Meeting	**Trust Board – meeting held in public**
Date & time	**30 September 2020: 1230 to 1345**
Venue	**Microsoft Teams**

Non-Executive Director members:	**Executive Director members:**
Baroness Julia Neuberger, Chair Professor Naomi Fulop Amanda Gibbon Tony Rice Anu Singh Baroness Glenys Thornton Robert Vincent CBE	Siobhan Harrington, Chief Executive Kevin Curnow, Acting Chief Finance Officer Dr Clare Dollery, Medical Director Carol Gillen, Chief Operating Officer Michelle Johnson, Chief Nurse and Director of Allied Health Professionals

Attendees:
Junaid Bajwa, Associate Non-Executive Director
Norma French, Director of Workforce
Jonathan Gardner, Director of Strategy, Development & Corporate Affairs
Wanda Goldwag, Associate Non-Executive Director
Dr Sarah Humphery, Medical Director, Integrated Care
Rob Larkman, Director of Development
Swarnjit Singh, Trust Corporate Secretary

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

AGENDA

Item	Timing	Title and lead	Action
Standing items			
1	*1230*	**Patient story** *Michelle Johnson, Chief Nurse and Director of Allied Health Professionals*	Review
2	*1240*	**Welcome and apologies** *Julia Neuberger, Chair*	Approve
3	*1241*	**Declaration of interests** *Julia Neuberger, Chair*	Verbal
4	*1242*	**Draft minutes of the meeting held on 24 June 2020** *Julia Neuberger, Chair*	Approve
5	*1245*	**Chair's report** *Julia Neuberger, Chair*	Note
6	*1250*	**Chief Executive's report** *Siobhan Harrington, Chief Executive*	Note

Item	Timing	Title and lead	Action
Quality			
7	*1300*	**Quality Assurance Committee Chair's report** *Naomi Fulop, Committee Chair*	Note
8	*1305*	**Freedom to Speak up Guardian** *Ruben Ferrara, Freedom to Speak up Guardian*	Note
9	*1310*	**2019/20 Medical Revalidation Annual Report** *Clare Dollery, Medical Director*	Approve
Sustainable			
10	*1315*	**Financial performance and capital update** *Kevin Curnow, Acting Chief Finance Officer*	Review
11	*1320*	**Integrated performance report** *Carol Gillen, Chief Operating Officer*	Review
People			
12	*1325*	**NHS People Plan** *Norma French, Director of Workforce*	Review
Well led			
13	*1330*	**Audit & Risk Committee Chair's report** *Rob Vincent, Committee Chair*	Note
14	*1335*	**Board Assurance Framework and Risk Register** *Jonathan Gardner, Director of Strategy, Development & Corporate Affairs, and Michelle Johnson, Chief Nurse and Director of Allied Health Professionals*	Approve
15	*1345*	**Any other business**	Verbal

Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on Wednesday, 29 July 2020

Present:	
Baroness Julia Neuberger	Chair
Siobhan Harrington	Chief Executive
Kevin Curnow	Acting Chief Finance Officer
Dr Clare Dollery	Medical Director
Professor Naomi Fulop	Non-Executive Director
Amanda Gibbon	Non-Executive Director
Carol Gillen	Chief Operating Officer
Michelle Johnson	Chief Nurse & Director of Allied Health Professionals
Tony Rice	Non-Executive Director
Anu Singh	Non-Executive Director
Baroness Glenys Thornton	Non-Executive Director
Rob Vincent CBE	Non-Executive Director
In attendance:	
Dr Junaid Bajwa	Associate Non-Executive Director
Jonathan Gardner	Director of Strategy, Development & Corporate Affairs
Wanda Goldwag	Associate Non-Executive Director
Chantelle Joysury	Senior Communications & Engagement Officer
Swarnjit Singh	Trust Corporate Secretary
Kate Wilson	Deputy Director of Workforce
Observers:	
Councillor Janet Burgess MBE	Deputy Leader, the London Borough of Islington & Executive Member for Health & Adult Social Services
David Harris	Inspection Manager, Care Quality Commission

No.	**Item**
1.	**Welcome and apologies**
1.1	The Chair paid a warm welcome to all participants, in particular to two observers - David Harris, Inspection Manager at the Care Quality Commission and to Councillor Janet Burgess MBE from the London Borough of Islington – and to two new associate non-executive directors, Dr Junaid Bajwa and Wanda Goldwag, who joined the Board on 1 July 2020.
1.2	Apologies were received from Norma French, Director of Workforce, and for Sarah Humphery, Medical Director, Integrated Care.
3.	**Declarations of interest**
3.1	There were no new declarations of interest reported.
4.	**Minutes of the meeting held on 24 June 2020**
4.1	Board members agreed the minutes of the previous meeting as a correct

	record and noted the updated action log. There were no matters arising.
5.	**Chair's report**
5.1	The report was taken as read. The Chair emphasised the need to continue to be mindful that it remained a particularly tough time for staff dealing with the pandemic. She also highlighted the significant work taking place across the North Central London (NCL) health and social care area as it took forward plans to restart services, to deliver a more integrated system and to manage the winter period.
5.2	Anu Singh delivered feedback from the black and minority ethnic (BAME) staff network which the Board had sought at meetings. She highlighted the following areas to consider for action: reviewing and refreshing Whittington Health's values to include "equity"; increasing the representation of BAME executive and non-executive directors; reviewing and re-launching the talent management pipeline to prepare BAME staff in bands 8 and 9 for development; the establishment of a programme management resource to assist the network on action tracking and communication activities; to hear feedback from the executive director team on actions taken as result of staff listening events; to have an opportunity to meet the Chair at a future network meeting; and, the promotion of a visible symbol of support such as a badge.
5.3	During discussion, the following points arose: • Jonathan Gardner welcomed the feedback on a new, explicit value of "equity" and would take forward work to incorporate it into Whittington Health's core values • Wanda Goldwag noted that associate non-executive directors had traditionally been a route to address under-representation at board-level and to develop aspirant BAME non-executive directors. She suggested expanding the number of non-executive directors to allow space for new associate non-executive directors. The Chair commented that some NHS Foundation Trusts were looking at this option • Junaid Bajwa asked about progress with completing risk assessments for all staff, particularly for BAME colleagues, during the Covid pandemic. In reply, Kate Wilson reported that, as of 27 July, an average of 83% of all staff had completed a risk assessment or refused the offer of one and that 86% of all BAME staff had been risk assessed • Michelle Johnson suggested the establishment of a shadow board as an option to develop talented staff for senior roles • Clare Dollery supported the call for additional resources for the network and asked that it be extended to other staff equality networks too • Rob Vincent supported further work on the Trust's talent management programme • Siobhan Harrington welcomed the helpful feedback which would be used to continue to advance equality and inclusion and Whittington Health's culture. She proposed bringing back a report to the September Board meeting which detailed work from the national workforce race equality standard (WRES) pilot in which the Trust was involved

5.4	**The Board:** **i. noted the report and the changes to Board meeting dates in October 2020, March and September 22021 and to March 2022;** **ii. agreed the revised terms of reference for the Board's Committees; and** **iii. noted that a report on the national WRES pilot would be considered at the September 2020 meeting of the Workforce Assurance Committee.**
6.	**Chief Executive's report**
6.1	Siobhan Harrington prefaced her report by drawing attention to a call for NHS Chief Executives with Sir Simon Stevens, NHS Chief Executive, in the last week, where the focus for the next three months was emphasised as managing any local outbreaks and planning for winter, including any second surge and a comprehensive flu vaccination campaign. She also highlighted two areas of the report for Board members. Firstly, there had unfortunately been a local outbreak which Michelle Johnson would provide further details about further. Secondly, she informed Board members that WFL, the provider of the private finance initiative contract, had gone into administration and provided assurance that Whittington Health was working to ensure there was an orderly transfer of the building back to the Trust with no impact on the continuity of healthcare services.
6.2	Michelle Johnson reported that the Trust was contacted by NHS Test and Trace on 12 July following a member of staffing who worked in the emergency department testing positive for Covid-19 and was also asymptomatic. In line with procedures, the Trust informed NHS London colleagues and worked with them and other partners to identify people with whom the member of staff had been in contact. Within 48 hours, c. 200 staff had been tested for Covid-19, of which seven staff were identified with Covid-19 and were currently self-isolating at home. She provided assurance that no patients were exposed as all the staff involved had appropriate personal protective equipment (PPE) when managing patients. Furthermore, there had been no disruption to emergency department services and the learning from this episode was communicated and shared widely across the organisation. Michelle Johnson also reported that there had been one further member of staff who tested positive for Covid-19. This colleague had already previously tested positive for Covid-19, however, according to guidance issued by Public Health England (PHE), two or more positive cases constituted an outbreak. She explained that testing would be repeated for all of the 200 staff initially tested as part of the response and feedback received from PHE was that the Trust had responded, openly, appropriately and speedily. Michelle Johnson confirmed that risks had been identified in social areas during staff breaks and gave assurance that staff continued to ear appropriate PPE and maintained social distancing. The learning would also be shared across the NCL health and social care system through meetings of Directors of Infection Prevention and Control.
6.3	During discussion, Board members raised the following:

	• Naomi Fulop thanked Michelle Johnson for the detailed update and the management of the outbreak. She noted the priorities emphasised by Sir Simon Stevens to NHS Chief Executives and asked about the Trust's planned response. Siobhan Harrington confirmed that the Trust's Management Group met weekly and was focussed on the recovery and the re-start of healthcare services. She would include an update in the Chief Executive's communication to Board members and also bring a report to the September Board meeting • Amanda Gibbon welcomed the improvement in Whittington Health's freedom to speak up index score. She also supported initiatives to support colleagues who were shielding and welcomed the action being taken to minimise risks from staff congregating in rest areas • The Chair noted that risks in rest areas were a London and national issue currently and Michelle Johnson provided assurance that actions were taken to clearly communicate the need for social distancing in staff rest areas, to identify the maximum number of people who could be present in a rest area, and to stagger rest breaks • Kate Wilson updated Board members on the work being carried out with staff who were shielding, of which many were working from home. A network had been established for shielding staff which along with guidance on the intranet had been helpful • Siobhan Harrington welcomed the improvement in WRES indicators and acknowledged the work that was needed to achieve even better outcomes
6.4	**The Board noted the Chief Executive's report and received the outcome of the 2018/19 clinical excellence awards, prior to their publication.**
6.5	**The Board also noted that an update would be provided on the Trust and NCL response to priorities set out by NHS England/Improvement at its next meeting.**
7.	**Serious Incidents**
7.1	Clare Dollery confirmed that no serious incidents were declared in June and explained that, due to the Covid-19 pandemic, the deadline for investigation reports had been temporarily suspended.
7.2	**The Board noted the serious incidents report for June and was assured that the process was managed effectively with lessons learnt shared widely.**
8.	**National patient experience surveys**
8.1	Michelle Johnson presented the report which covered the headlines from the outcome of 2019 national surveys for inpatient experience and cancer patient experience.
8.2	For the inpatient experience survey, she explained that areas where Whittington Health performed significantly better than other providers were:

	patients being told how to expect to feel after an operation or procedure; patients being provided with written information about what they should or should not do following discharge from Trust services as well as being told the purpose of and possible side-effects of medications; and on the quality of care provided. The survey also showed areas for improvement. These included waiting times for a bed on a ward following admission and also the amount of information provided to the family, friends of carer(s) of a patient to help with their care. In terms of outcomes from the cancer patient experience survey, Michelle Johnson reported that the Trust performed above the national average. In particular, she was said she was proud of that Whittington Health scored an impressive 9 out of 10 for patients rating the care received. This was second ranked in London providers' outcomes, behind only The Royal Marsden NHS Foundation Trust.
8.3	Michelle Johnson also updated Board members on work taking place in relation to previous patient experience outcomes from the national maternity patient experience survey 2019 and the national children and young people inpatient survey 2018.
8.4	During discussion, the following points arose: • The Chair congratulated Michelle Johnson and her team on the successful outcomes from the surveys and the work taking place to continuously improve • Amanda Gibbon welcomed the excellent survey outcomes, in particular the levels of information provided to patients on discharge as this was an important safety issue • Clare Dollery added that a quality improvement project over the last year had helped to improve the information provided to discharged patients. She explained that work this year would focus on communication to patients regarding follow-up services and would also be included in the Trust's Quality Account Priorities • Anu Singh said it was important to celebrate the excellent outcomes from the patient experience surveys and highlighted the disappointing feedback regarding hospital food which would need to be reviewed and asked what further work could be undertaken on the information provided to patients due to be discharged. In reply, Michelle Johnson confirmed that the Trust continued to work to provide all the relevant information needed by discharged patients, as clearly as possible. Wanda Goldwag suggested benchmarking against other providers to see if clearer wording was possible • Janet Burgess also welcomed the positive survey outcomes and suggested they be highlighted in local media • Michelle Johnson confirmed to Naomi Fulop that governance arrangements for the continued monitoring of the delivery of actions arising from the surveys would be led by the Patient Experience Group which would continue to oversee and monitor the delivery of actions arising from the surveys and this forum would report upwards through the Quality Governance Committee to the Board's Quality Assurance Committee • Siobhan Harrington raised the need to increase the level of patient

	responses to the surveys
8.5	**The Board received and welcomed the assurance provided from the results of the national patient experience surveys and from the continuing work in response to survey findings.**
9.	**Financial performance and capital update**
9.1	Kevin Curnow reported a break even position at the end of June, in line with the new financial reporting guidance. He explained that the Trust had incurred £4.5m of additional costs relating to the pandemic and received a top up payment of £3.2m which, allied to an underspend of £1.3m, helped to achieve the break even outcome.
9.2	Board members were also informed that the Trust's 2020/21 capital expenditure plan of £15.3m was fully-utilised through existing plans which included replacement medical equipment and information technology equipment. Kevin Curnow added that, in response to infection prevention and control guidance issued during the pandemic, Whittington Health had submitted a further bid for £7m of capital expenditure to the NCL Sustainability & Transformation Partnership. This bid would focus on enabling digital service delivery where required, and on agile working.
9.3	Kevin Curnow also reported that £27m of the Trust's working capital loans had been written off by the Department of Health & Social Care and converted to public dividend capital. He outlined a continued focus on reducing the run rate and running efficient and productive services. In addition, work was taking place with NCL partners on the delivery of this year's cost improvement programme (CIP). Kevin Curnow raised a concern regarding the tension between efforts which should be concentrated on recovery and restarting services and the need to deliver on the CIP, particularly to help address the underlying deficit and said that proposals on the CIP would be considered in September by the Finance & Business Development Committee.
9.4	On behalf of the Board, the Chair thanked Kevin Curnow for his report and acknowledged the challenge of effectively planning ahead at the current time. Clare Dollery thanked Kevin Curnow and his team for ensuring the supply of personal protective equipment during the pandemic.
9.5	**The Board noted the financial report and the outturn at end of June 2020. The Board also noted that an update on the cost improvement programme would be considered by the Finance & Business Development Committee in September.**
10.	**Integrated performance report**
10.1	Carol Gillen reported the following headlines: • The report contained a technical error – the one mental health breach shown for June was incorrect and was in relation to Child and Adolescent Mental Health services • Emergency department performance was 90.7% in June and efforts

	were concentrated on improving this level • There was good performance on delayed transfers of care in May demonstrating the good work in this area with local partners • Non-elective readmission rates in June were 5.49% against a 5.5% target • During June, there was an increase in cancer referrals across the NCL sector • Monthly Trust-level activity shown on page 26 of the report was reviewed by the Trust Management Group as part of efforts to restart services across the local health economy. Currently, there was an increase in diagnostic and endoscopy activity. Community services were also restarting following the national mandate to pause them during the pandemic
10.2	In discussion, these points were made: • Wanda Goldwag outlined the need for the Board to understand the services and areas being prioritised for delivery by Whittington Health and those services which might be delivered by other NCL partners • Janet Burgess acknowledged the outcome for delayed transfers of care and paid tribute to the excellent working between Whittington Health and the London Borough of Islington • Amanda Gibbon welcomed the 50% fall in pressure ulcers reported in June compared with May
10.3	**The Board noted the integrated performance report.**
11.	**NHS Workforce Race and Disability Equality Standards**
11.1	The report was taken as read. Kate Wilson drew attention to headlines which showed a continuous improvement in annual workforce race equality standard (WRES) outcomes since 2016 and explained that there was significant work activity taking place to continue to improve outcomes. In relation to the workforce disability equality standard (DWES), she explained that there was a low level of disability disclosure by staff and that lessons learnt from previous WRES improvement plan actions were being undertaken to help improve the numbers of staff who provided this personal data. The Chair and thanked Kate Wilson and her team for the improved equality standard outcomes.
11.2	**The Board noted the outcomes and approved the annual WRES and DWES submissions to NHS England.**
12.	**Board Assurance Framework and Risk Register**
12.1	Jonathan Gardner reported that following a review of Board Assurance arrangements by the internal audit team, Whittington Health had received an outcome of significant assurance with some minor improvement recommendations. He explained that the actions arising from the review related to tracking progress with actions and clarifying specific assurances and also the timeframe for actions identified to close any gaps were being taken forward so that a revised Board Assurance Framework was considered at the September meeting. The Chair asked that any important

	updates on the Board Assurance Framework be included in the Chief Executive's update to Board members, if required, in advance of the September meeting.
12.2	**The Board:** **i. noted the successful outcome of the internal audit review and that executive risk leads would work to implement the improvement recommendations in time for the September Board meeting;** **ii. noted the changes approved by the Quality Assurance Committee; and** **iii. agreed that no Trust risk register entries scored at 16 and above should be considered for inclusion on the Board Assurance Framework.**
13. 13.1	**Quality Assurance Committee** Naomi Fulop highlighted the significant assurance the Committee took from a detailed self-assessment against the infection and prevention control requirements outlined in Public Health England's framework, a presentation by the Adult Community Services Integrated Clinical Service Unit's musculoskeletal department which highlighted the use of the Attend Anywhere initiative to hold appointments virtually, and the quarterly learning from death's report which was provided as an appendix. She also drew attention to the limited assurance taken from the six monthly health and safety report and provided assurance that the Committee would continue to monitor progress with actions to implement a new fire safety training online learning package and to carry out more security inspections of Trust sites.
13.2	**The Board noted:** **i. the Committee Chair's assurance report for the meeting held on 8 July 2020 and the areas of significant and moderate assurance identified by Committee members; and** **ii. that limited assurance was taken from the six-monthly health and safety report for which remedial actions were being taken.**
14. 14.1	**Any other business** The Chair thanked the observers for attending the Board meeting held in public.

