Whittington Health
NHS Trust

TRUST BOARD
IN PUBLIC

Wednesday
27 March 2019
14:00-17:00

Whittington Education Centre
Room 7

Meeting	**Trust Board – Public meeting**
Date & time	**27 March 2019: 1400hrs – 1700hrs**
Venue	**Whittington Education Centre, Room 7**

Non-Executive Director members:
Steve Hitchins, Chair
Deborah Harris-Ugbomah
David Holt
Professor Naomi Fulop
Tony Rice
Anu Singh
Yua Haw Yoe

Executive Director members:
Siobhan Harrington, Chief Executive
Dr Julie Andrews, Acting Medical Director
Stephen Bloomer, Chief Finance Officer
Carol Gillen, Chief Operating Officer
Michelle Johnson, Chief Nurse & Director of Patient Experience

Attendees:
Norma French, Director of Workforce
Jonathan Gardner, Director of Strategy, Development & Corporate Affairs
Kate Green, Personal Assistant to Director of Workforce
Dr Sarah Humphery, Medical Director, Integrated Care
Swarnjit Singh, Trust Corporate Secretary

Contact for this meeting: jonathan.gardner@nhs.net

AGENDA

Item	Timing	Title and lead	Action
Standing items			
1	1400	**Patient story** *Michelle Johnson, Chief Nurse & Director of Patient Experience*	Presentation
2	1420	**Welcome and apologies** *Steve Hitchins, Chair*	Verbal
3	1422	**Declaration of conflicts of Interest** *Steve Hitchins, Chair*	Verbal
4	1425	**27 February 2019 public meeting draft minutes, action log, matters arising** *Steve Hitchins, Chair*	Approve
5	1430	**Chairman's report** *Steve Hitchins, Chair*	Review verbal update
6	1435	**Chief Executive's report** *Siobhan Harrington, Chief Executive*	Review

Item	Timing	Title and lead	Action
Quality & patient safety			
7	1445	**Serious incidents – February 2019** *Dr Julie Andrews, Acting Medical Director*	Review
8	1455	**Freedom to Speak Up Guardian report** *Michelle Johnson, Chief Nurse & Director of Patient Experience*	Approve
Performance			
9	1500	**Performance dashboard – February 2019** *Carol Gillen, Chief Operating Officer*	Review
10	1515	**Financial performance – February 2019** *Stephen Bloomer, Chief Finance Officer*	Review
11	1530	**NHS staff survey outcome** *Norma French, Director of Workforce*	Approve
12	1545	**Gender pay gap** *Norma French, Director of Workforce*	Approve
13	1555	**Digital strategy update - Fast follower** *Leon Douglas, Chief Information Officer*	Review
Strateg			
14	1615	**2019/2024 Whittington Health strategy** *Jonathan Gardner, Director of Strategy, Development & Corporate Affairs*	Approve
15	1625	**Patient Experience strategy** *Michelle Johnson, Chief Nurse & Director of Patient Experience*	Approve
Governance			
16	1635	**Delegated authority for final 2018/19 accounts** *Stephen Bloomer, Chief Finance Officer*	Approve
17	1645	**Declarations of interest** *Jonathan Gardner, Director of Strategy, Development & Corporate Affairs*	Review
18	1650	**2019/20 Board forward plan** *Steve Hitchins, Chair*	Approve
19	1652	**Quality Committee, March meeting minutes** *Anu Singh, Committee Chair*	Review

Item	Timing	Title and lead	Action
20	1655	**Questions from the public on meeting items** *Steve Hitchins, Chair*	Review
21	1658	**Any other business** *Steve Hitchins, Chair*	Verbal

Minutes of Board of Directors of Whittington Health NHS Trust's meeting held in public on Wednesday, 27 February 2019

Present:

Steve Hitchins	Chair
Julie Andrews	Acting Medical Director
Stephen Bloomer	Chief Finance Officer
Naomi Fulop	Non-Executive Director
Carol Gillen	Chief Operating Officer
Deborah Harris-Ugbomah	Non-Executive Director
Siobhan Harrington	Chief Executive
David Holt	Non-Executive Director
Michelle Johnson	Chief Nurse & Director of Patient Experience
Tony Rice	Non-Executive Director
Anu Singh	Non-Executive Director
Yua Haw Yoe	Non-Executive Director

In attendance:

Janet Burgess	London Borough of Islington
Norma French	Director of Workforce
Jonathan Gardner	Director, Strategy, Development & Corporate Affairs
Kate Green	Personal Assistant to Director of Workforce
Sarah Humphery	Medical Director, Integrated Care
Swarnjit Singh	Trust Corporate Secretary

1.	**Patient Story**
1.1	The Board welcomed Nicola Surman-Wells, Lead Cancer Nurse, Tracey Palmer, Macmillan Information & Support Manager, Casey Galloway, Patient Experience Officer, and James Connell, Patient Experience Manager. The patient story took the form of a film featuring a patient, named Kathleen, who had received chemotherapy at the hospital.
1.2	In April 2018, Kathleen was diagnosed with breast cancer. The diagnosis had come as a great shock, but she had quickly decided that she would tackle it from day one. Kathleen explained that, upon arrival at the chemotherapy suite, she was initially reduced to tears because she found the environment so frightening; however, she confirmed that all of the staff she had encountered had been 'amazing', from the receptionist and volunteers to all of the nurses. Kathleen said that she now felt completely at home in the unit as everyone had been so caring and understanding, and she could not thank them enough.
1.3	In discussion, the following points were highlighted: • Asked whether she felt any improvements could have been made to the

	way she had been treated, Kathleen recounted one incident where a radiologist had told her that her treatment was not working; she was upset by this but the receptionist had comforted her, a nurse had apologised, and she had soon recovered from what she described as this one small incident, which had been about communication and the way information had been shared with her • In answer to a question about what had been especially good about her treatment, Kathleen had replied that the chemotherapy itself had been horrendous, but the nurses were angels, and she could not have asked for anything better. At the time of making the video Kathleen was awaiting an operation, but because of the treatment she had received to date she had total confidence in the surgeons • Asked whether she would like to add anything, Nicola Surman-Wells said that the video spoke for itself, Kathleen had had a good experience despite the challenging treatment she had undergone, and she had been very pleased to be asked to make the video and thus give feedback. Siobhan Harrington thanked all who had been involved in the making of the film, and commended the recent hugely successful cancer conference. She asked Nicola Surman-Wells and Tracy Palmer for their opinions on what was particularly good about the type of treatment Kathleen had received and where improvements might be made • Nicola felt that the chemotherapy treatment was well-delivered and staff were excellent at supporting patients through that pathway, and there had been extended training around communications and managing difficult situations. There were also very good links with Macmillan cancer support. Tracey Palmer added that staff were also good at finding holistic support for patients and signposting people to specialist advice around areas such as finance or spiritual anxieties • In terms of areas where improvements might be made, Nicola Surman-Wells pointed out that the team was small, the number of patients (and the length of their treatment) was growing. She added that there was also a need for the team to improve the way they reached out to the community and supported the primary care teams. Tracey Palmer also added that there were also cases where support was needed not just for the patient but the wider family. Casey Galloway spoke of the need for support for those who were socially isolated, some of whom might need help simply to access appointments • Michelle Johnson enquired about Kathleen's state of health now, and Nicola Surman-Wells replied that she was still completing treatment. Michelle Johnson also asked about Nicola's Surman-Wells's experience as the interviewer on the film. Nicola acknowledged that it might have been difficult for Kathleen to express any criticism of the team she herself headed, but Kathleen had been so keen to participate that in this instance she did not think there had been a problem • Yua Haw wondered about Kathleen's initial reaction to the chemotherapy suite and whether anything might have been done to improve the patient experience there. Nicola Surman-Wells replied that facing the reality of such a situation would always be hard (she had been with Kathleen at the time) but everything possible was done to prepare patients and put them at ease, including visits from the universally popular Therapaws dog

1.4	The Board thanked Kathleen for sharing her valuable feedback via the video, and Michelle Johnson said that all who contributed to patient stories received a letter of thanks. Steve Hitchins was keen to see these videos become available on the intranet to support the sharing of experiences and what could be learned from them.
2. 2.1	**Welcome and apologies** Steve Hitchins welcomed everyone to the meeting. There were no apologies.
3. 3.1	**Declaration of conflicts of interest** No Board member declared any conflicts of interest in respect of the agenda items for the meeting.
4. 4.1 4.2 4.3	**Minutes, matters arising & action log** Subject to the inclusion of David Holt as being present, the minutes of the public Board meeting held on 30 January 2019 were approved as a correct record. Board members received the updated action log and noted that, in respect of the two amber-rated actions, governance arrangements from the learning from deaths report would be discussed at the March 2019 Quality Committee, and the new performance dashboard would be discussed at the April Board seminar. As a matter arising, Steve Hitchins confirmed that the aim was to review and standardise, where possible, all Board Committee terms of reference and bring them to the Board for approval.
5. 5.1 5.2 5.3	**Chairman's report** Steve Hitchins reminded the Board that he had missed the last Board seminar as he attended a meeting of acute trusts' Chairs with Dido Harding, Chair of NHS Improvement. He had also attended the Trust's annual remembrance event for babies who had either been stillborn or died prior to their first birthday, saying that some families had attended this event since its inception. Steve Hitchins reported he had been present at a meeting which Haringey Council held for EU nationals, where Whittington Health was commended for the support it offered to its EU staff. He had also met with Haringey's new cabinet member for Health & Social Care, Sarah James, who hoped to be able to attend Whittington Health's Board meetings in future. Other events and visits Steve Hitchins had attended since the last meeting included: • the first meeting of the BME network for staff • the cancer conference referred to in the patient story above • district nursing teams • the health visiting team at Hanley Road

	• the patient access team and several wards.
5.4	In addition, Steve Hitchins reminded Board members that on, Thursday, 7 March, the annual local Rotary Club charity quiz in aid of the Ifor Ward play area. On Sunday, 10 March, Whittington Health would be hosting the annual charity walk of the London mayors from the Whittington Stone to Mansion House. All were welcome to take part in both these events.
5.5	**Board members welcomed the Chairman's verbal report.**
6.	**Chief Executive's report**
6.1	Siobhan Harrington drew attention to the publication of the Kark review into the Fit and Proper Persons' Test, which contained seven recommendations around strengthening leadership in the NHS. She also highlighted the new GP contract, agreed at the end of January, and its relevance to the Trust in terms of planned investment in the new primary care networks, and the Topol review of the digital agenda.
6.2	In terms of quality and safety, Siobhan Harrington reported that January 2019 had continued to be a month of very high demand, with an 11.7% rise in attendances over the same period last year. Emergency Department performance was 86%, but the main focus on quality and safety within the department had been maintained at all times. Good progress had been made with delayed transfers of care, and the Trust had been fully compliant with all cancer targets. The Trust had, however, reported two mixed gender breaches within ITU due to capacity issues. Staffing levels were adequate in all wards throughout January.
6.3	Siobhan Harrington paid tribute to the high return (96%) of Friends and Family Test in maternity services. She was also very impressed with complaints response times. Community waiting times had improved; in particular district nursing waits. 48.5% had responded to the annual staff survey; the highest response rate ever – but there was still evidently much work to do to improve the culture of the workplace. The Trust was under significant pressure to deliver its financial targets, especially on pay.
6.4	Siobhan was pleased to sign the Armed Forces Covenant, a pledge which acknowledged how the Trust values the work of its reservists. Representatives of the local field hospital were willing to run a training workshop, and would also like to recruit more reservists.
6.5	February was LGBT history month, and Siobhan drew attention to the rainbow campaign initiated by Guy's and St Thomas's NHS Trust, which demonstrated that the Trust was a safe place to be open and inclusive about LGBT issues. She also commended the opening of the Michael Clift Wellbeing Room (situated in the library) which had been attended by members of Michael's family. The month's staff award winner is community midwife Carmel Mulligan; the Board expressed its congratulations to her on this.
6.6	During discussion, Board members highlighted the following points:

	• Given the comments made in the staff story about small teams, David Holt asked how the Board could receive assurances about staffing levels within day care and other community services. Michelle Johnson replied that her previous month's report had started to include elements of community services. In April 2019, it was planned to report on day surgery and endoscopy, and she would like to see more of a multi-disciplinary review going forward • Speaking about district nursing services, Steve Hitchins said that he was aware some of the software used in the community could be improved upon; Stephen Bloomer replied that this issue was well known, and the Trust was holding discussions with the supplier to ensure the necessary improvements were made. Michelle Johnson provided assurance that targets were still being met.
6.7	**The Board received and reviewed the Chief Executive's report.**
7.	**Serious Incidents (SI)**
7.1	Julie Andrews introduced the SI report for Month 10, which covered the period up to the end of January 2019. She confirmed that, one SI was declared during this period, which brought the total of SIs declared during 2018/19 to 30. She provided assurance that the Trust was on track with the timing of all its investigations; the only ones where extensions had been requested were two shared with Camden & Islington Mental Health NHS Foundation Trust.
7.2	Julie Andrews informed the Board that there had been a greater focus on shared learning, and also on how Trust staff were trained to carry out SI investigations and write reports, and to this end a half day training event had been held.
7.3	David Holt commented that, he had found it very helpful when junior doctors had attended the Board to present an SI report, and wondered whether this might be repeated. Julie said that Non-Executive Directors would be welcome to attend the Patient Safety Forum; whilst welcoming this, David said that he felt there was merit in giving the doctors exposure to the Board. This might include the whole multi-disciplinary team.
7.4	Referring back to the January 2019 SI, Steve Hitchins enquired whether the staff member concerned had undergone the statutory information governance training. Julie Andrews assured him that this was being addressed as part of the investigation, and Michelle Johnson added that there had been some 'human factors' at play which needed to be addressed with the team. Steve Hitchins also enquired how the joint investigations with Camden & Islington NHS Foundation Trust were proceeding, and Julie Andrews replied that the priority was to get terms of reference agreed from the very beginning, and both Trusts were in absolute agreement about this.
7.5	**The Board:** **i. reviewed the report and took assurance that the SI process was**

	managed effectively and that lessons learnt were shared widely; and **ii. agreed that consideration be given to how Board members can have greater sight of/exposure to the SI process and be reported back to the Board.**
8.	**Adult and Children's Safeguarding six monthly report**
8.1	Michele Johnson informed the Board that the report covered the period from April to September 2018, and had been taken to the Quality Committee and to both the Adults and Children's Safeguarding Boards. She reported that: • Within adult safeguarding, there had been a 60% rise in the number of concerns raised by Trust staff, which Michelle felt was good evidence that training was having an impact. There had also been an increase in the number of Deprivation of Liberty (DOL) authorisations raised during this period, however, there remained a need for further training and familiarisation with the Mental Capacity Act. Theresa Renwick, Adult Safeguarding lead, was working well to embed this. There had also been a very successful learning disabilities awareness event the previous week, which would be repeated later in the year • Moving to children's safeguarding issues, assurance was provided that all actions from the Haringey Joint Area Targeted Inspection (JTAI) had been completed. Islington had just reached the first stage of the process. Michelle Johnson acknowledged that not all staff were compliant with the required level of mandatory training for children's safeguarding, however, work was in hand to address this
8.2	Steve Hitchins asked about the implication for any forthcoming CQC inspection, and Michelle Johnson said that staff awareness and understanding around the Mental Capacity Act and Deprivation of Liberty issues was being considered through safeguarding training as well as part of the Good to Outstanding CQC preparation to ensure all national guidelines and standards were being met.
8.3	Janet Burgess said that Theresa Renwick was a regular attendee at the Islington Adult Safeguarding Board and was an extremely active member, and Islington colleagues were grateful to the Trust for facilitating her participation.
8.4	**The Adult and Children's Safeguarding six monthly report was formally received by the Board.**
9.	**Care Quality Commission (CQC) compliance update**
9.1	Michelle Johnson informed the Board that this report provided evidence to demonstrate compliance with recommendations arising from past inspections as well as readiness for ones to take place in the future. She drew attention to the mention of the Board Assurance Framework (BAF) on the front sheet of the report, and thanked Swarnjit Singh and Jonathan Gardner for their work on this. Actions arising from the 2017 inspection were either completed or well on the way to being so, the only exceptions being those connected to estates or mandatory training.

9.2	The next inspection would include use of resources and the well led framework. Michelle Johnson emphasised that the focus should be on ensuring the highest standards for 'business as usual', and ensuring that staff were confident in demonstrating pride in how well they cared for patients on a daily basis. The Trust had entered into a reciprocal arrangement with North Middlesex to carry out mock inspections. Asked when the next main inspection was likely to take place, Michelle Johnson replied that the Trust would be given twelve weeks' notice, and if CQC's own published methodology was used, it could be as early as June.
9.3	In answer to a question from Steve Hitchins about the use of resources element, Stephen Bloomer replied that the Trust had not been given any results from the previous assessment so had been unable to gauge its performance. He had however been speaking to other Trusts who had been through the process about the way they had prepared, and the team had begun to draw together a resources information pack. Work on this was therefore in hand, with the question being whether discussions should be held during Board seminars or within more focused events. David Holt expressed the view that further work needed to be carried out with the ICSUs in order for them to be able to demonstrate accountability, and Tony Rice added that the key stages were June, September and January.
9.4	Deborah Harris-Ugbomah reported on the discussions that had taken place in the Finance & Business Development Committee, and she agreed that it would be helpful to have ICSUs at the Board, to hear from those who were performing particularly well then to compare with those areas that were perhaps struggling. Carol Gillen reminded the Board of the quarterly ICSU performance reviews, where quality, safety, finance and strategic direction were all addressed.
9.5	Referring back to the peer review process with North Middlesex, David Holt suggested that a reciprocal visit should be considered as soon as possible.
9.6	**The Board:** **i. received and reviewed the update on compliance with the implementation of CQC recommendations and also the two joint targeted area inspections completed for the London Boroughs of Islington and Haringey;** **ii. agreed that Jonathan Gardner and Carol Gillen would review the methodology for accountability and escalating matters to the Board and discuss this further at the April Board seminar; and** **iii. agreed that all Board members should look at Model Hospital website.**
10.	**Staff member story**
10.1	Michelle Johnson introduced the first staff member story to be brought to the Board and the team who would present it, comprising James Landi, Trainee Nurse Associate (TNA) with the District Nursing Team, Clare Davies, Practice

	Development Nurse, James Connell and Casey Galloway.
10.2	James Landi explained he had worked in the NHS since leaving school, initially within GP practices and then as a Health Care Assistant. He had applied for the TNA course because he had wanted to develop his career as a member of the nursing team. During the course he had been on nine different nursing placements, which had proved fundamental to his training. He had passed all his papers, and was now awaiting the diploma which would enable him to register with the Nursing & Midwifery Council. He had been extremely happy with the course, and commended the role played by Clare Davies in supporting students.
10.3	Clare Davies explained that these were new roles, and that staff were going to be very well equipped with a broad range of clinical skills. Norma French asked about substantive roles within the Trust following qualification, and James Landi replied that they had been given conditional offers prior to the end of the scheme. Clare Davies said that within a few days there would be seventeen qualified staff, and she had talked to them back in November about where they would like to work. James Landi said his goal was to progress to become a Band 5 nurse.
10.4	James Landi raised a point about communication with GPs, and Sarah Humphery agreed that shared systems were vital; at present however GPs could view when a visit had taken place but were unable to see what had happened during that visit.
10.5	Claire Davies explained that Whittington Health was part of the first cohort of TNA courses run with Middlesex University in 2016; around ten had begun in 2017, and the TNA course was now an established apprenticeship pathway. Clare Davies explained that, one drawback, was that Trusts did not receive funding to backfill for these staff whilst they were on placements.
10.6	In answer to a question from Deborah Harris-Ugbomah about whether anything about the course could have been improved, James Landi acknowledged that the university side could possibly have run smoother; the Trust's part had been excellent. David Holt enquired whether TNAs had been well accepted during their placements, and James Landi said that increased publicity about the course had led to significant improvement. Clare Davies echoed this, saying that initially registered nurses had felt slightly threatened, but the position had undoubtedly improved.
10.7	Asked about morale within his team, James Landi replied that this tended to link directly to caseload; there was a tendency for staff to work late in order to ensure no negative impacts on patients were caused by (for example) incomplete paperwork. He added that it had also been a busy winter.
10.8	**The Board:** **i. thanked James Landi and his colleagues for attending that day's Board meeting and recounting his experiences; and**

	ii. congratulated him on qualifying, as it was important for the Trust to celebrate such achievements.
11.	**Whittington Health culture improvement plan**
11.1	Siobhan Harrington introduced the report and reminded Board members that when Professor Lewis's report was published in July 2018, it had proved a challenging read. She commented that, it had been initially thought that an action plan could quickly be produced, but there had been a clear message from staff that more time needed to be spent listening before any action plan could be produced. The action plan linked directly back to the Lewis report's recommendations.
11.2	Norma French said that the Lewis report had contained four key themes which the Trust had committed to take action on. She believed that it had been right to pause and listen to staff, and she had devised a listening exercise towards the latter part of 2018, during which the executive team had facilitated sessions involving between 550 and 600 staff. She and Jonathan Gardner had personally led many of these sessions.
11.3	Norma French reported that, while the action plan itself had not yet been shared with staff, other initiatives either planned or already implemented, included: • the planned launch of a behavioural framework the following month • the revision of the role of the Freedom to Speak Up Guardian • improvements in the way Freedom to Speak Up Champions work with anti-bullying and harassment advisers • the introduction of Mental Health First Aiders • the training of 29 coaches and a cohort of mediators (the latter to work under a reciprocal arrangement with other Trusts in North Central London) • the procurement of an electronic employee relations system which was helping to improve standards and timescales for casework • the introduction of pulse checks, which would supplement the staff survey and Friends & Family tests already taking place • the Communications-led focus on staff during September • practical improvements for staff led by Estates and Facilities • Board and leadership development programmes
11.4	Norma French outlined that the next step was to establish a culture and leadership steering group involving a real cross-section of staff who could help to develop and lead on a social movement programme. David Holt said that the 'litmus test' for him was whether anyone had actually been taken to task for culturally inappropriate behaviour, and Norma French replied that there were cases, however there was some way to go before staff could feel confident in calling people out. She added that the recent staff survey results provided evidence that people were beginning to gain confidence and speak out.

11.5	There was a consensus amongst Board members that the time was appropriate to cease referring to 'the response to the cultural survey', as the agenda was now so much broader and there were also links to other work streams such as the WRES agenda. It would be important that the first session of the steering group must focus on being completely honest about where the Trust is. Sarah suggested there was also scope for celebrating areas of success, also that it might be possible to make a video showing how it was possible to challenge inappropriate behaviour, and Yua Haw added that if people did report and saw no evidence of any result they would rapidly lose confidence. It was noted that some Trusts had developed a red card system.
11.6	Naomi Fulop commented on the size of the overall agenda and stressed the importance of prioritising key areas. Responding to this, Siobhan Harrington suggested that the first meeting of the steering group might take the form of a workshop where such issues could be addressed.
11.7	In answer to a question about the efficacy of the Fair Treatment Panel, Carol Gillen reported that to date it was working well; it had reviewed several cases and in some instances felt it appropriate to cease formal processes being progressed. Deborah Harris-Ugbomah asked whether exit interviews were still proceeding, and Norma French assured her that they were, with the results being reviewed at the Workforce Assurance Committee. Deborah Harris-Ugbomah also asked for consideration of the most appropriate vehicle for the Board itself to do more listening, and what measures might be used to show what progress was being made.
11.8	Steve Hitchins asked what might be an appropriate time to review this work, and Siobhan Harrington suggested that the staff survey results will reflect impact and, it might be appropriate to invite Professor Lewis to return to the Trust to review progress in 12-18 months' time.
11.9	**The Board:** **i. acknowledged the work undertaken since the publication of the culture survey and the themes identified from the listening events held with staff;** **ii. agreed the culture improvement plan and that progress with its delivery be monitored and reported on by the Workforce Assurance Committee;** **iii. endorsed the proposed approach to use the NHS Improvement/University College London Partners' Culture and Leadership Collaborative to develop a new social movement approach to culture change; and** **iv. agreed that Include Pulse survey outcomes each quarter in 2019/20 performance scorecard reports to the Board.**
12.	**Patient Experience Strategy**
12.1	Michelle Johnson explained that she was not seeking Board approval at this meeting but rather open discussion and comment. She added that the word 'patient' had been used for ease. The aim of the strategy was to embed good

	practice across the Trust and clarified that the strategy contained three key ambitions: • to improve the information provided to patients and carers • to work in partnership with patients, families and carers to build a foundation for co-design and service improvement, and • to improve patients' journeys ensuring we provide integrated holistic care
12.2	During discussion the following points were raised: • Patients had been involved in the development of this strategy • Comments on the draft strategy should be sent directly to Michelle Johnson • ensure compliance with statutory and regulatory requirements • how patients could be involved in the work of the Trust and how to identify and select them • references to other documents could be placed elsewhere (possibly at the end) in the document • the use of the phrase 'we will' might not adequately reflect Trust achievements to date • a review of methods of communication might be timely, signage in particular required attention • the communications team was already working on improvements to the website • there was a need to consider and focus on our target audience • some reference should be made to the community forum (within general data protection regulations)
12.3	**Board members welcomed the opportunity to comment on the draft patient experience strategy and agreed that it be revised in line with comments made in the meeting.**
13. 13.1	**Performance dashboard** Carol Gillen outlined the following: • While emergency department performance had already been highlighted in the Chief Executive's report, during January there had been an average attendance of 287 attendances per day and she was pleased to note the improvement in cancer performance, with the associated real traction in endoscopy • The performance dashboard contained additional details on community services. The community services improvement group had met the previous day, and overall feedback had been positive, although there had been some issues around MSK due to a further increase in demand, and it had been agreed that there was a need to communicate with GPs about this. There was a proposal to move the monitoring of CAMHs services to the community services improvement group

	• There remained a need to maintain the focus on appraisal and mandatory training and, a detailed action plan had been drawn up with all ICSUs
13.2	During discussion, the following points arose: • Jonathan Gardner commented that complaints reporting to the Board appeared to concentrate solely on times taken to respond, and enquired at what forum it would be possible to review the type of complaints received, whether or not the complainant was satisfied with the response provided, and whether there were any emerging trends. It was noted that such reports were received by the Patient Safety Committee and Quality Committee, with feedback being provided directly to the ICSUs • In reply to a question from Steve Hitchins regarding performance on non-elective caesareans, Carol Gillen explained the target was due to be adjusted to 18% and advised that the Trust's performance was in line with other providers in the North Central London sector • Carol Gillen also confirmed to Steve Hitchins that the local target for speech and language therapy services in Islington of eight weeks was challenging and compared against a national target of 12 weeks
13.3	**Board members reviewed the performance dashboard and took assurance that the Trust was managing performance compliance and putting in place remedial actions, where required.**
14.	**Financial report**
14.1	Stephen Bloomer reported that the Trust was reporting a surplus of £1.6m for Month 10, i.e. £1m below plan. Income performance was ahead of plan in January, with a positive variance of £0.5m after adjusting for agenda for change funding and High Cost Drugs.
14.2	He emphasised that pay costs remained above budget, and had been consistently so, for some time. A percentage of this was attributable to the increase in temporary bank payments, including £450k of 'bank bonus' payments, which were to have been self-funding but had not in practice proved to be so. He also noted that the effects of the electronic rota system were expected to take effect during months 11 and 12.
14.3	Referring back to the agenda for change pay deal funding, Stephen Bloomer reminded Board colleagues that the Trust had not been fully funded to meet these costs, although he hoped that this situation might be remedied at the end of the financial year.
14.4	In summary, he advised that the Trust aimed to meet its control total at year end, but this was dependent on some significant cost reductions in the remaining weeks, as well as being able to reclaim the agenda for change shortfall monies. All ICSUs were missing the targets set for them in Month 8, and non-recurring solutions would shortly have been exhausted. He also highlighted the fact that the Trust was forecasting Cost Improvement Programme (CIP) delivery of £13.4m (£12m recurrently) against a £16.5m

	target, with £10.5m (£9.5m recurrently) delivered to date.
14.5	David Holt reminded Board members that the next meeting of the Audit & Risk Committee would take place on the morning of the March Board meeting, and suggested that time might be set aside at the private Board meeting for a discussion of the Audit opinion.
14.6	**The Board reviewed the financial outturn for month 10 and agreed the need to improve income delivery, reduce agency expenditure and to improve the delivery of run rate reducing CIP plans.**
15.	**Any other business**
15.1	There were no items reported.

Action log, Public Board meeting, 27.2.2019

Item	Action	Lead(s)	Progress
Performance dashboard (*carried forward from January 2019 meeting*)	In the review and development of the 2019/20 Performance dashboard consider including: • the differentiation of red and amber-rated performance against KPIs' targets • actual numbers as well as percentages e.g. the amount of new birth visits completed	Carol Gillen	This feedback is being included in the development of the 2019/20 Trust performance scorecard which will be discussed at the 10 April Board seminar
Minutes – matter arising	Board Committee terms of reference to the April 2019 Board meeting	Swarnjit Singh with Committee Chairs and lead executive directors	Due to be presented at the April 2019 Board meeting
Serious Incidents	Consider and report back on how Board members can have greater sight of/exposure to the SI process	Julie Andrews and Michelle Johnson	Completed
CQC update	Review the methodology for accountability and escalating matters to the Board	Jonathan Gardner and Carol Gillen	To be discussed at April Board seminar 2019
	Look at Model Hospital website	Board members	Completed
WH culture improvement plan	Include Pulse survey outcomes each quarter in 2019/20 performance scorecard reports to the Board	Noma French and Carol Gillen	Included for each quarter in the new 2019/20 scorecard
Patient Experience Strategy	Revise patient experience strategy in line with comments made in the meeting	Michelle Johnson	Completed

Meeting title	**Trust Board – public meeting**	**Date: 27 March 2019**
Report title	**Chief Executive's report**	**Agenda Item: 6**
Executive director lead	Siobhan Harrington, Chief Executive	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	The aim of this report is to bring to Board members' attention key national and local developments and also to highlight and celebrate achievements by the Trust and its staff.	
Purpose:	Review	
Recommendation(s)	Board members are invited to review the report and its content.	
Risk Register or Board Assurance Framework	All Board Assurance Framework entries	
Report history	None	
Appendices	None	

Chief Executive's report
This report provides the Board of Directors with highlights of key developments within the health and social care sector at a national and local level:

1. National news

Health Education England launches report on staff wellbeing

1.1 Recommendations to improve staff wellbeing within the NHS were set out in a report by Health Education England, the *NHS Staff and Learners' Mental Wellbeing Commission report.*[1] They include fast-tracked referrals, tailored supports sessions after traumatic incidents, rest spaces for on-call staff, a 24/7 advice phone line and the introduction of a workplace wellbeing guardian in each organisation. The proposals will be considered as part of the development of the NHS workforce implementation plan which is being led by Baroness Dido Harding, Chair of NHS Improvement who wrote on 6 March to all NHS provider chief executives and clinical commissioning group accountable officers seeking views on the five emergent themes in the workforce plan:

i. improving staff recruitment and retention by making the NHS a better place to work;
ii. improving leadership culture to successfully address workforce challenges;
iii. addressing priority challenges faced nationally in nursing and midwifery roles;
iv. delivering the Long Term Plan through different skill mixes, new types of roles and different ways of working; and
v. reviewing roles and responsibilities for workforce across national bodies and their regional team, integrated care systems and local employers.

Building the case for primary legislative change[2]

1.2 At their February 2019 meeting in common of the Boards of NHS England and NHS Improvement, an important report was discussed highlighting changes to help deliver the NHS long Term Plan, with a primary focus of integrating healthcare services. The next step is for further engagement on the proposals in the report from 28 February until 25 April 2019.

NHS England/NHS Improvement

1.3 NHS England and NHS Improvement have announced that they are going to accelerate the merger (within statutory boundaries) of the two organisations. Simon Stevens, NHS England's Chief Executive, will (in the coming months) take over the leadership of NHS Improvement in addition to his existing responsibilities. The two organisations will increasingly share directors and a common infrastructure. As a consequence of this change, Ian Dalton (current Chief Executive of NHS Improvement) will be standing down.

---

[1] https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf

[2] https://www.england.nhs.uk/wp-content/uploads/2019/02/02-MiCIE-28-02-2019-building-the-case-for-primary-legislative-change.pdf

Brexit preparations

1.4 Like other NHS Trusts, Whittington Health continues to prepare for the possibility of a 'no deal' exit from the EU. Areas for action are: supply of medicines and devices, supplies of goods and services, workforce and research and development. The impact of a 'no deal' exit on the health and adult social care sector is not limited to these areas, and so the Department of Health and Social Care (DHSC) has also developed contingency plans to mitigate risks in other areas. In preparation for a 'no deal' exit, the DHSC, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre which will be responsible for issuing EU Exit-related information across the system.

New access standards' review[3]

1.5 NHS England has announced a number of clinical proposals which aim to deliver rapid assessment and treatment will be provided for patients with the most serious conditions. They include: people arriving at A&E experiencing a mental health crisis being able to receive emergence care within one hour; people with suspected cancer will receive a diagnosis within 28 days of urgent referral by their GP; the trialling of a new rapid assessment measure for all patients arriving at A&E.

2. Local news

Quality and safety performance

2.1 Overall performance against the 95% four hour wait standard access target in February 2019 was 85.1%. It is noticeable that there has been an 8.8% increase in attendances in February 2019 when compared to February last year, with an attendance average of 317 patients per day in February 2019. Performance for 'minors' and in paediatrics was 93.8% and at 93.3% respectively in February.

2.2 During February, the Trust continued to see a sustained improvement in the number of delayed transfer of care patients and standard patients which assists flow throughout the hospital and the emergency department.

2.3 There was one 12 hour trolley breach in February 2019 which occurred when a patient with mental health care needs awaited an informal admission. There were also two mixed sex breaches which occurred due to capacity issues within the Trust and no medical bed available. It was not possible to transfer the patients to a side room due to staffing challenges. However, assurance is provided that the patients' privacy and dignity were maintained at all times and they were kept informed with these developments, with which they were comfortable.

