



Annual Report 2017–2018

Contents

1	An introduction from our Chair and Chief Executive	05
2	Our performance	
	A day in the life of North Middlesex University Hospital	07
	What we do - Our mission and objectives	09
	What we achieved during 2017/18	12
	How we identify and address the risks we face	13
	Performance analysis - Summary of activity and growth	14
	Performance analysis - Key performance measures	15
	Performance analysis - Improving the quality of our services	16
	Performance analysis - Education and training	19
	Performance analysis - Environmental matters and sustainability	20
	Performance analysis - Emergency preparedness	21
	Our income and spending - Director of Finance's report	22
3	Our finances	
	How we run the Trust - Corporate governance	27
	How we run the Trust - Annual governance statement	30
	The work of the Trust Board and its committees	33
	Remuneration report	43
	Staff report	48
	Working with partners	56
	Summary financial statements	60

1 Section One



An introduction from our Chair and Chief Executive

The NHS is facing unprecedented calls on its services at a time of a tightly constrained public purse. Here at North Mid we have strived to manage these pressures and to improve our services for the local community providing outstanding care for local people.

We have committed to providing outstanding care for local people, through:

- ➔ delivering excellent services for our patients
- ➔ providing excellent experience for our patients and staff
- ➔ offering excellent value for money in everything we do.

We are a hospital which is proud to be of and for our local community. More than half of our staff live in Enfield and Haringey and we have begun working more closely with the local community to build stronger partnerships. We have held a series of stakeholder events at the hospital with our local partners and we will continue these in the year ahead.

We have also begun a major staff engagement programme – Listening into Action – to enable all our staff to share in our vision for the future and change things for the better at North Mid. We will be building on this and turning their energy and enthusiasm for change into tangible action to make North Mid a better place for patients and staff.

The year has been challenging and all our departments have experienced significant pressure, particularly visible in A&E. However, throughout, one thing has been certain: our staff have been amazing. They have worked incredibly hard, with great dedication and commitment to manage the exceptional pressures and have worked tirelessly to deliver good care for our patients. We thank them all.

We would particularly like to acknowledge those staff who, as well as managing the pressures, have managed to win national awards and recognition for their great work. Critical care matron Gillan Belfon-Johnson was named Nurse Leader of the Year by the Nursing Times for building our multi-cultural critical care unit team. Midwife Michelle Lynch received the RCM SANDS Award for leading huge improvements to bereavement care. Consultant

paediatrician Dr Vicky Jones received the Royal College of Paediatric Child Health's Training Achievements Award for "best educational supervisor" – congratulations to them all. You can read more about them on pages 49.


During the year we linked up with the Royal Free London (RFL) as its first clinical partner. This enables us to work alongside the RFL to ensure there are consistent approaches to designing and delivering care that is based on evidence and best practice, nationally and internationally.

In the coming months we intend to consider the best way forward for North Mid. We are clear that "standing still" is not an option – we must respond to the changing needs of our local population and work with health partners across north central London to meet local and national expectations on quality, safety and value for money.

At the end of 2017/18, we committed to developing a 'case for change', which would set out the issues that need to be addressed in order to ensure North Mid's clinical and financial sustainability. In early 2018/19, we have already begun to engage with our stakeholders - patients, staff, local residents and community leaders - to ensure we take account of all their views as we develop our thinking, before the Trust Board makes a decision in Autumn 2018.

Finally, we would like to thank you for your support for North Mid and for taking the time to read this report.




Dusty Amroliwala OBE
Chair



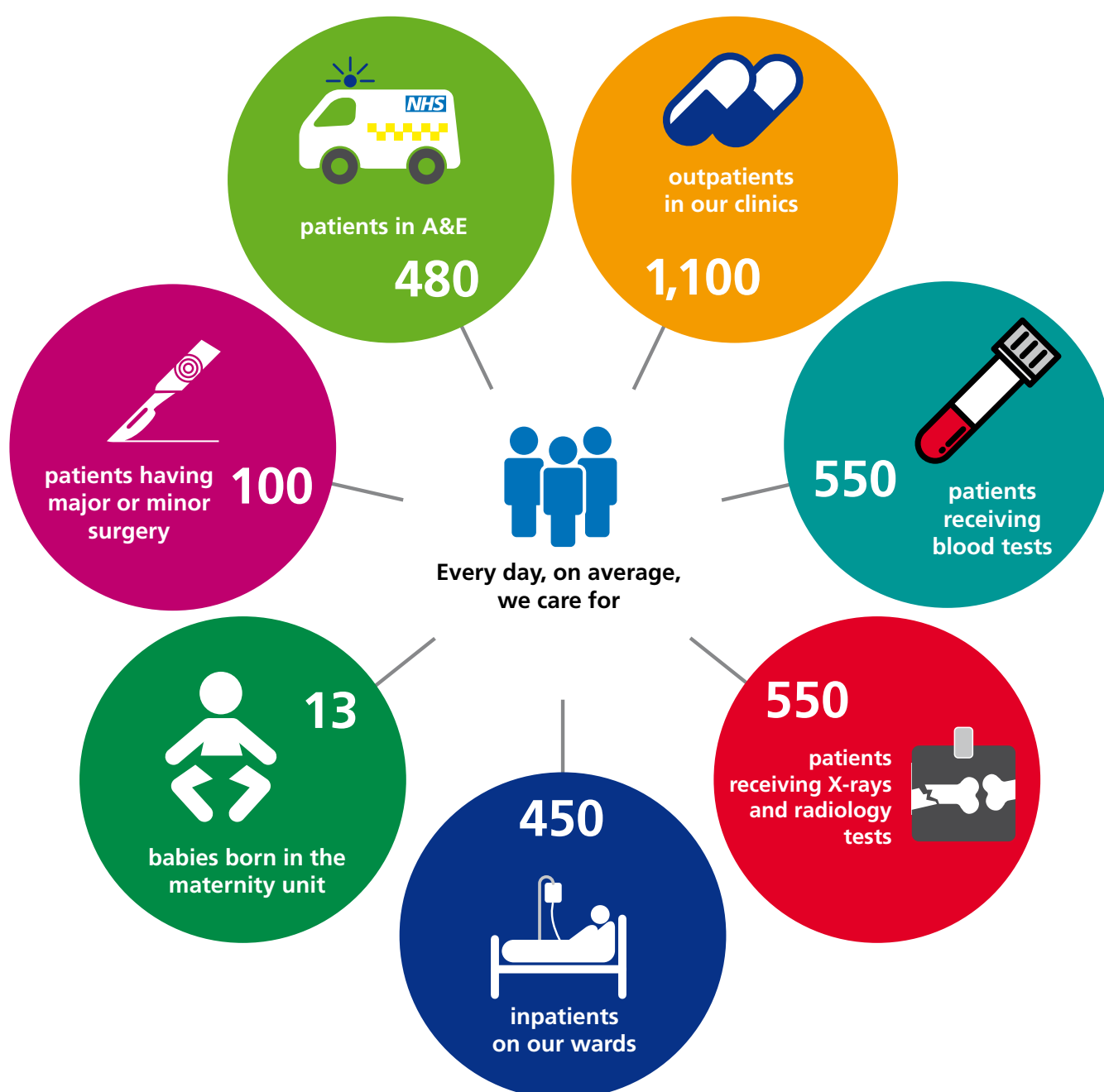

Maria Kane
Chief Executive

2 Section Two



A day in the life of North Middlesex University Hospital

Every year, we produce a report which summarises what our organisation aims to deliver, the work we've done, and any issues which have prevented or made it harder to achieve what we hoped to. We call this our performance report.



2.3 About North Middlesex University Hospital

North Middlesex University Hospital NHS Trust (NMUH) is a single site, medium-sized hospital, located in Edmonton, north London. It is the local acute hospital for the boroughs of Enfield and Haringey, which have a combined population of approximately 590,000, of whom we serve about 300,000. We provide high quality care across a full range of secondary care services and some specialist tertiary services, reflecting the needs of the local population.

The hospital has been on its present site for more than 100 years and was established as an NHS Trust by statute in December 1990. Most of the Trust's services are provided on the North Middlesex University Hospital site, although some clinics and services are based in the community and at partner hospitals.

We provide services in collaboration with a range of partners, including local GPs, acute, mental health and community health service providers. We have become the first clinical partner of the Royal Free London group of hospitals.

We are a founder member of University College London Partners, working to improve clinical outcomes for our patients. We also work closely with a number of universities to provide training for doctors, nurses and other healthcare professionals as part of both undergraduate and post-graduate programmes.

We are a major local employer with a headcount of 3,232 staff in March 2018, half of whom live locally in Enfield and Haringey.

In 2017/18 we had a total annual income of £278 million. Other key figures for our activity are shown in Table 1.

Table 1: North Middlesex University Hospital key activity figures

	2016/17	2017/18
A&E attendances	167,021	175,167
Outpatient attendances	376,348	401,072
Admissions	83,804	79,608
Operations / procedures	39,193	37,642
Babies born	5,047	4,707

What we do

Our mission and objectives

2.4 Our mission and objectives

The Trust's vision is to provide outstanding care for local people. Our objectives over the next 12 months are to provide:

- ➔ excellent outcomes for our patients
- ➔ excellent experience for our patients and staff
- ➔ excellent value for money

In 2017/18 the Trust continued to be an active participant in the development of Sustainability and Transformation Plans (STPs) in North Central London. We will continue to look at how services can be improved by all NHS providers and commissioners across the area, transforming both clinical and non-clinical services. We support the key principles of the STP: providing care closer to home, reducing demand for hospital-based secondary care services, developing new workforce opportunities and utilising digital technology to speed up the availability of information for clinicians and patients.

During 2017/18, the Trust joined the Royal Free London (RFL) group as its first clinical partner. This enables us to work alongside RFL to ensure there are consistent approaches to designing and delivering care that is based on evidence and best practice, nationally and internationally.



Our partnership with the Royal Free London group as its first clinical partner is the culmination of nearly two years of close working between our trusts. Doctors and nurses from across the two trusts have been sharing their expertise to help transform the standards of care for our patients and local communities.

Dusty Amroliwala OBE
Chair of North Middlesex University Hospital

Objective 1: Excellent outcomes for our patients

Our mortality rates – a key way of measuring outcomes in clinical services – continue to be significantly better than the England average. More information can be found in the performance analysis on page 14. We measure our rates using both the summary hospital-level mortality indicator (SHMI) and the hospital standardised mortality ratio (HSMR) and perform well in both.

Objective 2: Excellent experience for our patients and staff

A&E

Like other acute Trusts, our A&E department experienced very high demand. On our busiest days in 2017/18, more than 600 patients came to our A&E either by ambulance or under their own steam. You can find details of our A&E performance on page 14.

Our staff in A&E have worked hard to improve how quickly patients get seen, and during the year continued to work towards achieving the recovery target of 90% by September 2018 and to achieving the national target of 95% by March 2019.

Nonetheless, during the year, A&E continued to make progress in improving its underlying performance. We introduced a series of major changes to the flow of patients through the department, including an improved system for ensuring patients are directed to the right service on arrival. This has led to nearly twice as many patients being seen by GPs in the A&E department's urgent care centre.

In February 2018 we adopted a team-based approach that strengthens nurse streaming in the emergency department and which enables earlier assessment of patients by an emergency clinician. As a result, the adult area is now divided into three areas: for the most seriously ill patients requiring resuscitation, for seriously ill patients who need to be cared for on a bed, and for those who are able to be cared for in chairs. The Trust receives on average 100 ambulances a day, among the highest levels in London. The new system has already helped to improve ambulance handover times, reducing the time it takes for emergency department patients to see a clinician and improving overall waiting time.

These changes will continue to improve patient experience in the department as well as improving the experience of our staff.

The A&E department's Friends and Family Test (FFT) scores improved markedly over the year. Those recommending the service they received increased from 46% in March 2016 to 66% in March 2018. Average FFT results over the whole year were up 12% to 59%.

Improving patient experience

During 2017/18 we worked hard to improve patient experience across the Trust. Our priorities were to:

- ➊ improve patient experience outcomes and improve performance in the Friends and Family Test (FFT) results, and to meet or exceed the London benchmark in the emergency department, maternity, and outpatients.
- ➋ improve the experience of inpatients using cancer services, resulting in improved performance in the 2017 national cancer inpatient survey in comparison to the 2016 national survey results.
- ➌ improve our national patient experience survey performance in the emergency department, maternity, outpatients, children's and young people's, and inpatient surveys.

Other patient Friends and Family Test results

In outpatients, the proportion of patients recommending our services in the Friends and Family Test (FFT) rose by five per cent to 85% on average. In maternity, it rose by one per cent to 93% on average. Inpatient Friends and Family Test (FFT) remained at 94%. There is more detail about our patient FFT results on pages 16-17.

Managing complaints

During 2017/18, we significantly improved the turnaround times for complaints, so that more patients received a response to their complaint, outlining what action we took in response to their complaint, within the target deadline. However we are clear that there remains work to do in order to ensure that each and every patient receives a really positive experience when they are under our care.

Using patient feedback

We used feedback from patients to improve the quality of care. We used a range of feedback channels including PALS, complaints, FFT and social media. The information is shared with divisions and their teams to enable them to focus on what matters to patients.

New services

We developed a range of new services for patients, including new online booking for GP blood tests so appointments can be booked at a convenient time and reducing clinic waiting. We opened a second site for our community sexual health service that is already attracting very positive patient feedback, describing it as friendly and accessible.

New "Perfect Ward" app frees up time for staff to improve quality

We introduced a new app, Perfect Ward, to speed up quality audits of every ward, enabling senior managers on each to spend more time on improving the quality of care. The Trust was a finalist in the 2017 EHI awards for digital technology in healthcare, in partnership with the Perfect Ward app developers.

Staff experience

During the year we worked hard to improve positive staff engagement and experience.

We staged monthly awards for staff and held a highly successful Staff Awards 2017 event in which over 400 staff were nominated, more than three times the previous number, a positive indicator of engagement. Details of the awards are on pages 48-49.

Similarly, participation in the 2017 NHS staff survey achieved a record 41%, six per cent more than the previous year.

The survey findings put us in the top cohort of acute Trusts for the percentage of staff who say they are motivated to come to work, feel their role makes a difference to patients and service users and are pleased with the quality of work and care they can deliver. However, it also raised challenges in relation to working culture and perceptions of bullying and harassment and we are working hard to address these. Friends and Family Test scores in the survey improved on the previous year. The proportion of staff recommending the Trust as a place to work rose three per cent to 54%. The proportion of those recommending the Trust as place to be treated rose three per cent to 57%.

There are more details on all of the staff engagement initiatives in the staff report on pages 50-51.



Staff awards

Objective 3: Excellent value for money

The financial situation remained challenging with operational pressure forcing the Trust to revise our forecast during the year and finally reporting a deficit of £28.957m. However a campaign to encourage all staff to work on ways to improve the quality of our services and so save money helped the Trust achieve savings of over £12m. Initiatives included a significant reduction in the use of temporary staffing, improving the rates of attendance in outpatient clinics through a text reminder service and ordering stationery from suppliers with more competitive costs. In a national benchmark for reference cost, the Trust can demonstrate that our service costs were six per cent lower than the England average on the latest data available.



