

# **DRAFT**

# **Annual Report and Quality Account**

# **2022-23**

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**North Mid: A beacon for local people**

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## Our values

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# Contents

Chair's foreword.....	5
Chief Executive's foreword .....	6
Part 1 - About North Mid: Overview .....	7
Part 2 - Performance report .....	10
2.1 Patient .....	11
2.2 People .....	14
2.3 Outstanding care .....	19
2.4 Sustainability.....	23
2.5 Partnerships .....	26
2.6 Operational Performance .....	29
2.7 Financial Performance .....	36
Part 3 - Accountability report.....	37
3.1 Corporate governance report.....	<b>Error! Bookmark not defined.</b>
3.2 Annual governance statement .....	<b>Error! Bookmark not defined.</b>
3.3 Remuneration report.....	<b>Error! Bookmark not defined.</b>
3.4 Staff report.....	<b>Error! Bookmark not defined.</b>
Part 4 - Quality account .....	38
4.1 Looking Back: Our Quality Priorities 2022-23.....	44
4.2 Board Statements of Assurance.....	58
4.3 Looking to the Future: Our Plans 2023-24 .....	67
4.4 Stakeholder and Directors' Statements.....	69
4.5 Appendices.....	72

# Chair's foreword

Progress and pride are the two words I hear most often when I speak to staff and patients about North Mid. In the face of unprecedented challenges across the NHS, I am immensely proud of the work that the teams at the Trust have accomplished. It's safe to say that the past year has tested our local communities, with the cost of living taking a toll. Yet, the kindness, compassion and humility shown by our staff to each other and to our local communities is a source of hope – a beacon.

Despite the challenges that we have encountered this year, North Mid has continued to make remarkable progress. Our teams have worked tirelessly, across teams and across organisations, to ensure that we are well-equipped to serve the needs of people living in Enfield and Haringey.

It's this collaboration that is a source of pride for me – using our collective strengths to help patients get the care they need, when they need it. As we look to the future, we do so with closer collaboration with partners in mind, drawing on each other's strengths so we can reduce health inequalities in Enfield and Haringey and local people benefit.

Not only am I proud of North Mid, but I am proud to be part of North Mid. I would like to thank our Board for their unwavering commitment to leading improvements that have meant so much to our local communities and look forward to coming year.

Mark Lam  
Chair

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# Chief Executive's foreword

As the world continues to navigate uncertain times, the vital role North Mid plays in supporting local people has never been more apparent. While anchored in our community, we make sure that we strive for care that is world class; it's what our patients deserve and I know each and every member of Team North Mid is committed to achieving this. I am incredibly proud of the immense effort and unwavering dedication shown by our entire team in the past year, which has been one of the most challenging in the NHS's history.

As I reflect on the past year, it's important for me to give thanks. First, to our incredible staff, who turn up day in day out despite the unprecedented challenges we, and the wider NHS, face. Their resoluteness, compassionate and commitment to our patients is truly inspiring and I am proud to work with them. And second, to our friends in the north central London integrated care system, community partners, stakeholders and patients; all of whom who have played a vital role in helping to shape our improvements.

Our vision to provide outstanding care for local people remains steadfast, and we are fully committed to achieve this - our True North. As you will see in this annual report, we are building on the foundations set by our Patient First themes: Patient, People, Outstanding Care, Sustainability and Partnerships and we have structured the first part of this report to showcase the improvements we have made against these five areas.

You will see that our story is one of progress, one of pride, one of tangible improvement that is benefiting the people of Enfield, Haringey and beyond. That story will continue as we enter the NHS's 75th year, and welcome more than 600 new staff who provide health services in the community in the borough of Enfield, and their patients, to Team North Mid. We are honoured to be coming together with the teams and staff who together, provide a wide range of health services in the local community, from district nursing to podiatry, which support people to maintain as good health as possible, for as long as possible, and to get care and treatment in ways and in places which are convenient for everyday lives, in the heart of our community. This invaluable integration allows us to provide care in a way that transcends physical walls and is delivered in the best place for our local people.

North Mid always has, and always will be a beacon of hope for local people at their most vulnerable, and it is a privilege to lead such a valued organisation.

Dr Nnenna Osuji  
Chief Executive

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# Part 1 - About North Mid: Overview

We are one of London's busiest healthcare providers, providing hospital care and community services for the 600,000 people living in Enfield, Haringey and beyond.

## Local services

We provide maternity, children's, and adult services across a range of medical and surgical specialities. Our adult and children's emergency departments are among the busiest in London, with over 202,000 patients seen last year, and over 3,800 babies were delivered in our maternity unit.

## Specialist services

Our specialist services include HIV, cardiology, blood disorders, diabetes, fertility, sickle cell and thalassaemia. In addition to a full range of cancer diagnosis and treatment services, the Helen Rollason Cancer Support Centre is based on-site and provides services to support cancer patients' wellbeing, and our Macmillan Cancer Information and Support Centre provides information, advice and support for patients, family, carers and friends.

## North Mid in the community

From 1 April 2023 we began running community services in Enfield, following a smooth and safe transfer of the staff and services from Barnet, Enfield and Haringey NHS Mental Health Trust.

The teams which form Enfield Community Services have been a valued part of Barnet, Enfield and Haringey Mental Health Trust for a number of years, delivering vital care for people in Enfield. The transfer of services means we can take the opportunity for even closer working across the hospital and community sectors, to provide services in ways that better meet the needs of local people and which extend beyond traditional healthcare boundaries.

North Mid has an established Community Services Division, which already provides 0-19 services across Enfield and community intermediate care. The additional services will form an integral part of the North Mid vision to provide joined-up services across community and hospital care.

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## Our partnership with the Royal Free London

The North Mid and the Royal Free London NHS Foundation Trust (Royal Free London) are working together to strengthen our partnership to deliver better care for local communities and more opportunities for our staff.

North Mid has been a clinical partner with the Royal Free London since 2017, working together to design and deliver care based on the latest evidence of what works best. Collaboration between our trusts was strengthened during the pandemic, helping our hospitals to maintain services like surgery and cancer care.

Our closer partnership will support the services our patients use most. Enfield residents already visit either North Mid or Royal Free London sites for most of their care. Between us, we cover almost all A&E visits, nearly 90 percent of inpatient and day cases and eight out of ten outpatient appointments. These figures are lower, but still significant, for Haringey residents.

North Mid continues to have a strong future as a district general hospital and will continue to maintain an A&E, emergency surgery, maternity, paediatrics, critical care and specialised services on site designed for the needs of our local communities. The same is true for the Royal Free London's three main sites: Barnet Hospital, Chase Farm Hospital and the Royal Free Hospital.

But with so much cross-over, we believe we can achieve more together, as one partnership, to improve health and care for the communities we serve.

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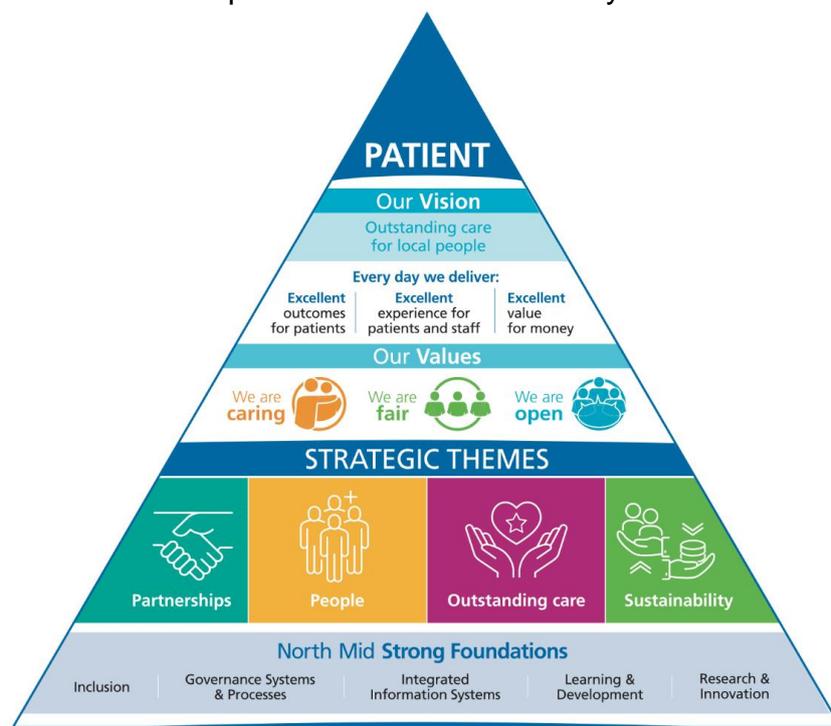
# Our Patient First strategy

The Patient First strategy continues to be how we know our business, run our business, and improve our business; understanding our daily work and helping us improve our processes in line with our strategy.

In 2022, the Trust committed to enhance Patient First beyond a programme of work and to pivot to focus on developing, implementing, and maturing a lean management system - the Patient First Management System. The management system will help approach daily business in a way that is systematic and aligned with our True North, while also prioritising areas of improvement across the Trust.

## Patient First: The Why, The How and The What

The Patient First triangle still provides the vision and strategy that embodies the **'Why'** in the Trust's everyday commitment to patients and the community.



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**'How'** the Trust will deliver this promise is through implementing a lean, systematic way of working focussed on building problem-solving capability across the Trust and modelling the seven respectful behaviours.

**'What'**: The five key elements of the Patient First Management System are problem solving, huddles, strategy alignment, standard work, and visual management, which when embedded in daily work, support a robust approach to improvement.

## Part 2 - Performance report

This section provides the reader with a summary of the North Mid, its purpose, the services it provides, and performance over the past year.

### North Mid in numbers 2022-23 (infographic)

Patients seen in the Emergency Department	202,031
Women looked after in our maternity care	4,621
X-rays and other radiology tests	20,3141
Inpatients cared for	69,148
Outpatient appointments	434,588
Surgical operations	41,236
Babies born	3,805

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# 2.1 Patient

Patients are the point of everything we do at North Mid.

**Our vision for the Patient strategic theme:** we deliver improved services that are accessible and responsive to our local people's needs, where people feel looked after, cared for, and involved in the developing their services.

Our strategic goal is that we have the highest percentage of patients recommending North Mid as a place to be treated, measured by our Friends and Family Test (FFT) scores.

We aim that by the end of 2025-26, 95% of our patients recommend us as a place to be treated.

**Our breakthrough objective:** Our breakthrough objective is to increase our response rate for patients completing the Friends and Family Test feedback to 90 per cent.

## How have we been progressing with this objective?

There have been challenges in improving the response rate across all Trust services which stood at 11% in 2022-23 (8.3% in 2021-22) compared to a national average of 18%. One areas that has seen most improvement is the FFT response rate for inpatient services which improved from 26% in April 2022 to 30% in January 2023 (highest response rate achieved was 37% in October 2022).

The overall percentage of patients that would recommend the Trust as a place to be treated was 79.3%.

Further information can be found in the Patient Experience part of Section 4.1 – Looking Back: Our Quality Priorities 2022-23 in Part 4.

## What else have we been doing to improve our services for patients?

### Investing in our services

We continue to invest heavily in improving our services, and over the last year this has included:

- over £1million in a new state-of-the-art CT scanner to help patients receive quicker, more accurate CT scans with less radiation.
- invested nearly £400,000 to install a new robot in our pharmacy department, which is helping us dispense medicines faster and will make care safer.
- A new state-of-the-art MRI scanner so that three extra patients can be seen every day and up to 1,000 more patients will be diagnosed every year.

### New activities boost dementia patients' wellbeing

Thanks to a donation made to North Mid Charity to improve dementia care, patients can now take part in a range of activities including bingo, listening to music, watching films, painting, colouring, and completing jigsaw puzzles, while they are in hospital.

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The activities, which are available to all departments who are caring for patients with dementia, also include aromatherapy to help manage feelings of anxiety and depression, 'chuckle and chat' packs which provide prompts to encourage conversations and reminiscing, and star projectors to create a calming environment during the night to help patients relax and sleep better.

### **Virtual care pilot launched for heart failure and frailty patients**

Clinicians from North Mid, Whittington Health NHS Trust and Barnet, Enfield and Haringey Mental Health NHS Trust have come together to trial a new app, Clinitouch, to monitor patients' health and vital signs virtually.

Clinitouch is being used by patients who have heart failure or living with frailty who have been transferred into North Mid's 'virtual ward'. The patients have been given 4G tablet devices, a blood pressure monitor, pulse oximeter and thermometer to record their vital signs. They share answers to health questions related to their condition and readings through the app for analysis.

Clinitouch will provide real time data insights and give patients a hands-on role in managing their own health. It will not replace existing assessment methods which include telephone and video calls with patients and face-to-face assessments when needed.

Designed in partnership with Whittington Health NHS Trust and Barnet, Enfield and Haringey Mental Health Trust, our virtual ward now has 28 beds and aims to reduce the amount of time patients who are clinically stable but not medically ready to be discharged stay in hospital.

### **Emergency department staff "skilled, responsive and kind" despite ongoing pressure**

Patients using our emergency department can be confident their treatment will be provided by well-trained, safe, skilled staff in a visibly clean unit with specialist equipment that manages infection risk well. These were the findings following the Care Quality Commission's recent report of our urgent and emergency care services.

Every member of our urgent and emergency care service should be proud of the work they do every day, for everyone in our community, and we are grateful to the CQC for their report which highlights the immense commitment our staff show to our local patients, day in, day out.

Like our hospital, which draws much strength from our brilliant north London community, our emergency department is embedded in a system which not everyone sees all the parts of. We do, and we want to extend our thanks to partners across the urgent and emergency care system, for their ongoing work to help us continue to improve. From rota coordinators to medical suppliers, to royal colleges, trade union representatives, and educators, we are all one team, and we urge our local community and its leaders to work with us to use our emergency department wisely so that we can continue to look after people who need us most.

### **Launching the North Mid Disability Charter**

North Mid was joined by a panel of special guests and senior leaders to officially launch a Disability Charter for the healthcare provider. According to the British Disability Forum (BDF), the North Mid is one of the first NHS Trusts in England to provide a charter supporting both its workforce and service users.

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Rona van Horne and Louisa Georgiou, co-chairs of North Mid's staff DiverseAbility Network, were joined by specialists Paul Deemer, head of diversity and inclusion at NHS Employers, Dr Christine Rivers, head of workforce disability equality standard at NHS England and Improvement and Karan Snuggs, disability business partner from the Business Disability Forum to speak with attendees during an event to mark the launch.

The five-point charter is a public commitment by North Mid to improve the standards of care experienced by disabled patients and staff who access its services. The charter also aims to better the views and voices of those with disabilities and to harness the talents of disabled staff.

To support the delivery of the charter, the Trust has introduced a new team of Disability Ambassadors whose role is to engage with service users, help identify and report any challenges or barriers experienced and champion the voices of those requiring support when accessing treatment and facilities at North Mid.

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## 2.2 People

Across the Trust as a whole, we employ just under 4,000 people, with nursing and midwifery making up the largest sector within our workforce, followed by our invaluable clinical support staff and administrative and clerical staff, all working together to make care possible.

### “Our North Mid team” infographic

Nursing, midwifery and health visiting staff	1,447
Administration and estates	738
Medical and dental	656
Healthcare assistants and other support staff	778
Scientific, therapeutic, technical and healthcare science staff	378
<b>TOTAL</b>	<b>3,997</b>

Our people are our most important strength. The diversity of our people is an asset.

**Our vision for our People theme:** our people feel committed to North Mid because we care for their safety, health and wellbeing, we support them to progress in their careers, and we actively encourage them to contribute to the success of their teams and the Trust.

Our strategic goal is to be the best acute Trust in London for staff feeling respected, included and working in a safe environment.

We aim that by the end of 2025-26, we will be above average among all London acute Trusts for staff reporting that they feel respected and included, and that we will be above average among all London acute Trusts for staff reporting that they work in a safe environment.

