



# Haringey CCG MDT Integrated Contract Monitoring Report

May 2016

# Executive Summary

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## Executive Summary: Finance

Provider	Year-to-Date Activity			Year-to-Date Cost			Status
	Plan	Actual	Variance	Plan	Actual	Variance	
North Middlesex University Hospital	3,219	2,996	(223)	£73,500	£71,972	(£1,528)	RED
The Whittington Health	516	529	13	£78,082	£78,916	£834	RED
Barnet, Enfield and Haringey MH Trust	378	352	(26)	£31,200	£31,200	£0	GREEN
University College Hospital London	0	86	86	£16,735	£17,742	£1,006	RED
Royal Free Hospital	226	41	(185)	£12,004	£14,905	£2,901	RED
Barts Health	16	17	1	£3,500	£5,262	£1,762	RED
Moorfields Eye Hospital	22	24	2	£3,800	£4,052	£252	RED
Barnet and Chase Farm	231	28	(203)	£3,921	£4,876	£955	RED
<b>Total</b>	<b>4,608</b>	<b>4,073</b>	<b>(535)</b>	<b>222,742</b>	<b>228,924</b>	<b>6,182</b>	

This month 12 report is based on actual provider data to the end of February 2016 plus a forecast for March 2016.

- The Whittington Health (WH) is over-performing by £834k which is largely due to high critical care activity and outpatients. This contract has reached its capped value and there is a £348k favourable movement in the work in progress calculation between 14-15 and 15-16.
- North Middlesex University Hospital (NMUH) is under performing by £1,528k. This is following a year-end agreement which includes adjustments for readmissions at 24.9% and a benefits from a land sale. The underlying position remains that non-elective and elective is over spending, whilst there is an underspend in A&E and Outpatients.
- University College London Hospital (UCLH) is over performing by £1,006k. This is mainly in outpatients. There is an increase in expenditure from month 11 due to the Trust seeing more activity in month 11 and expecting a further increase in month 12.
- Royal Free Hospital (RFH) is over-performing by £2,901k. The main areas of over-performance are in critical care.
- Barnet and Chase Farm (BCF) is over-performing by £955k. This is mainly in is in critical care and non-elective admissions.
- Moorfields Eye Hospital (MEH) is over-performing by £252k. This is mainly in non-elective admissions.
- Out of Sector contracts are over-performing by £2,728k. This is mainly due to increased activity at Barts London NHST (£1,762k), Royal Brompton (£205k) and Guys & St Thomas Foundation Trust (£464k).

# HCCG Overall Financial Summary as reported at Year End

Service Line	Year-to-Date		
	Plan	Actual	Variance
<b>Resource Allocation</b>	<b>(£340,855)</b>	<b>(£340,855)</b>	<b>£0</b>
In-Sector Acute Trust	£194,859	£194,463	<b>(£396)</b>
Out of Sector Trusts	£12,195	£14,923	£2,728
Other Acute	£16,709	£16,874	£165
<b>Acute Commissioning Total</b>	<b>£223,762</b>	<b>£226,260</b>	<b>£2,498</b>
Mental Health	£37,140	£36,668	<b>(£472)</b>
Continuing Care	£19,188	£20,479	£1,291
Community Services	£3,201	£3,611	£410
Better Care Fund	£8,438	£7,482	<b>(£956)</b>
Prescribing	£29,257	£30,112	£854
Other Commissioning (incl Primary Care)	£4,558	£4,522	<b>(£35)</b>
<b>Non-Acute Commissioning Total</b>	<b>£101,782</b>	<b>£102,874</b>	<b>£1,092</b>
Programme Corporate Cost	£4,294	£4,349	£55
Running Cost	£6,274	£6,258	<b>(£16)</b>
Reserves and Contingency	£4,742	£1,039	<b>(£3,703)</b>
<b>TOTAL</b>	<b>£0</b>	<b>£75</b>	<b>(£75)</b>

- Non-Acute is over-performing by £1,092k, due to overspends in adult continuing care and prescribing.
- There is an underspend in community services which partially offsets the over spends.
- The above overall overspend has been partially offset by utilising the CCG's contingency (£1,000k), general reserves (£4,205k) and the 1% headroom (£2,703k).

### Key Messages

#### **Contracting Round 2016/17 update**

##### **North Middlesex University Hospital**

The North Middlesex University Hospital (NMUH) standard contract was agreed and signed on 28 April 2016. All schedules, following negotiations, were included in the contract documentation, with the exception of three items that have been placed in the longstop. These include:

- Gastroenterology Service Specification (for Enfield CCG patients)
- Maternity Service Specification
- Medicines Management documentation

The longstop date in the contract, for the above to be agreed and included, is 3 June 2016. The Trust and commissioners are in the process of completing the final documentation, with meetings continuing to take place as so the longstop date is met without hindrance.

##### **Whittington Health**

Whittington Health (WH) has not yet agreed and signed their contract with commissioners for 2016/17. The annual expected contract values have been agreed for North Central London (NCL) CCGs. A joint letter, composed by the Trust and lead commissioner, has been sent to Monitor on 25 April 2016 outlining their expected timetable to complete the contract and have this agreed and signed. This stipulates that the Trust and commissioner do not see the need to progress to mediation.

A Head of Terms Agreement has been drafted and notes that the parties have agreed the plan for the year ahead and a work programme for Quarter 1. This plan relates specifically to:

- Estates management
- Community disaggregation
- Value Based Commissioning (VBC)

The Trust and commissioners expect to have the contract signed by 30 May 2016.

### Key Messages

#### **Contracting Round 2016/17 update continued**

##### **Royal Free London**

Royal Free London (RFL) has not yet signed their contract with commissioners for 2016/17. The Trust and commissioners, following extensive contract negotiations, have agreed all contract schedules. However, although agreement has been reached in regards to the contract value, the figures reflect the first offer sent to the Trust instead of the final agreed CCG split. Once these have been amended to demonstrate the final agreed split, the contract will be ready for signing.

##### **University College London Hospital**

University College London Hospital (UCLH) reached final agreement and signed their 2016/17 contract with commissioners on 6 May 2016. UCLH's contract is based on cost and volume.

##### **Moorfields Eye Hospital**

Moorfields Eye Hospital (MEH) has not yet signed their contract with commissioners for 2016/17. The Trust and commissioners, following extensive contract negotiations, have agreed all contract schedules. However, due to South West associates who do not agree to the contract as it currently stands, this remains unsigned.

##### **Barnet, Enfield and Haringey Mental Health Trust**

Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) has not yet agreed and signed their contract with commissioners for 2016/17. The Trust and lead commissioner have agreed the 2016/17 activity plan and it has been agreed that all parties should move towards signature, rather than entering mediation or arbitration.

The contract is based on a partial block. Signature is dependant on BEH MHT receiving guidance from the NHS Institute for Innovation and Improvement (NHS I) around the impact of signing the contract with a potential financial gap and the Trust's financial control total for 2016/17.



### Key Messages

#### **A&E performance at NMUH**

The ongoing poor performance against the 4 hour standard is subject to external review and a detailed version of the improvement plan is due for presentation and agreement at the System Resilience Group. Commissioners continue to monitor this performance closely and will try to understand if the 2016/17 contract will have an impact on the department going forward.