Action log, 29 July 2020 Public Board meeting

Agenda item	Action	Lead(s)	Progress
Chair's report	Bring a report to the September 2020 meeting of the Workforce Assurance Committee highlighting work from the national WRES pilot	Norma French	Completed
Chief Executive's report	Include updates on Trust and NCL plans in response to priorities outlined by NHS England/Improvement and bring an update to the September meeting	Siobhan Harrington	Completed
Finance Report	Bring an update on the Better Value (cost improvement programme) to the September meeting of the Finance & Business Development Committee in September	Carol Gillen	Completed
Board Assurance Framework	Implement the improvement recommendations from Grant Thornton's review in the new template for the September Board meeting	Executive risk leads	Completed

Meeting title	**Trust Board – public meeting**	**Date: 30 September 2020**
Report title	**Chair's report**	**Agenda item: 5**
Director lead	Julia Neuberger, Chair	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	This report provides a summary of recent activities.	
Purpose:	Noting	
Recommendation(s)	Board members are asked to note the report.	
Risk Register or Board Assurance Framework	Quality 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	None	
Appendices	None	

Trust Chair's report

Covid-19

I wanted to thank all staff for their continued resilience and hard work on the recovery of healthcare services and also on their preparations for any second wave of the pandemic.

North Central London Partnership Board

Much of my time this month has been taken up with attending the significant number of both formal and informal meetings with North Central London partners, particularly on the plans for temporary changes to paediatric services in the system.

Plans for the recovery of services have also featured strongly in many virtual meetings held over the summer with North Central London colleagues. I am particularly pleased to see the excellent collaboration taking place across the system to ensure that our patients receive the best possible care.

Annual General Meeting

This year's Annual General Meeting (AGM) will take place from 4.30pm on 26 November. In line with guidance from NHS England and Improvement, the AGM will be held virtually with members of the public able to join the meeting and ask questions.

Anu Singh

I am delighted to congratulate Anu Singh on her appointment, with effect from 14 September 2020, as Non-Executive Director and Senior Independent Director at Camden & Islington NHS Foundation Trust. Anu's register of declarations has been updated to reflect this interest.

Charitable Funds Committee

On 22 September, I attended a meeting of the Trust Board's Charitable Funds Committee. I would like to express my thanks to all donors and charity staff this year whose efforts have made a great difference and supported staff health and wellbeing during the Covid-19 pandemic.

Meeting title	**Trust Board – public meeting**	**Date: 30 September 2020**
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	This report provides updates on important national and local developments since the last Board meeting as well as highlighting and celebrating achievements by Trust staff.	
Purpose:	Approval	
Recommendation(s)	Trust Board members are invited to note the contents of the report and to receive the register detailing the use of the Trust Seal.	
Risk Register or Board Assurance Framework	All Board Assurance Framework entries	
Report history	Monthly report to each Board meeting	
Appendices	1: Register of use of the Trust seal (September 2019/September 2020)	

Chief Executive's report
Over the last two months staff have continued to work incredibly hard to respond to recovery of services, planning for winter and a second wave of COVID-19, planning for our flu campaign and supporting the wellbeing of colleagues. Thank you to everyone working across the organisation this unprecedented time.

COVID-19
In the last week the government has raised the National UK Coronovirus alert level to level 4 (the virus is not contained, with the R number above 1), the NHS England incident response level remains at level 3 i.e. regional level coordination of the response. There have been a number of national and London calls this week which continue to emphasise the preparation for caring for an increase in patients with COVID-19 and maintaining services through the winter. There is a close monitoring of a number of indicators that track the prevalence and incidence of the virus locally, regionally and nationally.

Third Phase of the NHS response to COVID-19
September's meeting of the Finance & Business Development Committee will consider the Trust's summary plan submission in response to the phase 3 letter issued by NHS England on 31 July 2020. The plan was developed through partnership working with triangulation between commissioner and provider activity and performance plans.

Keeping everyone safe
There is a continued focus on safety of patients and staff through this time. Preventing outbreaks of the pandemic is a critical priority screening and temperature and symptom check arrangements have been introduced for all patients, visitors and staff (at their usual place of work). Infection prevention control measures are being reinforced. The wearing of face masks, the requirement to maintain social distancing, the value of hand washing alongside the learning from outbreaks which highlights the need to prevent social gatherings, distancing in offices and managing risk in car sharing arrangements.

Preparations for a second wave
The Trust has reviewed its response to the first wave of COVID-19 almost in real time so that we are well placed to respond in the event of a second wave. A rapid after action review was conducted and discussions have been ongoing in most services about being proactive and prepared. Actions already taken include:

- The Trust Management Group has stepped up meetings from one to two per week from this week so that issues can be identified and responses formulated in real time
- A revised emergency preparation plan has been developed and reviewed by the Trust's Management Group
- In-house staff testing has been re-instated and extended
- Additional beds have been identified which can be opened in a COVID-safe way at Whittington Hospital
- The discharge hub and Rapid Response Team continues to be highly effective in ensuring that patients who do not need to be admitted to hospital can stay safely at home whilst those who are admitted can leave as soon as they are fit to be discharged

- Work has taken place with NHS partners across North Central London (NCL) and the London Ambulance Service to put in place additional ITU capacity into UCLH and Royal Free Hospitals so that elective work can continue for as long as possible during a second wave

Temporary paediatric service changes across North Central London
Temporary changes have been announced to children and young people's services across north central London (NCL) to ensure that patients received the very best care. A clinical review of children and young people's services across NCL concluded that staffing levels are a challenge to being able to maintain safe and resilient services for children and young people and recommended bringing together a smaller number of emergency departments and inpatient units. Therefore, in the coming weeks the following temporary changes will be made to children and young people's services across NCL:

- Barnet Hospital children's emergency department and inpatient unit reopened on Monday 24 August, including child and adolescent mental health services crisis support
- Royal Free Hospital's children's emergency department and inpatient unit will close from 28 September.
- Whittington Health children's emergency department and inpatient unit will be expanded
- North Middlesex University Hospital's children's Emergency Department will remain open
- Great Ormond Street Hospital will provide an enhanced role for elective inpatient services and some – but not all – day surgery, building on existing arrangements

These measures are being put in place to ensure children and families continue to access services through this second wave of COVID-19 and this winter. The changes will be evaluated and reviewed through this time.

Changes to the Whittington Education Centre
As part of our work to transform our estate, from 1 October, Camden and Islington NHS Foundation Trust will take over the area of currently occupied by the Whittington Education Centre (WEC) through to the rear of the site on Dartmouth Park Hill in order to begin work on the construction of a new hospital for mental health. Whittington Health remains committed to continuing to provide the excellent standard of education and training which is known for by relocating medical education and training facilities to the Undergraduate Centre and the Clinical Skills Centre Whittington Health between 1 October 2020 and Spring 2021 when the new WEC opens.

Winter flu vaccination campaign
The Occupational Health team and colleagues in Estates & Facilities have planned for an extensive staff flu vaccination campaign this year so that all staff, whether based in the community or in hospital can receive the vaccination easily and safely.

Quality and safety operational performance
Performance is reported in detail later on the agenda under item 11 – integrated performance report. Highlights include:

- **Emergency Department (ED) four hours' wait -** during August, performance against the four hour access standard was 90.5%, below the 95% trajectory. The national average in August was 89.25%, the London average was 90.8% and the NCL average was 89.7%. Attendance numbers continue to be lower than previous years - August 2020 saw 7,258 attendances compared to 8,778 during August 2019
- **Cancer standards –** in August performance against the 62 day target was at 79%, up from 70% in July and 53% in June. The Trust has seen a significant reduction in the backlog of diagnosed patients over day 62; and therefore performance is expected to improve. The two 2 week wait standard was also achieved in August 2020
- **Adult Community Services -** plans continue to be implemented for the recovery and reset of community services across the North Central London system. During August, there was improved performance and a reduction in waiting times. Overall, services are on track to meet the 95% target set
- **Workforce** – staff appraisal rates for August 2020 were at 63.8% against a target of 90%. The compliance against the different elements of mandatory training remained consistent at 82.7% in August 2020 against a target of 90%.

Financial performance

In line with the new financial reporting guidance, the Trust reported a breakeven financial position at the end of August 2020. This included a retrospective top up payment of £5.3m (£1.4m in August) to offset the additional costs incurred due to Covid-19 pandemic. On 16 September, NHS England and NHS Improvement published the revised contracts and payments guidance from 1 October 2020 until 31 March 2021. The Finance team is analysing the impact of the changes relating to system funding and the operation of block contracts and top-ups during the remainder of this financial year.

Staff equality networks

During the past quarter, there has been a rejuvenation of work and activity across organisation with our staff equality networks. The Trust's Management Group and also its Workforce Assurance Committee will review this work in more detail each quarter. Below are some examples of the work which has taken place under our Caring for those who care initiative and to improve our staff engagement and wellbeing:

- The Black and Minority Ethnic (BAME) network has elected two co-chairs who attended the executive team meeting to share feedback on priorities for action. The executive team holds a monthly listening event with the network and have a number of actions that are being progressed including additional investment and agreeing an executive sponsor
- This network's meetings continue to be well-attended with good contributions and learning shared. To help with the increased levels of stress and anxiety experienced at the disproportionate impact of COVID-19 BAME staff (and patients), risk assessments have been completed across the organisation and psychological support has been provided through the help of external expertise
- The Director of Workforce is the executive sponsor for the LGBTQ+ Network. The network has scheduled monthly meetings until the end of the year and discussions continue to focus on health inequalities, mental wellbeing and isolation, governance and work streams

- The Whittability Network was launched in early 2020 for disabled staff. Its executive sponsor is the Acting Chief Finance Officer. This network supported shielding staff during the pandemic. As well as webinar meetings, personalised wellbeing gifts have been provided to assist the return to work post pandemic. A logo pin badge has been designed to identify members and allies, and virtual meetings have been scheduled to the end of the financial year. Their work streams include encouraging the recording of disability on the electronic staff record, developing objectives for the equality delivery system and contributing to the design of work to improve the workforce disability equality standard scores
- The embryonic Women's Network has grown organically from a group of interested parties. Recognising that women are different, they are planning a wide range of activities including social events, speakers, and a variety of developmental workshops. They are planning its launch for the autumn of 2020

NHS People Plan
An updated "We are the NHS: People Plan 2020/21" has been launched by Prerana Issar, Chief People Officer. It sets out guidelines for employers and systems within the NHS an action by NHS England and Improvement and Health Education England throughout the year. Further details are highlighted within a separate report under item 12 of the agenda.

Workforce Race Equality Standard
The Trust's Management group considered a report on the national pilot which Whittington Health is involved in. At this stage, the Trust is working on the data gathering for the diagnostic phase and this will be augmented with qualitative data based on interviews, focus groups and analysing the outcomes of policies and procedures. The pilot programme has been extended to run for 18 months.

Orthopaedic Hub
As the board will be aware, Whittington Health has worked with UCLH to create an orthopaedic hub for the south of NCL where our elective inpatients would transfer to the new UCLH hospital, and some of their day case electives would transfer to us. The NCL consultation on this move has finished and the decision making business case is being considered by the commissioners in the week of 21 September. A joint business case was created with UCLH and is being considered by Finance and Business Development Committee this month.

CAMHs Tier 4 services – Simmons House
Simmons House Adolescent Unit (Children and Young Peoples ICSU) has been fully accredited by the Royal College of Psychiatrists Quality Network of Inpatient CAMHS units (QNIC) in September this year. QNIC accreditation is the gold standard that the hundred or so adolescent units in the UK aim to achieve and Simmons House has been accredited, and has maintained accreditation, ever since this standard became possible some years ago.

Alongside this, from 1 October the NCNEL CAMHs provider collaborative goes live. This brings the four CAMHs inpatients units across North Central and North East London working more closely together on reducing variation and improving outcomes for young people.

Staff excellence award
Usually at around this time of year, Whittington Health would be holding its annual staff awards. However, understandably it is not possible to do so this year under the current circumstances. It also does not feel right to give awards to just a small handful of colleagues when this year, more than ever, everyone has gone above and beyond and delivered more than anyone would have considered possible. Therefore, in recognition of everyone's unique service in response to the COVID-19 pandemic, a special badge has been made and will be distributed to all staff who have worked across community and hospital services in the Trust at this time.

Use of the Trust seal
Appendix 1 details the use of the Trust seal over the preceding 12 months.

Appendix 1: Use of Trust seal from 1 September 2019 to 23 September 2020

Reference	Details	Date
20/06	Holloway Community Centre lease	16/09/2019
20/07	Holloway Community Centre	16/09/2019
20/08	Licence to underlet (in partnership with Netwon Housing Trust/Camden & isklington Fundco Ltd/ Community Health Partnership Ltd / Whittington Health NHS Trust	16/09/2019
20/09	Unit 2 lease, Whittington Court	07/11/2019
20/10	Unit 2 lease, Whittington Court	07/11/2019
20/11	Deed of executive – Bevan Britten - Ryhurst Ltd	07/11/2019
20/12	Project Oriel contract	21/02/2020
20/13	Deed of surrender – Hanley Road Partnership PCCS	29/06/2200
20/14	Deed of variation – Whittington Health NHS Trust and Camden & Islington NHS Foundation Trust	29/06/2020
20/15	Deed of variation – sale agreement - Whittington Health NHS Trust and Camden & Islington NHS Foundation Trust	11/09/2020

Meeting title	**Trust Board – public meeting**	**Date: 30 September 2020**
Report title	**Quality Assurance Committee Chair's report**	**Agenda item: 7**
Executive director leads	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals and Dr Clare Dollery, Medical Director	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	In line with governance arrangements, this Committee Chair's report covers items considered at the 9 September Quality Assurance Committee meeting. The Committee is able to report to the Board that it took significant assurance from the following agenda items: • A presentation from the Pilot delivered human factors simulation project • Bi-annual nursing establishment review • Serious Incidents report • Quarter one quality report • Quarterly learning from deaths' report • Bi-annual safeguarding report • 2019/20 Compliments & Complaints Annual Report • 2019/20 Research & Development Annual Report • 2019/20 Medicines Optimisation Annual Report The Committee also took moderate assurance from the risk register report and noted that the completion dates of actions for some entries would be reviewed by respective Integrated Clinical Service Unit Boards. In addition, the Committee received an update on compliance with mandatory annual fire safety training and noted the 82% performance showed an improving trajectory in August but remained below the 90% target. The Committee will continue to monitor this at each meeting. The Committee also sought assurance that security audit inspections were being completed and asked that this information be sent to Committee members in advance of the next meeting in November.	
Purpose	Noting	
Recommendations	Board members are invited to note the: i. report and the areas of significant assurance identified by Committee members;	

	ii. assurance provided by the Committee that the clinical areas reviewed continued to be safely staffed and also to note the recommendations set out by the Chief Nurse & Director of Allied Health Professionals; and iii. assurances that there are systems in place to protect children and vulnerable adults from abuse and neglect whilst in our care and that local partners have confidence that Whittington Health is fulfilling its role as a statutory partner in safeguarding children and adults at risk in the wider community and health and care economy.
Risk Register or Board Assurance Framework	Quality strategic objective entries
Report history	Report to the Public Board following each Committee meeting
Appendices	1: Bi-annual nursing establishment review 2: Quarterly Learning from deaths report 3: 2019/20 Compliments & Complaints Annual Report 4: Six monthly Safeguarding report

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	9 September 2020

Summary of assurance:

1. The Committee is reporting significant assurance to the Trust Board in the following areas:

Project Wingman human factors simulation project presentation
The Committee welcomed a presentation which highlighted the positive impact of human factors training delivered by Project Wingman in the Emergency & Integrated Medicine and Surgery & Cancer Integrated Clinical Service Units. The training had resulted in good collaborative learning across specialities and included nursing and midwifery colleagues. Areas of focus during simulations had identified improvements to patient safety and in team empowerment. The Committee noted plans to further invest in human factors' training for other areas such as community services and multi-disciplinary teams.

Bi-annual nursing establishment review
Committee members thanked the Safe Staffing Lead for a clear and comprehensive report which provided assurance that nursing staffing requirements were being managed effectively. They noted the increased bed occupancy for the period covered by the report which had resulted from increased patient acuity and dependency. They also noted plans to grow staffing requirements in response to any second surge in Covid-19 cases, particularly respiratory nurses. In addition, Committee members welcomed the clear development pathway for Health Care Assistants which had helped with staff retention.

Serious Incidents report
The Committee reviewed the Serious Incidents report for the period July to 31 August 2020. They noted a self-harm ligature incident investigation report and received assurances about the work that had taken place with staff to share learning and understanding about different observation levels and communication during handover processes.

Quarter one quality report
Committee members fed back positively on the level of detail provided in the quarterly Quality report. They received assurance that Tissue Viability Nurses were working with relevant community teams to manage an increase in category three pressure ulcers. The Committee welcomed the good practice reinforced in relation to distanced patient bed spaces and the frequency of changes for personal protective equipment such as masks and aprons. The Committee also noted that a patent safety dashboard was being developed as well as a dashboard to monitor delivery of the Quality Account priorities.

Quarterly learning from deaths' report
Committee members considered a report for quarter four 2019/20 and noted that the review of deaths during this period was severely impacted by the pandemic; 34 patient deaths were attributed to Covid-19 during the quarter. The Committee

noted that both key quality indicators – the Summary Hospital-level Mortality Indicator – were within the expected range. The Hospital Standardised Mortality ratio is higher than expected at 109, the period for this metric includes the Coivd-19 Pandemic surge in London which predates the surge in other parts fo the country. Committee members also received assurances that the Clinical Nurse Specialists on the Palliative Care Team documented clear care and escalation plans for patient management during the weekend.