**Our breakthrough objectives:** Our breakthrough objectives are to significantly increase the percentage of staff who report that North Mid acts fairly with regard to career progression and promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age; and to significantly decrease the percentage of staff reporting how many times they have personally experienced harassment, bullying or abuse at work from managers.

### How have we been progressing with this objective?

In line with Patient First and our overall commitment to improving the staff experience of fair career progression within the Trust, we've developed 'Our Recruitment Charter'. It solidifies our efforts to promote fairness in recruitment, selection and career development. All recruiting managers are asked to sign up to the charter.

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Our diversity, amongst our staff and residents, is an asset and we want North Mid to be a place of belonging for our staff and our population where everyone is valued and respected. That's why we're proud to launch 'A fairer North Mid' - our equality, diversity and inclusion strategy, which maps out how we will get there. We will do this through deepening and widening our partnerships. This relates not just to other parts of the NHS, local government, and other public sector partners such as the police, but also voluntary, community and faith groups. We have started, and we look forward to redoubling our efforts and our impact in this space.

The Trust is clear about its journey; for staff we have listened and know what we will do together, why we want to do it, how we will do it and what success will look like. Our journey in addressing local health inequalities continues to mature. We are building a health picture of people and places we serve in partnership with others. The next step will be to use those partnerships to plot what we and others can co-create with people specifically to improve health outcomes.

## What else have we been doing to improve #TeamNorthMid's experience?

### Staff survey 2022

The Trust received a good response to the Staff Survey, with 60% of eligible staff responding. This equates to 2,258 colleagues of whom have contributed their views and experiences to the latest nationwide picture of life working in the NHS and at North Mid.

North Mid achieved average or close to the average in each theme of the Staff Survey, indicating that whilst some progress has been made (improvements in four elements of the People Promise, plus an improvement in morale), the results show that we need to continue our focus on a range of staff experience aspects to ensure that we become a better place to work for all our staff.

For all the questions asked, improved responses and deteriorated responses broadly match. Along with the significantly improved response for career progression (up 4%), the question relating to bullying by managers has stayed the same (15% say that they have been bullied by managers) following a big improvement last year. We have focussed much of our attention this past year on addressing these two issues which were of particular concern.

Unsurprisingly, we have seen a deterioration in staff views relating to pay, staffing numbers and working additional hours. There has been a reduction in the number of staff being appraised although we have positive and improved scores relating to the impact of appraisal. As requested by many managers, we removed the appraisal window (April to July) and replaced it with a 12 month rolling appraisal period to give staff and managers time to ensure that appraisals are timely and meaningful.

<b>Most improved scores</b>	<b>2022</b>	<b>2021</b>
Feel organisation respects individual differences	69%	64%
Appraisal helped me improve how I do my job	37%	33%
Immediate manager asks for my opinion before making decisions that affect my work	60%	56%
Feel supported to develop my potential	55%	51%
Organisation acts fairly: career progression	48%	44%

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<b>Most declined scores</b>	<b>2022</b>	<b>2021</b>
Satisfied with level of pay	20%	28%
Received appraisal in the past 12 months	77%	83%
Don't work any additional paid hours per week for this organisation, over and above contracted hours	53%	56%
Enough staff at organisation to do my job properly	23%	27%
Enjoy working with colleagues in team	75%	79%

### **Supporting our staff and communities through the cost-of-living crisis**

One of our top priorities continues to be supporting our staff and communities with the cost-of-living. We are a member of the North Central London cost of living group which includes other NHS organisations and local authorities. Together, we are making sure that we are sharing with staff and our communities all the support available to them.

We have been supporting our staff in a range of ways including:

- producing a z-card (pocket size, fold-out leaflet) which summarises all the benefits available to them.
- working with Connected Communities, part of Haringey Council, and community groups in Enfield and Haringey to run a Community Advice Hub in our hospital. The Hub aims to improve access to local authority led community and voluntary sector support and services. This enables patients, residents, and staff at North Mid to access early help and preventative support on issues such as finance, housing and employment. Since opening in January 2022, the hub has helped over 600 people.
- working in partnership with Edible London to provide a food box subscription service to staff and reduce food waste.
- working in partnership with S.M.I.L.E charity to run an event swapping pre-loved clothes, books, shoes, accessories. This helped staff by providing an affordable way for them to refresh their wardrobe while also helping to recycle, reduce waste and make a positive impact to reduce environmental harm.
- Introduced a salary sacrifice scheme in partnership with Fleet Home Electronics and Currys to provide access to over 5,000 products. This includes the latest desktop computers, laptops, tablets, televisions, smart technology and domestic appliances.

### **Celebrating the dedication and loyalty of our staff**

There are many staff who dedicate their lives to public service, with many years served at North Mid. That's why we have introduced a new loyalty award. Those who have been part of the North Mid family for 1, 5, 10, 15, 20 and 25 years are now recognised at a ceremony and presented with badges and certificates.

### **George Cross for NHS and North Mid staff**

On 12 July 2022, the NHS and its incredible staff were awarded the George Cross from Her Majesty, Queen Elizabeth II. The sad death of Her Majesty has stirred up a wide range of emotions and feelings across the UK and the Commonwealth. She was the constant in our lives and a powerhouse for Britain - a figurehead and brand that many other nations across the globe have tried to emulate with their own heads of state.

The George Cross, the highest civilian award for gallantry, recognises the incredible dedication, courage, compassion and skill shown by NHS staff – from nurses and doctors to porters, cleaners, therapists and countless other roles – over more than seven decades, particularly in the face of the Covid pandemic.

This is only the third time the George Cross has been given to a collective body since its introduction in 1940, and it is granted in recognition of “acts of the greatest heroism or of the most courage in circumstances of extreme danger”.

This recognition is an incredible honour and we want to congratulate and thank each and every member of North Mid for their valuable contribution to our local community.

### **North Mid nurse awarded honorary MBE for work with children and young people**

In what would have been one of the final acts of her historic reign, Her Majesty the Queen awarded a senior North Mid nurse with an honorary MBE for services to nursing.

The award to Colette Datt, associate director of nursing for children and young people is officially known as ‘honorary Member of the Most Excellent Order of the British Empire’, and was confirmed on 7 September 2022, just 24 hours before the death of the late monarch was announced on 8 September 2022.

North Mid serves a population which has a higher proportion of children and young people than average and it is vital that we listen to, hear and respond to what this hugely important sector of our society tell us. Having one of brilliant nurse leaders’ work recognised in this way is an important sign we are heading in the right direction in how we do this, and North Mid is proud of her for championing and leading our work on this.

### **Celebrating and championing diversity at North Mid**

It is always such a pleasure to celebrate and champion the rich diversity at North Mid and in our communities. This included:

- Marking South Asian Heritage Month, an opportunity for us to commemorate, mark and celebrate South Asian cultures, histories and communities. We put a spotlight on staff around the Trust, from Dr Girija Anand, associate medical director of professional affairs and Nya Pertinaud, senior midwife and new co-Chair of our Ethnicities Network, who shared their stories to staff in our popular #ThisIsMe blog series.
- Marking Black History Month by hosting events celebrating Black history.
- Hosting our third annual equality, diversity and inclusion conference - an all-day conference with special guest speakers Dr Habib Naqvi MBE, Director at the NHS Race and Health Observatory, and David Lammy, MP for Tottenham.

### **North Mid Admin Academy launches during #LoveAdmin week**

We have over 700 members of admin and clerical staff at North Mid, all of whom are vital to helping us provide outstanding care for local people. That’s why in the last week of September, we held our first #LoveAdmin week, an opportunity for the Trust to celebrate and thank our admin and clerical staff for everything they do that contribute to the care we provide to patients.

To mark the occasion, we launched our Admin Academy, led by Shola Adegoroye, our chief operating officer and now, professional lead for admin and clerical. The Academy brings

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together all the learning and development opportunities available across North Mid and beyond for admin and clerical staff. We also held workshops with different areas of focus, including coaching, interview skills and supporting teams with wellbeing.

We rounded off the week with an awards ceremony, which received over 200 nominations from across North Mid.

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## 2.3 Outstanding care

We are committed to being an outstanding NHS provider.

**Our vision for outstanding care theme:** we are an outstanding organisation, deliver safe care every time, and are recognised nationally for our work on safety, mortality and morbidity.

Our strategic goal is that there are no moderate or severe harms or deaths in our care, and that we treat patients in A&E within 4 hours 100 per cent of the time.

We aim that by the end of 2025-26, we reduce by 50 per cent the number of moderate, severe harms or those resulting in death; and that we consistently achieve 80 per cent of patients being admitted from A&E within 4 hours.

**Breakthrough objective:** Our breakthrough objective is to improve our median discharge time by four hours.

### How have we been progressing with this objective?

2022-23 provided the opportunity to truly understand the root cause of delays in discharge across the Trust. Several focused improvement cycles in areas such as care of the elderly and community wards demonstrated small wins that set the trajectory for ongoing work into 2023-24. Although the annual target was not achieved, ongoing incremental progress was made to get our patients home earlier and facilitate flow from our emergency department.

### What else have we been doing to improve our services for patients?

#### Learning from Never Events

When mistakes happen, it's important that they become a learning opportunity for all of us, and we have worked hard to develop and embed a culture of learning at North Mid.

In April 2022, we held a patient safety learning event which was focussed on 'Never Events'. Never Events are wholly preventable patient safety incidents, which should never happen if the long-established safety procedures are followed. This learning event gave staff from across the hospital, both clinical and non-clinical, a chance to hear about the changes that have been made in response to these incidents and to think critically about how they can be part of reducing risks further.

#### Nursing leadership in the community announced as regional winner of NHS parliamentary awards

Belinda Okyere was announced as the London regional winner at the prestigious NHS Parliamentary Awards for 2022.

Recognised as a superb ambassador for North Mid, Belinda is the nursing lead for the Trust's ABC (Achieving a Better Community) Parents outreach programme.

ABC Parents is a parent education programme which provides new parents, with little or no knowledge of child health, the confidence to care for their child's common illnesses as well as provide lifesaving skills. Over 100 families have completed the programme, benefiting

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from free advice and support on basic life support, illness recognition, choking, allergy, vaccination education and first aid.

### **Improving adult red cell services with patients**

The North Mid hosted a series of listening events recently for adults living with sickle cell and thalassemia who are treated at the North Mid. The service has faced a number of challenges and we were keen for patients to be central to the improvement work. It was important to hear first-hand the concerns of people who use the services to help focus our improvement efforts.

The Trust has made progress, including significantly improving the time in which we administer pain relief for people living with a red cell disorder who come to our emergency department with acute pain, transforming our dedicated health and wellbeing centre - the George Marsh Centre in Haringey - for people living with these conditions and recruitment to a senior nursing post which will spearhead even more improvements in the service.

### **Caring kits for kids – 300 bag milestone**

Each year, over 25 children are brought to the North Mid by social workers or the police because they've been found home alone, wandering in the street, or need emergency care for neglect or abuse injuries. Sometimes they arrive only in the clothes they are wearing, and perhaps whatever is in their pockets.

For us, it is vital that we help these children feel less scared and try to make them feel valued. That's why three years ago we pioneered a Kid's Kit bag initiative, this provides a backpack full of new personal items that the child or young person gets to keep. This really makes an important difference, and shows these vulnerable young people that they are in a safe and caring place.

The initiative has now turned into a charitable organisation, Caring Kits for Kids, and has reached a milestone with 300 bags now donated for children who need to go into emergency foster care after they receive care from hospitals across the country.

### **North Mid nurse crowned Nurse of the Year**

Nursing care and leadership at North Mid was recognised nationally at the Nursing Times Awards in 2022 after winning two awards.

Anne Biggs, children's community matron, was announced as the Nurse of the Year and the children's allergy team came out on top in the managing long term conditions category for their comprehensive, compassionate and caring children's allergy service.

Anne Biggs picked up the award after judges praised her for transforming many lives with an outstanding understanding of allergy care. She has led the development of evidence-based allergy services that have had a significant impact, particularly for children with eczema.

The children's allergy team was praised for recognising an unmet need of children living with the debilitating conditions of undiagnosed food allergies, severe eczema, asthma, rhinitis, and the co-morbidities of infants with cow's milk protein allergy. The team developed a comprehensive and successful children's allergy service at North Mid, providing expert, responsive and accessible care to a large urban population in North London where 82% of families are from a minority ethnic group.

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### North Mid's Play Leaders crowned national Play Team of the Year

We couldn't be prouder of our play leaders at North Mid, who were crowned Play Team of the Year in October for their incredible work with young people across the Trust.

Starlight is a national charity for children's play in healthcare, supporting children to experience the power of play to boost their wellbeing and resilience during illness.

Keisha Young, Megan Davidson and Emma Lambert from Starlight Ward at North Mid picked up the national award in this year's Starlight's Health Play Awards. The team were recognised for going 'above and beyond' in improving the experience of hospital treatment for ill children and young people when in the Trust's care.

They work directly with children in the hospital, empowering them to understand more about their treatment, develop coping techniques, distract them during procedures and support their mental health whilst undergoing treatment.

### North Mid leaps into top 19% of digitally advanced Trusts in England

The Trust has achieved the Healthcare Information and Management Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) Stage 5 accreditation, going from fourth from bottom out of 232 Trusts for Digital Maturity to being within the top 19% of digitally most-mature Trusts. This has been the result of three years of incredibly hard work from the whole IT and Digital transformation team as well as clinical colleagues throughout the organisation.

NHSE 'Group 3'	40 Trusts; 19% of all Trusts	<b>HIMSS EMRAM Level 7</b>	4 Trusts; 2% of all Trusts	Alder Hey Children's Hospital Cambridge University Hospitals NHS FT Chase Farm Hospital Sunderland Royal Hospital
		<b>HIMSS EMRAM Level 6</b>	4 Trusts; 2% of Total	GOSH NHS Trust Liverpool Heart and Chest Hospital Newcastle upon Tyne Hospitals NHS FT Oxford University Hospitals NHS Trust
		Considered by NHSE to be 'equivalent' to <b>HIMSS EMRAM Level 5</b>	32 Trusts; 15% of all Trusts	<b>North Middlesex University Hospital NHS Trust</b> (formally accredited) plus 31 others - unknown how many have been formally assessed or accredited
NHSE 'Group 2'	128 Trusts; 60% of all Trusts	Deemed by NHSE to have an "existing EPR needs extension/optimisation to meet required standard"		
NHSE 'Group 1'	20 Trusts; 9% of all Trusts	Currently procuring or implementing an EPR		
NHSE 'Group 0'	25 Trusts; 12% of all Trusts	No electronic records at all		

Draft

The HIMSS EMRAM rating system is an international quality standard which measures the adoption and maturity of a health facility's inpatient electronic medical record capabilities from 0 to 7, with Stage 7 being the highest possible rating. According to HIMSS criteria, Stage 5 means that the Trust has established clear standards for improving safety, minimising errors, and recognising the importance of healthcare IT.

The Trust has delivered and achieved the quality, safety and efficiency benefits of our three-year Global Digital Exemplar Fast Follower programme. This national digital scheme aimed to support NHS trusts to improve their digital maturity and in turn help enable better health, better care, financial sustainability and better experiences for staff and patients.

Since then, the Trust has established a clinically-led digital leadership team, introduced a single electronic patient record so that all healthcare records are in one place, implemented electronic prescribing, electronic observations, electronic noting and single-sign-on for clinical applications.

We would like to thank our #DigitalNorthMid team for their incredible hard work over the last three years to get us to this international standard.

### **Frailty Awareness Month brings special guests to North Mid**

November 2022 marked our Frailty Awareness Month, where our teams worked hard to:

- increase the number of people over 65 who have received the clinical frailty score in our emergency department.
- encourage more people on our care of the elderly wards to stay mobile by hosting a number of events with partners.