#### **Tier 3 Neuro Outpatients**

The identification rules for Tier 3 Neuro Outpatients have changed, with expenditure moving from NHS England (NHS E) to the CCGs. The two largest providers for NCL are UCLH and RFL. As a whole, the service is over-performing by 7%. For Haringey CCG specifically, the service's activity is currently over-performing by 43, against a plan of 559 at the two Trust sites.

Due to these changes in the identification rules, it is suggested that CCGs work towards a contract variation to accommodate the activity changes for the coming year. It is expected that this will be completed in the coming months.

Title	Issued By	Issued To	Date of Issue	Reason for Contract Query Notice	Progress Update
02/06/2015 A&E performance	Haringey CCG	NMUH	02/06/2015	North Middlesex University Hospital (NMUH) achievement for the percentage of A&E attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival at an A&E department, was 94.45% for April 2015. This performance is below the standard of 95% stipulated in the 2015/16 contract.	RAP agreed and implemented at the Trust.
05/06/2015 A&E performance	Haringey CCG	NMUH	05/06/2015	NMUH achievement for the percentage of A&E attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival at an A&E department, was 93.87% for May 2015. This performance is below the standard of 95% stipulated in the 2015/16 contract.	RAP agreed and implemented at the Trust.
10/07/2015 A&E performance	Haringey CCG	NMUH	10/07/2015	NMUH achievement for the percentage of A&E attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival at an A&E department, was 94.19% for June 2015. This performance is below the standard of 95% stipulated in the 2015/16 contract.	RAP agreed and implemented at the Trust.
18/08/2015 6 week diagnostic standards	Haringey CCG	NMUH	18/08/2015	NMUH achievement for the 6 week diagnostic standard was 96.95% for the month of June 2015 against the operating standard of 99%.	RAP agreed and implemented at the Trust.
18/08/2015 cancer 62 day	Haringey CCG	NMUH	18/08/2015	NMUH achievement for the cancer 62 day from urgent GP referral to first definitive treatment for cancer standard, was 62.5% for the month of June 2015, against the operating standard of 85%. NMUH achievement for the cancer 62 day from urgent GP referral to first definitive treatment for cancer standard was 82.28% for quarter 1 against a target of 85%.	The first draft of the RAP was rejected by the CCG. A second iteration was received but further detailed work is required to provide an accurate trajectory based on predicted treatments/breaches.
11/08/2015 A&E performance	Haringey CCG	NMUH	11/08/2015	NMUH achievement for the operating standard of A&E attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival at an A&E department was 92.31% for July 2015. This actual performance was below the standard of 95% stipulated in the 2015/16 contract.	RAP agreed and implemented at the Trust.
Activity Query Notice 16/09/15	Haringey CCG	NMUH	16/09/2015	The Trust data shows a significant over-performance in drug charging and non-elective activity. Commissioners acknowledge that there will be a dip in activity undertaken in August 2016. The lack of progress on admission avoidance for non-elective paediatric pathways and a continued rise in adult non-elective admissions, which should be reducing as a result of the impact of the Ambulatory Emergency Care Unit, is giving commissioners little confidence that activity and expenditure will fall to a level that will enable the budget to recover back to plan.	The Trust and CCG have set meetings to discuss the AQN and actions going forward. At this time, the parties await further data and information to support the Activity Query Notice (AQN).

Title	Issued By	Issued To	Date of Issue	Reason for Contract Query Notice	Progress Update
CPN 22/10/2015 6 week diagnostic standards	Haringey CCG	NMUH	23/10/2015	North Middlesex University Hospital (NMUH) achievement for the 6 week diagnostic standard was 98.33% for the month of July 2015 against the operating standard of 99%.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.
CPN 22/10/2015 6 week diagnostic standards	Haringey CCG	NMUH	23/10/2015	NMUH achievement for the 6 week diagnostic standard was 96.94% for the month of August 2015 against the operating standard of 99%.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.
22/10/2015 A&E performance	Haringey CCG	NMUH	23/10/2015	NMUH achievement for the operating standard of A&E attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival at an A&E department was 92.43% for month 5, 2015/16. This performance was below the standard of 95% stipulated in the 2015/16 contract.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.
25/11/2015 '2ww Breast Symptomatic Target and 62 day from urgent GP referral to first definitive treatment for cancer standard	Haringey CCG	NMUH	25/11/2015	NMUH achievement for the 2ww Breast Symptomatic target was 91.05% for quarter 2 2015, against the operating standard of 93%.  NMUH achievement for the cancer 62 day from urgent GP referral to first definitive treatment for cancer standard, was 81.31% for quarter 2 against a target of 85%.	The Trust is required to produce a revised RAP to include more accurate trajectories and include financial consequences.
CPN 26/11/2015 6 week diagnostic standards	Haringey CCG	NMUH	26/11/2015	NMUH achievement for the 6 week diagnostic standard was 96.6% for the month of September 2015, against the operating standard of 99%.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.
26/11/2015 A&E performance	Haringey CCG	NMUH	26/11/2015	NMUH achievement for the Operating Standard E.B.5 (percentage of A&E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department), was 86.74% for the month of September 2015. This actual performance is below the standard of 95% stipulated in the 2015/16 Contract.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.

Title	Issued By	Issued To	Date of Issue	Reason for Contract Query Notice	Progress Update
31/12/2015 A&E performance	Haringey CCG	NMUH	31/12/2015	North Middlesex University Hospital (NMUH) achievement for the Operating Standard E.B.5 (percentage of A&E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department), was 83.84% for the month of October 2015. This actual performance is below the standard of 95% stipulated in the 2015/16 Contract.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.
31/12/2015 6 week diagnostic standards	Haringey CCG	NMUH	31/12/2015	NMUH achievement for the 6 week diagnostic standard was 95.03% for the month of October 2015 against the operating standard of 99%.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.
13/01/16 Day Case over- performance	Haringey CCG	NMUH	13/01/2016	NMUH exceeded the level of day case activity planned for November 2015. This will have a material impact if activity is sustained at this level throughout 2016.	A meeting was arranged with the Trust to discuss this over-performance. It was held on 11 February 2015.
15/02/2015 A&E performance	Haringey CCG	NMUH	15/02/2016	NMUH achievement for the Operating Standard E.B.5 (percentage of A&E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department), was 77.26% for the month of November 2015 and 71.92% for the month of December 2015. This actual performance is below the standard of 95% stipulated in the 2015/16 Contract.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.
15/02/2015 6 week diagnostic standards	Haringey CCG	NMUH	15/02/2016	NMUH achievement for the 6 week diagnostic standard was 92.45% for the month of November 2015 and 89.88% for the month of December 2015 against the operating standard of 99%.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.
03/05/2016 A&E performance	Haringey CCG	NMUH	03/05/2016	NMUH achievement for the Operating Standard E.B.5 (percentage of A&E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department), was 66.37% for the month of January 2016 and 67.2% for the month of February 2016. This actual performance is below the standard of 95% stipulated in the 2015/16 Contract.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.