[3] https://www.england.nhs.uk/clinically-led-review-nhs-access-standards/

Unannounced CQC inspection

2.4 The Care Quality Commission (CQC) made an unannounced visit to Simmons House on Friday, 8 March to review the quality of care being provided and specifically to check on our Mental Health Act processes and practice. The visit went well and the initial feedback was positive with no immediate concerns identified. The Trust's Journey to Outstanding campaign, Better Never Stops continues to prepare service teams and staff for a full CQC inspection and well led review due this year.

Family and Friends Test and complaints

2.5 Positive outcomes were recorded for both inpatient and community services with 96% and 98% response rates respectively recommending the Trust as place to receive healthcare services. During February 2019, the Trust achieved a 100% response rate for the complaints due a substantive reply within 25 working days.

Workforce

2.6 Vacancy rates against establishment have remained stable, and work within local, national and international nurse recruitment initiatives is continuing. Staff turnover has remained stable and a cross organisational retention plan, supported by NHS Improvement, is currently being developed. Sickness absence rates (reported a month in arrears) rose slightly in January 2019, to 3.7% and this was attributed to seasonal sickness.

Staff survey

2.7 The outcome from the 2018 NHS staff survey is covered by a separate item on today's agenda. While the Trust achieved its highest ever response rate, overall, the results are disappointing and highlight the need for the Board to continue to prioritise staff engagement and experience across Whittington Health. The Trust achieved stable scores for staff engagement, safety culture and quality of care. Action has been taken to outline expected behavioural standards and to carry out regular pulse surveys to listen to staff feedback. In addition, staff have been volunteering to participate in the important work to implement the workforce culture action plan. Making Whittington Health a great place to work will be a key strategic objective for the Trust in the next year.

Financial performance

2.8 The Trust remains on track to deliver its year-end control total, however, this will require significant cost reductions, increased scrutiny of balance sheet options and the settlement of the Agenda for Change £0.8m current funding shortfall. The Trust is forecasting Cost Improvement Programme (CIP) delivery of £13.3m (£11.8m recurrently) against a £16.5m target, with £12.1m (£10.7m recurrently) delivered to date. The Trust has spent £8.5m to date of its capital allocation with planned capital expenditure remaining at £14.8m and does not have a cash flow risk. At the time of writing this report, the Trust is still working to conclude negotiations on the contract with commissioners.

Creating the environment for future healthcare

2.9 As part of engagement on estate proposals, representatives from every directorate have fed back their views on how the Trust's buildings and estate can support us to provide the best care and treatment for our patients in the future and how it can help us to meet our mission to help local people live longer, healthier lives. At the same time, work to continually improve our buildings is progressing well with the following updates:

- our new obstetric theatre is almost complete and is expected to be in use in April 2019
- plans to refurbish the postnatal ward have been drawn up and will be put into action in April to improve this space for families who have given birth
- a tender for work to extend the neo-natal intensive care (NICU) will be issued in the next few months. This £1.4m project will start in the summer and will result in six additional NICU cot spaces

2.10 I am pleased to update the Board that we have completed the planned work with Camden & Islington NHS Foundation Trust. To help realise an opportunity to integrate physical and mental healthcare, with increased potential for joint education and service developments, the Trust successfully concluded the sale of the Education Centre and the Dartmouth block on the Whittington Health site to Camden & Islington NHS Foundation Trust. This will impact positively by enabling greater co-ordination in physical and mental health care for local patients, with the aim of improving outcomes for patients and will lead to a new health resource being built on that site.

Working in collaboration

2.11 In March, the Trust signed a three year memorandum of understanding with North Middlesex University Hospital NHS Trust. This collaboration aims to improve the quality, safety and patient experience across a common local population in Haringey and will support a population healthy approach to improving health outcomes for local people. Furthermore, it also seeks to reduce costs to the health system by sharing best practice, changing pathway and rationalising support services where this is mutually-agreed.

Non-Emergency Patient Transport contract

2.12 Whittington Health has collaborated with other NHS providers, the Royal Free, North Middlesex, Moorfields and Commissioners, to tender a new contract which aims to improve quality and drive efficiency across the North Central London system via a contract that includes robust key performance indicators and patient eligibility criteria management. The contract is for an initial five year term, with an option to extend for two further terms of two years each.

2.13 The Partners Procurement Service (PPS) have now completed an Official Journal of the European Union procurement process. Adrien Cooper, Director of Environment, presented a paper to the Trust's Management Group in early March, outlining the process and a recommendation to award to the successful supplier. This was approved. Outcome letters have been issued to the bidders via the PPS portal on 20 March, the standstill period is due to end

on 1 April 2019. If the standstill period passes without challenge, the project will move to mobilisation stage, with a go live date of 1 July 2019.

New Medical Director

2.14 The Trust has appointed Dr Clare Dollery as our Executive Medical Director. A Cardiologist by background, she has possesses a range of clinical leadership experience with a focus on safety and improvement. Clare is currently Deputy Medical Director at Oxford University Hospital NHS Foundation Trust and previously held senior roles at both Barts Health NHS Trust and University College London Hospitals NHS Foundation Trust. Dr Julie Andrews has been a real asset to the Trust, providing an excellent contribution and outstanding work as Acting Medical Director since November 2018 and will remain in this role until Clare formally starts.

International Delirium awareness

2.15 On 13 March, the Care of Older People Team held a Delirium Tea Party, with volunteers doing art therapy and promoting activities and representatives from The Kissing It Better charity[4] singing for patients on wards. Delirium is an independent risk factor for increased mortality in older people in institutional placement. It is preventable in about a third of cases, and treatable if identified early and managed proactively.

Haringey Improving Access to Psychological Therapies (IAPT)

2.16 Following a comprehensive review conducted by the Centre for Mental Health of the employment support we provide to our patients, the Haringey IAPT, Let's Talk – a Whittington Health NHS community service – along with the Shaw Trust, has been officially designated as a Centre of Excellence. This is the first and only IAPT in the country to have received centre of excellence status. Nationally, the IAPT programme also celebrated 10 years of success at a recent NHS England event. It began in 2008 and has transformed treatment of adult anxiety disorders and depression in England. Over 900,000 people now access IAPT services each year and the Five Year Forward View for Mental Health committed to expanding services further, alongside improving quality.

Trust strategy 2019/24

2.17 Since the end of last year, the Trust has engaged staff in developing its revised strategy. It is our road map to how we will become a successful and sustainable provider of integrated healthcare services for local people and have been further refined with our mission statement staying as "helping local people live longer healthier lives". The Trust Board will consider an updated draft strategy at this meeting.

[4] http://www.kissingitbetter.co.uk/

Staff excellence award

2.18 The following members of staff received staff excellence awards this month:

- **Esme Ingram and Claire King, Core Medical Trainee Doctors**
  Esme and Claire were nominated in recognition of establishing and running a fantastic education programme for core medical doctors and medical specialist registrars seeking accreditation in general internal medicine, in addition to their clinical commitments. The programme runs twice a week and they have since added a journal club for trainees and set up a new mentorship programme with buddying for more junior doctors

- **Belen Plaza, Lead Nurse for Diabetes**
  Belen was nominated as an example of 'clinical leadership at its best'. She delivers outstanding care to patients and excellent leadership skills to optimise her service. Last year, she implemented improvements within three months which meant that every patient with diabetes was seen in six weeks and has impressed senior leaders in Whittington Health as well as GPs and commissioners.

- **Veronica Larbi, Colposcopy Nurse**
  Last year, Veronica retired from the trust after 10 years' service, but has recently returned. She is always polite, calm and reassuring to patients, but is very modest, going about her work diligently and professionally, and has a positive impact on both patients and the department. She has been an amazing advocate to colposcopy patients and goes over and above in her role, including being proactive in promoting cervical cancer screening at events every year. She also ran the independent nurse-led clinics and her nominator said she was a "wonderful asset to the team".

Meeting title	**Trust Board – public meeting**	**Date: 26.3.2019**
Report title	**Serious Incidents Update – Month 11 (February 2019)**	**Agenda item: 7**
Executive director lead	Julie Andrews, Acting Medical Director	
Report author	Jayne Osborne, Quality Assurance Officer and Serious Incident (SI) Co-ordinator	
Executive summary	This report provides an overview of serious incidents (SI) submitted externally via the Strategic Executive Information System (StEIS) during February 2019. This includes SI reports completed during this timescale in addition to recommendations made, lessons learnt and learning shared following root cause analysis.	
Purpose:	Review	
Recommendation(s)	The Board is asked to recognise and discuss the assurances contained within this report demonstrating that the serious incident process is managed effectively, and that lessons learnt as a result of serious incident investigations are shared widely. The Board is invited to focus discussion on steps being taken to: • Ensure we work with Camden and Islington NHS Foundation Trust on the shared production of Serious Incident investigations • Improve the process of managing trauma patients • Investigate and learn from a Never Event	
Risk Register or Board Assurance Framework	Corporate Risk 636. Create a robust SI learning process across the Trust. Trust Intranet page has been updated with key learning points following recent SIs and RCA investigations.	
Report history	Report presented at each public Board meeting	
Appendices	None	

Serious Incidents: February 2019 report

1. Introduction

1.1 This report provides an overview of serious incidents submitted externally via Strategic Executive Information System (StEIS) during February 2019. This includes serious incident reports completed during this timescale in addition to recommendations made, lessons learnt and learning shared following root cause analysis.

2. Background

2.1 The Serious Incident Executive Approval Group (SIEAG), comprising the Executive Medical Director/Associate Medical Director, Chief Nurse and Director of Patient Experience, Chief Operating Officer, Head of Quality Governance and SI Coordinator meet weekly to review Serious Incident investigation reports. In addition, high risk incidents are reviewed by the panel to determine whether these meet the reporting threshold of a serious incident (as described within the NHSE Serious Incident Framework, March 2015).

3. Serious Incidents

3.1 The Trust declared one serious incident during February 2019, bringing the total of reportable serious incidents to 31 since 1st April 2018.

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

3.3 All serious incidents are uploaded to the National Reporting and Learning Service (NRLS) in line with national guidance and CQC statutory notification requirements.

3.4 The table below details the Serious Incidents currently under investigation.

Category	Month Declared	Summary
Patient fall Ref:27817	Nov 18	A mental health patient absconded from ED prior to being admitted; fell from the roof into the window of a ward resulting in cuts and lacerations to himself and to a patient's relative. This is a joint investigation with Camden and Islington NHS Foundation Trust.
Absconded Patient Ref:28441	Nov 18	A patient under section absconded from a ward whilst staff were attending to another patient. The patient has not been located to date.
Unexpected admission to NICU	Dec 18	Baby born in poor condition at 38 weeks and 2 days gestation and required

Category	Month Declared	Summary
Ref:30069		resuscitation and ventilation. The baby was transferred to tertiary neonatal unit for total body cooling.
Information Governance Breach Ref:2062	Jan 19	Confidential patient information was changed on the Trust electronic system and the patient's contact number given to an estranged family member although a safeguarding alert was present.
Intrauterine Death Ref: 3556	Feb 19	A pregnant woman reporting reduced fetal movements attended the Maternity assessment Unit. Following review no foetal heart rate could be located and fetal demise (intrauterine death) was confirmed on ultrasound scan.
Maternal Death Ref: 5255	Mar 19	An 18 weeks pregnant woman brought in to ED via blue light ambulance in cardio-respiratory arrest, suffered a major Haemorrhage. Resuscitation attempts were unsuccessful and the woman died.

3.5 **The table below details serious incidents by category reported to the NELCSU between April 2017 and March 2018.**

STEIS 2017-18 Category	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Total
Safeguarding	0	0	0	0	0	0	0	1	0	0	0	0	1
Attempted self-harm	0	0	0	0	0	0	0	0	0	0	0	0	0
Confidential information leak/loss/IG	0	0	1	1	0	1	0	0	0	0	0	0	3
Diagnostic Incident including delay	0	1	1	1	1	0	1	1	0	1	0	0	7
Disruptive/ aggressive/ violent behaviour	0	0	0	0	0	0	1	0	0	0	0	0	1
Environment Incident meeting SI criteria	0	0	0	0	0	0	0	0	0	1	0	0	1
Failure to source a tier 4 bed for a child	0	0	0	0	0	0	0	0	0	0	0	0	0
Failure to meet expected target (12 hr	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI/Infection control incident meeting SI	0	0	0	0	0	0	0	0	0	2	0	1	3
Maternity/Obstetric incident mother and baby (includes foetus neonate/infant)	0	1	0	0	0	0	1	0	0	0	0	0	2
Maternity/Obstetric incident mother only	0	0	0	0	1	0	0	0	0	0	0	0	1
Medical disposables incident meeting SI	0	0	0	0	0	0	0	0	0	0	0	0	0
Medication Incident	0	0	0	1	0	0	0	0	0	0	0	0	1
Nasogastric tube	0	0	0	0	0	0	0	0	0	0	0	0	0
Slip/Trips/Falls	0	1	0	0	2	0	1	0	0	1	0	1	6
Sub Optimal Care	0	0	1	0	0	0	0	0	0	0	1	0	2
Treatment Delay	1	1	0	0	0	1	0	0	0	1	0	0	4
Unexpected death	1	0	1	0	0	0	1	0	0	1	0	0	4
Retained foreign object	0	0	0	0	1	0	0	0	0	0	0	0	1
HCAI\Infection Control Incident	0	0	0	0	1	0	0	0	0	0	0	0	1
Total	**2**	**4**	**4**	**3**	**6**	**2**	**5**	**2**	**0**	**7**	**1**	**2**	**38**

3.6 **The table below details serious incidents by category reported to the NELCSU between April 2016 – February 2019.**

STEIS 2017-18 Category	2016/17 Total	2017/18 Total		Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Total 18/19 ytd
Safeguarding	5	1		0	0	0	0	0	0	0	1	0	0	0	1
Apparent/actual/suspected self-inflicted	1	0		0	0	0	0	0	0	0	0	0	0	0	0
Confidential information leak/information	6	3		2	0	1	0	0	0	0	0	0	1	0	4
Diagnostic Incident including delay	8	7		0	2	0	1	1	1	2	0	0	0	0	7
Disruptive/ aggressive/ violent behaviour	0	1		0	0	1	0	0	0	0	0	0	0	0	1
Environment Incident meeting SI criteria	0	1		0	0	0	0	0	0	0	0	0	0	0	0
Failure to source a tier 4 bed for a child	1	0		0	0	0	0	0	0	0	0	0	0	0	0
Failure to meet expected target (12 hr trolley	1	0		0	0	0	0	0	0	0	0	0	0	0	0
HCAI/Infection control incident meeting SI	0	3		0	0	0	0	0	0	0	0	0	0	0	0
Maternity/Obstetric incident mother and baby (includes foetus neonate/infant)	7	2		2	2	0	0	0	1	0	1	1	0	1	8
Maternity/Obstetric incident mother only	2	1		0	0	0	0	0	0	0	0	0	0	0	0
Medical equipment/devices/ disposables	1	0		0	0	0	0	0	0	0	0	0	0	0	0
Medication Incident	0	1		0	0	1	0	0	0	0	0	0	0	0	1
Nasogastric tube	1	0		0	0	0	0	0	0	0	0	0	0	0	0
Slip/Trips/Falls	7	6		1	0	0	0	0	0	0	1	0	0	0	2
Sub Optimal Care	4	2		1	0	0	0	0	0	0	0	0	0	0	1
Surgical/invasive procedure incident	0	0		0	1	0	0	0	0	0	0	1	0	0	2
Treatment Delay	3	4		0	2	0	0	0	0	0	0	0	0	0	2
Unexpected death	10	4		0	1	0	0	0	0	0	1	0	0	0	2
Retained foreign object	1	1		0	0	0	0	0	0	0	0	0	0	0	0
HCAI\Infection Control Incident	0	1		0	0	0	0	0	0	0	0	0	0	0	0
Total	**58**	**38**		**6**	**8**	**3**	**1**	**1**	**2**	**2**	**4**	**2**	**1**	**1**	**31**

4. Submission of Serious Incident reports

4.1 All final investigation reports are reviewed at the weekly SIEAG meeting chaired by an Executive Director (Executive Medical Director or Chief Nurse and Director of Patient Experience). The Integrated Clinical Support Unit's (ICSU) Operational Directors or their deputies are required to attend each meeting when an investigation from their services is being presented.

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

4.3 On completion of the report the patient and/or relevant family member receive a final outcome letter highlighting the key findings of the investigation, lessons learnt and the actions taken and planned to improve services. A 'being open' meeting is offered in line with Duty of Candour recommendations.

4.4 The Trust has executed its duties under the Duty of Candour for the investigations completed and submitted in February 2019.

4.5 Lessons learnt following the investigation are shared with all staff and departments involved in the patient's care through various means including the trust wide

Spotlight on Safety Newsletter, 'Big 4' in theatres, 'message of the week' in Maternity and EIM, and '10@10' in the Emergency Department. The 'Big 4' is a weekly bulletin containing four key safety messages for clinical staff in theatres; this is emailed to all clinical staff in theatres, as well as being placed on notice boards around theatres. Learning from identified incidents is also published on the Trust Intranet making them available to all staff.

5. The Trust submitted two reports to NELCSU during February 2019

5.1 The table below provides a brief summary of lessons learnt and actions put in place relating to a selection of the serious incident investigation reports submitted in February 2019. The Trust submitted one report in February 2019.

Summary	**Actions taken as result of lessons learnt include;**
Still Birth Ref:27813	An Intra uterine death was diagnosed by ultrasound following concerns raised by the pregnant woman that no fetal movements had been felt. • The Training programme for the application and implementation of the Growth Assessment Protocol (GAP) has been reviewed and updated to include; (i) Mandatory GAP training for all new obstetric medical and midwifery staff. (ii) An up to date GAP training attendance checklist (spreadsheet) will be maintained for all staff who have completed their GAP training. iii) An annual update on GAP will take place and include the use of case studies and assessment of the symphysial fundal height (SFH) measurements including use of the GAP e-learning module for all midwifery and medical staff. iv) Ad hoc training session will be held for all staff involved in any incident related to implementation/interpretation of GAP. • A review of our Maternity guidance is being undertaken to include risk assessments and management of pregnant women who are taking any medication as required treatment during pregnancy and appropriate management and fetal surveillance. • A rolling programme of additional teaching sessions for all junior Drs have been set up utilising 'role play/ situation simulations and will include when a foetal heart rate cannot be heard/located. • A review of the current process used for cancelling and rescheduling of Obstetric Consultant clinics to ensure a robust system is in place which clearly defines the process to be followed.

Summary	Actions taken as result of lessons learnt include;
Unexpected Death Ref:28316	A patient died after deteriorating following elective surgery for a giant hiatus hernia. • Teaching sessions on the morbidity and mortality scoring system have been arranged for all surgeons appropriate to their specialty in order to ensure that the morbidity and mortality score is considered before a decision is made to operate. • A review of the High Risk Anaesthetic clinic SOP (Standard Operating Procedure) is being undertaken to ensure that high risk patients are seen and the appropriate documentation and investigations are accessible by all clinicians involved so that the information is shared appropriately. • The CCU admission policy in the event of CCU beds not being available for elective surgical cases is being reviewed to include consideration to cancel the operation in the event a bed is not available.

6. Shared learning

6.1 In order to ensure learning is shared widely across the organisation, a dedicated site has been created on the Trust intranet detailing a range of patient safety case studies. The Trust also runs a series of multi-disciplinary learning workshops throughout the year to share the learning from serious incidents and complaints, and learning is disseminated through 'Spotlight on Safety' the trust wide patient safety newsletter; for example, learning from a community SI where a patient experienced burns following the use of an emollient cream and an information governance serious incident.

6.2 Themes from serious incidents are captured in quarterly aggregated learning reports along with an annual review, outlining areas of good practice and areas for improvement and trust wide learning. The Safety and Quality Board Report for Quarter 2 2018/19 focussed on the progress the trust has made against its Quality Account Priorities for 2018/19, of which one of the three priority areas is patient safety.

- We are continuing to review and improve how we share our learning from all incidents, near misses and SIs to ensure we mitigate against future risks and fully embed actions and learning.

Meeting title	**Trust Board**	**Date: 27 March 2019**
Report title	**Freedom To Speak Up Guardian report (October 2018-March 2019)**	**Agenda item: 8**
Executive director lead	Michelle Johnson, Chief Nurse and Director of Patient Experience	
Report author	Ruben Ferreira, Freedom to Speak Up Guardian	
Executive summary	This paper provides: • a brief overview of the work of the Freedom To Speak Up Guardian (FTSUG) from October 2018 to March 2019 • an update on the National Guardian Quarter 3 (2018-19) data • an update on Speak Up Advocates role	
Purpose:	The report provides information about Freedom to Speak Up across Whittington Health with information covering the period October 2018 to March 2019	
Recommendation(s)	The Trust Board is asked to: i. support actively the recruitment of Speak Up Advocates and acknowledge the importance of providing protected time (within job roles) for the Advocates to support their colleagues; and ii. encourage and promote with managers and senior leaders to engage with Freedom to Speak Up.	
Risk Register or Board Assurance Framework	BAF entry 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation	
Report history	Six monthly report to Trust Board, October 2018	
Appendices	None	

1 INTRODUCTION

1.1 The role of the Freedom to Speak Up Guardian was created as a result of recommendations from Sir Robert Francis' Freedom to Speak Up review, published in February 2015. Freedom to Speak Up Guardians are expected to work with trust leadership teams to create a culture where staff are able to speak up in order to protect patient safety and empower workers.

1.2 Ruben Ferreira was appointed Freedom to Speak Up Guardian (FTSUG) for Whittington Health NHS Trust in a full-time capacity replacing Dorian Cole, Associated Director of Nursing for CYP. Ruben has been in post since late November 2018.

2 BRIEF OVERVIEW FREEDOM TO SPEAK UP GUARDIAN

2.1 As priority, there has been good engagement with teams and services across Community and Hospital departments. Several community services, such as Audiology therapy teams, dental services and community children's health have been pro-active in inviting the Guardian to attend local team meetings. This has been extended across the hospital and trust corporate areas with departments as diverse as Finances, Spiritual and Pastoral Care, Patient Experience, Imagery, Pathology & Pharmacy and Operating Theatres. The FTSUG informally visits different services at the Hospital as well.

2.2 Communication and visibility are two key points for the success of engaging with staff who may wish to raise concerns. The FTSUG has developed leaflets and posters explaining how to raise concerns in a safely and confidential way.

2.3 A clear and direct communication strategy has been developed in partnership with the Organisational Development Team and improvements are being made to the FTSUG internet page regarding information on how to raise concerns

2.4 The Whistleblowing/ Raising Concerns policy has been updated March 2018.

3 SPEAK UP ADVOCATE'S ROLE

3.1 The role of the Trust Speak Up Inclusion Champions has been revised and is now aligned role to the National Guardian's Office guidelines on helping staff to safely raise concerns. In order to avoid misunderstandings, the role was renamed **Speak Up Advocates**.

3.2 The move forward is to now develop a network of Advocates throughout all different services across the Trust. The vison to have at least one Advocate in each Health Centre, Service and Ward area.

3.3 The Speak Up Advocates will receive local training and supervision. Staff, from any bands, clinical or non-clinical, can become an Advocate with the agreement of line manager. A team can also nominate their Advocate. The aim is that Advocates will reflect diversity and equality within the Trust. They will have protected time to support a colleague raising a concern.

3.4 Their information, photos and contact details will be on the intranet. Information about the nearest Speak Up Advocate will also be displayed in staff areas. There are a number of staff who have already shown interest in becoming Advocates. This will add to the existing cohort.

4 LOCAL CONCERNS RAISED (OCTOBER 2018 TO MARCH 2019 – PART MONTH)

4.1 Since October 2018 till date of report the FTSUG received twenty eight initial concerns. Six of the contacts were anonymous. All have been reported internally.

4.2 Twelve have been reported to the National Guardian's Office (Q3). One cases reported involved an element of patient safety and 7 and element of Bullying and harassment.

4.3 Eighteen of the cases have been closed with satisfactory outcome for reporter. Ten cases remain open to the Guardian.

4.4 Table one shows cases received by month for the reporting period

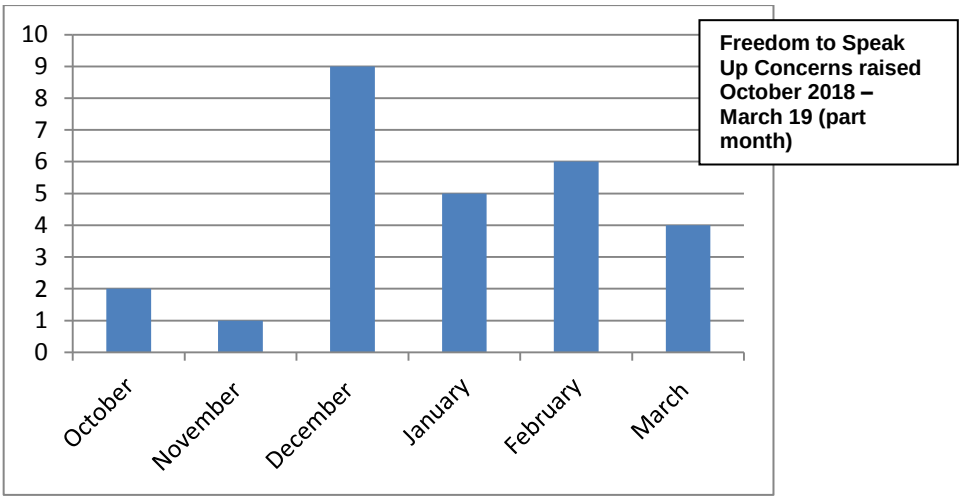


Table one: Freedom to Speak Up Concerns raised October 2018 – March 19 (part month)

4.5 Table two describes the themes raised for the same period.

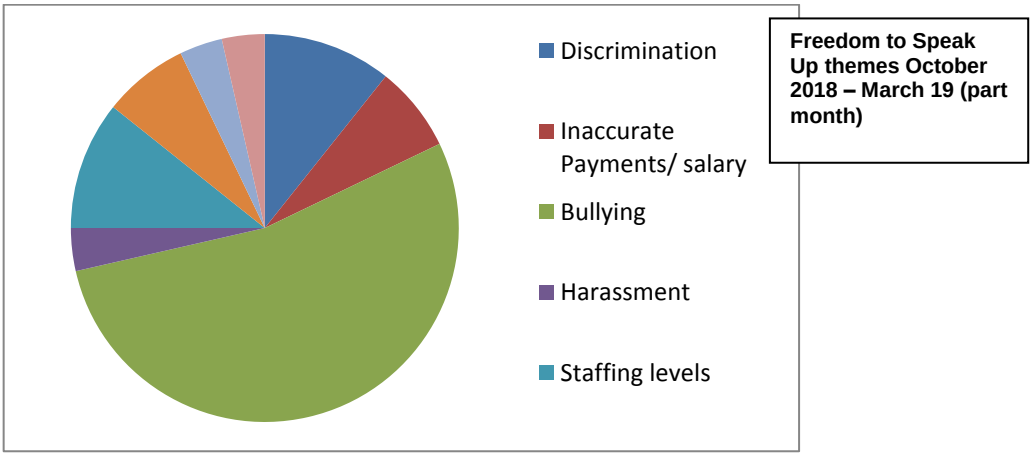


Table two: Freedom to Speak Up themes October 2018 – March 19 (part month)

5 NATIONAL GUARDIAN QUARTER THREE DATA

5.1 The National Guardian's Office requires Freedom to Speak Up Guardians in all NHS Trusts and Foundation Trusts to report the number of Freedom to Speak Up cases raised with them. The latest reporting period is quarter three 2018/19 (1 October to 31 December 2018). The latest results are set out in the attached table and reveal that 97 per cent of trusts have provided data this quarter, including Whittington Health.

5.2 The following learning from National figures;

- 3,600 cases were raised to Freedom to Speak Up Guardians/ambassadors/champions
- 957 of these cases included an element of patient safety/quality of care
- 1,466 included elements of bullying and harassment
- 179 related to incidents where the person speaking up may have suffered some form of detriment
- 407 anonymous cases were received
- 11 trusts did not receive any cases through their Freedom to Speak Up Guardian
- 221 out of 227 NHS trusts sent returns

5.3 Data for Q3 in 2018-19 is represented in Table three and that shows that the rate of referral ranked Whittington Health 107th out of 221 Trusts.

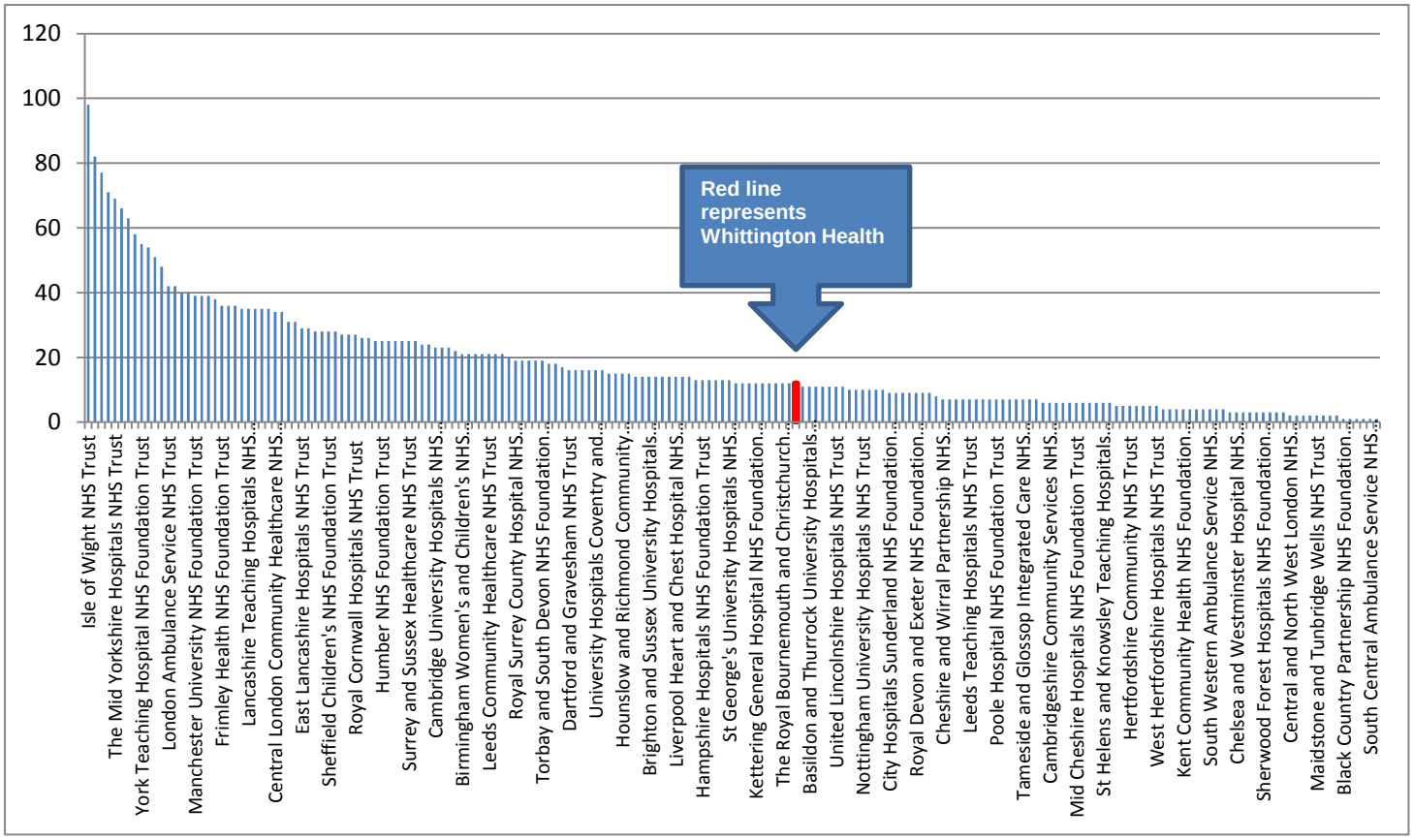


Table three: National NHS Trusts benchmarking quarter three Freedom to Speak Up Referral Rates

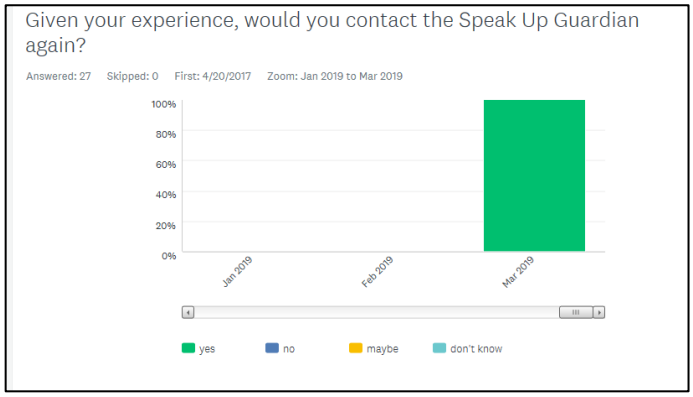
5.4 For cases raised in Q3 2018-19 concerning patient safety, Whittington Health ranked 131st out of 221 Trusts, with 1 case.

5.5 For cases raised in the Q3 2018-19 concerning bullying, Whittington Health ranked 73rd with 7 cases.

6 WHITTINGTON HEALTH STAFF FEEDBACK

6.1 The Guardian has been collecting feedback since starting in the post and reports a positive response to drop in visits as well as planned visits to teams across the Trust. Staff say that they feel that the Guardian is approachable, engaging and that they have gained confidence in raising concerns. From these visits five people from different services have expressed an interest in becoming Speak Up Advocates.

6.2 Each person who raises a concern is asked for feedback on their experience. The survey is sent to each person on closure of the case. It is too early to draw conclusions from the small number of responses to the two questions asked (would you contact the FTSUG again and overall experience) but it is a promising position as presented in table four and five. There was some commentary which accompanied the survey which supported this.