During the month, we were joined by Bambos Charalambous, MP for Enfield Southgate, who spoke to teams about the importance of frailty care and what we're seeing at North Mid.

We also formally opened our Medical Day Hospital, a new £190,000 facility away from our Emergency Department. It is used by elderly and frail patients as the Trust's outpatient care of the elderly service, providing same-day emergency care and ongoing follow-up appointments in a frailty-friendly environment. We were joined by special guest and former Tottenham Hotspur club captain, Ledley King, who cut the ribbon and celebrated with our teams.

Draft

## 2.4 Sustainability

Financial Sustainability is fundamental to our present and our future.

**Our vision for the sustainability theme:** we deliver excellent healthcare to our local population by making sure we reduce waste and make the most of every pound we earn.

Our strategic goal is that we ensure we can deliver patient services without spending more than we earn each year.

The original aim was to steadily reduce the gap between what we spend and what we are given to spend over a three-year period:

2021-22 - by 20%

2022-23 - by 40%

2023-24 - by 40%

**Breakthrough objective:** Our breakthrough objective is to develop and fully deliver a recurrent efficiency programme, as defined by our Trust's annual plan.

### How have we been progressing with this objective?

The Trust approved an efficiency target of £15.1m for 2022-23 which comprised of the need for £10.7m recurrent savings and non-recurrent (one off savings) of £4.4m. This represented a significant financial challenge that equated to efficiency improvements of over 3% of our annual expenditure.

We are proud to report that the Trust delivered the full £15.1m of savings in the past year. Of the savings delivered £8.3m was recurrent with the remaining £6.8m achieved on a non-recurrent basis. The recurrent savings shortfall of £2.4m will carry forward to the 2023-24 savings target as we seek to further align our spending with the available funding.

The key contributions to our savings plan in 2022-23 included temporary staffing, a detailed review of all non-pay expenditure, medicines management and a reduction in business rates.

It is important to note that all efficiencies are subjected to an executive-led quality and equality impact assessment lead by our chief nurse and medical director to ensure that efficiency improvements do not adversely impact on safety/quality.

Our efficiency programmes focus on three key areas of the business with the following aims:

- Workforce – to reduce our reliance on temporary staff with an emphasis on agency staffing
- Productivity – to maximise what we do with the resource available to us
- Financial stewardship – to ensuring our spending represents ‘value for money’ and is spent in accordance with our financial policies and processes.

Draft

## What else have we been doing to improve our services for patients?

### Using evidence-based improvement techniques to reduce missed appointments and wasted materials

Our nuclear medicine team specialise in using radioactive materials to diagnose and treat disease in the body. It's not as science fiction as it sounds! It's a tried-and-tested method used widely around the world, particularly to treat life-threatening and chronic conditions.

Although this type of treatment uses very small amounts of radioactive substances in each procedure, the materials are both expensive and finite, so it's best practice for us to ensure we minimise any wastage.

Our nuclear medicine lead, Khadija Muhiddin and team, have adopted our Patient First improvement methods to identify opportunities to eliminate unnecessary wastage in their service, and to reduce the number of occasions when patients do not attend appointments or sessions need to be cancelled on the day. This has the dual positive impact of minimising inconvenience for our patients, and ensuring that our spend on these important medicines and materials is targeted efficiently for patient benefit.

### Decontamination services commence at Chalkmill Drive

In a boost for local employment and in our efforts to reduce our carbon footprint, we have engaged Chalkmill Drive decontamination unit, run by the Royal Free London to provide our decontamination services.

The reprocessing facility is located in Enfield just off the A10, and is a state-of-the-art sterile service reprocessing unit which decontaminates equipment safely and efficiently, offering a rapid turnaround service meaning that essential items of care equipment can return to circulation quickly. A team of over 90 staff are employed within the unit, which handles over four million medical devices per annum operating 24 hours a day, 365 days a year.

The change in provider will support employment in the local area and the units' green credentials are also a reason to celebrate. Electric vehicles play a vital role in the distribution network and in turn support the sustainability agenda. Delivery and collection schedules operate throughout the day and will help remove 4.8 tonnes of CO<sup>2</sup> emissions through the use of the electric fleet per annum, the equivalent of driving four times around the globe in an average car.

### New multi-storey car park

Staff, maternity patients, and visitors can now park in our brand-new multi-storey car park.

The five-storey car park has a total of 450 car parking spaces which includes 48 disabled bays on the ground floor and 45 electric car charging points plus lift and stair access.

The car park is open 24 hours a day, seven days a week and has been designed to be accessible to all.

The ground floor has disabled parking and is open to staff, patients, and visitors; maternity patients and visitors to our maternity department can park on the first floor; whilst the second, third and fourth floors are dedicated staff-only spaces.

Draft

### **Reducing waste in operating theatres**

Our matron for theatres, Theo Ellina, and our medical consumables buyer, Cindy Biagi, have worked closely together to cut nearly £50,000 of spending from our surgery budget, without impacting the quality or availability of materials our surgical teams need to have to hand.

By understanding the true needs of theatres staff and how they care for surgical patients – and in a number of cases driving hard bargains with suppliers! – Cindy and Theo have jointly reduced the total spend for vital surgical supplies, allowing the funds to be reinvested for further patient care.

Their efficiencies are also having an additional positive impact on our environmental footprint, through reducing use of single-use non-surgical items, such as drinking cups.

### **Introducing a faster, smoother financial ledger system**

Our finance department introduced a new financial ledger system called e-financials. This new financial management system allows faster and smoother processing and payment of invoices, supporting North Mid to meet not only its statutory commitments for timely payments, but to fulfil its wider role as an anchor organisation which supports a healthy local economy.

The new ledger system also offers more flexibility for budget managers to plan and review spending, by having real-time information at their fingertips, and offering ways to identify and achieve potential efficiencies.

Draft

## 2.5 Partnerships

To be successful at what we do, we must work in true partnership with others.

**Our vision for our partnership theme:** in partnership, we consistently improve the healthy life expectancy of our local population.

Our strategic goal is that we reduce the prevalence of the top five risk factors which contribute to the years local people live in poor health.

We aim that by the end of 2025-26, we reduce by 25 per cent the prevalence of smoking across Enfield and Haringey.

**Breakthrough objective:** Our breakthrough objective is to ensure that within the next 12 months, we are providing all patients and staff who we identify with a tobacco dependency with evidence-based advice on stopping smoking.

### How have we been progressing with this objective?

We took a giant leap closer to our breakthrough objective by launching our new Tobacco Dependency Treatment (TDT) service in October 2022 to provide specialist in-house support and follow-up care.

The Trust established a team of advisors to support the delivery of our commitment to tackle avoidable illnesses, by providing an in-house tobacco dependency service. Initially introduced in the Acute Medicine Unit (AMU) and in Maternity, the TDT service has been expanded to include the T5 ward (respiratory) and the Amber ward (inpatients over 65). The TDT service also receive and accept ad hoc referrals from other wards.

In addition to providing services direct to patients, the TDT has trained 1,505 staff in how to provide very brief advice about smoking cessation.

Recent data shows that 68% of inpatient smokers are identified as patients using services within the Medicine and Urgent Care Division, and 48% of those are identified on the Acute Medical Unit (AMU). This means that the TDT service is well placed to extend specialist support to a significant percentage of smokers who attend the Trust.

### What else have we been doing to work in partnership to improve the healthy life expectancy of our local population?

#### Integrated Care Systems become statutory bodies

On 1 July 2022 Integrated Care Systems (ICS) became statutory bodies in line with the Health and Care Act recently passed by Parliament. ICSs replace clinical commissioning groups to commission local services and as such, North Mid is now formally part of the North Central London (NCL) ICS.

The NCL ICS encompasses the boroughs of Barnet, Camden, Enfield, Haringey, and Islington and brings together local health and care organisations and local councils to work in joined-up ways to improve health outcomes for residents and tackle health inequalities that currently exist.

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### **Our Community Advice Hub goes from strength to strength**

Our Community Advice Hub received well-deserved plaudits after being 'Highly Commended' in the Place-based Partnership Award category at this year's HSJ Awards.

This prestigious acknowledgment emphasises the incredible hard work and importance of the Community Advice Hub which aims to reduce health inequalities within the local community.

The Community Advice Hub is run by North Mid and local partners. Its aim is to improve access to council and voluntary support groups and services for local residents, patients and staff. This includes early help and preventative support on issues such as finance, housing, and employment.

In 2022-23, 450 people were introduced to the Community Advice Hub for support.

We would like to thank Connected Communities (Haringey Council), Engage Enfield (Enfield Council), Age UK Enfield, Enfield Carer's Centre and Enfield Connections who have helped to make this service a reality.

### **London hospitals to run event for children and young people with sickle cell at the Tottenham Hotspur Stadium**

In the summer of 2022, over 300 young children, teenagers and their families enjoyed a fun and educational Summer Sickle Cell event.

The event was provided by the North Mid, University College London Hospitals NHS Foundation Trust and Whittington Health NHS Trust, and was hosted by Tottenham Hotspur Football Club at their White Hart Lane Stadium.

The event proved to be a major success and saw paediatric teams from the three London trusts team up to launch further support for local families affected by sickle cell disease. Families had access to support and advice from several charities that attended on the day and educational and inspirational talks including transition workshops to get families with young sickle cell warriors prepared for adult care.

Sickle cell is the most common inherited single gene disorder in the UK and affects primarily people of black African and black Caribbean ethnicity. Children and young people with sickle cell face a multitude of acute and chronic complications that can occur from early childhood.

### **North Mid a founding member of UCL Health Alliance**

The North Mid has joined forces with a number of healthcare and education organisations to form the UCL Health Alliance, a collaborative to enable effective partnership working to improve the outcomes and experience for the population we serve. This scope includes people across NCL as well as people travelling in across the wider region and in some cases nationally to receive specialised care.

Through the Alliance, NHS and university partners are working together to respond to the most pressing health and care priorities for our organisations and the communities we serve, and to rapidly put our findings into practice in health services, education and research. The Alliance looks at the whole pathway from prevention, to treatment and both physical and mental health needs.

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### **Establishing a Population Health Committee with Royal Free London**

The North Mid and Royal Free London are working together to improve health and reduce health inequalities among local communities. A new joint population health committee in common will bring together clinicians and leaders from both trusts, along with local government, GPs and the voluntary and community sector, to tackle the causes of ill-health and health inequalities.

Both trusts have long-established approaches to improving population health but the formal partnership between the two trusts was seen as an opportunity to achieve more together than could be done alone. Tackling inequalities in access, outcomes and experience is an important priority for the partnership.

The committee in common is developing a joint dashboard of health inequalities data. It is expected that reviewing this information across both trusts will help to identify inequalities and drive more targeted action to address them, both within each trust and in collaboration with health and care partners.

### **North Mid joins forces with the Metropolitan Police and Tottenham Hotspur Football Club to engage young people on reducing youth-on-youth violence**

Doctors, nurses and senior leaders from North Mid, local Metropolitan Police leaders in Enfield and Haringey, and representatives from the Tottenham Hotspur Foundation came together with local young people to discuss how to reduce youth-on-youth violence.

The 'Youth Innovation Hub' took place at Tottenham Hotspur Stadium in November 2022, and formed part of Metropolitan Police Commissioner Sir Mark Rowley's 100-day plan to deliver the best possible policing for London, through his mission of 'more trust, less crime and high standards'.

Community leaders and young people heard from North Mid staff about the health impact and the long-term consequences of youth-on-youth violence, including knife crime, in the local area. From October 2021 to October 2022, North Mid treated 831 people due to violent crime, including blunt and penetrating trauma injuries.

Following talks from staff at North Mid, the Metropolitan Police and the Tottenham Hotspur Foundation, young people took part in sharing ideas on what more could be done to better improve relationships with community leaders and how to make the local area safer. Community leaders made a commitment to use these ideas and align efforts across the public and voluntary sectors to make a genuine difference.

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# 2.6 Operational Performance

## Summary of activity and growth

Key Figures	2019-20	2020-21	2021-22	2022-23	19-20 – 20-21	20-21 – 21-22	21-22 – 22-23	Compound Annual Growth Rate 19-20 – 22-23
A&E Attendance	184,084	138,050	195,813	202,031	-33.3%	29.5%	3.2%	-0.6%
Outpatient Attendances	429,314	351,062	403,929	434,588	-22.3%	13.1%	7.6%	-1.6%
Admissions	80,215	56,884	68,912	69,148	-41.0%	17.5%	0.3%	-23.2%
Operation / Procedures	35,833	24,524	25,837	41,236	-46.1%	3.2%	59.6%	16.7%
Babies Born	4,515	3,911	3,943	3,805	-15.4%	0.8%	-3.5%	18.1%

The 2022-23 fiscal year presented significant challenges for the NHS and Trust. Despite the increased pressure on emergency care services and the need to address the backlog of elective and cancer waiting times, we have maintained our commitment to delivering safe, consistent, and timely care to our patients. The Trust's Patient First framework is designed to track our progress against key metrics and ensure that we continue to improve our services.

Our focus on cancer recovery has yielded positive results, with a notable reduction in the number of patients waiting for treatment. We have a strong culture of continuous improvement and utilise the Patient First Improvement System to enhance our performance against agreed measures and quality priorities. The monthly Strategic Deployment Review scorecard enables us to continuously monitor key datasets, including quality and finance, service-specific information, and deviations from agreed targets.

We are dedicated to maintaining operational performance against national and local standards, and our efforts are overseen by various committees, including the Trust Board, board level committees, the Urgent Care Board, the Access Board, and the Cancer Board. The Integrated Performance Report is presented to the board level committees and the Trust Board to ensure transparency and accountability.

Externally, the Trust is held to account for its operational performance by NHS England and its commissioners. As a Trust, we remain committed to delivering high-quality care to our patients and will continue to work towards improving our performance in the years to come.

Attendances in the Emergency Department (ED) increased by nearly 3% during 2022-23; this aligns to the national trend of increased ED attendances. There was also an increase in the number of outpatient attendances, admissions, and procedures during the past year due to greater collaboration between system partners in NCL, and increased Trust focus on productivity and efficiency. We saw a slight decrease (-3.5%) in the number of babies born at the Trust.

Draft

## Key Performance Measures

Table 1 represents an overview of the operational performance of the Trust from April 2022 to March 2023.

Overall, the Trust met 2 of the 17 standards. We continue to monitor several key metrics to track our performance and demonstrate our commitment to delivering safe, consistent, and timely care to both elective and emergency patients.

**Table 1 - Operational performance April 2022 to March 2023**

Indicator	Target 21-22	20-21	21-22	22-23
A&E 4 Hour performance (all types)	>95%	85.1%	73.1%	64.6%
18 Weeks Referral to Treatment (RTT) - Incomplete Pathways	>92%	79.8%	79.1%	82.2%
2 Week Wait - Suspected Cancer	>93%	59.8%	73.1%	81.1%
2 Week Wait - Breast Symptomatic	>93%	38.1%	21.1%	23.8%
31 Day Decision to Treat to Treatment	>96%	95.3%	94.4%	95.2%
31 Day Subsequent – Drug Treatment	>98%	94.3%	99.5%	95.6%
31 Day Subsequent - Radiotherapy	>94%	95.1%	96.1%	91.2%
31 Day Subsequent - Surgery	>94%	84.2%	91.4%	80.7%
62 Day Referral to Treatment	>85%	51.5%	51.5%	57.3%
62 Day Specialist Screening Service to Treatment	>90%	88.5%	80.0%	67.4%
Diagnostic Waiting Times	>99%	66.2%	85.8%	94.9%
Operations not rebooked within 28 days	0	26	21	17
Maternity Bookings within 13 weeks referrals received within 13 Weeks	>80%	92%	89.8%	91.0%
Clostridium Difficile (aged 2+) - hospital acquired / received	33	19	18	29
MRSA Bacteraemias - Hospital Acquired	0	4	1	1
Mortality (SHMI ) Rolling 12 Months (as at Nov 2021)	<100	93.1	94.0	101.6
Mortality (HSMR ) Rolling 12 Months (as at January 2022)	<100	94.3	107.4	109.1

## Emergency Care

The year 2022-23 saw further development of initiatives to minimise the time a patient spends in the ED or signpost patients to other services where clinically appropriate. We have continued to work in partnership with social care and other providers to increase the rate of discharges per day for those patients who are fit to leave the hospital. We have also strengthened our relationships with the London Ambulance Service to ensure we release ambulances on time and with the local GP Federation to improve the performance of our Urgent Treatment Centre (UTC).