Title	Issued By	Issued To	Date of Issue	Reason for Contract Query Notice	Progress Update
03/05/2016 6 week diagnostic standards	Haringey CCG	NMUH	03/05/2016	NMUH achievement for the 6 week diagnostic standard was 89.23% for the month of January 2016 and 92.58% for the month of February 2016 against the operating standard of 99%.	A RAP has been agreed between Haringey CCG and NMUH and this will continue to be monitored on a fortnightly basis.

## Executive Summary: Performance

Theme	KPI / Measure	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	2015-16 YTD	2015-16 Target
A&E	A&E All Types Performance	93.5%	95.2%	94.8%	95.5%	95.5%	94.4%	91.1%	89.9%	85.0%	82.1%	77.3%	77.8%		88.9%	95%
18 Weeks Referral to treatment and Diagnostics	18 Weeks RTT Admitted	89.2%	89.6%	88.1%	84.2%	86.4%	86.3%	83.2%	84.3%	83.9%	86.4%	81.3%	83.2%	82.1%	84.8%	N/A
	18 Weeks RTT Non-Admitted	96.8%	95.8%	95.3%	95.9%	95.9%	95.1%	95.2%	94.4%	94.1%	94.7%	93.6%	94.0%	93.1%	94.7%	N/A
	18 Weeks RTT Incomplete Pathways	93.9%	94.3%	93.0%	92.7%	92.7%	92.6%	93.1%	93.6%	93.2%	93.2%	93.4%	93.4%	93.5%	93.2%	92%
	6 Weeks Diagnostic Waits	1.1%	1.2%	2.4%	3.5%	3.0%	3.1%	2.0%	2.8%	4.1%	5.6%	5.0%	3.0%	0.9%	3.0%	1%
Cancer Waits	2 Week Cancer Wait	92.9%	93.2%	91.7%	92.1%	91.6%	93.0%	92.7%	90.6%	94.0%	92.6%	91.9%	94.8%		92.6%	93%
	2 Week Cancer Wait: Breast Symptoms	95.7%	94.7%	94.6%	93.1%	92.0%	87.0%	91.8%	88.6%	90.5%	93.1%	87.3%	90.9%		91.3%	93%
	31 day Cancer Wait: 1st definitive treatment	98.2%	96.8%	92.0%	95.8%	98.5%	95.9%	96.9%	100.0%	98.4%	97.3%	98.2%	100.0%		97.4%	96%
	31 Day Cancer Wait: Subsequent treatment (Surgery)	100.0%	83.3%	83.3%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%		95.7%	94%
	31 Day Cancer Wait: Subsequent treatment (Chemotherapy)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	98%
	31 Day Cancer Wait: Subsequent treatment (Radiotherapy)	100.0%	95.0%	100.0%	95.2%	95.8%	91.7%	100.0%	100.0%	96.2%	100.0%	100.0%	100.0%		98.0%	94%
	62 Day Cancer Wait: GP Referral	94.7%	96.2%	76.5%	82.1%	82.6%	88.2%	69.0%	73.1%	79.3%	82.1%	83.3%	65.5%		79.4%	85%
	62 Day Cancer Wait: Screening service	71.4%	50.0%	50.0%	100.0%	100.0%	87.5%	100.0%	100.0%	66.7%	50.0%	100.0%	50.0%		85.7%	90%
	62 Day Cancer Wait: Consultant Upgrade	91.7%	100.0%	100.0%	88.9%	85.7%	100.0%	100.0%	100.0%	71.4%	100.0%	91.7%	83.3%		93.5%	No Threshold
Quality	MRSA reported infections	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	C. Difficile reported infections	6	9	8	3	5	1	11	8	1	6	2	5		59	50
	Mixed Sex Accommodation (MSA) (Number of breaches)	5	1	0	1	1	1	0	0	4	4	1	6	5	24	0

## Key Messages

### Accident & Emergency (A&E)

The 4 hour access standard was not achieved in February 2016 as a result of Haringey CCG's two main providers having underachieved; North Middlesex University Hospital (NMUH) and Whittington Health (WH).

NMUH continues to face challenges, with clinical leadership and access to beds being the main reasons for under-performance. The Programme Director for Emergency Care is working with the Trust to develop an improvement plan to return to compliance by March 2017. NHS E have set out an expectation that all CCGs will be sustaining performance at 89% by September 2016, which the Trust are working towards.

WH faced challenges with staff sickness, high attendance rates and infection control issues through February 2016. As part of the 2016/17 Operating Plan submission, WH has planned for performance to be 88% by April 2016 and 92% by May 2016.

### 6 week Diagnostic waits

HCCG did not achieve the 6 week diagnostic waits standard of 1% waiting no more than 6 weeks for their test, with performance of 3% in February 2016. This is an improvement since January 2016 when performance was 5%. The main providers causing the under-performance are: NMUH (129 breaches), WH (19 breaches) and UCLH (17 breaches).

NMUH has seen a notable improvement since January 2016, when there were 245 breaches compared with 129 in February, which demonstrates the clearing of backlog. The specialities where there is under-performance are; Colonoscopy, Flexi-sigmoidoscopy and Gastroenterology. The Trust has extended the contract for the mobile endoscopy unit until November 2016 to ensure sufficient capacity for endoscopy.

WH experienced under-performance for Audiology diagnostic tests due to consultant sickness. At the April Contract Management Group meeting WH reported that the Trust was reviewing Audiology pathways and integration across the different service locations to build more resilience into the service.

UCLH continues to face challenges with endoscopy due to high demand and a lack of trained endoscopy nurses, as well as a delay in outsourcing and insourcing. Due to these delays, compliance is not expected until July 2016.

Royal Free (RF) achieved the standard for Haringey CCG patients for the first time this year and expect compliance going forward.



## Key Messages

### Cancer access standards

HCCG did not achieve three out of the eight cancer standards:

- 2 week wait (2WW) breast symptoms (90.9%) – UCLH and RFL
- 62-Day GP referral (65.5%) – NMUH and UCLH
- 62-Day Screening (50%) - RFL

### 2WW Breast Symptoms, standard 93%

UCLH – The Trust were recovering from the sickness absence of two staff at the start of the year, focussing on clearing the backlog. However the Consultant is now off sick and capacity is reduced again. The Trust has now recruited a locum to cover the clinic. Compliance was expected by March 2016 but has been revised to April 2016.

RFL - Capacity issues, patient choice and admin delays were the main reasons for breaches. The capacity issues are now mitigated by insourcing and a locum appointment. Provisional report suggests that RFL will fail the Two week wait and Two week wait Breast symptomatic standard for Q4.

### 62 Day GP Referral

NMUH - The underperformance is a result of late inter provider transfers into their chemo/radiotherapy services, an unusually high number of referrals for endoscopy, as well as clearance of backlog, which would have included some long-waiters. The Trust continued to clear backlog over February and March and is confident that the standard will be achieved in March 2016.

UCLH – Underperformance relates to capacity issues. The Trust now has outsourcing arrangements in place for some of the tumour groups. Compliance is expected by July 2016.