Bi-annual adult and children's safeguarding report
The Committee considered a report of safeguarding activities during the period September 2019 to March 2020. They noted the increase in safeguarding referrals compared with the previous six months of the year and that the implementation of the Liberty Protection Safeguards (LPS) had been officially delayed from October 2020 to April 2022. The Committee welcomed the excellent work of the Homelessness Steering Group which had responded to 86 people who sought advice and assistance under a new statutory duty to refer.

2019/20 Compliments & Complaints Annual Report
Committee members thanked the Patient Experience team for the response times achieved for patient complaints. They noted the top three main themes identified of medical care, attitude and communication and the actions taken to improve patient experience.

2019/20 Research & Development Annual Report
The Committee thanked the Research Portfolio Manager for an excellent annual report. In particular, it noted and welcomed the continued good performance in recruiting patients to research studies, despite the 10% fall in funding received from the North Thames Clinical Research Network. The Committee also supported plans to raise the profile of research across Whittington Health and implementing the new research strategy.

2019/20 Medicines Optimisation Annual Report
The Committee noted the busy year of work with reviews undertaken by Health Education England, the Care Quality Commission and internal audit team and received assurance on the implementation of identified actions. Committee members were informed of positive feedback from patients following the move to more digital prescribing arrangements during the Covid-19 pandemic and of work taking place with community pharmacies and primary care services to help improve the service for patients. The Committee welcomed the innovation implemented through the introduction of Advanced Care Practitioners.

2.	**The Committee is reporting moderate assurance to the trust Board in the following areas:** **Quality & safety risk register** The Committee reviewed the risk register report. It received updates on the mitigating actions being taken in relation to risk entries for colposcopy recovery and security and fencing. The Committee noted the closure of a risk relating to mortuary security and the reduction in a risk to interventional radiology due to improved daytime service but noted an NCL task and finish group was addressing out of hours cover. Committee members also discussed the need for the timescales for actions for some risk entries to be included and noted that these would be reviewed by ICSU Boards.
3.	**Other key issues:** Committee members were unable to review the updated Board Assurance Framework in the new template at this meeting and noted it would be circulated following review by the Trust Management Group. The Committee also noted the minutes of meetings of the Quality Governance Committee and Patient Experience Group and agreed for future meetings that Chairs of these forums would provide summary of issues in an assurance report to the Quality Assurance Committee.
4.	**Attendance:** Professor Naomi Fulop, Non-Executive Director (Committee Chair) Dr Clare Dollery, Medical Director Dave Fielding, Project Wingman Amanda Gibbon, Non-Executive Director Alexander Jolly, Project Wingman Gillian Lewis, Head of Quality Governance Robbie Lloyd, Specialist Medical Trainee Breeda McManus, Deputy Chief Nurse Paul MacPherson, Patient Advice & Liaison Service & Complaints Manager Karen Miller, Head of Safeguarding Children Katherine Nolan-Cullen, Compliance and Quality Improvement Manager Stuart Richardson, Chief Pharmacist Lynda Rowlinson, Head of Patient Experience Theresa Renwick, Head of Safeguarding Adults Leanne Rivers, Patient Representative Kathryn Simpson, Research Portfolio Manager Swarnjit Singh, Trust Corporate Secretary Carolyn Stewart, Executive Assistant to the Chief Nurse Glenys Thornton, Non-Executive Director Aisling Thompson, Deputy Chief Operating Officer Ihuoma Wamuo, Associate Medical Director, Patient Safety and Learning from deaths

Appendix 1 to the Quality Assurance Committee Chair's report

Meeting title	**Trust Board – public meeting**	**Date: 30.9.2020**
Report title	**Bi-annual Safer Staffing Review of Nursing and Midwifery Establishments (February 2020 data)**	**Agenda item: 7.1**
Executive director lead	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals	
Report author	Maria Lygoura, Lead Nurse for Safer Staffing	
Executive summary	In line with National Quality Board (NQB) guidance this report provides an update for the latest safe nursing and midwifery staffing establishment across Whittington Health. The review was undertaken using data from February 2020 data and this is in line with the recommended six month review. It is recognised that this is significantly delayed in reporting to the Board due to the COVID-19 pandemic peak period. To provide assurance safer staffing was reviewed throughout the level 4 national emergency period and reviews were undertaken as required. The report presents the safe staffing establishment assessment, comparisons with national data and recommendations for the establishment of the following areas:- • Adult inpatient wards • Critical Care Unit (CCU) • Emergency Department (ED) • Children and Young People (CYP) wards – Ifor & Neonatal Unit (NNU) • The activity and quality indicators (QI) sensitive to nursing staffing were evaluated for midwifery and District Nursing **Summary of the findings and required changes to ensure safer nursing staffing:** • The level of registered staff to patient ratio on Nightingale respiratory ward to increase by one registered nurse (RN) on a day shift and the conversion of 1 Health Care Assistant (HCA) to Band 4 Nursing Associate for night shift. This reflects the increase in levels of acuity and dependency of the patients admitted. • Victoria ward (currently closed but when reopened) to increase the number of HCA throughout the day shift to meet the level of enhanced care needed for the specific needs of the cohort of patients who have cognitive impairment • Within the Emergency Department (ED) to meet the needs for COVID-19 clinical pathways nurses' deployment on night shifts to meet need for streaming and triage service • Mercers Surgical Ward establishment to increase number of HCA to manage the need for social distancing of patients and their	

	increased acuity and enhanced care • Day Treatment Centre (DTC) establishment to meet the predicted increase in workload associated with the increase of activity and the patients' transfers to Bridges DCT as the unit is now run out of two distinctly separate geographical areas. This is due to COVID-19 infection prevention and control (IPC) measures
Purpose:	Approve
Recommendation	The Board is asked to: (i) review and agree that the appropriate level of detail and assessment has been undertaken to assure itself that the clinical areas reviewed continue to be safely staffed; and (ii) agree the recommendation by the Chief Nurse to as presented in Appendix 3 (summarised in executive Summary).
Risk Register or Board Assurance Framework	BAF risk Quality 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. BAF risk People 1 - Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs
Report history	Quality Assurance Committee 9 September 2020 Trust Management Group 15 September 2020
Consultation process	1. Challenge session with the Associate Directors of Nursing & Midwifery (ADON/Ms) and service leads 2. External review 3. Quality Assurance Committee 4. Trust management Group 5. Nursing & Midwifery Executive Committee (NMEC) 6. Chief Finance Officer and Executive Team
Appendices	1. Bi-annual Safer Staffing Review of Nursing and Midwifery Establishments 2. Care Hours Per Patient Day (CHPPD) Data 3. Sickness table 4. Model Hospital Data 5. Summary Table 6. Safer Care Nursing Care Tool (SNCT)

Appendix one

Bi-annual Safer Staffing Review of Nursing and Midwifery Establishments

1. INTRODUCTION

1.1 This paper provides a review on the current nursing and midwifery staffing levels. This paper should be considered alongside the information provided each month in the board integrated performance indicators dashboard.

1.2 Currently there is national requirement to provide an annual governance statement, in which the trust will confirm the staffing governance processes are safe and sustainable.

1.3 As an integrated care organisation Whittington Health is keen to ensure that community and hospital nursing and Health Visiting staffing levels are reviewed periodically.

1.4 Safer staffing and skill mix reviews were undertaken in February 2019 and completed in August 2010 for the following clinical areas:

- Adult inpatient
- Critical Care Unit (CCU)
- Emergency Department (ED)
- Children and Young People (CYP) wards – Ifor & Neonatal Unit (NNU)

1.5 The Quality Indicators (QI) sensitive to nursing and midwifery staffing were evaluated aiming to provide assurance that establishments were set at appropriate level for the following services:

- Midwifery – BirthRate Plus © October 2018
- District Nursing

2. OUR APPROACH TO ENSURE SAFE STAFFING LEVELS

2.1 Nursing & midwifery staff establishments are formally reviewed biannually or annually for a number of areas, to ensure that the nursing & midwifery workforce meets the demands of clinical care provision, deliver safe care with a positive patient experience and fits within the financial strategic objectives of the organisation.

2.2 The assessment process for safer staffing is formed using a triangulated approach that is recommended by the National Quality Board (NQB) and involves the use of evidence based tools, professional judgments and comparison with peer organisations. The NQB also advocates taking account of the wider multidisciplinary staffing arrangements as well as the financial plans of the organisation. Safer Nursing Care Tool (SNCT) and Mental Health Optimal Staffing Tool (MHOST) are among the evidence based tools that are endorsed by the National Institute of Health and Care Excellence (NICE) and NQB. Both tools take into consideration the activity in a service alongside with the acuity and dependency level of the patients.

2.3 The SNCT was used to estimate the optimal establishment for the inpatient adult and children ward. Safe staffing assessment in CCU was informed by recommendations issued from the Faculty of Intensive Care Medicine and NICE. ED adopted the SNCT and amended its multipliers to reflect more accurately the care hours required for the patients in the department. Benchmarking with EDs in peer organisations was also undertaken via the Model Hospital database.

2.4 The Acuity and Dependency level of each patient is assessed and recorded on SafeCare® three times daily. The validity of data entered onto SafeCare® is checked by the matrons and verified by the Lead Nurse for safer staffing. The afternoon census is utilised to apply the SNCT multipliers and generate the SNCT recommended establishment. The acuity and dependency level of "enhanced care" received Level 0,1a and1b multipliers proportionately.

2.5 For the purpose of this review, data was collected from Electronic Staff Record (ESR), QlikView®, HealthRoster® and SafeCare®. Model Hospital data was appraised for comparison with peer trusts and nationally.

2.6 Recommendations from the British Association of Perinatal Medicine (BAPM) and the Royal College of Nursing (RCN) guided the establishment review in NNU. A systematic staffing assessment with BirthRate Plus® was undertaken in 2018 for the maternity services; the report and its recommendations are valid for 3 years.

2.7 The nurse to patient ratios as recommended by NICE was utilised where appropriate. Professional judgement was applied having taken into account performance on risk and quality indicators. Information regarding care hours per patient per day was also reviewed.

2.8 Challenge sessions took place with the ADON/Ms across all Integrated Clinical Service Units (ICSUs) and the details of the recommended establishment were discussed and approved.

2.9 An external review was conducted with a fellow from the NHS England/Improvement Chief Nursing Officer (CNO) safe staffing faculty programme to validate methodology and findings.

3. VACANCY LEVELS & RETENTION

3.1 There is a trend of reduction of the vacancy level for registered nurses & midwives (N&M). The vacancy level across the trust for N&M is reduced by almost 9% since October 2018. However, at February 2020 the vacancies of care support workers (CSW) are increasing (Table 1). This is now reducing with a focused recruitment campaign and the trust is joining the national CSW recruitment campaign.

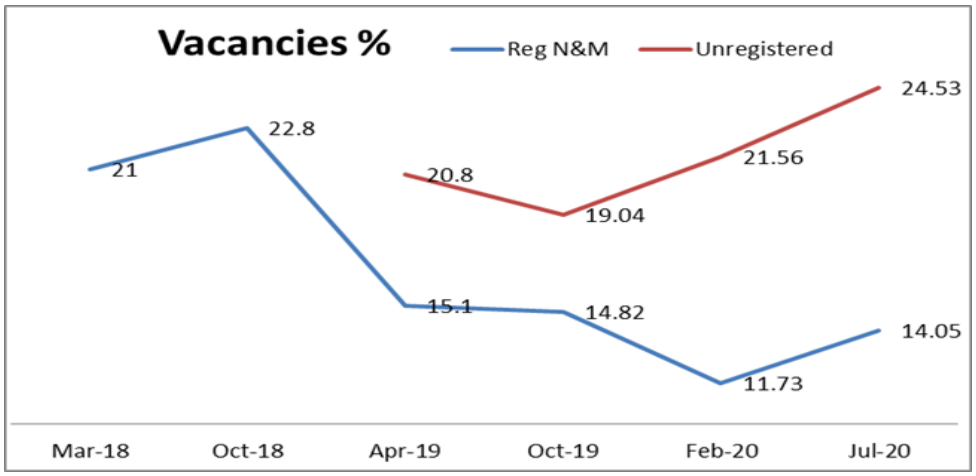


Table 1. Vacancies of nursing and midwifery staff, March 18 – July 20

3.2 **25 newly recruited graduate nurses** will be joining the Trust into staff nurse positions over the next couple of months. A number of these nurses have already been working with us over the past three months supporting our patients during the COVID-19 pandemic while completing their practice hours. 19 trainee nursing associates (TNA) will complete their training in December 2020 and will be employed in to band 4 nursing associate (NA) positions while the recruitment for the next uptake of TNAs and return to practice nurses was very encouraging. The clinical education team have increased their capacity to support the growing numbers of practitioners joining our "routes in to nursing" programmes. A recruitment dashboard has been in place since April 19, which provides the ICSU's and corporate services with information regarding recruitment, to identify any blockers to recruitment and to take appropriate action.

3.3 While the retention rate for registered nurses and health visitors (HV) is below the national and peer trusts' median (appendix 3), turnover is showing an improvement over the past year (Table 2). Turnover and vacancies rates of care support workers (CSW) have peaked since October 2019. This significant deterioration of CSW's retention requires exploration and focused investment with re-establishing the retention projects that were introduced to the trust in collaboration with NHS Improvement (NHSI). The preceptorship programme (support and development for newly registered practitioners (NRP)) that received additional investment from Health Education England (HEE) enables the team to increase the support of the NRP, the preceptors and ward managers. The preceptorship team are running a pilot programme named EQIPT, which stands for Education & Quality Improvement through Professional Transformation for those who have completed preceptorship and are looking to develop themselves further through work based learning. Active Band 5 Nurses' rotation programme will encourage Band 5 recruitment. Leadership programmes, which contribute to developing engaging and compassionate leaders, are available to all front line leaders.

3.4 **The sickness** rate for the total of N&M staff is below the national and peer median (Appendix 3). Appendix 2 shows an increasing trend in overall sickness of N&M staff. This was impacted significantly during the COVID-19 pandemic and will be reported further in a future report.

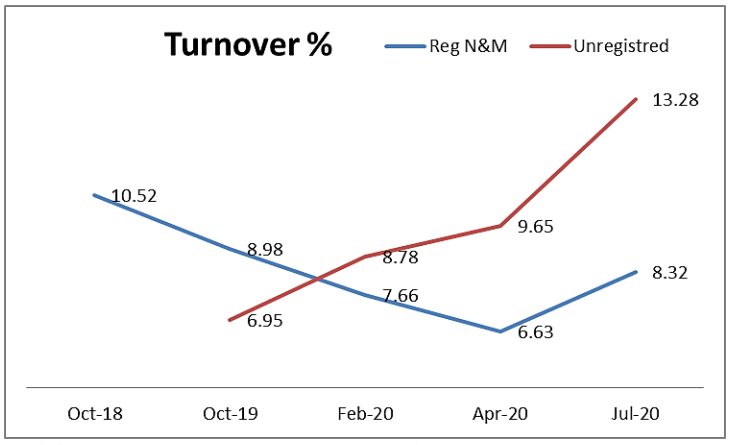


Table 2: Turnover rates October 2018 – July 2020

4. FINDINGS

4.1 Surgery & Cancer Integrated Clinical Service Unit (S&C)

4.1.1 Bed occupancy on Coyle (general surgery) from March 19 to February 20 averages

at 101%. This is an increase in comparison to Sept 19 (94%). The staffing establishment of Coyle ward is comparable to the numbers produced by the SNCT and the proposals from the triangulation process.

4.1.2 Mercers' surgical ward was consistently at full capacity with occasional utilization of their escalation beds. It closed during the COVID-19 peak period. Thorogood orthopaedic surgery ward remains closed since the peak of the COVID-19 pandemic. Reconfiguration of the surgical and orthopaedic services in the sector will entail changes to the case-mix Mercers will be accommodating. On reopening it is predicted that the acuity and dependency will increase as a result of accommodating 6 spinal patients therefore the proposed establishment for the ward requires an increment in the HCAs establishment (Appendix 4).

4.1.3 The acuity and dependency level across both wards continues to be high and the number of patients requiring 1b level of care (dependency on staff) continues to have an increasing trend in comparison with previous establishment reviews.

4.1.4 The average bed occupancy in the Critical care Unit (CCU) from March 19 to February 20 has been 83% (68% in Sept 19 review). Work has been undertaken to adjust the daily staffing numbers and skill mix in line with acuity split of 60 Lever 3 to 40 Level 2 patients. The unit also implements annualised rostering which enables staff deployment to be aligned to the activity. A review of the roles in critical care, outreach and resus teams resulted in the transfer of 1wte Band 7 nurse to the outreach team and conversion of 2 Band 6 nursing posts to Band 5. This significantly changed during COVID-19 peak period and staffing was reviewed as part of incident management.

4.1.5 Temporary expansion of activity in endoscopy and alignment of the orthopaedic services requires the relocation of 20 DTC spaces to the Bridges Unit. Total DTC capacity will increase to 33 spaces (5 additional spaces) in response to predicted increased activity in day surgery. An increase in the number of HCA is required due to support the separate location on Bridges DCT and the transfers between theatres and Bridges (Appendix 4).

4.2 Emergency and Integrated Medicine (EIM)

4.2.1 The bed occupancy level of the medical wards from March 19 to February 20 was consistently reported above 100% (appendix 4) as additional escalation beds were open in COOP, Victoria, Montuschi and Nightingale wards. During the peak of the pandemic all wards expanded their capacity to the maximum with utilisation of all the escalation beds. Form June 20 their bed capacity is temporarily reduced to enable social distancing of patients.

4.2.2 The acuity and dependency level of the patients has been consistently high across the wards. On average, 83% of the patients across medicine score Level 1a and 1b on the recognised AUKUH acuity and dependency scale. The number of patients requiring enhanced care due to their mental health needs or being at very high risk of falls leading to serious harm remains substantial. Approximately 3 patients in each EIM ward require enhanced observation (1:1). The number is often higher in the COOP wards.