Staff awards



Staff awards

What we achieved during 2017/18

Safety and compliance

A&E

As detailed on page 9, the Trust faced significant challenges, most notably in relation to the national 95% A&E standard and to the emergency department's recovery plan target. We implemented a series of improvements under new clinical leadership. We also worked closely with local healthcare partners as members of the A&E Delivery Board to make local system improvements.

We have improved the time it takes for patients to see a clinician when they arrive in A&E, and we have reduced the time taken to hand over patients after they arrive by ambulance.

In addition, Health Education England and the General Medical Council found in a February 2018 inspection that our actions to improve supervision and training of junior doctors has substantially addressed previous safety concerns.

Care Quality Commission

The Trust is fully compliant with the CQC's registration requirements. In February 2018, the Trust received a provider information return (PIR) notice from the CQC, indicating that an inspection of the Trust would take place early in 2018/19. The CQC inspected our core services in May 2018, and carried out a Use of Resources inspection and a Well-led inspection in June 2018.

The CQC improvement plan was reviewed by the Board and continues to be monitored by the Board and the clinical quality and Patient Safety Committee each month.

Divisional reorganisation

In July 2017, the Trust's five clinical business units were reorganised into three clinical divisions:

- ➔ Medicine and urgent care
- ➔ Surgery and cancer
- ➔ Women's, children's and clinical support services

The new arrangement makes it clear to staff and our patients the responsibilities of each division. Each is led by a clinical divisional director, a divisional director of operations and a divisional head of nursing or midwifery. They are jointly responsible and accountable for the care, the patients, the staff and the budget of the division. Having less segmentation in the organisational structure enables closer working, tighter cross-cover when needed and creates a more inclusive organisation.

Our IT strategy and the Global Digital Exemplar – Fast Follower Programme

We have developed ambitious plans to modernise our information technology over the next three to five years. The Royal Free London (RFL) group was successful in becoming a "Global Digital Exemplar" and invited North Middlesex University Hospital to become a "Fast Follower" Trust, within a national programme for IT development. Under the plan we hope to develop clinical IT systems, building on existing systems, rather than replacing them with RFL's Cerner system.



400 staff were nominated for awards in 14 categories in our 2017 Staff Awards



How we identify and address the risks we face

The plan includes:

- ➔ clinical noting replacing most paper-based documentation
- ➔ electronic prescribing to make the use of medication safer
- ➔ mobile devices for nurses to document patient encounters and identify patients at risk
- ➔ a new mobile team communication system to replace most pagers
- ➔ information exchange with other NHS providers and primary care across North Central London, to ensure that the patient's conditions, treatment and preferences are shared safely (unless the patient opts out of this service)
- ➔ working towards a patient portal that promotes patients' active involvement in their care.

The "Fast Follower" programme is awaiting sign-off from NHS Digital, dependent on the agreement of a financial "control total" with our regulator.

Education and training

The Trust's newly refurbished education and training centre has provided a range of new training opportunities for nurses, midwives, allied health professionals, doctors and trainee doctors.

Research

We have continued to play an active role in the North Thames Comprehensive Research Network (NTRN). We recruit patients into NTRN-adopted research studies and commercially sponsored studies. We perform strongly in oncology, and in obstetric and gynaecology research. During the year the number of research staff at the Trust increased to 14.

2.5 Key issues and risks

Our Board Assurance Framework (BAF) tracks risks to the Trust's governing objectives, recording the controls and assurance in place and any gaps. Actions are then agreed to close the gaps. Gaps in controls or assurances will also feature on the significant risk register (corporate risk) if they present a current risk which requires mitigation.

The strategic and highest scoring risks for 2017/18 and the future relate to:

Board Assurance Framework – top risks

- ➔ achievement of performance expectations
- ➔ achievement of financial target - via CIP delivery, efficiency, benchmarking etc
- ➔ staff culture
- ➔ recruitment and retention

Our register of the most significant risks we face for 2017/18 and the future includes:

- ➔ failure to manage expenditure within the agreed budget
- ➔ failure to control and manage temporary and permanent payroll costs
- ➔ failure to change services to improve productivity
- ➔ failure to achieve the A&E access target (95% of patients who come to A&E with the most serious (Type 1) conditions)
- ➔ failure to implement improvement plans identified following CQC inspection
- ➔ failure to deliver excellent standards of care.

The Trust has established an executive assurance forum whose objective is to seek assurance that the Trust maintains robust systems of governance, risk management and internal control that enables clinical and managerial leaders to ensure safe, high quality, patient-centred care.

Performance analysis

Summary of activity and growth

Where gaps in controls and assurance are identified, the forum will:

- ➔ ensure corrective action is taken
- ➔ monitor effectiveness
- ➔ report the matter to the Board, as required.

2.6 Going concern

The Trust has prepared its 2017/18 annual accounts on a going concern basis. The Board has sought assurance that this basis of preparation is appropriate, but there remains material uncertainty as to the Trust's liquidity position going forward, owing to the forecast deficit in 2018/19 and continued reliance on DH loans. This is referenced in the auditor's report.

2.7 Summary of activity and growth

In 2017/18 A&E attendance grew by five per cent to 175,000, reversing a fall in the previous year. Outpatients attendances grew seven per cent to its highest ever level of 401,000. Admissions fell by five per cent, the number of operations and procedures fell by four per cent and the number of babies born fell by seven per cent.

Income in 2017/18 grew by 0.7% to £278 million. Over the four years since 2014/15 the Trust's income grew by four per cent on a compound annual growth basis.

2.8 Key performance measures

In common with many acute Trusts, it has been difficult to maintain our performance against all of the key national standards. Overall, we met 11 of 17 standards, the A&E four-hour target being the most challenging.

Table 3 summarises our performance in 2017/18 against the 18 key national access and quality measures. The colours in the right hand column indicate whether or not the standard has been met (green) or not met (red).

Emergency care

Like most trusts, we were unable to meet the national target for seeing, treating and discharging 95% of patients within four hours. We were also unable to meet the locally agreed trajectory agreed with NHS Improvement. We continue to work towards achieving the recovery target of 90% by September 2018 and to achieving the national target of 95% by March 2019.

More details of the actions we have taken to improve the department are given on pages 9 and 12.

We are confident that, in light of these, the Trust will achieve 90% by September 2018 and 95% by March 2019.

Table 2: Activity and growth 2014/15 to 2017/18

Indicator name	14/15	15/16	16/17	17/18	14/15	15/16	16/17	Compound
					15/16	16/17	17/18	annual growth rate
A&E attendances	178,863	171,850	167,021	175,167	-4%	-3%	5%	1%
Outpatient attendances	320,206	356,551	376,348	401,072	11%	6%	7%	8%
Admissions	74,543	80,651	83,804	79,608	8%	4%	-5%	2%
Operations / procedures	36,065	38,094	39,193	37,642	6%	3%	-4%	1%
Babies born	5,090	5,286	5,047	4,707	4%	-5%	-7%	-3%
Total income	£244m	£250m	£276m	£278m	2%	10%	0.7%	4%

Performance analysis

Key performance measures

Table 3: Key national access and quality targets

Indicator	Target 17/18	Performance 17/18	Status
A&E 4-hour performance (all types)	> 95%	80.94%	
18 weeks referral to treatment (RTT) - incomplete pathways	> 92%	94.23%	
Cancer 2 week wait - suspected cancer	> 93%	94.48%	
Cancer 2 week wait - breast symptomatic	> 93%	96.85%	
Cancer 31 days from decision to treat to first treatment	> 96%	98.88%	
Cancer 31 days for subsequent treatment - anti-cancer drugs	> 98%	99.31%	
Cancer 31 days for subsequent treatment - radiotherapy	> 94%	99.50%	
Cancer 31 days for subsequent treatment - surgery	> 94%	98.51%	
Cancer 62 days from urgent GP referral to first treatment	> 85%	79.20%	
Cancer 62 days from NHS cancer screening service referral	> 90%	88.89%	
Diagnostic waiting times	> 99%	99.27%	
Operations not rebooked within 28 days	0	8	
Maternity bookings within 13 weeks with referrals received within 13 weeks	> 80%	89.26%	
Clostridium difficile (aged 2+) – hospital-acquired / received	< 34	36	
MRSA bacteraemias – hospital-acquired	0	2	
Mortality (SHMI) – rolling 12 months	< 100.0	83.63	1
Mortality (HSMR) – rolling 12 months	< 100.0	91.23	2

1 latest published SHMI refers to Oct-16 to Sep-17

2 latest published HSMR refers to Feb-17 to Jan-18

18-week waiting times

The Trust exceeded the 18-week referral to treatment (RTT) target for patients, seeing 94% of them in the required time, compared to a target of 92%.

Cancer treatment waiting times

The Trust exceed cancer treatment waiting time in six out of eight national targets, and exceeded 98% in three of them. We did not meet the target in two categories: 62 days from urgent GP referral to first treatment and 62 days from NHS cancer screening service referral

Diagnostic waiting times

Ensuring that patients receive any diagnostic tests within six weeks is vital to ensure the GP referral to treatment (RTT) is met. The Trust exceeded the 99% target by 0.27%.

Infection control

Clostridium difficile

NHS Improvement assesses us against a threshold, or maximum number of infections, each quarter and year. For 2017/18 we were set a threshold of 34 cases for the year and we recorded 36 cases, therefore breaching the trajectory. In each case we conducted a detailed investigation and further reviewed the cases with the North East London Commissioning Support Unit (NEL CSU) to identify whether there were any lapses in care which the Trust can learn from. Following a review of 27 cases by the NEL CSU, 23 of the 27 cases were found not to have any lapses in care that lead to acquisition of Clostridium difficile infection.

MRSA

The objective for all Trusts in England in 2017/18 was to have no avoidable MRSA bacteraemia. There were two MRSA bacteraemias assigned to the Trust. In both cases the patients were known to have MRSA colonisation prior to admission.

Performance analysis

Improving the quality of our services

Mortality rates

Table 3 shows the Trust's mortality rates for the last year. This is measured by both the Summary Hospital Level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR). HSMR excludes deaths that are coded in particular ways, for example palliative care. SHMI includes all deaths. For both indicators, the expected level of mortality is 100, with scores between 90 and 110 representing statistically expected levels of mortality. Scores below 90 represent better than expected levels of mortality, and above 110 worse than expected.

The Trust's HSMR for the 12 month period to January 2018 was 91, which is within the statistically expected level of mortality.

The Trust's SHMI for the 12 month period to September 2017 was 84, which is better than the statistically expected level of mortality.

2.9 Improving the quality of our services

Our Quality Account 2017/18 provides an in depth analysis of quality issues. It is available on our website at www.northmid.nhs.uk

Patient experience

Improving patient experience was again a key focus of our work in 2017/18. Patients provide feedback on their experiences of care in a range of ways, including providing compliments, making complaints, by contacting our patient advice and liaison service (PALS), completing the Friends and Family Test (FFT) using hand-held devices as well as kiosks or online through our website. Comments are also posted on social media, including NHS Choices/ Care Opinion, Facebook and Twitter.

Our monthly FFT results in outpatients, inpatients, maternity and A&E are shown in Tables 4-7. The proportion of patients who recommended the service they received increased in three of these when comparing April 2017 to March 2018. Outpatients rose from 77% to 89%. Maternity rose from 88% to 92%. A&E rose from 46% to 66%. Inpatients' fell from 96% in April 2017 to 94%. However, across the whole year inpatients' average score was 94%, the same as the previous year.

Table 4: Friends and Family Test results - outpatients

Month	Total Responses	Would Recommend	Wouldn't Recommend
Apr 17	1,321	77%	12%
May 17	1,776	85%	8%
Jun 17	1,224	85%	8%
Jul 17	1,367	85%	9%
Aug 17	1,078	85%	8%
Sep 17	1,026	87%	7%
Oct 17	1,121	83%	10%
Nov 17	1,484	88%	6%
Dec 17	1,223	86%	8%
Jan 18	778	86%	8%
Feb 18	1,588	85%	8%
Mar 18	1,389	89%	5%



We awarded funding to 15 projects put forward by staff to improve patient care in a Dragons' Den style competition



Table 5: Friends and Family Test results inpatients

Month	Total Responses	Would Recommend	Wouldn't Recommend	Eligible Respondents	Response Rate
Apr 17	765	96%	1%	2,485	31%
May 17	726	96%	2%	2,767	26%
Jun 17	541	97%	2%	2,845	19%
Jul 17	489	96%	2%	2,882	17%
Aug 17	598	96%	1%	3,163	19%
Sep 17	629	92%	4%	3,236	20%
Oct 17	706	94%	3%	3,427	21%
Nov 17	626	92%	5%	3,424	19%
Dec 17	488	91%	5%	3,157	15%
Jan 18	612	90%	7%	3,069	20%
Feb 18	604	94%	3%	3,138	19%
Mar 18	647	94%	2%	3,522	18%

Table 6: Friends and Family Test results maternity

Month	Total Responses*	Would Recommend	Wouldn't Recommend	Eligible Respondents*	Response Rate*
Apr 17	154	88%	4%	371	42%
May 17	165	91%	4%	405	41%
Jun 17	92	91%	5%	406	23%
Jul 17	68	93%	5%	429	16%
Aug 17	68	89%	7%	393	17%
Sep 17	67	97%	3%	419	16%
Oct 17	99	95%	2%	396	25%
Nov 17	91	93%	3%	386	24%
Dec 17	81	95%	1%	389	21%
Jan 18	85	95%	2%	398	21%
Feb 18	92	91%	6%	328	28%
Mar 18	73	92%	4%	387	19%

*Labour survey only

Table 7: Friends and Family Test results A&E

Month	Total Responses	Would Recommend	Wouldn't Recommend	Eligible Respondents	Response Rate
Apr 17	2,317	46%	33%	10,544	22%
May 17	2,867	49%	30%	11,375	25%
Jun 17	1,801	48%	32%	10,766	17%
Jul 17	2,078	46%	31%	10,789	19%
Aug 17	2,178	51%	29%	9,220	24%
Sep 17	1,388	59%	27%	9,538	15%
Oct 17	2,038	58%	26%	10,530	19%
Nov 17	3,213	66%	18%	10,535	31%
Dec 17	3,040	63%	23%	11,244	27%
Jan 18	2,015	67%	17%	11,671	17%
Feb 18	7,209	69%	12%	10,341	70%
Mar 18	1,252	66%	22%	11,497	11%

There has been a continued reduction in the number of complaints received, both throughout the year and compared to the same period in the previous year. Notably, complaints relating to staff attitude have decreased significantly in the A&E department and in the surgery and cancer division. Social media feedback remains quite mixed, although increasingly positive for maternity services. Complaints and PALS enquiry volumes are generally stable.

We completed Care Quality Commission national patient experience surveys in key service areas including inpatients, maternity, A&E and children and young people. These surveys have been reviewed by the service leads and priorities for improvements have been identified and included in the divisional quality improvement action plans.

Improving patients' experience forms a key part of our outpatients' transformation plan. Patient feedback on their experiences in outpatients has identified three key areas that affected their experience: privacy and dignity, being informed of delays in clinic times and being given answers they could understand. As part of the outpatient patient experience strategy these questions were added to patient feedback devices.