RFL - There has been a downward trajectory for 62 Day GP referrals since July 2014 and standard failure since September 2014. The Trust has identified and addressed a wide range of issues across all cancer patient pathways in their Remedial Action Plan (RAP.) Trust performance against the 62 day urgent GP referral standard is currently falling and with support from the Intensive Support Team a revised trajectory indicates compliance from April 2016.

### 62 Day Screening

RFL –The 62 Day screening breaches, related to capacity, patient choice and inter-trust referral with no information. The System Leadership Meetings are now led by NHS E as part of the Tripartite performance management structure that is focusing on the 62 day pathway. RFL and Barnet CCG participate in this forum. There is also sector wide meeting to discuss inter trust referrals delays issue involving all providers in NCL and NEL.

# London Ambulance Service (LAS) Summary

LAS Performance Dashboard	Target	Monthly Trajectory	February 2016 Performance	Year to Date Trajectory	Year to Date Performance	
Red 1 Performance (8 minutes)	75%		58.1%		63.3%	Red
Red 2 Performance (8 minutes)	75%		45.3%		55.6%	Red
Cat A Performance (19 minutes)	95%		89.7%		94.2%	Amber
Green 1 Performance (20 minutes)	90%	43.1%	42.8%	48.0%	46.4%	Red
Green 1 Performance (45 minutes)	99%	68.3%	59.3%	71.0%	68.0%	Red
Green2 Performance (30 minutes)	90%	52.4%	38.8%	52.6%	51.3%	Red
Green 2 Performance (60 minutes)	99%	72.9%	57.9%	73.4%	70.5%	Red
Green 3 Performance (60 minutes)	90%	74.7%	65.8%	73.7%	69.9%	Red
Green 3 Performance (90 minutes)	99%	84.9%	75.1%	84.5%	80.5%	Red
Green 4 Performance (60 minutes)	90%	54.5%	39.1%	55.1%	47.1%	Red
Green 4 Performance (120 minutes)	99%	78.5%	65.2%	78.9%	72.5%	Red

## Key Messages

Haringey Red 1 performance has dropped by 0.3% to 57.8% since last month. The current year to date (YTD) figure for London Red 1 performance is currently at 65.6% YTD against a revised trajectory of 71.3%. Red 2 performance has increased by 1.3% to 44%..

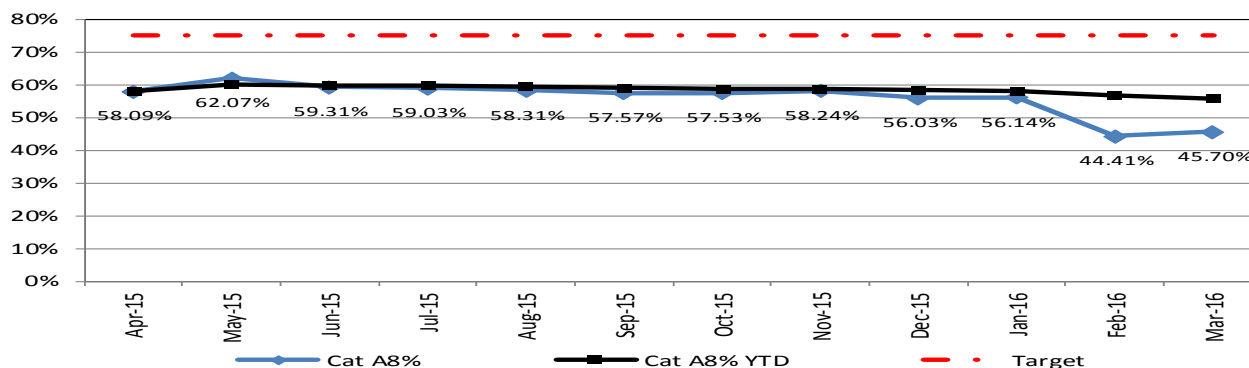
There were 1,675 conveyances to an Emergency Department in March 2016, (an increase of 83 conveyances from January 2016). 1,013 conveyances within Haringey went to NMUHT and 510 to WHITT. This equates to 95% of all ambulance conveyances from Haringey to an Emergency Department Care Pathway location.

2015/16 year-end conveyances to an Emergency Department for Haringey total 20,063. 96% of all conveyances were to NMUH and WH.

Full information is available in the monthly LAS CCG performance pack.

## Cat A (8 minute) Performance Vs. Target

NHS Haringey CCG



## Executive Summary: Quality

## Haringey CCG Quality Summary

Theme	KPI / Measure			NMUH		Whittington		UCLH		RFH		
		Month	Target	Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Quality	MRSA reported infections	Feb-16	0	0	0	0	1	0	2	0	3	
	C. Difficile reported infections	Feb-16	50 (HCCG)	6	32	0	7	10	87	4	62	
	Mixed Sex Accommodation (MSA) (Number of breaches)	Feb-16	0	0	0	0	0	0	30	135	4	70
	VTE (% admitted patients assessed for VTE risk)	Dec-15	96%	96.4%	N/A	95.4%	N/A	95.9%	N/A	96.9%	N/A	
	Friends and Family Test Inpatients - Score	Feb-16	N/A	95%	N/A	89%	N/A	97%	N/A	88%	N/A	
	Friends and Family Test Inpatients - Response Rate	Feb-16	N/A	28%	N/A	13%	N/A	26%	N/A	38%	N/A	
	Friends and Family Test A&E - Score	Feb-16	N/A	46%	N/A	92%	N/A	95%	N/A	81%	N/A	
	Friends and Family Test A&E - Response Rate	Feb-16	N/A	25%	N/A	6%	N/A	17%	N/A	46%	N/A	
	Complaints – number received in latest reported quarter	Feb-16	N/A	Feb-16: 57	503	32	265	Qrt3: 200	636	Apr:185	1,685	
	SHIMI rate	Oct 14-Sep 15	N/A	99	N/A	65	N/A	75	N/A	86	N/A	
	Number of acquired pressure ulcers grade 3&4 New	Mar-16	N/A	1	N/A	2	N/A	1	N/A	3	N/A	
	Pressure ulcers All (2,3,4)	Mar-16	N/A	18	N/A	14	N/A	16	N/A	58	N/A	
	Serious incidents	Mar-16	N/A	5	79	2	53	6	49	12	93	
	The number of patient falls with severe harm	Mar-16	N/A	0	N/A	0	N/A	0	N/A	2	N/A	
	Safer Staffing – Qualified Day	Feb-16	N/A	93%	N/A	99%	N/A	93%	N/A	96%	N/A	
	Safer Staffing – Non Qualified Day	Feb-16	N/A	109%	N/A	93%	N/A	121%	N/A	101%	N/A	
	Safer Staffing – Qualified Night	Feb-16	N/A	96%	N/A	97%	N/A	98%	N/A	101%	N/A	
Safer Staffing – Non Qualified Night	Feb-16	N/A	115%	N/A	99%	N/A	121%	N/A	105%	N/A		

## Key Messages

For this reporting period, which focuses on March 2016, the key quality issues include for NMUH, HEE NCEL quality visit and a fourth CQC mortality alert, and for BEH MHT, the outcome of the Quality Summit post CQC inspection.