4.2.3 Nightingale respiratory ward accommodates 4 Level 2 patients on every shift; 60% of the remaining patients are acutely unwell and dependent; therefore the registered

staff to patient ratio requires attention. The quality indicators reviewed do not raise concerns; however, retention of registered staff has been a challenge due to the acuity of the ward. The ward manager works hard to retain staff it is an area of focus for recruitment. Nightingale is one of the wards that sustained very high pressure during the COVID-19 peak while about 50% of the patients had been receiving non-invasive ventilator support and an influx of CCU step down patients for tracheostomy care. The activity on the ward returned near its baseline in July 20.

4.2.4 Victoria is one of the wards that accommodate high number of patients requiring enhanced observation (approx. 4 pts/day). The ward is currently closed (since 14/Aug20).

4.2.5 Patient to staff ratio on MSS was above the recommended figure and an imbalance was observed to the ratios between the two AAUs. There is a potential for internal staff redeployment between MSN to MSS. The AAU wards received high pressure during the covid-19 peak with a steep increase of the Level 2 patients requiring non-invasive ventilation and continued monitoring. The activity on the wards returned to their baseline in July 20.

4.2.6 The Emergency Department (ED) from July 19 to February 20 received a daily average of 302 attendances a day. The department met the “4hrs wait” target for 83% of the patents. Attendance and treatment of patients who are mentally unwell and /or require enhanced care has been considerable. The unit leads reported challenges in staff deployment for triage and streaming on night shifts.

4.2.7 Since the onset of the pandemic, the department is divided in to COVID-risk and COVID-protect zones and expanded into contained sections of the ambulatory care in order to comply with infection control and social distancing recommendations. The temporary environmental adjustments presented challenges in safe staffing numbers for each compartment hence the number of daily staff deployment had to be adjusted as seen in Appendix 4. The North Central London (NCL) Integrated Care System is establishing a temporary NCL South Hub Paediatric emergency department and inpatient wards based at the Whittington hospital which will entail expansion of the Paediatric Emergency Department (ED). The proposed re-configuration is expected to increase activity of paediatric ED services by 20,847 (total 45,973). The potential impact on daily staff deployment is seen in appendix 4.

4.3 Children and Young People (CYP)

4.3.1 **Neonatal Unit** (NNU): The cot occupancy remains at approximately 76% in comparison to the previous staffing review. Daily staffing deployment is monitored and adjusted daily to align with the cot occupancy. Current establishment meets the recommendations of the British Association of Perinatal Medicine (BAPM) standards for safe workforce.

4.3.2 **Ifor Children’s ward:** Bed occupancy during from March 2019 to February 2020 was 58%. The number of children and young people with mental health needs has risen. The number of requests for additional staff on a shift for enhanced care has increased. Staffing level was reviewed daily to ensure it aligns with the activity on the ward.

4.3.3 Ifor ward closed during the pandemic surge in March 2020 and re-opened in May initially as a short stay unit and back to inpatient ward the last week of June. The

proposals of temporary re-configuration of Children and Young People (CYP) serviced in NCL will entail expansion of the Acute Paediatric Inpatient Unit (Ifor) for the period to Easter 2021. The proposed phased increase of inpatient paediatric beds is shown in table 4. Implications to workforce are shown in appendix 4.

	South Hub bed consolidation			
Bed type	**Phase 1: 1 Sept**	**Phase 2: 1 Oct**	**Phase 3: 1 Nov**	**Total**
General Paeds	19	26	39	39
Mental Health Paeds	6	6	6	6
Total	**25**	**32**	**45**	**45**

Table 4

4.3.4 **Enhanced Care Team:** A quality improvement project that looked at the demand for enhanced care and the associated implications to staffing and costs proposed the development of an enhanced care team which is currently led and exploited by EIM. Initial assessment of the project shows a positive impact in the safe staffing needs being met on the wards and the reduction of spending on agency staff. Full evaluation will be carried out and the result will be presented in the next establishment review.

4.3.5 **Staffing deployment during pandemic peak:** Benchmarking discussion across various NHS trust concluded that **patient to registered staff ratio** for areas that accommodate patients positive to COVID-19 should be set between 1:4 and 1:5. The use of the SNCT calculations and NICE recommendations should guide staffing deployment for areas that accommodate Level 2 patients above the ward baseline.

5. COMPARISON WITH PEER TRUSTS - MODEL HOSPITAL

NB It should be noted that the recommended peer trusts are not all ICOs or of the same size with comparable number of sites. There are also inconsistencies in how trusts are reporting the CHPPD which affects the figures produced. Key Model Hospital data is shown in Appendixes 1 and 4.

5.1 Care Hours Per Patient Day (CHPPD) Analysis

The yearly trust average CHPPD is 9.1 (February 2020) which is consistently higher compared to the median of peer trusts and nationally (Appendix 1). CHPPD is a valuable metric for comparisons at ward/unit level rather than at trust level due to the multiple variables that affect the measure. At this level the most wards are close to the national and peer average. The CHPPD of the Maternity Unit and Critical care Unit drive the trust CHPPD up. The trust is also not reporting on AHP contribution to ward level care as they do not meet the criteria for inclusion as they do not work on one ward/unit as they work peripatetically across the hospital.

6. RECOMMENDATIONS

6.1 The recommendations for the inpatient wards are summarised in Appendix 4. Key points raised:

- The level of registered staff to patient ratio on Nightingale respiratory ward to increase by one registered nurse (RN) on a day shift and the conversion of 1 Health Care Assistant (HCA) to Band 4 Nursing Associate for night shift

- Victoria ward (currently closed but when reopened) to increase the number of HCA throughout the day shift to meet the level of enhanced care needed for the specific needs of the cohort of patients who have cognitive impairment
- Maintain the current establishment for the AAU wards. Review the funding position for PDN cover. Implement internal redeployment to balance staff to patients ration across both wards.
- Within the Emergency Department (ED) to meet the needs for COVID-19 clinical pathways nurses' deployment on night shifts to meet need for streaming and triage service. Appendix 4 makes proposals for staff deployment in pandemic and/or NCL south hub CYP developments.
- Mercers Surgical Ward establishment to increase number of HCA to manage the need for social distancing of patients and their increased acuity and enhanced care
- CCU to evaluate the role of HCAs and the nursing skill-mix. Flex daily staffing numbers on predicted bed occupancy.
- Day Treatment Centre (DTC) establishment to meet the predicted increase in workload associated with the increase of activity and the patients' transfers to Bridges DCT as the unit is now run out of two distinctly separate geographical areas. This is due to COVID-19 infection prevention and control (IPC) measures
- Ifor to maintain the current core establishment while the expansion plans for the NCL CYP south Hub are finalised with forecasting for the duration of the re-configuration.
- NNU to review the skill-mix of registered staff and examine the potential of reducing the numbers of Band 7 & Band 6 RNs.
- Next review to include detail on Maternity service transformation plans to ensure compliance with Birth Rate ® Plus recommended ratio. Release unused/underspend budget for 5 wte band 5/6 midwifery or nursing posts on monthly basis and monitor key quality and safety clinical indicators. To commissioning the BirthRate Plus © Labour Acuity Tool.
- Maintain current establishment while the service review and transformation is in progress. Complete the allocation of 15% headroom on to April19 DNs Budget as agreed in April 2019 safe staffing review
- In the event of subsequent pandemic surges, the staffing deployment on AAU wards should factor in 14 level 2 patients and Nightingale should factor 10 level 2 patients. The wards that accommodate COVID-19 positive patients should aim for staff to COVID-19 patients of 1:4 or 1:5 depending on their acuity level.

7. FINANCIAL IMPLICATIONS

7.1 Financial implications are stated in appendix 4. If the changes are approved, ICSU leads and finance managers will discuss how potential costing gaps will be addressed. It is a reasonable requirement that costing gaps will be met through changes to clinical areas where there is realignment of services.

8. NEXT STEPS

8.2 The next establishment review will take place in February 2021 (reporting to Trust Board April 2021). Other areas of the Trust that will be reviewed at this time include:

- Midwifery
- Outpatients
- Ambulatory Care
- Health Visiting
- School Nursing

- Community Children's nursing

9. RECOMMENDATIONS

The Trust Board is asked to:

(i) review and agree that the appropriate level of detail and assessment has been undertaken to assure itself that the clinical areas reviewed continue to be safely staffed; and

(ii) agree the recommendation by the Chief Nurse to as presented in Appendix 3 (summarised in executive Summary).

Appendix 2 - Care Hours Per Patient per Day (CHPPD)

It should be noted that the recommended peer trusts (presented in Model Hospital) are not all Integrated Care Organisations or of the same size with comparable number of sites (community health services). There are also inconsistencies in how trusts are reporting the CHPPD which affects the figures produced. This is data from February 2020 (latest data on Model Hospital).

The trust can report that in August 2020 it reported a CHPPD of 10.53 which is significantly higher than previously reported. This was impacted by low occupancy in critical Care Unit and the Children's Ward following the COVID-19 peak period and a level of dependency of patients with mental ill-health patients who require enhance one to one nursing care.

Data period February 2020	Trust value	Peer median	National median
Care Hours per Patient Day - Total Nursing, Midwifery and AHP staff	**9.4**	**8.3**	**8.0**
Care Hours per Patient Day - Total Nursing and Midwifery staff	**9.4**	**8.3**	**8.0**
Model Hospital February 2020 (accessed 21.09.20)			

Appendix 2 – Summary of the review findings

	Ward summary	Bed Occupancy	WTE in Budget May 20	CHPPD WTE	NHPPD WTE RN only	NICE max RN:Pt 1:8 exc NIC	SNCT WTE Feb 20 A&D data	Comments and Recommendations from est r/v challenge session	Recommended WTE & daily deployment	Ratios			Financial impact
										Day / Night			
										RN: Pt	Reg: Pt	Staff :Pt	
EIM COOP Unit	Care of Older People wards: Cloudesley, Meyrick & Cavell. The budget of the three wards is merged into one	117.5% Apr19-Feb20	92.19 51.57 RN 40.62 HCA	96.2	73.7	Minimum 47.4	96.1 67.3 RN 28.8 HCA For 60 pts	See details in each COOP ward					
EIM Cavell	20 (+4 escalation) beds for the care of older people- high number of pts requiring enhanced care – complex discharges - W/M 40% SUPV – establishment does not include staffing requirements for using the escalation beds	114% Apr19-Feb20	30.73 17.19 RN 13.54 HCA	32	25.5	Minimum 15.9 RNs	31.2 21.8 RN 9.3 HCA	Maintain current establishment. Review occupancy and requirement to cover enhanced care daily and deploy staff according to A&D levels (SafeCare) and professional judgment	30.73 17.19 RN 13.54 HCA **NIC: E**arly M-F **Day:** 2RN +1B4 +3HCA **Night**: 2RN +1B4 +2HCA	**1:10** **1:10**	**1:7** **1:7**	**1:3** **1:4**	No Changes
EIM Meyrick	20 (+4 escalation) beds for the care of older people- high number of pts requiring enhanced care – complex discharges - W/M 40% SUPV – establishment does not include staffing requirements for using the escalation beds		30.73 17.19 RN 13.54 HCA	32	25.5	Minimum 15.9 RNs	32 22.4 RN 9.6 HCA	Maintain current establishment. Review occupancy and requirement to cover enhanced care daily and deploy staff according to A&D levels (SafeCare) and professional judgment	30.73 17.19 RN 13.54 HCA **NIC: E**arly M-F **Day:** 2RN +1B4 +3HCA **Night**: 2RN +1B4 +2HCA	**1:10** **1:10**	**1:7** **1:7**	**1:3** **1:4**	No Changes

	Ward summary	Bed Occupancy	WTE in Budget May 20	CHPPD WTE	NHPPD WTE RN only	NICE max RN:Pt 1:8 exc NIC	SNCT WTE Feb 20 A&D data	Comments and Recommendations from est r/v challenge session	Recommended WTE & daily deployment	Ratios Day Night RN: Pt	Reg: Pt	Staff :Pt	Financial impact
EIM Cloudesley	20 (+4 escalation) beds for the care of older people- high number of pts requiring enhanced care – complex discharges - W/M 40% SUPV – establishment does not include staffing requirements for using the escalation beds		30.73 17.19 RN 13.54 HCA	32	25.5	Minimum 15.9 RNs	31.6 22.1 RN 9.5 HCA	Maintain current establishment. Review occupancy and requirement to cover enhanced care daily and deploy staff according to A&D levels (SafeCare) and professional judgment	30.73 17.19 RN 13.54 HCA **NIC: E**arly M-F **Day:** 2RN +1B4 +3HCA **Night**: 2RN +1B4 +2HCA	**1:10** **1:10**	**1:7** **1:7**	**1:3** **1:4**	No Changes
EIM Nightingale	Medical ward of 21 (+1) beds distributed in 9 side-rooms & 3 bays accommodating patients with respiratory conditions – 4 Level 2 beds – designated area for ITU stepdown & tracheostomy care - W/M 40% SPV	106% Mar19-Feb20	29.97 21.97 RN 8.0 HCA	35.5	30.13	Minimum 21.13 RNs	31 22 RNs 9 HCAs	4 L2 pts per day require 2 RNs. Occasionally L2 pts require additional staffing requirement if placed in side-room for IPC reasons. Staff retention issues. Staff feedback on workload	31.6 18.6 RN 5.2 B4 NAs 7.8 HCA **Day:** 4RN +1B4 +2HCA **Night**: 3RN +1B4 +1HCA	**1:7** **1:5**	**1:5** **1:5**	**1:4** **1:3**	Conversion of 2.6 wte of HCA posts to B4. Add 1 RN on every day shift (2.6 wte)
EIM Montuschi	16 (reduced to 14) acute cardiology ward providing 4 x L2 coronary care – designated area for tracheostomy care - W/M 20% SPV	102.5%	20.98 15.79 RN 5.19 HCA	28.9	23.32	Minimum 17.94 RNs	22.9 16 RNs 6.9 HCAs	Highly skilled, experienced staff. Maintain current establishment. Night skill mix occasionally	20.98 15.79 RN 5.19 HCA **Day:** 3RN +2HCA	**1:5**	**1:5**	**1:5**	No Changes

	Ward summary	Bed Occupancy	WTE in Budget May 20	CHPPD WTE	NHPPD WTE RN only	NICE max RN:Pt 1:8 exc NIC	SNCT WTE Feb 20 A&D data	Comments and Recommendations from est r/v challenge session	Recommended WTE & daily deployment	Ratios Day Night RN: Pt	Reg: Pt	Staff :Pt	Financial impact
								adjusted to 2RN+1HCA when A&D of pts and skill-mix permit	**Night**: 3RN	**1:8**	**1:5**	**1:3**	
EIM Victoria	16 Beds for medical (Gastroenterology & Haematology) patients Current challenges: 4 escalation beds, high acuity & dependency, mental health and enhanced care	105%	23.63 16.99 RN 6.64 HCA	27.1	20.95	Minimum 21.13 RNs	23.6 16.5 RNs 7.1 HCAs	Maintain 2 HCAs on all Day shift.	24.8 12 RN 5 B4 NAs 7.8 HCA **NIC: E**arly M-F **Day:** 2RN +1B4 +2HCA **Night**: 2RN +1B4 +1HCA	**1:8** 1:8	**1:5** 1:5	**1:4** 1:4	Add 1 HCA on Late shifts (1.2 wte)
EIM AAU	32 bed Acute Assessment Unit (AAU) - short stay ward for patients admitted from the ED. High staff turnover & vacancies, High patient flow, High number of patients requiring enhanced care (confusion or MH conditions), L2 monitored beds, occasional ITU stepdown & tracheostomy care	93% Apr19-Feb20	62.24 41.46 RN 20.78 HCA	66	41	N/A	57.7 40.4 RN 17.3 HCA	Maintain current establishment. W/M 100% SPV across both wards. Review funding for PDN. Internal redeployment from MSN to MSS of 1 B4 on the day shift and 1 HCA on the Night shift	62.24 41.46 RN 20.78 HCA See details in each ward	See details in each ward below – Mary Seacole North and Mary Seacole South			
EIM MS Nort	AAU of 14 beds for patients admitted from the ED requiring assessment	94% Apr19-	31.12 20.73	31	18.36	N/A	25.3 17.7 RN	See AAU section	31.12 20.73 RN 10.39 HCA	**1:7**	**1:5**	**1:3.5**	No Changes

	Ward summary	Bed Occupancy	WTE in Budget May 20	CHPPD WTE	NHPPD WTE RN only	NICE max RN:Pt 1:8 exc NIC	SNCT WTE Feb 20 A&D data	Comments and Recommendations from est r/v challenge session	Recommended WTE & daily deployment	Ratios Day Night RN: Pt	Reg: Pt	Staff :Pt	Financial impact
	and treatment prior to discharge home or transfer to another ward. Current challenges: see AAU	Feb20	RN 10.39 HCA				7.6 HCA		**Day**: 3RN+2HCA **Night**: 2RN+1B4 + 1HCA	**1:7**	**1:5**	**1:3.5**	
EIM MS South	AAU of 14 beds for patients admitted from the ED requiring assessment and treatment prior to discharge home or transfer to another ward. Current challenges: see AAU	92% Apr19-Feb20	31.12 20.73 RN 10.39 HCA	31	18.36	N/A	35.6 24.9 RN 10.7 HCA	See AAU section	31.12 20.73 RN 10.39 HCA **Day**: 3RN+ 2B4 +2HCA **Night**: 2RN+1B4 + 3HCA	**1:6** **1:9**	**1:4** **1:6**	**1:2.5** **1:3**	No Changes
S&C Coyle	Surgical ward of 24 (+1) beds distributed in 4 side-rooms & 5 bays. The ward accommodates non-elective orthopaedic/trauma pts, elective and non-elective urology and gynaecology pts. Current challenges include fast turnover and flow of patients.	101% Mar19-Feb20	37.03 25.03 RN 12 HCA	36.9	29.61	minimum 19.6 RNs	36.7 25.7 RN 11.0 HCA	Ward manager (W/M) 40% supervisory (SPV). Maintain current establishment to accommodate fluctuations of A&D. Mutual redeployment with other surgical settings when needed	37.03 25.03 RN 12 HCA **Day:** 4RN +1B4 +2HCA **Night**: 3RN +2HCA	**1:6** **1:8**	**1:5** **1:8**	**1:3.5** **1:5**	No Changes
S&C Mercers	Surgical ward of 16 (+2) beds distributed in **8 side-rooms** & 2 bays. In response to restructure of	101% Mar19-Feb20	25.2 20.2 RN 5 HCA	22.9	21.97	Minimum 17.96	26.4 WTE 18.5 RN 7.9 HCA	W/M to remain at 20% SPV, Band 4 on LD only. Approved QIA for	28.2 20.2 RN 8 HCA	**1:4**	**1:23**	**1:2**	3 WTE increase of HCAs