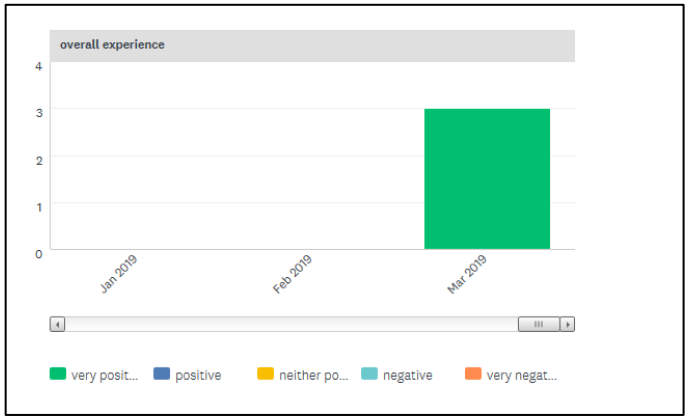


Table four and five: Staff Survey Responses - October 2018 – March 19 (part month)

7 PRIORITIES NEXT SIX MONTHS

7.1 The Guardian has set out priority for the next six months and include;

- Visit all remaining Health Centres and services throughout the Hospital
- Keep the distribution of posters and leaflets to reach as many members of staff as possible
- Reach out to harder to reach teams and services, specifically focusing on teams such as porters and housekeeping, information technology
- Join Trust Induction days to introduce the role
- Recruit and train 15 more Advocates
- Provide support in the BME Staff Inclusion Group
- Further develop the information intranet page on how to raise concerns and link with support tools

8 RECOMMENDATIONS FOR THE BOARD

8.1 Support actively the recruitment of Speak Up Advocates and acknowledging the importance of providing protected time (within job roles) for the Advocates to support their colleagues.

8.2 Encourage and promote with managers and senior leaders to engage with Freedom to Speak Up.

Meeting title	**Trust Board – public meeting**	**Date: 27 March 2019**
Report title	**Integrated performance report**	**Agenda Item: 9**
Executive director lead	Carol Gillen, Chief Operating Officer	
Report author	Hester de Graag, Risk and Quality Manager	
Executive summary	**Emergency Department (ED) four hours' wait** Overall performance against the 95% 4 hour standard for February 2019 was 85.1%. The 'minors' performance delivered 93.8% and Paediatrics at 93.3% in February. **Mixed sex breaches (ITU)** Two breaches occurred due to capacity issues within the Trust and no medical bed available. However privacy and dignity were maintained at all times and patients were informed and comfortable. **Theatre utilisation** Overall theatre utilisation for February was 78.5%. (down from 80.4%) due to capacity in staffing in the bookings team. An extensive consultation has been completed and the recruitment plan is on track to be fully staffed by the end of April 2019. Mitigating actions: The Theatre scheduling dashboard is used daily to monitor the theatre bookings. Extra Pre-Operative Assessment clinics have been scheduled during the week and Saturdays. The Trust was compliant with performance on cancer, diagnostic waits and referral to treatment time targets	
Purpose:	Review and assurance of Trust performance compliance	
Recommendation(s)	That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan	
Risk Register or Board Assurance Framework	The following BAF entries are linked: risk 3 – failure to hit national and local performance targets risk 4 – failure to recruit and retain high quality substantive staff risk 14 – failure to provide robust urgent and emergency pathway for people with mental health needs risk 17 – organisational culture	
Report history	Trust Management Group	
Appendices	None	

Whittington Health
NHS Trust

Integrated Performance Report

February 2019

Month 10 (2018 – 2019)

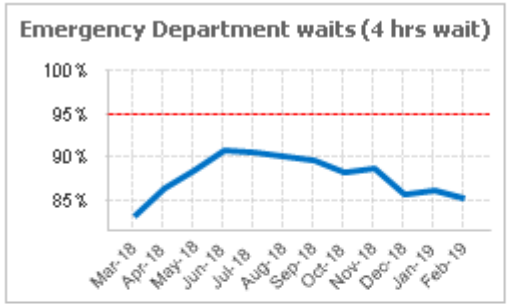
Date & time of production: 20/03/2019 17:34

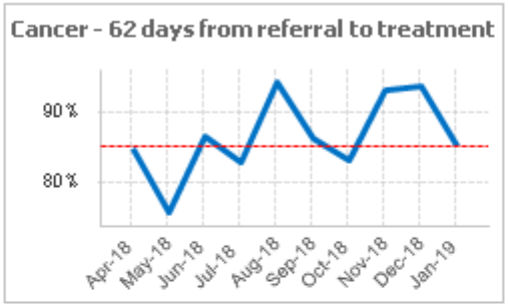
Summary Page - Indicators

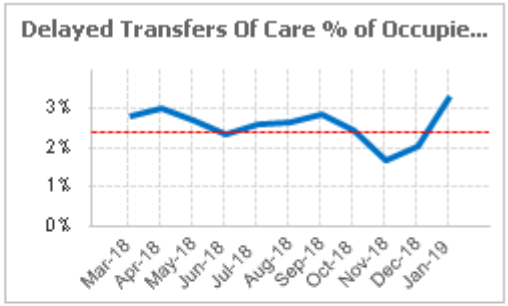
Category	Indicator	17_18 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Q4 Feb-19	2018-2019
ED	Emergency Department waits (4 hrs wait)	**>95%**	83.1%	86.3%	88.4%	90.6%	90.5%	90.0%	89.6%	88.2%	88.5%	85.5%	86.0%	85.1%	88.0%
ED	ED Indicator - median wait for treatment (minutes)	**<60 mins**	95	91	87	79	74	63	75	79	88	91	85	92	82
Cancer	Cancer - 14 days to first seen	**>93%**	95.4%	94.2%	97.5%	94.4%	94.4%	93.1%	90.1%	89.6%	93.7%	97.9%	95.9%		94.2%
Cancer	Cancer - 62 days from referral to treatment	**>85%**	90.7%	84.8%	75.5%	86.5%	82.9%	94.2%	86.2%	83.1%	93.3%	93.8%	85.2%		86.0%
Admitted	Non Elective Re-admissions within 30 days	**<5.5%**	6.33%	6.25%	6.09%	6.62%	5.89%	6.97%	5.93%	5.42%	4.91%	5.86%	5.45%	5.92%	5.91%
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	**<2.4%**	2.8%	3.0%	2.7%	2.3%	2.6%	2.7%	2.8%	2.5%	1.7%	2.0%	3.3%		2.6%
Access	RTT - Incomplete % Waiting <18 weeks	**>92%**	92.3%	92.1%	92.6%	92.4%	92.4%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.3%	92.2%
Outpatients	Outpatients - FFT % Positive	**>90%**	89.6%	93.0%	91.5%	94.0%	90.6%	88.3%	91.3%	89.0%	92.6%	91.0%	93.4%	93.3%	91.9%
Community	Community - FFT % Positive	**>90%**	96.5%	96.2%	95.9%	96.6%	96.9%	96.4%	95.7%	95.5%	97.1%	97.9%	96.7%	97.7%	96.5%
Staff	Staff - FFT % Recommend Care	**>70%**	75.0%			77.3%			77.4%						77.3%
Community	% seen <=2 hours of Referral to District Nursing Night Service	**>80%**	90.2%	86.7%	91.4%	97.6%	95.5%	92.9%	90.9%	89.2%	82.5%	95.8%	84.1%	89.7%	90.5%
Community	% seen <=48 hours of Referral to District Nursing Service	**>95%**	88.2%	84.2%	91.1%	85.7%	93.8%	89.7%	90.8%	93.8%	96.1%	95.9%	95.7%	98.7%	91.6%
Community	Haringey New Birth Visits - % seen within 2 weeks	**>95%**	90.0%	87.8%	92.0%	92.0%	88.3%	90.3%	90.9%	90.1%	90.3%	89.8%	89.9%		90.2%
Community	Islington New Birth Visits - % seen within 2 weeks	**>95%**	95.5%	93.5%	94.1%	90.9%	97.5%	95.3%	96.1%	93.1%	93.0%	92.9%	95.4%		94.2%

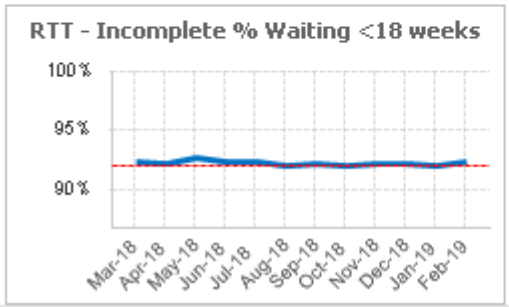
Date & time of production: 20/03/2019 17:3400

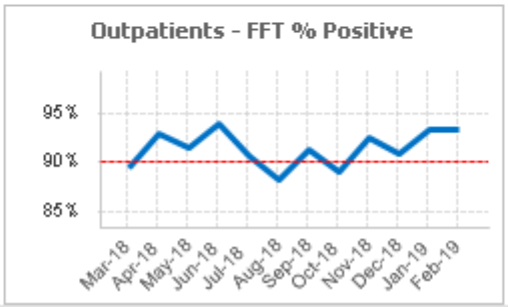
Summary Page - Indicators

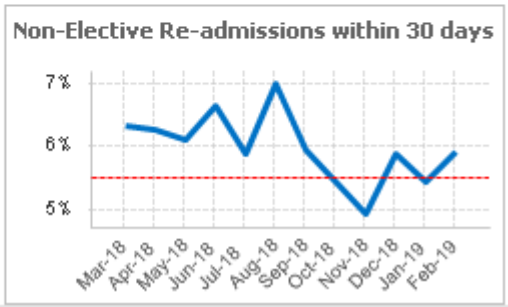












Date & time of production: 20/03/2019 17:3400

Safe Services - Indicators and Performance

Category	Indicator	18_19 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Q4 Feb-19	2018-2019	Performance
Admitted	Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admitted	HCAI C Difficile	<16	0	1	2	0	0	2	2	1	1	3	1	0	13	
All Areas	CAS Alerts Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
All Areas	Actual Falls	400	43	37	52	33	33	26	28	36	31	35	44	43	398	
All Areas	Avoidable Category 3 or 4 Pressure Ulcers	0	3	2	4	2	1	4	0	1	2	2	1		19	
All Areas	Harm Free Care %	>95%	93.9%	93.3%	93.0%	91.0%	92.6%	92.3%	93.2%	94.5%	92.3%	93.5%	90.1%	91.2%	92.4%	
Maternity	Non Elective C-Section % Rate	<18%	14.5%	17.2%	19.9%	18.1%	25.9%	19.9%	19.2%	18.8%	21.5%	25.5%	20.1%	22.3%	20.7%	
All Areas	Medication Errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admitted	MRSA Bacteraemia Incidences	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
Admitted	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
All Areas	Proportion of reported Patient Safety Incidents Causing Harm	N/A	21.5%	19.8%	18.4%	16.6%	16.9%	16.6%	17.0%	19.1%	16.7%	21.0%	20.9%	18.4%	18.3%	
All Areas	Serious Incidents	0	2	6	8	3	1	1	2	2	4	2	1	1	31	
Admitted	VTE Risk Assessment %	>95%	96.2%	95.9%	95.1%	95.0%	96.2%	94.5%	94.9%	95.2%	96.9%	95.3%	95.2%		95.4%	
Admitted	Mixed Sex Accomodation Breaches	0	0	5	7	0	0	0	0	1	0	0	2	2	17	

Pressure Ulcers

Data for February 2019 not yet available.

January 2019: One Category 3 pressure ulcer to the heel developed under the care of Whittington hospital. The pressure ulcer was first identified when the patient was transferred to Cloudesley ward; however the patient had been in ED and Mary Seacole South for more than 48 hours prior to transfer.

The patient presented with a bandage on the lower legs which had not been removed since arrival at the Hospital. Therefore it is unclear when the pressure ulcer developed.

Root cause: failure to remove bandages and complete full assessment of the skin on admission.

Serious Incidents

One incident was declared in February 2019.

1. 2019.3556 - A58800 (ACW) Intra-Uterine Death.

Mixed sex breaches (ITU)

Two breaches occurred due to capacity issues within the Trust and no medical bed available. However privacy and dignity were maintained at all times and patients were informed and comfortable.

Caring Services - Indicators and Performance

Category	Indicator	18_19 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Q4 Feb-19	2018-2019	Performance
ED	ED - FFT % Positive	>90%	76.9%	78.7%	80.4%	81.9%	83.7%	83.5%	82.8%	80.9%	82.3%	81.0%	82.8%	78.3%	81.5%	
ED	ED - FFT Response Rate	>15%	14.1%	15.2%	14.1%	14.1%	12.2%	14.1%	12.8%	13.1%	11.9%	12.0%	13.2%	11.9%	13.1%	
Admitted	Inpatients - FFT % Positive	>90%	95.9%	96.3%	96.4%	98.4%	97.0%	97.9%	97.0%	96.8%	97.8%	98.1%	95.5%	96.3%	97.0%	
Admitted	Inpatients - FFT Response Rate	>25%	16.2%	16.4%	22.2%	17.7%	18.1%	15.6%	13.6%	12.4%	20.5%	18.1%	14.1%	21.7%	17.3%	
Maternity	Maternity - FFT % Positive	>90%	97.0%	95.8%	92.8%	93.2%	95.9%	95.3%	95.5%	95.3%	92.8%	92.9%	95.6%	96.5%	94.7%	
Maternity	Maternity - FFT Response Rate	>15%	18.7%	58.5%	49.4%	45.2%	53.2%	67.2%	49.3%	40.0%	42.9%	48.9%	53.1%	50.7%	50.9%	
Outpatients	Outpatients - FFT % Positive	>90%	89.6%	93.0%	91.5%	94.0%	90.6%	88.3%	91.3%	89.0%	92.6%	91.0%	93.4%	93.3%	91.9%	
Outpatients	Outpatients - FFT Responses	400	249	327	445	348	310	223	138	328	484	233	423	389	3648	
Community	Community - FFT % Positive	>90%	96.5%	96.2%	95.9%	96.6%	96.9%	96.4%	95.7%	95.5%	97.1%	97.9%	96.7%	97.7%	96.5%	
Community	Community - FFT Responses	1500	779	1206	1181	1148	869	890	1122	1159	998	622	1014	1028	11237	
Staff	Staff - FFT % Recommend Care	>70%	75.0%			77.3%			77.4%						77.3%	
All Areas	Complaints responded to within 25 working day	>80%	92.0%	71.4%	78.3%	92.6%	95.0%	93.8%	92.3%	95.0%	95.8%	84.2%	90.0%	100.0%	88.8%	
All Areas	Complaints (including complaints against Corporate division)	N/A	33	33	30	39	27	21	14	24	30	24	26	22	290	

Caring Services - Commentary

FFT

ED continued to score below the response rate target of 15%. Only once through 2018/19 thus far has ED recorded in excess of 15%. The patient experience team will be meeting with the matron in ED to action this and to also address the low recommend rate for February (78% recommend rate).
Issues have been reported both by Maternity and ED with regards to the automated FFT dashboard reports generated for the teams. The patient experience manager is escalating this to Optimum Health (who provides the Meridian software used for reporting FFT) and is in the process of restructuring these reports.

Positive results were recorded for both Inpatients and Community. Both areas recorded strong recommend rates in excess of the Trust KPI (96% for Inpatients in February; 98% for Community in February). Community recorded good response quantities for February, recording over 1,000 (1,028 for February 2019) for the seventh time in 2018/19. This consistent improvement is due to the introduction of SMS FFT in podiatry and MSK, as well as local emphasis in and among community sites and teams to improve collection. Outpatients recorded just shy of their response quantity target. There were really positive response totals for the outpatient pharmacy and imaging teams within February's data.

Complaints

During February 2019 the Trust was due to close 22 complaints; 14 complaints required a response with 25 working days and 8 were allocated 40 working days for investigation due to their complexity.

In regard to the target of 80% for '25 day' cases, the Trust achieved a performance of 100% (14/14).

- Of the eight complaints allocated 40 working days, three hit the target.
- At the time of reporting, three complaint responses remain outstanding (three '40' day complaints (one for CYP, one for ACW, and one for S&C)
- The complaints were allocated to EIM 32% (7), ACW 27% (6), S&C 14% (3), CYP 14% (3), ACS 9% (2) and Estates & Facilities 4% (1).

Severity of complaints: 36% (8) were designated 'low' risk; 41% (9) were designated 'moderate' and 23% (5) were designated as 'high risk'.

A review of the complaints due a response in February shows that 'medical care' 32% (7), 'nursing care' 18% (4) & 'communication' 18% (4) were the main issue for patients.

- In regard to 'medical care', 43% (3) complainants were concerned about 'missed diagnosis' , 29% (2) were concerned about 'inadequate treatment being provided', 14% (1) complainant was concerned about 'poor treatment' and 14% (1) was concerned about 'no options being offered'
- In regard to 'communication', 25% (1) complainant raised a concern about 'breach of confidentiality', 25% (1) raised a concern about 'inadequate communication about treatment', 25% (1) raised a concern about 'lack of information to relatives', and 25% (1) raised a concern about 'written communication – inaccurate/out of date'.
- In regard to 'nursing care', 50% (2) complainants felt that a 'poor standard of care' had been provided, 25% (1) complainant was concerned about 'inadequate monitoring' being provided and 25% (1) complainant cited 'failure to follow prescribed care' as the reason.

Of the 19 complaints that have closed, (including those allocated 40 working days), 31% (6) were 'upheld', 38% (7) were 'partially upheld' and 31% (6) were 'not upheld' meaning that, currently, 69% were upheld in one form or another.

Caring Services - Commentary

PALS

During February 2019, the Trust logged 177 PALS enquiries. 87% (154) were concerns and 13% (23) were information/signposting requests.

36% (62) related to Surgery & Cancer, 24% (43) related to Emergency & Integrated Medicine, 21% (37) related to ACW, 8% (15) related to Adult Community Health Services and 2% (4) related to Children & Young People Services, the remainder related to other Trust service and areas.

Themes – the top four themes of those PALS queries that have been logged were follows;

29% (51) related to 'Appointments' with 'cancellation of an appointment' and 'long wait for an appointment' cited as the main reasons

25% (45) related to 'Communication with / 'lack of information to a patient' and 'no reply to telephone contact' cited as the main reasons.

12% (21) related to 'Delay' with 'delay in notification of appointment date, referral' and 'delay in being seen for an appointment' cited as the main reasons

8% (14) related to 'Attitude' with 'inconsiderate/uncaring/dismissive' and 'rudeness/disrespectful' cited as the reasons

GP concerns

During February 2019, the Trust logged 12 concerns from GP Practices relating to individual patient concerns

49% (6) of these related to 'Communication' with 'no reply to telephone contact' cited as the main reason

17% (2) of these related to 'Appointments' with 'delay in notification of appointment date' cited as the reason

17% (2) of these related to 'Delay' with 'delay in test results' and 'delay in notification of appointment date' cited as the reasons

17% (2) of these related to 'Admission, Discharge & Transfer Arrangements' with 'lack of communication' and 'inappropriate/incorrect removal from waiting list' cited as the reasons

Compliments

During February 2019, 16 compliments were logged onto Datix.

38% (6) related to Emergency & Integrated Medicine, 31% (5) related to ACW, 12% (2) related to Surgery & Cancer, 12% (2) related to Adult Community Services, & 7% (1) related to Patient Experience.

Effective Services - Indicators and Performance

Category	Indicator	18_19 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Q4 Feb-19	2018-2019	Performance
Maternity	Breastfeeding Initiated	>90%	94.2%	95.8%	93.4%	94.2%	91.2%	91.5%	91.7%	93.2%	93.2%	89.2%	91.3%	92.4%	92.5%	
Maternity	Smoking at Delivery	<6%	4.5%	7.0%	5.0%	8.3%	3.7%	6.6%	7.0%	3.4%	6.1%	5.0%	6.9%	4.2%	5.8%	
Admitted	Non Elective Re-admissions within 30 days	<5.5%	6.33%	6.25%	6.09%	6.62%	5.89%	6.97%	5.93%	5.42%	4.91%	5.86%	5.45%	6.00%	5.92%	
Trust	Hospital Standardised Mortality Ratio rolling 12 months	100	99.2	88.8	70.8	80.3	102.4	84.9	86.6	61.0					80.9	
Trust	Hospital Standardised Mortality Ratio rolling 12 months - weekend	100	110.7	89.9	59.4	81.7									77.1	
Trust	Summary Hospital Level Mortality Indicator (SHMI) - rolling 12 mont...	1.14	0.76			0.76			0.77							
Admitted	Mortality rate per 1000 admissions in-months	14.4	10.3	7.3	7.7	6.4	5.3	4.7	5.0	5.5	6.6	8.4	7.7	6.0	6.4	
Community	IAPT Moving to Recovery	>50%	59.4%	56.3%	53.4%	59.0%	52.4%	55.7%	57.0%	62.5%	57.4%	58.2%	62.3%		57.2%	
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%	90.2%	86.7%	91.4%	97.6%	95.5%	92.9%	90.9%	89.2%	82.5%	95.8%	84.1%	89.7%	90.5%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	88.2%	84.2%	91.1%	85.7%	93.8%	89.7%	90.8%	93.8%	96.1%	95.9%	95.7%	98.7%	91.6%	
Community	% of MSK pts with a significant improvement in function (PSFS)	>75%	78.1%	80.1%	74.0%	69.5%	76.5%	81.7%	68.5%	83.0%	82.6%	75.7%	85.1%	92.9%	79.7%	
Community	% of Podiatry pts with a significant improvement in pain (VAS)	>75%	51.5%	77.8%	77.4%	84.8%	84.8%	90.0%	77.8%	83.7%	95.1%	81.5%	89.7%	90.0%	85.0%	
Community	ICTT - % Patients with self-directed goals set at Discharge	>70%	78.5%	73.6%	86.7%	80.2%	75.5%	70.5%	78.0%	71.2%	80.0%	75.3%	73.8%		76.9%	
Community	ICTT - % GAS Scores improved or remained the same at Discharge	>70%	96.8%	90.6%	93.8%	93.2%	94.8%	94.5%	94.0%	89.4%	96.9%	95.3%	93.3%		93.9%	
Community	REACH - % BBIC Scores improved or remained the same at Discharge	>75%		100.0%	100.0%	85.7%	57.1%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	93.6%	
Community	Nutrition & Dietetics - Obesity % Weight Loss achieved at Discharge	>65%			100.0%	0.0%	100.0%	60.0%	66.7%	66.7%	100.0%	71.4%	33.3%	76.9%	69.1%	
Community	Nutrition & Dietetics - nutrition support % weight gain/maintained	>70%		66.7%	60.0%	100.0%	87.5%	83.3%	80.0%	91.7%	100.0%	72.7%	77.8%	100.0%	83.9%	

Date & time of production: 20/03/2019 17:3400

Non-elective re-admission
Just above target at 6%.

Responsive Services - Indicators and Performance

Category	Indicator	18_19 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Q4 Feb-19	2018-2019	Performance
ED	Emergency Department waits (4 hrs wait)	>95%	83.1%	86.3%	88.4%	90.6%	90.5%	90.0%	89.6%	88.2%	88.5%	85.5%	86.0%	85.1%	88.0%	
ED	ED Indicator - median wait for treatment (minutes)	<60 mins	95	91	87	79	74	63	75	79	88	91	85	92	82	
ED	Ambulance handovers waiting more than 30 mins	0	69	22	41	16	18	9	12	18	15	23	18		192	
ED	Ambulance handovers waiting more than 60 mins	0	18	8	0	1	0	10	2	0	0	2	2		25	
ED	12 hour trolley waits in A&E	0	0	0	0	0	2	0	0	0	0	1	0	1	4	
Cancer	Cancer - 14 days to first seen	>93%	95.4%	94.2%	97.5%	94.4%	94.4%	93.1%	90.1%	89.6%	93.7%	97.9%	95.9%		94.2%	
Cancer	Cancer - 14 days to first seen - breast symptomatic	>93%	97.0%	97.6%	96.3%	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%		99.0%	
Cancer	Cancer - 62 days from referral to treatment	>85%	90.7%	84.8%	75.5%	86.5%	82.9%	94.2%	86.2%	83.1%	93.3%	93.8%	85.2%		86.0%	
Cancer	Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%							89.5%	81.4%	93.3%	90.6%	88.9%		88.3%	
Cancer	Cancer ITT - % of Pathways sent before 38 Days	>85%							62.5%	60.0%	81.8%	50.0%	100.0%		72.7%	
Cancer	Cancer - % Pathways received a Diagnosis within 28 Days of Referral			65.2%	61.9%	50.0%	93.0%	93.0%	80.4%	83.6%	86.1%	93.9%	88.3%		86.4%	
Cancer	Cancer - 31 days to first treatment	>96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Cancer	Cancer - 31 days to subsequent treatment - surgery	>94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	
Cancer	Cancer - 31 days to subsequent treatment - drugs	>98%	100.0%													
Cancer	Cancer - 62 Day Screening	>90%					100.0%	100.0%		100.0%	75.0%	60.0%			76.5%	
Access	DM01 - Diagnostic Waits (<6 weeks)	>99%	99.2%	99.1%	99.0%	99.0%	99.1%	97.7%	99.0%	99.1%	99.1%	99.0%	99.0%	99.0%	98.9%	
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.3%	92.1%	92.6%	92.4%	92.4%	92.1%	92.1%	92.1%	92.1%	92.1%	92.1%	92.3%	92.2%	
Access	Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0	0	0	0	1	1	0	0	0	2	
Access	RTT - Incomplete Waiters Backlog at Month End	16227	16227	16158	16502	16716	16567	16363	16260	16232	16202	16042	16258	16733	180033	

Date & time of production: 20/03/2019 17:3400

Cancer Performance - 62D and 2WW by Tumour Group

Cancer - 62D Performance by Tumour Group

		Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4		
Indicator	17_18 Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018-2019	Performance
Breast	>85%	100.0%	100.0%	100.0%	100.0%	90.5%	100.0%	86.7%	100.0%	93.3%	100.0%	100.0%			
Gynaecological	>85%	0.0%	33.3%		40.0%		100.0%	66.7%	100.0%	66.7%	100.0%	66.7%			
Haematological (Excluding Acute Leukaemia)	>85%	100.0%		50.0%	100.0%	100.0%	100.0%	60.0%	100.0%	100.0%	100.0%				
Lower Gastrointestinal	>85%	100.0%	72.7%	66.7%		71.4%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%			
Lung	>85%		100.0%	50.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%		100.0%			
Other	>85%	100.0%				100.0%						100.0%			
Skin	>85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	85.7%			
Testicular	>85%			100.0%			100.0%								
Upper Gastrointestinal	>85%		66.7%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%		75.0%	100.0%			
Urological (Excluding Testicular)	>85%	66.7%	90.0%	58.8%	81.8%	68.4%	77.8%	100.0%	44.4%	100.0%	66.7%	64.7%			
Sarcoma	>85%	50.0%										100.0%			

Cancer Performance - 62D and 2WW by Tumour Group

Cancer – 2WW Performance by Tumour Group

Indicator	17_18 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Q4 Feb-19	2018-2019	Performance
Breast	>93%	95.4%	97.8%	98.7%	97.3%	98.2%	97.5%	96.4%	94.0%	97.3%	98.6%	98.5%		97.5%	
Childrens	>93%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	
Gynaecological	>93%	94.4%	89.9%	97.7%	100.0%	100.0%	98.0%	97.4%	95.6%	96.4%	97.8%	97.1%		97.0%	
Haematological	>93%	83.3%	100.0%	70.0%	91.7%	11.1%	37.5%	62.5%	92.9%	91.7%	95.0%	100.0%		79.5%	
Lower Gastrointestinal	>93%	91.8%	92.5%	96.6%	96.5%	87.2%	88.2%	82.4%	73.0%	87.3%	98.3%	92.8%		90.0%	
Lung	>93%	94.1%	100.0%	100.0%	92.9%	92.0%	100.0%	90.0%	80.0%	100.0%	100.0%	100.0%		95.3%	
Other	>93%														
Skin	>93%	99.3%	97.4%	97.8%	94.6%	99.5%	98.8%	97.4%	98.0%	97.5%	98.6%	97.6%		97.8%	
Upper Gastrointestinal	>93%	98.3%	81.8%	97.6%	78.3%	72.4%	55.0%	20.6%	59.6%	89.2%	98.0%	87.2%		74.9%	
Urological	>93%	95.5%	93.6%	98.0%	89.0%	89.8%	94.7%	97.4%	97.9%	86.4%	94.9%	91.8%		93.4%	

Responsive Services - Commentary

ED

Overall performance against the 95% 4 hour standard for February 2019 was 85.1%. There was an 8.8% increase in attendances in February 2019 when compared to February last year, with an attendance average of 317 patients per day in February 2019.

The 'minors' performance delivered 93.8% and Paediatrics at 93.3% in February. The median wait for treatment in February was 92 minutes against a national standard of 60 minutes. February ambulance activity was 1667 and performance against ambulance handover targets has remained good with 96.9% of patients 'offloaded' within 30 minutes of arrival to hospital.

The trust has seen sustained improvement in the number of DTOC patients and standard patients throughout February which assists flow throughout the hospital and the Emergency Department.

There was one 12 hour trolley breaches in February 2019. A patient with mental health problems awaiting an informal admission.

Actions:

ECIST attended the emergency department to observe the front of house (first 60 minutes) work in particular. Their recommendations included the following:-

- Ensuring a robust medical rapid assessment and treatment (RAT) model is in place 5 days a week initially with a view to extend both days and hours
- Look at increasing ambulatory care (AEC) opening hours to maximise its capacity (especially on a weekend)
- Streamline the front of house model (streaming, redirection, RAT, ambulance handover) to ensure the function is fit for purpose

Work is ongoing in the department to ensure the above points are actioned throughout Q4 with the aim of improving performance against the 4 hour target and patient experience. ECIST are supporting the ED 1 day per week starting April 2019. ECIST will also be undertaking an audit of the Mental Health pathway in ED.