The Trust has delivered a new performance management oversight of the pathway with each specialty developing plans to increase our same-day emergency care (SDEC) offer and drive compliance with the Patient First aspiration to discharge patients earlier in the day.

Despite our efforts, the Trust did not meet the four-hour emergency care standard and finished 2022-23 at 64.6% against a 95% target. The drivers for our performance include high bed occupancy, which meant only 10% of our patients were admitted to a bed within four hours.

The number of patients waiting longer than twelve hours extended significantly. We have continued to see an increase in attendances to the ED, with an increase of nearly 3% in attendances compared to last year, and the highest number of attendances for over six years. Low acuity attendance (no investigation or no treatment) grew exponentially through the year reaching over 50% of overall demand.

## **18 Week Waiting Times**

Similar to other organisations, delivery of the national 18 Week Waiting Times standard was challenging during 2022-23. Despite the challenges, we have managed to increase our elective activity compared to the previous year, which is a testament to the hard work our staff and the Trust's continued focus on productivity and efficiency.

Our performance against the 18-week target has improved, with 82.2% of patients treated within the 18-weeks, compared to 79.1% in the previous year. Throughout the year, we have also made significant progress in reducing the number of patients waiting over 78 weeks, and ensured that all patients waiting over two years for their treatment had been treated. Our Trust continues to have one of the lowest rates of patients waiting over 78 weeks in NCL for referral from GPs to initial treatment.

In addition, we have redeveloped our patient pathway reporting processes, which has improved the accuracy of reporting and, most importantly, led to more effective management of patients on their pathway to receiving care. We have also focused on clinical prioritisation and review of long waiting patients to ensure the most clinically urgent patients are prioritised for treatment, which has enabled us to allocate our resources towards those who need it most.

## **Cancer Treatment Waiting Times**

Our focus this year has been to ensure the continuity of cancer services and respond to increased demand whilst reducing the numbers and length of time patients wait for diagnosis and treatment. The Trust has worked collaboratively with neighbouring providers and the NCL Cancer Alliance to share resources and ensure timely access to diagnostics and surgery for all patients.

The Trust continued Cancer Recovery and Turnaround during 2022-23 and introduced an interim recovery and improvement governance structure to facilitate improvement. Cancer Turnaround was one of the Trust's highest priorities and as such was added as a Patient First Corporate Project. The Trust received improvement support from the NHS England Elective Care Improvement Support Team and NCL Cancer Alliance to diagnose the underlying issues affecting our ability to deliver sustainable cancer performance and identify improvement actions that have the highest impact.

During the start of 2022-23, the Trust was holding one of the biggest cancer backlogs proportionate to cancer Patient Tracking List size in the country. Due to our improvement work, the Trust's 62+ day backlog has reduced significantly to the lowest level in over three years and below the national average.

Draft

Performance has increased across five of the eight cancer specific measures. The Trust did not achieve the two-week wait standard for suspected cancers or for patients with breast symptoms. However, performance increased substantially for two-week wait standard for suspected cancers to 81.1% in 2022-23 compared to 73.1% in 2021-22. Performance against the 62-day standard from GP referral to first treatment was 57.3% in 2022-23, which is an improvement compared to 2021-22.

The Trust is committed to the delivery of all national cancer standards and recovery plans are in place to work towards achieving the 28-day faster diagnosis standard during 2023-24 and continue to reduce backlogs to sustainable levels.

Whilst there has been improvement in some areas, the Trust acknowledges the negative impact on patients of not achieving key constitutional standards and we apologise for this. The Trust continues to prioritise capacity and resource to deliver cancer-related pathways and treatments as effectively as possible.

## Diagnostic Waiting Times

Performance against the Diagnostic Waiting Times standard has improved significantly to 94.9% in 2022-23 compared to 85.8% in 2021-22. Whilst the Trust is not compliant overall with the standard, multiple modalities achieved over 99%, and there was continued improvement in performance throughout the year.

The Trust has increased the capacity and access to diagnostic tests with the use of mobile CT and MRI machines on site, offsite additional working, and patients travelling to independent providers for their diagnostic test. We also increased our reporting capacity to ensure diagnostic procedures can be clinical reviewed and reported as quickly as possible. The Trust has worked collaboratively with system partners to ensure our patients have access to Community Diagnostic Centre scanning capacity. The Trust has invested in a new purpose-built MRI suite, which adds a second permanent scanner to our existing capabilities. The new MRI has improved our ability to scan complex clinical cases, including for the first time, ventilated patients, helping the Trust meet the imaging needs of our local community.

## Infection Control

### Clostridium Difficile Infection (CDI)

The Trust reported 29 cases of hospital onset healthcare associated (HOHA) CDI cases in 2022-23. Whilst this is an increased compared to the previous year, it is below the target of 33 cases. All CDI cases received a post infection review and aligned to the processes outlined by the North East London Commissioning Support Unit CDI management.

### Methicillin Resistant Staphylococcus Aureus (MRSA)

The national objective for all NHS Trusts in England from 2013 was to have zero avoidable MRSA bloodstream infections. In 2022-23 there was one case of MRSA bacteraemia reported by the Trust, which is comparable to 2021-22. The case was subjected to a post infection review to identify any learning. Clinical teams developed improvement plans that were presented at and monitored through the Trust's Infection Prevention and Control Committee.

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## Sustainability and energy efficiency

In 2022-23 the Trust's total energy consumption fell by 7.0% to 32.8 million kWh (kilowatt hours). Within this total, electricity consumption was 2.3% lower at 14.4 million kWh, whilst gas consumption decreased by 10.3% to 18.4 million kWh – this was a consequence of 2022 being the warmest year on record. The Trust's solar panels contributed some 54,000 kWh to the electricity consumption, whilst the Combined Heat and Power (CHP) plant generated 115,000 kWh of electricity. Water consumption increased by 6.1% to 105.6 million litres.

The government's Carbon Reduction Commitment funding ended in 2019, with the funds previously raised now being generated by an increase in the Climate Change Levy (CCL) on energy bills; however, the Trust continues to make progress towards reducing the level of carbon emissions generated by its operations and in 2021-22 our carbon dioxide (CO<sup>2</sup>) emissions from energy consumption decreased by 15.0% from 7,151 tonnes to 6,107 tonnes.

The Trust has committed itself to procuring electricity from renewable sources and all electricity purchased by the Trust in 2022-23 from NPower is supported by Renewable Energy Guarantees of Origin (REGOs). The REGOs issued by NPower certify that a proportion of electricity supplied comes from wind or solar energy generated in the UK. This means that our CO<sup>2</sup> emissions for electricity are effectively zero and the net CO<sup>2</sup> emissions for 2022-23 amount to 3,359 tonnes in respect of gas consumed.

The original target for the NHS was a reduction in CO<sup>2</sup> by 2020 of 34% compared to 1990. After allowing for the increase in the size of the estate following the implementation of the Barnet, Enfield and Haringey Clinical Strategy in 2013-14, the Trust has achieved an overall reduction in CO<sup>2</sup> emissions, before taking account of renewables, on its annual energy consumption of 46%.

The Trust continues to explore and put in place other initiatives that reduce the Hospital's impact on the environment. This includes almost the complete elimination of harmful anaesthetic gases such as Desflurane, and increasing our usage of recycling rather than sending waste direct for incineration or landfill.

### Achievements during 2022-23 in partnership with Bouygues

#### Environmental:

- Monthly energy forum now in progress.
- Installation of 2 new gold-efficiency Daikin Chillers.
- Hospital-wide Smart Meters have been installed on all incoming main power supplies to monitor energy consumption.
- An EV charging point has been installed to support the role of an electric vehicle fleet for Bouygues employees. The Energy Intervention program has been implemented on site.
- Future Motors – A trial has begun to find a suitable AHU to trial the newest next-gen switched reluctance motor
- Phase 1 of the replacement of LED lighting within the retained estate (IT department) has been completed.
- Ongoing trial for digital taps which will contribute to a reduction in water usage.

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## **Sustainability:**

- Internal accreditation for ECOSITE – Bronze Award.
- Implemented a chemical-free closed loop system “Elysator”.
- Cycle to work – staff are continually encouraged to cycle to work to support the company’s clean air initiative.

## **Social Value:**

- Bouygues is hosting an art competition for the children in the paediatric assessment unit and their artwork has been displayed on the hoardings around the new Day Surgery Unit build.
- Bouygues attended a recruitment day with Trust staff to offer careers advice and opportunities in the local area.
- Launching of the Iron Man Crisps Packet Project to repurpose crisps packets into blankets.

## **Future plans:**

- The new Day Surgery Unit build will be installed with automatic LED lighting control, high-spec installation, and additional sub-meters to monitor energy usage.
- A feasibility study will be undertaken to explore rainwater collection and using PV panels to charge the UPS system is being explored.
- We are considering introducing Camfridges, a new generation of low-carbon cooling products. Coolnomix idea to fix this energy-saving technology on the retained estate's refrigeration and air conditioning systems.
- The traditional fluorescent lights located on the lower ground of the main building will be replaced with LED lighting.
- We are starting a project to improve upon air quality, air pollution and biodiversity on site with Edible London.
- A site has been selected outside the front of the hospital to create a new garden which will decrease CO<sup>2</sup> levels produced by the carpark and traffic on Bull Lane.
- We will also look to expand our work with Edible London looking into creating a kitchen/store to hand out food to staff to help with the cost-of-living crisis. This will provide local volunteering opportunities.

## **Achievements during 2022-23 in partnership with Sharpsmart Total Waste Management**

NHS England have recently launched a new strategy which focuses on improved waste segregation across healthcare waste. Three main targets set are to reduce CO<sup>2</sup>e by 50% by 2026, achieve 60% diversion to offensive waste by 2026 and reduce the cost of healthcare waste by 15% by 2030. The goal is to reduce the waste sent for treatment and high temperature incineration down to 20% each to provide a 50% reduction of CO<sup>2</sup>e produced from healthcare waste management.

Since awarding the new total waste management contract to Sharpsmart in October 2022 the Trust has made significant improvements by moving from 8% offensive waste to now tracking in the region of 30% per month. This has seen a monthly reduction of CO<sup>2</sup>e of approximately 5 tonnes per month. We will be carrying out a site wide training program and launch of the bag to bed system to further improve this with the aim to exceed the NHS England strategy by the end of 2023, which is two years earlier than targeted.

The overall impact of this project is expected to provide an annual CO<sup>2</sup>e saving of around 110 tonnes per month; this will achieve around 48% reduction of CO<sup>2</sup>e bringing us close to the 50% target by 2026. With further opportunities to drive CO<sup>2</sup>e down through further segregation from clinical waste streams into recycling streams within the departments. This project is also expected to reduce the overall spend on healthcare waste by around 8% on an annual basis which takes up over halfway to the 2030 target in year 1.

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## 2.7 Financial Performance

The NCL Joint Health Overview and Scrutiny Committee is asked to note that Part 2.7 specifically relates to the requirement on the Trust to produce an Annual Report.

This section is still subject to internal governance arrangements and approval. As this section does not form part of the requirements to produce a Quality Account this has been redacted at this time.

Draft

# Part 3 - Accountability report

The NCL Joint Health Overview and Scrutiny Committee is asked to note that Part 3 specifically relates to the requirement on the Trust to produce an Annual Report.

This section is still subject to internal governance arrangements and approval. As this section does not form part of the requirements to produce a Quality Account this has been redacted at this time.

Draft

## Part 4 - Quality account

This section presents the Quality Account for 2022-23. The Quality Account is a narrative report accessible to patients, carers, professionals and the public. It details the Trust's commitment to quality through the standard of services we provide. It is important for the Trust to be able to share the improvements made to the services we deliver to local communities and stakeholders. The Trust measures the quality of services by reviewing patient safety, the effectiveness of treatments that patients receive and patient feedback.

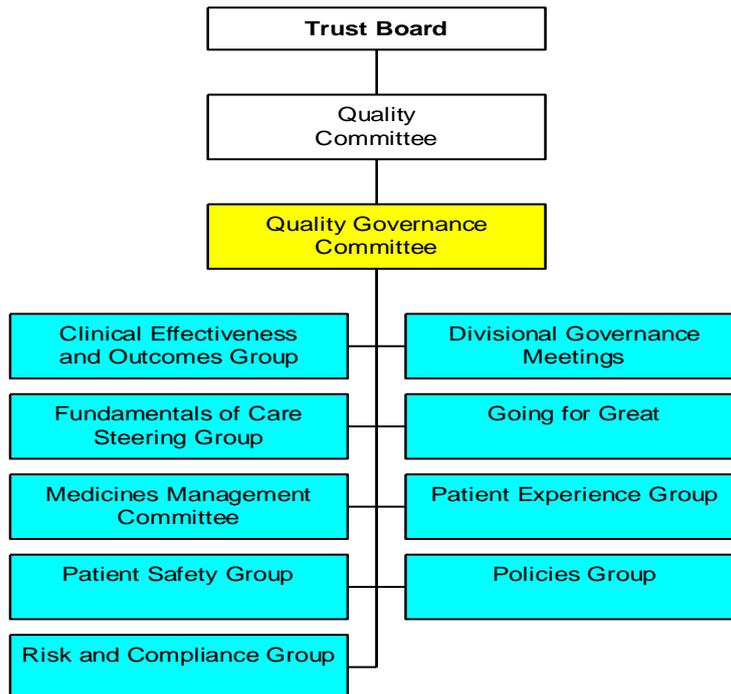
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## How Quality is Embedded

The Quality Governance Committee is the trust wide operational committee with oversight for all aspects of quality. The four divisions; “Medicine and Urgent Care”, “Surgery, Anaesthetics, Critical Care and Associated Services”, “Women’s, Children’s, Cancer and Diagnostics”, and Community Services, as well as Trust-wide quality governance teams collaboratively review and progress all aspects of quality governance through this committee.

Figure 1 shows the reporting structure through to the Trust Board filtering back down to ward-level quality outcomes. This is in-line with previous years 2022-2023 structure.

Figure 1



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## Care Quality Commission (CQC)

North Mid is required to be registered with the CQC and is currently registered for the following regulated activities:

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

### Going for Great

The Trust is committed to ensuring quality standards for its service users are consistently delivered. The remit, aims, deliverables and goals of the Going for Great Steering Group have been set out in a project charter that has been identified as an objective under the Patient First strategy. Underpinning the programme of works for Going for Great is the

continual development of a robust assurance framework which aims to work alongside divisions to achieving its vision.

The Trust continues to develop an awareness of regulatory standards as the golden thread that connects patient care to good quality outcomes. Such activities will ensure supporting divisional teams to assess their services under a standardised framework will enable teams to realise their potential at achieving an outstanding CQC rating.

## Inspections

The overall rating for the Trust has remained as ‘Requiring improvement’ since 2019 following completion of the last full inspection. A copy of the full inspection report can be access via the CQC’s website – see [www.cqc.org.uk/provider/RAP](http://www.cqc.org.uk/provider/RAP).