	Ward summary	Bed Occupancy	WTE in Budget May 20	CHPPD WTE	NHPPD WTE RN only	NICE max RN:Pt 1:8 exc NIC	SNCT WTE Feb 20 A&D data	Comments and Recommendations from est r/v challenge session	Recommended WTE & daily deployment	Ratios Day Night RN: Pt	Reg: Pt	Staff :Pt	Financial impact
	the surgical services the ward will be accommodating **6 elective spinal** pts, elective bariatric and emergency laparotomies. Current challenges include high acuity of pts, ICU stepdown, ward layout						10 gen/sur + 6 spinal 23.8 WTE 16.7 RNs 7.1 HCAs 16 gen/surg	changes to service and establishment. Flexibility in use of side-room for IPC requirements. **Addition of 1 HCA on all Day shifts.** Review in 6 months	**Day**: 4RN +1B4 +2HCA **Night**: 3RN +1HCA	**1:5**	**1:5**	**1:4**	for six months and then to review.
S&C CCU (ITU)	A unit of 10 beds capacity that accommodates critically ill ventilated and high dependency patients. Following a review of the activity in 2019, the establishment is set to accommodate 60% Level 3 and 40% Level 2 patients	83% Mar19-Feb20	61.75 55.78 RN 4 HCA	60.5	59.55	58.38 1:1 for L3 1:2 for L2 The ratios are in line with NICE and FICM guidance	**Tool not suitable for CCU**	1 wte B7 moved to CC outreach and 2 wte B6 converted to B5 at the time of this review. Evaluate the role of HCAs and the nursing skill-mix. Flex daily staffing numbers on predicted bed occupancy.	60.78 54.78 RN 6 HCA **Day**: 10RN +1HCA **Night**: 10RN	1:1 for L3 1:2 for L2			No Changes

	Ward summary	Bed Occupancy	WTE in Budget May 20	CHPPD WTE	NHPPD WTE RN only	NICE max RN:Pt 1:8 exc NIC	SNCT WTE Feb 20 A&D data	Comments and Recommendations from est r/v challenge session	Recommended WTE & daily deployment	Ratios Day Night RN: Pt	Reg: Pt	Staff :Pt	Financial impact
S&C DTC	Day care unit that operates 5 days per week and specialises in the care of patients undergoing day surgery. Temporary expansion of activity in endoscopy requires the relocation of 20 DTC spaces to Bridges unit. Total DTC capacity will increase to 33 spaces.		27.49 18.75 RN 5.92 HCA 3.0 FSA	N/A	N/A	N/A	25.1 18 RN 7.1 HCA Use with caution as tool not tested for DTC	W/M 100% SPV to cover 2 sites. Higher number of HCA is required due to location and transfers for longer distance. Review establishment and skill-mix in 6 months	31.12 16.5 RN 11.62 HCA 3 FSA Btw the 2 units 7RN+1B4+6HCA	***NA***			Conversion of 2.25 RN post to HCAs. Increase number of HCAs to 11.62 wte
CYP IFOR children's ward	19 beds Paediatric Ward for young people between the ages of 0-16. The ward includes 2 L" beds and 1 for long term ventilation. W/M 25% SUPV	58% Mar19-Feb20	29.78 26.94 RN 2.83 HCA	30.7	32 RNs 100% b/occupancy 19 RNs 58 % b/occupancy		***100% b/occ*** 41.9 29.3RN, 12.6HCA ***58% b/occ*** 24.8 19.8 RN 5 HCA	This establishment does not take account of the NCL STP for the temp configuration of the south Hub CYP services during the pandemic recovery phase	29.78 26.94 RN 2.83 HCA **Day**: 5 RN + 1 HCA **Night**: 4 RN + 1 HCA	***1:2*** ***1:2.5***	***1:2*** ***1:2.5***	***1:1.6*** ***1:2***	No Changes

	Ward summary	Bed Occupancy	WTE in Budget May 20	CHPPD WTE	NHPPD WTE RN only	NICE max RN:Pt 1:8 exc NIC	SNCT WTE Feb 20 A&D data	Comments and Recommendations from est r/v challenge session	Recommended WTE & daily deployment	Ratios Day Night RN: Pt	Reg: Pt	Staff :Pt	Financial impact
NCL South Paediatric Hub	**Inpatient (IFOR ward expansion)**												

80/20 RN to HCA ratio

	Phase 1	Phase 2	Phase 3
No of Beds	*25(**19**+6MH)*	*32 (**26**+6MH)*	*45(**39**+6MH)*
Paed RNs	34.7	47	71.1
Paed HCA	8.7	11.8	17.8
Total Paeds	43.4	58.8	88.9
RMN	12.7	12.7	12.7
MH CSW	8.5	8.5	8.5
MH total	21.2	21.2	21.2
ALL total	**64.6**	**80**	**110.1**

Children's Ambulatory Unit

Staffing Deployment	
current activity	2 RN
+50%	2RN+1NA

Paediatric ED

staff deployment	**w/days**
Day	6RN+1HCA
Night	6RN

Proposed establishment

	RN	HCA	
Band 8			
Band 7	2		
Band 6	12		
Band 5	18.17		
Pay specialist (OT)	1		
Band 4			
Band 3		2.6	
	33.17	2.6	35.8

	Ward summary	Bed Occupancy	WTE in Budget May 20	CHPPD WTE	NHPPD WTE RN only	NICE max RN:Pt 1:8 exc NIC	SNCT WTE Feb 20 A&D data	Comments and Recommendations from est r/v challenge session	Recommended WTE & daily deployment	Ratios Day Night RN: Pt	Reg: Pt	Staff :Pt	Financial impact
CYP NNU	Neonatal Unit of 23 cots: 6 Level 3 & 6 Level 2 cots, 11 special care cots and 4 for isolation. The special care baby unit is housed on the floor directly above NNU and accommodates less dependent babies who do not require ventilation. Current Challenges include the fluctuation of bed occupancy, recruitment of nursery nurses	75.7% Mar19-Feb20	62.68 59.67 RN 3.01 HCA	63.74	**RCN** **61.54 WTE** L3: 1:1 – 31.43 wte L2: 1:2 – 15.71 wte SC: 1:4 – 14.40 wte			65.5 WTE 43.4 RNs 22.1 HCA/NN	Maintain current establishment. To review skill-mix and examine the potential of decreasing the numbers of Band 7 & Band 6 RNs	62.68 59.67 RN 3.01 HCA Day 9RN + 1NN Night 9RN + 1NN	*RN:pt Ratio* *L3: 1:1* *L2: 1:2* *SC: 1:4*			No changes

	Summary	Bed occupancy	WTE in Budget May 20	RCN RCEM	Comments and Recommendations from est r/v challenge session	Recommended WTE & daily deployment non-pandemic	Recommended daily deployment (pandemic)	Financial impact non-pandemic
ED (adult & Paed)	ED (pre COVID-19) is consisted of an adult and a paediatric area. Majors: 13 cubicles +2MH Rooms Resus: 4 bed spaces EMU: 11 chairs UTC: 6 cubicles + 3 beds RAT & triage: 5 cubicles Streaming: 1 space Paed ED: 7 cubicles + 1triage	Attend.July19 - Feb20 Avg 302 per day 4hrs wait: 83%	103.6 79.68 RN 10.39 B4 12.99 HCA	Total dependency **2:1** high dependency **1:1** mod. dependency **1:2** low dependency **1: 3.5**	104.71 82.11 RN 10 B4 NAs 12.99 HCA **Day:** 17RN +3HCA **Night**: 16RN +2HCA	121.28 wte **Day**: 19RN +3HCA **Night**: 19RN +3HCA	134.20 wte **Day**: 21RN +4HCA **Night**: 21RN +3HCA	During the COVID-19 pandemic period only - Add 1 RN on Night shifts Requirement for 1 additional RN for triage and streaming at night. ED to use EIM pool of HCAs for enhanced care.

	Summary	Funding	Activity Number of births	WTE in Budget May 20	Birth Rate Plus ® Recommends WTE	Comments and Recommendations from establishment review challenge session	Financial impact
ACW Maternity	Service includes: Labour Ward, Birth Centre, Postnatal, Antenatal, transitional, inductions of labour, Triage of ante and postnatal mothers & babies, community midwifery	1:28 Midwife to Births ratio 55 beds	2019 - 3594 2020 - 1603	**224.67**	180.60 WTE 90:10 spilt of RM: Support worker	Maternity service transformation in progress. Aiming for staffing to remain in compliance with Birth Rate ® Plus recommended ratio. Consider maternity support workers for the wards and the scope of being more involved in patients care Release unused/underspend budget for 5 wte band 5/6 midwifery or nursing posts on monthly basis and monthly monitoring of the key quality and safety clinical indicators To commissioning the BirthRate Plus © Labour Acuity Tool	Monthly release of 5 wte Band5/6 RM

ACS	Summary	Activity Qlikview & Model Hospital Data	WTE in Budget May 20	Comments and Recommendations from establishment review challenge session	Financial impact

DN service	The district nursing (DN) service visits patients in both **Islington** and **Haringey**. There are eight daytime district nursing teams, two evening teams and a night team providing a 24 hour service across both boroughs. They provide expert care to patients living in their own homes and residential homes. The district nurse team manager is supported by community staff nurses, healthcare assistants, pharmacy technicians and phlebotomists. Each team is led by a district nurse team manager	Face to face contacts, month average Sept19-Mar20 **28,886** (Qv) No of Pts on Caseload - Q2 2019/20 **10,600** New referrals to Service -Q2 2019/20 **3,623** Days btw referral to discharge – Q2 2019/20 **26** Pts per staff WTE - Q2 2019/20 **120.5 Pt:RN** - **174.9 Pt:HCA**	Clinical staff excluding non-clinical management from Senior Team **196.2** WTE (Qlikview)	Service review and transformation is in progress to improve productivity and efficiency. Caseload cleansing is undertaken periodically. Monitor vacancies and continue with recruitment. Monitor impact of reduced international recruitment. Complete the allocation of 15% headroom on to April19 DNs Budget as agreed in April 2019 safe staffing review	Allocation of outstanding headroom onto DN budgets

Appendix 2 to the Quality Assurance Committee Chair's report

Meeting title	**Trust Board – public meeting**	**Date: 30/09/2020**
Report title	**Quarterly Learning from Deaths Report** *Quarter 4 – 1 January to 31 March 2020*	**Agenda item: 7.2**
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report author	Dr Clare Dollery, Executive Medical Director Dr Ihuoma Wamuo, AMD for Patient Safety & Learning from Deaths Vicki Pantelli, EA to Medical Director and Project Lead for Mortality	
Executive summary	This Learning from deaths report covers Q4 of 2019/2020 (1 January to 31 March 2020). The report describes: a) How Whittington Health is performing against our local and national expectations in reviewing the care of patients who have died whilst at the acute site of Whittington Health (Inpatient and Emergency Department (ED) deaths); b) What learning and actions are being taken from the themes that emerge from these reviews to improve the care and experience of the Trust's patients and their families/ carers. In Q4 there were 160 inpatient/ED deaths; 49% of all "category A" deaths (18 out of 37) were reviewed using a structured judgement review (SJR) (or equivalent review process). 50% (62 out of 123) of category B deaths were reviewed in Q4 (compared to 54% in Q1, 46% in Q2 and 40% in Q3) using a mortality review form (or equivalent) with an avoidability of death judgement score plus presentation at a departmental mortality meeting. The review of deaths during this period was severely impacted by the Covid-19 pandemic as the majority of reviews were due to be undertaken in the height of the Covid-19 pandemic. There were 74 deaths in March 2020 versus 48 in March 2019. The deaths of 34 patients were attributed to Covid-19 in the quarter.	
Purpose:	Review	
Recommendation(s)	Board members are invited to:	

	• Recognise the assurances highlighted for the robust process implemented to strengthen governance and improved care around inpatient deaths and performance in reviewing inpatient deaths which make a significant positive contribution to patient safety culture at the Trust. • Be aware of the areas where further action is being taken to improve compliance data and the sharing of learning.
Risk Register or Board Assurance Framework	Captured on the Trust Quality and Safety Risk Register
Report history	This quarter's report not previously presented. Previous Quarters from April 2017 onwards have been presented to Trust Board
Appendices	Appendix 1: NHS England Trust Mortality Dashboard

Quarterly Learning from Deaths Report
Quarter 4 - 2019/20: 1 January to 31 March 2020

1. Introduction

1.1. This report reflects Q4 of 2019/20 on learning from deaths. These reports describe:

- Performance against local and national expectations in reviewing the care of patients who have died whilst in this hospital (inpatient and emergency department deaths),
- The learning taken from the themes that emerge from these reviews,
- Actions being taken to both to improve The Trust's care of patients and to improve the learning from deaths process.

1.2. In line with the NHS Quality Board "National guidance on learning from deaths1" (March 2017) the Trust introduced systematised approach to reviewing the care of patients who have died in hospital considering deaths with a specific reason for a structured judgement review (category A deaths) and category B deaths which don't fulfil these reasons.

2. Review Process

2.1 Category A deaths are:

- Deaths where families, carers or staff have raised concerns about the quality of care provision;
- All inpatient deaths of patients with learning disabilities (LD);
- All inpatient deaths of patients with a severe mental illness (SMI) diagnosis;
- All deaths in a service where concerns have been raised either through audit, incident reporting processes or other mortality indicators;
- All deaths in areas where deaths would not be expected, for example deaths following elective surgical procedures;
- Deaths where learning will inform the provider's existing or planned improvement work, for example deaths where the patient had sepsis, diabetic ketoacidosis, or a recent fall;
- All inpatient paediatric, neonatal and maternal deaths;
- Deaths that are referred to HM Coroner's Office without a proposed Medical Certificates of Cause of Death (MCCD).

2.2 Category B deaths are:

- All deaths of inpatients that do not meet any of the criteria of Category A deaths.

Table 1: Reasons for deaths being assigned as category A in Q4 2019/2020

Category	Number of deaths in Q4	Comments
Staff raised concerns about care	0	
Death of a patient with Learning disabilities	2	These LD deaths were also referred to the Coroner but are not included in "Deaths referred to Coroner's Office" figures below.
Death of a patient with Serious mental illness	0	
Death in surgical patients	0	
Paediatric/maternal/neonatal/intra-uterine deaths	3	Investigated as a Serious incident, internal RCA investigations, CDOP or perinatal mortality reviews
Deaths referred to Coroner's office	23	Excludes deaths in other categories
Deaths related to specific patient safety or QI work e.g. sepsis	9	All but 2 of these were sepsis patients. One of these patients was referred to Serious incident executive advisory group (SIEAG) for investigation. The other was an emergency department (ED) readmission.
Total	37	

National guidance on learning from deaths" (NHS Quality Board, March 2017) available from https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf

2.3 Category A deaths are reviewed by an individual independent clinician using a structured judgement mortality review form (or equivalent tool) then this is reviewed and agreed on in departmental mortality meetings. In addition each SJR or review had a final assessment by The Learning from Deaths Clinical Lead to ensure all possible learning had been captured and shared.

2.4 The aim of this review process is to:

- Engage with patients' families and carers and recognise their insights as a source of learning, improve their opportunities for raising concerns;
- Embed a culture of learning from mortality reviews in the Trust;
- Identify, and learn from, episodes relating to problems in care;
- Identify, and learn from, notable practice;
- Understand and improve the quality of End of Life Care (EoLC), with a particular focus on whether patients' and carer's wishes were identified and met;
- Enable informed and transparent reporting to the Public Trust Board, with a clear methodology;
- Identify potentially avoidable deaths and ensure these are fully investigated through the Serious Incident (SI) process, and are clearly and transparently recorded and reported.

3. Q4 Mortality

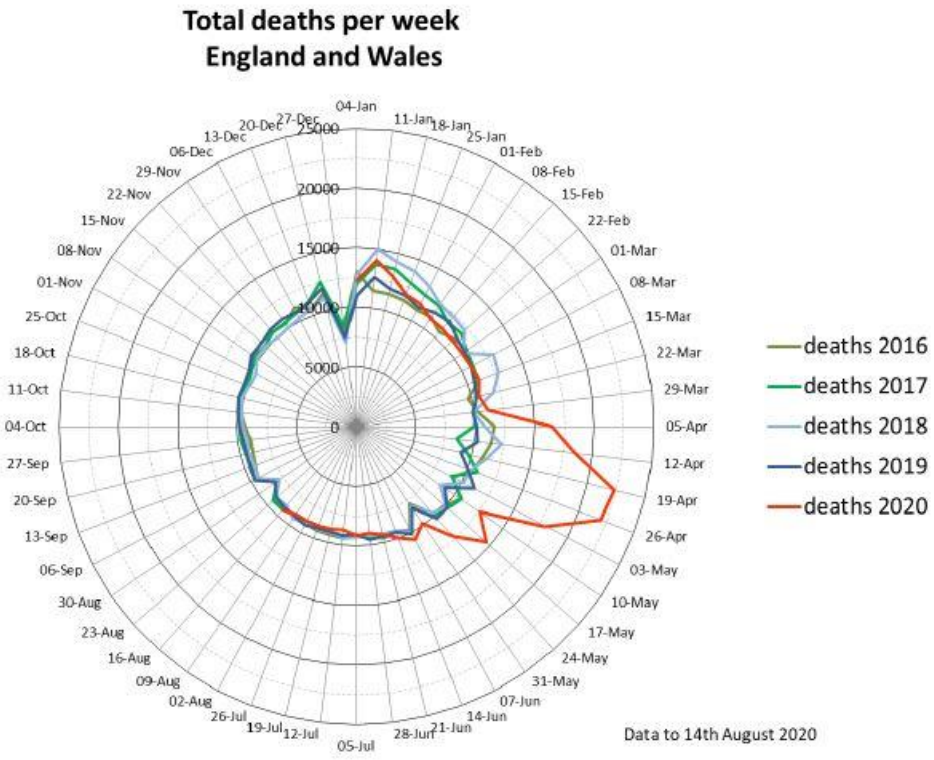
3.1 The National Guidance on Learning from deaths gives a suggested dashboard which provides a format for data publication by Trusts. Whittington Heath has chosen to adopt this dashboard locally. The dashboard is provided in Appendix 1 – NHS England Trust Mortality dashboard. This dashboard shows data from 1 April 2017 onwards.