Community Average Waits

	Routine Referral Urgency							Urgent Referral Urgency						
Service	% Target	Target Weeks	Dec-18	Jan-19	Feb-19	Avg Wait (Feb-19)	No of Pts First Seen	% Target	Target Weeks	Dec-18	Jan-19	Feb-19	Avg Wait (Feb-19)	No of Pts First Seen
Bladder and Bowel - Children	>95%	12	81.30%	60.00%	47.10%	11.2	17	>95%						0
Community Matron	>95%	6	97.10%	97.80%	89.70%	1.9	29	>95%	2	100.00%	100.00%	100.00%	0	1
Adult Wheelchair Service	>95%	8	86.70%	100.00%	91.70%	4.5	24	>95%	2					0
Community Rehabilitation (CRT)	>95%	12	96.40%	92.60%	71.60%	8.1	141	>95%	2	55.60%	46.40%	54.20%	3.2	24
ICTT - Other	>95%	12	84.20%	88.30%	97.90%	3.6	286	>95%	2	71.90%	63.90%	68.30%	2	63
ICTT - Stroke and Neuro	>95%	12	75.00%	66.00%	86.80%	4.7	53	>95%	2	76.50%	41.70%	51.40%	3.3	35
Intermediate Care (REACH)	>95%	6	81.90%	88.00%	97.20%	2.3	107	>95%	2	93.30%	86.20%	84.00%	1.1	50
Paediatric Wheelchair Service	>95%	8	100.00%	62.50%	100.00%	6.2	3	>95%						0
Bladder and Bowel - Adult	>95%	12	47.20%	58.50%	40.80%	17.6	130	>95%						0
Musculoskeletal Service - CATS	>95%	6	63.40%	72.00%	87.60%	3.8	444	>95%		0.00%	100.00%			0
Musculoskeletal Service - Routine	>95%	6	71.80%	65.90%	83.50%	4.2	1554	>95%	2		0.00%			0
Nutrition and Dietetics	>95%	6	100.00%	97.10%	99.50%	2.4	200	>95%	2		100.00%			0
Podiatry (Foot Health)	>95%	6	84.80%	86.10%	92.60%	3.5	555	>95%	2		0.00%	0.00%	2.1	1
Lymphodema Care	>95%	6	100.00%	100.00%	100.00%	1.3	10	>95%						0
Tissue Viability	>95%	6	94.60%	93.40%	88.30%	1.9	60	>95%						0
Cardiology Service	>95%	6	100.00%	88.00%	95.50%	2.4	22	>95%	2	100.00%	75.00%	83.30%	1.6	6
Diabetes Service	>95%	6	100.00%	100.00%	100.00%	1.7	49	>95%	2	100.00%	80.00%	0.00%	5.3	1
Respiratory Service	>95%	6	97.90%	100.00%	95.70%	2.4	47	>95%	2	100.00%		100.00%	0.4	2
Spirometry Service	>95%	6	76.50%	70.20%	78.80%	4.9	33	>95%	2					0

Date & time of production: 20/03/2019 17:3400

Haringey Adult Community Waits Performance

	Routine Referral Urgency							Urgent Referral Urgency						
Service	% Target	Target Weeks	Dec-18	Jan-19	Feb-19	Avg Wait (Feb-19)	No of Pts First Seen	% Target	Target Weeks	Dec-18	Jan-19	Feb-19	Avg Wait (Feb-19)	No of Pts First Seen
Bladder and Bowel - Children	>95%	12			0.00%	14.1	1	>95%						0
Community Matron	>95%	6	100.00%	100.00%	71.40%	4.9	7	>95%	2		100.00%			0
Adult Wheelchair Service	>95%	8	86.20%	100.00%	91.30%	4.6	23	>95%	2					0
Community Rehabilitation (CRT)	>95%	12	100.00%	100.00%			0	>95%	2	0.00%				0
ICTT - Other	>95%	12	84.10%	88.10%	98.10%	3.5	267	>95%	2	73.10%	62.20%	69.00%	2	58
ICTT - Stroke and Neuro	>95%	12	75.90%	65.20%	88.60%	4.7	44	>95%	2	78.60%	45.50%	51.60%	3.4	31
Intermediate Care (REACH)	>95%	6	100.00%	100.00%	100.00%	1.2	2	>95%	2			100.00%	0.8	2
Paediatric Wheelchair Service	>95%	8	100.00%	62.50%	100.00%	6.2	3	>95%						0
Bladder and Bowel - Adult	>95%	12	42.90%	56.50%	37.00%	19.8	46	>95%						0
Musculoskeletal Service - CATS	>95%	6	61.60%	77.10%	92.50%	3.4	228	>95%						0
Musculoskeletal Service - Routine	>95%	6	70.10%	62.90%	81.20%	4.2	853	>95%	2		0.00%			0
Nutrition and Dietetics	>95%	6	100.00%	97.40%	99.10%	2.4	114	>95%	2					0
Podiatry (Foot Health)	>95%	6	82.50%	84.70%	91.50%	3.6	271	>95%	2		0.00%	0.00%	2.1	1
Lymphodema Care	>95%	6	100.00%	100.00%	100.00%	1.3	5	>95%						0
Tissue Viability	>95%	6	100.00%	100.00%	87.50%	2.1	8	>95%						0
Cardiology Service	>95%	6	100.00%	78.60%	90.00%	2.9	10	>95%	2	100.00%	100.00%	50.00%	2.3	2
Diabetes Service	>95%	6	100.00%	100.00%	100.00%	1.7	33	>95%	2	100.00%	75.00%	0.00%	5.3	1
Respiratory Service	>95%	6	96.30%	100.00%	100.00%	2.8	18	>95%	2					0
Spirometry Service	>95%	6	75.80%	70.20%	78.10%	4.8	32	>95%	2					0

Date & time of production: 20/03/2019 17:3400

Islington Adult Community Waits Performance

	Routine Referral Urgency							Urgent Referral Urgency						
Service	% Target	Target Weeks	Dec-18	Jan-19	Feb-19	Avg Wait (Feb-19)	No of Pts First Seen	% Target	Target Weeks	Dec-18	Jan-19	Feb-19	Avg Wait (Feb-19)	No of Pts First Seen
Bladder and Bowel - Children	>95%	12	85.70%	83.30%	50.00%	9.9	8	>95%						0
Community Matron	>95%	6	96.40%	96.90%	95.50%	1	22	>95%	2	100.00%	100.00%	100.00%	0	1
Adult Wheelchair Service	>95%	8			100.00%	1	1	>95%	2					0
Community Rehabilitation (CRT)	>95%	12	96.10%	91.90%	71.30%	8.2	136	>95%	2	56.00%	46.40%	56.50%	2.9	23
ICTT - Other	>95%	12	71.40%	100.00%	100.00%	5.3	7	>95%	2		75.00%	100.00%	1.9	1
ICTT - Stroke and Neuro	>95%	12	100.00%		100.00%	3.5	3	>95%	2			100.00%	0.7	1
Intermediate Care (REACH)	>95%	6	80.80%	88.00%	97.00%	2.3	99	>95%	2	93.30%	86.00%	82.20%	1.1	45
Paediatric Wheelchair Service	>95%	8					0	>95%						0
Bladder and Bowel - Adult	>95%	12	62.50%	67.40%	58.10%	14.8	43	>95%						0
Musculoskeletal Service - CATS	>95%	6	65.90%	63.50%	82.30%	4.4	203	>95%		0.00%	100.00%			0
Musculoskeletal Service - Routine	>95%	6	76.70%	71.10%	87.80%	4	581	>95%	2					0
Nutrition and Dietetics	>95%	6	100.00%	96.20%	100.00%	2.3	71	>95%	2		100.00%			0
Podiatry (Foot Health)	>95%	6	87.00%	87.50%	94.30%	3.4	279	>95%	2					0
Lymphodema Care	>95%	6	100.00%	100.00%	100.00%	1.3	5	>95%						0
Tissue Viability	>95%	6	94.70%	95.20%	100.00%	0.9	28	>95%						0
Cardiology Service	>95%	6	100.00%	100.00%	100.00%	2	11	>95%	2	100.00%	50.00%	100.00%	1.3	4
Diabetes Service	>95%	6	100.00%	100.00%	100.00%	1.7	16	>95%	2		100.00%			0
Respiratory Service	>95%	6	100.00%	100.00%	92.90%	2.1	28	>95%	2	100.00%		100.00%	0.4	2
Spirometry Service	>95%	6			100.00%	5.3	1	>95%	2					0

Children's Community Waits Performance

		Routine Referral Urgency							Urgent Referral Urgency						
Service	Team Group	% Target	Target Weeks	Dec-18	Jan-19	Feb-19	Avg Wait (Feb-19)	No of Pts First Seen	% Target	Target Weeks	Dec-18	Jan-19	Feb-19	Avg Wait (Feb-19)	No of Pts First Seen
CAMHS	CAMHS Core - Islington	>95%	4	48.80%	21.20%	30.30%	8	119	>95%	2	100.00%	93.80%	87.50%	1.2	16
	CAMHS NDT / ADHD - Islington	>95%	8	20.00%	21.40%	36.40%	32.4	11	>95%	2					0
	CAMHS Schools - Islington	>95%	8	95.50%	76.00%	69.20%	6.1	13	>95%	2					0
Community Children's Nursing	Community Children's Nursing - Haringey	>95%	2	33.30%	33.30%	100.00%	0.7	3	>95%	1					0
	Community Children's Nursing - Islington	>95%	2	87.80%	79.00%	76.00%	1.8	75	>95%	1	100.00%	100.00%	100.00%	0.1	6
Community Paediatrics Services	Community Paediatrics - Haringey (SCC)	>95%	12	0.00%	0.00%	14.30%	59.8	7	>95%	1	0.00%	0.00%	0.00%	24	10
	Community Paediatrics - Haringey (NDC)	>95%	12	100.00%	80.00%	72.20%	10	18	>95%	1	0.00%	0.00%	0.00%	7.6	3
	Community Paediatrics - Haringey (Child Protection)	>95%	12	91.30%	100.00%	100.00%	0.8	19	>95%	1					0
	Community Paediatrics - Haringey (Other)	>95%	12	85.70%	50.00%	33.30%	12.8	3	>95%	1		0.00%			0
	Community Paediatrics - Islington	>95%	12	45.80%	66.70%	75.00%	6.5	28	>95%	1	100.00%	85.70%			0
Family Nurse Partnership	Family Nurse Partnership - Haringey	>95%	12	83.30%	75.00%	76.90%	5.6	13	>95%						0
	Family Nurse Partnership - Islington	>95%	12	71.40%	100.00%	87.50%	4.9	8	>95%						0
Haematology Service	Haematology Service - Islington	>95%	12	100.00%	100.00%	100.00%	0.2	35	>95%						0
IANDS	IANDS	>95%	14	75.00%	100.00%	75.00%	5.4	4	>95%		100.00%	100.00%			0
	IANDS - SCT	>95%	20	12.50%	30.00%	18.20%	22.4	11	>95%						0
Looked After Children	Looked After Children - Haringey	>95%	4	91.70%	53.80%	55.60%	5	18	>95%						0
	Looked After Children - Islington	>95%	4	93.80%	81.80%	57.10%	11.6	7	>95%						0
Occupational Therapy	Occupational Therapy - Haringey	>95%	8	28.60%	52.20%	47.80%	8.7	23	>95%	2		0.00%			0
	Occupational Therapy - Islington	>95%	8	83.30%	53.80%	50.00%	7.8	6	>95%	2					0
Child Development Services	Paediatrics Nutrition and Dietetics - Haringey	>95%	8	100.00%	100.00%	100.00%	0.4	2	>95%						0
	Paediatrics Nutrition and Dietetics - Islington	>95%	8	100.00%	40.00%	70.60%	5.2	17	>95%						0
Physiotherapy	Physiotherapy - Haringey	>95%	8	68.20%	53.80%	70.00%	7.1	20	>95%						0
	Physiotherapy - Islington	>95%	8	96.20%	70.30%	70.50%	5.4	95	>95%						0
PIPS	PIPS	>95%	12	100.00%	100.00%	100.00%	4.4	7	>95%						0
Speech and Language Therapy	SALT - Haringey	>95%	8	33.30%	21.40%	33.30%	11.4	60	>95%	2	0.00%	0.00%			0
	SALT - Islington	>95%	8	61.40%	60.20%	33.80%	7.6	77	>95%	2					0
	SALT - MPC	>95%	18	64.70%	74.70%	80.30%	13.1	66	>95%	2					0
School Nursing	School Nursing - Haringey	>95%	12	91.70%	96.60%	85.70%	3.9	42	>95%						0
	School Nursing - Islington	>95%	12	100.00%	87.50%	100.00%	1.5	42	>95%						0

Date & time of production: 20/03/2019 17:3400

Responsive Services - Commentary

Adult services Community Waiting times

Service	Summary of improvement work undertaken during February 2019. Was CSIG Waiting Time Improvement Target / Was Trust Board KPI met? If not, please give reasons.	Mitigating actions being taken (if target was not met)	What improvement measures are planned for the next 3 months? Expected date for target to be achieved.
Bladder and Bowel	• The service achieved 47.2% of patients received routine appointment in 12 weeks during February. This represents a decline in performance of 13.9% since January. • CSIG target of 70% for February with respect to waiting times for routine appointments, not met. • Approximately fifty patients have cancelled appointments and then re-scheduled on more than one occasion. This impacts on waiting times and the Patient Tracker List (PTL).	• Regular monitoring of the Patient Tracker List (PTL). • The service has written to patients on referral list informing of current waiting times and advising they will contacted when appointments become available *(this approach was suggested by patients through feedback).* • All long waiting patients now have appointments, or been discharged under the category 'non responder', where appropriate. • The routine appointments for new patient slots are now fully booked until May 2019 and therefore we are no longer sending out opt- in letters.	• From April 2019 the seconded District Nurse will also commence training as Continence Nurse, adding further capacity to the team. • Proposals for a new integrated Continence pathway, with a single point of access are being developed. • A co-design session bringing together staff from Whittington Health, the Clinical Commissioning Groups (CCGs) and service users, to think about the development of a new continence pathway.

Podiatry	• The service achieved 92.9% with respect to waiting times for routine appointments. • Following focussed work by the service manager, overall DNA rates for the service fell to 11.3% in Feb from 13.2% in Jan.	• Extra capacity was being created in January and February to mitigate against the number of appointments lost through DNAs. • Working with CBT to ensure there are no unnecessary delays in the new patient referral pathway.	• The service is optimistic that 95% of routine appointments can be made within the target time of six weeks, in March.
Spirometry	• The service achieved 78.8% with respect to waiting time target for routine appointments. This represents an 8.6% improvement on performance in January. • CSIG target of 90% with respect to waiting times for routine appointments, during February was not achieved.	• Patients returning phone calls post CUBY several weeks after discharge. The admin team is then reversing the referral multiple reasons, (most often exacerbation or not well enough to attend). • All urgent referrals now removed and no longer being incorrectly sent to CRAT. • The service continues to triage 3 days per week so that CUBY letters can be sent by admin for the patient to book appointments quickly. LTC admin has dedicated time for respiratory so that CUBYs are discharged at the correct time avoiding long waits building up in the PTL.	• Monitoring output of LTC admin and action plan being complied. • Weekly review of Patient Tracker List (PTL). • Continuing to ensure triaging is undertaken three days per week. • Explore potential automated SMS from RiO - liaise with RiO.
ICTT	• The service achieved 89.1% for	• Work with booking staff regarding	• Close monitoring of the Patient

(Stoke and Neurology)	routine appointments in February. The CSIG target of 90% for February was narrowly missed. • This represents a 23.8% improvement in performance in comparison with January.	priority change as appropriate. • Greater vigour in screening to avoid unnecessary domiciliary visits. • Increased flexibility and movement of staff between post codes in order to increase capacity in the areas most in need. Approximately 70% of clients are from the N15 and N17, north east, area of Haringey.	Tracking list (PTL) and same for each of ICTT stream waiting lists. • Use of rehabilitation technicians across all streams, rather than specific staff for each stream, enables staff to be allocated where there is pressure. • Working with Islington to upskill Rehab techs to support Speech therapists. Training programme to be shared across the boroughs.
MSK CATS **Physiotherapy**	• The service achieved 87.7% for routine appointments in February, exceeding the CSIG target of 80% for February. • This represents a 15.8% improvement in performance in comparison with January.	• New APPs starting between September 2018 and January 2019 linked with SPOA funding have improved capacity. • Two additional APP post is being established to provide additional capacity and to address the increased referral rate not anticipated in non-pilot practices over the last year. The service will recruit to these new within four months. • Improvements in referral management have helped to reduce delays between receiving referrals and offering appointments.	• As described under mitigating actions. • Recruiting additional APPs to the CATS service. • Continue to maximise capacity using current staff and working paid overtime (funded against vacant posts). • Expected to continue to maintain our target of 6 week wait in February. Next new APP starting mid-March • Plan to maintain improvement in targets over the next month, with further improvements in

			subsequent months.
Routine **MSK Physiotherapy**	• The service achieved 83.9% for routine appointments in February, exceeding the CSIG target of 80% for February. • This represents a 17.7% improvement in performance in comparison with January.	• Support with central booking administration and additional admin staff to ensure booking to maximum capacity each day. • Agency physiotherapy staff are being used to cover vacancies while recruitment is underway. MSK SPOA pilot funding to provide additional capacity. • The service manager is also undertaking robust daily checks to ensure that there are no delays with triage and allocation of patients to the correct service. • Improved referral management helping to reduce delays between receiving referrals and offering appointments • Creation of extra new patient clinics each month to increase capacity in the service.	• As described under mitigating actions. • Improve efficiency of triage and allocation to correct service, with close monitoring on daily basis and liaison with central booking. • Continue to fill available gaps in diaries; with dedicated admin time to call patients and fill these even at short notice and this has improved over the l4 weeks. • Working closely with central booking service with regular meetings to improve efficiencies in management of referrals prior to booking initial appointments. • Plan to maintain improvement in targets over the next month, with further improvements in subsequent months.

Cardiology	CSIG waiting times for ROUTINE referral Target 95% (6 weeks) – Achieved 90% Waiting times for Urgent Referrals Target 95% (2weeks) Achieved 50%	Patient x1 seen at 7 weeks Offered appt by CBS in response to CUBY letter Patient initially triaged as urgent but then seen by Hospital team within 2 weeks – should have been changed to routine appt	Liaise with CBS re booking patient within 6 weeks As part of integrated organisation patient can be seen urgently across the sector

Children Community Waiting times

Service	Summary of improvement work undertaken during February 2019. Was CSIG Waiting Time Improvement Target / Was Trust Board KPI met? If not, please give reasons.	Mitigating actions being taken (if target was not met)	What improvement measures are planned for the next 3 months? Expected date for target to be achieved.
CYP Continence	• The service achieved 44.4% of patients received routine appointment in 12 weeks during February. This represents a decline in performance of 38.9% since	• Regular monitoring of the Patient Tracker List (PTL). • The service has written to patients on referral list informing of current	• From April 2019 the seconded District Nurse will also commence training as Continence Nurse, adding further capacity to the team.

	January. • Approximately fifty patients have cancelled appointments and then re-scheduled on more than one occasion. This impacts on waiting times and the Patient Tracker List (PTL). • Waiting times in February and March will be affected by both qualified clinicians using outstanding annual leave. • The lack of capacity within the team during periods of annual leave is recognised and a new integrated pathway is currently being designed. • Alongside this, a more immediate set of measures, including the secondment of a District Nurse, to provide management capacity, which will free the service manager to spend more time undertaking clinical work.	waiting times and advising they will contacted when appointments become available (this approach was suggested by patients through feedback). • All long waiting patients now have appointments, or been discharged under the category 'non responder', where appropriate. • The routine appointments for new patient slots are now fully booked until May 2019 and therefore we are no longer sending out opt- in letters.	• Proposals for a new integrated Continence pathway, with a single point of access are being developed. • A co-design session bringing together staff from Whittington Health, the Clinical Commissioning Groups (CCGs) and service users, to think about the development of a new continence pathway.
CAMHS (Islington)	• Target not achieved – 31.1% for CAMHS Core, 36.4% for CAMHS NDT/ADHD and CAMHS School 72.7%. • CAMHS Core Choice was 10.5 weeks and partnership was 15	• Trust continues to meet monthly with commissioners as part of Contract Performance Notice process, which oversees a range of more detailed service level actions. • Agreement with commissioners that	• Agency staffing in place to support reduction of historic backlog of choice appointments (anticipate that this will be cleared by mid-January 2019). • Additional agency staffing confirmed from waiting-time funding – 4.0 WTE

	weeks. • Additional 10 choice appointments per week to reduce the backlog of initial assessments. • Implementation of SPA underway. First stage scheduled to launch June 2019, to include multi-agency (3rd sector and CSC) Intake meeting. Agreed that CAMHS CWP team will be located in this team, to support CAMHS Intake team and provide interventions for mild-moderate presentations. • Recruitment: Vacancy in Consultant Psychiatry/Clinical Lead post appointed.	current waiting time will not be met sustainably once short-term capacity is withdrawn and in the absence of SPA which is key to controlling demand for Tier 2 CAMHS services.	for 16 weeks. 1.0 already in post will continue, 3.0 will be recruited to via same agency. • The ICSU will be recruiting an Associate Director of CAMHS / Mental Health who will oversee the improvements in the longer term, anticipated completion of recruitment, March 2019. • Agreement to roll out time-limited (6 session) treatment offer to CYP with out of borough GPs being seen in Islington Schools by school CAMHS clinicians, in line with neighbouring boroughs. • Discussed proposal to cease acceptance of self-referrals with CCG to help manage referral rate. This proposal was rejected by CCG following discussion with GP groups.
Community Children's Nursing (Haringey & Islington)	• Current target not achieved for Eczema 60.0%, Epilepsy 0.0%, and Primary Care 61.3% .	• Interviewing next week but this will not affect patient wait times. We have had some staff sickness that has impacted some clinics requiring patients to be moved to alternative dates.	• The service is anticipating some improvement once recruitment is successful but this will take a few months to be able to release more capacity. • The service continues to improve collection and recording of data.

Community Paediatrics Service **Haringey and Islington**	Haringey: • Social Communication – continues to be the area of concern as consultant led assessment of ASD for all CYP up to the age of 12. • Project commenced looking at moving to a therapy led assessment model for 0-5's and suggestion to commissioner that 5-12's move to a CAMHS led model (included in Provider Intentions Letter). Waiting time will remain 52w+ until the review and new model is agreed and historic backlog cleared. Islington: • Following historic issues around data entry and management of clinical systems, the service is now working with newly appointed Project Manager to improve data quality	Haringey: • Haringey NDC achieved 72%, lower due to short month and with less junior doctors as new intake crossover including clinic slot allocations. • Completion of ASD assessment model project. Islington: • Islington Target increased form 65.2% to 74.1%. • Re-assessing demand and capacity when new consultant comes into post.	• Completion of ASD assessment model project – February 2019 (benefits not expected for 12 months). • Commencing new project which will implement a range of UCLP recommendations – led by newly appointed Project Manager – June 2019. • Improvements in data quality processes as part of new project in both Haringey and Islington as part of project above – March 2019.
Family Nurse Partnership (Haringey & Islington)	Islington: • Achieved 87.5% this month with 12.5% decline since January. • The team is now fully staffed with recent return of full time staff member from extended sick leave.	Islington: • Continue working with whole team to understand and manage data more systematically. Staff attended series of quality data workshops.	Islington • Review of whole service planned with public health LBI, supported by FNP national unit. Planning at initial stages.

	• Nature of population served will always mean peaks and troughs. • Consultation for management of remaining Camden staff (0.44 8a) approved, presently suspended as supervisor on annual leave returning April 2019. Haringey: • At present 9 clients are on the waiting list – this is the number of women eligible for the service who the team are initiating contact with. • Clients can remain on waiting list up until 28th week of pregnancy. The service attempts to contact clients by telephone, text message throughout the period before securing a face to face contact. This can often take a long time due to client vulnerability, chaotic lifestyle, and frequent change of contact details.	Haringey: • A new FN has started in post. As reported last month the new FN caseload will build gradually to full caseload towards the end of the year.	Haringey: • Continue to build caseload of new staff member. • If appropriate families may be graduated early from the programme. This could release capacity to focus on new referrals.

IANDS (Islington)	• A decline in performance from 100.0% to 75.0%	• Project Lead and Clinical Director are looking at changing naming convention in Rio to capture true activities. This will be an ongoing work from February to May 2019.	• The service current target week is 8 weeks and the proposed target week is being reviewed to reflect meaningful performance for the service.
IANDS SCT	• Increase in referrals - the model we presented to meet the 20 week target was based on 12 new referrals a month; this however has increased to 16 over the last 4 months. Furthermore fixed term funding of 1.0 OT has come to an end. • Given the above waiting times, SCT are forecast to continue to increase.	• Service and commissioners continue to meet regularly to review impact of additional resource reduction. • Implementation of a new model to streamline assessment and diagnostic pathway is underway including transdisciplinary working and OTs to trial running drop in sessions (as in the Mainstream Service). SCT are allocating staff to areas to make it more geographically streamlined and cut down on travel.	• The service will continue to work proactively to reduce waiting times. However, with the current staffing resource given the pressures highlighted we are expecting a steady increase in referrals.
Occupational Therapy (Haringey and Islington)	Haringey: • Still underperforming against the target; achieved – 47.8% this month, which is a slight improvement on previous month. Islington	Haringey: • Following Haringey Therapy Review, the next step would be looking at benefits and impact of the review – this will be presented to April CSIG. • Average waits are reducing due to full staffing and review of systems.	Haringey: • Staffing level and recruitment remain a challenge. • Involvement in data entry improvement to enable all data to be captured effectively. Islington

	• The Mainstream Islington Occupational Therapy Team is understaffed by 0.8 WTE band 6 OT. Recruitment has been ongoing since December but there have not been suitable applicants.	• Specific work targeting OT waiting times is being started this month. Islington • We have been attempting to get agency cover but have not been able to find paediatric OT locums.	• We are continuing with recruitment efforts for both a band 6 OT and agency.
Looked After Children (Haringey and Islington)	Islington • Achieved 57.1% this month. • Issue is with reliability of interpreting services. Haringey • Challenge to see children for an initial health assessment within the 20 day target, 18 children were seen in February for initial health checks and 5 out of 18 were seen within 20 days. • Most breaches are due to circumstances beyond the team's control – e.g. team not informed in a timely manner that child has been taken into care, child/young person refusing to attend, insufficient number of clinics scheduled for assessments, booked appointments not attended and errors in	Islington • Continue to be challenged by the pitfalls of predominantly being an outreach service, there are often peaks and troughs throughout the year which invariably can be out of the control of the service. Haringey • The team have recently gained access to systems used by social care and are able to proactively identify when children are taken into care. This mitigates the ongoing delays in notifications from social care. • The number of clinics for initial assessments needs to be increased – discussion with community paediatric teams is underway	Islington • Action plan following Datix investigation. • CYP Project lead to invest time with the service and review triage, referral pathways and ensure that local PTL in place (March – May 2019). Haringey • A key improvement will be an increase in clinic slots available for initial assessments. Additional clinics will be in place from April. • Continue to work with social care to highlight issues around notifications when a child is placed in care – the delay in transfer of information impacts on team ability to meet 20

	interpreter bookings by social care		day initial health assessment target.
SALT (Haringey/Islington and MPC)	Haringey: • Achieved 32.7% in the month of February. Showing a slight increase from the previous month - 50/55 children seen within 18 weeks. • All children in mainstream schools seen within one term of referral. • Children in community clinics now waiting under 18 weeks, and some under 15 weeks which is significant improvement since this time last year. • Clinical Director also working with service to look at skill mix and different use of capacity to meet demand across the different pathways	Haringey • Following Haringey Therapy Review, the next step would be looking at benefits and impact – this will be presented to April CSIG. • Skill-mix and other minor adjustments identified by Clinical Director to be agreed and implemented in both Haringey and Islington. • Increase in demand as a result of the HV implementation HCP continues to be a challenge as the short term increase in temporary staffing has now ceased. • Continued work on RiO data cleansing and ensuring accurate inputting across teams	Haringey: • Skill-mix and other minor adjustments identified by Clinical Director to be agreed and implemented in both Haringey and Islington – December 2019. • Recommendations/actions from Rio Recording meeting will have a positive impact on data quality and better picture of patient's referral to treatment (patient journey)

Responsive Services - Indicators and Performance

Category	Indicator	18_19 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Q4 Feb-19	2018-2019	Performance
Theatres	Hospital Cancelled Operations	0	8	3	5	1	4	1	2	8	10	4	5		43	
Theatres	Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	0	0	1	2	0	0		3	
Theatres	Urgent Procedures Cancelled > once	0	0	0	0	0	0	0	0	0	0	0	0		0	
Admitted	Delayed Transfers Of Care - Days Lost	N/A	312	292	281	212	230	238	236	233	157	207	337		2423	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	2.8%	3.0%	2.7%	2.3%	2.6%	2.7%	2.8%	2.5%	1.7%	2.0%	3.3%		2.6%	
Maternity	Women seen by HCP / midwife within 10 weeks	>50%	61.7%	59.3%	62.5%	63.7%	57.3%	50.0%	40.7%	49.4%	50.0%	58.8%	43.9%	55.1%	53.5%	
Community	IAPT Waiting Times for Treatment (% < 6 wks)	>75%	94.5%	93.9%	92.7%	93.8%	93.3%	96.1%	95.1%	96.8%	95.8%	96.6%	95.6%		94.9%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	90.0%	87.8%	92.0%	92.0%	88.3%	90.3%	90.9%	90.1%	90.3%	89.8%	89.6%		90.2%	
Community	Haringey - 8wk Review % carried out before child aged 8 weeks		84.8%	68.8%	78.1%	80.3%	82.9%	82.6%	80.4%	89.4%	86.1%	92.0%	84.0%		83.5%	
Community	Haringey - HR1 % carried out before child aged 15 months		63.7%	63.5%	73.6%	66.4%	71.6%	62.0%	71.6%	71.0%	72.4%	75.2%	76.4%		70.2%	
Community	Haringey - HR2 % carried out before child aged 30 months		59.6%	56.7%	62.5%	58.8%	65.2%	66.8%	64.1%	61.4%	60.1%	60.5%	67.8%		62.4%	
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	95.5%	93.5%	94.1%	90.9%	97.5%	95.3%	96.1%	93.1%	93.0%	92.9%	95.4%		94.2%	
Community	Islington - 8wk Review % carried out before child aged 8 weeks		78.0%	80.4%	86.5%	92.7%	91.8%	95.1%	96.5%	96.7%	92.4%	90.7%	86.5%		90.9%	
Community	Islington - HR1 % carried out before child aged 15 mths		83.9%	69.4%	80.6%	76.5%	82.1%	79.5%	87.4%	77.8%	80.8%	83.2%	73.6%		78.8%	
Community	Islington - HR2 % carried out before child aged 30 mths		76.4%	78.5%	75.1%	77.6%	79.5%	79.7%	81.4%	80.5%	82.0%	86.2%	76.8%		79.7%	

Date & time of production: 20/03/2019 17:3400

Responsive Services - Commentary

Hospital Cancellations

1 urgent and 4 non-target cancellations in January 2019

There was 1 target/urgent cancellation in general surgery due to HDU bed not being available on the day of the surgery was planned. The case has not yet been rebooked as the patient is not fit for surgery.

Non target cancellations – 1 x General surgery (surgeon off sick) and 3 x Trauma & Orthopaedics (list overrun x 1, instruments not available on shelf as Trust procedure was not followed x1, admin error x1). Three of these cases were rebooked and completed within 28 days. For the fourth case, surgery is delayed due to patient choice.

Delayed Transfer of Care

January performance is 3.3% and is above the average for the year and the National Target of 3%. DToC issues in January have been predominantly related to external bed availability, particularly in care homes. The bi-weekly MADE events continue to support the proactive management of DToC and are invaluable at identifying potential discharge issues that can be addressed sooner.

Work also continues on streamlining the NCL Discharge to Assess (D2A) Pathways 0 to 3, which continues to reduce the amount of assessments and paperwork required within the acute environment. We have noticed some waits for those patients requiring assessment in a nursing home as opposed to assessment at home.

The choice policy has now been implemented and letters are being given to patients/ families on admission to informing them of the revised policy I relation to exercising choice.

New Birth Visits

Service	Summary of improvement work undertaken during February 2019. Was CSIG Waiting Time Improvement Target / Was Trust Board KPI met? If not, please give reasons.	Mitigating actions being taken (if target was not met)	What improvement measures are planned for the next 3 months? Expected date for target to be achieved.
Health Visiting	Islington • New Birth Visits, monthly rate of 60%. • Quarterly 93% just below target explained by staff sickness levels impacting on capacity and number of multiple births remaining in hospital. • 8 week review 70% ; Quarterly 71% • Just below KPI target of 75% but steadily maintained. • HR1 within 15 months 73.2% quarterly 80% reaching target. • HR2 within 30 months seen improvement with monthly rate at 74.5% and quarterly exceeding target set at 80% by 2%.	Islington • Staffing - recruitment strategy being revised; Adverts to extend to students due to qualify. Bank employed to manage 'hotspots'. Haringey: • Service has identified specific teams/practice issues that contribute to performance challenges. New locality management arrangements are in place and leads will be focused on ensuring teams are supported to deliver improvement against targets.	Islington • Improvement in the recruitment of Band 6 /7 HV, this will release more capacity and improve overall team's performance. The effect will be seen after a few months Haringey • Teams struggling to improve performance against the target will receive additional support from borough leads. In particular this work will focus on ensuring processes and systems are robust. • Further work on development of Bright Start model to take place to align approach to universal services across both boroughs.

	Haringey: • Antenatal contacts continue to increase – the slight dip in February reflects annual leave and the shorter month. • New birth visits are at 78% - the data for February is not yet finalised and we expect this figure to increase (new births in February can have visits up to 14th March). • Teams continue to improve against 80% target for 1year and 2year checks.		

Well Led Services - Indicators and Performance

Category	Indicator	18_19 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Q4 Feb-19	2018-2019	Performance
HR	Appraisals % Rate	>90%	68.9%	70.2%	70.8%	71.5%	73.6%	73.2%	74.7%	77.0%	76.0%	73.2%	72.7%	72.4%	73.2%	
HR	Mandatory Training % Rate	>90%	82.6%	82.9%	83.0%	82.8%	82.5%	83.7%	82.2%	82.4%	81.1%	80.7%	80.8%	80.8%	82.1%	
HR	Permanent Staffing WTEs Utilised	>90%	87.3%	87.4%	87.2%	86.2%	86.3%	86.7%	86.4%	87.3%	87.2%	88.0%	88.1%	88.0%	87.2%	
HR	Staff FFT % recommended work	>50%	58.6%			60.8%			64.4%						61.9%	
HR	Staff FFT response rate	>20%	17.8%			16.5%			8.0%						12.3%	
HR	Staff sickness absence %	<3.5%	3.02%	3.27%	3.47%	3.41%	3.52%	3.10%	3.52%	3.92%	3.81%	3.35%	3.71%		3.51%	
HR	Staff turnover %	<10%	14.6%	13.9%		14.0%	13.5%	13.1%	12.8%	12.7%	12.7%	12.0%	11.7%	11.4%	12.8%	
HR	Vacancy % Rate against Establishment	<10%	12.7%	12.6%	12.8%	13.8%	13.7%	13.3%	13.6%	12.7%	12.8%	12.0%	11.9%	12.0%	12.8%	
HR	Nursing Staff Average % Day Fill Rate - Nurses		86.4%	93.5%	79.7%	84.3%	82.7%	83.4%	82.3%	76.8%	76.7%	74.9%	89.3%	87.4%	82.5%	
HR	Nursing Staff Average % Day Fill Rate - HCAs		159.4%	175.6%	141.9%	121.9%	120.2%	134.2%	139.9%	130.4%	130.4%	125.3%	112.6%	117.1%	130.2%	
HR	Nursing Staff Average % Night Fill Rate - Nurses		97.7%	101.1%	86.4%	87.9%	86.8%	87.9%	86.6%	85.3%	85.3%	79.2%	92.2%	90.8%	87.7%	
HR	Nursing Staff Average % Night Fill Rate - HCAs		161.8%	174.3%	145.1%	116.0%	114.1%	140.5%	138.0%	79.6%	83.0%	131.1%	134.5%	124.4%	122.0%	
HR	Safe Staffing Alerts - Number of Red Shifts		19	18	8	0	1	1	2	0	0	0	0	2	32	
HR	Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		8.6	8.7	9.3	9.4	10.0	9.0	8.8	9.2	8.8	10.2	9.0	9.0	9.2	

Average Staff Cost Per Patient

Category	Staff Type	17_18 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Trend
Medical	Average staff cost per patient		96	101	88	92	97	101	103	86	94	101	90	
Nursing	Average staff cost per patient		181	182	172	181	174	180	183	168	168	182	182	
Other	Average staff cost per patient		166	203	179	196	226	234	208	185	192	209	196	

Well Led Services - Commentary

Human Resources

Vacancy rates against establishment have remained stable, and the work within local, national and international nurse recruitment continues. Turnover has remained stable though it remains above target and a cross organisational retention plan supported by NHSI is currently being drafted. Sickness (reported a month in arrears) has risen slightly, to 3.7% and is attributed to seasonal sickness. A training pilot for improving data on appraisals and mandatory training on ESR is underway. The Staff survey rate was 48.5%, which is the highest response rate the Trust has had. Results have been released locally under embargo, and corporate and local action plans are being drawn up for discussion with staff.

Well Led Services - Commentary

% day fill rate-nurses
There were 13 Red shifts reported across the hospital and the risk was mitigated with staff deployment of clinical and non-clinical registered nurses; however two shifts remained red in the Emergency Department (ED). A number of unfilled registered shifts were contributed to 1) unfilled vacant shifts that were covered with non-registered staff and 2) reduced bed occupancy

% day fill rate-HCAs
The trend of increasing numbers of patients needing enhanced one to one care including those at risk of falls and those with mental health needs has continued. Enhanced Care shifts are scrutinised and authorised by the Associate Directors of Nursing. Safety was maintained through senior nurse oversight at all times. The review of all Health Roster and safe care templates against the staffing ratios recommended in the last establishment review is in progress. A senior nurse is on secondment to relaunch and implement the decision and authorisation process of enhanced care (including assessment and evaluation of care).