### **NMUH Health Education England North and Central London (HEE NCEL) deanery visit**

HEE NCEL undertook a two-day follow-up quality visit mid-March 2016 that focused on assessing if medical and nursing trainees receive adequate support as part of the NMUH training programme. One of the areas of focus was the ED department. The formal HEE NCEL quality visit report is awaited but is expected to make a number of improvement recommendations.

### **NMUH Mortality alerts**

The CQC issued NMUH with three mortality alerts, affecting cerebro-vascular accidents (CVAs, strokes), sepsis and urinary tract infections (UTIs).

Following review of the Trust's submission in relation to the three outliers, CQC have de-escalated to local monitoring. A fourth CQC mortality alert (on Therapeutic operations on jejunum and ileum) has been received by the Trust and reported to CQRG in February 2016 and the Clinical Director for CBU4 has completed a case note review as part of a response to the CQC.

The in-month Summary Hospital Mortality Index has seen a reduction in January 2016. Crude mortality rate per 1,000 admissions in-month has also seen an improvement in March 2016 to the previous two months.

### **BEH Quality Summit post CQC inspection**

Following an announced CQC inspection in November, BEHMHT was awarded an overall rating of 'Requires Improvement'. The Forensic Service was rated as 'Outstanding', all community services were rated as 'Good', older people's mental health inpatient services were rated as 'Good' but CAMHs, community CAMHs, crisis services, community and inpatient mental health services for adults were awarded a 'Requires Improvement' rating.

The CQC held a quality summit with the Trust and its stakeholders on 27 April 2016. Key challenges were noted as being the fabric of the St Ann's site, pressures on the acute care pathway. Of the three boroughs Haringey was noted to face the most significant difficulties with service provision. The Trust has identified four key work streams in response to the CQC recommendations and is due to submit its final action plan to the CQC.

## **Executive Summary: Quality and Performance Provider Specific**

## Key Messages

### 4 Hour Access Standard in A&E

The 4 hour emergency access standard continues not to be met in February 2016 with performance being low at 67.2%. This is a marginal improvement on the January 2016 position of 66.37%, against a standard of 95%.

There continues to be wide variation in performance on a daily basis, which for February 2016 was 53% to 83.5%.

A lack of senior clinical leadership remains the key reason cited for the Trust's inability to meet the access target. Another major factor is the decline in total discharges, with discharges being at their lowest in the year to date during February, whilst the attendance to admission ratio continues to increase at the same time.

An improvement plan to return the Trust to compliance has now been developed with the Trust, being led by the new Programme Director for Emergency Care. This was presented at SRG for review on 25<sup>th</sup> April 2016 and consists of four work streams:

- 1) ED
- 2) Assessment and Short Stay Admission
- 3) Wards
- 4) Out-of-hospital

A GP 'see and direct' pilot scheme to reduce attendances at A&E commenced on 15th February 2016, This scheme is described as having a positive impact on the UCC flow (circa 60 patients a day being seen), however a more detailed review is expected in April to determine the impact on A&E throughput and performance. This will also inform discussions with the CCG about whether to continue the scheme on a more permanent basis.

A Clinical Director for the ED has now been recruited and is due to commence work at the end of June 2016. This is anticipated to address the issue of clinical leadership.

NHS England have set out to CCGs a national 'commitment' to sustain performance at 89% from September 2016 onwards. The Trust are working towards this. HE NCEL and CQC visits have taken place in the ED, which may further influence the actions contained within the overall plan for improvement.

## Key Messages

### Diagnostics

The Trust did not meet the national access standard in February 2016, with performance of 7.42%, against a standard of 1%. This is an improvement of 3.4% from January 2016 (10.77%). Despite the improvement, performance remained under the trajectory of 1.84%.

The majority of the backlog was cleared over February and March and the waiting list over 6 weeks reduced from 523 in January to 354 in February. The underperformance continues to relate to the following specialities, however there has been notable improvement for each:

- Colonoscopy
- Flexi-sigmoidoscopy
- Gastroscopy

Circa 200 patients were outsourced in February 2016 and March 2016, which has contributed to the improved performance. The Trust has also committed to keeping the mobile endoscopy unit until November 2016 and patients are being treated in chronological order.

Provisional data for March indicates that the standard has been achieved, though this is to be validated. The Trust expects to be in a sustainable position from April 2016 and this is where the focus now needs to be.



## Key Messages

### Cancer

NMUH did not achieve the 62 Day GP Referral standard of 85%, with performance at 78.87%, down from 86.15% in January 2016. This was also below the trajectory of 86.36%.

The main reasons for underperformance were:

- Treatment commenced for a higher than anticipated number of patients and this included those waiting more than 62 days
- Unusually high number of endoscopy referrals received though this is not expected to be an on-going trend
- Receipt of late Inter Trust Transfers resulting in 4 shared breaches.

Underperformance at NMUH related to the following pathways:

- Urology
- Lower Gastrointestinal
- Skin.

Clearance of diagnostics backlog, with suspected cancer patients being prioritised. Weekly calls between NMUH and UCLH looking at inter-trust transfer referrals. Weekly Patient Tracking List teleconference between NMUH, Haringey CCG and Enfield CCG to review all patients waiting more than 62 days, identifying any issues or recurrent themes which the Trust may need assistance to resolve. The Trust is developing a business case to enable patients to go 'straight to test' for MRI patients on the urology pathway.

Although the standard, nor the trajectory, were achieved in February 2016, the Trust is confident that March performance will be above the standard.

### Key Messages

#### **Mortality alerts and Summary Hospital level Mortality Indicator (SHMI)**

The CQC issued NMUH with three mortality alerts, affecting cerebro-vascular accidents and strokes, sepsis and urinary tract infections. The Trust have undertaken detailed reviews on the three identified areas of concern. Following review of the Trust's submission in relation to the three outliers, CQC have de-escalated to local monitoring. A fourth CQC mortality alert (on therapeutic operations on jejunum and ileum) has been received by the Trust and reported to CQRG in February 2016.

Trust reported data suggests that crude, in-month Hospital Standardised Mortality Ratio (HSMR) has seen some improvement from 121.3 in April to 90.9 in October 2015. The in-month (Trust reported and unvalidated) Summary Hospital Mortality Index has now also reduced to 107.9 for January 2016 from a 113.1 in December 2015.

Crude mortality rate per 1,000 admissions in-month has seen a slight rise from 13.3 in December 2015 to 15.4 in January 2016. This was raised at the February 2016 CQRG. Although the Trust was confident to see a significant improvement in February 2016, this only improved marginally to 15.1. In March 2016 however an improvement to 12.7 was seen.

In response to the fourth mortality alert on therapeutic operations on jejunum and ileum the Clinical Director for CBU4 has completed a case note review as part of a response to the CQC.

#### **Serious Incidents (SIs)**

For January 2016 the Trust reported 11 SIs. Six SIs were in the category of treatment delays, two in diagnostic incidents and one for alleged abuse by staff, one for alleged abuse by a third party and one for a medication error. At the end of February 2016 there were two overdue SI submissions. This remains an improvement from July 2015 when 14 SI reports were overdue. The Trust is receiving a large amount of 'Further Information Requests' (FIR). At the end of February 2016, there were 48 open FIR. This may be an indication of the poor quality of the submitted SI report.