3.2 There were 160 deaths recorded in Q4. This includes all inpatient deaths, all deaths in the Emergency Department, all neonatal deaths and all intrauterine deaths above 24 weeks gestation.

3.3 The dashboard (appendix 1) shows that in Q4, 80 of the 160 patient deaths were systematically reviewed. 49% of the category A deaths were reviewed using structured mortality judgement methodology or equivalent (18 out of 37) and 50% (62 out of 123) of category B deaths were reviewed using either similar methodology or a comprehensive case note review with an assigned avoidability of death score. The review of patient deaths during this period was severely impacted by the Covid-19 pandemic.

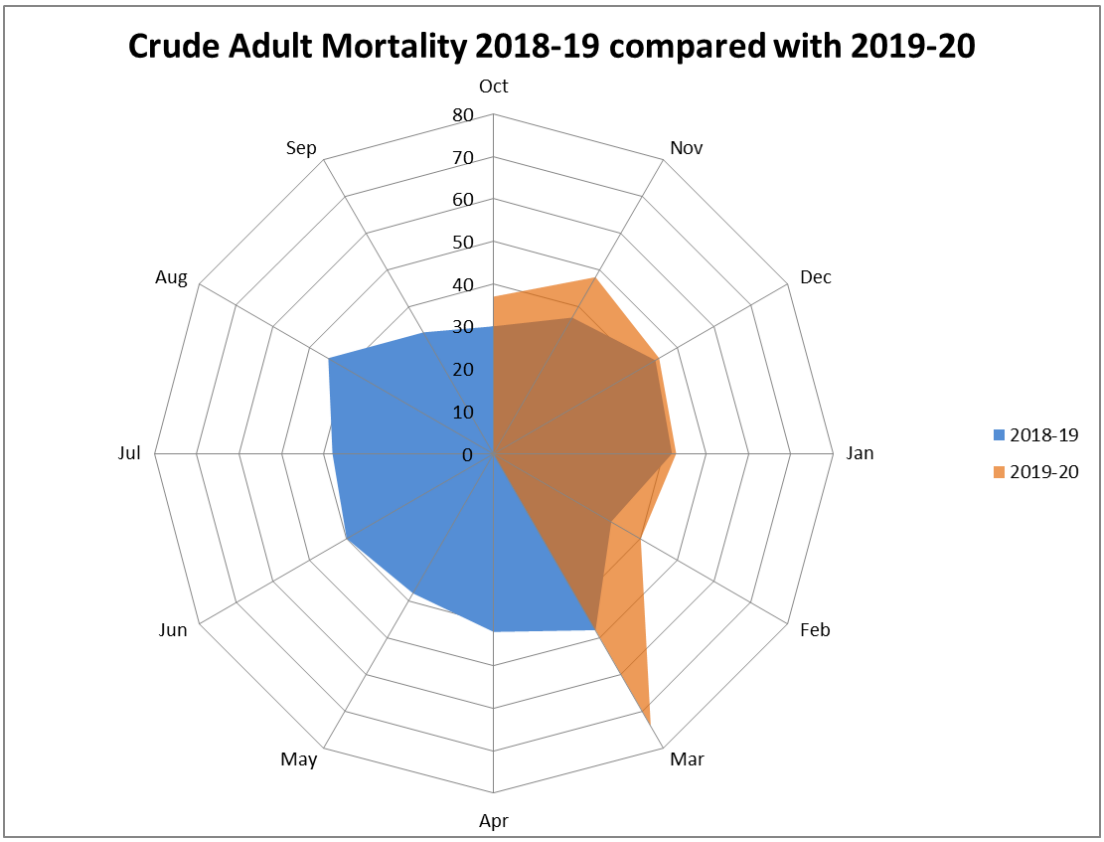
3.4 The Covid-19 pandemic has resulted in excess deaths versus prior years. National data is illustrated in Graph 1 below from The Centre for Evidence-Based Medicine of the University of Oxford.

Graph 1



The graph below compares all cause adult deaths in hospital in 2018-19 with the year considered in this report 2019-20.

Graph 2 Shows 74 in hospital adult deaths in March 2020 versus 48 in March 2019.



3.5 There were 34 patient deaths in March 2020 which were attributed to Covid-19 (Covid-19 was part 1 of the patient's death certificate).

3.6 There were 27 patients who died following a positive SARS-CoV2 Coronavirus PCR result; 6 Covid-19 deaths had a negative PCR result but the patient was displaying clinical signs of the virus and one patient whose swab could not be processed had a clinical diagnosis of Covid-19.

3.7 Covid-19 was the most common cause of death recorded for deaths between 1 March and 31 March 2020 (46% of all recorded deaths). Of the deaths involving Covid 19: there was at least one pre-existing condition in all cases.

3.8 Diabetes was the most common pre-existing condition found among deaths involving Covid-19 (14 deaths).

3.9 Male patients accounted for 19 of the 34 deaths due to Covid-19.

3.10 All deaths reportable centrally to the NHS I Covid-19 Patient Notification System (CPNS) have been reported in a timely fashion according to the criteria at the time.

3.11 The Mortality Review Group will receive further detailed Covid-19 outcome data at their September 2020 meeting.

3.12 Learning from the care of patients through the pandemic has been extensive including morbidity and mortality meetings and reflective practice sessions. This has fed into a review of guidelines developed during the surge to ensure best practice is in place for any future surges.

3.13 One patient death reviewed from Q4 was judged to have been probably avoidable (score = 3). Table 2 describes the avoidability assessments for the cases reviewed.

Table 2: Avoidability of death judgement scores for Q4: 2019/20

Avoidability of death judgement scores (of deaths reviewed)	Number of patients with each avoidability score
1 - Definitely avoidable	0
2 - Strong evidence of avoidability	0
3 - Probably avoidable, more than 50/50	1
4 - Possibly avoidable but less than 50/50	1
5 - Slight evidence of avoidability	6
6 - Definitely not avoidable	72

3.14 This probably avoidable death is subject to a Coroner's inquest.

3.15 The reflection and learning points identified in the mortality review were as follows:

a. The presenting picture was thought to be secondary to drug toxicity. Early discussion with the National Poison Centre or Toxbase for advice would have been useful.
b. Once sepsis was diagnosed, other investigations could have been discussed with the Orthopaedic team.
c. Decisions re admission to ITU benefit from a multidisciplinary team rather than individuals.

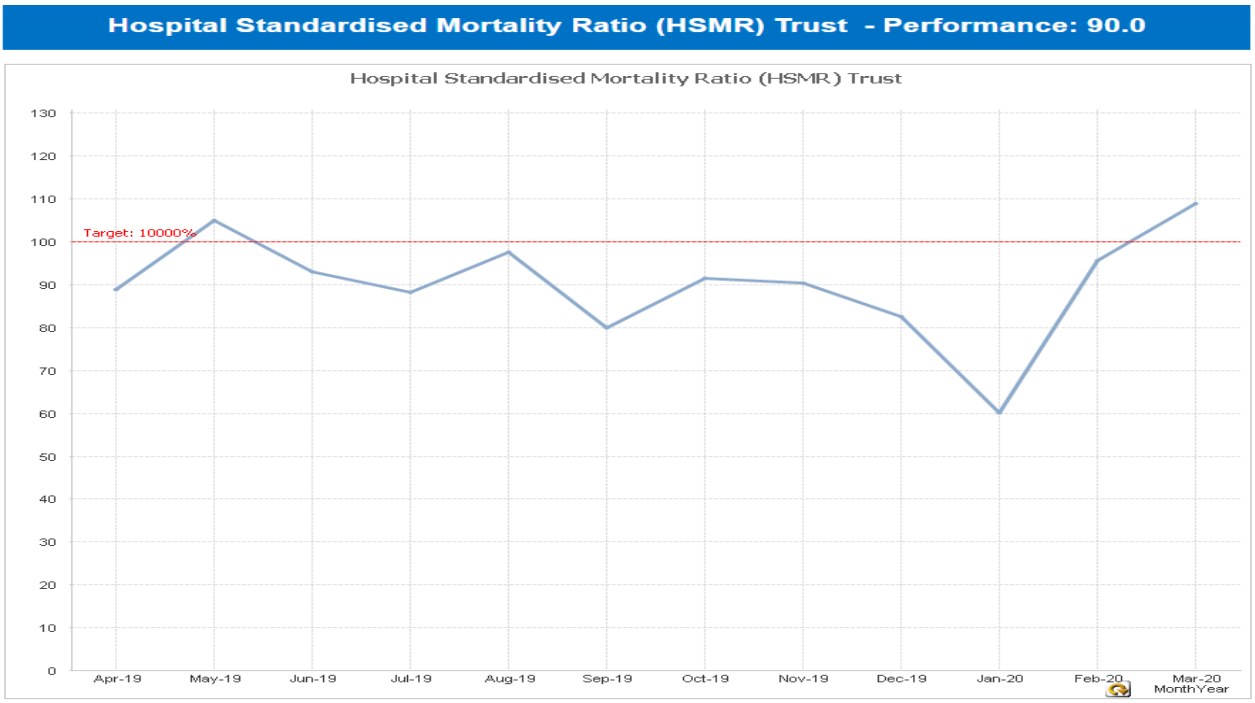
The case was discussed at the ITU morbidity and mortality meeting.

3.16 A Trustwide Mortality Review Group was held in May 2020. This reviewed overarching themes of learning, reviewed three structured judgement mortality reviews and one serious incident (SI) report, and considered the mortality process as a whole with a view to continuous improvement. This group were assured that the reviews examined met the expected quality standards.

4. Hospital Standardised Mortality Ratio (HSMR)

4.1 The Hospital Standardised Mortality Ratio (HSMR) is an overall quality indicator that compares a hospital's mortality rate with the average national experience, accounting for the types of patients cared for. HSMR is calculated as the ratio of the actual number of deaths to the expected number of deaths, multiplied by 100. A ratio less than 100 indicates that a hospital's mortality rate is lower than the average national rate of the baseline year. There is no significant difference between the weekday and weekend HSMR for non-elective admissions; both are within the expected range.

Chart 1: Whittington Health Hospital Standardised Mortality Ratio (HSMR) by month/year (April 2019 – March 2020)

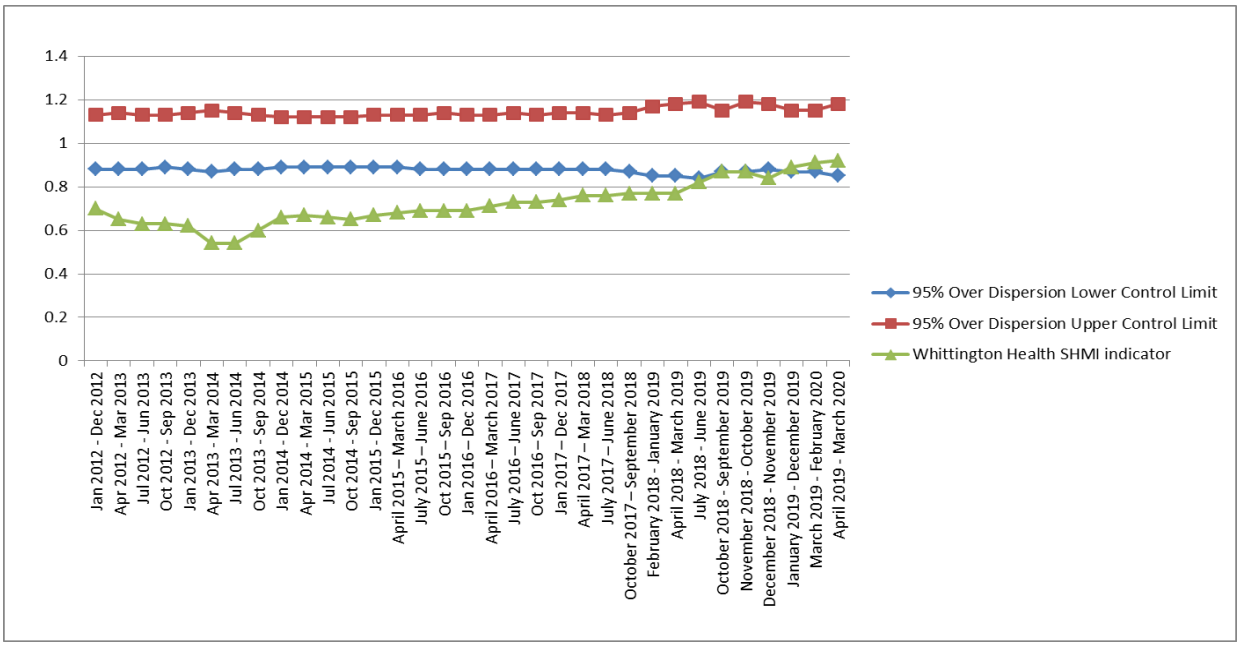


5. Summary Hospital-level Mortality Indicator (SHMI)

5.1 SHMI is used with other information to inform the decision making of Trusts, regulators and commissioning organisations. National guidance emphasises that SHMI is not a measure of quality of care, but is meant as an indicator that may suggest the need for further investigation.

5.2 The SHMI is calculated in a way that is similar to the HSMR calculation, but unlike HSMR, the SHMI calculation takes into account deaths within 30 days of discharge of hospital as well as inpatient deaths. Chart 2 below shows SHMI data from January 2012 to March 2020. The most recent data available (released in August 2020) covers the period April 2019 to March 2020; the Trust's SHMI score for this period was 0.92.

Chart 2: *Whittington Health Summary Hospital-level Mortality Indicator (SHMI) (January 2012 – March 2020)*



6. Key points of learning and actions from Mortality Reviews

6.1 Review of practise and pathways

6.1.1 The COOP Team discussed the importance of looking further for pelvic fractures, in a patient where the plain pelvic films are reported normal, but the patient had ongoing pelvic pain following a fall. CT scan is the imaging of choice.

6.2 Medication prescribing and administration

6.2.1 The Acute Medical Team discussed the importance of reducing or withholding insulin and repeating Capillary Blood Glucose tests (CBGs) in persistent hypoglycaemia. The important message of review of the drug chart in such a case was emphasised.

6.2.2 The Acute Medical Team discussed a patient who went on to receive a blood transfusion and a furosemide infusion despite being seen by the Palliative Care Team and prescribed end of life medication. This case highlighted the importance of handover and weekend review for a patient that was admitted on a Friday afternoon to ensure appropriate care.

6.2.3 The COOP mortality meeting reported a one week delay in switching a patient from IV to oral antibiotics. This highlights reviewing management plans with the prescribing chart.

6.3 End of Life Care

6.3.1 Two mortality meetings identified the issues that can arise with challenging patients and family. They discussed how it can be difficult to manage expectations. They emphasised the importance of ensuring that all members of the team understand the management plan in order to provide a clear message to the patient and the family. Generally teams are having early conversations with patients and their families in relation to end of life care and palliation.

6.4 Deaths in the Emergency Department

6.4.1 Five patients who died in January 2020 were patients who died in ED after out of hospital cardiac arrests – no new learning was apparent. While these are Coroners referrals in other Trusts they would be exempt from SJR so that reviews can focus on learning for the Trust.

6.5 Sepsis Deaths

6.5.1 In January 2020 there were 3 patients who died having had sepsis at some point and care appeared to be appropriate and timely with frequent review of antibiotics. There were six deaths in total caused by sepsis.

6.6 Documentation

6.6.1 Most mortality review meetings highlighted as good practice, good documentation of plans and discussions with the patient and their families. There were occasional reports of poorly written notes, that were not easy to read and not contemporaneous.

6.7 Post-surgical death

6.7.1 One patient died after presenting with a fractured neck of femur – important to note that surgery was performed promptly within 24 hours of presentation in line with national guidance.

7. Medical Examiner progress report

7.1 Dr Ilana Samson has been appointed Lead Medical Examiner. There is ongoing QI work in Q1 2020-21 about the accuracy of the medical cause of death certificate through the introduction of the Medical Examiner program. This was supported by a group of local GPs during the height of the Covid-19 surge. These doctors telephoned the relatives of all patients who died in March and April 2020 to explain their relative's cause of death.

8. Conclusion and recommendations

8.1 Board members are asked to recognise the significant work from frontline teams to learn from deaths in order to improve care and note the contents of the report.