% night fill rate-nurses
All wards received adequate staffing levels during February 2019. There were two red shifts in ED. 1 was a Day shift and one was a night shift. A number of unfilled registered shifts were contributed to 1) unfilled vacant shifts that were covered with non-registered staff and 2) reduced bed occupancy

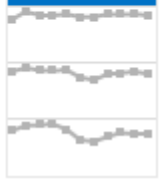
% night fill rate-HCAs
There has been significant increase in enhanced care in the Medical wards and Coyle (surgery). Thorogood has needed fewer HCAs overnight due to the nature of the patients receiving care (planned post-surgical) and the size of the ward. Ifor (paediatric ward) has flexed the number of open beds at times during the month in line with demand. Ifor also had an increase on enhanced care due to mental health care needs

Activity - Indicators and Performance

Category	Indicator	18_19 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Q4 Feb-19	Activity
ED	ED Attendances	8285	9217	8645	9226	8699	9287	8157	8897	9082	9245	9219	9595	8868	
ED	ED Admission Rate %		14.8%	15.6%	15.8%	15.9%	15.4%	15.5%	15.2%	15.0%	16.2%	15.9%	14.9%	14.3%	
Community	Community DNA Rate %	<10%	7.7%	7.9%	8.1%	8.0%	8.5%	8.1%	7.7%	7.8%	7.5%	8.0%	7.5%	7.4%	
Community	Community Face to Face Contacts		60463	55946	63984	62564	61470	54941	57924	63966	63951	51443	62315	55812	
Admissions	Elective and Daycase		1879	1721	1839	1880	1763	1821	1922	2267	2219	1808	2151	1992	
Admissions	Emergency Inpatients		2241	2181	2338	2237	2218	2193	2164	2185	2289	2230	2268	2035	
Referrals	GP Referrals to an Acute Service		7889	7161	7687	7618	7564	7061	6884	8287	7968	6684	8154	7875	
Referrals	% of GP Referrals that were completed via ERS		47.0%	58.2%	73.7%	79.6%	82.6%	82.9%	84.8%	87.4%	89.0%	85.5%	87.7%	87.7%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	17.4%	18.2%	12.2%	10.1%	8.8%	10.5%	11.9%	13.0%	12.7%	10.7%	7.6%	7.1%	
Maternity	Maternity Births	320	315	291	323	282	297	321	312	296	299	281	295	246	
Maternity	Maternity Bookings	377	370	400	369	317	376	330	334	398	363	327	420	379	
Outpatients	Outpatient DNA Rate % - New	<10%	10.7%	10.0%	10.9%	10.1%	10.6%	11.2%	11.2%	10.7%	10.7%	10.5%	10.5%	10.6%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	10.9%	10.2%	12.1%	10.2%	10.3%	10.6%	10.2%	10.4%	10.4%	10.1%	9.7%	10.8%	
Outpatients	Outpatient DNA Rate % - Overall	<10%	10.8%	10.1%	11.6%	10.2%	10.4%	10.8%	10.6%	10.5%	10.5%	10.2%	10.0%	10.7%	
Outpatients	Outpatient New Attendances		9631	9309	10246	9666	9649	9097	8888	10476	10171	8460	10099	9114	
Outpatients	Outpatient FUp Attendances		17808	17411	18731	18307	18790	18104	17274	20236	19175	16450	19809	16791	
Outpatients	Outpatient Procedures		7095	6784	7422	7208	7607	6901	7359	8161	7970	7101	8376	7458	
Theatres	Theatre Utilisation	>85%	88.8%	85.3%	83.6%	82.5%	78.2%	82.3%	82.1%	80.7%	79.6%	80.9%	80.4%	78.5%	

Date & time of production: 20/03/2019 17:3400

Average Tariff for Inpatient PODs

Category	Point of Delivery (POD)	17_18 Target	Q4 Mar-18	Q1 Apr-18	Q1 May-18	Q1 Jun-18	Q2 Jul-18	Q2 Aug-18	Q2 Sep-18	Q3 Oct-18	Q3 Nov-18	Q3 Dec-18	Q4 Jan-19	Trend
Average Tariff	Daycases		614	740	686	678	703	653	655	701	696	702	683	
Average Tariff	Elective		3710	4033	3831	3778	3857	3210	2963	3483	3565	3717	3488	
Average Tariff	Non-Elective		2194	2484	2511	2564	2272	1684	1590	1850	2087	2007	2031	

Activity - Commentary

eRS
Improving steady.

DNA
DNA rate YTD is 10.8%. Extended text messages were implemented across all areas in February, to include empathy and cost implication of missed appointment on 20/02/2018. DNA rates will be closely monitored for any positive impact.

Theatre Utilisation
Overall theatre utilisation for February was 78.5%. (down from 80.4%) due to capacity in staffing in the bookings team. An extensive consultation has been completed and the recruitment plan is on track to be fully staffed by the end of April 2019. Mitigating actions: The Theatre scheduling dashboard is used daily to monitor the theatre bookings. Extra Pre-Operative Assessment clinics have been scheduled during the week and Saturdays.

NHS
Whittington Health
NHS Trust

Meeting title	**Trust Board – public meeting**	**Date: 27 March 2019**
Report title	February (Month 11) 2018/19 – Financial Performance	**Agenda item: 10**
Executive director lead	Stephen Bloomer, Chief Financial Officer	
Report author	Kevin Curnow, Operational Director of Finance	
Executive summary	The Trust is reporting a surplus (including Provider Sustainability Fund (PSF) income of £2.5m) of £2.2m for the month of February (month 11) which is ahead of plan by £0.3m. Year to date the Trust is behind the NHS Improvement adjusted plan by £0.7m, with a surplus of £12.8m including £18.9m of PSF income. Income performance is ahead of plan in month with a positive variance of £0.5m after adjusting for agenda for change funding and High Cost Drugs. Year to date income performance is £1.2m off plan. Pay costs remain above budget, £0.5m in month (£4.6m year to date) with spend being back to the recurrent levels experienced during the rest of the year. The Trust is currently forecasting to achieve its control total but this will require over-performance on non-elective admissions, as experienced in the last couple of months as well as an improvement in elective income. In addition, the temporary staffing costs need to be tightly managed. Even with this improvement it is likely that there will be a requirement for increased scrutiny of balance sheet options and the settlement of the Agenda for Change £0.8m current funding shortfall. The Trust is forecasting Cost Improvement Programme (CIP) delivery of £13.3m (£11.8m recurrently) against a £16.5m target, with £12.1m (£10.7m recurrently) delivered to date. The Trust has spent £8.5m to date of its capital allocation with planned capital expenditure remaining at £14.8m and does not have a cash flow risk.	
Purpose:	To agree corrective actions to ensure financial targets are achieved and monitor the on-going improvements and trends	
Recommendation(s)	To note the financial results relating to performance during February 2019 recognising to need to improve income delivery, reduce agency spend and improve the delivery of run rate reducing CIP plans	
Risk Register or Board Assurance Framework	BAF risks 5 and 10	
Report history	Monthly report to public Board meeting	
Appendices	1 – month 11 finance report	

Appendix 1: February (Month 11) 2018/19 – Financial Performance

Financial Overview

The Trust is reporting a £2.2m surplus in February including £2.5m of PSF, which is a positive variance to plan of £0.3m for the month. The year to date position of a £12.8m surplus including £18.9m of PSF, is £0.7m behind the planned control total.

In month, non-pass through income was £0.5m ahead of plan. There were positive income variances relating to Non elective activity £0.6m, Direct Access £0.2m, Emergency Department (including Ambulatory Care) £0.2m. The largest negative variance to plan is Maternity deliveries which continues to underperform against plan by £0.2m.

Non-pay is overspent in month by £0.2m, with the most significant movement being a £50k increase in gas costs.

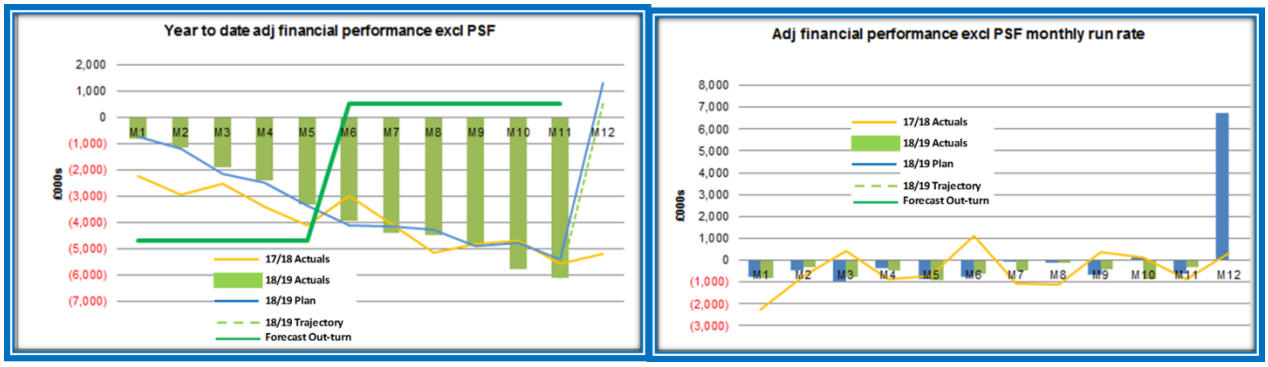
The pay spend in February is significantly down on that experienced in January, however the spend was still in excess of budget by £0.5m due in part to the agenda for change uplift payment but also the continued pressure of temporary staffing costs. The cumulative agency spend is £11.2m, in month, the spend was £0.9m.

The EIM ICSU, continues to be spending significantly in excess of its pay budget. In month 11 the variance was £0.5m (105 WTE over established) with a cumulative £4.9m year to date negative variance.

The table below shows the summary position for the month and year to date.

2018/19, Month 11 (February 2019)

Statement of Comprehensive Income	In Month Budget (£000s)	In Month Actual (£000s)	Variance (£000s)	YTD Budget (£000s)	YTD Actuals (£000s)	Variance (£000s)	FULL YEAR BUDGET (£000s)
Clinical Income	22,990	23,369	379	257,582	256,363	(1,220)	260,376
Other Non-Patient Income	2,141	2,250	108	24,459	24,519	60	47,536
High Cost Drugs	656	817	160	7,221	8,014	793	7,877
Pay Award Funding	0	264	264	0	2,999	2,999	0
Total Income	**25,788**	**26,700**	**912**	**289,262**	**291,895**	**2,633**	**315,789**
Pay	(18,411)	(18,952)	(541)	(204,027)	(208,668)	(4,641)	(222,445)
Non-Pay (excl HCD)	(6,063)	(6,255)	(192)	(68,632)	(67,139)	1,493	(74,057)
High Cost Drugs	(669)	(635)	35	(7,382)	(7,738)	(355)	(8,052)
Total Operating Expenditure	**(25,143)**	**(25,841)**	**(698)**	**(280,041)**	**(283,545)**	**(3,504)**	**(304,554)**
	645	**859**	**214**	**9,221**	**8,350**	**(871)**	**11,235**
Depreciation	(542)	(509)	33	(5,958)	(5,818)	140	(6,500)
Dividends Payable	(433)	(433)	0	(4,742)	(4,742)	0	(5,263)
Interest Payable	(277)	(266)	11	(3,059)	(3,063)	(4)	(3,341)
Interest Receivable	1	10	9	11	87	76	12
P/L on Disposal of Assets	0	0	0	0	0	0	6,000
Total	**(1,251)**	**(1,197)**	**54**	**(13,748)**	**(13,536)**	**212**	**(9,092)**
Net Surplus / (Deficit) - before IFRIC 12 and PSF	**(606)**	**(338)**	**268**	**(4,527)**	**(5,186)**	**(659)**	**2,143**
Provider Sustainability Fund (PSF)	2,494	2,494	0	18,885	18,885	*0*	*21,380*
Net Surplus / (Deficit) - before IFRIC 12	**1,888**	**2,156**	**268**	**14,358**	**13,699**	**(659)**	**23,523**
Add back							
Impairments	0	0	0	0	0	*0*	51
IFRS & Donate	8	6	(2)	(873)	(929)	*(56)*	(899)
Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments	**1,896**	**2,162**	**266**	**13,485**	**12,770**	**(715)**	**22,675**



Income and activity

The Trust's reported income position, excluding High Cost Drugs and Devices and Agenda for Change funding, is a year to date adverse variance of £1.2m. This is a positive performance of £0.5m in month.

Including pass through income streams, the income has over performed by £2.6m year to date and £0.9m in month.

Day Case and Elective activity combined is 12% ahead of the year to date plan however price actuals are £0.4m behind plan. The underperformance continues to be within Trauma & Orthopaedics, Urology and General Surgery specialties valued at £1.6m.

Non elective activity excluding maternity activity is ahead of plan, £1.2m year to date and activity is 2% ahead of the year to date plan. Maternity deliveries and pathways payments continue to under-perform against plan with a £1.5m adverse. The volume of maternity delivery is not matched by a reduction in expenditure with flexible staffing being an opportunity to improve the position.

Outpatients', including procedures, continue to over perform by £0.2m in month, £1.6m year to date and year to date activity is 5% ahead of plan. The over-performance is within Diagnostics Imaging, Gynaecology and Trauma & Orthopaedics specialties. However there is underperformance in Paediatrics, Dermatology and Gastroenterology.

Unplanned care in A&E & UCC activity is 5% ahead of the year to date activity plan, £0.4m ahead of price plan and ambulatory care remains above planned levels by £0.6m year to date, 14% ahead of activity plan.

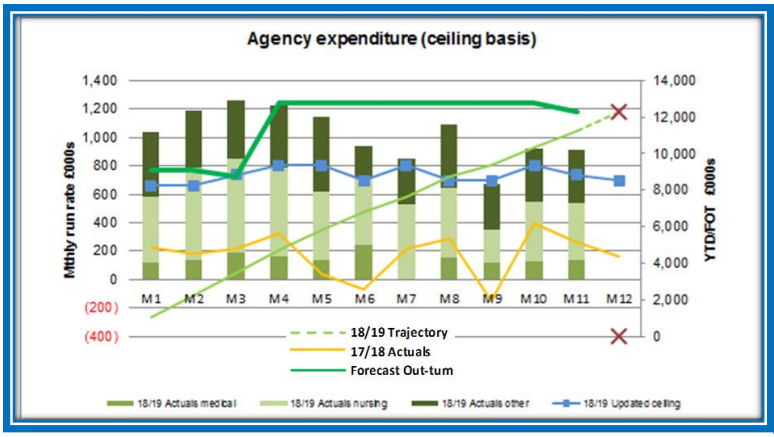
Category	In Month Income Plan	In Month Income Actual	In Month Variance	YTD Income Plan	YTD Income Actual	YTD Variance	In Month Activity Plan	In Month Activity Actual	In Month Variance	YTD Activity Plan	YTD Activity Actual	YTD Variance
Accident and Emergency	1,073	1,187	114	12,801	13,247	446	7,884	8,868	984	94,147	98,931	4,784
Ambulatory Care	325	396	71	3,733	4,394	661	1,355	1,645	290	15,538	17,732	2,194
Adult Critical Care	578	575	(3)	6,892	6,524	(368)	1,366	1,121	(245)	16,291	15,144	(1,147)
Community Block	5,857	5,857	0	64,811	64,581	(229)	0	0	0	0	0	0
Day Cases	1,082	1,193	111	12,442	12,809	367	1,394	1,760	366	16,024	18,397	2,373
Diagnostics	236	287	51	2,719	3,258	539	2,396	3,023	627	27,554	32,441	4,887
Direct Access	927	1,091	164	10,666	11,093	427	90,415	93,906	3,491	1,040,019	1,034,429	(5,590)
Elective	744	718	(26)	8,556	7,804	(752)	190	187	(3)	2,174	2,004	(170)
High Cost Drugs	654	807	152	7,198	7,887	690	0	0	0	0	0	0
Maternity - Deliveries	1,057	863	(194)	12,604	11,506	(1,099)	290	245	(45)	3,456	3,227	(229)
Maternity - Pathways	700	711	11	8,053	7,608	(445)	661	617	(44)	7,600	7,260	(340)
Non-Elective	3,099	3,726	627	36,967	38,138	1,171	1,458	1,608	150	17,318	17,983	665
OP Attendances - 1st	838	917	79	9,638	10,522	884	4,505	4,837	332	51,887	57,133	5,246
OP Attendances - follow up	748	735	(13)	8,600	8,508	(92)	11,929	11,106	(823)	137,248	135,021	(2,227)
OP Procedures	360	472	112	4,135	4,922	786	2,054	2,890	836	23,630	30,510	6,880
Other Acute Income	1,456	1,047	(409)	14,153	14,184	31	7,018	5,877	(1,141)	81,054	77,011	(4,043)
CQUIN	460	459	(0)	5,240	5,251	11						
Total SLA	**20,194**	**21,041**	**847**	**229,208**	**232,236**	**3,028**	**132,915**	**137,690**	**4,774**	**1,533,940**	**1,547,223**	**13,283**
Marginal Rate	0	0	0	0	(1,100)	(1,100)						
	20,194	**21,041**	**847**	**229,208**	**231,136**	**1,928**						
Other Clinical Income	3,453	3,145	(308)	35,596	33,040	(2,556)						
Other Non Clinical Income	2,141	2,514	372	24,459	27,720	3,261						
Total Other	**5,594**	**5,658**	**64**	**60,054**	**60,759**	**705**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**25,788**	**26,700**	**912**	**289,262**	**291,895**	**2,633**	**132,915**	**137,690**	**4,774**	**1,533,940**	**1,547,223**	**13,283**
PSF	2,494	2,494	-	18,885	18,885	-						
Revised Total	**28,282**	**29,194**	**912**	**308,147**	**310,780**	**2,633**						

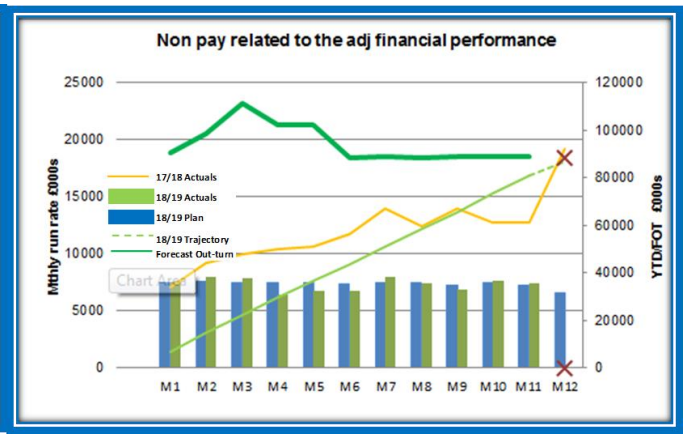
Monthly run rates – expenditure

The year to date combined expenditure position is £3.5m adverse to plan. Key points of note include:

- **Pay and Activity Correlation**
  - Total pay expenditure for February was £19m which is £0.5m in excess of budget
  - Within total pay expenditure, agency costs were £0.9m. The total agency spend is £11.2m. Total temporary spend in month was £2.7m.
  - The Trust has completed the review of its electronic rota system on ward areas to ensure all rotas reflect the establishment and actual staffing levels match the plan. This was expected to reduce spend in February and March. However, little evidence has materialised in February to support this.
  - Ward establishments are over staffed due to winter escalation beds and specialing/one to one care of patients. There has been increased focus by the Chief Operating Officer and Chief Nurse to ensure appropriate staffing levels are adopted. The data suggests there has not been a material increase in co-morbidities that require enhanced care so the use of specialing is the subject of review.
  - The adverse year to date pay overspend of £4.6m threatens to jeopardise the Trusts ability to meet its year end control total and is creating an exit run rate of £2m more than forecast which makes the achievement of the 19/20 financial targets materially more difficult.

- **Non Pay**
  - Non pay expenditure for February was £6.9m, including High Cost Drugs.
  - This spend is £0.1m more than the £6.8m average because of marginally higher than planned High Cost Drugs spend (offset in income) and increased utility costs, in particular gas usage.

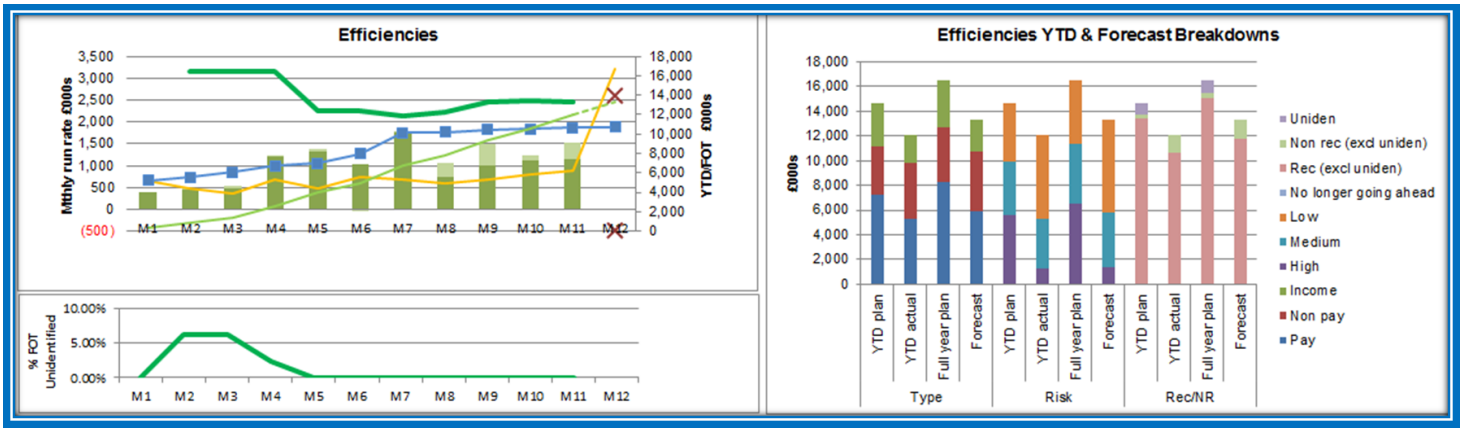




Cost Improvement Programme (CIP)
The Trust is forecasting CIP delivery of £13.3m, a shortfall of £3.2m from the original target. Of the £13.3m, £11.8m is forecast to be delivered recurrently. This means the exit run rate for the Trust is materially worse than planned and is driving an increase in the CIP requirement next year.

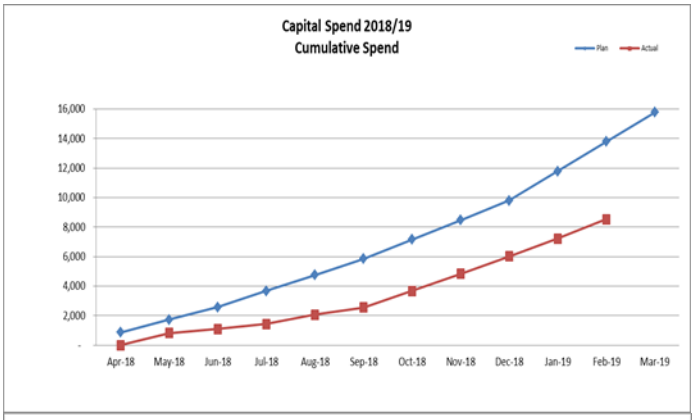
At the end of month 11 the Trust's planned delivery was £14.6m of CIP, against which £12.1m (£10.7m recurrently) has been delivered, equating to 83%.

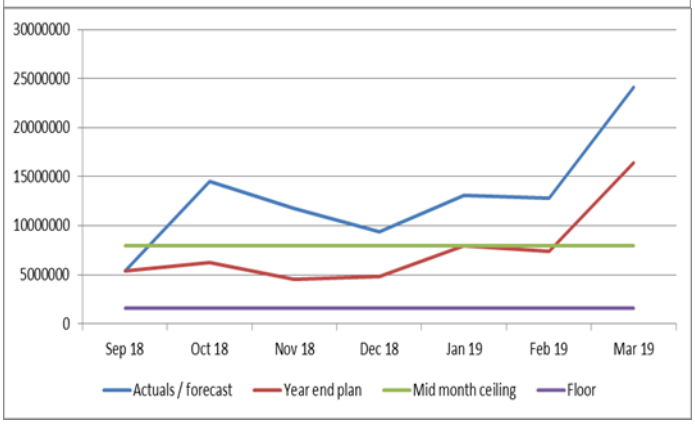
During February the Trust has forecast that it will deliver £11.8m of recurrent CIPs for the year with a further £1.5m non recurrently. The Trust continues to encourage ICSUs to deliver non recurrent mitigations to close any gap in delivery of the original target, and to identify additional, recurrent CIP plans to replace those that have either not delivered or not delivered to the levels originally intended.



Within the ICSUs, the key areas of focus will be for Adult Community and Children & Young People as the furthest away from plan in terms of forecast delivery. However, attention also needs to be given to Surgery & cancer as 31% of their forecast is delivered via non-recurrent means rather than true CIPs. Within Transformation Schemes key areas for focus are those in relation to Outpatients, Community and Improving Medical Value.

Statement of Financial Position





THE WHITTINGTON HEALTH NHS TRUST

Statement of Financial Position

			Year to Date
	As at 28 Feb 2019 £000	Plan 28 Feb 2019 £000	Plan variance 28 Feb 2019 £000
Property, plant and equipment	216,268	223,218	(6,950)
Intangible assets	5,407	5,316	91
Trade and other receivables	1,492	656	836
Total Non Current Assets	**223,167**	**229,190**	**(6,023)**
Inventories	1,319	1,355	(36)
Trade and other receivables	35,112	31,997	3,115
Cash and cash equivalents	12,858	7,381	5,477
Total Current Assets	**49,289**	**40,733**	**8,556**
Total Assets	**272,456**	**269,923**	**2,533**
Trade and other payables	42,057	38,423	3,634
Borrowings	19,636	18,645	991
Provisions	1,093	1,391	(298)
Total Current Liabilities	**62,786**	**58,459**	**4,327**
Net Current Assets (Liabilities)	**(13,497)**	**(17,726)**	**4,229**
Total Assets less Current Liabilities	**209,670**	**211,464**	**(1,794)**
Borrowings	37,005	41,107	(4,102)
Provisions	839	842	(3)
Total Non Current Liabilities	**37,844**	**41,949**	**(4,105)**
Total Assets Employed	**171,826**	**169,515**	**2,311**
Public dividend capital	64,679	66,679	(2,000)
Retained earnings	8,988	4,263	4,725
Revaluation reserve	98,159	98,573	(414)
Total Taxpayers' Equity	**171,826**	**169,515**	**2,311**

Overall, the value of the balance sheet is £2.3m higher from plan. The main reason behind this is the increased surplus made by the Trust as a result of additional Provider Sustainability Funding (PSF). Variance explanations in each of the main categories are provided below:

- **Property, Plant & Equipment (PPE)** is £6.8m lower than plan. Capital spend since month 7 has been largely in line with plan, but did not reduce the slippage carried forward from previous periods; however the capital spend graph evidences a widening of the gap between plan and actuals. Each area of spend (Estates, IM&T, Medical Equipment and PMO) have committed to robust plans to spend their allocations. The Trust advised NHSI in month 5 that we would likely undershoot our plan by £1.0m; we are still planning to reach the revised target of £12.7m with £7.8m spent year to date.

- **Receivables (Debtors)** are £4.0m higher than plan. This increase is being driven by the continued accrual of core and incentive Provider Sustainability Funding (PSF). The Trust expects this to be settled in July 2019, and provided that the Trust achieves its control total and operational targets, it will be owed at least £15.3m. The Trust accrued a further £2.5m in month. As such, the fact that receivables are only £1.7m higher than plan hides strong collection of old and current year debts.

- **Payables (Creditors)** are currently £3.6m above plan. This variance has increased by £1.2m in month, driven by increases in creditors to NHS Foundation Trusts, legal disputes and increases in the PDC dividend creditor, which the latter will be settled in March.

- **Cash and cash flow:** the Trust is holding £12.9m in cash at the end of February 2019. This is £5.5m higher than plan, and reflects the Trust's strong debt management performance. £4m of the balance is invested with the National Loans Fund.

  The Trust will not require any cash support during the rest of 2018/19. Cash modelled as part of the draft 2019/20 planning submission indicates higher cash balances in 2019/20, especially following the settlement of the PSF debtor mentioned above.

Meeting title	**Trust Board – public meeting**	**Date: 12.3.2019**
Report title	**NHS National Staff Survey Results 2018**	**Agenda item: 11**
Executive director leads	Norma French, Director of Workforce	
Report author	Eleanor Clarke, Head of Organisational Development	
Executive summary	The 2018 staff survey results have been published and the national embargo lifted. The paper shares the Whittington Health headline results and recommends the trust's response to the findings.	
Purpose	1. To ensure Whittington Health Staff Survey results are shared with all members of the Trust Board 2. To agree the Trust's response in line with the findings for Whittington Health 3. To inform the Trust Board that a 'free text report', breaking down staff comments into themes, positive or negative comments and strength of sentimentis expected at the end of March.	
Recommendations	Board members are asked to: i. note the outcomes from the 2018 survey; ii. agree that the major focus for priority areas will be: bullying and harassment and staff engagement; and iii. agree the proposed steps for developing action plans across the Integrated Clinical Service Units and Directorates.	
Risk Register or Board Assurance Framework	BAF entry 4 - Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs (e.g. Nursing, junior doctors, medical posts) BAF entry 17 - That the culture of the organisation does not improve, and bullying and harassment continue, such that retention of staff is compromised and staff morale affected and ultimate patient care suffers as a result	
Report history	Trust Management Group, 12 March 2019	
Appendices	1: NHS National Staff Survey Results 2018 2: NHS North Central London benchmarking	

NHS National Staff Survey Results 2018

1.0 Introduction

1.1 This is the eighth year in which Whittington Health as an Integrated Care Organisation (ICO) has conducted the national staff survey and the second year in which the Trust opted to invite all eligible staff to complete it. This paper summarises the results of the survey, draws out key comparative data and provides details of the proposed steps for updating staff and developing action plans.

1.2 The 2018 NHS England-commissioned survey was sent to over 1.1 million eligible staff and gathered responses from 497,111 staff, which constituted an overall response rate of 46%. The national reporting provided by the Survey Co-ordination Centre only covers the 230 NHS trusts and not the other organisations that participated voluntarily. Overall, staff engagement at the national level is consistent with a 'theme score' of 7.0/10, the same as 2017 and the proportion of staff saying they often or always look forward to going to work has returned to its 2016 level from 57.7% to 58.7% in 2018 (Whittington Health is at 58.3%)

1.3 The findings from this NHS survey will be considered in conjunction with the progress made on last year's staff survey action plan, and the analysis of these results will be discussed with the Trust Management Group (TMG) to agree priorities and the overall approach to the development of a staff survey action plans

1.4 The Trust commissions the Picker Institute to run its survey, as do a further 18 other combined Acute and Community Trusts. This means that in addition to the national comparisons, we have access to reports at ICSU, directorate and individual service levels for a more detailed and local analysis. Nationally, Whittington Health continues to be benchmarked against 43 other Combined Acute and Community Trusts.

1.5 In response to staff feedback, NHS England have commissioned a number of significant changes to 2018 national benchmark reporting: The 2017 summary indicators making up '32 Key Findings' have been replaced by ten themes which are scored on a scale from 0 (worst) to 10 (best);

National Overall Scores & Trends – 10 Themes (2018 summary indicators)

2018 Themes	National Score	National Trend
Equality, diversity & inclusion	9.0	Same as 2017 but shown a decline since 2015 (9.1)
Health & wellbeing	5.9	A decline since 2017 (6.0)
Immediate managers	6.8	Same as 2017, but has been improving snice 2015 (6.7)
Morale	6.1	(no comparable data available)
Quality of appraisals	5.5	An improvement since 2017 (5.4) and year-on-year improvement since 2015 (5.2)
Quality of care	7.4	A decline since 2017 (7.5)
Safe environment – bullying & harassment	8.0	Same as 2017
Safe environment – violence	9.4	Same as 2017
Safety culture	6.7	A improvement snice 2017 (6.6)
Staff engagement (*scored using same 9 questions as previous years but adjusted to the 0-10pt scale*)	7.0	Same as 2017

1.6 Question-level data is now reported over a 5 year trend; and some reporting (detailed below) is now **only** available via online dashboards at www.staffsurveyresults.com. A visual summary of all changes are at Appendix 1 (page 12)

2018 data only reported via online dashboards

- National trend data
- National breakdowns (by gender, age, ethnicity, sexual orientation etc)
- Benchmark data
- WRES data
- WDES data
- Local breakdowns (by gender, age, ethnicity, sexual orientation etc)

2.0 Response and Respondent Details

2.1 Of Whittington Health's (WH) 4097 eligible staff, 1958 staff took part in this survey, a response rate of **48%** which is **significantly above the average** for combined acute and community trusts in England (40%), and compares with a response rate of 42% in the 2017 survey.