Three times during the year non-clinical staff joined frontline colleagues on wards, in clinics and A&E to troubleshoot delays in the patient pathway. The "Go, See, Sort" weeks helped to:

- ➔ get more patients home in time for lunch
- ➔ reduce the length of stay on wards and waiting times in clinics
- ➔ increase the number of patients using the discharge lounge, freeing beds earlier
- ➔ boost the number of staff being immunised against flu.

New services

In 2017/18 we developed a range of new services and strengthened existing ones:

New community sexual health clinic opens

We opened the brand new Silverpoint Medical Centre in Fore Street, Edmonton in February 2018. This is our second site for the Enfield Clinics Health Organisation (ECHO). The Town Clinic opened in 2016 to provide

"check and go" services for sexually transmitted infections, confidential sexual health screening, family planning advice, access to contraception and a young persons' clinic for under-19s. The service is set in a comfortable, modern building equipped with sofas and TVs, creating a relaxed environment supported by friendly staff. ECHO is run by North Middlesex University Hospital on behalf of Enfield Council. Residents from Enfield and Haringey can self-refer. There is a lot of useful information for service users, including clinic times, at www.echoclinics.nhs.uk.

Online bookings rise for new GP blood test service

Online booking for GP blood tests at our new phlebotomy clinic have overtaken walk-in appointments in popularity. The service, located in the hospital's main outpatient department, was launched in February 2017. By March 2018 half of the month's 11,289 bookings were booked in advance, either online at www.northmid.nhs.uk/Our-Services/Blood-Tests or at the hospital. Advance booking provides a choice of appointment times and reduces waiting time on arrival.

New eye-care service for Enfield residents

We launched a brand new eye-care service for Enfield residents in partnership with Royal Free London. The community ophthalmology service provides adults and children with one-stop care for non-urgent conditions such as glaucoma, cataract care, macular degeneration and blurred vision. The service is run by healthcare professionals, including consultants, nurse specialists, orthoptists and optometrists at clinics at Chase Farm Hospital and North Middlesex University Hospital. Patients access the service through their GP and can choose which site they want to be treated at.



We achieved a 72% flu vaccination rate among our staff during the winter flu season – a record for the Trust



Performance analysis

Education and training

Radiotherapy services

We continued to increase our recruitment of patients into clinical trials as well as developing our clinical practices. The purchase of the third TrueBeam linear accelerator has been delayed to the coming year. The radiotherapy department launched a fundraising campaign which raised approximately £22,000 through various events which will support the purchase of medical equipment. The radiotherapy and medical physics service was also successful in retaining its ISO 9001:2008 quality accreditation standard.

Key IT achievements

We have continued to invest in IT improvements. A total of 34 projects were governed through the IT steering group's improvement plan in 2017/18. Of these, 14 were successfully completed, 13 will be implemented in 2018/19, seven are awaiting business case approval.

Among the most notable achievements were:

- ➔ adopting new systems for printing and postage of patient letters, reducing the rate of patients who did not attend (DNA), missed appointments and returned letters
- ➔ a new software licensing model
- ➔ new hand-held devices for community midwives, enabling them to access key clinical systems from anywhere, reducing travel time and improving team productivity
- ➔ integration of pathology results into the Trust's review portal, enabling GPs to access results in real time, improving the service to GPs and reducing administration
- ➔ tendering of managed print services to improve printing and copying of specialist stationery such as labels and wristbands.

2.10 Education and training

The Trust's newly refurbished education centre has five education teaching and meeting rooms, two clinical skills rooms, one high fidelity simulation suite, lecture theatre seating for 80 and a learning hub. Video-conferencing facilities are available in two of the education rooms and

all rooms have audio visual equipment. The learning hub comprises the library and e-learning centre. The library has a quiet study room which is available for staff to use 24 hours a day, every day of the year.

Each education room can host 30 - 40 people and can be laid out in a variety of ways. The clinical skills rooms can host 10 to 20 people for smaller teaching groups. All areas are brightly lit and welcoming.

During the year we provided developed a range of new training, education and support for nurses, midwives and allied healthcare professionals, including:

- ➔ Care Certificate training courses for healthcare support workers, increasing the proportion with certificates from 0% to 84%
- ➔ a Preceptorship Framework, which standardises what is expected of newly qualified staff in the first year of qualification. The framework was commended by Capital Nurse, the HEE-funded organisation that supports nurses in London and included an improved Preceptorship Programme for nurses, midwives and allied health professionals
- ➔ a new Digital Career Framework to enable newly qualified staff to record questions about their progress, helping them to move forwards in their career
- ➔ career clinics for all staff and took part in a nursing mentorship scheme with London South Bank University
- ➔ clinical skills and induction week training for nurses, midwives and AHPs who had joined the Trust
- ➔ chemotherapy "passports" to enable chemotherapy nurses to move between trusts without the need for further training
- ➔ training for Barnet, Enfield and Haringey Mental Health Trust in physical healthcare and in return received mental health training, particularly for our emergency department team

Performance analysis

Environmental matters and sustainability

2.11 Anti-corruption and anti-bribery matters

The Trust is absolutely committed to maintaining an honest, open and well-intentioned atmosphere, so as to best achieve our values and the wider objectives of the NHS. It is, therefore, also committed to the elimination of bribery and corruption and to the rigorous investigation of any such allegations. The Trust has in place adequate procedures to prevent bribery, and procures goods and services ethically and transparently. The Trust will not engage in any form of bribery, and we expect all employees, suppliers and other associated persons to comply with the Bribery Act 2010 at all times.

2.12 Environmental matters and sustainability Building regulations in relation to cladding

The Trust has taken expert legal advice regarding the installation of cladding on some parts of the exterior of its buildings and the current view on compliance with regulations, and consideration of the next steps. This advice recognises that there is an ongoing public investigation into Grenfell Tower and a wider national review of building regulations that may result in new requirements.

The report recognises that given the height of the building (below 18 metres), and also considering the type of use of the building, for example that there are no inpatient wards that have cladding on the external façades, the scope for external fire to spread vertically between floors is limited.

The ongoing Independent Review of Building Regulations and Fire Safety is expected to report in summer 2018. It is anticipated that this review will provide fuller guidance and complete recommendations regarding the type and nature of cladding that may be used in the future. At this time, any replacement of the cladding has the potential to increase the risk of spread of fire. It is also important to be able to consider the evolving knowledge around Aluminium Composite Material (ACM).

London Fire Brigade last visited the hospital in October 2017 in connection with the cladding and noted that they “would have no objection to North Middlesex University Hospital continuing to use the facilities within the PFI buildings.” They have been to the hospital on several subsequent occasions to help their crews get to know the geography and lay out of the buildings.

Sustainability and energy efficiencies

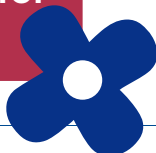
In 2017/18 our total energy consumption increased by one per cent to 33.4 million kWh (kilowatt hours). Within this total, electricity consumption was two per cent lower at 14.2 million kWh, whilst gas consumption rose by three per cent to 19.2 million kWh, mainly due to the much colder winter experienced at the beginning of 2018. Solar panels contributed 59,000 kWh to the National Grid.

The Trust continues to try to reduce its carbon footprint in order to comply with the government’s Carbon Reduction Commitment and in this regard our carbon dioxide emissions decreased slightly from 9,921 tonnes to 9,882 tonnes. We reduced water consumption by 14% to 142.8 million litres.

The Trust continues to progress towards reducing the level of carbon emissions generated by its operations. The expectation is to achieve the NHS carbon reduction targets by 2020. This will be achieved by a combination of developments that have already taken place – the replacement of the hospital’s older buildings with new energy-efficient buildings – as well as ongoing energy efficiency projects.



Consultant paediatrician Dr Vicky Jones received the Royal College of Paediatric Child Health’s Training Achievements Award for “best educational supervisor”



Performance analysis

Emergency preparedness

Energy efficiency projects

During the year we continued to upgrade LED lighting in the podium building.

Future proposals include:

- ➔ waterless urinals
- ➔ energy-efficient hand dryers in non-clinical areas
- ➔ more solar panels
- ➔ more movement sensors to reduce unnecessary lighting

In 2017/18 our PFI partners, Bouygues, continued to contribute to the sustainability plan through expansion of areas of garden planting in the grounds. They have launched an initiative to eliminate the use of single use plastic within refreshment areas used by their staff. They are also developing a large-scale energy efficiency proposal requiring capital investment from the Trust.

2.13 Emergency preparedness

During the year we responded to a number of incidents, including cyber-attacks, heat wave alerts, severe cold weather alert and two critical incidents as a result of extremely high attendance in A&E.

We took part in a series of exercises with external partners to test our preparedness for evacuation in fires and took part in a series of exercises to test our readiness for external events such as fuel disruption and mass casualties.

In the coming year we will be focussing on silver/gold commander training, fire response team training, A&E major incident training and induction training for junior doctors.

The Trust undergoes an annual assurance review with NHS England and the London Ambulance Service, at which it is assessed against the NHS core standards for emergency preparedness, resilience and response and

its duties under the Civil Contingencies Act (2004). The Trust continues to perform well, retaining a classification of "significantly compliant", with an action plan in place to resolve three amber scores by 31 March 2018.

Governance continues to be robust, with monthly Emergency Planning Committee meetings taking oversight of all emergency planning matters and ensuring risk assessment, compliance with legal duties for preparedness, response and recovery. A thorough process is in place to ensure learning from all incidents and exercises is captured and actions plans are implemented. The committee is chaired by the accountable executive director for emergency planning who is supported by an identified non-executive director lead for emergency planning.

In 2017/18 we continued to meet emergency planning obligations set out in the NHS-wide emergency preparedness, resilience and response framework and the Civil Contingencies Act (2004).

To the best of my knowledge and belief, the 2017/18 performance report is fair, true and accurate.

Signed



Maria Kane
Date 25 May 2018
Chief Executive

Our income and spending

Director of Finance's report

2.15 Director of Finance's report

The 2017/18 financial year has proven to be another challenging year for North Middlesex University Hospital and the wider North Central London health economy.

In the year ending 31 March 2018 the Trust has reported a retained income and expenditure (I&E) deficit of £28.9m.

Significant drivers of the deterioration in financial performance include continued pressures on the Trust's emergency services and the resultant payment for this additional activity at a discounted rate. This is partly due to the under-delivery of planned demand management schemes by local clinical commissioning groups. Whilst the Trust has reduced its reliance on agency staff from the previous financial year, it continued to incur significant agency costs resulting from ongoing challenges in recruitment and retention of staff.

During the year the Trust participated in NHS Improvement's Financial Improvement Programme. With external support and engagement across the organisation this resulted in the achievement of £12.3m efficiency savings. Furthermore, the Trust commissioned a comprehensive review of the drivers of its deficit and

has developed plans to eliminate operational factors by the end of 2018/19 in order to return towards financial balance.

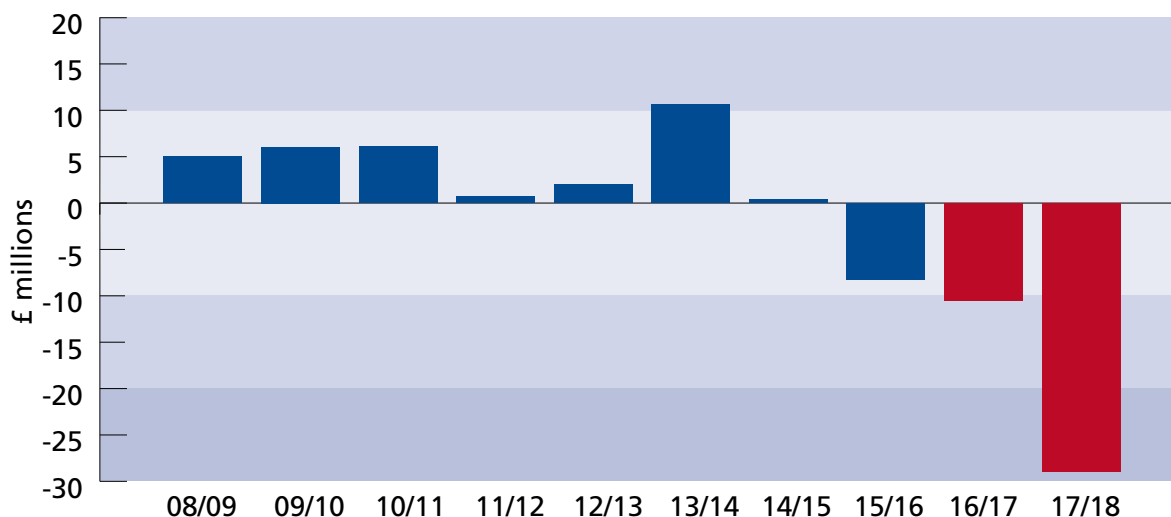
The Trust's operating costs continue to be chiefly incurred through the delivery of patient treatment activity within the framework of service level agreements with local clinical commissioning groups (principally Enfield CCG and Haringey CCG), which are financed from resources voted annually by Parliament.

The Trust largely finances its capital expenditure from budgets generated internally.

The total capital expenditure for the year was £5.38m, which included investment in the refurbishment of the Trust's education centre to provide staff with a modern facility in which to train and study. This was funded from the proceeds of the sale in 2016 of land on the south east corner of the hospital site. In addition £1.4m was spent in the replacement of ageing medical equipment, including x-ray and theatre equipment.

The following graph illustrates how the financial performance of the Trust has changed over the last 10 years.

Income and expenditure retained surplus/deficit



The Trust is required to achieve five statutory financial duties. The Trust did not achieve the break-even duty, and sets out below the other four key indicators:

- ➔ to manage cash flows within the limits set by the Department of Health (the External Financing Limit - EFL). This determines how much more (or less) cash can be spent by the Trust compared to that which is generated from its operations. The Trust is required to maintain net external financing within its approved EFL
- ➔ to achieve a 3.5% return on assets (the cost of capital absorption duty), in other words the total dividends paid on public dividend capital (PDC) must be 3.5% of the average net relevant assets
- ➔ to limit capital expenditure within the limit set by the Department of Health (the Capital Resource Limit - CRL). The CRL determines the amount which can be spent by the Trust each year on capital purchases. It measures capital expenditure on an accruals basis (rather than cash outflow on capital) and must not be exceeded
- ➔ to pay 95% of invoices within 30 days of receipt of the invoice or goods (the Better Payment Practice Code).

Performance against these metrics is shown in Table 8.

Table 8: Financial performance targets, 2013/14 to 2017/18

Target	13/14	14/15	15/16	16/17	17/18
External Financing Limit	Met	Met	Met	Met	Met
Cost of Capital Absorption Duty	Met	Met	Met	Met	Met
Capital Resource Limit	Undershoot	Undershoot	Undershoot	Undershoot	Undershoot
Better Payment Practice Code	90%	86%	79%	76%	76%
Breakeven Duty	Met	Met	Met	Not met	Not met

Ongoing financial issues

The Trust Board continues to challenge and support the organisation in delivering its agreed financial objectives. The lessons learnt from the financial improvement programme and strengthened transformation team will ensure that the Trust is in a strong position from the onset of the new financial year to deliver yet another challenging efficiency programme, targeted at £15m for 2018/19.

Close working with commissioners and local partners as part of the Sustainability and Transformation Plan will support the wider health economy in ensuring that our patients receive high quality care for the best possible value.

There is an opportunity in 2018/19 for the Trust to receive external funding for a new linear accelerator to improve the provision of radiotherapy treatment, and new and replacement IT systems through the fast follower global digital excellence programme. This funding would help transform the way we work at the Trust and support improvements for both patients and staff.