Appendix 1: NHS England Trust Mortality Dashboard

Whittington Health: Learning from Deaths Dashboard - March 2019-20

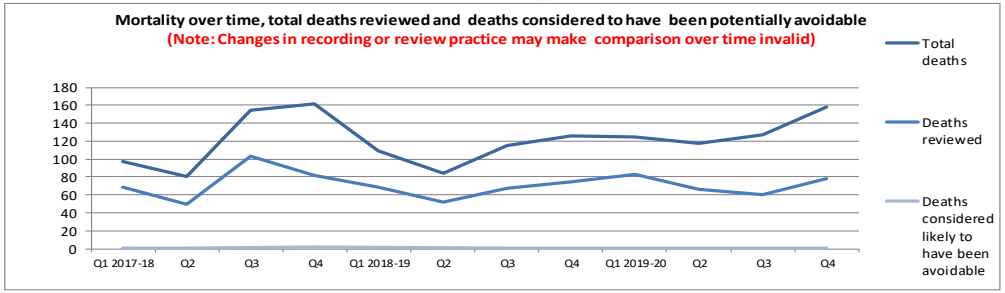
Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
76	39	32	20	1	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
158	127	78	60	1	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
527	434	287	262	1	2

Time Series: Start date 2017-18 Q1 End date 2019-20 Q4



Total Deaths Reviewed by RCP Methodology Score

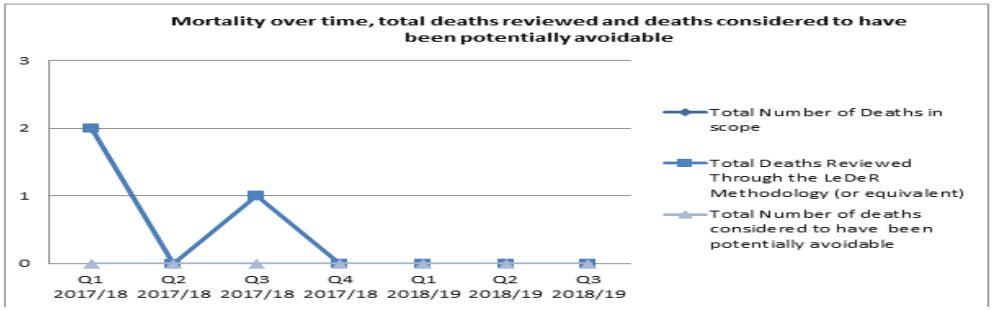
Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	0.0%	This Month	0	0.0%	This Month	1	3.1%	This Month	1	3.1%	This Month	1	3.1%	This Month	29	90.6%
This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	1	1.3%	This Quarter (QTD)	1	1.3%	This Quarter (QTD)	6	7.7%	This Quarter (QTD	70	89.7%
This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	1	0.3%	This Year (YTD)	8	2.8%	This Year (YTD)	22	7.7%	This Year (YTD)	256	89.2%

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	1	0	1	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
2	4	2	4	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
7	1	7	1	0	0

Time Series: Start date 2017-18 Q1 End date 2019-20 Q4



Appendix 3 to the Quality Assurance Committee Chair's report

Meeting title	**Trust Board – public meeting**	**Date: 30.9.2020**
Report title	**Annual Compliments, Complaints & PALS Report 2019-2020**	**Agenda item: 7.3**
Executive director lead	Michelle Johnson, Chief Nurse and Director of Patient Experience	
Report author	Paul Macpherson, PALS & Complaints Manager	
Executive summary	This report provides an annual overview of compliments, complaints, PALS and quality alerts received during the period 1st April 2019 – 31st March 2020. **Complaints** • 309 complaints requiring a response in 2019-2020, 67 in Quarter 1, 77 in Quarter 2, 88 in Quarter 3 and 77 in Quarter 4. • 98% of complaints were acknowledged within the stipulated 3 working days (against the 90% target). • 388 compliments received compared with 309 complaints • 83% of complaints were responded to within the stipulated target number of working days; the target is 80%. (This compares to 83% in 2017-18 and 81% in 2018-19). • 2.8% (8) of complaints were referred to Parliamentary Health Service Ombudsman – slightly lower than 2018-19 (9). **Compliments** • During 2019-2020, the Trust received 388 compliments compared to 384 compliments during 2018-2019. **PALS & GP concerns** • During 2019-2020, a total of 2198 PALS contacts were received (including 127 concerns about individual patients from GP practices) compared to the 2235 contacts during 2018-2019 • 80% of PALS issues related to concerns and 20% related to requests for information, broadly in line with the figures for 2018-2019. **Quality Alerts** • During 2019-2020 the Trust received 6 Quality Alerts from GP Practices, compared to 9 in 2018-2019. These are related to wider issues as opposed to concerns about an individual patient that are logged as 'GP concerns' rather than a 'Quality Alert'.	

Purpose:	The Board is asked to review and discuss the attached Annual Report. This report provides a high level overview of compliments, complaints, PALS and quality alerts.
Recommendation(s)	The Board is asked to review and approve this report for circulation to other relevant meetings and boards.
Risk Register or Board Assurance Framework	This links to BAF Quality 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	This report was presented to the Patient Experience Group in July 2020 and will be presented to the Quality Assurance Group September 2020

Introduction
This is the Complaints & PALS annual report for Whittington Health NHS Trust for 2019 – 2020. The Trust provides services for a population 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield, Camden and Hackney.

The report provides a summary of patient complaints due to be closed in 2018-19. It includes details of numbers of complaints received during the year, performance in responding to complaints, Parliamentary and Health Service Ombudsman investigations, and action taken by the Trust in response to complaints.

The report also includes details of the PALS concerns and enquiries and compliments received during 2019-2020. Of note is that the Trust receives more compliments centrally through the PALS & Complaints team than complaints. There are also a significant number of complaints and compliments that are received at ICSU level.

Delivering a quality service to our patients and being accountable is one of the Trust's core ICARE values. Key national programmes to drive improvement in the patient experience include annual Quality Account and the Care Quality Commission national patient survey programme.

The Whittington has a strong focus on improving patient experience and this continues to develop and evolve. There are both well established, and some newer mechanisms to capture the experience of patients and drive ongoing improvement. These include the Friends & Family survey and use of information gathered through complaints and PALS, listening to patients, our excellent volunteering programme and in addition each Trust Board meeting starts with a patient story.

A tracker of the 'live' complaints is kept and shared with the ICSU's on a weekly basis and discussed at regular meetings with ICSU lead investigators to ensure complaint investigations are on track and any barriers to timely completion identified.

Patient complaints are reported to the Board on a quarterly basis, which in addition forms part of the Patient Experience report which integrates complaints data with patient feedback from the Patient Advice and Liaison Service (PALS), the inpatient survey and patient comments.

Towards the end of March 2020 the complaints process was 'paused' for three months due to the Covid-19 pandemic in line with guidance from NHS England – during this period all urgent issues raised by patients, relatives or advocates were escalated promptly to the relevant service areas.

In summary during 2019-2020 there were:

- 309 complaints requiring a response, 67 in Quarter 1, 77 in Quarter 2, 88 in Quarter 3 and 77 in Quarter 4
- 98% of complaints were acknowledged within the stipulated 3 working days (against the 90% target)
- 388 compliments received compared with 309 complaints
- 83% of complaints were responded to within the stipulated target number of working days; the target is 80%. (This compares to 83% in 2017-18 and 81% in 2018-19)
- 2.8% (8) of complaints were referred to Parliamentary Health Service Ombudsman for review – slightly lower than 2018-19 (9)

1.0 COMPLAINTS

1.1 Complaints across Directorates and Integrated Clinical Service Units (ICSUs) within the Trust

During 2019-2020 a total of 309 complaints requiring a response were dealt with, which is a decrease of approximately 2% on the previous year 2018-2019 when 315 complaints were dealt with and 3% lower than 2017-2018 when 319 complaints were closed. The charts below show the breakdown of complaints across the ICSUs.

Table 1: Formal Complaints April 2019 to March 2020

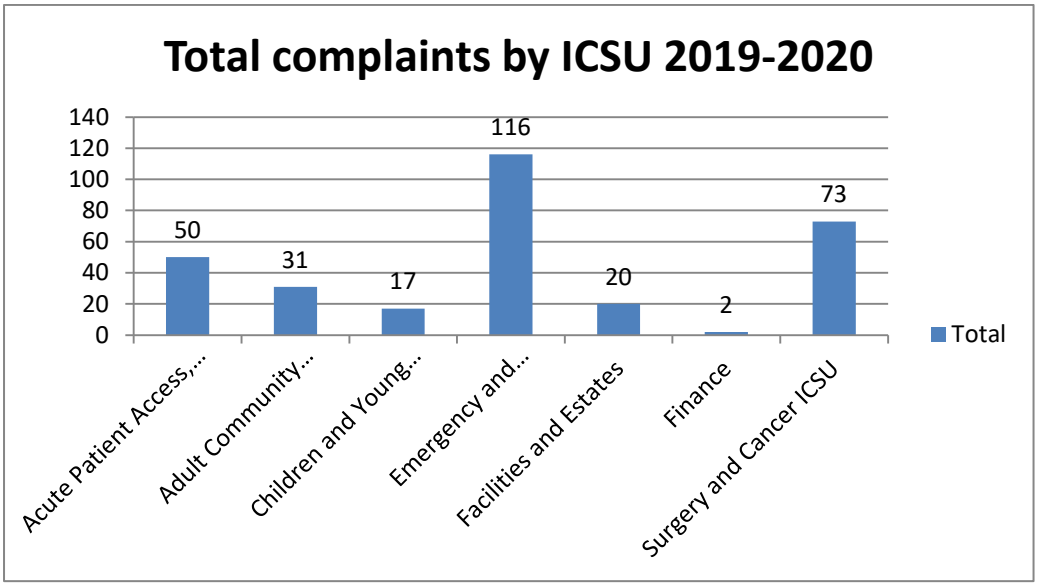
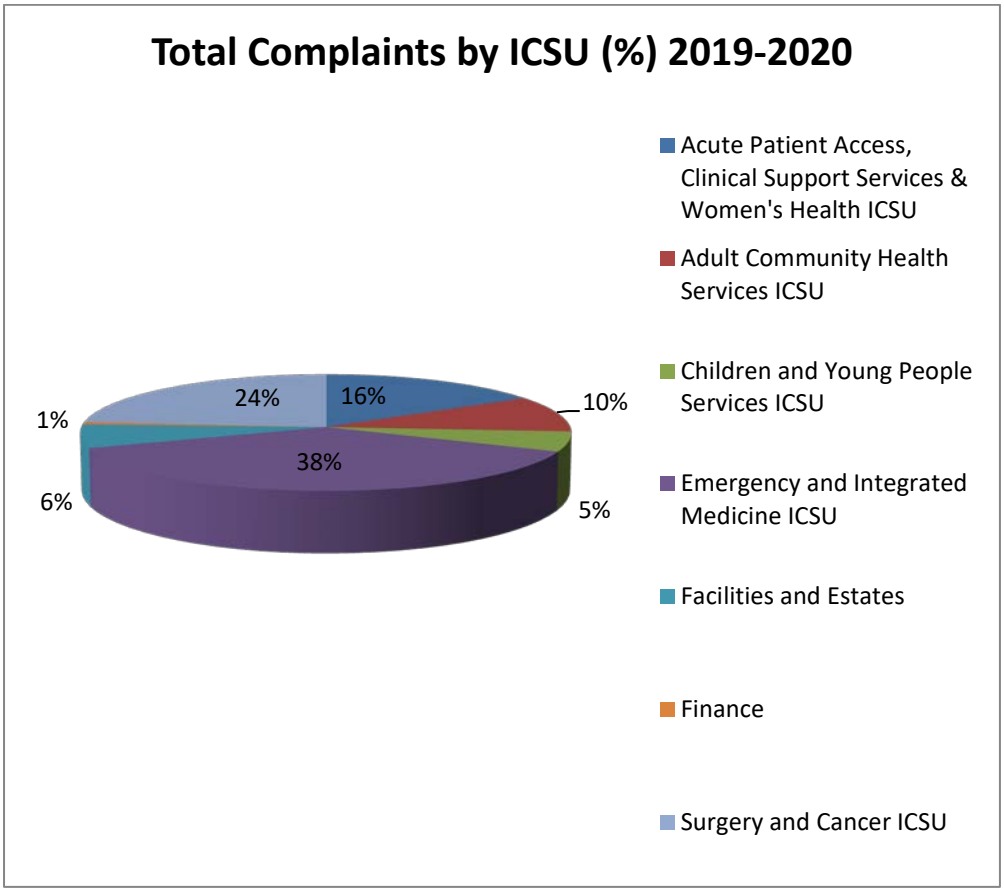


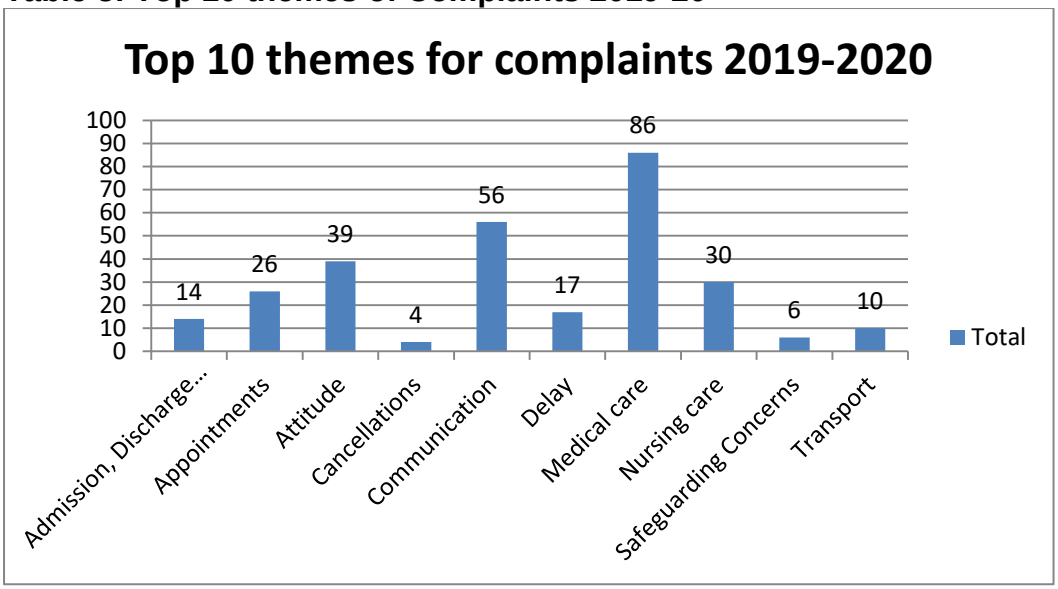
Table 2: Total Complaints by ICSU 2019 – 2020



1.2 Complaints across the Trust by subject area (theme)

Table 3 below shows the top 10 subject areas cited in the complaints received during 2018-2019.

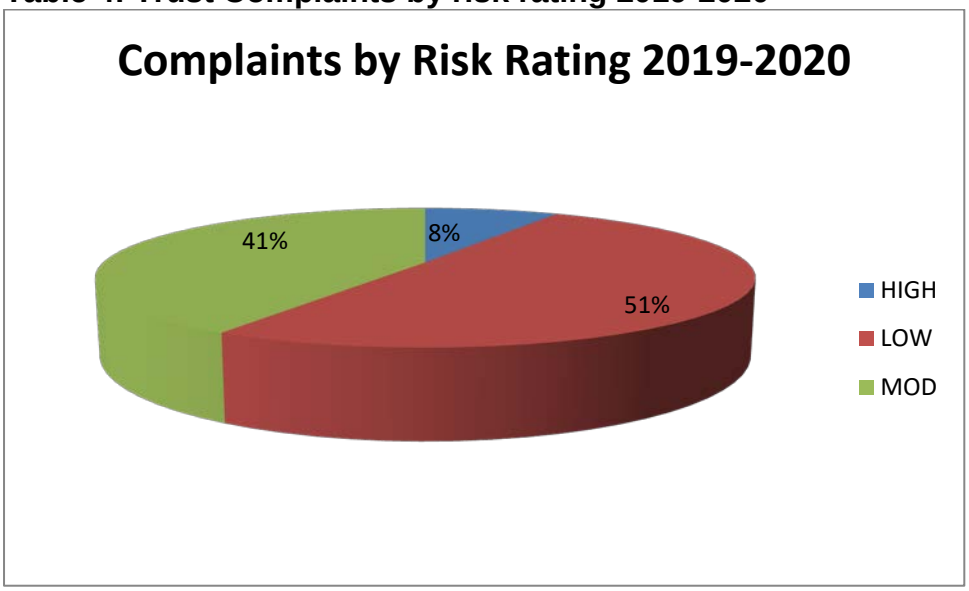
Table 3: Top 10 themes of Complaints 2019-20



1.3 Complaints across the Trust by risk rating

During 2019-2020, 25 (8%) complaints were designated 'high' risk compared to 20 (6%) in 2018-2019; the majority of complaints closed 156 (51%) were designated 'low' risk. 128 complaints (41%) were designated 'moderate' risk. All complaints are risk assessed by the PALS & Complaints team upon receipt and are required to be risk-assessed again by the lead investigator following completion of the investigation.

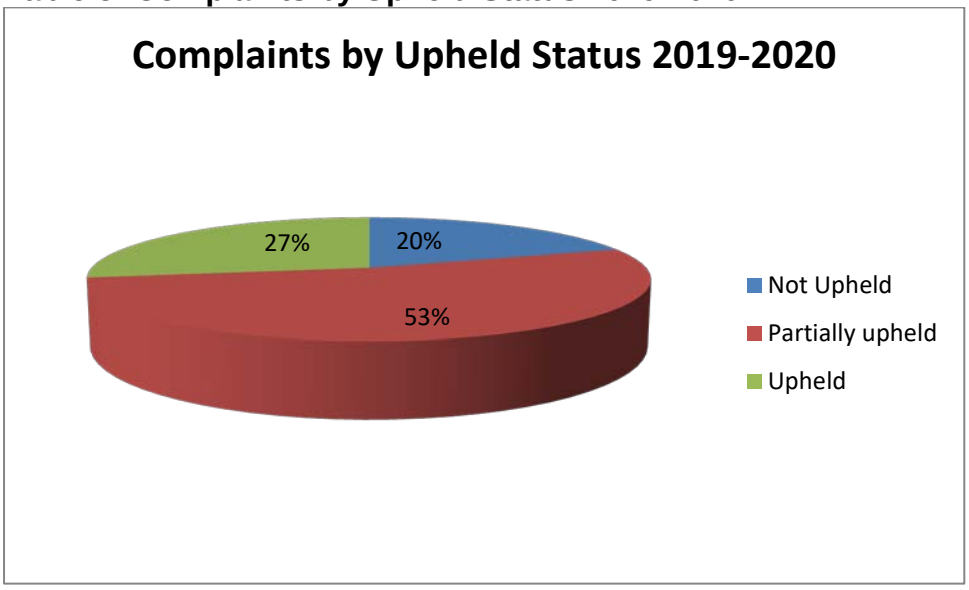
Table 4: Trust Complaints by risk rating 2019-2020



1.4 Complaints across the Trust by Upheld Status

During 2019-2020, of the 294 complaints that have closed, 81 (27%) were fully upheld and 155 (53%) were partially upheld meaning that 236 (80%) complaints were upheld in one form or another, compared to 2018-2019 when 243 (78%) complaints were upheld in one form or another.

