Strategy to inform ICSU business plans • COO leading CIP team with improved governance • Business planning process & resource • TDA meetings with Trust	Data Quality Robust activity Data reporting Business processes being improved	TB reporting F&BD TMG	Strengthen accountability and reporting	Month on Month	SB	LM/SMH/VC	Audit reports

BAF Ref	Type	Strategic Goal (SG) / Corporate Objective (CO) / Priority	Impact	Likelihood	Current rating (IxL)	High Level Risks	Positive Controls / Assurance	Gaps in Controls	Reporting & Monitoring	Actions/ Action Plans	Deadline	Executive Lead	Accountable Lead	External Assurance (eg audits/ inspections)
10	National and Local Priorities	CO4 Further develop & expand our partnerships & engagement	5	3	15	• Relationships and development of localities with Local Authority & CCG partners • Agility in business infrastructure • Lack of momentum with new models of care • Lack of GP engagement Community engagement & voluntary sector	• Finance & Business Development Committee • Trust Management Group • Integrated care programme arrangements • Business Pipeline & contracting reports • Working towards lead Value Based Commissioner • Clinical Strategy to inform ICSU annual plans • Medical Director - GP	Refresh engagement strategy	TB & CCG reporting	Meetings with Shadow Governors and Board Integrated care programme plans	Quarterly	SMH	All Executive	HOSC reporting
11	CIP	Delivery of CIP impacting on duty to breakeven and meet control totals	5	4	20	• Zero tolerance off trajectory performance for CIP targets • CIP & monthly trajectory set and agreed by Board • Annual Operational Plan 2014/15 signed off by Board & TDA • Finance Plan 2014/15 signed off by TMG & Board • Risk to income • Risk to overspending on budgets	• Finance & Business Development Committee • Trust Management Group • New Substantive Chief Finance Officer • Business Pipeline & contracting reports • COO leading CIP team & new governance arrangements Income group in place chaired by CFO • CEO performance reviews of Clinical service units	• Substantive Finance Team Detailed activity profiles by CSU	TB & TDA reporting	Independent audit Action Plan	July Board Seminar	SB	All Executive	Audit reports
12	IG toolkit level 2	Level 2 compliance	4	3	12	• Staff competing workloads to complete in time ownership of IG agenda across the whole organisation • Potential financial fines and reputational damage Impact on CQC assessment	• IG Committee in place • SIRO and Caldicott Guardian in place • ICO national audit completed • Recruitment of team	Data quality group governance & terms of reference to be refreshed. Health records management review.	TMG, Audit & Risk Committee & Quality Committee	mandatory training health records data quality	Ongoing	SMH/LM/NF	AP/CJ	Internal audit ICO audit CQC
13	Income	Risk that we will not achieve our planned income	5	4	20	• Risk to financial plan delivery this year with impact on next year and LTFM Maternity activity and income • Orthopaedic spinal activity and income	• Income group in place chaired by CFO • Strengthened Finance & Business Development Committee	Activity plans detail being finalised by clinical service unit	TMG; FBD; TB	Maternity activity plan Spinal activity plan	Bi weekly Income group	SB	LM/VC/FI/CB/FE	Audit reports; TDA; CSU
14	Service developmet	Maternity	5	3	15	• Risk that we do not grow our maternity work and that the TDA do not support our Full Business Case and that there is a risk to the future maternity and neonatal services on site	• FBC with TDA within timescale and with strong case for change approved by TB January 2015 • Regular TDA meetings • TMG & CEO review of maternity activity • Marketing plan under review • Clinical Director & Ops Director in place for Women & Families services • Close working with partners and GPs and women regarding maternity services	KPIs to Trust Board & TMG	within CSU; TOB and CEO	Marketing plan review	Jul-15	LM/SMH/SB	FE/CB/SH/UG	TDA
15	National and Local Priorities	Business continuity & emergency Planning	4	2	8	• Risk that during an incident staff are not aware of incident planning or business continuity which will impact on patient safety and quality - and delivery of operational and financial plans of the Trust	• Monthly steering committee; EPLO emergency planning officer weekly meetings with manager • Urgent & emergency care; policies and procedures in place; training in place including scenario training	Evacuation policy under review	Emergency planning committee; Borough Resilience Group; NHS E monthly meeting	Action plan in place based on national guidance & review of incidence	Ongoing	LM	LS	National team annually National audit autumn contract

Risk Is Everybody's Business

Whittington Health NHS



Whittington Health NHS

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Trust Board
1 July 2015

Title:	Audit & Risk Committee Meetings - 28 May & 1 June 2015						
Agenda item:	**15/061**		**Paper**		**10**		
Action requested:	For the Board to note the business of the May and June Audit & Risk Committee Meetings and its effective decision making.						
Executive Summary:	This summary report details the business discussed at the Committee Meetings of 28 May and 1 June 2015.						
Summary of recommendations:	The Trust Board is asked to take assurance that the Audit & Risk 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 finance and governance in line with the Audit Committee Handbook for NHS trusts.						
Reference to related / other documents:	SO's. SFI's and Scheme of Delegation, Trust Board Terms of Reference, Audit & Risk Committee Terms of Reference.						
Date paper completed:	June 2015						
Author name and title:	**Lynne Spencer, Director of Communications & Corporate Affairs**		**Director name and title:**		**Anita Charlesworth, Acting Non-Executive Chair for both Meetings**		
Date paper seen by EC	**N/A**	**Equality Impact Assessment complete?**	**N/A**	**Risk assessment undertaken?**		**Legal advice received?**	**N/A**

Audit & Risk Committee Meetings - 28 May & 1 June 2015

1. Non-executive directors present

Anita Charlesworth acting Chair for both meetings and Paul Lowenberg.

2. Directors present

Siobhan Harrington, Deputy Chief Executive and Director of Strategy, Colin Gentile, Interim Chief Finance Officer, Ursula Grueger, Deputy Director of Finance, Lynne Spencer, Director of Communications and Corporate Affairs,.

3. Decisions made under delegated authority

The Committee made delegated decisions as set out below on behalf of the Trust, under the authority delegated to it by the Board and set out within the Committee's terms of reference.

4. May meeting highlights

a. The meeting reviewed in detail the 2014/15 draft Annual Accounts, Quality Account and Annual Governance Statement.
b. The 2014/15 Annual Internal Audit Report, Head of Internal Audit Opinion, Internal Audit Plan and progress Report were reviewed and agreed subject to minor amendments.
c. The Local Counter Fraud Plan and draft Annual Report 2014/15 was agreed subject to including information on potential risks for procurement.
d. Approved the minor bad debt write off.
e. The Committee approved the Tender Waiver Report which included a backlog of waivers. It was agreed that the Board would be notified of the need to strengthen governance for waivers.
f. The draft Committee Work Plan 2015/16 will be agreed in September when the new CFO would be in post.
g. Review of the Trust Corporate Risk Register with ICAM division held as a beacon of excellence in managing risks. Their method of risk management will be shared across the divisions to support robust risk management.
h. The Committee agreed to request that the Trust Management Group consider the dual executive accountability for data quality and information management to identify a single accountable executive.
i. Benchmark report on standard workforce KPIs was received which had been requested by the Committee for assurance.

5. June meeting highlights

a. The meeting approved the 2014/15 ISA 260, including the Audit Opinion, Annual Accounts, Quality Account and Draft Annual Report. An unqualified opinion on the Accounts had been given and a qualified conclusion to the use of resources opinion. The Annual Governance Statement was agreed as a Chair's action on 2 June 2015.

Anita Charlesworth, Acting Chair of Audit & Risk Committee
Non-Executive Director