We launched the “Think, drink, water” campaign to remind staff about the importance of good hydration at work for fitness and health



The expertise and dedication of the finance department have been a constant theme during a difficult year, and I would like to underline my thanks to them for their hard work.

Overall financial arrangements

The Trust operates within the regulatory framework determined by the Department of Health. Risk management is monitored through the Trust's Board assurance framework and Significant Risk Register, as described in the annual governance statement.

Directors are members of the Trust Board and the Chief Executive has put in place systems that provide information and assurance for the Trust Board, including a substantial internal audit programme which is monitored by the Trust's Audit Committee.

In addition, as confirmed via the annual letter of representation to the Trust's external auditors, there is no relevant audit information of which the Trust's auditors are unaware. This letter is signed by the chief executive, the Director of Finance and the non-executive chair of the Audit Committee. The directors have taken all the steps they ought to as a director in order to make themselves aware of any relevant audit information and to ensure that the external auditor is aware of that information.

The full annual governance statement and the letter of representation relating to 2017/18 can be obtained at the following address: Director of Finance, North Middlesex University Hospital NHS Trust, Sterling Way, Edmonton, London N18 1QX.



**We recruited 127 apprentices
to an exciting range of training
programmes**



Financial statements

The summary financial statements are included at the end of this report.

The Trust's appointed external auditors are BDO, external audit fees for the 2017/18 year were £71,000. Fees for non-audit work totalled £12,000.

An indication of how the Trust's pension liability is treated can be found in the notes to the accounts (note 1.5) of the full accounts.

The full accounts and notes to the accounts are available on the Trust's website at: www.northmid.nhs.uk/About-Us/Corporate-Documents/Annual-Reports or by contacting the Trust at the following address: Director of Finance, North Middlesex University Hospital NHS Trust, Sterling Way, Edmonton, London N18 1QX.

Signed

David Stacey

David Stacey

Date 25 May 2018

Director of Finance



On International Nurses Day
we celebrated our talented
workforce and raised awareness
of our services



3 Section Three



How we run the Trust

Corporate governance

3.1 Corporate governance including Directors' report

NHS trust boards are required to have more non-executive members than executive members. The Trust's Board comprises the Chair, five other non-executive directors (NEDs), the Chief Executive Officer (CEO) and five other executive directors all of whom are collectively responsible for the success of the Trust. They include the Medical Director, the Director of Nursing and Midwifery, The Director of Finance, the Director of Strategic Development and the Director of Human Resources. They are supported by the Chief Operating Officer and two associate NEDs who provide additional advice and expertise to the Board.

Executive directors are full-time employees of the Trust and non executive directors are part-time and appointed by NHS Improvement. Executive directors manage the day-to-day running of the Trust and, with the Chair and the other non executive directors, set the strategic direction.

Board members have a wide range of skills and bring experience gained from NHS organisations and other public and private sector bodies. Their skills include accountancy, audit, education, management consultancy, legal and health knowledge. Due consideration is given to the composition of the Board in terms of the protected characteristic groups in the Equality Act 2010. Each member is appointed for his or her experience, business acumen and their relationship with the community.

The Chief Executive and the executive directors are appointed, through public advertisement, by members of the Remuneration Committee, which is composed of the non executive directors and the Chair.

During 2017 the composition of the Board changed as follows:

- ➔ In September 2017 two associate non executive directors were appointed in order to improve the diversity of the Board and to ensure that it remains

representative of the local community.

- ➔ Sir David Sloman served as the Trust's Accountable Officer until the 17th May 2018.
- ➔ In December 2017 Maria Kane was appointed as CEO; and on the 18th May 2018 she was appointed as the Trust's Accountable Officer.
- ➔ In October 2017 an interim medical director/deputy Chief Executive was appointed. Following his retirement in February 2018 the role is covered on an interim basis by the deputy medical director.

Table 9: Trust Board membership 2017–18

Position	Name	Term
CEO	Libby McManus	Apr 17 - Dec 17
CEO**	Maria Kane	Dec 17 - Mar 18
Accountable Officer *	Sir David Sloman	Dec 17 - Mar 18
Medical Director	Cathy Cale	Apr 17 - Sep 17
Interim Medical Director/Deputy Chief Executive	Kevin Cleary	Oct 17 - Jan 18
Acting Medical Director	Achim Schwenk	Jan 18 - Mar 18
Director of Finance	David Stacey	Apr 17 - Mar 18
Chief Operating Officer***	Rachel Anticoni	Apr 17 - Mar 18
Director of Nursing and Midwifery	Deborah Wheeler	Apr 17 - Mar 18
Director of Strategic Development***	Richard Gourlay	Apr 17 - Mar 18
Interim Director of Human Resources***	Peta Poynton	Apr 17 - Feb 18
Interim Director of Organisational Development ***	Melanie Whitfield	Aug 17 - Feb 18
Interim Director of Human Resources** *	Ken Hutchinson	Feb 18 - Mar 18
Chair	Dusty Amroliwala	Apr 17 - Mar 18
NED (Vice-chair)	Graham Coles	Apr 17 - Mar 18
NED (Senior Independent Director)	Alan Palmer	Apr 17 - Mar 18
NED	Dalwardin Babu	Apr 17 - Mar 18
NED	John Hurst	Apr 17 - Feb 18
NED	Mehboob Khan	Apr 17 - Mar 18
NED (associate) ***	Surendra Deo	Sep 17 - Mar 18
NED (associate) ***	Sarah Rapson	Sep 17 - Mar 18

* Appointed Accountable Officer from 17 December 2017 to 17 May 2018

** Appointed Accountable Officer 18 May 2018

*** Denotes non-voting members

Following the resignation of the Director of Human

Resources (HR) in March 2017 the portfolio was covered on an interim basis jointly by interim appointments to the posts of Director of Human Resources and the Director of Organisational Development (OD).

Declarations of interest

The Trust has a duty to ensure that all its work is conducted to the highest standards of integrity and probity. A register of the interests of directors which might influence their role is compiled, maintained and reported at least once a year to a public Board meeting. The register is available on the Trust website (www.northmid.nhs.uk/Portals/) and on request from the company secretary's office.

interests held by directors that are considered to conflict with their responsibilities. Each director knows of no information which would be relevant to the auditors for the purpose of their audit report and which the auditors are not aware of and has taken all the steps that he or she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Table 10 shows the attendance of directors and non-executive director members at Board meetings and at committee meetings of which they are members.

There are no company directorships or other significant

Table 10: Members' attendance at Trust Board and committee meetings in 2017/18

Title	Name	Trust Board	Audit Committee	Clinical Quality & Patient Safety Committee*	Patient & Staff Experience Committee**	Finance, Performance & Investment Committee***	Charitable Funds Committee	Remuneration committee
Chair	Dusty Amroliwala	9/9	N/A	N/A	N/A	N/A	N/A	2/2
Accountable Officer	Sir David Sloman	5/5	N/A	N/A	N/A	N/A	N/A	N/A
NED / chair of FIC	Graham Coles	9/9	2/2	N/A	6/7	12/12	1/1	2/2
NED / chair of Audit	Alan Palmer	9/9	5/5	N/A	N/A	11/12	1/1	
NED	John Hurst	7/8	2/4	8/8	N/A	N/A	N/A	1/2
NED	Mehboob Khan	8/9	1/1	4/7	2/3	N/A	N/A	2/2
NED/ chair of WET	Dalwardian Babu	9/9	N/A	9/9	7/7	N/A	N/A	2/2
NED associate****	Sarah Rapson	6/6	N/A	N/A	N/A	6/7	N/A	1/2
NED associate****	Surendra Deo	6/6	N/A	2/3	5/5	N/A	N/A	1/2
CEO	Libby McManus Maria Kane	3/4 3/3	N/A	N/A	N/A	N/A	N/A	N/A
Director of Finance	David Stacey	9/9	N/A	N/A	N/A	11/12	1/1	N/A
Director of Strategic Development****	Richard Gourlay	9/9	N/A	N/A	N/A	11/12	N/A	
Chief Operating Officer****	Rachel Anticoni	9/9	N/A	N/A	N/A	10/12	N/A	N/A
Director of Nursing & Midwifery	Deborah Wheeler	7/9	N/A	8/9	6/7	N/A	N/A	N/A
Medical Director	Cathy Cale Kevin Cleary Achim Schwenk	5/5 3/3 2/2	N/A	3/3 3/3 2/3	2/2 2/2 3/3	N/A N/A 0/12	N/A N/A N/A	N/A N/A N/A
Interim Director of HR/OD ****	Peta Poynton Melanie Whitfield Ken Hutchinson	5/7 3/5 N/A	N/A	N/A	5/5 4/4 2/2	2/5 N/A 1/2	N/A N/A N/A	N/A N/A N/A

* formerly Risk & Quality Committee

** formerly Workforce, Education and Training Committee

*** formerly Finance & Investment

****denotes a non-voting member of the Board

For detailed information regarding the tenure of Board members please refer to Table 9 in the directors' report.


3.1.1 Statement of the accountable officer of the Trust

The Accountable Officer of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority (NHS Improvement), has designated that the CEO should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the 'NHS Trust Accountable Officer Memorandum'. These include ensuring that:

- ➔ there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- ➔ value for money is achieved from the resources available to the Trust
- ➔ the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- ➔ effective and sound financial management systems are in place
- ➔ annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Signed



Maria Kane

Date 25 May 2018

Accountable Officer



Midwife Michelle Lynch received the RCM SANDS Award for improvements to bereavement care



How we run the Trust

Annual governance statement

3.1.2 Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible. I am also responsible for ensuring that this Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the 'NHS Trust Accountable Officer Memorandum'.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore provide only reasonable and not absolute assurance of effectiveness. The system of internal control is based on a process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically. The system of internal control has been in place at the Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As Accountable Officer, supported by Board members, I have responsibility for the integration of governance systems. I have delegated the executive lead to the medical director and director of nursing for the implementation of integrated governance and risk management.

The Board recognises that risk management is an integral part of good management practice and to be most effective should be part of the Trust's culture. The Board is, therefore, committed to ensuring that risk management forms an integral part of its philosophy, practices and business plans.

The Board acknowledges that the provision of appropriate training is central to the achievement of this aim. Staff are appropriately trained and supported in incident reporting, carrying out risk assessments, mitigating risk and maintaining risk registers. Directors and departmental managers ensure that all staff, including those promoted or acting up, Board directors, contractors and locums, undergo corporate and specific local induction training appropriate to their area including risk management, incident reporting and hazard recognition training.

The risk management training programme includes formal training for:

- ➔ staff in dealing with specific everyday risks, eg basic risk management information including an overview of patient safety, incident reporting and investigation, complaints investigation and development of measures to improve patient experience, fire safety, information governance, health and safety, moving and handling, infection control and security
- ➔ specific staff involved in the maintenance of risk registers at directorate and department level, investigation and root cause analysis, the investigation of serious incidents and risk assessment for health and safety.

The human resources department monitors all mandatory and essential training and reports directly to the Board. Completion of training is included in staff performance monitoring, appraisals and revalidation.

Employees, contractors and agency staff are required to report all incidents and concerns and this is closely monitored. The Trust supports an open culture, meaning that we are open with service users, carers and staff when things go wrong. A significant emphasis is placed upon ensuring that we comply with the requirements of the statutory duty of candour.

The Board receives regular updates to ensure compliance in these areas. Guidance to staff on how to report an incident using the Datix incident reporting system, how to grade incidents, use risk assessment and risk registers, how to undertake root cause analysis and how to write a statement is available for staff on the Trust intranet.

The Trust also supports a learning culture, sharing and embedding learning from incidents following an objective investigation or review. In addition, the Trust seeks to identify and share good practice within the organisation. This happens at Board and directorate level through various mechanisms including feedback from NED visits and the monthly and annual staff awards events.

National guidelines and standards that relate to good practice are shared and there are processes in place to ensure action plans to implement recommendations are developed and monitored to completion.

Quality and equality impact assessments have been strengthened during the year to improve the assurance that the Board and its committees receive in terms of impact from cost improvement programmes, risks and how these will be managed. Further work is needed to integrate this effectively into other service developments.

The risk and control framework

The key objectives regarding risk and control are to achieve:

- ➔ compliance with external regulatory and other standards for quality, governance and risk including CQC standards and regulations
- ➔ delivery of the Trust's strategic aims and objectives
- ➔ a culture of effective risk management at all levels of the organisation
- ➔ a robust framework to ensure all controls and mitigation of risks are in place and operating, and can provide assurance to the Board on all areas of governance.

These are:

- ➔ corporate governance
- ➔ quality governance
- ➔ clinical governance
- ➔ financial governance
- ➔ risk management
- ➔ information governance including data security
- ➔ research governance
- ➔ clinical effectiveness and audit
- ➔ operational performance.

Executive directors have responsibilities for the management of strategic risk and operational risks within their individual portfolios. These include the maintenance of a risk register and the promotion of risk management training to staff within their directorates. A range of risk management training is available to staff based on their role and position within the organisation.

Risk identification and assessment is the process that enables the Trust to understand the range of risks faced, the level of ability to control those risks, the likelihood of their occurrence and their potential impacts. Risk assessment is a continuous process with risks assessed at ward, team and department level in line with risk assessment guidance. It is carried out proactively as part of the health and safety processes as well as reactively when risks are identified from incidents, complaints, local reviews, patient feedback and so on.

Risks are scored based on the likelihood of the risk materialising (score 1-5) multiplied by the impact or consequence of that risk (score 1-5). The risk scoring matrix evaluates the level of risk as low (1-7), medium (8-12) or high (15-25). This guides the priorities for action and is used for all risk scoring within the Trust in order to ensure a consistent and standardised approach. It allows the organisation to gain an appreciation of the magnitude of each risk, set targets for improvement based on its risk appetite and track progress against an agreed, timed action plan. The Board decides what level of risk is reported to it. The threshold is a risk score of 15 and above.

Risks are recorded in risk registers and via the Datix system. A risk register is a tool for recording and managing risk in a standard format to allow comparison and aggregation. Taking each risk in turn, the register records the controls (the things we do to mitigate that risk) already in place, the original risk score and the current risk score based on those controls. Gaps in controls can then be identified and actions agreed to close these gaps.

Targets based on an acceptable level of risk can be agreed and progress towards achieving the target risk score can be tracked. Assurances (the evidence that controls are effective) are also recorded. The identification and management of risk as communicated in risk registers aids decision-making and resource prioritisation. It produces proper information by which the Trust can reassure the public, patients and stakeholders that it is effective and efficient and delivering the objectives of the organisation.

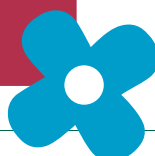
The Board Assurance Framework (BAF) is an essential tool which brings together the key strategic objectives, the requirements of licensing and regulatory bodies and provides detail and assurance on the systems of control which underpin delivery of the strategic objectives. It offers visible assurance on the Board's overall governance responsibilities.