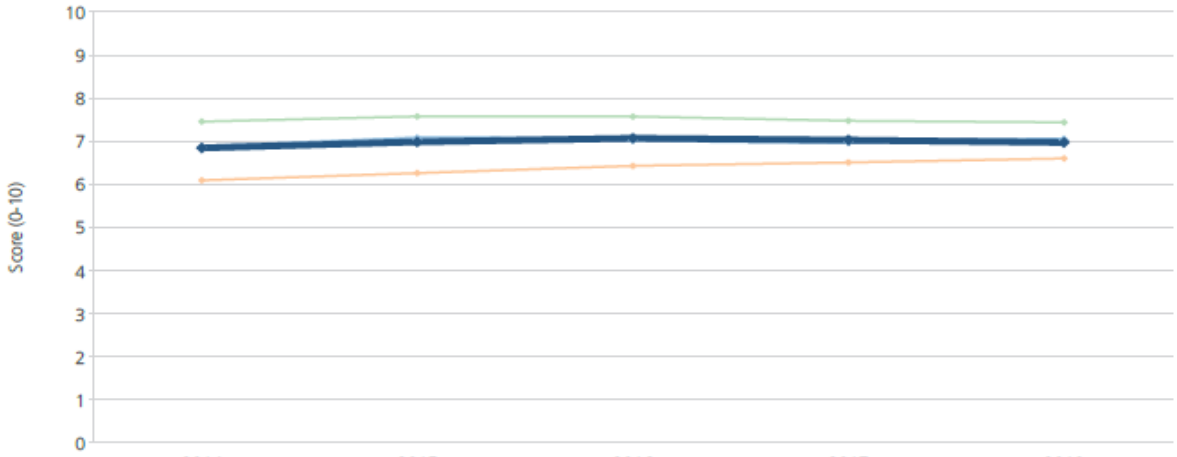
2.2 Staff responses by work and demographic characteristics:

- 44% responding staff were under 41 years of age
- 21% responding staff were male, 75% female and 3% preferred not to say
- 57% of responding staff reported as White, 4% as Mixed, 14% as Asian, 18% as Black, 1% Chinese and 5% as other

3.0 The CQC Staff Survey Results Overview

3.1 Staff Engagement Indicator

Whittington Health's theme score of 7.0 for staff engagement matches the national score



	2014	2015	2016	2017	2018
Best	7.5	7.6	7.6	7.5	7.4
Your org	6.8	7.0	7.1	7.0	7.0
Average	6.8	7.1	7.0	7.0	7.0
Worst	6.1	6.3	6.4	6.5	6.6
Responses	1,523	1,209	437	1,679	1,935

3.2 The staff engagement score is still calculated using the same questions and key findings as in previous years but adjusted from a 0-5pt to a 0-10pt scale. Historical data has been recalculated to use the new scale so that we are still able to make comparisons with prior years. The key findings that make up the Engagement score are:

- Staff recommendation of the trust as a place to work or receive treatment
- Staff motivation at work
- Staff ability to contribute towards improvements at work

3.3 Ranking Scores

The new reporting shows Whittington Health results against the 10 themes and at question-level between 2014 to 2018, where available. These results are presented in the context of the 'best', 'average' and 'worst' results for the total 43 similar organisations.

Whittington Health – 2018 overall results – Themes

Of the 43 combined acute and community trusts, Whittington Health is not placed in the 'best' ranking for any of the 10 themes and we are placed at the 'worst' for four of the themes, as detailed below:

Whittington Health – 2018 overall ranking – themes

Theme	Whittington Health – overall trend
Equality, Diversity & Inclusion	Ranked with '**worst** trusts'. Decline from last year
Health & Wellbeing	Ranked with '**worst** trusts'. Decline from last year
Immediate Managers	Ranked as '**below average**'. Decline from last year
Morale	Ranked with '**worst** trusts'. *No ranking from previous years*
Quality of Appraisals	Ranked as '**above average**'. Decline from last year
Quality of Care	Ranked as '**above average**'. Decline from last year
Safe Environment – Bullying & Harassment	Ranked with '**worst** trusts'. Decline from last year
Safe Environment - Violence	Ranked as **'below average**' Decline from last year
Safety Culture	Ranked as '**below average**'. Same as last year
Staff engagement	Ranked as '**average**'. Same as last year

3.3 Largest Local Changes since the 2017 survey

The table below present the results of significance testing conducted on this year's themes scores and those from last year, detailing Whittington Health theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: an upwards arrow indicates that the 2018 score is significantly higher that last year's, whereas a downwards arrow indicates that the 2018 score is significantly lower. If there is no statistically significant difference, you will see 'Not Significant'. When there is no comparable date from the past survey year, you will see 'N/A'

Whittington Health – local changes

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	**8.6**	1613	**8.3**	1861	↓
Health & wellbeing	**5.6**	1652	**5.5**	1894	Not significant
Immediate managers	**6.7**	1621	**6.6**	1896	Not significant
Morale		0	**5.7**	1846	N/A
Quality of appraisals	**5.6**	1337	**5.5**	1576	Not significant
Quality of care	**7.6**	1529	**7.5**	1766	Not significant
Safe environment - Bullying & harassment	**7.7**	1589	**7.4**	1852	↓
Safe environment - Violence	**9.5**	1586	**9.4**	1851	↓
Safety culture	**6.6**	1631	**6.6**	1873	Not significant
Staff engagement	**7.0**	1679	**7.0**	1935	Not significant

3.4 Comparisons with other Trusts

Across the 10 themes, Whittington Health is compared with 42 other combined acute and community trusts in England including those below:

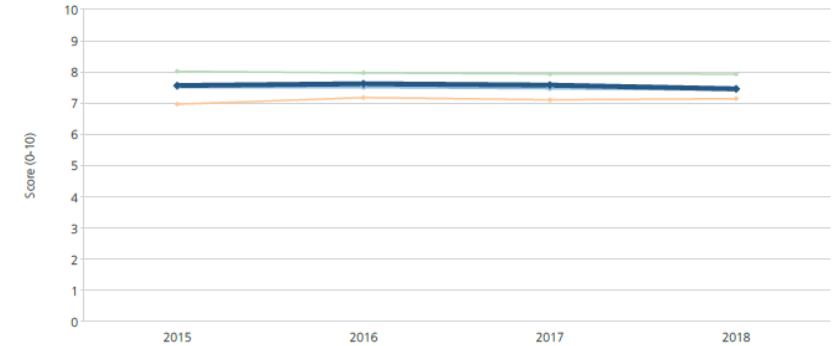
London Comparisons – Combined Acute & Community NHS Trusts - Themes

Theme	Whittington Health	Croydon	Guys & St Thomas'	Homerton	Lewisham & Greenwich	London North West
Equality, diversity & inclusion	**8.3**	8.6	8.7	8.4	8.6	8.3
Health & wellbeing	**5.5**	5.6	5.9	5.7	5.7	5.5
Immediate managers	**6.6**	6.6	6.9	6.9	6.8	6.5
Morale	**5.7**	5.8	6.2	6.0	6.0	5.7
Quality of appraisals	**5.5**	5.6	6.2	6.2	5.7	5.7
Quality of care	**7.5**	7.5	7.8	7.8	7.5	7.4
Safe environment – bullying & harassment	**7.4**	7.7	7.8	7.8	7.7	7.4
Safe environment – violence	**9.4**	9.5	9.6	9.5	9.5	9.4
Safety culture	**6.6**	6.3	7.1	6.9	6.6	6.5
Staff engagement	**7.0**	6.9	7.4	7.2	7.0	6.9

3.5 Whittington Health's 5 year trends

Below is Whittington Health's 5 year trend for each of the 10 themes, starting with the most positive of results.

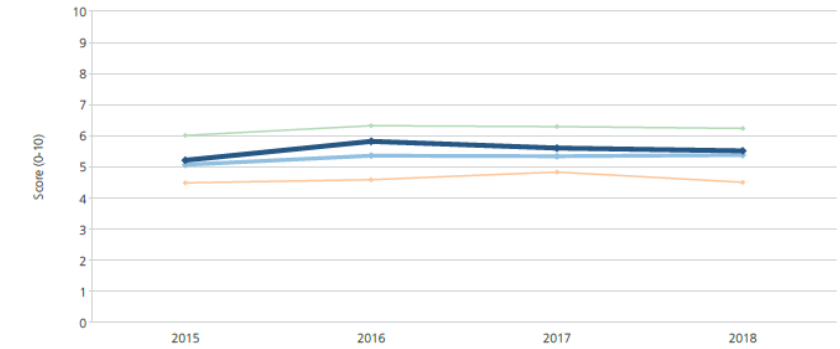
3.6 Quality of Care



	2015	2016	2017	2018
Best	8.0	8.0	7.9	7.9
Your org	7.6	7.6	7.6	7.5
Average	7.5	7.5	7.5	7.4
Worst	7.0	7.2	7.1	7.1
Responses	1,071	400	1,529	1,766

Whittington Health reported 'above average' in comparison to 43 similar trusts and was .1 below 2017 score

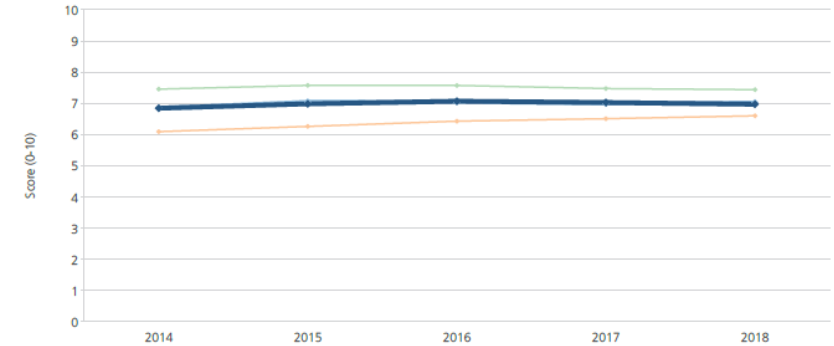
3.7 Quality of Appraisals



	2015	2016	2017	2018
Best	6.0	6.3	6.3	6.2
Your org	5.2	5.8	5.6	5.5
Average	5.1	5.4	5.3	5.4
Worst	4.5	4.6	4.8	4.5
Responses	899	340	1,337	1,576

Whittington Health reported 'above average' in comparison to 43 similar trusts and was .1 below 2017 score

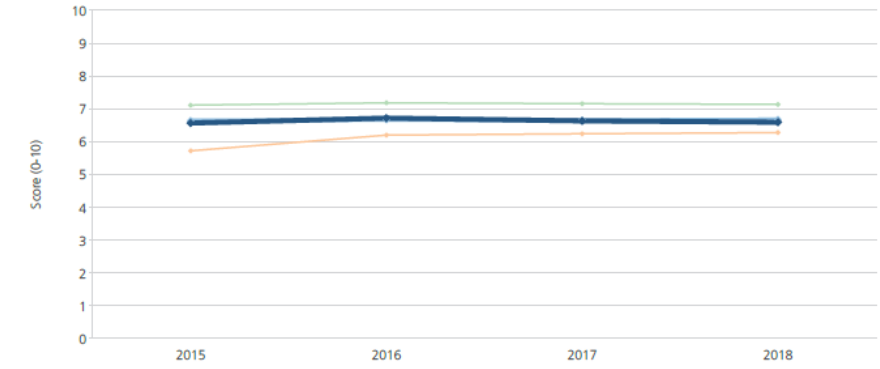
3.8 Staff Engagement



	2014	2015	2016	2017	2018
Best	7.5	7.6	7.6	7.5	7.4
Your org	6.8	7.0	7.1	7.0	7.0
Average	6.8	7.1	7.0	7.0	7.0
Worst	6.1	6.3	6.4	6.5	6.6
Responses	1,523	1,209	437	1,679	1,935

Whittington Health reported as 'average' in comparison to 43 similar trusts and scored the same as 2017

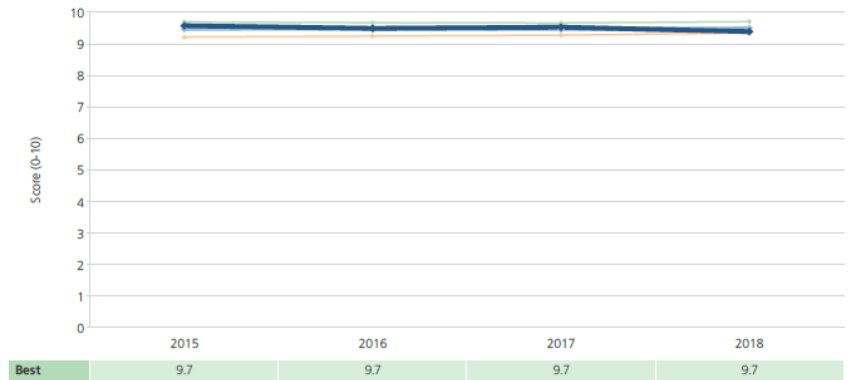
3.9 Safety Culture



	2015	2016	2017	2018
Best	7.1	7.2	7.2	7.1
Your org	6.6	6.7	6.6	6.6
Average	6.6	6.7	6.7	6.7
Worst	5.7	6.2	6.2	6.3
Responses	1,140	430	1,631	1,873

Whittington Health reported as 'below average' in comparison to 43 similar trusts and scored the same as 2017

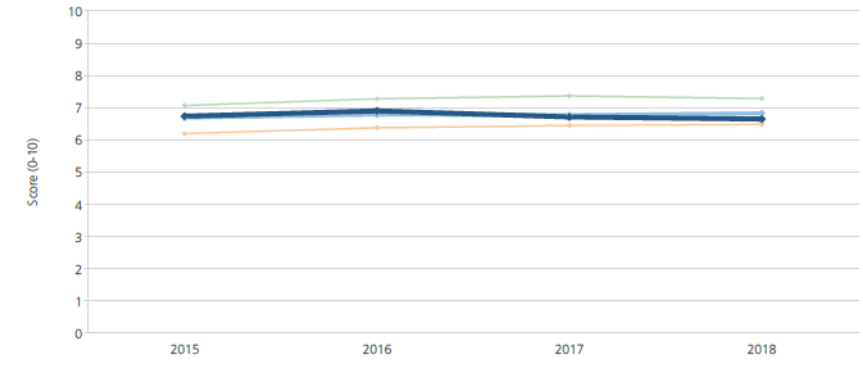
3.10 Safe Environment – Violence



	2015	2016	2017	2018
Best	9.7	9.7	9.7	9.7
Your org	9.6	9.5	9.5	9.4
Average	9.5	9.5	9.5	9.5
Worst	9.2	9.2	9.3	9.3
Responses	1,130	423	1,586	1,851

Whittington Health reported as 'below average' in comparison to 43 similar trusts and scored .1 less than in 2017

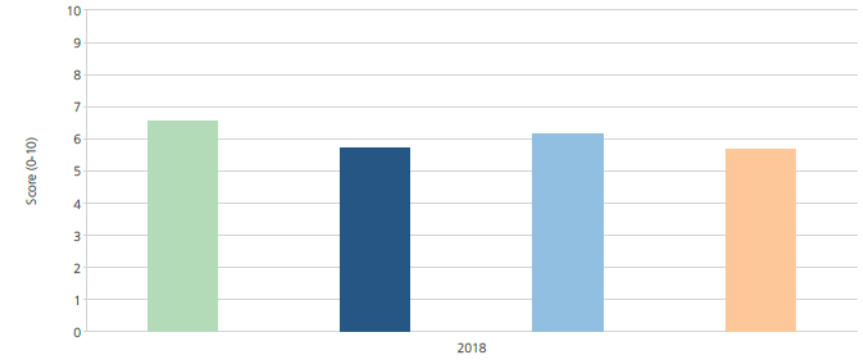
3.11 Immediate Managers



	2015	2016	2017	2018
Best	7.1	7.3	7.4	7.3
Your org	6.7	6.9	6.7	6.6
Average	6.7	6.8	6.8	6.8
Worst	6.2	6.4	6.4	6.5
Responses	1,162	430	1,621	1,896

Whittington Health reported as 'below average' in comparison to 43 similar trusts and scored .1 less than in 2017

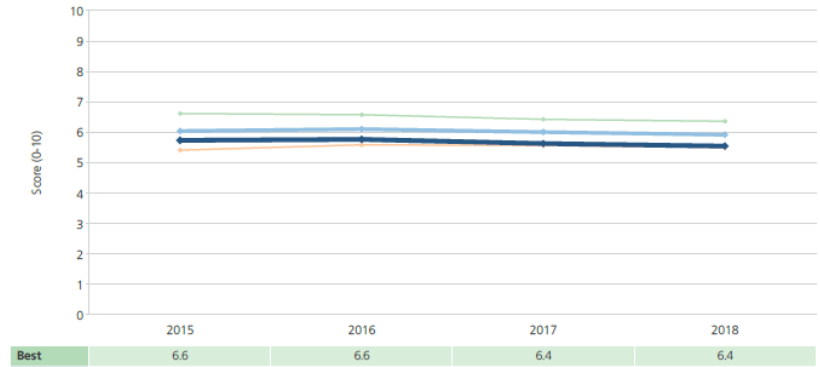
3.12 Morale



	2018
Best	6.5
Your org	5.7
Average	6.2
Worst	5.7
Responses	1,846

Whittington Health reported as 'worst' in comparison to 43 similar trusts.
**No comparative date for previous years*

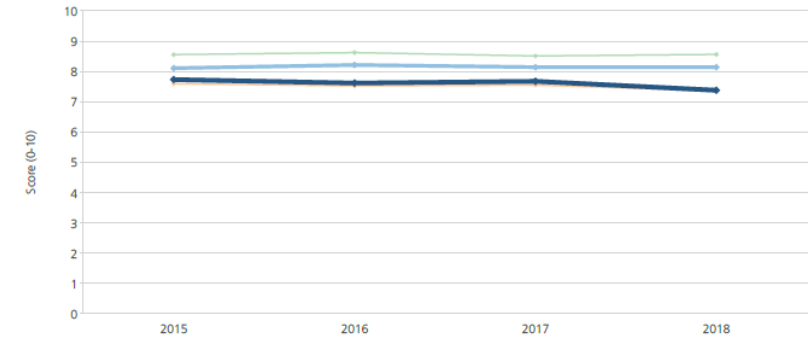
3.13 Health & Wellbeing



	2015	2016	2017	2018
Best	6.6	6.6	6.4	6.4
Your org	5.7	5.8	5.6	5.5
Average	6.0	6.1	6.0	5.9
Worst	5.4	5.6	5.6	5.5
Responses	1,164	432	1,652	1,894

Whittington Health reported as 'worst' in comparison to 43 similar trusts and scored .1 less than in 2017

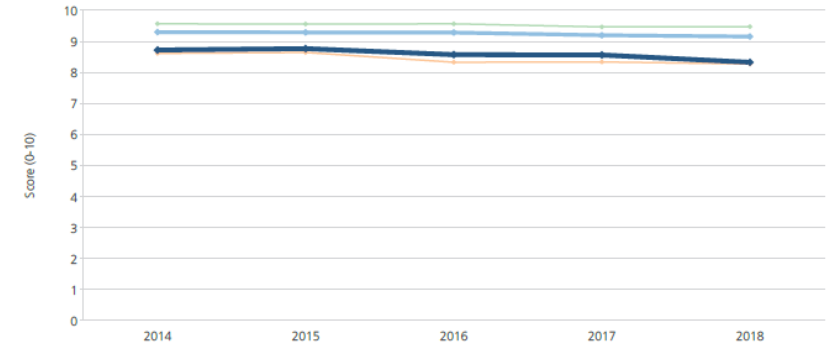
3.14 Safe Environment – Bullying & Harassment



	2015	2016	2017	2018
Best	8.6	8.6	8.5	8.6
Your org	7.7	7.6	7.7	7.4
Average	8.1	8.2	8.1	8.1
Worst	7.6	7.5	7.5	7.4
Responses	1,131	419	1,589	1,852

Whittington Health reported as 'worst' in comparison to 43 similar trusts and scored .3 less than in 2017

3.15 Equality, Diversity & Inclusion



	2014	2015	2016	2017	2018
Best	9.6	9.6	9.6	9.5	9.5
Your org	8.7	8.8	8.6	8.6	8.3
Average	9.3	9.3	9.3	9.2	9.2
Worst	8.6	8.6	8.3	8.3	8.3
Responses	1,430	1,125	424	1,613	1,861

Whittington Health reported as 'worst' in comparison to 43 similar trusts and scored .3 less than in 2017

4.0 Equalities Indicators from the staff survey

4.1 in addition to the Workforce Race Equality Standard (WRES) findings there are also the Workforce Disability Equality Standards (WDES) this year.

WDES indicators reported in the Staff Survey for Whittington Health

2018 Whittington Health (WH)		% and total number of staff who answered the question	
Indicator	**Question**	**Disabled staff**	**Non Disabled Staff**
4a	% of staff who experienced at least one incident of bullying harassment or abuse from **Patients/service users, their relatives or other members of the public**	40.3% n=221	32.0% n= 1562
4a	% of staff who experienced at least one incident of bullying harassment or abuse from **Managers**	27.3% n=220	19.3% n= 1531
4a	% of staff who experienced at least one incident of bullying harassment or abuse from **other colleagues**	27.5% n=218	24.5% n=1532
4b	% of staff saying, they or a colleague, reported their last incident of bullying, harassment or abuse	50.0% n=114	43.8% n=641
5	% of staff who believe that their organisation provides equal opportunities for career progression or promotion	63.3% n=147	74.1% n=1000
6	% of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	32.0% n=169	23.7% n=873
7	% of staff satisfied with the extent to which their organisation values their work	36.8% n=220	48.4% n=1553
8	% of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	62.5% n=128	Not applicable
9a	Staff engagement score (0-10)	6.6 n=222	7.1 n=1564

4.2 The difference in the staff engagement score between staff who report as disabled or non-disabled is marked as is the % of staff who have reported experiencing at least one incident of bullying, harassment or abuse from their manager

WRES indicators reported in the Staff Survey for Whittington Health

2017 and 2018 Whittington Health (WH)		2018 Whittington Health (WH) % and total number of staff who answered the question		2017 Whittington Health % and total number of staff who answered the question	
Indicator	**Question**	**BME staff**	**White staff**	**BME staff**	**White staff**
5	% of staff who experienced at least one incident of bullying harassment or abuse from **patients, relatives of the public in last 12 months**	35.9% n=768	30.5% n= 1028	29.1% n=609	28.4% n=929
6	% of staff experiencing harassment, bullying or abuse from **staff in last 12 months**	36.2% n=755	31.4% n= 1020	32.5% n=606	26.7 n=922
7	% of staff believing that the trust provides equal opportunities for career progression or promotion	58.3% n=465	83.2% n=691	61.3% n=388	84.9% n=643
8	% of staff experiencing discrimination at work from their manager/team leader or other colleagues in the last 12 months	20.3% n=757	9.5% n=1026	17.1% n=613	8.2% n=930

4.3 The disparity between white and BME colleagues in terms of believing that the organisation provides equal opportunities for career progression or promotion continues on a downwards trajectory since 2016 (70%). The level of staff experiences of harassment, bullying or abuse from other staff is increasing in both white and BME staff and the greatest % difference between white and BME staff reported in the experience of discrimination is from manager/team leader or other colleagues.

5.0 Progress on 2017 Staff Survey action plan

5.1 The focus in 2017 was by aggregating the results in 4 ways:

1) 2016 focus areas where there has been no significant improvement
2) where there has been deterioration in local performance
3) where the Trust compares less favourably with other combined acute and community trusts
4) additional themes picked up from analysis of staff free text

5.2 These themes were shared with the ICSUs and Directorates so they could focus on the areas most relevant to them, working from the top and cascading downwards, using the 'We Said We Did' templates to capture improvement work at team level

5.3 To support managers and ensure staff were included in the process a number of workshops and support was offered by HR and OD to 'hot spot' teams. This included attending senior team Away Days, helping managers facilitate workshops to share the data and identify improvement areas, team development workshops, coaching and in some areas mediation.

5.4 **Below are the comparisons of 2017 and 2018 key findings in relation to 2017 focus areas**

2017 Focus Areas	Key Finding	2017	2018	Significant change (as reported by NHS Co-ordination Centre)
Equality & Diversity	KF 20. Percentage of staff experiencing discrimination at work in the last 12 months	19%	22%	Significant increase
	KF 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion Q14 Organisation acts fairly	73%	70%%	Not significant
Errors & Incidents	KF 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	87%	89%	Not significant
Health and Wellbeing	KF 17. Percentage of staff feeling unwell due to work related stress in the last 12 months	45%	44%	Not significant
	KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	56%	55%	Not significant
	KF16. Percentage of staff working extra hours	75%	75%	No change
	KF 19. Organisation and management interest in and action on health and wellbeing	3.53	3.46	Significant decrease
Job Satisfaction	KF 8. Staff satisfaction with level of responsibility and involvement	3.87	3.86	Not significant
	KF 14. Staff satisfaction with resourcing and support	3.21	3.22	Not significant
Violence, Harassment and Bullying	KF 23. Percentage of staff experiencing physical violence from staff in last 12 months	3%	3%	No change
	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	29%	32%	Not significant
	KF. 26 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	31%	34%	Not significant

In the last 12 months, staff have reported that there are no significant changes in these areas and there has been a significant decline in regards to the percentage of staff experiencing discrimination in the last 12 months and Organisation and management interest in and action on health and wellbeing.

Whilst each ICSU/Directorate will have their own areas of focus across the 2018 10 themes, it is recommended that there is a corporate focus on the following:

a) Improving the responses to all the bullying and harassment scores;
b) Improving the staff engagement scores.

7.0 Updating Staff and Developing action plans

Trust-wide steps for updating staff and developing action plans across the ICSUs and Directorates are as follows:

Timeline and Activity	Timing	Audience	Lead on content creation
Full & Directorate Whittington Health reports sent to all senior leaders as well as accompanying Picker reports	20 Feb	Senior WH leaders	NF
WH Managers guide for using staff survey data sent to all ICSU/Directorate leaders	20 Feb	Senior WH leaders	NF
Results published nationally	26 Feb	Public	External
CEO Blog on results (email and intranet)	26 Feb	All Staff	JM
Noticeboard article with link to intranet blog	26 Feb	All Staff	JM
Reactive media lines signed off	26 Feb	Public	JM
Social media highlighting any positives	26 Feb	Public	JM
Include in Weekly Top 5 animation	1 March	Public	AS
CEO Briefing	6 March	Managers/All Staff	JM
Trust Board report – overall results & next steps agreed	27 March	Trust Board	EC
Trust Board - Executive team members and Clinical Directors to be named as Organisational Lead for one of the ten 2018 themes	27 March	Trust Board	N/A
ICSU/Directorate leads to cascade information via relevant Boards including 'We Said We Did' template. HRBPs to support and ensure placed on agendas.	Feb - March	All staff	NF
ICSU/Directorate leads to present draft staff survey action plan at next Quarterly Performance Review	2 April – 15 April	CEO & Directors	ICSU/Directorate leads
Design or delivery or commissioning of interventions to address priority highlighted issues in ICSU/Service Area/teams	Mar - July	ICSU/Directorate leads/managers	HRBPs/Inclusion / OD / OH
ICSU/Directorate leads to review their interventions and report to Quarterly Performance Review	July	CEO & Directors	ICSU/Directorate leads
Evaluation of interventions, including lessons learnt	August	All staff	HRBPs/Inclusion / OD / OH
Trust Board - Executive team and Clinical Directors to report and review interventions for each of the 10 themes	25 Sept	Trust Board	Exec team & CDs
Review of interventions shared with all staff – We Said We Did – month of communications	Sept	All staff	JM

8.0 Local Comparisons

8.1 Appendix two shows comparisons with North Central London trusts (which are of a variety of trust types)

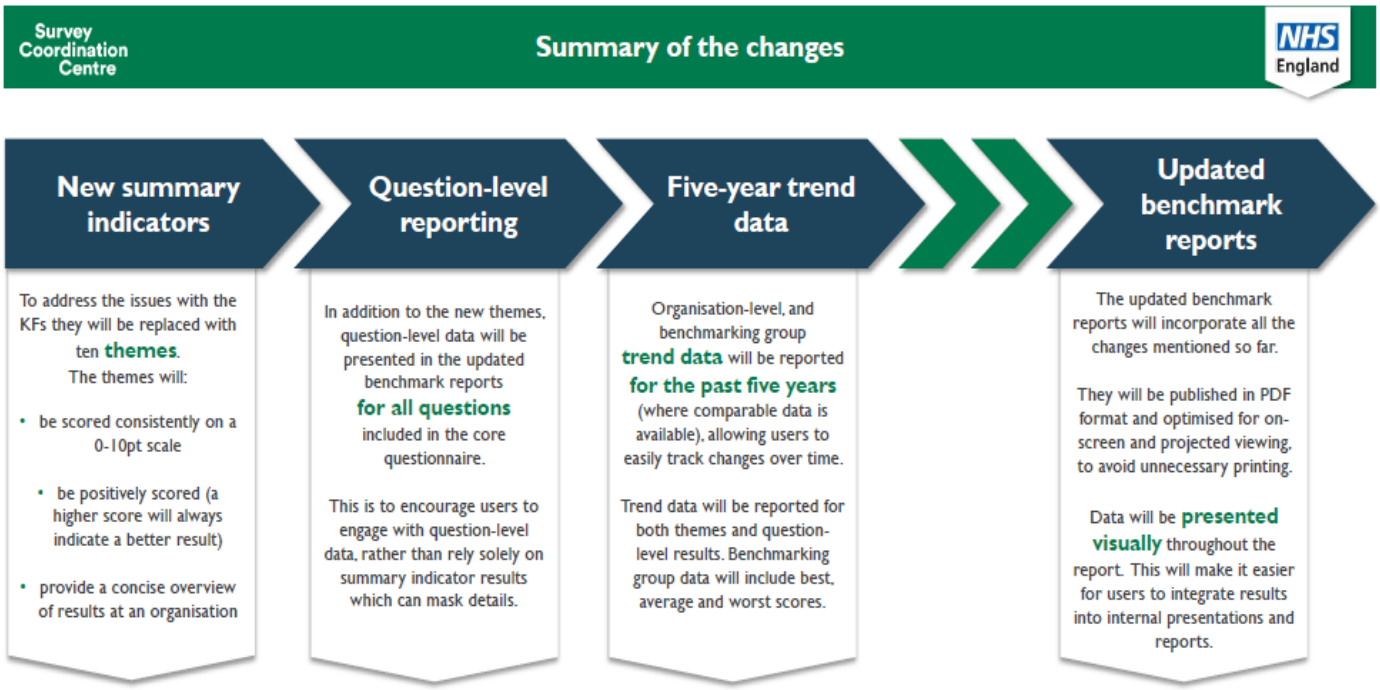
9.0 Recommendations

9.1 Trust Board is asked to note the content of this report and agree to a corporate focus on the following priority areas: bullying and harassment scores; and staff engagement.

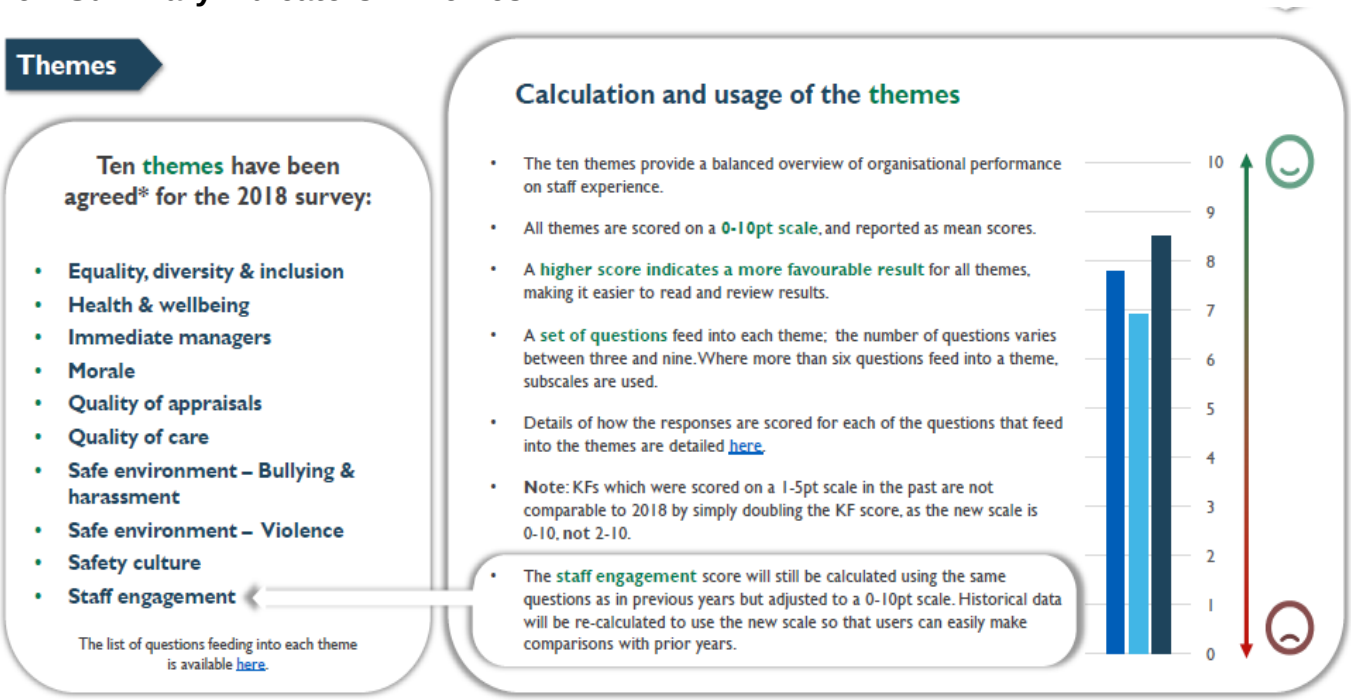
9.2 To assign Executives and Clinical Directors to each of the ten 2018 themes, so that they may oversee the interventions at an organisation level

9.2 Each of the ICSU/Directorate leads is asked to disseminate their local results to their management teams, and ensure the action plans are reported back at the next Quarterly Performance Review and at each of the next three reviews.