<b>Overall Requires Improvement</b>	Safe	Requires improvement	●
	Effective	Requires improvement	●
	Caring	Good	●
	Responsive	Requires improvement	●
	Well-led	Requires improvement	●

### CQC inspections & ratings of specific services

Medical care (including older people’s care)	Requires improvement	●
Services for children and young people	Requires improvement	●
Critical care	Good	●
End of life care	Requires improvement	●
Surgery	Good	●
Urgent and emergency services	Good	●
Maternity	Good	●
Outpatients	Requires improvement	●

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### The CQC did not take enforcement action against the Trust during the last financial year.

Since 2020 the approach to inspection by the CQC has changed with a shift from full inspections of core services to intelligence guided inspection driven by data based on concerns or other triggers that the CQC may be monitoring.

In addition, most inspections will now focus on individual specialties as opposed to looking at a core service; as a result of this approach not all CQC inspections will impact on a Trust’s overall rating.

In July 2022, North Mid received an unannounced focused CQC inspection which reviewed the Emergency Department (ED). The CQC did not rate this service at this inspection, therefore the previous rating of ‘Good’ remains.

The ED, which falls under the regulated activity of Urgent and Emergency Care, was inspected in response to concerns raised about the quality of care provided. The CQC had

noted the high number of ambulances being delayed from handing over their patients to the ED.

The CQC identified several areas of good practice across the inspected services:

- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments.
- Staff identified and quickly acted upon patients at risk of deterioration.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported, and valued. Staff were focused on the needs of patients receiving care. Staff were also clear about their roles and responsibilities.

The inspection also noted a number of areas of focus that require improvement:

- The Trust should ensure that it works more closely with NHS ambulance services to review opportunities to allow ambulance crews to off-load patients more quickly.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were below national performance.
- Not all staff were up to date with their infection prevention and control training.

## Quality Performance

Data pertaining to quality performance in line with the standard operating framework can be found in Section 2.6 - Operational Performance in Part 2.

## Digital Strategy

North Mid prides itself on being ambitious, inclusive and forward-thinking. As part of the Trust's Patient First approach to healthcare, the #DigitalNorthMid team endeavours to challenge digital boundaries and position the hospital as digital thought leaders.

### #DigitalNorthMid

Outlined in Section 2.3 – Outstanding Care of Part 2, are details of how the Trust has achieved Healthcare Information and Management Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) Stage 5 accreditation, going from fourth from bottom out of 232 Trusts for Digital Maturity to being within the top 19% of digitally most-mature Trusts. Section 2.3 also outlines how the Trust has completed its three-year Global Digital Exemplar programme which has delivered quality, safety and efficiency benefits.

Achievement of HIMSS EMRAM Stage 5 accreditation has set the foundations for the next phase of the Trust's digital development, which includes empowering patients to manage their own appointments, accessing their hospital records online, and making greater use of hospital and population health data to address health inequalities and improve care.

All of this has set the foundations for the next phase of the Trust's digital development, which includes empowering patients to manage their own appointments and access their hospital records online, and making greater use of hospital and population health data to address health inequalities and improve care.

### **Empowering our patients and staff**

In the last year we have made really good progress on the "People" pillar of the Digital strategy, supporting digital inclusion for staff and patients:

- For staff, we have introduced a new digital learning platform to complement our mandatory and statutory training platform, it includes a digital gap-analysis / self-assessment which points colleagues to the right online courses
- For our patients we have introduced self-check-in and have begun the rollout of our Zesty portal app which will allow patients to book, re-book and manage their own appointments.

#### **Case Study – Electronic Vitals and Observations**

We have been using e-vitals in our inpatient wards for almost three years and more recently going live in our ED. Instant benefits for our patients and staff include:

- Clinical Oversight – providing a global view for teams of patients' observations, making it easier to spot, monitor, and treat the people who are most unwell.
- Safety Culture – door to door monitoring; observations from arrival in the ED, through ward stay, to discharge meaning we can better support flow by helping our patients as they move along their care pathway.
- Digital Transformation – bringing the ED in line with systems used at other EDs across London and continuing the Trust's evolution in unifying its electronic patient record.

### **Improving our efficiency through Digital**

Single sign-on has changed the way our teams access clinical systems at North Mid. This innovative piece of technology is exactly what it says on the tin – staff no longer need to repeatedly type usernames and password to access the computers and applications we use on a daily basis to deliver care. Since introducing the system:

- 92% of our most commonly used clinical systems are available through single sign-on.
- 1,800 staff currently use it.
- 45,000 successful sign-ons every seven days.
- Over 12 million single sign-on events since we introduced it last year.

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## **North Mid in the Community – Digital Integration**

During 2023-24, along with the rest of the Trust, IT and Digital will be welcoming our new North Mid in the Community colleagues. Integrating Enfield Community Services is a complex task including many digital workstreams such as migrating the RIO community electronic patient record system, buying new kit and infrastructure (laptops, PCs, network and telephony) for all the community sites and welcoming our 600 new members of staff ensuring that we provide them with fast and effective IT and Systems support.

## **Infection Prevention and Control**

### **Covid-19 operational challenges and response**

Covid-19 has continued to be a challenge and throughout 2022-23 the Trust entered the third year of the pandemic with proportionally high numbers of Covid-19 cases in both patients and staff in line with our local preparations. The emergence of the Omicron variant of Covid-19 resulted in some wards being closed due to outbreaks and high numbers of staff Covid related absence. The Trust continued to implement robust control measures to combat the spread of Covid 19 and to support patient flow through the hospital.

In addition to outbreak meetings, the infection prevention and control team introduced daily Covid-19 operational meetings to:

- support the site managers with flow and to reduce the risk of further onward transmission.
- ensure continuity the daily meetings continued at weekends and involved the tracking of all patients identified as contacts.
- ensure patients identified as contacts were managed appropriate, if they became positive then rapid isolation and reduced the risk of onward transmission.

North Mid reported low numbers of hospital onset Covid-19 cases compared to similar Trusts across London (UKHSA data), due to early identification of patient contacts, daily screening and appropriate isolation management. In addition to supporting with Covid-19, the infection prevention and control team maintained the wider healthcare associated infection agenda in accordance with the Health and Social Care Act (2008) 'The Hygiene Code'.

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# 4.1 Looking Back: Our Quality Priorities 2022-23

## Patient First

The Patient First programme forms the bedrock to achieving the Trust's Quality Priorities ensuring the continuous focus of the Trust's strategic goals within the three statutory domains of quality:

- Patient Safety
- Clinical Effectiveness:
- Patient Experience

Details of the Patient First strategy are set out in Part 1.

2022 saw incredible accomplishments and advancements in how the Trust is accountable, across all levels of the organisation, for delivering the Trust's strategy. The Trust successfully implemented and iterated Strategic Deployment Reviews. The executive directors, along with the clinical divisions and corporate teams used scorecards in these reviews to monitor performance of metrics, that define improvements within an area of the organisation. SDRs ensure alignment with our strategy and accountability for performance from leaders across organisation.



Details of progress during 2022-23 against the five Patient First themes is set out in Part 2.

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# Patient Safety

## NHS Patient Safety Strategy

Patient safety is about maximising the things that go right and minimising the things that go wrong. It is integral to the NHS' definition of quality in healthcare, alongside effectiveness and patient experience.

The NHS launched the Patient Safety Strategy in 2019. The strategy set out what the NHS will do to achieve its vision to continuously improve patient safety.

- improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight).
- equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement).
- designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).

For further information, please refer to <https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/>

## Patient Safety Incident Response Framework

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

During 2022-23 the Trust has taken initial steps to implement the requirements of PSIRF including identifying resources for coordination of the programme, development of patient safety partner roles, improvements to risk management reporting system to work towards alignment with the new national reporting systems, as well as streamlining the management of patient safety alerts in line with the national guidance.

## Patient Safety Specialist

As part of the implementation of the Patient Safety strategy, all organisations are required to have patient safety specialists in post. Patient safety specialists are individuals in healthcare organisations (predominantly in NHS providers and Integrated Care Boards, but also in some independent providers and arm's length bodies) who have been designated to provide dynamic senior patient safety leadership.

Each patient safety specialist is dedicated to providing expert support to their organisation and is expected to have direct access to their executive team, this facilitates the escalation of patient safety issues or concerns. They also play a key role in the development of a patient safety culture, safety systems and improvement activity.

During 2022-23 the Trust successfully approved a business case for the recruitment of a stand-alone patient safety specialist role, recognising the national mandate and successfully recruited to the role in March 2022. This role will report to the Deputy Chief Nurse, with an initial focus on coordinating the implementation of the PSIRF.

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## Serious Incidents (SIs) and Never Events

During 2022-23, 67 incidents met the threshold as reportable Serious Incidents. Refer to Reporting against core indicators / Domain 5 in Part 4.2 below for a further breakdown of incident numbers and SI categories.

### Never Events

NHS England describes Never Events as:

‘Serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.’

During 2022-23, four incidents met the Never Event criteria. Table 29 below provides a summary of these incidents. Immediate safety actions were implemented following each incident coming to light. Key learning and areas for improvement were identified through the investigation process and all actions were monitored for completion via the divisional and Trust-wide governance assurance processes.

All patients, families and carers were contacted in line with ‘Duty of Candour’ requirements and given the opportunity to contribute to the scope of the investigation. Final investigation reports have been shared and meetings offered to respond to any questions, further clarification or concerns.

**Table 29 – Never Events**

Reported (Quarter)	Division	Incident Category / Description
Quarter 1	Women, Children, Cancer and Diagnostics	Surgical / invasive procedure - retained swab.
Quarter 2	Surgery	Surgical / invasive procedure - retained gauze pack.
Quarter 2	Surgery	Surgical / invasive procedure - laser eye procedure.
Quarter 4	Surgery	Surgical / invasive procedure - regional anaesthesia block.

### Learning Events

Over the course of 2022-23 the North Mid held a number of learning events to provide a forum and safe space for staff and wider stakeholders to share, discuss and learn from key themes and issues impacting patient and staff safety. Learning events are a key conduit for sharing learning across the organisation from ward to board.

Learning Events held during 2022-23 included:

- **Learning from ‘Never Events’** – The event covered learning from recent Never Events, including the impact on patients and staff. The event was attended by a number of external stakeholders who provided positive feedback praising Trust staff for their openness, vulnerability and demonstrating a true commitment to making improvements and acknowledging the patient experience.

- **Learning from absconson incidents** – The event focussed on:
  - Learning and reflection on the findings of four previous Serious Incidents whereby patients came to significant harm (death).
  - Considering how to use the learning as individuals and teams.
  - Identifying how we can share the learning in our various work areas.
- **Patient safety learning** - The event covered a number of presentations and discussion in regards to 'Empathy, the human connection', a patient story, 'the acute blood shortage across the NHS, the Trust response and lessons learnt' amongst other topics.

### Peer review of theatres

During 2022-23, the Trust commissioned an independent peer review of theatres by the Association for Perioperative Practice. The review primarily focussed on:

- Reviewing practice processes currently being used
- Workforce and staffing
- Theatre utilisation

Key areas identified as demonstrating good practice:

- An excellent team spirit, openness and honesty from all the staff at all levels including the managers and medical staff that were engaged with over the course of the review. Very open culture.
- Good care, respect, and compassion are shown to patients.
- The department supports both nursing, operating department practitioners and midwifery students. This was seen positively by the staff.
- Theatre huddles every morning with all staff present to discuss any incidents or concerns from previous day and areas of concern around the planned activity of the day ahead.

Key areas highlighted as representing safety concerns related to:

- The implementation and engagement of the five steps to safer surgery across all specialities.
- A structured policy for accountable items, swabs and instruments used across all theatres.
- The labelling of drugs on the theatre trolleys using sterile labels.
- Improvement of staffing establishments. The review acknowledged the business case submitted for investment to increase staffing levels for planned improvements in surgical productivity and the investment in practice development will affect practice.

As a result of the peer review the Trust commissioned the Association for Perioperative Practice (AfPP) to carry out a fully accredited audit surrounding the recommendations pointed out in the peer review.

Accreditation assesses the quality of the processes followed by healthcare providers allowing users to recognise the highest quality care and to continually raise standards in the longer term. The AfPP accreditation process does not accredit an individual's capability but awards a seal of approval – an accreditation mark – to theatre departments showing they meet the defined set of accreditation criteria in processes used to deliver healthcare, this links to quality assurance, ethical issues, and the reduction of medical error, and ultimately to improving standards of care within the perioperative environment.

## Patient Experience

Patient experience is at the heart of all that we do at the North Mid. We encourage and welcome feedback about the quality of care provided to patients as a means of continually assessing and improving our services.

During 2022-23 the Patient Experience Strategy has been developed, providing a refreshed approach and focus to ensure that all patients have a positive experience of our services whilst under our care. The strategy will be launched in 2023-24 along with the new Patient Safety Partner (PSP) roles as outlined in the NHS National Patient Safety Strategy. The PSP role provides patients, carers, and other lay people with the opportunity to support and contribute to a healthcare organisation's governance and management processes for patient safety.

Key sources of patient feedback include complaints, compliments, the Patient Advice and Liaison Service, and the Friends and Family Test, all of which are discussed in more detail.

Other sources of patient feedback include the Care Quality Commission Inpatient Survey (2021). Participants responded to 67 questions regarding their inpatient experience and the survey highlighted the following:

### Where patient experience is best

- ✓ Noise from other patients: patients not being bothered by noise at night from other patients
- ✓ Disturbance from hospital lighting: patients not being bothered at night by hospital lighting
- ✓ Help to wash and keep clean: patients getting enough help to wash and keep clean
- ✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night
- ✓ Information about medicines to take at home: patients being given information about medicines they were to take at home

### Where patient experience could improve

- Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital
- Including patients: patients feeling included in nurses' conversations about their care
- Talking about worries and fears: patients feeling able to talk to staff about their worries and fears

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The Trust has improved its feedback mechanisms making it easier for patients to share the experiences. This includes:

- We also continue to develop the Trust patient story programme, seeking to regularly capture experiences to further support service development.
- A landing page for the four maternity touch points has been agreed to capture post birth feedback in the postnatal ward.
- Two feedback kiosks are now located in the main Hospital atrium.
- Feedback cards were delivered with the first 10 stations.
- The Trust's FFT provider, Healthcare Communications, visited the Trust on 16 February 2023 and delivered a face-to-face training session on the Envoy System where staff were taught how to generate their own graphs and charts regarding FFT data; this can then be displayed on their wards.
- A contract has been agreed with Healthcare Communications to implement SMS automation across community services and all inpatient areas.



## Compliments

During 2022-23 the Trust logged a total of 225 compliments. Compliments related primarily to staff demonstrating Trust values and behaviours, representing positive feedback relating to all divisions.

Compliments are displayed on Patient Experience Boards across the hospital to showcase the positive experiences we wish to provide all patients under our care.

## Patient Advice and Liaison Service (PALS)

A total of 2,769 PALS cases were received in the financial year. A review of the data indicates that there continues to be a decline in cases related to Covid-19, storage of personal possessions, visiting times and waiting periods for test results, surgery, and appointments. This has been because of restrictions being lifted since the lockdowns associated with the Covid pandemic. Review and updates to visiting times, supported by proactive communication with family and friends, has also supported the reduction in these types of concerns.