Taking each risk in turn, the BAF records the controls and the assurances already in place. Gaps in controls and assurances can then be identified and actions agreed to close the gaps. By focusing on these the Board can be confident that all necessary steps are being taken to assure delivery of the Trust's overall objectives and obligations and that resources can be allocated appropriately. The BAF is a live document that is reviewed each month. Some gaps in controls or assurances will also feature on the significant risk register as they present a current risk that requires mitigation. The strategic and highest scoring risks on the significant risk register for the 2017/18 relate to:

- ➔ achievement of performance expectations
- ➔ achievement of financial target - via CIP delivery, efficiency, benchmarking etc
- ➔ staff culture
- ➔ recruitment and retention



Children from St Francis de Sales School visited our care of the elderly wards to entertain patients by singing and reading



The work of the Trust Board and its committees

The significant risks (corporate risks) for 2017/18 and the future relate to:

- ➔ failure to manage expenditure within the agreed budget
- ➔ failure to control and manage payroll costs both temporary and permanent
- ➔ failure to change services to improve productivity
- ➔ failure to achieve the A&E access target (95% of type ones within four hours)
- ➔ failure to implement improvement plans identified following CQC inspection
- ➔ failure to deliver excellent standards of care.
- ➔ the use of internal audit to consider the systems and processes which support the delivery of the Trust's functions;
- ➔ Monitoring compliance with the CQC's registration requirements
- ➔ Monitoring compliance with quality, operational and financial performance standards, including the NHS Constitution.

The Trust has established an executive assurance forum whose objective is to seek assurance that the Trust maintains robust systems of governance, risk management and internal control that enables clinical and managerial leaders to ensure safe, high quality, patient-centred care. Executive assurance forum assurance reports are submitted to the Trust Board for review and comment.

Where gaps in controls and assurance are identified, the forum will:

- ➔ ensure corrective action is taken
- ➔ monitor effectiveness
- ➔ report the matter to the Board as required.

The governance framework

The Trust's governance framework is designed to ensure that the organisation is able to facilitate the system of internal control which in turn is designed to manage risk to an acceptable level. It is recognised that it is not possible to eliminate all risk of failure to achieve aims and objectives; it can therefore provide only reasonable and not absolute assurance of effectiveness.

The Trust has arrangements to ensure that it discharges its statutory functions and that it complies with legislative requirements. These include:

All Board members have access to external legal and audit advice should they require this in line with undertaking their role.

The Trust Board

The Board has overall responsibility for the activity, integrity and strategy of the Trust and is accountable, through its Chair, to NHS Improvement. Its role is largely supervisory and strategic and it has six key functions. These are to:

- ➔ set strategic direction, define objectives and agree plan for the Trust
- ➔ monitor performance and ensure corrective action
- ➔ ensure financial stewardship
- ➔ ensure high standards of corporate and clinical governance
- ➔ appoint appraise and remunerate the executives
- ➔ ensure dialogue with external bodies and the local community.

The Board met 12 times during the year. Changes to the membership of the Board are shown in Table 9. The attendance of Board members can be found in Table 10.

Evaluation of the directors is delivered formally via a number of channels each year. These include:

- ➔ appraisal of NED performance by the CEO and Chair
- ➔ appraisal of NED performance by the Chair
- ➔ appraisal of the CEO by the Chair
- ➔ a Board development programme
- ➔ a review of the effectiveness of each committee.

The Chair leads regular discussion regarding the effectiveness of the Board. This has identified that the Board needs to focus more time on developing strategy and it has taken steps to do this via its Board development programme.

The Board operates with the support of Board committees, which:

- ➔ support the Board in fulfilling its role, given the nature and magnitude of the Trust's wider agenda, by supporting background development work and providing scrutiny in more detail than is possible at Board meetings
- ➔ strengthen the Trust's overall governance arrangements and support the Board in the achievement of the Trust's strategic aims and objectives
- ➔ maximise the value of input of NEDs given their limited time and provide clarity around their role.

The chairs of each committee provide chair's assurance reports to the Board after each meeting, highlighting significant issues of concern or under performance, assurances received and decisions made at their meetings. In addition each committee, including the Board, undertakes an annual review of its effectiveness. This review is used to produce an annual report to the Board.

During 2017/18, the Board has been supported by:

- ➔ five committees
 - ➔ audit
 - ➔ remuneration
 - ➔ finance, performance and investment
 - ➔ clinical quality and patient safety
 - ➔ patient and staff experience
- ➔ one fund - the charitable fund
- ➔ one forum - the executive assurance forum

Audit Committee

The Audit Committee oversees the establishment and maintenance of an effective system of internal control throughout the organisation. It ensures that there are effective internal audit standards and provides independent assurance to the Board. The committee reviews the work and findings of external auditors and provides a conduit through which their findings can be considered by the Board. It also reviews the Trust's annual statutory accounts before they are presented to the Board, ensuring that the significance of figures, notes and important changes are understood. The committee oversees the Trust's internal audit and counter fraud arrangements.

It is chaired by a NED with a financial qualification. Members include the chair of the clinical quality and patient safety committee. It met five times in 2017/18 and was quorate for each meeting.

Use of internal and external auditors

Audit committee members meet privately with internal and external audit representatives when required. The director of finance, deputy director of finance and the company secretary also attend.

The committee's chair ensures the Board is kept informed of significant risks and reviews all disclosure statements that are derived from the Trust's assurance processes. The committee reviews its annual cycle of business against the NHS Audit Committee Handbook.

Throughout the year the committee has paid particular attention to:

- ➔ the BAF
- ➔ risk management arrangements including a regular review of the significant risk register
- ➔ recruitment processes
- ➔ a revised data quality strategy
- ➔ emergency preparedness and business continuity
- ➔ information governance and readiness for general data protection regulation
- ➔ business continuity and cyber security.

Finance, Performance and Investment Committee

The Finance, Performance and Investment Committee's main responsibilities are to review the Trust's financial and operational performance against annual plans and budgets and to provide overview of the development of medium and long-term financial models. It also monitors performance of the Trust's physical estate. Other responsibilities include reviewing in-year delivery of annual efficiency savings programmes and oversight of the Trust's activity and operational performance via the performance dashboard and a series of more detailed investigations (known as 'deep dives').

The committee, which met 12 times, is chaired by a NED with a financial qualification and he is supported by two other NEDs. The attendance record for the committee can be seen on page xxx.

During the year the Trust had to submit a revised forecast deficit and the committee scrutinised the position prior to submission to NHSI. Any areas requiring Board oversight were escalated by the committee chair to the Board.

Clinical Quality and Patient Safety Committee

The Clinical Quality and Patient Safety Committee is responsible for providing the Trust Board with assurance on aspects of the quality of clinical care: on clinical governance systems, including the management of risk, and on standards of quality and safety. The committee oversees the Trust's compliance with the CQC's standards.

The committee, which met nine times during 2017/18, is chaired by a NED, supported by two other NEDs, one of whom also has a clinical background. Patient representatives from Healthwatch Enfield attend all meetings.

This year the committee has paid particular attention to areas of risk which featured on the BAF or the significant risk register. It has also seen the introduction of reporting from the clinical divisions which enables clear sight of quality issues at divisional level. This reporting demonstrates the effectiveness of clinical governance arrangements within the divisions and enables the committee to challenge areas for improvement.

Patient and Staff Experience Committee

The Patient and Staff Experience Committee is responsible for providing the Board with assurance on aspects of organisational development and the effectiveness of our recruitment and retention strategy. It also considers the experience of staff and patients in light of the organisation's culture and strategic objectives and compliance with the NHS Constitution.

Remuneration Committee

The Remuneration Committee is responsible for determining the policy on executive remuneration, approving contracts of employment for executives and, also, for agreeing arrangements for the termination of contracts. It also ensures that appropriate performance management arrangements are in place for executive directors. The committee has regard to the arrangements in the wider NHS, the consideration of wider professional benchmarking and any relevant guidance from the Treasury.



**Matron Gillan Belfon-Johnson
was named Nurse Leader of the
Year by the Nursing Times**



The Senior Leadership Group

The Senior Leadership Group (SLG) is the principal forum for ensuring and assuring the delivery of the Trust's strategic and operational objectives, including annual operating and financial plans. The SLG comprises the executive team, the divisional director, the head of nursing or midwifery and the director of operations of each of the three clinical divisions. The SLG maintains oversight of operational performance and management of risk in a systematic and planned way. It is the most senior executive decision making forum and receives reports and recommendations from sub-groups. The group is supported by the clinical divisions, directorate and corporate functions.

Divisions

Each division has a Board which oversees the quality and governance of its services, ensures appropriate representation on groups within the governance framework and reports to the senior management team. The divisions work within clear accountabilities to ensure that the systems of control are in place and adhered to.

Executive directors group and other groups

Beneath the Board's committees is a broad framework of groups that manage and deliver the business of the Trust including infection prevention and control, information technology, information governance, mortality and a serious incidents review group which meets weekly.

The executive directors meets weekly to discuss and action operational matters. Consultations with commissioners on the wider aspects of risk are undertaken through monthly contract management meetings.

Assuring the corporate governance statement

The robust risk and control framework described enables the Trust to assure the validity of its corporate governance statement, which will be submitted to NHS Improvement in June 2018 in line with its single oversight framework.

During 2017/18 the Board ensured that detailed controls were in place to mitigate risks and support assurance and will continue to do so. All risks, mitigation and progress against actions are monitored formally each month at divisional, corporate and Board level. The Trust is fully compliant with the CQC's registration requirements. The CQC inspected the Trust during an unannounced visit in May 2016 with a follow up visit in September 2016. Immediate action was taken to address concerns that were raised around staffing levels. Other areas identified for improvement included:

- ➔ the safety of medicines
- ➔ medical equipment
- ➔ quality governance/risk processes
- ➔ safeguarding
- ➔ cancer targets
- ➔ infection prevention and control.

The improvement plan was reviewed by the Board and continues to be monitored by the Board and the Clinical Quality and Patient Safety Committee each month.

Six Never Events, as defined by NHS England's Serious Incident Framework, were recorded at the Trust in 2017/18. These were: three wrong site invasive procedure, two retained foreign object post-procedure and one unintentional connection of a patient requiring oxygen to an airflow meter. This patient sustained significant harm. Root cause analysis investigations have or are in the process of being completed so that lessons will be learned and robust action taken to prevent similar incidents happening again at the Trust.

A number of actions were taken following these events and further actions will be identified as part of the investigations.

Issues were identified in relation to the training provision for junior doctors in the department. The Trust responded by agreeing an action plan with Health Education England (HEE) and progress against improvement actions was discussed each week the General Medical Council and HEE. Oversight of the action plan was provided by the Clinical Quality and Patient Safety Committee and the Board.

In order to make the right improvements to our organisation and services we need to have the views of people who use our services. We have continued to engage patients and the public in a number of ways including:

- ➔ involvement in patient-led assessments of the care environment
- ➔ participating in service-specific surveys
- ➔ the development of a revised patient and carer experience strategy.

With the patients' permission these studies and associated learning are regularly presented to the Board and shared with clinical teams to help them better understand what they do well and what needs to improve.

Cost improvement programmes are assessed for their impact on quality. Where possible negative impact is identified, mitigating actions are identified or, in cases of significant impact, the scheme is not progressed. In addition all policies are impact assessed to ensure that they do not negatively impact on one or more groups of staff, patients or the public.

The Board receives an integrated performance report which triangulates financial, operational, quality and workforce indicators to identify areas of deteriorating performance and forecast future risks to performance.

In 2017/18 the Board focused particularly on the A&E department recovery plan to ensure that key actions to address performance issues were identified and delivered.

The amount of time that patients have to wait for planned procedures is reviewed at the weekly access meeting. Members of the information team meet the service teams to discuss any data and quality concerns. The team that tracks compliance with the 18-week referral to treatment target and the information team both work with the data each day and there are checks to ensure correct use of the data.

The information governance steering group oversees data quality and reports any concerns to the Audit Committee. Risks are entered onto the significant risk register and reviewed by the committee.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the scheme rules, and that members' Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.



We staged "Art Show in the Atrium", an exhibition of paintings on the theme of health by A-level students of Southgate Secondary School



Equality, diversity and human rights

Control measures ensure that the organisation's obligations under equality, diversity and human rights legislation are complied with. In November 2017 a comprehensive equality, diversity and inclusion policy was approved for the Trust.

Sustainability

The Trust has undertaken risk assessments and is moving towards implementing its carbon reduction delivery plans in full, in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Emergency preparedness, resilience and response

As a category 1 (primary) responder the Trust has in place plans to meet its statutory obligations to:

- ➔ assess the risk of emergencies occurring and use this to inform contingency planning
- ➔ put in place emergency plans
- ➔ put in place business continuity management arrangements
- ➔ put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.

Review of economy, efficiency and effectiveness of the use of resources

The Trust produces an annual operating plan that is underpinned by detailed plans produced by the divisions. The plan details how the Trust will use its resources throughout the year, identifies the principal risks to the delivery of the plan and the mitigation and is supported by detailed financial forecasting. The annual budget setting process for 2017/18 was approved by the Board before the start of the financial year and was communicated to all managers in the organisation. The director of finance and his team worked closely with divisional and corporate managers throughout the year to support delivery of the annual budget.

Each division is required to deliver cost improvement plans in order to ensure economic, efficient and effective use of resources. The divisions work within agreed objectives and accountabilities which are monitored at monthly performance review meetings. The cost improvement plans are scrutinised and approved by the medical director and director of nursing and midwifery via a series of quality impact assessments to ensure the quality of services is maintained.

The capital programme and the annual operating plan are informed by the Trust objectives, quality improvement priorities and identified risks.

During 2017/18 the Trust continued to implement a carbon efficiency scheme to deliver reductions in carbon emissions and to deliver significant energy efficiency.



**Enfield Community Singers and
choirs from local schools sang in
the atrium as part of our popular
Arts in the Atrium programme**



Monthly financial and operational performance reports are presented to the Finance, Performance and Investment Committee and the Board. The Trust makes use of both internal and external audit functions to ensure that controls are operating effectively and to advise on areas for improvement. In addition to financially-related audits, the internal audit programme covers governance and risk issues. Individual recommendations and overall conclusions are risk-assessed and action plan priorities are agreed with Trust management. The Trust also reviews information and feedback from regulators and external sources such as the CQC, the national staff survey and national patient surveys to benchmark performance against other organisations and improve economy, efficiency and effectiveness.

Due to pressures around activity, difficulty in recruitment, high agency spend and delivery of the cost improvement programme the Board agreed to amend its 2017/18 financial target to a deficit of £29.9m. At the end of 2017/18 the Trust reported deficit is £28.9m, after taking into account additional winter funding received, this is in line with the revised forecast.

The deficit affected the Trust's cash reserves and throughout the year it relied on Department of Health loans. The Trust exhausted its revolving working capital facility in 2016/17 and required interim revenue support loans during the year which were subject to validation by NHSI and the Department of Health. The Trust submits a 13-week rolling cash flow forecast to NHSI each month so any issues are flagged up at an early stage.

With the exception of the break-even duty and better payment practice code the Trust achieved its other statutory financial targets, namely the 3.5% on average net relevant assets, the capital resource limit and the external financing limit.

As part of their annual audit, the Trust's external auditors are required to satisfy themselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. They do this by examining documentary evidence and through discussions with senior managers. The conclusions in relation to this work are made available to the Trust and presented to the Audit Committee.