In view of increased number of deteriorating patients SIs and ED pressures, SIs with themes on deteriorating patients and SI linked to the ED are currently being monitored more closely. Action plans for historic Never Events (NE) on a blood transfusion and a cataract operation NE have been presented to the March 2016 CQRG and NEL CSU have been instructed to close the SI. HCCG will undertake an analysis of the 14 "treatment delay" SIs and discuss at a meeting with the Trust due to take place in May 2016.

The Trust has reported a Never Event in February 2016. Haringey CCG has undertaken an analysis of the recent cluster of deteriorating patients which will be received at the April CQRG.

### Key Messages

#### **Extended round table discussion**

Following shared concerns by NHS E, CQC, HEE NCEL and Haringey and Enfield CCGs, an extended round table discussion was convened with the Trust in August 2015. Concerns were centred on the Trust's poor performance on a number of national patient experience surveys, mortality alerts in CVA, Sepsis and UTI, poor performance on some stroke standards on the National Stroke Audit, elevated risks on the CQC Intelligent Monitoring (pub. May 2015) and poor ranking in the General Medical Council (GMC) trainee survey (February 2014 - February 2015).

Due to the sustained poor performance on ED this has led to a risk summit having been called, with a focus on quality performance in the Emergency Department (ED). The CQC has undertaken an unannounced inspection of the ED, Care of the Elderly and Medical wards.

Strategic Quality and Safety Oversight meeting continues to meet monthly to oversee the delivery of strategic objectives required to improve the Trust's performance. Since the extended round table discussion the monthly CQRG meeting has continued to focus on key safety and quality issues. A risk summit with a focus on quality performance in the ED has taken place in February 2016 at which the Trust presented a range of improvement objectives. An ED action plan has been produced and delivery is monitored through weekly teleconferences between CCGs, TDA, NHS E and the Trust.

## Key Messages

### 4 hour emergency access

UCLH has continued to fail to achieve the A&E target. UCLH failures are related to:

- High attendances
- Lack of bed capacity
- Specialty delays & ED throughput.

**ED space:** Trust implemented phase 1 of the new AMU model of care on 22/2/16. The new model is a Ambulatory Care Unit and an Emergency Assessment Unit, adjacent to the ED. GP referred patients present directly to the unit, and are seen by the right senior clinician at the start of their journey, supporting early decision making and improving time to treatment. The unit is open from 1000hrs-2200hrs, five days per week at present, moving to a seven day service from the end of June 2016. The new space will be used as a 'surge' area out of hours.

**ED throughput:** Ensure prompt escalation of delays to specialty consultants and medical directors if required. Embed the revised internal ED escalation process ensuring clear roles and responsibilities throughout, including action cards for a red department (RAG rating). The full capacity policy has been drafted with action cards to support the internal escalation policy for ED. The ED front door model has been reviewed and amended from 17/02/16 to encompass a streaming approach to initial assessment. There is a Camden and Islington wide redirection workstream which is developing redirection with an integrated IT system. This started from March 2016 and will be supported by the UCLH GP component of the front door model..

**Bed management:** Medical Director reviews performance daily with the team. This aims to cover necessary improvements in flow and ED escalation. There is a weekly specific look at ED in addition to performance meetings and wider UCLH future planning across urgent care. The UCLH Future urgent care program is also working across the urgent care pathway to improve flow, experience and effectiveness of care. Specific delays related to step down facilities and stroke repatriations have been raised to CEO and MD level, plus at the SRG.

Recovery has not been achieved. The CCG, via the SRG, is in communication with the Trust around the failure of achieving the target. The CCG/CSU has requested to attend the Trust's internal Urgent Care Transformation group, to better understand the issues and the actions to recover performance.

## Key Messages

### Serious Incidents (SIs)

Six SIs were reported in March 2016. These SIs relate to:

- One unexpected death
- Two maternity / obstetric neonatal deaths
- One confidential information breach
- One surgical procedure (a Never Event)
- One environmental issue relating to the existing e-messaging system for communicating with GPs.

One Never Event (NE) was reported by UCLH in March 2016. This related to paediatric dentistry, whereby a tooth was prepared for extraction, instead of a filling. This error was discovered and the tooth was salvaged. UCLH have reported four NE's in 2015/16 against a target of zero. All open SIs are being reviewed with the provider by a member of the CCG Quality and Safety team to seek assurance that the level of investigation is robust.

### Pressure Ulcers

In January 2016, the Trust recorded that: 11 Grade 2 Hospital Acquired Pressure Ulcers (HAPU). The key theme emerging from pressure ulcer investigations for the month was incomplete risk assessments. There remain some gaps in the duration or consistency of turning regimes.

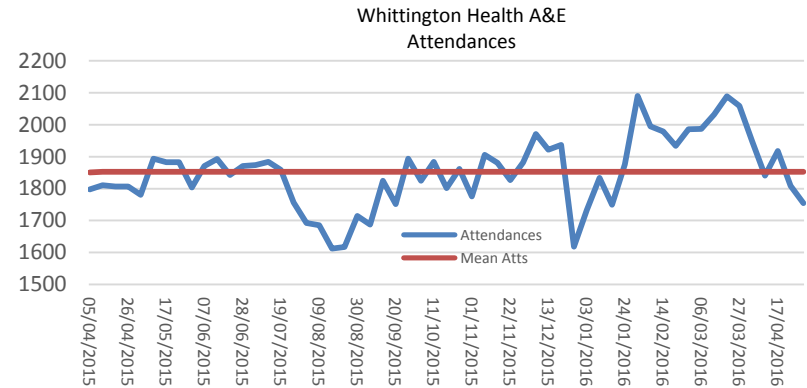
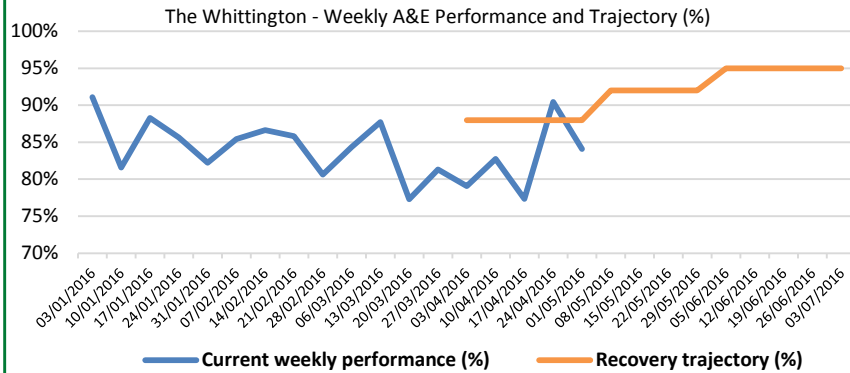
A dedicated teaching session was planned with all sisters and matrons at a joint meeting in February, this included distribution of a new safeguarding pocket guide which includes pictorial representation of all new grades of pressure damage, to augment the new SKKIN bundle documentation.