Top 3 themes	Total
Appointments [outpatient]	1069
Communications	677
Values and Behaviours (staff)	392
Total	2138

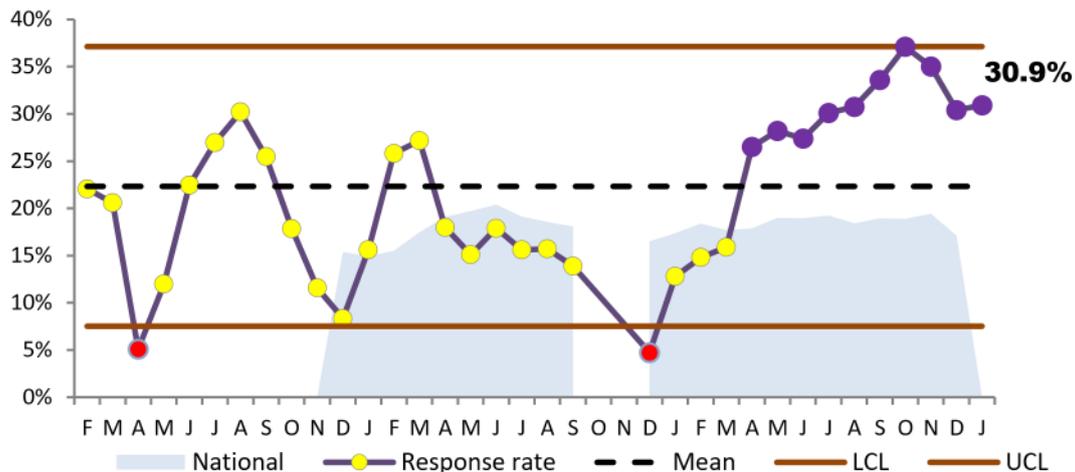
## Friends and Family Test (FFT)

The Friends and Family Test continues to be promoted and is available in multiple formats and languages. Routinely listening to the views of patients helps identify what we are doing well and highlights what can be improved. The FFT is the NHS tool of choice for routinely collecting feedback from our patients and service users as they experience their moments of care in our Trust. There has been increased scrutiny and progress monitoring of the response rate over the past year in recognition of the importance that integrity of the data plays in providing the insight and learning opportunities to improve patient outcomes and experience.

There have been challenges in improving the response rate across all Trust services which stood at 11% in 2022-23 (8.3% in 2021-22) compared to a national average of 18%. However, considerable quality improvements have been made using the A3 methodology as part of the Patient First programme. These include extending the tools used to collect data and make this more accessible for patients, including the use of QR codes, text messages, kiosks, cards and online methods, and tailoring these to the different service areas and the specific needs of patients.

The patient experience team are supporting clinical teams by holding weekly surgeries to discuss any issues and provide training for frontline staff; our systems provider (HCC) is putting on regular training to help staff understand and analyse the FFT data for their areas. Actions are being taken to increase the visibility for the FFT and to ensure all patients have the opportunity to feedback whenever suits them and in a format they understand.

The FFT response rate for inpatient services improved from 26% in April 2022 to 30% in January 2023 (highest response rate achieved was 37% in October 2022) this compared to the national average of 18%.



Data source: Trust / NHS England

Date range: Feb-20 - Jan-23

Overall, 79.3% of our patients told us they were satisfied with their experience at the Trust.

### Volunteers

During 2022-23, 52 volunteers were recruited to provide assistance:

- with meeting and greeting at main reception
- in pharmacy
- in maternity
- in the ED
- in the dietetics department
- in paediatric areas
- as Pet as Therapy
- on wards – Stroke Unit, Surgical2, AMU and Podium1

In June 2022 the Trust celebrated National Volunteers week and held a tea and cake morning to show support and appreciation to all our volunteers who make a significant contribution to how we deliver care and services at North Mid.

### Pet therapy

The Trust recognises the potential benefits Pet Therapy can have on patients' experience. The value of pet 'therapy' is widely accepted as a powerful aid to stimulation and communication. Studies have shown that the presence of companion animals can improve the well-being of patients and lower the rate of anxiety, simply by making the hospital environment happier, more enjoyable, and less forbidding.

Trial visits were undertaken during the year by Performing Pets with budgies and a parakeet. They visited a number of wards including Starlight, the children's ward, and the Paediatric Day Assessment Unit. Patients, parents, visitors as well as staff thoroughly enjoyed the visits. The Trust has agreed for Performing Pets to visit monthly with different small animals.

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## Music as therapy

Music Therapy interventions have been found to have beneficial effects on ill health and is recommended by the National Institute for Health and Clinical Excellence (NICE) as a therapeutic tool combined with conventional therapies. The benefits of live music for the health and wellbeing of patients have been well documented.

Funding for this project has been secured from the Enfield Mayor's Office by the North Mid Charity for a soloist musician to provide 24 half-day sessions for 6 months during 2023. The musician will be onboarded as a volunteer.

## Information for inpatients

The Information Booklet for Inpatients was updated and finalised in November 2022. The booklet provides useful information about Trust services and what to expect as a patient. The North Mid Charity provided funding for the booklets to be included in personal packs to be given to all patients admitted to inpatient areas. 1,815 packs were delivered in January 2023, this included:

- Adult welcome pack
- Adolescent welcome pack
- Children's activity pack

In addition, a 'Calm Bag' for adults/adolescents with learning disabilities or Autism has been ordered and will be implemented. This was first launched at Leeds Hospitals with very positive outcomes and feedback.

## Chaplaincy

Our chaplains provide highly skilled and compassionate pastoral, spiritual or religious support for our patients, carers, and staff.

We have invested in the employment of a Muslim Chaplain to cater for our population at the North Mid. The general visitation of Muslim patients has increased since a Muslim female Chaplain, Rabiya Mehter, started in February 2023. The Trust is aiming to recruit a Roman Catholic female Chaplain.

Trust activity to mark faith celebrations (Pesach, Ramadan, Easter, Eid) has improved the visibility of the spiritual care and chaplaincy team balanced against the daily ward visits and Palliative Care team co-working. The team routinely provides staff training and well-being support on a weekly basis. In addition, the team leader chairs the Organ Donation Committee and is a member of the Clinical Ethical Panel.

Responding to Trust requests to be involved in faith celebrations (Pesach, Ramadan, Easter, Eid) has improved the visibility of the Chaplaincy team balanced against the need to continue with daily ward visits and Palliative Care team co-working. This includes at least 2-5 hours of staff training and well-being support which we engage in each week. The Chaplaincy team leader chairs the Organ Donation Committee, (which is newly active after the Covid pandemic) and is a member of the Clinical Ethical Panel.

Chaplaincy represents the faiths and beliefs systems of the local population who use our services. There is work in progress to establish a Shabbos Room which will be available to

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patients 24 hours a day and stocked throughout the week with Kosher food to serve our Jewish community.

Please refer to Section 2.1 – Patient in Part 2 for further information about progress against the Patient First ‘Patient’ theme during 2022-23.

## Clinical Effectiveness

During 2022-23 the Trust has focused on its strategic themes under the Patient First strategy, of which clinical effectiveness plays a fundamental part of supporting improvement across the Trust:

<b>Patient</b>	Our audit and GIRFT programmes allows us to understand more about the patients we serve and deliver the services that matter them
<b>Outstanding Care</b>	Our team has a crucial role in measuring the effectiveness of what we do at North Mid and supporting clinicians to improve and through supporting the CPG programmes we are delivering improved outcomes and experience for patients
<b>Partnerships</b>	The common ground for working with system partners is the shared understanding of care delivery and care demand which is underpinned by meaningful data analysis
<b>Sustainability</b>	We will support our teams to demonstrate that the care they deliver care is eligible for Best Practice Tariffs

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## National Audits

During 2022-23, the Trust participated in a total of 57 national clinical audits and national confidential enquiries covering the relevant health services that North Mid provides. The national clinical audits and national confidential enquiries that North Mid participated in, and for which data collection was completed during 2022-23, are outlined in Appendix 1 which also details alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

There was a concerted effort during 2022-23 to ensure that key National Audits were undertaken. This has resulted in a substantial improvement in accrual rates. The Clinical Effectiveness team have monitored completion rates throughout the year to ensure that any National Audits at risk of non-engagement were highlighted and escalated early. Progress with National Audits is reviewed at the monthly Divisional Strategic Deployment Reviews.

A notable success has been the performance of the Trust in the National Paediatric Diabetes Audit. The Trust has sustained its position as a positive national outlier in the delivery of the recommended care process in diabetes. This has resulted in a clinically significant reduction in median HbA1c in our patient cohort, reflecting a higher degree of glycaemic control which is associated with improved long term clinical outcomes. This is thought to be related to the increased use of insulin pump technology at North Mid. The national picture suggests that

there is poorer uptake of insulin pumps in more deprived children, however, the Trust's results show the reverse.

## Getting It Right First Time (GIRFT)

There remains nation-wide delays in the delivery of the GIRFT led site visits and follow up implementation meetings due to Covid. However, where departments have received recommendations based on their data, they have been able to start implementing change in preparation for the implementation meeting. There are currently 437 recommendations from GIRFT across 22 specialities, of which 79% have been implemented or are in the process of being implemented. Table 30 below shows the most recent position.

**Table 30 – GIRFT position**

Division	Specialty	Progress through GIRFT process					Progress in implementing recommendations		
		Data pack received	Deep dive visit	Observation notes	External implementation meeting	Sign off of all recommendations	Number of recommendations	Implemented or in progress end Q1 2022/23	implemented or in progress Q4 2021-22
Medicine and Urgent Care	Acute and General Medicine						18	100%	100%
	Cardiology								
	Diabetes						14	50%	50%
	Emergency Medicine						24	88%	88%
	Endocrinology						14	71%	71%
	Gastroenterology						32	84%	81%
	Geriatric Medicine						17	88%	82%
	Neurology						7	0%	0%
	Renal								
	Respiratory						28	79%	79%
	Rheumatology						18	78%	78%
	Stroke						17	100%	82%
	Lung Cancer								
	<b>Overall divisional progress</b>						<b>189</b>	<b>80%</b>	<b>79%</b>
Surgery, anaesthetics and critical care	Anaesthetic & Perioperative Medicine						22	100%	86%
	Breast Surgery						14	100%	29%
	General Surgery						34	100%	100%
	Intensive and Critical Care						8	100%	75%
	Ophthalmology						42	79%	79%
	Orthopaedic Surgery						31	100%	100%
	Orthopaedic Trauma Surgery						11	73%	0%
	Paediatric Trauma and Orthopaedic						10	0%	0%
	Urology						32	81%	81%
		<b>Overall divisional progress</b>						<b>204</b>	<b>86%</b>
Womens children and cancer	Gynaecology and Maternity						4	100%	100%
	Imaging and Radiology						16	100%	100%
	Neonatology								
	Paediatric Critical Care								
	Pathology						24	0%	N/A
	<b>Overall divisional progress</b>						<b>44</b>	<b>45%</b>	<b>100%</b>
<b>Overall trust progress</b>							<b>437</b>	<b>79%</b>	<b>78%</b>

## Clinical Practice Groups (CPG)

The CPG methodology is designed to reduce unwarranted variation in clinical outcomes through the implementation of evidence based, standardised clinical practice and processes as core operating standards.

A review of the CPG work was performed at the start of 2022-23 to identify opportunities for future work and assess the current pathways by the following domains:

- Current CPG improvement resource allocation.
- Size of patient cohort.
- Progress towards delivery of stated aims.
- Duplication and changes in clinical responsibility.
- Strategic alignment of the current pathways with the Trust priorities.

This review identified the following:

- Supporting medical and surgical same day emergency care (SDEC) is critical to improving flow within the hospital.
- Previous CPG work in pulmonary embolus had demonstrated that optimising ambulatory pathways can reduce resource utilisation.
- The frailty pathway continues to deliver significant improvement for inpatient, emergency and ambulatory pathways.

The review concluded:

- Pulmonary embolus work would be merged into the existing medical SDEC pathway.
- Significant opportunity in launching a surgical SDEC pathway, incorporating the hot gallbladder pathway.
- Work to continue on prostate and haematuria pathways, reflecting the need to address cancer waits.
- Further analysis is required to determine if the community acquired pneumonia pathway has delivered against the stated aims.

The 2022-23 CQUIN program also covers community acquired pneumonia.

As a result, there are now three active CPG pathways:

CPG Pathway update	
Division	Medicine and Urgent Care
Pathway	Frailty



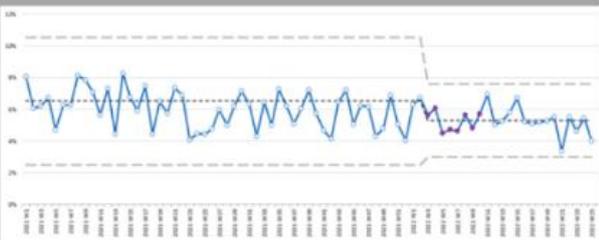
**Aim**

Systematic early identification and person centred care of people with frailty to enable more appropriate investigations, definitive treatment started sooner, leading to improved clinical outcomes, reduced bed days and readmissions.

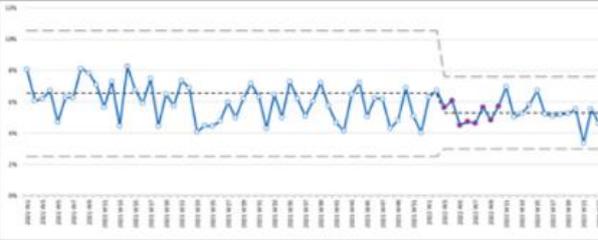
**Benefits delivered**

- Geriatric Emergency Medicine Team in ED with 2x frailty nurses
- Amber short stay assessment unit relaunched following COVID
- Early identification of frail patients by using CFS in 69% of ED attendances
- Hot Clinics in place for GP referrals. 3 slots per day. Avoided 130 potential admissions
- Day Hospital transitioning to telephone appointments - reducing foot fall by 25%
- Specialist Nurse-led clinic for bone health
- Keep me Mobile in place on 4 wards to prevent deconditioning

**KPIs**



Sustained reduction in readmission reattendance rate in 2022



Sustained reduction in ED reattendance rate in 2022

**Next Steps**

- Collaborative project between GEMS and Site re-focussing on Frailty Flow
- Medical Day Hospital relaunch.
- Falls SDEC Hot Clinics
- Work continues with the community matrons to the case manage the most vulnerable patients in the community
- 2 x frailty practitioners to support GEMS in post
- Frailty benefits work in progress with costing team with a focus on end of life activity
- Submission of charity bid for frailty and dementia friendly activities

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## CPG Pathway update

Division	Surgery
Pathway	Prostate and Haematuria

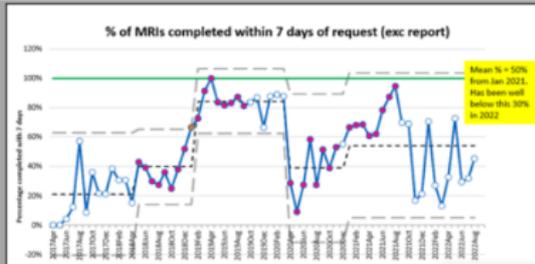
### Aim

To provide an expert opinion with quick access to tests to diagnose cancer and give a personalised plan of care

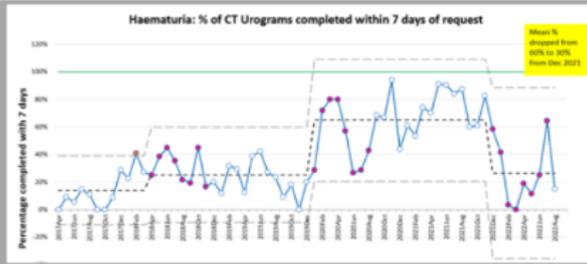
### Benefits delivered

- Created dedicated 2WW clinics including results clinics
- Dedicated MRI slots (3-4) available on same day as first appointment (0% Jan 19)
- Moving towards 100% of patients seen within 2WW window
- Created digital clinical notes on Care Flow
- Undertaken patient shadowing and interviews to understand 'what matters to patients' – created new patient information leaflets.
- Joined the NCL Prostate Diagnostic Improvement Programme which will enable rapid MRI scan cloud based second line reporting
- Dashboard able to monitor pathway performance

### KPIs



Prostate pathway MRI availability remains variable



Haematuria pathway CT availability significantly challenged

### Next Steps

- Reviewing the pathway in the wake of COVID as part of an NCL mapping piece of work funded by the Cancer Alliance.
- Move towards a straight to test model for the majority of patients
- Address delays in MRI and CT reporting with radiology team
- Validating the dashboard to ensure that data is accurate

## Annual report 2021-22

### CPG Pathway update

Division	Medicine and Urgent Care
Pathway	SDEC

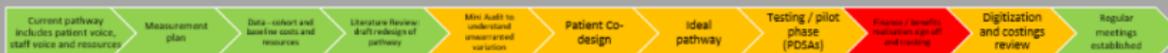
### Aim

The Same Day Emergency Care (SDEC) unit provides consultant-led care for patients referred with acute medical conditions who do not need an inpatient stay. We aim to provide same-day diagnostics and treatment without the need for an overnight stay

### Progress to date:

- New SDEC consultant in post to manage the day to day clinical work
- 7/12 SDEC pathways in operation - PE, Cellulitis, DVT, Pyelonephritis, AF, AKI and headache
- Plans to offer increased infusion service for patients to assist early supported discharge in 2022
- Service review, nursing medical workshops with action planning to optimise efficiency and effectiveness
- Daily Clinical huddle established for team to share information about patients attending
- Screening/planning for next day attendances established
- LAS pathway has gone live
- SDEC dashboard in development
- Virtual follow up process v2 agreed and trialled
- New Service Manager in post

### Progress against CPG methodology:



### Next Steps

- To continue to work with the team to establish the virtual follow processes
- To continue to work with the wider team to establish a robust dashboard
- Clinical noting, CareFlow and EPMA deployment
- Embed patient experience/co-design into SDEC development
- Link with colleagues at the Royal Free to enable the team to work in collaboration with other teams

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## Local audits and Quality Improvement Projects

A Trust-wide improvement day was held in April 2022 which included clinical and non-clinical teams to highlight the Trusts' Patient First, patient experience and clinical effectiveness initiatives.