Fighting fraud

The Trust has in place appropriate anti-fraud, bribery arrangements. A local fraud specialist conducts a local risk assessment and devises an anti-fraud and bribery work plan which is approved and monitored by the Audit Committee. There are induction and refresher fraud awareness sessions for staff and the Board and further communications and alerts as needed.

All referrals received by the local counter fraud specialist during 2017/18 have been subject to investigation. Allegations related to failure to declare conflicts of interest, working while on sickness absence, undertaking private work during Trust time, immigration issues and overseas visitor concerns. These cases are being dealt with under the appropriate Trust processes.

In one case the defendant pleaded guilty and received a two-year suspended sentence and a court costs order. The subject was also suspended by their professional regulator.

Table 11: Information governance breaches 2017/18

Date	Breach type	Summary	Reported to NHS Digital & ICO	ICO action
26 Apr 2017	Insecure transfer of personal data	Patient self-referral electronic form transferred using unencrypted pathway	Yes	No action
03 May 2017	Inappropriate disclosure of personal data	Sensitive personal data sent to wrong recipient by email due to scanning error	Yes	Investigated. ICO was satisfied with the steps taken by the Trust to prevent recurrence of data protection principles breach.
02 Jul 2017	Inappropriate disclosure of personal data	Staff member disclosed patient personal data on social media	Yes	Investigated. No action.
27 Oct 2017	Inappropriate disclosure of personal data	Sensitive personal sent to wrong recipient due to wrongly addressed email	yes	Investigated. Concerns expressed due to similarity with previous incident. After further investigations, no further action.

Information governance

All new staff are provided with Information Governance (IG) training at corporate induction. This includes an outline of the relevant legal position, NHS guidance and the Trust's policies relating to the safe and appropriate processing, handling and storage of information.

Additionally, in accordance with the requirements of the IG Toolkit, all existing staff are required to undergo IG update on an annual basis. This training is available as classroom training, workbook or E-learning.

Information governance and security related incidents are reported via the Trust's incident reporting system and are managed as part of the Trust's information governance processes. All incidents which have a data protection element are investigated and reviewed by the Information Governance Steering Group which has been chaired by the Director of Finance/Senior Information Risk Owner and the Caldicott Guardian. Where an on-going information risk is identified, this is recorded on the relevant risk register, along with a note of actions to be taken to minimise the chances of recurrence and impact.

There were four Serious Incidents Requiring Investigation during the period from April 2017 to March 2018. Lessons learnt are shared through the Serious Incidents Assurance Learning Group.

The Incidents were reported to the regulators including the Information Commissioner's Office (ICO).

In preparation for the introduction of the General Data Protection Regulations (GDPR) in May 2018, the Trust has appointed a GDPR officer who provides regular updates to the Audit Committee and information to staff.

Annual quality account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. It shows the improvements we have made to our services in the past year as well as where and how we will plan to improve further. It is published on our website and on the NHS Choices website.

The quality account is subject to an external audit review which provides assurance that it has been produced based on valid data and is accurate.

The medical director is responsible for the preparation of the quality account and for ensuring that it presents a balanced view of quality within the Trust. It is prepared with contributions from all responsible and accountable leads and drafted by the associate director of risk and governance. The Clinical Quality and Patient Safety Committee reviews the report before its submission with the annual report and accounts to the Audit Committee and then the Board.

Internal audit reviewed the data quality controls around a sample of Board-level performance indicators which feed into the quality account. Internal audit provided reasonable assurance regarding the data quality for the two-week cancer wait and Friends and Family Test indicators.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Clinical Quality and Patient Safety Committee and a plan is in place to address weaknesses and ensure continuous improvement of the system is in place.

The BAF and Significant Risk Register (corporate risk register) are reviewed bi-monthly by the Board and each month by the relevant Board committee and provide me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

The Board has concluded that the systems of internal control are effective as evidenced below, but acknowledge there is scope for improvements in certain areas. The last CQC inspection showed an assessment of "requires improvement".

The evidence referred to above is:

- ➔ CQC registration with no conditions
- ➔ the BAF and the significant risk register
- ➔ presentation of the annual governance statement to the Audit Committee by the accountable officer
- ➔ reports from the Senior Leadership Group, subgroups and directorates
- ➔ the internal and clinical audit plan, prioritised on areas of risk and concern
- ➔ the clinical audit and effectiveness annual report
- ➔ internal audit periodic reports and follow up of internal audit recommendations
- ➔ the internal audit annual report and head of internal audit opinion
- ➔ ISA260 audit highlights memorandum (external audit report)
- ➔ the Good Governance Institute's Board effectiveness review
- ➔ drivers of the deficit and baseline review (produced by Deloitte December 2017)
- ➔ self-assessment against the well-led framework supported by NHS Improvement (August 2017).

The Trust faced a significant number of challenges in 2017/18, most notably in relation to the 95% A&E standard. Difficulties in discharging patients and the level of activity impeded flow throughout the hospital. We implemented a series of improvements such as changes to clinical leadership and the emergency department recovery plan to improve the care for emergency patients. We worked closely with partners and are members of the A&E Delivery Board, designed to work across the local health economy to effect change. We are confident that, in light of these improved systems and processes, the Trust can achieve the required standard of 95% by the end of March 2019. We have developed a 2018/19 trajectory with NHSI and believe we will achieve 90% by September 2018.

Operational pressures in 2017/18 had a negative impact on our financial position and we had to revise the deficit we were forecasting. An independent review has informed me about the extent to which the financial position is within the Trust's control and plans are in place to address these control weaknesses.

Issues identified in relation to training provision for junior doctors in the A&E department resulted in an agreed action plan with Health Education England (HEE) and the General Medical Council (GMC).

Health Education England and the General Medical Council found in a February 2018 inspection that our actions to improve supervision and training of junior doctors had addressed their previous safety concerns.

Head of Internal Audit Opinion

For the 12 months ended 31 March 2018, our draft head of internal audit opinion for North Middlesex University Hospital NHS Trust is as follows:

There are weaknesses in the framework of governance, risk, management and control, such that it could become inadequate and ineffective.

This opinion is driven by the following partial assurance (amber/red) opinions:

- ➔ pre-employment checks
- ➔ business continuity planning
- ➔ fire safety
- ➔ safeguarding adults
- ➔ CQC improvement plan
- ➔ Board Assurance Framework
- ➔ clinical audit
- ➔ unexpected deaths

It has been noted that Management has worked hard to implement the actions arising from the audits highlighted above. Only four actions due prior to 31 March 2018 are outstanding. All other actions yet to be implemented fell due after 1 April 2018, and so the follow up process for those will continue into 2018/19.

The Trust's Executive Assurance Forum has been working with RSM to provide updates to management actions.

Internal control

Assurance of the effective controls for information governance is provided through the completion of the Information Governance Toolkit and in particular those aspects that relate to information governance security standards. The Trust has achieved a satisfactory level 74% of the information Governance Toolkit. Internal Audit have conducted an in year assessment of the Information Governance Toolkit to provide an opinion on the adequacy of the policies, systems and operational activities to complete, approve and submit the IG Toolkit scores. They made a number of recommendations which were implemented in time for the end of financial year declaration to NHS Digital. The Trust's information governance status is the subject of on-going review by the Audit Committee.

Conclusion

In summary I am assured that the Trust has a sound system of internal control in place, which is designed to manage the key organisational objectives and minimise its exposure to risk. The Board is committed to continuous improvement and enhancement of the system of internal control.

Signed



Maria Kane

Date 25 May 2018

Chief Executive

Remuneration report

3.2 Remuneration report

The Remuneration Committee has delegated authority from the Trust Board to determine the broad remuneration and performance management framework and individual remuneration arrangements of the Trust's senior managers not covered by Agenda For Change, including interim senior managers.

Whilst determining remuneration policy and packages, the committee has due regard to the policies and recommendations of the Department of Health and the NHS, and all relevant codes, laws and regulations.

When appropriate, the committee receives reports on compromise agreements, settlements and redundancies approved in accordance with Trust policies.

The following disclosures have been audited:

- ➔ single total figure of remuneration for each director
- ➔ CETV disclosures for each director
- ➔ fair pay (pay multiple) disclosures
- ➔ exit packages
- ➔ analysis of staff numbers and costs.

Table 12: Salaries and allowances

Title	Name	2017/18			2016/17		
		Salary (bands of £5,000)	All pension related benefits ¹ (a) (bands of £2,500)	TOTAL ² (b) (bands of £5,000)	Salary (bands of £5,000)	All pension related benefits ³ (bands of £2,500)	TOTAL ⁴ (bands of £5,000)
Non-executive directors							
Chair	Dusty Amroliwala	45 – 50	0	45 - 50	0 - 5	0	0 - 5
	Dalwardin Babu	5 – 10	0	5 – 10	5-10	0	5-10
	Graham Coles	5 – 10	0	5 – 10	5-10	0	5-10
	Mehboob Khan	5 – 10	0	5 – 10	0 - 5	0	0 - 5
	Alan Palmer	5 – 10	0	5 – 10	0 - 5	0	0 - 5
	John Hurst (to 19/02/18)	5 – 10	0	5 – 10	5-10	0	5-10
	Surendra Deo (from 01/09/17)	0 – 5	0	0 – 5	0	0	0
	Sarah Rapson (from 01/09/17)	0	0	0	0	0	0
Executive directors							
Chief Executive	Maria Kane (from 19/12/17)	55 – 60	2.5 – 5.0	60 - 65	0	0	0
Chief Executive	Elizabeth McManus (to 18/12/17)	110 – 115	112.5 – 115.0	225 - 230	115 – 120	0	115 – 120
Finance Director	David Stacey	110 – 115	32.5 – 35.0	145 - 150	15 - 20	2.5 – 5.0	20 - 25
Director of Nursing	Deborah Wheeler	110 – 115	0 – 2.5	110 - 115	70 – 75	65.0 – 67.5	135 - 140
Acting Medical Director	Achim Schwenk (from 15/01/18)	30 – 35	5.0 – 7.5	35 - 40	0	0	0
Interim Medical Director	Kevin Cleary (from 03/10/17 to 20/02/18)	70 - 75	0	70 – 75	0	0	0
Medical Director	Catherine Cale (to 06/10/17)	70 – 75	17.5 – 20.0	90 - 95	135 – 140	447.5 – 450.0	585 - 590
Chief Operating Officer	Rachel Anticoni	110 – 115	35.0 – 37.5	150 - 155	10 - 15	5 – 7.5	15 - 20
Director of Strategic Development	Richard Gourlay	110 – 115	17.5 – 20.0	125 –130	105 - 110	92.5 – 95.0	200 - 205
Interim Director of Human Resources	Ken Hutchinson (from 01/02/18)	15 – 20	0	15 - 20	0	0	0
Interim Director of Human Resources	Peta Poynton (from 10/04/17 to 14/02/18)	40 - 45	40.0 – 42.5	80 - 85	0	0	0
Interim Director of OD	Melanie Whitfield (from 16/08/17 to 16/02/18)	35 - 40	25.0 – 27.5	60– 65	0	0	0

1 The pension related benefits comprise the notional change in the value of the pension over the estimated 20 year period after retirement. This change is calculated by the formula: $20 \times \text{the change in pension} + \text{change in lump sum}$. The formula assumes that there is no uplift to the opening pension and lump sum and the resultant increase is net of any employee pension contributions for the period.

2 The TOTAL column reflects both real and notional elements and should not be read as the total salary for the year.

3 The pension related benefits comprise the notional change in the value of the pension over the estimated 20 year period after retirement. This change is calculated by the formula: $20 \times \text{the change in pension} + \text{change in lump sum}$. The formula assumes that there is no uplift to the opening pension and lump sum and the resultant increase is net of any employee pension contributions for the period.

4 The TOTAL column reflects both real and notional elements and should not be read as the total salary for the year.

Sir David Sloman was the Accountable Officer for the Trust from 17 December 2017 to 17 May 2018, his remuneration was paid by the Royal Free Hospitals Foundation Trust for which there was no charge to the Trust. Sarah Rapson, a non-executive director from 1 September 2017 chose not to receive remuneration for the role. The Chief Operating Officer received an additional payment in the year in respect of an historic allocation of annual leave due from a previous employment. The Interim Director of OD received an additional payment in the year in respect of work carried out on behalf of NHSI.

During 2017/18 one senior manager was seconded to another NHS organisation. The salary and pension bands disclosed in the table above are reflective of the remuneration in her capacity as senior manager of North Middlesex University Hospital NHS Trust for the period shown. Catherine Cale's period of secondment was from 7 October and was ongoing as at 31 March 2018. The secondment of Paul Reeves which commenced in 2016/17 ended on 31 July 2017.



Over 150 staff and members of the local community attended our annual AGM in September



Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. The figure for the highest paid director is taken as the total remuneration paid, this includes clinical duties.

The remuneration of the highest paid director in the North Middlesex University Hospital NHS Trust in the financial year 2017/18 was £114.4k (2016/17, £212.4k). This was 3.4 times (2016/17, 6.2) the median remuneration of the workforce, which was £33.4k (2016/17, £34.5k). The median remuneration excludes any bank and agency staff paid by the Trust.

In 2016/17, 72 (2016/17, 1) employees received remuneration in excess of the highest paid director. The movement between years is due to the fact that a number of executive directors were not in post for the full year. Individual staff remuneration ranged from £16.3k to £233.7k (2015-16, £16.1k - £222.5k).

Total remuneration includes salary, non-consolidated performance related pay, benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

In 2017/18, the majority of staff received an annual increment of one per cent.

Table 13: Pension benefits

	Real increase in pension at age 60 (bands of £2,500)	Lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60, 31 March 2018 (bands of £5,000)	Lump sum at aged 60 related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Real increase (decrease) in Cash Equivalent Transfer Value	Employers contribution to stakeholder pension
Name	£000	£000	£000	£000	£000	£000	£000	£000
Executive directors								
Maria Kane	0 – 2.5	0	30 - 35	80 - 85	597	559	11	0
Elizabeth McManus	5.0 – 7.5	15.0 – 17.5	55 - 60	175 - 180	1,097	895	145	0
David Stacey	0 – 2.5	0	5 - 10	0	65	47	18	0
Deborah Wheeler	0 – 2.5	0 – 2.5	50 - 55	150 - 155	1,061	993	68	0
Rachel Anticoni	2.5 – 5.0	0 – 2.5	10 - 15	5 - 10	190	148	42	0
Catherine Cale	0 – 2.5	0	60 - 65	155 - 160	1,100	1,040	31	0
Richard Gourlay	0 – 2.5	0	30 – 35	70 – 75	465	422	43	0
Achim Schwenk	0 - 2.5	0 – 2.5	20 - 25	65 - 70	0	0	0	0
Peta Poynton	0 – 2.5	2.5 – 5.0	20 - 25	60 - 65	345	307	32	0
Melanie Whitfield	0 – 2.5	0	0 – 5	0	37	0	19	0

There are no entries in respect of pensions for Non-Executive members as they do not receive pensionable remuneration. The Interim Medical Director retired and the Interim HR Director at 31 March was not in the pension scheme.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement

which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase / (Decrease) in CETV: this reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. The factors used in the table above are one per cent for 2017/18 and 0% for 2016/17.

The Government Actuaries Department (GAD) factors for the calculation of Cash Equivalent Transfer Values (CETV) assume benefits are in line with CPI rather than RPI, which was used previously.