Appendix 1 – summary of the changes

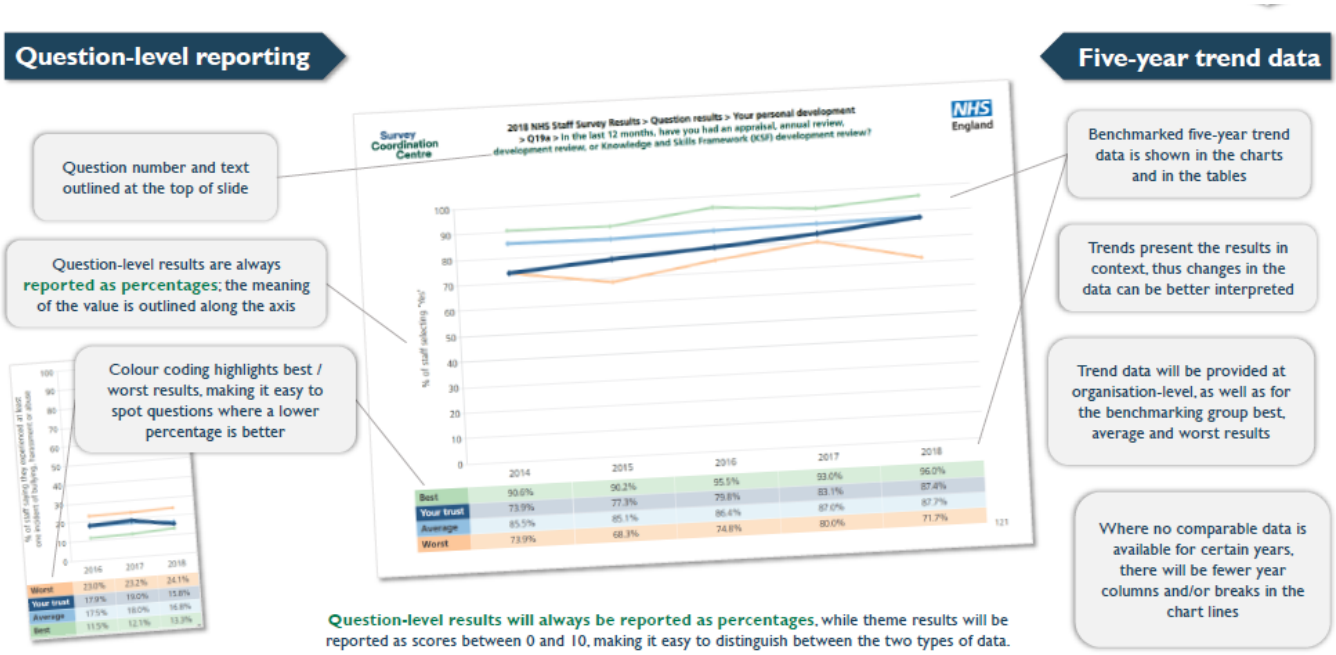


New Summary Indicators - Themes



*following consultation with the Staff Survey Advisory Group and feedback from participating organisations.

Question-level results & Five-year trend data



Question-level results will always be reported as percentages, while theme results will be reported as scores between 0 and 10, making it easy to distinguish between the two types of data.

***Each of these trusts scores' have been weighted dependent on the type of organisation they are. Therefore the scores are not directly comparable and can only be used as an indicator**

Theme	WH	BEH MHT	C&I	CNWL	CLCH	GOSH	MFLD	NMDX	RF	T&P	UCLH
Equality, Diversity & Inclusion	8.3	8.5	8.4	8.6	8.9	8.9	8.6	8.1	8.6	8.6	8.3
Health & Wellbeing	5.5	6.6	5.9	5.9	5.9	5.7	6.3	5.5	5.6	5.9	5.6
Immediate Managers	6.6	7.1	7.2	6.8	7.0	6.7	7.0	6.7	6.8	7.1	6.7
Morale	5.7	6.0	6.0	5.8	5.9	5.9	6.2	5.7	5.9	6.3	5.9
Quality of Appraisals	5.5	6.0	5.8	5.5	5.7	5.6	6.1	5.9	6.1	5.5	5.9
Quality of Care	7.5	7.5	7.3	7.4	7.7	7.5	8.0	7.7	7.6	7.1	7.5
Safe Environment – Bullying & Harassment	7.4	7.6	7.5	7.8	8.2	7.9	8.0	7.1	7.5	8.3	7.3
Safe Environment - Violence	9.4	9.2	9.0	9.4	9.7	9.7	9.8	9.3	9.5	9.7	9.5
Safety Culture	6.6	6.7	6.7	6.7	6.8	6.7	7.1	6.5	6.6	6.9	6.7
Staff engagement	7.0	7.0	7.1	6.9	7.1	7.2	7.5	7.0	7.1	7.4	7.2

Key

WH	Whittington Health
BEH MHT	Barnet, Enfield and Haringey Mental Health Trust
C&I	Camden and Islington
CNWL	Central and North West London
CLCH	Central London Community Healthcare
GOSH	Great Ormond Street Hospital
MFLD	Moorfields
NMDX	North Middlesex
RF	Royal Free
T&P	Tavistock and Portman
UCLH	University College London Hospital

Meeting title	**Trust Board – public meeting**	**Date: 27 March 2019**
Report title	**Gender Pay Gap**	**Agenda item: 12**
Executive director lead	Norma French, Director of Workforce	
Report author	Kate Wilson, Deputy Director of Workforce	
Executive summary	The new gender pay gap obligations were introduced in 2017 alongside the existing requirements for specified public bodies, including publishing annual information to demonstrate compliance under the public sector equality duty (PSED) and publishing equality objectives every four years. This is the second year of the extended duty, allowing a more comprehensive action plan to be created where necessary, provides an opportunity to benchmark against other Trusts, and learn from work undertaken in 2017, in both the NHS and the private sector in reducing the gender pay gap. This report provides a summary of the gender pay gap findings, prior to general publication, and recommends next initial steps.	
Purpose:	This paper is for discussion and review	
Recommendation(s)	The Board is asked to: i. approve the publication of the gender pay gap details on external webpages by the statutory deadline of 30 March 2019; and ii. be aware of the following further actions being taken: • The Workforce Department, in conjunction with Leads in Corporate and Integrated Clinical Service Units, will identify further the reasons behind the gender pay gap by 31 May 2019 • An action plan will be developed alongside the Workforce Race Equality Standard improvement plan and will not duplicate, but will specifically have targeted actions to address the issues identified in the data. The action plan will analyse different groups of staff, and will include benchmarking in other trusts • A joint working group is being considered across NCL on Gender Pay gap analysis, and so an action plan may incorporate London wide actions	

Risk Register or Board Assurance Framework	BAF entry 4 - Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs (e.g. Nursing, junior doctors, medical posts) BAF entry 17 - That the culture of the organisation does not improve, and bullying and harassment continue, such that retention of staff is compromised and staff morale affected and ultimate patient care suffers as a result
Report history	Executive Management Team 18 March 2019; Trust Management Group, 12 March 2019

Gender pay gap report

1. Introduction

1.1 The new gender pay gap obligations were introduced in 2017 alongside the existing requirements for specified public bodies, including publishing annual information to demonstrate compliance under the Public Sector Equality Duty (PSED) and publishing equality objectives every four years. This is the second year of the extended duty. This allows a more comprehensive action plan to be created where necessary, provides an opportunity to benchmark against other Trusts, and learn from work undertaken in 2017 in both the NHS and the private sector.

1.2 This report provides a summary of the gender pay gap findings as of 31 March 2018 prior to general publication and recommends next initial steps.

2. What is the Gender pay gap?

2.1 The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings
- Salaries at the Trust are determined through Agenda for Change (AFC). Job evaluation evaluates the job and not the post holder. It makes no reference to gender or any other personal characteristics of existing or potential job holders.

2.2 An example could be that on average men earn 10% more pay per hour than women, that men earn 5% more in bonuses per year than women, or that the lowest paid quarter of the workforce is mostly female. These results must be published on the employers own website and a government site.

2.3 This means that the gender pay gap will be publicly available to stakeholders, employees and potential future recruits. As a result, employers should consider taking new or faster actions to reduce or eliminate their gender pay gaps.

2.4 The gender pay gap is different to equal pay. The NHS has a national pay structure and job evaluation system for staff on Agenda for Pay grades and Medical and Dental grades to ensure that men and women who carry out the same jobs, similar jobs or work of equal value are paid the same. We regularly review pay awards to allow for pay and grading reviews of new roles in a process managed with the active involvement of trade union representatives of our staff.

2.5 This means that intricate research and analysis is needed to understand why a pay gap exists, and therefore what can be done to address it. National research has shown, for

example, that women are less likely to negotiate higher starting salaries on a particular grade than men. There are also particular influencing factors in the NHS. For example, some professions are more likely to attract females than males. What can be done to change is this?

3. What do we report?

3.1 The legislation required an employer to publish six calculations:

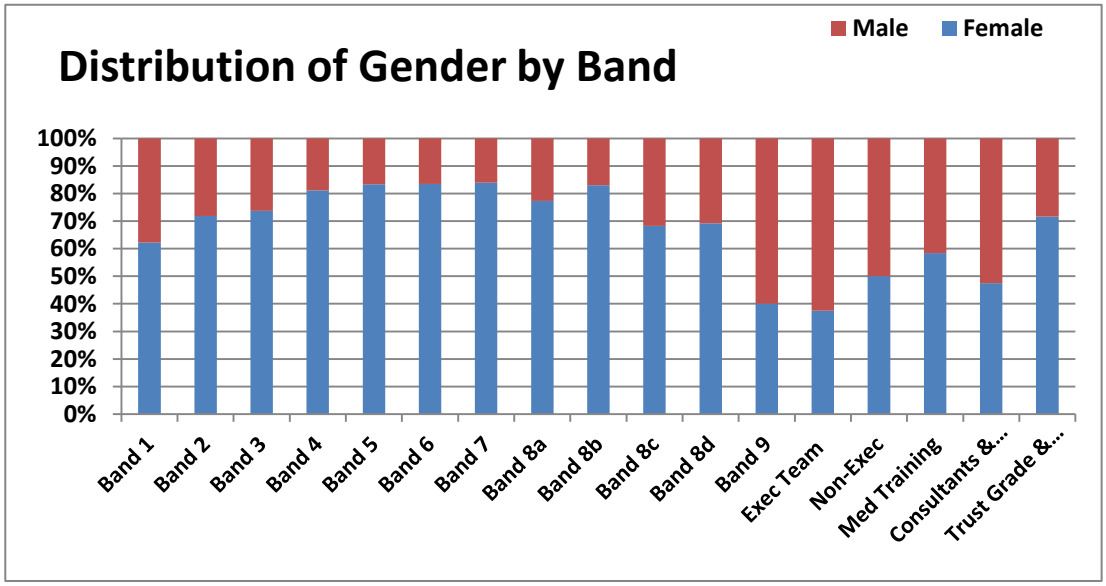
- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay

4. Summary of Whittington health Gender Pay Gap Analysis.

4.1 Gender pay analysis shows that at Whittington Health, women employed by our Trust earn an average of 9.6% less than men, per hour. This is a reduction of 1% when compared to the figure reported for end of March 2017. Our full gender pay gap report is attached at *Appendix A*. 2017 was the first gender pay gap analysis we had run, so we are now able to compare data and from 2018 onwards to identify trends and target actions accordingly.

Whittington Health Gender Profile

4.2 The Whittington Health workforce is comprised of 76% females and 24% male. The breakdown by grade is shown in the table below:



4.3 This indicates that a greater proportion of male employees sit within higher graded roles of Executive and Consultants. It is important to note that this is a snapshot as of 31st March 2018, and does not reflect changes in 2019.

The Gender Pay Gap – hourly rate of pay

4.4 The overall pay gap based on the basic hourly rate for all employees is as follows:

	Mar-17				Mar-18			
	Male	Female	Difference	Pay Gap Percentage	Male	Female	Difference	Pay Gap Percentage
Mean hourly rate for all employees	£22.70	£20.33	£2.40	**10.60%**	£21.40	£19.34	£2.06	**9.63%**
Median hourly rate for all employees	£18.63	£17.65	£0.98	**5.26%**	£17.64	£17.64	£0.00	**0%**

4.5 Gender Pay Gap by Staff Group:

	Mar-17				Mar-18			
Staff Group	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage
Add Prof Scientific and Te	£23.04	£23.41	£0.37	**-1.60%**	£23.79	£23.41	£0.38	1.6%
Additional Clinical Service	£12.52	£12.93	£0.41	**-3.30%**	£12.29	£13.16	£0.87	**-7.10%**
Admin&Clerical	£22.32	£17.65	£4.67	20.92%	£17.66	£15.89	£1.77	10.02%
Allied Health Professional	£21.64	£22.15	£0.51	**-2.40%**	£18.92	£19.89	£0.97	**-5.13%**
Estates and Ancillary	£14.74	£13.91	£0.83	5.60%	£13.92	£12.20	£1.72	12.36%
Healthcare Scientists	£23.46	£22.41	£1.05	4.50%	£21.21	£20.84	£0.37	1.74%
Med&Den	£37.08	£36.50	£0.58	1.60%	£35.37	£34.48	£0.89	2.52%
Nur&Mid Reg	£20.35	£21.04	£0.69	**-3.40%**	£18.65	£18.95	£0.30	**-1.61%**

4.6 Females on the Nursing & Midwifery Registered, the AHP and the Additional Clinical Services groups have a positive gender pay gap. The gap in the hourly rate on those groups, when compared to March 2017, has increased positively for females on the AHPs and the Additional Clinical Service group (by 3.8% and 2.73% respectively).

4.7 The March 2018 figures showed a negative gender pay gap, where average hourly rates were lower for females than for men, on the Additional Professional Scientific and Technical, Admin & Clerical, Estates & Ancillary, HealthCare Scientists, and Medical & Dental groups.

4.8 However the gender pay gap for females with respect to males has reduced between 2017 and 2018 on the Admin & Clerical group (by 10/9%) and on the Healthcare Scientists group (by 2.76%). On the other hand the gap increased on the Estates & Ancillary group (by 6.76%) and on the Medical and Dental group (by 0.92%)

4.9.1 For medical and dental staff, the information is shown overleaf:

	Mar-17				Mar-18			
Staff Group	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage
Consultants and GPs	£47.10	£48.20	£1.10	-2.30%	£46.32	£45.81	£0.51	1.10%
Doctors in Training Grades	£28.20	£30.20	£2.00	-7.10%	£27.45	£26.15	£1.30	4.74%
Trust Grade and Other doctors	£36.10	£34.70	£1.40	3.88%	£35.29	£34.55	£0.74	2.10%

4.10 Within the medical staff group the gender pay gap closed by 1.78% in the 'Trust Grade and Other doctors' category between March 2017 and March 2018. Consultant pay gap is 1.10% on an almost 50/50 headcount proportion. In the Doctors in Training staff group the gender pay gap is 2.10% for females with respect to males.

5. The Gender Pay Gap – bonus payments

5.1 At Whittington Health, the only bonuses that are paid are Clinical Excellence Awards (CEAs) to consultants. The guidance from NHS Employers and the ESR (Electronic Staff Records) Central Team is that CEAs meet the definition of a "bonus payment" in the ACAS guidance relating to the scheme. Local awards are determined locally. National awards are determined nationally and funded by the Department of Health.

	Male	Female	Pay Gap Percentage
Mean bonus pay per annum	£11,088	£13,098	-18.1%
Median bonus pay per annum	£6,027	£6,290	-4.4%
The proportion of all employees paid a bonus	2.85%	1.11%	

5.2 CEAs often relate to length of service so it will take many years for newly appointed consultants to progress up the CEA scale. The Pay Gap percentage shows a negative value as there are more female consultants who are paid CEAs (49) in comparison to male consultants (39). The proportion of all employees paid a bonus is calculated over the total relevant employee headcount for each gender. Therefore the proportion of female consultants is lower (1.11%) compared to the proportion of male consultants (2.85%) because the total female headcount represent three quarters of the total workforce. This is a positive for Whittington health, and is not the same in all Trusts.

6. Next steps

6.1 The Gender Pay gap figures in this paper will be published on the Government Website by 30 March 2018.

6.2 The Workforce Department, in conjunction with Leads in Corporate and ICSU's, will identify further the reasons behind the gender pay gap by 31st May 2019. An action plan will be developed alongside the WRES Improvement Plan and will not duplicate, but will specifically have targeted actions to address the issues identified in the data. The action plan will analyse different groups of staff, and will include benchmarking in other trusts. A

joint working group is being considered across NCL on Gender Pay gap analysis, and so an action plan may incorporate London wide actions.

6.3 We already actively support women to return to work following maternity and adoption leave and offer shared parental leave and flexible working arrangements. We will work with the staff inclusion network to analyze these results and create actions to address the issues raised. We will ensure that gender equality is an integral part of our Equality, Diversity and Inclusion strategy.

Meeting title	**Trust board – public meeting**	**Date: 27 March 2019**
Report title	**Revised Whittington Health strategy 2019/24**	**Agenda item: 14**
Executive director lead	Jonathan Gardner, Director of Strategy, Development & Corporate Affairs	
Report author	Jonathan Gardner	
Executive summary	This paper demonstrates the reasons for, and the process undertaken for a refreshing of the Whittington Health Strategy. It proposes keeping the vision and the values and proposes a form of words for 'what we do' and our 'objectives.	
Purpose:	Approval	
Recommendation(s)	Board members are asked to review and approve the final draft of the proposed strategy.	
Risk Register or Board Assurance Framework	If approved this will lead to a review of the BAF in line with the new corporate objectives	
Report history	None	
Appendices	None	

Whittington Health revised corporate strategy

Board paper for March 2019

Background:

As discussed at several board seminars, given the publication of the Long Term Plan, the progression of Integrated Care Systems, and our own internal staff survey results, we feel the time is right to refresh the strategy of the organisation so we are crystal clear of our purpose, our position, and have objectives that staff can recognise and remember.

Issues:

Most staff seem to like, remember and associate with “helping local people live longer healthier lives”, and the ICARE values definitely still resonate strongly. However, fewer staff can recall the vision or objectives and nine objectives can feel too many to remember and can be hard to link to personal objectives effectively. Finally there is an opportunity to state our ‘position in the world’ for clarity to our stakeholders.

Process:

As a result of this, it was decided that a refreshing and a reframing was required, not a wholesale change. We therefore developed a plan of engagement with staff and stakeholders to ensure that the strategy was co-designed from the bottom-up and would resonate with staff. This took the form of the following things:

- Non-executive away day, board seminar three times
- Business planning process with all the ICSUs was condensed into key themes that then after further discussion with ICSUs led to the draft objectives
- There has been discussion at Trust Management Group on two occasions
- We combined the strategy discussion with the listening events of the cultural survey picking up key issues and opportunities along the way.
- Executives and ICSU leaders have discussed proposals at numerous team meetings: e.g. AHP leaders, MSK team, DN team leads, ACS away day, surgical nursing leads, integrated forum, respiratory team, paediatric team, orthopaedic team, ICSU boards.
- A draft survey was tested with 20 front line staff to sense check direction of travel
- An all staff survey was sent out with various key questions and proposals for the objectives. 360 responses or roughly 10% of staff responded
- Our external stakeholders have been engaged in the creation of the drafts through one to one meetings and then have been asked for formal feed back on the proposal. All of which have sent back positive messages about the direction of travel and the wording proposed. Their constructive feedback has

been incorporated into the final version. These groups have included: GP federations, CCGs, GPs, NMUH, UCLH, Councils, Healthwatch.

Survey conclusions:

90% of the survey respondents said it should not change. The concerns from those that disagreed are that we look beyond “local” and employ beyond local. Longer is not always a good thing, and empowering instead of helping could be helpful.

90% of the survey respondents said it should not change. Concerns were raised about how much they are lived out at the moment

75% say we should keep the vision, 25% disagree. Key concerns include that “it is wordy”, “don’t think we need it”, “safe should be a given”, “lacks ambition”, not inspiring, repetitious with the objectives or the mission, do we need something that describes ‘our position in the world’.

General feed back was that we needed to do more:

- More Prevention / health advice / education
- Better communication, work between teams and work with partners
- Better patient flow / care coordination
- Being more compassionate
- Treat staff better
- Improve communication with patients
- Involve and grow the community work more

The most important things for patients were seen to be

- Compassion and kindness
- Quality of care
- Better communication with patients
- Timely care
- Safe care

The most important things for staff were seen to be:

- Recognition, engagement, fair development
- Health and wellbeing
- Improvement in management honesty and integrity and team-working

Conclusion:

The revised strategy below shows a limited difference in overall content from the previous version, but rather a refining and shift of visible emphasis. Examples of that are the high place empowering staff has in the objectives, as well as an explicit aim to promote health and wellbeing. We keep our vision of “helping local people live longer healthier lives” and our values.

Whittington Health Strategy 2019-2024

Our vision:

Our vision is the thing that motivates us to come to work each day, and is a clear statement of what we want to see now and in the future.

"Helping local people live longer healthier lives"

Whittington Health sees itself as being at the 'heart of the community' in Haringey and Islington, employing over 4000 staff many of whom are local. As such, in partnership with patients, service users, and other organisations, we want to begin to have an even greater impact on the health and wellbeing of our whole diverse population and reduce inequalities, through more joined up, improved services, prevention work and health advice and education.

Our values:

Our values guide how we act. We believe that our shared values are crucial to constantly improving the way we behave as a team.

What we do:

"We lead the way in the provision of excellent integrated community and hospital services both medical and surgical"

Whittington Health is an "integrated care provider". This means we provide community and hospital services (both medical and surgical) in a joined up way to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield, Camden and Hackney.

We don’t just want to provide these services as they always have been, but rather we want to lead the way across the country, creating innovative ways to integrate teams across the organisation and with our partners in the council, primary care, mental health and the voluntary sector.

We are also proud to provide several specialist services to broader geographies such as our community dentistry services in 10 boroughs of London and our internationally recognised Michael Palin, specialist speech and language service which receives referrals from around the world.

Our organisation has a highly-regarded educational role. We teach undergraduate medical students (as part of UCL Medical School) and nurses and therapists throughout the year, alongside providing a range of educational packages for postgraduate doctors and other healthcare professionals.

Our objectives

Our objectives tell us how we will achieve the vision in partnership with our patients and service users:

Within each of these objectives we have set out more specifically what we mean and what our ambition is:

Deliver outstanding safe, compassionate care in partnership with patients

- Partner with those who use our services to deliver outcomes that matter to them through co-design of services and the objectives set out in the quality account
- Ensure timely and responsive care that is seamless between services
- Improve patient experience through delivery of the patient experience strategy ambitions
- Continually learn through our Quality Improvement strategy building a curious workforce that strives to use evidence

Empower, support and develop an engaged staff community

- Provide outstanding inter-professional education and inclusive, fair development opportunities

- Focus on the health and wellbeing of staff including improving the environment
- Be the employer of choice recruiting and retaining and recognising the best
- Create a kind environment of honesty and transparency where all staff are listened to and feel engaged
- Promote great leadership, accountability and team working where bullying and harassment is not tolerated

Integrate care with partners and promote health and wellbeing

- Partner with social, primary, mental health care, and the voluntary sector around localities to make an impact on population health outcomes and reduce inequalities
- Improve the joining up of teams across and between community and hospital services
- By working collaboratively, coordinate care in the community to get people home safely faster and keep people out of hospital where appropriate
- Prevent ill-health and empower self-management by making every contact count and engaging with the community and becoming a source of health advice and education

Transform and deliver innovative, financially sustainable services

- Transform patient flows and models of care (outpatients, same day emergency care, community localities, children's pathways)
- Reduce system cost and improve clinical productivity and financial literacy everywhere
- Transform our estates and IT to enable new ways of working

Summary:

This strategy can be summarised in a simple diagramme:

NHS
Whittington Health
NHS Trust

Helping local people live longer healthier lives

OUR VALUES GUIDE HOW WE ACT

I INNOVATION
We will welcome ideas, be willing to change and to make new partnerships.

C COMPASSION
We will value our relationships, treat people with kindness, look after each other and create an environment that fosters privacy and dignity.

A ACCOUNTABILITY
We will take ownership for what we do, use the public's money well, learn from our mistakes, hold others to account and be open and honest.

R RESPECT
We will treat people fairly, recognise individuality and deal with inappropriate behaviour.

E EXCELLENCE
We will keep people safe, deliver high-quality services, keep on improving and learn from mistakes.

WHAT WE DO

Leading the way in the provision of excellent integrated community and hospital services

OUR OBJECTIVES TELL US HOW WE WILL ACHIEVE THE VISION IN PARTNERSHIP WITH PATIENTS AND SERVICE USERS.

- Deliver outstanding safe, compassionate care
- Empower, support and develop engaged staff
- Integrate care with partners and promote health and wellbeing
- Transform and deliver innovative, financially sustainable services

Meeting title	**Trust Board – public meeting**	**Date: 27 March 2019**
Report title	**Patient Experience Strategy 2019-21**	**Agenda item: 15**
Executive director lead	Michelle Johnson, Chief Nurse & Executive Director of Patient Experience	
Report author	Phillipa Alston, Head of Patient Experience and Lynda Rowlinson, Interim Head of Quality Governance	
Executive summary	The Patient Experience Strategy was presented to the February Trust Board meeting 2019. There were a number of comments and suggested changes that have been considered and a revised strategy is being represented to the Board. The three ambitions for the Strategy remain as follows:- • **Ambition 1**: We will improve the information we provide to patients and carers to enhance two-way communication • **Ambition 2:** We will work in partnership with patients, families and carers to build a foundation for co-design and service improvement • **Ambition 3:** Improve our patients' journey ensuring we provide integrated holistic care, from the first contact and throughout their care Achievement of the ambitions will be monitored through the Trust Patient Experience Committee reporting to the Trust Board Quality Committee. The following changes have been made: • Description of the priorities for each ambition • Inclusion of service users and patients as representatives in Trust committees • Change to photos used throughout the document to ensure is representative of population	
Purpose:	Approval	
Recommendation(s)	The Trust Board is asked to approve the Patient Experience Strategy 2019-21	
Risk Register or Board Assurance Framework	There are no BAF entries that specifically relate to patient experience however the strategy provides evidence that the Trust is maintaining a focus on delivering high quality, safe and compassionate care for our patients	
Report history	Service User Stakeholder meeting; Patient Experience Committee (including Health Watch partners); Quality Committee, January 2019; Trust Management Committee February 2019; Trust Board February 2019	
Appendices	1: 2019-21 Whittington Patient Experience Strategy	

I·CARE

INNOVATION COMPASSIONATE ACCOUNTABLE RESPECTFUL EXCELLENT

NHS

Whittington Health

NHS Trust

Patient Experience Strategy 2019-2021

Our mission is clear: help local people live longer, healthier lives by providing safe, personal, coordinated care for the community we serve.

This document sets out Whittington Health's strategy for ensuring that patients are at the heart of everything we do to achieve this.

Index of Contents

01

Why This Matters

There is increasing evidence that positive patient experiences lead to positive clinical outcomes. The success of this strategy is dependent on every member of staff, irrespective of their position or profession, contributing to the delivery of this work.

Since publication of our previous patient experience strategy significant progress has been made towards ensuring we listen and respond to our patients. We now need to strengthen and expand on this to enable our staff and services to truly work in partnership with patients and carers.

To facilitate this, three ambitions have been developed that describe how we will drive this change to improve our patients' experience and ensure patients, families and carers are actively involved in our quality improvement and service redesign projects.

The ambitions were developed through discussions with patients about what is important to them and analysis of existing information and feedback regarding patient experience. The ambitions are also linked to the strategic aims set out in the Trust's Clinical Strategy.

Whittington Health was one of the first in the country to be established as an Integrated Care Organisation, joining community services with hospital care. The ambitions of this strategy apply to all services in the hospital and throughout our community services and to all those accessing our care.

The patient experience team will work in partnership with corporate services, the integrated clinical services units and patients, families and carers to support successful outcomes.

There is a clear national focus on improving patient experience and there are numerous national policies, publications and recommendations to support this work which can be found in the references section of the strategy. The following guidance and recommendations have been considered as part of the development of this strategy:

02

What have we achieved?

The 2014 patient experience strategy included objectives to ensure that we listen, learn and act on patient feedback and embed an effective and responsive complaints process.

There have been many successes during the previous four years and this strategy builds on those achievements and the foundations in place.

Successes include:

Every Public Trust Board meeting starts with a patient story

Putting patient experience at the heart of the meeting and sharing learning across the organisation.

Introduction of a new, trust-wide system to collect patient feedback

The number of surveys collected has increased by 143% to 41,910 since its implementation in 2015.

Response to complaints faster

We responded to 83% of complaints that required a response within 25 days in 2017/18 compared with 64% in 2014/15.

92% of patients who completed the Friends and Family Test in 2017/18 said that they would recommend the service

This exceeds the target of 90%.

Kissing it Better

We been working with the Kissing it Better charity to enhance patient care in a variety of ways including singing, art therapy, pet therapy and beauty therapy.

Rated as ‘good’ for responsive and ‘outstanding’ for caring in the 2018 inspection

The CQC found staff involved patients and those close to them in decisions about their care and treatment and that the trust took account of patients’ individual needs.

03

Growing Our Ambition

The Trust aims to achieve an overall CQC rating of ‘outstanding’ by the end of 2019/20. The ambitions outlined below set out important elements to the Trust’s journey to outstanding.

Ambition 1:

We will improve the information we provide to patients and carers to enhance two-way communication

Our patients, families and carers tell us that we need to be clearer and more accessible with regards to our communications and the information we provide. This includes providing information in different languages and meeting the needs of people with sensory impairment.

We will achieve this by:

- Reviewing patient information leaflets across the organisation and ensure these are up to date, available in accessible formats and in different languages.

- Utilising the **Hello my name is...** campaign throughout the Trust. This is a campaign for more compassionate care based on the importance of introductions to make a human connection and build trust.

- Providing timely responses to concerns raised through our PALS and complaints service.

- Improving information for patients with sensory impairments, ensuring that information is accessible.

- Developing and launching a welcome pack for inpatients in conjunction with patient feedback.

- Displaying quarterly feedback for patients, families and carers across Whittington Health, highlighting what changes we have made in response to concerns by displaying ‘you said, we did’ noticeboards.

How will we measure success?

- We will work towards achieving a deaf charter mark by year 2 of the strategy.

- Ensure information is available in accessible formats throughout the Trust by year 3.

- A targeted approach will be taken to identify and address areas of priority. The progress of this will be tracked during the annual action plans.

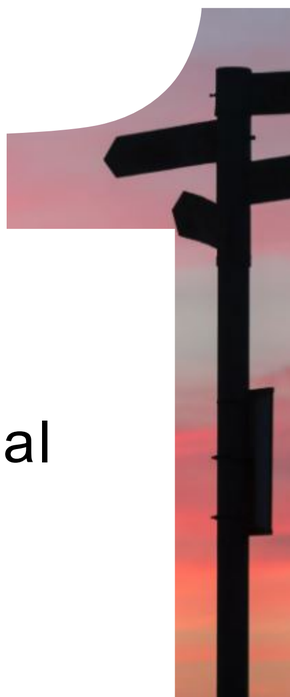
- Reduce the number of PALS contacts relating to information to 25% by year 3. 39% of PALS contacts in 2017/18 related to requests for information.

- Respond to 90% of PALS enquiries within 5-7 working days by year 2.

- We will continue to sustain the 80% response rate to complaints within 25 working days. We will respond to 80% of our complex complaints within 40 working days by year 2.

- By year 2, ‘You Said, We Did’ displayed on noticeboards across hospital and community sites, the Trust webpage and internal newsletters.

- Improvement in the national survey questions (emergency department, inpatients, children & young people, cancer and maternity) regarding conflicting or contradictory information will be measured across the annual and bi-annual national surveys.



Ambition 2:

We will work in partnership with patients, families and carers to build a foundation for co-design and service improvement

Whittington Health has developed robust systems and processes to ensure we listen and respond to our patients. The next steps are to develop ways to truly work in partnership with patients, families and carers to improve our services.

We will achieve this by:

- Ensuring patient representatives are invited to attend relevant board committees as appropriate.

- Utilising the Always Events Toolkit as a method to increase partnership working.

- Ensuring that we, where appropriate, consider our patients and service users when recruiting representatives for Trust committees.

- Inviting at least 10 complainants/those who have raised concerns to participate in the Fifteen Steps Challenge each year. This is an approach to quality improvement that focuses on first impressions.

- Increasing the number of service-led patient and carer focus groups throughout the Trust and ensure their feedback influences practice and policy.

How will we measure success?

- Build and maintain a database of patients and carers who would like to work as partners with the trust by year 1.

- Maintain a record of focus groups and patient forums which is monitored and reviewed annually.

- Evidence of patient representatives and involvement on committees, in projects and in developing toolkits, as outlined reported in quarterly Committee reports.

- Evidence of involvement of Healthwatch and invitation to attend Quality Committee.

- Increased number of volunteers by 10% year on year in accordance with the Voluntary Service Strategy, with a particular focus on the community.

- Improvement in the national survey questions (emergency department, inpatients, children & young people and maternity) regarding involvement in decisions about care and treatment.

Ambition 3:

We will improve our patients' journey ensuring we provide integrated holistic care, from the first contact and throughout their care

There are number of core themes apparent in the feedback we receive from patients (for example through patient stories, national surveys, complaints, concerns and the Friends and Family Test). It is clear we need to improve in these areas and we are committed to achieving this in collaboration with patients, families and carers.

We will achieve this by:

- Supporting clinical services to reduce outpatient clinic cancellations by 1% year on year.

- Improving the booking administration process for patients accessing outpatients and community health services.

- Improving the care of patients with dementia by fully implementing John's Campaign by year 1.

- Implementing John's Campaign for all carers in all areas of the Trust by year 2.

- Improving the experience of people with a learning disability or an autism spectrum condition.

- Improving feedback regarding the quality of food.

- Reducing noise at night for inpatients.

- Improving feedback regarding the transport service.

- Improving the continuity of care from district nursing for patients of concern (palliative care patients, those in receipt of continuing healthcare funding, safeguarding concerns and patients with pressure ulcers).

- Promoting the spiritual and pastoral care service to ensure patients, families and carers are aware of the spiritual, pastoral and religious support available and how they can access this.

- Expanding our volunteer service to enhance patient experience and support clinical services.

- Continuing to develop and increase local survey collection and methods of collection throughout the Trust. This will include collecting feedback from patients who do not speak English, launching this in the hospital in year 1 and in the community in year 2.

How will we measure success?

- Within our emergency department we will see 75% of patients with an autism spectrum condition or a learning disability in under two hours.

- We will increase the number of people with learning disabilities involved in trust activities e.g. volunteering, hospital guides, etc, by 10% year on year.

- Review outcomes of the outpatient transformation programme and present in quarterly reports to Quality Committee.

- Review outcomes of the community health services improvement project and present in quarterly reports to Quality Committee.

- Improvement in the national inpatient survey questions regarding respect and dignity, quality of food and noise at night.

- By year 2, reduce complaints and concerns raised to PALS about appointments by 25%.

- 95% of patients using hospital transport arrive 15 minutes prior to their appointment and 95% of patients are picked up within one hour of their appointment ending by end of year 1.