To contribute to the improvement of patient safety, care and experience, clinicians, nurses, and allied healthcare professionals have registered and taken part in local audits and quality improvement projects. 156 audits and projects were registered during the year with around 26 projects displayed at the improvement day in April 2022 where prizes were awarded to best use of Quality Improvement (QI) methodology, best co-production by a Multi-Disciplinary Team (MDT) group, best sustainability of change and people's choice. The winners are listed below:

- **QI Methodology:** S Hassan and N Keating for their work on Transforming the management of tobacco dependency: A focus on improving provision of Nicotine Replacement Therapy
- **Co-production by an MDT group:** V Konteti, L Chahal, G Anand, H Abdirahman, M Castro, S Fernando, H Fokeerbaccus, J Gyamfi, A Hubbard, G Imseeh, B Kamudyariwa, E Keen, A Lerner, M Malone, J Maloney, T Powles, F Rafique, F Raja, A Rose, H Saunders, A Sheri, N Suttie, M Veli, S Weekes, L Wells, V Wolstenholme, and L Cheng Yew for their work on Patient Information Videos on Systemic Anti-Cancer Therapy (SACT) to Improve Patient Experience and Access to Information: a North/North East London Collaboration.
- **Sustainability of change:** T Huseyin, L Parker, H Crook, S Akinol, T Owolabi, E Chidenga, P Sandajan, A Rahman, and L Odeh for their work on Sick Cell Crisis - Time to First Dose.
- **People's choice:** U Wokoh, J Elliott and A Fakokunde for their work on Whose Job is it Anyway? - Risk Reporting in Gynaecological Surgery at North Middlesex University Hospital.

Learning and recommendations from these local clinical audits have been reviewed and recommendations taken forward as required. Reports of local clinical audits are disseminated to the Trust's Clinical Divisions for their actions.

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# 4.2 Board Statements of Assurance

## Services and Income

During 2022-23 the North Mid provided 49 relevant health services (46 at the North Mid and 3 in community services). The income generated by the relevant health services reviewed in 2022-23 represents 93.5% of the total income generated from the provision of relevant health services by the North Mid for 2022-23.

## National Audit Summary

During 2022-23, 48 national clinical audits and 6 national confidential enquiries covered relevant health services that North Mid provides. During that period the Trust participated in 96% of national clinical audits and 67% of national confidential enquiries organisational questionnaires completed and 0% of clinician questionnaires completed which it was eligible to participate. The national clinical audits and national confidential enquiries that North Mid was eligible to participate in during 2022-23 are shown in Appendix 1.

## Research and Development (R&D)

Enabling and conducting research at the Trust aligns the Trust with regional and national agendas aimed at delivering evidence-based medicine in the NHS, and creating health and wealth through research and innovation. Supporting clinical research helps NHS organisations fulfil their obligation to promote research and use research evidence when providing services. R&D at the Trust continues to support research activity across the Trust in several specialties. Its main research activity involves recruiting patients for high-quality National Institute for Health Research (NIHR) portfolio-adopted multi-center studies, which receive funding from the North Thames Clinical

### Research Network (North Thames Clinical Research Network)

Research organisations in the United Kingdom rose to the pandemic challenge by allocating all research staff to Urgent Public Health (UPH) Covid-19 studies, stopping all non-essential research study recruitment and setup. The consequence of this decision was the spectacular success in recruiting patients for studies that ultimately changed the way Covid-19 disease is treated. Unfortunately, other research activities suffered as a result of this success.

### Summary of Activity

To demonstrate the intense effort during the pandemic, the activity for previous years is displayed, including April 2020-21 (2,694 patients recruited) and 2021-2022 (1,956 patients recruited). As of now, the activity for 2022-23 is slowly recovering, with more than 160 patients recruited. In addition, the activity for 2022-23 is presented in the form of trials opened per division (Table 31), trials on follow-up (Table 32), trials on set-up (Table 33), and trials on feasibility (Table 34).

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**Table 31 - Current trials opened per Division**

Division	Topic	Studies Open to recruitment
1	Oncology & Radiotherapy	11
2	Stroke/Cardiovascular & Renal Diabetes	4
3	Obstetrics and Gynaecology & Paediatrics	6
4	Dementias	1
5	Musculoskeletal	1
6	Infections, Respiratory Medicine & Critical Care	8

**Table 32 - Current trials on follow-up**

Division	Topic	Studies Open to recruitment
1	Oncology & Radiotherapy	7
2	Stroke/Cardiovascular & Renal Diabetes	1
3	Obstetrics and Gynaecology & Paediatrics	1
4	Dementias	0
5	Musculoskeletal	0
6	Infections, Respiratory Medicine & Critical Care	1

**Table 33 - Current trials on set-up**

Division	Topic	Studies on set-up
1	Oncology & Radiotherapy	2
2	Stroke/Cardiovascular & Renal Diabetes	0
3	Obstetrics and Gynaecology & Paediatrics	2
4	Dementias	0
5	Musculoskeletal	1
6	Infections, Respiratory Medicine & Critical Care	3

**Table 34 - Current trials on Feasibility and expression of interest**

Division	Topic	Studies Open to recruitment
1	Oncology & Radiotherapy	7
2	Stroke/Cardiovascular & Renal Diabetes	3
3	Obstetrics and Gynaecology & Paediatrics	5
4	Dementias	0
5	Musculoskeletal	2
6	Infections, Respiratory Medicine & Critical Care	4

## Challenges

The main challenge during the period covered by this report is the slow recovery of portfolio and commercial activity following the pandemic years. However, the Trust has successfully secured extra funding through competitive bidding from North Thames Clinical Research Network, which will significantly enhance our post-pandemic recovery.

## Strategic Opportunities

The most important opportunity in the years to come is to continue working in partnership with the Royal Free London NHS Foundation Trust to improve the financial stability of the research and development service through new research opportunities across specialties. This partnership will also provide managerial stability and align research priorities with a strong clinical and academic partner.

The Trust's connection to the University College London Health Research Alliance provides opportunities for the Trust's investigators across North Central London. The first collaboration will be on the paediatric hemoglobinopathies research.

## Performance in Initiating and Delivering Clinical Research

The National Institute for Health and Care Research measures the performance of all providers of NHS services in initiating and delivering research on behalf of the Department of Health and Social Care. The Government uses this information to ensure that clinical research in England is conducted efficiently and effectively. The Trust’s research and development reports can be accessed through the NIHR website – see <https://www.nihr.ac.uk/>.

### The Jonathan Grieve Ainsworth Research Award

The Jonathan Grieve Ainsworth Research Award was celebrated on 8 November 2022. The award was given to Dr Mohsin Butt for his project titled “Patient and public attitudes towards vagus nerve stimulation for liver cirrhosis decompensation.” Dr Prabhakar Thaventhiran and Athaven Sukunathan were the runners-up with their project titled “Bispectral analysis during stress response in patients admitted to intensive care”.

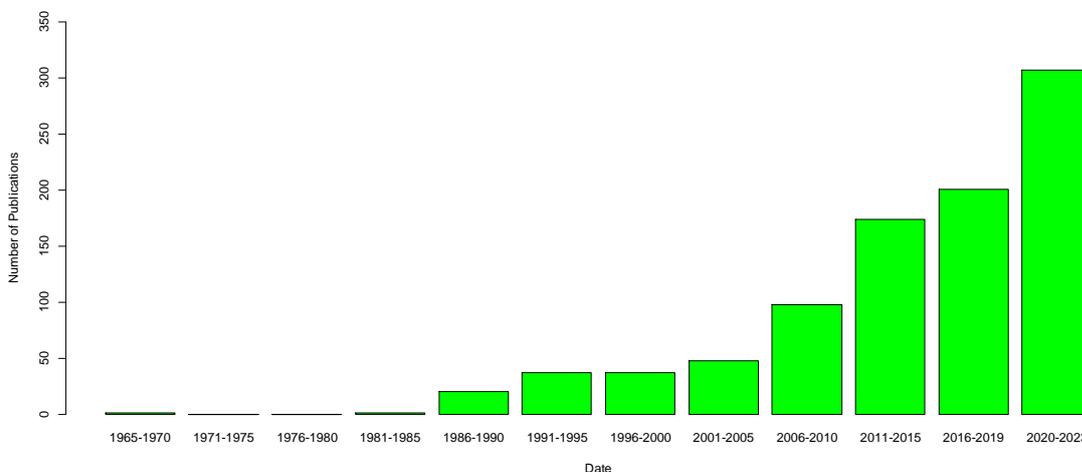
### Other Research and Innovation

The Trust’s research manager has been hosting training sessions for the entire research delivery team to ensure that their practical clinical trial delivery work is optimised with up-to-date knowledge of regulatory requirements and procedures. These training sessions provide a critical learning environment for less experienced staff. Additionally, there were ad-hoc meetings with the principal investigators, pharmacy personnel, company representatives, and finance department to ensure that promotional sessions helped in disseminating a research culture within the Trust.

### Publications

Figure 2 shows the number of publications by quinquennium. The last bar represents the Covid period (2020-2023) comprising only three years instead of five, but nevertheless the number of publications exploded to 307.

Figure 2. Number of publications at North Middlesex Hospital by quinquennium



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## Looking forward

Despite the challenges brought about by the pandemic, the Trust was able to achieve significant milestones. The Trust has established a strong and resilient research and development workforce. Accountability has been enhanced through weekly meetings with delivery staff and by addressing governance issues through a new business committee.

The Trust has improved information dissemination by creating a research webpage and collaborating with the communications and engagement team to promote research, as well as developing standard operating procedures for sponsoring home research. Looking forward, the Trust will continue to integrate the research and development office with Royal Free London NHS Foundation Trust to provide further opportunities for research and development activity.

## CQUINs and Secondary Uses Service

The CQUINs (Commissioning for Quality and Innovations) payment framework was re-introduced into the 2022-23 fiscal year with the Trust participating in 11 core indicators which can be seen in table 35 below (red below minimum target, green above minimum target).

**Table 35 - CQUINs**

CQUIN	Q1	Q2	Q3 (excl. Dec)	Q4
CCG1: Flu vaccinations for frontline healthcare workers		Submitted	Submitted	
CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+	N/A	39% 39/100	58% 58/100	TBC
CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	100% 92/92	100% 107/107	100% 55/55	100% Jan – 27/27
CCG4: Compliance with timed diagnostic pathways for cancer services	34.04% 621/1824	36.62% 734/2004	26.27% 480/1827	43.60% Jan – 290/665
CCG5: Treatment of community-acquired pneumonia in line with BTS care bundle	9.09% 10/110	13.41% 11/82	9.09% 10/110	
CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery	1.92% 2/104	22.22% 18/81	54.83% 34/62	TBC
CCG7: Timely communication of changes to medicines to community pharmacists via the discharge medicines service	0.31% 54/172236 Apr - 13 May - 26 Jun – 15	0.36% 60/16786 Jul - 25 Aug - 19 Sep – 16	0.61% 24/11372 Oct – 24 Nov – 22 Dec – 54	0.23% 26/10924 Jan – 26 Feb - Mar -
CCG8: Supporting patients to drink, eat and mobilise after surgery	70.90% 78/110	40.47% 34/84	100% 53/53	TBC
CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients	83.54% 66/79	73.84% 48/65	76.66% 23/30	

CCG13: Malnutrition screening in the community	30.25% 36/119	36.97% 44/119	31.25% 25/80	28.81% Jan – 17/59
CCG15: Assessment and documentation of pressure ulcer risk	26.98% 17/63	30.15% 19/63	100% 80/80	60.71% Jan – 34/56

## Reporting against core indicators

### Domain 1 – Preventing people from dying prematurely

Mortality rates are measured by both Hospital Standardised Mortality ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI). The methodology differs between the two metrics. HSMR includes deaths in hospital but excludes deaths with palliative care coding. SHMI includes all deaths in hospital and in the 30 days after discharge. Trust performance in relation to SHMI and HSMR is outlined in Section 2.6 – Operational Performance in Part 2.

The Trust has a responsibility to ensure that we learn from mortality cases. Table 36 below details the Trust performance and review of relevant cases.

**Table 36 – Learning from deaths**

Learning from death data	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
During 2021-23 <b>1,233</b> of NMH NHS Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period.	283	281	315	354	1233
During 2022-23 there were 18 stillbirths delivered from 24 weeks and neonatal deaths after 22 weeks. This comprised the following number of deaths which occurred in each quarter of that reporting period	5	5	4	4	18
By 31 March 2023, 1,233 case record reviews and 214 investigations have been carried out in relation to 1,233 of the deaths included above. In 214 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was	283	281	315	354	1233
22 representing just under 2% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.	0.02%	0.014%	0.015%	0.01%	0.017%
These numbers have been estimated using review of structured judgement reviews completed and deaths that were investigated via a serious incident process.	(7)	(4)	(5)	(6)	

### Key learning identified from case reviews and investigations includes:

#### 1. Failure to obtain key collateral information at start of care

There have been a number of Structured Judgement Reviews (SJRs) and a recent Serious Incident Investigation which highlighted the need to gather key information from family, carers or advanced directives to plan care. During the restrictions on visiting

during the Covid pandemic it was harder to obtain this information. It was necessary to contact the family or carer by telephone.

The health information exchange (HIE) gives clinicians the ability to access a patient's health record including information from other hospitals and the 'urgent care plan' (UCP) which includes key information about end of life decisions. This system has now been integrated into the Trust's electronic patient record system called Careflow.

All healthcare staff are now required to undertake the Oliver McGowan Training on learning disability and autism. This highlights the importance of not making assumptions about patients with a learning disability and listening the patient and the family when they raise concerns.

## 2. Risks of Clozapine Use

There have been several patient safety incidents and a SJR that highlighted the risks of Clozapine. Clozapine is an antipsychotic medication used in the management of schizophrenia. It can only be initiated by a consultant psychiatrist. Interruptions to dosing or missed doses can precipitate severe side effects. Starting or stopping smoking can also affect drug levels in the bloodstream.

Following the recent incidents, the patient safety pharmacist has delivered a training programme for staff. In addition, the electronic prescribing system (EPMA) displays a list of prompts if Clozapine is prescribed including the need to inform the psychiatric liaison team of the prescription.