Table 14: Reporting of other compensation schemes – exit packages

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £'s	Number of other departures agreed	Cost of other departures agreed £'s	Total number of exit packages	Total cost of exit packages £'s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £'s
Less than £10,000	0	0	4	19,082	4	19,082	0	0
£10,000 - £25,000	0	0	1	13,260	1	13,260	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
> £200,000	0	0	0	0	0	0	0	0
Totals	0	0	5	32,342	5	32,342	0	0

Table 15: Other exit packages

Other Exit packages – disclosures (Excludes compulsory redundancies)	Number of exit package agreements	Total value of agreements £000's	16/17 Number of exit package agreements	16/17 Total value of agreements £000's
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	5	32	2	18
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non contractual payments requiring HMT approval	0	0	0	0
Total	5	32	2	18
Non contractual payments made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

Table 16: For all off payroll engagements as of 31 March 2018, for more than £245 per day and which last longer than six months

	Number
Number of existing engagements as of 31 March 2018	3
Of which, the number that have existed:	0
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	3

Table 17: For all new off payroll engagements between 1 April 2017 and 31 March 2018, for more than £245 per day and last longer than six months

	Number
Number of new engagements, or those that reached six months in duration between 1 April 2017 and 31 March 2018	0
Of which, the number that have existed:	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to the department) and are on the departmental payroll)	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
No. of engagements that saw a change to IR35 status following the consistency review	0

Further to changes in the rules regarding the employment status of workers engaged through personal service companies, the Trust has assessed interim workers. The Trust has ensured that, following assessment of employment status, income tax and national insurance obligations are correctly accounted for.

Table 18: Off payroll engagements of Board members

	Number
Number of off payroll engagements of Board members, and / or senior officers with significant financial responsibility, during the year	1
Number of individuals that have been deemed Board members, and / or senior officers with significant financial responsibility during the financial year.	12

An interim HR Director was appointed in February to cover the vacant post whilst the Trust undertook a recruitment process. A substantive HR director has been appointed and started in the role in June 2018, at which point the interim role ceased.

Staff report

Expenditure on consultancy

The Trust has spent £2,433k on consultancy in the year to 31st March 2018, (2016/17 - £619k), a key aspect of the increase being the Trust's involvement in the financial improvement programme. Consultancy being defined as the provision to management of objective advice and assistance relating to strategy, structure, management or the operation of the Trust in pursuit of its objectives.

Staff Sickness Absence

The average number of working days lost to staff sickness absence in the year to 31 March 2018 was 8.20 days (2016/17 - 8.30 days)





3.3 Staff report

We want to be the local employer of choice and a great place to work, where our staff feel valued and highly motivated, and where they receive excellent education, training and development.

We know that success in these areas will translate into better care for patients and better patient experience.

We continue to champion our staff values which were launched in 2014/15.

Our values

-  **Caring:** being welcoming and approachable
-  **Helpful:** giving clear explanations and information
-  **Open and honest:** acting on concerns about the safety of others
-  **Being a team player:** involving people as equals



Jess Salkind



Gillan Belfon-Johnson

Our Staff Stars

Each month individuals and teams who have championed our values are nominated by staff and patients. The winners are presented with a certificate and badge by a member of the executive team and their success is shared on the intranet and through social media channels.

Each year there is a major ceremony to celebrate those members of our staff who live and breathe the values every day; in June 2017 our third such event this was held at Alexandra Palace.

About 400 nominations were received across 14 categories – the highest number to date, demonstrating the growing esteem in which the awards are held by staff.

The 2017 annual award winners were:

Chair's award for lifetime achievement in the NHS:

Marylyn Hicks, diabetes midwife

Outstanding contribution to patient care (team award): breast surgery team

Outstanding contribution to patient care (individual award): Victoria Jones, paediatric consultant

Improvement award: Savina Theeka, manager of tower 4 (T4) ward

Non-clinical team of the year: finance costing team, Beverley Spinks, Farhana Raham, Lorenza Ravallesse

Clinical team of the year: Michael Bates ward

Educator of the year: Justine Mooney, Rob Lythgoe, Zankhana and Shelly English, superintendent radiographers

Improving patient experience (team award): female genital mutilation team

Improving patient experience (individual award):

Kerri Grieves, clinical governance co-ordinator

Apprentice of the year: Nicole Williams, business administrator for sexual health team

Community partnership award: Chantel Palmer, named midwife for child protection; Stavroulla Cairns, apprentice lead

Prompting Equality, Diversity and Inclusion: Jess Salkind, foundation year 1 doctor

Unsung Hero (Partner): Rebekah Philips, gangs youth worker

Unsung Hero (NHS staff): Ray Conley, human resources (Sports, Arts and Social Club)

Special Volunteers Award: Beryl Tyrell (posthumous)

Volunteer of the Year: Jean Brown and Elizabeth Thomas

CEO Award: Mark Elsworthy, head of radiotherapy

Other awards for our staff

We are proud that in addition to in-house awards our staff have also received a series of national and regional awards:

- ➔ Critical care matron Gillan Belfon-Johnson, Nurse Leader of the Year 2017, Nursing Times
- ➔ Urology clinical nurse specialist Rosemary Dadswell, shortlisted for Nurse of the Year 2017 in Nursing Times Awards
- ➔ Midwife Michelle Lynch received the Royal College of Midwives' SANDS Award for improvements to bereavement care
- ➔ Midwife Michelle Lynch, shortlisted for Midwife of the Year by Royal College of Midwives
- ➔ Consultant paediatrician Dr Vicky Jones received the Royal College of Paediatric Child Health's Training Achievements Award for "best educational supervisor".
- ➔ Critical Care Unit – North Mid Ward of the Year 2017 for best quality audits
- ➔ Consultant paediatrician Dr Gayle Hann, top three trainer in NSPCC / BASPCAN awards
- ➔ Paediatric team – London School of Paediatrics "PAFTA" for best training team 2017

- ➔ Cardiac rehabilitation unit specialist nurse, Valerie Nangle, and cardiology specialist nurse, Sarah Pelley, Royal College of Nursing "innovation in practice" award for social media campaign, #NoCulturalBoundaries, to promote heart disease awareness.
- ➔ Flu-Fighter Awards 2018: Occupational health and corporate nursing team shortlisted for NHS Employers most improved Flu Vaccination campaign, following a 24% increase to 72% of staff vaccinated.



Victoria Jones

Our promise to our staff

We continued to work to fulfil our commitment to North Middlesex University Hospital Staff, a promise to our hardworking staff team to make the hospital a great place to work and an even better place for patients. We promised to:

- ➔ create a safe, well equipped and comfortable working environment
- ➔ give all staff equal access to learning, development and training
- ➔ promote a culture of respect
- ➔ provide high quality information about the hospital and the local health service
- ➔ reward good performance and manage poor performance
- ➔ arrange more social, health and well-being events for all staff to enjoy.

Staff Flu Vaccination campaign

The Trust achieved its highest ever rate of flu vaccination among staff, helping to protect themselves, their families, colleagues and patients from the virus. During the winter flu season, 72% of staff received the vaccine, an increase of 24%. The vaccination campaign was shortlisted in NHS Employers' Flu Fighters awards for the most improved flu campaign.



Flu fighter -Paul Wastell

Listening to and engaging with staff

We continued to hold monthly staff briefing and question and answer sessions, known as Executives' Question Time (EQT) in which staff have the opportunity to hear about corporate priorities and to put questions on any topic to members of the executive and other senior leaders. The sessions were attended by between 50 and 100 staff. A monthly written team briefing underpinned the event and this was shared with all staff through face to face briefings by team managers and was also made available to all staff through the Trust's intranet. Staff regularly contributed to Board presentations about their work, particularly in relation to patient experience.

During 2017/18 we also started working towards the launch of a one year programme of staff engagement known as "Listening into Action". The programme, launched in May 2018, engages staff by asking their views on a series of questions and listing three things they would like to change at work that will improve things for patients and for staff. The results will be used to start a series of actions and changes that will improve the Trust, build teamwork and promote greater staff involvement and engagement in the Trust. Alongside this, we launched a weekly "Tea and Talk" event for staff to meet executive team members in an informal canteen setting.

Dragons' Den funding

As part of our commitment to engaging with staff, we staged a Dragons' Den competition in which all staff were invited to pitch ideas for a share of £200,000 made available by the Trust's charity to spend on improvements to patient care. Fifteen funding bids were awarded, ranging from new TVs for patients in podium 1, acute stroke unit and tower 4 wards, more chair-beds for the maternity delivery suite, new digital signage for the emergency department, to refurbishment of the physiotherapy department.



Flu jab campaign

Schwartz Rounds

The Trust's monthly "Schwartz Round" meetings for staff continue to provide a valuable space for colleagues from all professional groups to share ideas and reflect upon the emotional aspects of their work in a busy acute hospital. The rounds are based on important issues for staff and over the past year have included a maternal death, the pressure of a busy hospital and the boundaries of physical contact with patients, relatives and staff. Staff have the opportunity to share their experiences with colleagues in this supportive environment, creating new connections, empathy and warmth.

Activities and events: the North Mid Sports, Arts and Social Club

As part of our commitment to making the working lives of our staff as pleasant and enjoyable as possible, we ran a number of daytime community events in the hospital. These have included our popular "Arts in the Atrium" programme, carol singing in the atrium and a staff Christmas party. The Trust's charity provided funding for the Sports, Arts and Social Club. Over the year the club arranged subsidised yoga and pilates classes on site, sessions with a qualified reflexologist, a highly competitive five-a-side football competition, two "bake off" competitions, a programme of quiz nights and bingo evenings, all designed to help staff relax after a busy working day.

NHS Staff survey

The 2017 annual NHS Staff survey results showed a significant increase in the number of staff who responded – the 41.2% response rate was a record for the Trust, 6.4% higher than last year. The results again put us in the top cohort of acute Trusts for the percentage of staff who say they are motivated to come to work, feel their role makes a difference to patients and service users and are pleased with the quality of work and care they can deliver.

These aspects all contribute to the strong foundation we have at North Mid for a close-knit, supportive work community, and we are committed to protecting and developing this as we carry on addressing the challenges that we face. The survey results also show some findings that we are concerned by and are determined to address with clear and visible action. For example, five per cent of respondents reported experiencing physical violence from staff in the past 12 months, and 35% reported bullying or harassment from staff. It is absolutely vital that all staff feel they work in an organisation where they are safe, get the support they need and can discuss concerns in a secure and constructive environment.

From the quarterly Staff Friends and Family Test, which asks staff whether they would endorse North Mid as a place to work, we know that the vast majority of you are proud to work here and would recommend it to friends and relatives. We are committed to seeing this pride and advocacy translate into how every member of the North Mid team views this Trust as an employer and as a place to work.

Staff numbers and recruitment

During 2017/18 staffing numbers fell very slightly. In March 2018 our staff headcount was 3,232, 18 less than the previous year.

Table 19 shows the changes in employee numbers by profession, using average whole-time- equivalent figures derived from our payroll and excluding staff who were on unpaid leave or secondment. Using this measure the total number of staff on 31 March 2018 was 3,123.

Table 19: Staff employment by profession, using average whole-time-equivalent figures

	2017/18	2016/17
Nursing, midwifery and health visiting staff	1,065	984
Administrative and estates	655	551
Medical & dental	541	473
Healthcare assistants and other support staff	484	452
Scientific, therapeutic, technical and healthcare science staff	344	318
Nursing, midwifery and health visiting learners	33	32
Grand total	3,123	2,810

Staff costs by profession

Table 20 shows staff costs by professions using figures derived from our payroll.

Table 20: Staff costs by profession in 2017/18

	Total £'000s	Permanently employed £'000s	Other £'000s
Nursing, midwifery and health visiting staff	59,788	49,423	10,365
Administrative and estates	25,601	22,952	2,649
Medical and dental	56,899	46,513	10,386
Healthcare assistants and other support staff	16,195	13,839	2,356
Scientific, therapeutic, technical and healthcare science staff	17,335	15,789	1,546
Grand Total	175,818	148,516	27,302

Staff sickness absence

The average number of working days lost to staff sickness absence in 2017/18 was 8.2 days. This compares to 8.3 days in 2016/17.

Local employment and apprenticeships

More than half our staff live in Enfield and Haringey and they reflect the diversity of our local community. We recognise our responsibilities as a significant local employer.



Part of the apprenticeship scheme

Apprenticeships are an important part of this and contribute to the Trust's plan for community engagement, recruitment and employment. They also help the Trust to develop a workforce that delivers excellent healthcare to our patients by ensuring we have staff with the capabilities, commitment and behaviours we require now and in the future.

We are committed to providing high quality apprenticeships, giving apprentices the opportunity to build their confidence, skills and knowledge, achieve their potential and supporting them as they pursue a career in the NHS. We work closely with the local community through schools, colleges, and other community groups, encouraging young people to join us in our successful programme of apprentice recruitment and training.

For the past three years we have operated an apprenticeship scheme and in 2016/17 had 54 apprentices across the organisation in clinical and non-clinical roles. This scheme was recognised by Health Education North Central East London as an exemplar and the Trust was in the top three in the sector.

Since 1 April 2017 we have successfully recruited 127 apprentices to various training programmes. Since the age cap was lifted last year we have seen an increase in uptake from older people, embracing the opportunity to embark on an apprenticeship and new career. The ethnicity of our apprentices reflects our local community.

Most of our apprentices are from the borough of Enfield followed by the borough of Haringey. The remainder are from other London boroughs and the Home Counties.

Qualification and programmes of study

We offer apprentices an exciting range of programmes of study leading to qualifications in these areas:

- ➔ clinical healthcare support
- ➔ assistant practitioner
- ➔ nursing associate
- ➔ business administration
- ➔ customer service practitioner
- ➔ team leader
- ➔ leadership and management
- ➔ accounting
- ➔ pharmacy
- ➔ HR management
- ➔ project management

Apprentices bring new energy into the Trust and contribute to a culture of continuous learning. They help to raise levels of staff motivation and retention, improve staff performance and enable more succession planning. Growing our own talent means we will have:

- ➔ the right people, in the right roles, with the right values
- ➔ staff with access to the right opportunities, exposure, stretch and development to reach their potential

Freedom to Speak Up Guardian

Our Freedom to Speak Up Guardian is one of the people staff can go to raise concerns about patient safety. Over the past year five staff members have raised concerns, mainly about difficulty interacting with colleagues, lack of support and limited time and commitment of line

managers to listen to concerns. The Board has agreed to support the appointment of a second guardian to extend the role's scope and reach.

Equality, diversity and inclusion

In 2017/18 the Trust has continued to improve its performance on equality, diversity and inclusion. In September 2017 we appointed an associate director of equality, diversity and inclusion, reporting to a Board member. This was the first time that we had appointed to a dedicated post with a brief to develop a strategic approach to equality, diversity and inclusion that takes account of the relationship between patient and staff experience.

The Trust is responding to its responsibilities under the Equality Act 2010 and in 2018 published a gender pay gap report and the annual equality information report. Work is underway to develop our equality objectives for 2018 - 2020 in line with the required four-year cycle.

We continue to respond to the NHS contractual requirements relating to equality. For example, progress has been made on implementing the NHS Accessible Information Standard. In addition, data about our performance against the NHS Workforce Race Equality Standard was submitted to NHS England by the required deadline.