- Menus and information regarding food visibly accessible on the wards, by the end of year 1.

- Increase the number of volunteers by 10% year on year in accordance with the Voluntary Service Strategy.

- Introduction of volunteers supporting Trust services across community teams and during weekend and evening hours by year 1.

- Increase in the number of local surveys collected (including Friends and Family Test) across the Trust by 5% year on year.

- Achieve at least 90% recommend rate through Friends and Family Test feedback each year.

04

Monitoring Our Progress

The patient experience team will develop an annual action plan to support implementation and monitoring of the strategy ambitions. Progress will be reported on a quarterly basis to the Patient Experience Committee and Quality Committee as part of the patient experience report.

Services presenting updates to the Patient Experience Committee will be required to structure this in line with the ambitions and share local action plans. Annual updates with also be produced in conjunction with the communications team to highlight key achievements to staff, patients, families and carers.

What will success look like?

- By the end of year 3 we will have successfully embedded the use of collaborative approaches across the organisation as part of our routine approach to service delivery and quality improvement.

- Patients and patient representatives will be an established part of committee structures, service development and quality improvement activities.

- We will have built on the success of patient stories, Maternity Voices and Children & Young Peoples' Forum to engage with patients and carers throughout our local community.

- We will have built on the success of our hospital volunteering service, expanding this throughout community services by the end of year 3.

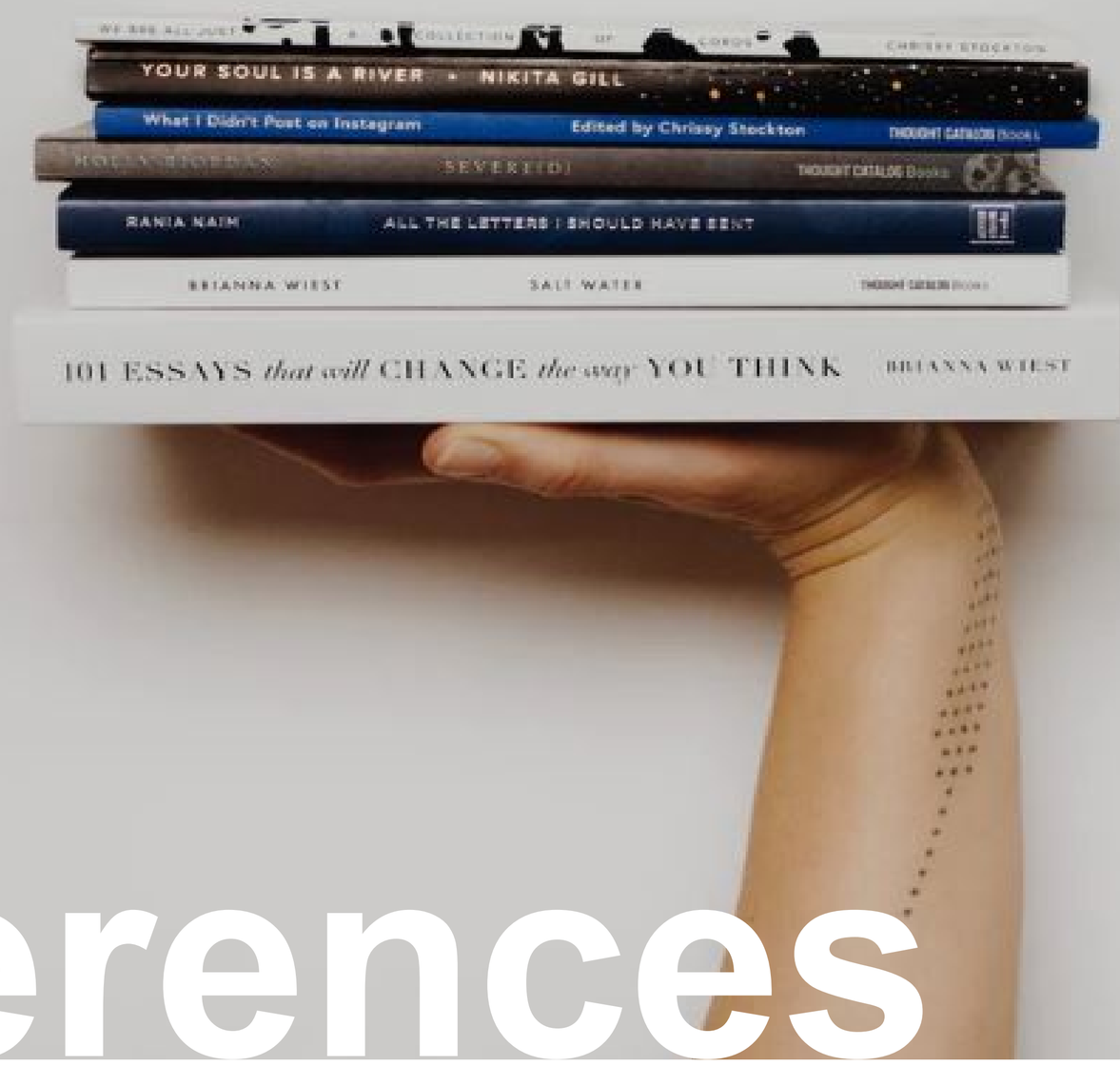
- By the end of year 3 we will provide consistently high quality and timely responses to patient concerns raised through PALS.

- Our written information will be up to date and consistent throughout the organisation and accessible to people with particular needs.

- We will be utilising feedback received to continually shape how we communicate with patients and service users, ensuring that we introduce ourselves from the first contact and building trust throughout.

- By the end of year 3 we will provide and display relevant and up to date information about what we are doing to improve our services and why across all our services.

- We will continuously strive to be in the top performing trusts in the national patient experience surveys, building on yearly improvements.



05

References

1. **Equity and Excellence: Liberating the NHS (2010)**
Putting patients at the heart of the NHS, through an information revolution and greater choice and control. Shared decision making will become the norm: “no decision about me, without me”.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf

2. **The National Institute for Health and Care Excellence (NICE)**
Quality Standards for patient experience in adult NHS Services (2012) and service user experience in adult mental health (2011) outline a range of areas for best practice, definitions of high-quality care and the standards that people using NHS Services should expect to receive.

https://www.nice.org.uk/guidance/cg136

3. **NHS National Quality Board (2012)**
Published the NHS patient experience framework. This outlines those elements that are critical to the patients’ experience and guides the measurement of patient experience across the NHS.

https://www.england.nhs.uk/2012/08/nqb-report/

4. **The Francis Report (2013)**
The report emphasises the requirement for openness and for transparency enabling patients to raise concerns and complaints freely and to have their questions answered. Recommendations refer to the need for qualitative information to be made available in as near real-time as possible.

https://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/

5. NHS England Five Year Forward View In October 2014, NHS England (NHSE)
1. In October 2014, NHS England (NHSE) described the ambition of the NHS, to introduce a transformational approach to healthcare. In relation to patient experience, providers plans must include ambitions to:

- Reduce poor experience of inpatient care
- Assess the quality of care experienced by vulnerable groups of patients and how and where experiences will be improved for those patients.
- Demonstrate improvements from the Friends and Family Test, complaints and other forms of feedback.
- Deliver all the NHS Constitution patient rights and commitments.
- Increase transparency of patient outcomes data to promote choice of where and how patients receive care.

https://www.england.nhs.uk/five-year-forward-view/

6. NHS Constitution (2015)
This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

7. The Accessible Information Standard (2015)
1. sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

https://www.england.nhs.uk/ourwork/accessibleinfo/

8. NHS Outcomes Framework (2015/16)
improves quality throughout the NHS by encouraging a change in culture and behaviour focused on health outcomes. There are five domains. Domain 4: ‘ensuring that people have a positive experience of care’.

https://www.gov.uk/government/publications/nhs-outcomes-framework-2015-to-2016

9. NHS Improvement: Patient experience improvement framework (2018)
supports trusts to achieve good and outstanding in their CQC inspections. The framework integrates policy guidance and good practice frequently identified in CQC reports of trusts rated as ‘outstanding’.

https://improvement.nhs.uk/resources/patient-experience-improvement-framework/

10. Care Quality Commission: Equally outstanding. Equality and human rights – good practice resource

improvement of equality and recognition of human rights at their core, provide better services. This document demonstrates how trusts rated as ‘outstanding’ have developed practices that deliver equality and safeguard human rights and their expectation that this be a mainstream part of health and social care.

https://www.cqc.org.uk/publications/equally-outstanding-equality-human-rights-good-practice-resource-november-2018

Whittington Health
NHS Trust

@WhitHealth

/WhittingtonHealth

whh-tr.whitthealthPALS@nhs.net

020 7288 5551

PALS, Whittington Health NHS Trust, Magdala Avenue, London N19 5NF

Meeting title	**Trust Board – public meeting**	**Date:** 27 March 2019
Report title	**Delegated authority for the final 2018-19 accounts**	**Agenda item:** 16
Executive director lead	Stephen Bloomer, Chief Finance Officer	
Report author	Jonathan Ware, Head of Financial Services	
Executive summary	This front sheet paper provides a brief update to the Board on suggested approval arrangements for the Trust's financial statements for 2018-19. The submission deadline for the Trust's audited financial statements is 12pm on 29 May 2019. The Trust Board in May is scheduled for 12:30pm on the same day; the Audit and Risk Committee has been arranged for the afternoon of 16 May 2019. As the Trust needs to obtain Committee or Board approval for the financial statements prior to the submission to NHSI, this timetable necessitates that the Board must formally delegate this responsibility to the Audit and Risk Committee (ARC). As the ARC is scheduled a week earlier than in previous years, the Trust's finance team has put arrangements in place to ensure that information will be available to audit earlier; thus allowing a more final set of financial statements to be tabled at the ARC meeting on 16 May. However, the earlier date increases the risk, not least through national timetabling issues, that further changes may be required to the financial statements after this meeting. As such, any changes made to the financial statements after the ARC meeting on 16 May will be summarised by the Finance team in conjunction with external audit, and these changes will be communicated and fully explained to Committee members so that a fully informed decision can be made about approving the financial statements. The Trust Board is being asked to delegate full authority to ARC to approve the submission of the financial statements. All Board members will receive a copy of the statements once the submission is made.	
Purpose:	To set out proposed arrangements for the approval of the 2018-19 financial statements	
Recommendation(s)	To ask the Board to delegate responsibility to the Audit and Risk Committee to approve the financial statements for 2018-19	
Report History	None	
Appendices	None	

Meeting title	**Trust Board – public meeting**	**Date: 27 March 2019**
Report title	**Trust Board members' declaration of interests**	**Agenda item: 17**
Executive director lead	Jonathan Gardner, Director of Strategy, Development & Corporate Affairs	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	The Department of Health's Code of Conduct and Code of Accountability describes public service values which underpin the work of the NHS. It aligns with the highest standards of corporate behaviours which all individuals within Whittington Health NHS Trust must have regard to in their work.	
Purpose:	Review	
Recommendation(s)	The Board is asked to receive and review the declared conflicts of interest for Board members as at March 2019, in line with NHS England's guidance on managing conflicts of interest in the NHS	
Risk Register or Board Assurance Framework	BAF entry 1 – evidence for well led review	
Report history	Annual report to Board	
Appendices	None	

Whittington Health NHS Trust Board and senior managers: (March 2019 Trust Board)
Updated Register of Conflict of Interests

Non-Executive Directors – voting Board members

Steve Hitchins, Chair	• Member: Liberal Democrats • Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Wife : voting member of House of Lords who sits on Liberal Democrat benches
Anu Singh	• Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
David Holt	• NED/SID, Chair of Audit Committee at Tavistock and Portman NHSFT • Deputy Chair, Chair of Audit Committee Ebbsfleet Development Corporation (MCLG) • NED and Chair of Audit Committee, Planning Inspectorate (MCLG) • Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Wife Dr Kim Holt employed by Whittington Health – Children's Safeguarding Lead Haringey
Deborah Harris-Ugbomah	• Governor / Audit Committee Chair, Trinity Laban Conservatoire • Director/ Audit Committee Chair, The Shared Learning Trust • Independent Member -Audit Committee and Independent Member - Treasury Committee, Southern Housing Group • Director, Harris Manor Properties Ltd • Director, HMJ Property Solutions Ltd • Co-founder & Consultant, Inspiring Insights • Founder and UK Regional Lead, Lean In (UK Chapter) • Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

Tony Rice	• Chair, Dechra Pharmaceuticals PLC • Chair, Xerxes (Investment company) • Chair, Ultra Electronics • NED and Senior Independent Director of Dechra • Chair of Trust Hub • Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement • Nil
Yua Haw Yoe	• Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement • Nil
Naomi Fulop	• Hon Contract UCLH Aug 2018-19 • Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement • Nil

Executive Directors – voting Board members

Siobhan Harrington	• Nil Conflicts of interests that may arise out of any known immediate family involvement • Nil
Stephen Bloomer	• Chair, Whittington Pharmacy, Community Interest Company • Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement • Nil
Julie Andrews	• Nil Conflicts of interests that may arise out of any known immediate family involvement

	• Nil
Michelle Johnson	• Trustee on Board of Roald Dahl Marvellous Children's Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Carol Gillen	Non-Executive Director, Whittington Pharmacy Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

Non-voting Board members

Sarah Humphery	• GP Partner Goodinge Group Practice, Goodinge Health Centre, 20 North Road, London N7 9EW: General Medical Services • Named GP Safeguarding, Islington CCG <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Jonathan Gardner	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Tbc
Norma French	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Husband is consultant physician at CNWL (at UCLH)

Meeting title	**Trust Board – public meeting**	**Date: 27.3.2019**
Report title	**2019/20 Board forward plan**	**Agenda item: 18**
Executive director lead	Jonathan Gardner, Director of Strategy, Development & Corporate Affairs	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	Board members are presented with the dates of scheduled 2019/20 meetings and the forward plan of agenda items.	
Purpose:	Approval	
Recommendation(s)	Board members are invited to receive the dates of 2019/20 meetings and also approve the forward plan for public meetings.	
Risk Register or Board Assurance Framework	BAF entry 1 – Well-Led element of CQC inspection	
Report history	Bi-annual report to Board (27 June 2018)	
Appendices	1: 2019/20 Board forward plan	

Appendix 1: 2019/20 Trust Board Annual Meetings' Plan for meetings held in public

Agenda items	Lead(s)	Action	24 April 2019	29 May	26 June	31 July	25 Sept	30 Oct	27 Nov	18 Dec	29 Jan 2020	26 Feb	25 Mar
Standing Agenda Items:													
Minutes, matters arising, actions log	CoSec	Approve											
Patient story	CN	Review											
Staff story	CN	Review											
Chairman's Monthly Report	Chair	Receive											
Chief Executive's monthly report	CEO	Review											
Quality and Patient Safety reports:													
Monthly Serious incident report	MD	Review											
Quarterly Quality and patient safety	MD	Review	**Q4**			**Q1**			**Q2**		**Q3**		
Quarterly Learning from mortality	MD	Review	**Q4**			**Q1**			**Q2**		**Q3**		
Bi-annual integrated safeguarding	CN	Review											
Single gender accommodation declaration	COO	Approve											
2018/19 Annual Quality Account	CN	Approve											
2018/19 Annual Complaints & Compliments report	CN	review											
Annual NHS staff survey	DW	Review											
Annual Patient Safety & Clinical Effectiveness report	CN / MD	Approve											
2018/19 Annual report – IPC	CN	Review											
Safeguarding Children declaration	CN	Approve											
Patient survey results – Picker	CN	Review											
2018/19 Annual report - FTSUG	DW	Review											
Strategies:													
Annual review of Risk Management Strategy and risk appetite	CN/DS	Approve											
Workforce	DW	Approve											
Quality Improvement	CN/MD	Approve											
Quality strategy review	CN	Approve											
Update Health & Wellbeing Partnership	CEO	Review											
S75 LBI Annual Report	COO	Approve											

Agenda items	Lead(s)	Action	24 April 2019	29 May	26 June	31 July	25 Sept	30 Oct	27 Nov	18 Dec	29 Jan 2020	26 Feb	25 Mar
Operational planning and performance:													
Monthly performance dashboard	COO	Review											
Monthly Finance report	CFO	Review											
Annual operational plan and budget	CFO	Approve											
Six monthly safe nursing and midwifery safe staffing	CN	Review											
Six monthly Digital strategy fast follower update	CIO	Review											
Bi-annual capital update	CFO	Review											
Emergency Preparedness & BCP	COO	Review											
Heatwave Plan	COO	Approve											
Winter Plan	COO	Approve											
Quarterly Assurance on 7 Day Services	MD	Review	**Q4**			**Q1**		**Q2**			**Q4**		
2018/19 Health & Safety Annual Report	DE	Approve											
Data Security & Protection Toolkit	COO	Approve											
Governance:													
Board dates and forward plan	CoSec	Approve											
Quarterly delivery of strategic objectives	CoSec	Review	**Q4**			**Q1**		**Q2**			**Q3**		
Board Assurance Framework	CoSec	Review											
Operational risk register	CN	Review	**Q4**			**Q1**		**Q2**			**Q3**		
Audit & Risk Committee Annual report	Chair/ CFO	Review											
Register of Directors' interests	CoSec	Review											
Register of deed of execution	CoSec	Review											
District audit Annual report	CFO	Review											
Trust Annual Report & Accounts	DS/CFO	Approve											
SOs/SFIs/Scheme of delegation	CFO/DS	Approve											
Annual review of Board Committee TORs	CoSec	Approve											
Provider licence self-certification	DS	Approve											
Charitable Funds Annual Report & Accounts	CFO	Review											
2018/19 Research & Development AR	MD	Approve											
Annual Nursing & Midwifery revalidation	CN	Approve											
Annual Medical/Doctors' revalidation	MD	Approve											
Board Committee minutes	CoSec	Review											
Annual WLF self- assessment	CoSec	Review											

Annual PSED, WRES & NHS EDS reports	DW/CN	Approve											
Annual Gender Pay gap	DW	Approve											

Appendix 2: 2019/20 Trust Board Annual Meetings' Plan for meetings held in private

Standing Agenda items	Lead(s)	Action	24 April 2019	29 May	26 June	31 July	25 Sept	30 Oct	27 Nov	18 Dec	29 Jan 2020	26 Feb	25 Mar
Draft Minutes, actions, matters arising	Chair	Approve											
Safety & Quality:													
Serious Case Reviews/Serious Adult Reviews	CN	Review											
Reputational Issues	EDs	Review											
Medical/Dental exclusions/restrictions	MD	Review											
Strategy:													
Verbal update	CEO	Review											
Governance:													
Committee minutes (Estates Strategy Delivery and Finance & Business Development Committees)	Chair/CFO	Review											

Minutes
Quality Committee, Whittington Health

Date & time:	Wednesday 13th March 2019
Venue:	Room 6 Whittington Education Centre, Whittington Hospital
Chair:	Anu Singh (AS), Non-Executive Director
Members Present:	Yua Haw Yoe (YHW) Non-Executive Director Carol Gillen (CG) Chief Operating Officer Jonathan Gardner (JG) Director of Strategy, Development & Corporate Affairs Breeda McManus (BM) Deputy Chief Nurse (attending on behalf of Michelle Johnson)
In attendance	Claire Challinor (CC) – Patient Safety & QI Manager Deborah Clatworthy (DC) Associate Director for Surgery & Cancer Kelly Collins (KC) Lead Nurse Emergency & Urgent Care (attending for Sita Chitambo) James Connell (JC) Patient Experience Manager Nick Harper (NH) Clinical Director Surgery & Cancer Alison Kett (AK) Associate Director of Nursing Adult Community Health Services Sharon Pilditch (SP) Matron for Surgery Stuart Richardson (SR) Chief Pharmacist Leanne Rivers (LRi) Patient Representative Louise Roper (LRop) Quality & Risk Manager for Surgery & Cancer Lynda Rowlinson (LRo) Interim Head of Governance and Risk Paula Ryeland (PR) – QI Lead Shahida Trayling (ST) Associate Director of Midwifery & Nursing James Ward (JW) Health & Safety Advisor (attending for Adrien Cooper) Carolyn Stewart (CS) Minute taker

Agenda items

1.1	Welcome & Apologies	Chair
	AS welcomed the committee and thanked everyone for attending the meeting. Apologies were received and recorded from : Michelle Johnson (MJ), Chief Nurse & Director of Patient Experience Deborah Harris-Ugbomah (DHU), Non-Executive Director Adrien Cooper (AC) Director Environment Julie Andrews (JA) Interim Medical Director Sita Chitambo (SC) Associate Director of Nursing Emergency & Integrated Medicine (EIM)	

1.2	Declarations of Conflicts of Interests	Chair
	No conflicts of interest were noted.	

1.3	Minutes of the previous meeting	Chair
	No amendments were requested to be made to the minutes of the previous meeting held on 9th January 2019. The minutes were approved.	

Action Log – open items	Deadline	Owner
• It was agreed that the action for ICSUs to review outstanding policies should remain open	15/05/19	ICSU Director of Operations
• Nursing & Midwifery strategy left open as item deferred to May committee	15/05/19	MJ
• Patient Experience (PE) Strategy – paper to go to PE Committee and back to Quality Committee in May.		JC
• Mandatory training/appraisal data – issue raised at Trust Board – ESR issues with ACWS & CYP. Agreed to be discussed at CQC Prep group to monitor action plan.	Next CQC Prep meeting	LRo
• Management & Development of Policies – Still reviewing all policies. Paper being prepared to go to Patient Experience Committee & Patient Safety. Return to Quality Committee in May – action to remain open.	15/05/19	LRo

1.4	Matters Arising	Chair
1.4.1	There were no matters arising.	

2.1	**Quality Improvement (QI) Update**	
2.1.1	PR updated on the progress of the QI strategy and reported that training and coaching is being provided for several different projects. The registration process had also been simplified. Moving forward the plan is to increase the number of improvement champions in each area. Once quality priorities are set each area will have representation.	
2.1.2	Project numbers - currently 74 active projects spanning across the Trust, focusing on shared learning. QI Bronze and Silver have been renamed as "Introduction" and "QI Enabled". 137 members of staff have completed in-depth training with 60 staff able to provide training. Examples of projects are shown in the presentation.	
2.1.3	Training – an on line introduction course is now included in the corporate induction. All audit and clinical leads in each ISCU will be trained in linking ICARE with QI. All staff are encouraged to be QI trained.	
2.1.4	CQC – Quality Impact Assessments (QIA) best practices. Most of these are now in progress. Looking to triangulate Research audit with QI. At the recent NCL/QI event, Paul Attwell attended on behalf of the Trust and his presentation was very well received. Children & Young People (CYP) will be the focus of the next event.	
2.1.5	PR advised that there are intranet pages and contact details for each project and that the Board is aware of all the QI projects that are currently in progress. She added that the dashboards are in the process of being changed from RAG ratings to SPC ratings.	
2.1.6	DC advised PR that it would be helpful to have some ideas of small QI projects to encourage staff to become involved. She suggested looking at relevant data; incidents; complaints and review problems throughout the Trust that everyone could tackle as this could be a good opportunity to identify any hot spots.	
2.1.7	AS referred to the excellent ideas received from the Children's CYP. LRo replied that this was as a direct result of identifying QI projects. It was established that training should be assigned to a specific projects; particularly with "QI Enabled" training. CG advised that this is discussed at quarterly performance reviews and AS recommended a Trust Board Seminar presentation on QI should be scheduled. This was agreed. AS to introduce PR to Naomi Fulop (NF), who is a Professor of QI, to look at ways of sharing the intelligence and learning.	
2.1.8	JG pointed out that there are large numbers of QI projects that have already been researched and asked how we can ensure that they are not being duplicated. PR replied that each team has a license (the Trust can obtain up to 50 licenses) to see details of QIs and who has completed them. AS thanked Paula R for the presentation and congratulated her on the work she has completed on QIs.	

Actions	Deadline	Owner
• QI presentation to be arranged for a Trust Board seminar • AS to introduce PR to NF	May 2019 Asap	PR AS

2.2	Trust Strategy 2018-2019 Update
2.2.1	JG updated that the strategy is now being refreshed. There will be minor changes rather than fundamental changes. All of the themes have originated from the ICSU business plans. The survey was tested and then sent to all staff. 360 responses were received from staff and Stakeholders. It was agreed that "Our Mission" should remain the same as should the "Values". The general consensus was that the "Vision" could be changed. The feedback suggested: • More prevention/health advice/education • Better communication, work between teams and work with partners • Better patient flow/care coordination • Being more compassionate • Treat staff better • Improve communication with patients • Involve and grow the community work more
2.2.2	The proposal is to create a strategy that staff can relate to whilst keeping the Vision, Values and Behaviour, to focus and lead the way both in hospital and in the community as well as striving to become innovative in all areas.
2.2.3	Several amendments were suggested. JG thanked those who had made suggestions and advised that there will be a further update in April and practical alterations will be monitored through the Board. JG agreed to look at ST's comments regarding maternity service users and NH's query regarding "financially sustainable". It was agreed that reducing the number of objectives to 4 would make it much easier for staff to remember, and could be incorporated into appraisal schedules.

Actions	Deadline	Owner
None		

2.3	Risk Management Strategy – Annual Review	
	The Committee agreed to defer this item to the next Quality Committee in May.	

Actions	Deadline	Owner
Include on May agenda	May 2019	LRo

2.4	Quality Committee Annual Work Plan 2019-20	
	The Committee agreed to defer this item to the next Quality Committee in May.	

Actions	Deadline	Owner
Include on May agenda	May 2019	LRo

2.5	Quality Committee Self-Assessment & review of TOR	
	The Committee agreed to defer this item to the next Quality Committee in May.	

Actions	Deadline	Owner
Include on May agenda	May 2019	LRo

3.1	Emergency & Integrated Medicine (EIM) Report	
3.1.1	The report was taken as read and KC reported that since the last EIM report to Quality Committee in September 18, there had been Four Serious Incidents, 6 Internal Root Cause Analyses (RCAs), one of which was serious. There had been an increase in falls since December 2018.	
3.1.2	EIM is working with volunteers in completing Duty of Candour (DoC) letters as there are currently 31 incidents requiring checking for compliance. Aiming to achieve closing incidents and sending DoC letters in a more timely fashion. Medication errors (no harm reported) are reducing. CQC prep meetings are held bi-monthly and all issues are being closely monitored.	
3.1.3	KC reported that the top 2 risks in the EIM ICSU are the finance deficit and the failure to meet the 95% 4 hour target. YHY queried the datix issue and KC assured the Committee that the problem had now been rectified and was a one-off issue.	
3.1.4	LRi challenged the red rag rating for the percentage of harm free care and the failure to meet target. KC replied that the data is taken on a set day each month. It is recognized that some of the harm did not occur in our care but is included in the score. The team is aware of target rates and aim to reach and exceed the 89% target. CG advised this has been reported to the Trust Board and the Trust is currently positioned 4th in London, indicating that it is a national problem. AS thanked KC for attending the meeting.	

Actions	Deadline	Owner
None		

3.2	**Cancer & Surgery Report**	
3.2.1	The Q3 Surgery and Cancer report was taken as read. DC referred to the increase in Falls on wards in Q3 and assured the Committee that the Falls Lead carried out an audit of compliance against the Falls table. The outcome necessitated displaying more stickers. She added that during the winter months the number of frail elderly patients increased and there was also the need to isolate patients with cases of flu or C-diff. Most falls were low harm. This is now reducing to within normal parameters.	
3.2.2	DC reported on the pressure ulcer spike in CCU and added that the reporting categories had been changed, thus affecting the scores. There has been targeted work on devices with critical care patients which is being monitored. The report showed 218 patient harm incidents and 2 deaths. 1 never event with no harm to patient had been declared from Theatres. There had also been improvement in the number of mixed sex breaches reported, (even with a reduction in bed base) as well as good progress in staff being updated in QI. The number of patients treated in ambulatory care is increasing. Work has been carried out using Virtual Ward and the team is trying to reduce the length of stay for hip replacements by 1 day. There had been no MRSA cases across the ICSU for the last year. 2 C-diff cases were reported.	
3.2.3	DC advised the Committee that due to the possible inaccuracies in HR data, figures for mandatory training and appraisals are incorrect. There had also been significant challenges with FFT on Coyle and DTC and having a volunteer on a regular basis would help increase the number of responses. JC agreed to look at placing some of the newly recruited volunteers in Coyle and DTC.	
3.2.4	YHW asked what action is being taken to comply with the QI programme. DC advised that it is reported to the ICSU board every month and also discussed with the audit leads. The Clinical leads are responsible for progress. It is recorded on a live document and formally reported through the ICSU board. The ICSU has a good record of completing this although more AHP and nursing content would be beneficial. YHY queried the project timeline which is dated Sept 17 – June 18. NH agreed to get an update from the clinical lead and revise the time scale.	
3.2.5	LRi praised the thank you letter received from a Mercers ward patient praising the staff. DC replied that patient letters go to the managers meetings so staff are made aware of them. She added that good reviews from patients increase staff morale, which improves patient care. AS enjoyed reading the letters and thanked DC for including them with the reports.	
3.2.6	JC presented a video of a patient who talked about her experience of bariatric surgery carried out at the Whittington. She had been given clear instructions on how to prepare for the surgery and felt well supported by the Bariatric nurse specialists throughout the experience. There were a couple of issues with the appointment system that she felt could be improved. AS thanked JC for presenting the video.	

Actions		Deadline	Owner
3.2.3 3.2.4	Volunteers required for FFT on Coyle and DTC QI project timeline to be amended.	ASAP ASAP	JC NH

4.1	Aggregated Learning Quarterly Report
4.1.1	The report was taken as read. CC updated that the team is working with NHS Resolution on claims data spanning the last 10 years. Surgery & Cancer had 170 (relatively low cost) claims in comparison to ACW where numbers may be fewer but because ACW includes maternity this can considerably increase the cost of claims. CC added that the team is looking at key issues regarding QI.

Actions	Deadline	Owner
None		

4.2	Patient Safety Report
4.2.1	The Patient Safety Report was taken as read and approved by the Committee.

Actions	Deadline	Owner
None		

4.3	Patient Experience Report
4.3.1	JC advised that he had received reports from Picker and these had just been sent out to ICSU leads. There is improvement in a couple of areas. The Food result was the same as the previous year. However, the noise at night had improved due to the "Sleep Well" initiative. All resources are available on all wards and this project has been logged on QI. Working with ward managers, JC and his team had spoken to 88 patients: 32 were disturbed by noise at night, but only 28 were aware of the available Sleep Well resources. The ward managers were made aware of this.
4.3.2	JC added that in this report there was a different format of FFT data, with a specific focus on the feedback received from patients. It is still a work in progress. He requested that any comments on the format be sent directly to him.
4.3.3	JC announced that 30 new volunteers are currently being inducted and an Away day for the volunteers to discuss the strategy had been set up, which includes Health Watch involvement.
4.3.4	YHY commented that the report was positive but queried the absence of the "You Said, We Did" campaign. JC replied that this is done on the wards but would be included in future reports. AS thanked James for attending and presenting to the Committee.

Actions	Deadline	Owner
"You Said, We Did" to be included in future reports.		JC

4.4	Quality & Safety Risk Register (risks >12)	
4.4.1	The report was taken as read. LRo advised the Committee that the Governance team is working with the Capital Monitoring Group to weigh up capital risks. YHY asked why some areas of review data did not list the required actions and some are also out of date. AS replied that the risk owners had been asked to address this. LRo confirmed that CC was currently working on these as the internal auditors had recently picked up on this. It will be added to the action plan.	

Actions	Deadline	Owner
None		

4.5	Bi-Annual Nursing Establishment Review	
4.5.1	BM gave a brief update that the completed Nursing Establishment Review was due next month. The team is focusing on the Health Roster system on Ifor ward and Simmons house. Feedback from the report will be shared at the May Quality Committee.	
4.5.2	AS thanked BM for the verbal update.	

Actions	Deadline	Owner
Nursing Establishment Review agenda item QC May 2019	May 2019	LRo

4.6	Health & Safety Quarterly Report	
4.6.1	The report was taken as read. JW advised that the Health & Safety committee meets every 2 months. The focus is on 6 key metrics: • Incidents and investigations (including reporting incidents within 7 days) • Policies • Safety Notices • Training • Inspection and Audit • Fire Safety	
4.6.2	JW reported that there had been 1 Serious Incident regarding a fire which is being monitored by the Fire Committee, and 1 RIDDOR incident reported in the period. 100% compliance on policies. Training figures: Inspections and audits are above target for the community, with acute performance slightly below target. Fire wardens/safety - Working with Fire Brigade.	

4.6.3	With regard to the Positive Behaviour group, JW stressed the need for clinical input and a clinical chair for the group. It was noted that Andy Stopher was going to look at representation but has now left the Trust. CG added that ICSUs were not represented at the Emergency Planning/Fire Safety Committee and suggested that this is raised with the Director of Operations of each ICSU.
4.6.4	JW advised that the draft TOR of the group and workplan will come back to Quality Committee. – JW to action. CG asked for the reports to be sent directly to her. CG/BM to discuss further with JW.
4.6.5	DC asked if the frequency of the11pm fire bleep that requires nurses to respond and sign the fire bleep every night could be reviewed. CG replied that this is part of the emergency planning. 550 staff have been trained as Fire Wardens and it is their responsibility to respond to the bleep, in order to be able to reinforce evacuation and therefore must continue every night.

Actions	**Deadline**	**Owner**
• Chase ICSU representation (Directors of Ops) at Emergency Planning/Fire Safety Committee	Asap	JW
• TOR and workplan to return to Quality Committee	May	JW/LRo
• Reports to be sent to CG	Asap	JW

5.1	**Minutes from reporting Groups – for information only**	
5.1	The minutes from reporting groups were taken as read.	

6.1	**Any Other Business**	
6.1	AS advised the Committee that this would be the last Quality Committee meeting she would be Chairing. She thanked everyone for attending the Committee and for their support and efforts over the last 4 years she had chaired the meeting.	

The meeting closed at 4.15pm

The next Quality Committee is scheduled for **Wednesday 8th May 2019**
Future dates:

- 10th July 2019
- 11th September 2019
- 13th November 2019