There is an increased focus on quality of documentation and frequency of assessments when patient's conditions change. Medstrom Healthcare, a bariatric bed rental specialist was brought in to conduct an audit of the Trust's pressure ulcers and it is expected that the results of the audit will help the Trust further understand the areas for improvement going forward.

## Key Messages

### Accident and Emergency

WH performance against the 4 hour standard was 84% in April 2016 against a WH prediction of 88%. WH states achievement of predicted performance of 92% in May is achievable and 9 point action plan agreed with CCG is on track. WH has stated major risk to improvement trajectory is higher than average attendances to A&E and latest data suggests a downward trend in attendances since March 2016.



### Referral to Treatment Time and Diagnostics

WH performance on the key 18 week indicator of incomplete waits remains above the operational standard at 92.1%. WH has agreed plans to reduce their total number of patients waiting longer than 18 weeks and has agreed to submit a report on this to Islington CCG May 3<sup>rd</sup> 2016.

WH did not achieve the diagnostic standard for February due to medical staffing sickness in the audiology service. WH gave notice of these problems and has implemented an action plan to resolve the problem with an expected effect in March 2016.

### Cancer Services

Whittington Health achieved six of the eight cancer operational standards for February 2016. The standards missed were the 62 day urgent GP referral to treatment standard and the 62 day treatment following screening standard. The 62 urgent GP standard was missed by one case and a total of 4.5 cases breached the standard. Four of those cases related to Urology pathways for which the Trust has a revised pathway predicting a return to compliance by March 2016. The screening target was missed as there was only one case and the breach was shared with another Trust.

### Key Messages

#### Serious Incidents (SIs)

The Trust has declared eight serious incidents during February 2016 bringing the total to 56 since 1 April 2015. This includes two incidents that were later downgraded (de-escalated). This includes two incidents that were later downgraded (de-escalated). The Trust has no overdue SI investigations. There are four investigations that have extended deadlines agreed;

- Medication Incident (Nitrofurantoin) –an extension has been requested and approved for further 60 days due to the complexities surrounding this incident.
- Delayed Diagnosis and treatment of Colorectal cancer –an extension has been requested and approved for further 60 days due to the requirement for an independent investigator and external expert being appointed.
- Catastrophic subdural haematoma after a patient fell on an escalator (Deceased) –an extension has been requested and approved for further 20 days due to the requirement for an independent external Trauma Centre Neurosurgical Consultant being appointed.
- Unexpected death following issues around Nutritional and Safeguarding in the Community– an extension has been requested and approved for further three weeks due to further review required to address safeguarding queries.

The Trust are managing one specific high profile Serious Incident which has produced public and media attention therefore it was sensible to award a 60 day extension for an independent investigation to be completed. There are two other SIs that during the initial stages of investigation have highlighted the requirement of an independent focus to be provided therefore an extensions have also been agreed.

The Trust has demonstrated that they have robust systems and processes in place to manage the Serious Incident procedure. The Trust has sustained their performance of achieving the deadlines for report submissions for the past seven months now.

#### National Reporting and Learning System - Learning From Mistakes

A league table identifying levels of openness and transparency within NHS trusts and foundation trusts was produced by Monitor and the Trust Development Authority (TDA) and published 9th March 2016. The league table has been drawn together by scoring providers based on the fairness and effectiveness of procedures for reporting errors; near misses and incidents; staff confidence and security in reporting unsafe clinical practice; and the percentage of staff who feel able to contribute towards improvements at their Trust. The data for 2015/16 – which is drawn from the 2015 NHS staff survey and from the National Reporting and Learning System – reports the following;

- Whittington Health has been awarded a ranking of ‘Good’ indicating good levels of openness and transparency. In terms of ranking, Whittington Health features 78 out of 230 Trusts.

## Key Messages

### Community Services

Access to Community Physiotherapy services continues to be an issue with only 47.2% of patients receiving an appointment within six weeks of referral. A Contract Performance Notice was issued to WH on 31/03/2016 on behalf of Islington and Haringey CCGs to WH regarding MSK/Physiotherapy Community Service.

In District Nursing services WH achieved the access standards for both Islington and Haringey in March 2016.

Revised Key Performance Indicators for Community Services are being agreed for 2016/2017 to support greater clarity of reporting and monitoring.

### Inpatient Survey

The Picker inpatient survey for 2015 has been presented by the Trust with the 11 areas that have scored worse than other Trusts. These areas were in the main concerned with care and treatment of patients, confidence in the care being provided, and poor communication. The Trust is facilitating a workshop to explore the findings within the report, the themes coming through and sharing of best practice from other organisations.

### Friends and Family Test

The ongoing issue of poor response rates for FFT continues with the Trust, the figures for February record a response rate for A&E of 6% with OPD at 0.4%. The post-natal score for Maternity is reported at 76% which is the lowest score across London in February. The OPD score is also disappointing and is the 2<sup>nd</sup> lowest score across London.

### Staff Survey Results

The 2015 Staff Survey results have also been produced with the Trust not performing well in the following areas;

- Staff working extra hours
- Staff Suffering work related stress in the last 12 months
- Staff experiencing harassment, bullying or abuse from staff
- Staff reporting errors, near misses or incidents witnessed in last month
- Staff reporting recent experience of violence.



# Improving Access to Psychological Therapies (IAPT) Haringey CCG

Theme	KPI/Measure	Provider	Frequency	Target	Apr-15	May-15	Jun-15	Q1	Jul-15	Aug-15	Sep-15	Q2	Oct-15	Nov-15	Dec-15	Q3	Jan-16	
IAPT	Access Rate	Proportion of people that enter treatment against the level of need in the general population	Whittington Health	Monthly	Q1 = 3.75%	1.08%	1.13%	1.17%	3.38%	1.33%	1.23%	1.49%	4.04%	1.67%	1.79%	1.33%	4.79%	1.53%
	Recovery Rate	Percentage moving to recovery	Whittington Health	Monthly	50%	50.0%	51.3%	50.0%	50.4%	48.9%	48.9%	44.9%	47.5%	47.4%	51.4%	48.4%	49.1%	46.7%
IAPT: National Waiting Times measures	6 Weeks Wait	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	Whittington Health	Monthly	75%	92.86%	90.91%	90.57%	91.50%	91.84%	90.38%	90.91%	91.03%	92.86%	89.74%	94.12%	92.17%	96.00%
	18 Weeks Wait	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	Whittington Health	Monthly	95%	98.21%	97.73%	98.11%	98.04%	97.96%	98.08%	98.18%	98.08%	100.00%	100.00%	100.00%	100.00%	100.00%

Theme	KPI/Measure	Provider	Frequency	Target	2014-15 Q1		2014-15 Q2		2014-15 Q3		2014-15 Q4		2015-16 Q1		2015-16 Q2		2015-16 Q3	
Theme	KPI/Measure	Provider	Frequency	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
CPA	Care programme Approach	BEH MHT	Quarterly	95%	98.14%	95%	98.28%	95%	99.18%	95%	97.74%	95%	98.76%	95%	99.26%	95%	97.18%	
EIP	Early Intervention in Psychosis (EIP) Service	BEH MHT	Quarterly		14		29		45		56		15		30		47	
CRHT	Crisis Resolution Home Team	BEH MHT	Quarterly	95%	95.78%	95%	96.30%	95%	99.28%	95%	100%	95%	98.24%	95%	96.38%	95%	95.74%	

### Key Messages

#### **Suicide Prevention**

The Annual National Confidential Inquiry into Suicide and Homicide by People with Mental Illness 2015, made recommendations for public and voluntary sector organisations to support a reduction in suicide rates.