The Board understands its accountability for the Trust's performance on equality and human rights and is committed to improving our performance. In 2017/18 the Board received reports on a range of issues related to the equality agenda. Matters relating to equality, diversity and inclusion are also regular agenda items at the Patient and Staff Experience Committee and the Patient Experience Group.

Tables 21 to 24 provide information on the diversity of the Trust's workforce, using headcount figures as at March 2018.

Age profile

Table 21 shows the Trust is a multi-generational workplace with a wide age span.

Table 21: Staff profile by age band

	Number	% (to nearest whole number)
16-20	14	<1
21-25	275	9
26-30	447	14
31-35	401	12
36-40	431	13
41-45	435	13
46-50	429	13
51-55	329	10
56-60	250	8
61-65	164	5
66-70	43	1
71 & above	14	<1
Total	3232	100

Disability profile

There was a slight decrease on last year's figure of the number of staff willing to disclose whether or not they had a disability.

Table 22: Staff profile by disability – March 2018

	Number	% (to nearest whole number)
No disability	2368	73
Not stated	816	25
Defined disability	48	2
Total	3232	100

Ethnicity profile

The Trust has an ethnically diverse workforce with 49% of staff being from black and minority ethnic backgrounds.

Table 23: Staff profile by ethnic group – March 2018

	Number	% (to nearest whole number)
White – British	647	20
White – other	435	13
Mixed ethnic group	106	3
Asian or Asian British	650	20
Black or black British	945	29
Any other ethnic group	222	7
Not stated	237	7
Total	3232	100

Gender profile

Table 24 shows the majority of the Trust's workforce is female which reflects the gender balance for the NHS as a whole.

Table 24: Staff profile by gender – March 2018

Gender	Number	% (to nearest whole number)
Female	2429	75
Male	803	25
Total	3232	100

Religion or belief profile

Table 25 shows that the Trust is religiously diverse with nearly a quarter of the staff recording a religion other than Christianity.

Table 25: Staff profile by religion or belief – March 2018

Religion or belief	Number	% (to nearest whole number)
Buddhism	28	1
Christianity	1487	46
Hinduism	198	6
Islam	290	9
Judaism	29	1
Sikhism	13	<1
Other	202	6
No religion or belief	207	6
Not stated	778	24
Total	3232	100

Sexual orientation profile

Table 26 shows that fewer than three per cent of staff disclosed that they were lesbian, gay or bisexual. Twenty five per cent of staff did not disclose their sexual orientation.

Table 26: Staff profile by sexual orientation – March 2018

Sexual orientation	Number	% (to nearest whole number)
Bisexual	30	1
Gay	26	1
Heterosexual	2348	73
Lesbian	10	<1
Not stated	818	25
Total	3232	100

Modern Slavery Act 2015

Section 54 of the 2015 Modern Slavery Act requires the Trust to publish a slavery and human trafficking statement every financial year; the statement to include:

- ➔ the Trust's structure, business and its supply chains
- ➔ its policies in relation to slavery and human trafficking
- ➔ its due diligence processes in relation to slavery and human trafficking in its business and supply chains
- ➔ the parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk
- ➔ its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate.

North Middlesex University Hospital NHS Trust fully supports the Government's objectives of eradicating modern slavery and human trafficking. We are in the process of implementing the Act.

Working with partners

2.4 Working with partners

Working in partnership is an essential component of the hospital's success, contributing to a positive hospital environment and the best care for our patients.

Our partners include our on-site providers of services: catering, portering, buildings and grounds maintenance, as well as health and social care partners, universities, volunteers, patients, patient representatives, carers, trade unions, community leaders and external bodies.

We are thankful for all the hard work and time our many partners contribute to support the hospital and our patients.



Bereavement cake stall

Working with GPs

In 2017/18 we continued to provide GPs information about our services through our GP extranet website and we provided easy access to our doctors through our specialty hotlines and direct email addresses.

Working with health partners

We continued to work closely with all our local and national health partners to try to reduce the pressures within the acute sector, particularly within our emergency department. We worked closely with Health Education England and the General Medical Council to improve the supervision and training experience of

trainee doctors. We jointly commissioned research with NHS Enfield and NHS Haringey Clinical Commissioning Groups CGs into patient use of the hospital's emergency department. Both organisations were regular visitors to the hospital and actively contributed to many improvements. We are very grateful for their support. Researchers for Healthwatch Enfield interviewed more than 600 patients in January 2018 and found that 75% attended A&E without first trying to make a GP appointment instead. Over 50%, rising to 75% at weekends, came to A&E because it was a "convenient way to see a health professional even if it meant waiting".

Working with patients and carers

During 2017/18 we continued to work closely with patients and carers to find out what they thought about our services and to make improvements. We have embedded a scheme to help identify inpatients with dementia by using a forget-me-not flower symbol by their beds with their permission. We also raised awareness of carers and staff regarding our carers' passport scheme to help carers to get discounted parking at the hospital and discounted meals in the restaurant.



Decorating the wards at Christmas

Our cancer services team have been using the views and feedback of patients to improve the care and support that we offer. As a result we have a monthly carers' clinic, a drop-in service for anyone who has cared for someone who has had cancer. The lead oncologist has also recently established a chemotherapy expert reference group that also meets monthly. It is developing guidelines for involving more patients from a range of backgrounds.

We have also undertaken health and wellbeing events on Saturdays in the Helen Rollason Centre for people who have experienced cancer. They include sessions on healthy eating, exercise and general health and have been well received.

Working with MPs and councillors

We welcomed all five of our local MPs to the hospital on several occasions during the year, giving them a chance to talk to a range of staff and see services first hand. Joan Ryan MP participated in the judging of our best-decorated wards and departments competition at Christmas. We also welcomed local councillors and the Mayor of Enfield to the hospital.

Working with Tottenham Hotspur FC

We continued to work closely with our local Premier League football club, Tottenham Hotspur FC, and with the Tottenham Hotspur Foundation to promote prostate cancer awareness at community events. Players Jan Vertonghen, Toby Alderweireld and Juan Foyth and ladies' team striker Bianca Baptiste brought Christmas presents and posed for photographs with children, parents and staff on our Rainbow and Starlight children's wards. The visit was the latest in a series of activities by the club to support the hospital, which is a mile from the club's new White Hart Lane stadium. Squad members have launched our linear accelerator – which destroys cancerous tumours with pinpoint accuracy – opened the Macmillan cancer information and support service and promoted prostate cancer and HIV awareness campaigns. We are extremely grateful to them for their continued support.

Working with volunteers

We continued to recruit volunteers from the local community. We received over 800 inquiries over the year and successfully recruited 76 people, bringing our total number of active volunteers to 105. The volunteers support the hospital, providing a minimum of four hours of their time per week for at least six months.

All volunteers receive training. They support our staff, for example, by providing administrative support, befriending patients, providing mealtime assistance and helping new mums through our "Mums for Mums" scheme. If you would like to support us, please contact the volunteer coordinator at

northmid.volunteer@nhs.net

Our annual general meeting

Over 150 local people and staff attended our annual general meeting in September and heard a presentation by Dr Gayle Hann, lead for paediatric emergency medicine, who devised a novel scheme to give health information and advice to young people, including those involved in gangs. Dr Hann devised the scheme after the a 14-year-old patient came to A&E but left before she could be seen.

Stakeholder conversations

We held our first "stakeholder conversation" event in March 2018 and more events will take place over the coming year. The events are to give local people, including elected representatives, the voluntary sector and community leaders, the chance to get to know the hospital better and to start a conversation about how we can improve our services and deliver our vision of providing outstanding care for local people.



Art in the atrium

Art Show in the Atrium

A group of A-level students from Southgate School teamed up with our staff to mount an art exhibition in the atrium, on the theme of health, part of our popular “Arts in the Atrium” programme of events.

The eight-week show from February to April included a dozen works produced by the students. It explored aspects of physical, emotional and mental health and included figurative and abstract works, portraiture and symbolism.

Music in the Atrium

Other “Arts in the Atrium” events included six lunchtime performances by three local primary schools and by Enfield Community Singers. The events create an enjoyable and relaxed environment for staff, patients and visitors alike. We’re very grateful for their uplifting and inspirational support. We’re hoping to purchase a grand piano for the atrium to bring more music to the hospital.



Music in the atrium

Tea parties

St Francis de Sales School Council visited our care of the elderly wards five times during the year and plan further visits. A project, “Laughter is the best medicine”, involved the students organising a tea party with singing and arts and crafts. Many of the children in were born at the hospital and have parents working here.

The children raised money to pay for the parties and have secured funding from a private company for future visits.

The project was runner-up in the prestigious House of Commons Parliament Awards 2018 and the children have asked that they are presented with their award at the hospital. A further six schools from the local area are planning to organise tea parties at the hospital.



Child community nurses

Memories

Students at Haringey Sixth Form College are producing “memory booklets” in consultation with Trust staff on the care of the elderly wards to support patients to recall key events in their lives. The booklets contain pictures of local landmarks, eg Tottenham Football Club and Alexandra Palace, along with key images of countries from where many of our local population emigrated including Turkey, Ghana and Ireland.



Michelle Lynch promoting bereavement services

International Nurses Day and other atrium events

We staged an International Nurses Day event in the hospital's atrium to raise awareness of over 20 hospital services.

This was among over 150 events staged during the year by hospital staff, local healthcare providers, health-related charities and community groups to showcase and promote health-related services to patients, visitors and staff. Stalls included: Sickle Cell Week, Dementia Awareness Day, End PJ Paralysis, radiotherapy department cake sale, flu fighter vaccination campaign, Enfield and Haringey Healthwatch, Macmillan Cancer Information and Support, North Mid dietitians, SGV Haringey Cancer, Enfield Carers, maternity bereavement services and many more. We are extremely grateful to all stallholders for their valuable contribution to hospital life.

Armistice Day

On Armistice Day, we again held a multi-faith service of remembrance in the hospital's Trust headquarters with Christian, Jewish and Muslim prayers which was attended by staff and local community leaders.

Community events and visits

During the year our staff made a series of visits to local primary and secondary schools to talk to young people about our work, apprenticeships at the hospital and career opportunities in the NHS.

A team of doctors and nurses visited Wilbury Primary School to provide health check and advice for women and training in resuscitation. Our annual carol service at All Saints Church in Edmonton, led by the hospital's chaplain and staff choir, was attended by about 100 local people.

Promoting the hospital to the community

The Trust continued to develop opportunities to engage with local people through the publication of its magazine for staff, patients and visitors, All Points North. The communications team worked closely with local and national newspapers and magazines to represent the hospital and to win positive media coverage, for example of its "No Cultural Boundaries" heart health campaign. Our presence on the social media channels Twitter, Facebook and You Tube also grew. By March 2018 our Twitter account, @NorthMidNHS, was followed by nearly 3,000 people and during the year tweets had been viewed half a million times. The NorthMid Facebook page, www.facebook.com/NorthMidNHS, also continued to grow in popularity with a March 2018 average reach of over 500.

Other highlights of the year included a Channel 4 documentary about four quadruplets who had been looked after from 27 weeks by our intensive care neonatal unit. BBC London News and Channel Four News also visited our A&E to highlight the great achievements of our A&E team despite the pressures.

Listening to feedback about our services

We are always grateful to receive feedback about our services from patients and carers to help us to improve. Over the year we used a range of channels in the hospital and online to achieve this. If you would like to provide feedback, please visit our website at: www.northmid.nhs.uk/Patients-Visitors/Patients-Experience-Feedback.

Summary financial statements

Statement of comprehensive income for the year ended 31 March 2018

	2017/18	2016/17
	£000	£000
Revenue from patient care activities	260,755	257,740
Other operating revenue	17,023	18,407
Gross employee benefits	(176,424)	(169,167)
Other operating costs	(112,625)	(124,462)
Operating surplus / (deficit)	(11,271)	(17,482)
Investment revenue	50	29
Other gains and (losses)	(16)	(20)
Finance costs	(6,977)	(6,031)
Deficit for the financial year	(18,214)	(23,504)
Public dividend capital dividends payable	(554)	(1,589)
Retained (deficit) for the year	(18,768)	(25,093)

Other comprehensive income

	2017/18	2016/17
	£000	£000
Impairments & reversals taken to revaluation reserve	–	(3,737)
Net gain on revaluation of property, plant & equipment	3,720	(1,367)
Total comprehensive income for the year	(15,048)	(30,197)

Financial performance for the year

	2017/18	2016/17
	£000	£000
Retained (deficit) for the year	(18,768)	(25,093)
IFRIC 12 adjustment inc impairments	(7,519)	6,180
Impairments exc IFRIC 12 inc in expenses	(1,752)	8,371
Adjustment in respect of donated asset	83	78
CQUIN risk reserve. 16/17 CT non achievement adjustment	(1,001)	–
Adjusted retained surplus (deficit)	(28,957)	(10,464)

Statement of financial position as at 31 March 2018

	31 March 2018	31 March 2017
	£000	£000
Non current assets		
Property, plant and equipment	191,345	183,843
Intangible assets	5,806	6,948
Total non current assets	197,151	190,791
Current assets		
Inventories	3,316	3,305
Trade & other receivables	19,537	19,544
Cash and cash equivalents	17,603	14,660
Total current assets	40,456	37,509
Total assets	237,607	228,300
Current liabilities		
Trade and other payables	(31,507)	(29,917)
Provisions	(320)	(198)
Borrowings	(6,555)	(6,626)
Other liabilities	(4,826)	(3,666)
Total current liabilities	(43,208)	(40,407)
Total assets less current liabilities	194,399	187,893
Non current liabilities		
Provisions	(604)	(579)
Borrowings	(165,498)	(144,061)
Total assets employed	28,297	43,253
Financed by taxpayers' equity		
Public dividend capital	129,717	129,625
Retained earnings	(119,351)	(100,813)
Revaluation reserve	17,931	14,441
Total taxpayers' equity	28,297	43,253

These accounts were approved by the Board on 25 May 2018 and signed on its behalf by the Chief Executive Officer.


Statement of cashflows for the year ended 31 March 2018

	2017/18	2016/17
	£000	£000
Operating activities		
Net cash inflow from operating activities	(6,766)	12,615
Cashflows from investing activities		
Interest received	67	31
Payments for property, plant and equipment	(4,466)	(5,701)
Proceeds from disposal of plant, property and equipment	–	20
Payments for intangible assets	(553)	(575)
Net cash inflow / (outflow) from investing activities	(4,952)	(6,225)
Net cash inflow before financing	(11,718)	6,390
Cashflows from financing activities		
Public dividend capital received / repaid	92	(8,450)
Movement on loans from the Department of Health & Social Care	26,650	13,542
Capital element of finance leases and PFI	(5,283)	(5,510)
Interest paid	(6,758)	(6,052)
PDC dividend paid	(40)	(2,031)
Net cash (outflow) from financing	14,661	(8,501)
Net increase / (decrease) in cash and cash equivalents	2,943	(2,111)
Cash, cash equivalents and bank overdrafts at the beginning of the financial year	14,660	16,771
Cash, cash equivalents and bank overdrafts at the end of the financial year	17,603	14,660





**North Middlesex
University Hospital**
NHS Trust



If you would like a copy of this report in an
different language or format, please contact
the communications team on **020 8887 2935**.

North Middlesex University Hospital NHS Trust
Sterling Way, London N18 1QX

www.northmid.nhs.uk