## 3. Detection of delirium

A recurring theme from SJRs, patient safety incidents and complaints is a failure to identify and manage delirium appropriately. Approximately 10% of inpatients experience delirium and it can impact on outcomes as well as be very distressing for the patient and family. The standard screening tool is the '4AT' screening tool.

The Frailty team continue education around delirium and audit the use of the 4AT screening tool. It is recognised that ward moves can exacerbate delirium and so there is a concerted effort to reduce ward moves for patients who are at risk of delirium. In addition, there is a focus on reducing moving patients at night.

## Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Patient safety incidents and the percentage that resulted in severe harm or death – Review of National Reporting and Learning System data.

Publication Date	Reporting Period	Measures	NMUH	National Average	Lowest	Highest
April 2022	April 2021 – March 2022	Number of Patient Safety Incidents	9286	14252	3441	49603
		Rate of incidents (per 1000 bed days)	55.3	-	23.67	205.52
		No. resulting in severe harm or death	104	7116	3	216

		% resulting in severe harm or death	0.11%	0.40%	0.08%	0.04%
September 2021 March 2020		Number of Patient Safety Incidents	7,976	12,402	3,169	37,572
	April 2020 –	Rate of incidents (per 1000 bed days)	53.8	-	27.2	118.7
	March 2021 (1 year)	No. resulting in severe harm or death	42	6,828	4	261
		% resulting in severe harm or death	0.5%	0.4%	0.1%	1.3%
		Number of Patient Safety Incidents	3,917	6,276	1,392	21,685
	April 2019 –	Rate of incidents (per 1000 bed days)	45.76	49.8	26.3	103.8
	September 2019 (6 months)	No. resulting in severe harm or death	9	6	0	95
		% resulting in severe harm or death	0.21%	0.10%	0	0.44%
September 2019		Number of Patient Safety Incidents	3,349	5,841	1,278	22,048
	October 2018 - March	Rate of incidents (per 1000 bed days)	39.32	46.06	16.90	95.94
	2019 (6 months)	No. resulting in severe harm or death	12	6.4	1	72
		% resulting in severe harm or death	0.36%	0.10%	0.08%	0.32%

It is important to note that there will always be some variation in the figures reported by the National Reporting and Learning System (NRLS) in comparison to numbers quoted from Trust systems. This is due in part to timeliness of reporting to NRLS and whether incidents are reported and uploaded within their cut off period.

## Incidents

During 2022-23 the Trust maintained a good level of incident reporting across all areas. The substantial proportion of incidents still result in no harm or low harm, but reflects the organisations commitment to learning from all incidents irrespective of level of harm.

Overall, the Trust remains within the median range for the number of incidents reported by similar type Trusts (acute non specialist). The Trust continues to maintain a good reporting culture across the organisation. The rate of incidents graded as severe or death falls below the national average. All incidents resulting in severe harm or death have the appropriate level of review and investigation to ensure that all opportunities for learning are identified and improvements made as required; and more importantly that the Trust is open and transparent with patients, families and carers where things have gone wrong.

During 2022-23 the Trust reported 67 incidents as meeting the threshold as a reportable 'Serious Incident' (SI), and these are detailed in table 37 below:

The patient, families and carers are given the opportunity to contribute to the investigation terms of reference to ensure their concerns are addressed. Following completion of the investigation the patient, family and/or carers are offered a copy of the final report, along with the opportunity to meet with Trust staff to discuss the report findings, and any improvements that have been made.

**Table 37 – Serious Incidents**

Incident Category	Number of SI's
Abuse / alleged abuse of adult patient by third party	2
Blood product / transfusion incident meeting SI criteria	1
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	14
Disruptive / aggressive / violent behaviour meeting SI criteria	2
Maternity / obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)	14
Maternity / obstetric incident meeting SI criteria: mother and baby (this include foetus, neonate and infant)	2
Maternity / obstetric incident meeting SI criteria: mother only	3
Slips / trips / falls meeting SI criteria	13
Sub-optimal care of the deteriorating patient meeting SI criteria	3
Surgical / invasive procedure incident meeting SI criteria	6
Treatment delay meeting SI criteria	7
<b>Total</b>	<b>67</b>

Four 'Never Events' were reported during the financial year as detailed in Section 4.1 – Looking Back: Our Quality Priorities.

The Trust has a number of mediums for sharing learning from incidents which include '7 minute learning summaries' following all SIs reported, these are shared locally and are available via the Trust's intranet for all staff to access. Learning from incidents is also used to inform and direct projects and workstreams for improvement, as well as key learning events which have wide attendance from a number of internal and external stakeholders.

During 2023-24 the Trust will transition to reporting to a new national reporting system 'Learning from Patient Safety Events' (LfPSE) which replaces the NRLS.

## **Rota Gaps - Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016**

Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 stipulate that where Health Education England are unable to appoint to training posts, the Trust will endeavour to fill medical staffing rota gaps via the bank service. Any vacant shifts

are identified by the Trust's rota coordinators and then published via Locum's Nest for filling with qualified medical bank workers. Once a shift has been filled, the rota coordinators then manage the timesheet process electronically. The Trust's bank rates are aligned to the Pan London rates and where there are deviations, the Trust has a clear escalation process.

Our partnership with Locum's Nest's was confirmed as finalists for two awards at the prestigious 2023 HSJ Partnership Awards. Our partnership working was named as a finalist for both the Best Acute Sector Partnership award and the Workforce and Wellbeing Initiative of the Year award.

The national recognition comes after the impact the collaborative work with Locum's Nest has, and continues to have, on patient care and staff experience at North Mid. Since 2018, the Trust has been working with Locum's Nest to design and implement technology-enabled workforce processes with the aim of reducing total agency use and spending, increasing the number of doctors working at North Mid and improving the care patients receive at North Mid.

Expanding the Trust's reach to more doctors through Locum's Nest's services helped reduce waiting times and increase patient safety whilst also increasing staff retention and engagement at North Mid.

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# 4.3 Looking to the Future: Our Plans 2023-24

## Patient First - Onward to 2023 and beyond...

Excitedly, the Trust will continue the journey to embed and mature the Patient First strategy through training leaders and teams, experimenting with improvement tools and modelling the behaviours that develop and sustain a culture of continuous improvement.

## Looking forward for Clinical Effectiveness

The clinical effectiveness team has created a registry where audit leads who need more personnel on their teams or staff are looking to join an ongoing audit/project. Audit leads and teams have been reminded to register their local audits and quality improvement projects – all audits registered will be included in the Trust’s clinical audit plan.

The Trust has organised and hosted a trust-wide improvement day in April 2023 to include non-clinical teams in addition to clinical teams to highlight the Trusts’ Patient First, patient experience and clinical effectiveness initiatives and the work that has been undertaken to deliver these initiatives. The Trust is looking forward to hosting another improvement day in 2024 on a much bigger scale.

## CQUINs

NHS England published the new payment framework and core performance indicators on 23 December 2022. The Trust is currently agreeing which CQUINs will be taken forward for 2023-24.

CQUIN	Division	Speciality	Goal/target
CCG1 - Flu vaccinations for frontline healthcare workers	Corporate	Trust-wide	75 – 80%
CCG2 - Supporting patients to drink, eat and mobilise (DrEaM) after surgery	Surgery	Therapies	70 – 80%
CCG3 - Prompt switching of intravenous to oral antibiotic	Surgery	Pharmacy	35 – 55%
CCG4 - Compliance with timed diagnostic pathways for cancer services	Womens’	Oncology	60 – 40% (lower % = more compliant)
CCG5 - Identification and response to frailty in emergency departments	Medicine and Urgent care	Accident and Emergency	10 – 30%
CCG6 - Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service	Surgery	Pharmacy	0.5 - 1.5%

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CCG7 - Recording of and response to NEWS2 score for unplanned critical care admissions	Surgery	Critical care	10 – 30%
CCG10 - Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	Womens'	Oncology	80 – 85%
CCG12 - Assessment and documentation of pressure ulcer risk	Community		70 – 85%
CCG13 - Assessment, diagnosis, and treatment of lower leg wounds	Community		25 – 50%
CCG14 - Malnutrition screening for community hospital inpatients	Community		70 – 90%

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## 4.4 Stakeholder and Directors' Statements

Statement of Assurance following review on behalf of Haringey Healthwatch, by the Research and Engagement Manager

To follow



Statement of Assurance following review on behalf of Enfield Healthwatch

To follow



Statement of Assurance following review on behalf of North Central London Integrated Care Board

To follow



Single Oversight Framework indicators

To follow

Draft

# Statement of Directors' responsibilities for the quality report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Account) Regulations to prepare the Quality Account for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards and NHS trusts on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report. In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

The content of the Quality Report meets the requirements set out in the NHS trust annual reporting manual 2022-23 and supporting guidance.

The content of the Quality Report is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2022 to March 2023
- Papers relating to quality reported to the Board over the period April 2022 to March 2023
- Feedback from commissioners dated XXX
- Feedback from Healthwatch Haringey and Healthwatch Enfield
- The National Patient Surveys:
  - 2022 Maternity Survey dated January 2023
  - 2021 Adult Inpatient Survey dated September 2022
- The 2022 National Staff Survey April 2023
- CQC inspection report dated January 2020
- Targeted CQC Inspections reports dated:
  - September 2021 – Maternity Services
  - August 2021 – Sickle Cell Services
  - July 2022 – Emergency Department
- The Quality Report presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

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

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The Quality Report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Report. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

Signed..... Date.....  
Mark Lam  
Chair

Signed..... Date.....  
Nnenna Osuji  
Chief Executive / Accountable Officer

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# 4.5 Appendices

## Appendix 1 - National Audits submitting and reaching full case ascertainment in 2022-23

National audits	Division	Cases Submitted
Parkinson's Audit	Medicine and Urgent care	33
Emergency Medicine QIPs - Infection Prevention and Control	Medicine and Urgent care	246
Epilepsy study	Medicine and Urgent care	6
Major Trauma Audit	Medicine and Urgent care	347
National Adult Diabetes Audit (NDA) - National Core Diabetes Audit	Medicine and Urgent care	0 – national batch submission planned
National Adult Diabetes Audit (NDA) - National Diabetes Foot Care Audit	Medicine and Urgent care	0 – national batch submission planned
National Adult Diabetes Audit (NDA) - National Diabetes Inpatient Safety Audit (NDISA) Previously NaDIA-Harms	Medicine and Urgent care	0 – national batch submission planned
National Asthma and COPD Audit Programme (NACAP) - Chronic Obstructive Pulmonary Disease Secondary Care	Medicine and Urgent care	125
National Audit of Cardiac Rehabilitation	Medicine and Urgent care	232
National Cardiac Audit Programme (NCAP) - Myocardial Ischaemia National Audit Project (MINAP)	Medicine and Urgent care	220
National Cardiac Audit Programme (NCAP) - National Audit of Cardiac Rhythm Management (CRM)	Medicine and Urgent care	98
National Falls and Fragility Fracture Audit Programme (FFFAP) - National Audit of Inpatient Falls	Medicine and Urgent care	11
National Falls and Fragility Fracture Audit Programme (FFFAP) - National Hip Fracture Database	Medicine and Urgent care	224
National Lung Cancer Audit (NLCA)	Medicine and Urgent care	165
National Oesophago-Gastric Cancer Audit (NOGCA)	Medicine and Urgent care	31
Sentinel Stroke National Audit Programme (SSNAP)	Medicine and Urgent care	242
Society for Acute Medicine Benchmarking Audit (SAMBA)	Medicine and Urgent care	
Case Mix Programme (CMP)	Surgery	422 (excl q4)
Elective Surgery (National PROMs Programme)	Surgery	46
Emergency Ureteric Injury Management Audit (REJOIN)	Surgery	
Muscle Invasive Bladder Cancer at Transurethral REsection of Bladder Audit (MITRE)	Surgery	3
National Bowel Cancer Audit (NBOCA)	Surgery	158

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National Emergency Laparotomy Audit (NELA)	Surgery	69 (needs updating)
National Joint Registry	Surgery	190
National Ophthalmology Database Audit (NOD) - National Age-related Macular Degeneration (AMD)	Surgery	299 – national automatic data extraction
National Ophthalmology Database Audit (NOD) - National Cataract Audit	Surgery	614 – national automatic data extraction
National Prostate Cancer Audit (NPCA)	Surgery	345 – national automatic data extraction
Perioperative Quality Improvement Programme (PQIP)	Surgery	9
Transurethral REsection and Single instillation intra-vesical chemotherapy Evaluation in bladder Cancer Treatment (RESECT) Improving quality in TURBT surgery.	Surgery	40
Maternal, Newborn and Infant Clinical Outcome Review Programme - Maternal Mortality surveillance and mortality confidential enquiries (reports annually)	Women's and Children's	2
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal confidential enquiries	Women's and Children's	6
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal mortality surveillance	Women's and Children's	9
National Audit of Breast Cancer in Older Patients (NABCOP)	Surgery	113 – national automatic data extraction
National Audit of Care at the End of Life (NACEL)	Women's and Children's	171
National Child Mortality Database (NCMD)	Women's and Children's	4 – national automatic data extraction
National Maternity and Perinatal Audit (NMPA)	Women's and Children's	0 – national automatic data extraction
National Neonatal Audit Programme (NNAP)	Women's and Children's	0 – national automatic data extraction
National Paediatric Diabetes Audit (NPDA)	Women's and Children's	0 –
National Pregnancy in Diabetes Audit: The National Pregnancy in Diabetes (NPID)	Women's and Children's	37

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### Audits submitting data but not reaching full case ascertainment in 2022-23

Audit	Division	Cases Submitted
National Asthma and COPD Audit Programme (NACAP): secondary care workstream – children and young people asthma	Women's and Children's	15 – were originally unable to submit due to issues surrounding workforce but have started to submit with aims of 20 a month
National Asthma and COPD Audit Programme (NACAP) - Adult Asthma Secondary Care	Medicine and Urgent Care	18 – unable to submit due to issues surrounding workforce but have started to submit with aims of 20 a month
National Cardiac Audit Programme (NCAP) - National Heart Failure Audit	Medicine and Urgent Care	164 – 37.6% case ascertainment

### Audits where participation has not been possible in 2022-23

Audit	Division	Cases Submitted
National Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12)	Women's and Children's	0 due to failed submission by RLH EEG team
Inflammatory Bowel Disease Audit (IBD)	Medicine and Urgent care	Failure to register for audit due to numerous issues with raising of purchase order. Submission will begin in the new audit year.

### Action taken in response to national audit findings during 2022-23

Title	Action taken or planned
Maternal, Newborn and Infant Clinical Outcome Review Programme: Ethnic and Socio-economic Inequalities in NHS Maternity and Perinatal Care for Women and their Babies	Included deprivation Trust equality and diversity training via staff phoenix MAST (Mandatory and Statutory Training)
Maternal, Newborn and Infant Clinical Outcome Review Programme: Saving Lives, Improving Mothers' Care	Updated trust guidelines to include protocols for assessment and monitoring of pregnant women with COVID-19 in the community
National Pregnancy in Diabetes Audit: The National Pregnancy in Diabetes (NPID)	Offer patients between Libre or CGM for diabetes management
National Audit of Breast Cancer in Older Patients	<ul style="list-style-type: none"> <li>Introduce fitness assessment for older patients form for patients aged 70+</li> <li>Improve Somerset data entry to improve audit data</li> </ul>
National Diabetes Audit - National Core Diabetes Audit	Planned implementation of a clinical noting proforma to identify and monitor Type 1 and Type 2 patients.

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<p>National Gastrointestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)</p>	<ul style="list-style-type: none"><li>• Have appointed a lynch champion</li><li>• Reinstated education events regarding EOCRC and the symptoms of CRC</li><li>• Adopted robotic surgery for colorectal cancer resections</li><li>• Utilising mismatch, microsatellite instability and other genomic testing for patients</li></ul>
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