The Tri-Borough (Enfield, Barnet and Haringey) workshop agreed to review scope for joint working in order to enable a system wide approach to reducing suicide in the local area.

BEHMHT provided an update on the Trust's progress with the acute mental health trust specific recommendations made within the report. The Trust has engaged with/supported Haringey and Enfield Suicide Prevention Groups and Network Rail, and has joined the National Suicide Prevention Alliance.

SIs involving suicide have been reviewed and learning shared at six Trust wide Berwick learning events. A Trust suicide interest group is being formed. Further work to improve safety within Crisis Response Home Treatment Team is planned as recommended in the CQC report; the acute care pathway is to be reviewed.

#### **Care Quality Commission (CQC)**

The Trust was subject to an announced comprehensive inspection of community and mental health services in November 2015. Subsequently, the CQC inspection quality summit was held on 27 April 2016.

The CQC made 30 'must do' recommendations and 95 'should do' recommendations.

On 27 April 2016, the CQC held a quality summit with the Trust and its stakeholders. Key challenges were noted as being the fabric of the St Ann's site, pressures on the acute care pathway and of the three Boroughs Haringey was noted to face the most significant difficulties with service provision. The Trust has identified four key work streams in response to the CQC recommendations: staffing, patient centred care, leadership and management, premises and equipment.

By 3 May 2016 the Trust was due to submit its final action plan to CQC.

## Risks and Mitigations

### **Risk 1**

Performance against constitutional standards fall behind agreed trajectories

#### Mitigation

Continuation of fortnightly performance management meetings at NMUH.

Monthly monitoring of Haringey's performance score card and liaising with other NCL MDT teams to ensure corrective actions are planned.

### **Risk 2**

Failure to conclude outstanding contract issues at WH. A 2015/16 year end agreement is being discussed with the Chief Finance Officer for HCCG and Islington CCG (ICCG) but is being hampered by agreement of community activity disaggregation. This could result in mediation/arbitration and a delay in securing the information required for the payment of community services.

#### Mitigation

Meetings arranged with HCCG and ICCG Chief Finance Officers and the Director of Finance at WH.

### **Risk 3**

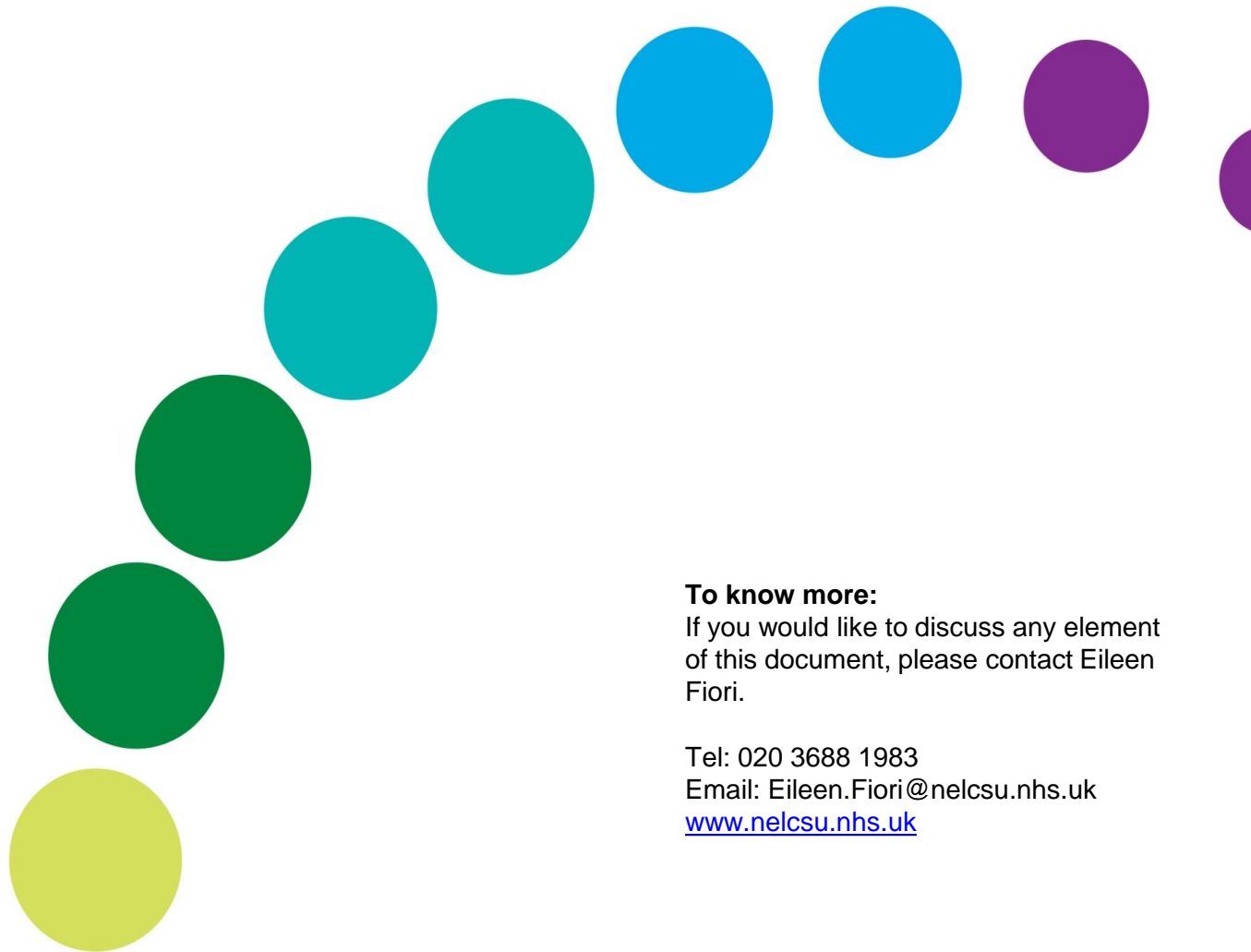
Multiple stakeholder input into concerns regarding NMUH ED.

#### Mitigation

Weekly conference calls are in place.

Key actions from the Trust's Improvement Plan due for launch week commencing 16 May 2016.

Offer of support to the Trust from the Haringey CSU team into the development, implementation and monitoring of the Improvement Plan.



**To know more:**

If you would like to discuss any element of this document, please contact Eileen Fiori.

Tel: 020 3688 1983

Email: [Eileen.Fiori@nelcsu.nhs.uk](mailto:Eileen.Fiori@nelcsu.nhs.uk)

[www.nelcsu.nhs.uk](http://www.nelcsu.nhs.uk)