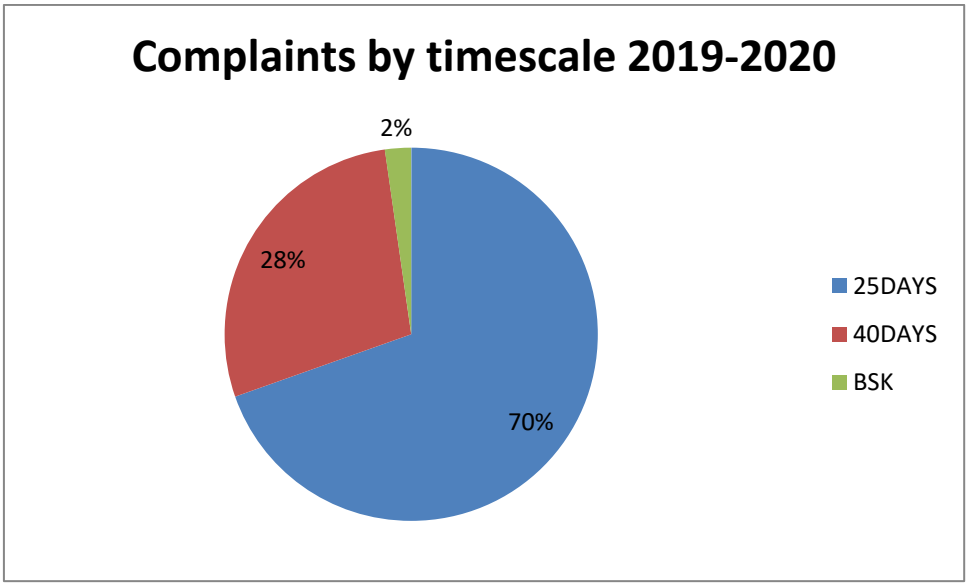
Table 5: Complaints by Upheld Status 2019-2020



1.5 Response Timescales

The Trust target is for 80% of complaints to have a response sent within the expected timeframe (either 25 or 40 working days) and some 'bespoke (bsk)' where the complaint is linked to a Serious Incident (SI) investigation. During 2019-2020, 83% of complaints were responded to within the required timeframe, compared to 81% during 2018-2019. The more complex complaints which fall within the 40 day timescale for investigation have been included for 2019-2020 and performance has been maintained above the 80% target.

Table 6: Complaints by Timescale 2019-2020



1.6 Quality Alerts

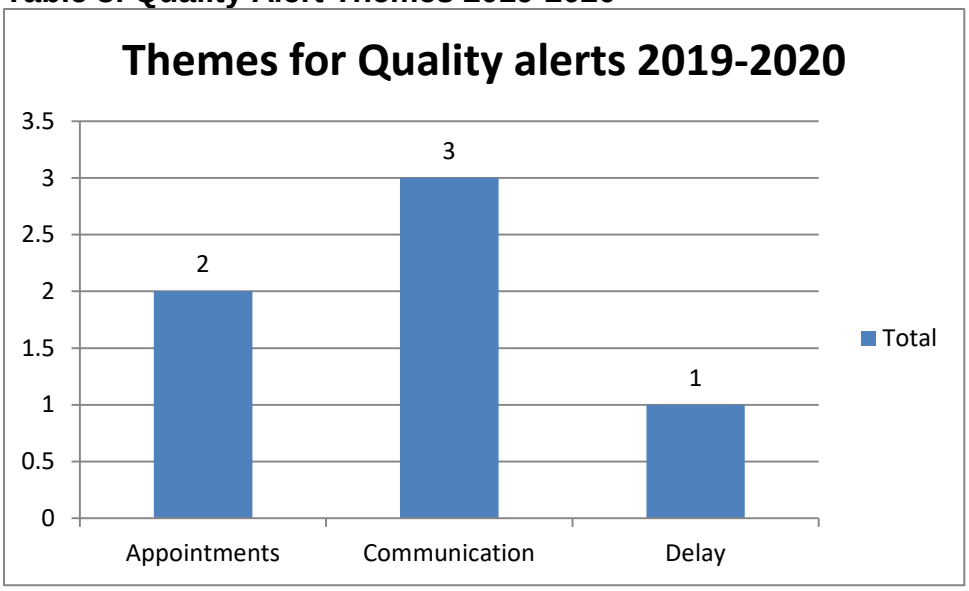
During 2017-2018, 37 quality alerts were received as shown below, compared to 52 during 2016-2017. During 2018-2019 the Trust received 9 and during 2019-2020 this reduced further to 8.

The significant drop is due to a change in process; whereby concerns about an individual patient received via a GP are logged as a 'GP Concern' as opposed to a 'Quality Alert'.

Table 7: Quality Alerts by ICSU 2019-2020

ICSU	2019-2020
ACW	2
ACS	0
EIM	4
S&C	0
Trust	**6**

Table 8: Quality Alert Themes 2019-2020



1.7 Dissatisfied complaints

Table 9 below shows the number of complainants returning dissatisfied or requiring further clarification (by ICSU). During 2019-2020, 36 complainants returned as dissatisfied (or asking for clarification) compared to 41 during 2018-2019.

Table 9: Dissatisfied Complaints by ICSU 2019-2020

ICSU	Total
Surgery and Cancer ICSU	12
Community Health Services for Adults ICSU	5
Emergency and Integrated Medicine ICSU	10
Acute Patient Access, Clinical Support Services & Women's Health ICSU	6
Children and Young People Services ICSU	3
Trust	**36**

1.8 Parliamentary Health Service Ombudsman (PHSO) Cases

The PHSO makes final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other UK public organisations. It looks into complaints where someone believes there has been injustice or hardship because an organisation has not acted properly or has given a poor service and not put things right.

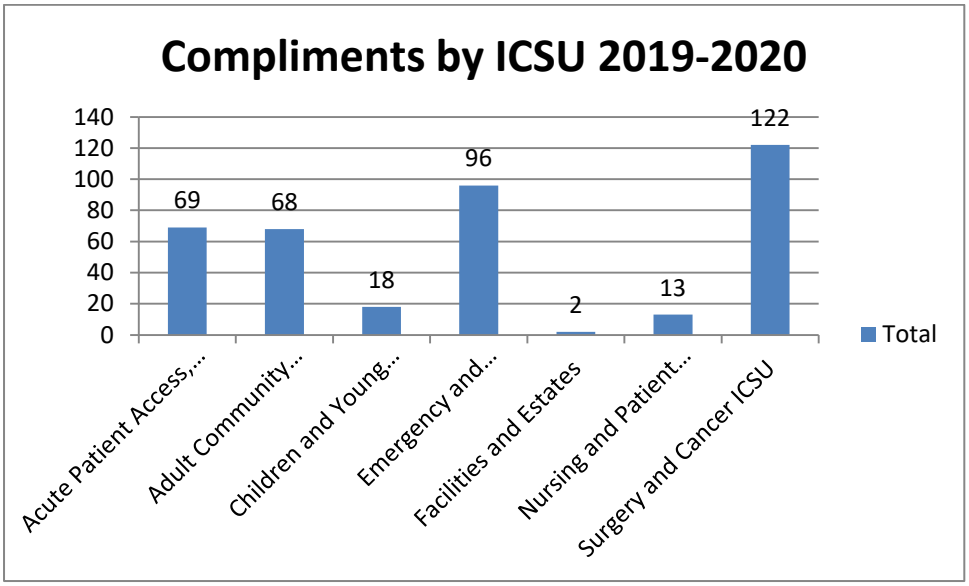
During 2019-2020 the Trust received eight requests from the PHSO to provide our complaint file and associated records in order that the PHSO could review and consider whether to undertake an independent review compared to nine in 2018-2019.

Case Number	ICSU	PHSO Investigation Yes/No	Complaint Upheld
37309	CYP	No investigation	Closed
36942	ACW	Pending – awaiting PHSO decision	TBC
38327	ACW	Full investigation	Partially upheld
32932	EIM	Pending – awaiting PHSO decision	TBC
36601	ACS	Pending – awaiting PHSO decision	TBC
38054	S&C	No investigation	Closed
38614	ACS	No investigation	Closed
37963	ACS	Pending – awaiting PHSO decision	TBC

2.0 COMPLIMENTS

During 2019-2020, the Trust received 388 compliments compared to 384 compliments during 2018-2019. The Trust received more compliments than formal complaints during 2019-2020. A few examples of the comments received are shown below.

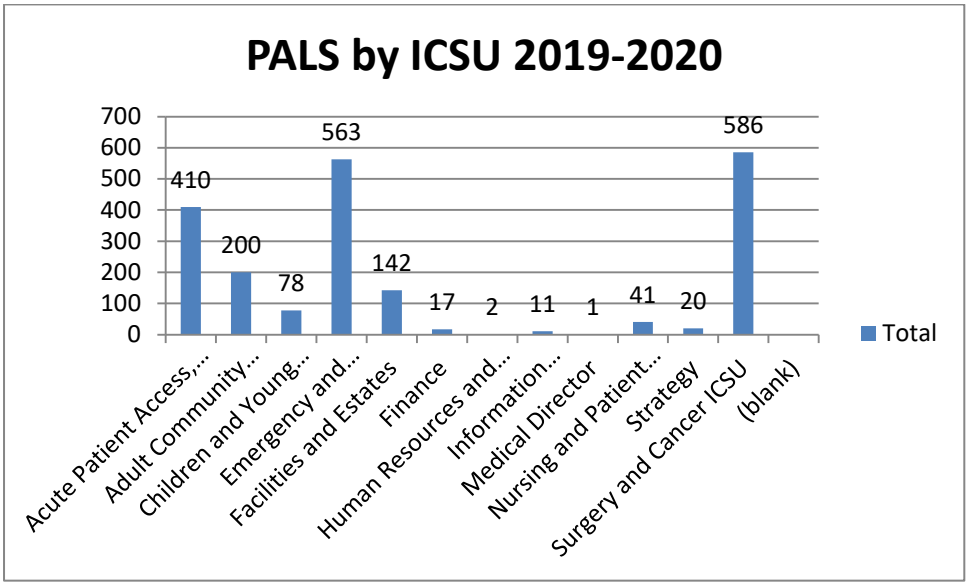
Table 10: Compliments by ICSU 2019-2020



3.0 PALS

Trust PALS Contacts (concerns & information requests) by ICSU
During 2019-2020 a total of 2198 PALS contacts were received compared to 2235 contacts during 2018-2019; 1764 (80%) related to concerns and 434 (20%) related to requests for information.

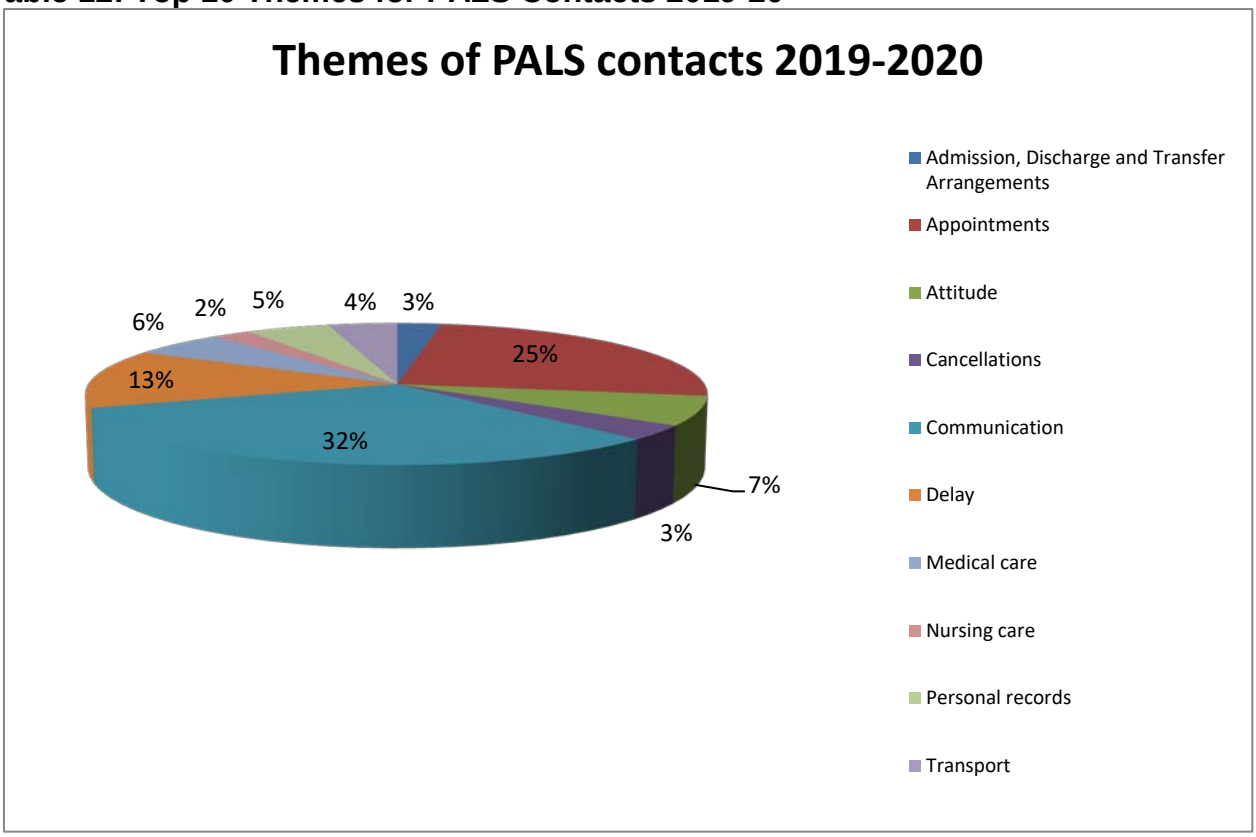
Table 11: PALS Contacts 2019-2020



3.1 Trust PALS Contacts by subject area

The chart below shows the top 10 subject areas cited in PALS contacts received during 2019-2020.

Table 12: Top 10 Themes for PALS Contacts 2019-20



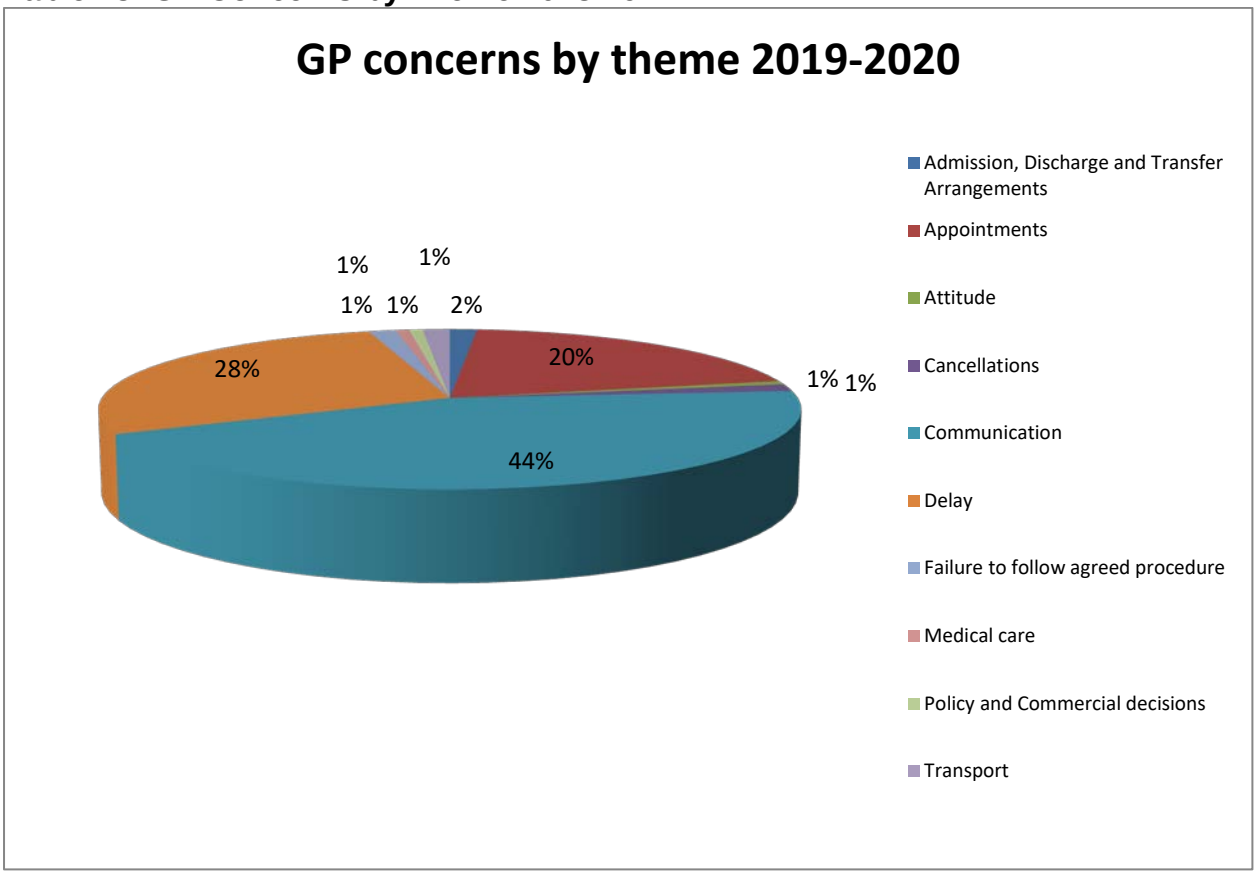
3.2 Diversity Data

The PALS & Complaints team continues to cross-check this information through Medway although the information is also requested through the PALS & Complaints leaflet. The PALS & Complaints team have access to the community electronic patient record system (RiO) enabling the team to cross-check information from 2019-20

3.2 GP Concerns

During 2019-2020 the Trust received 127 GP Concerns. The main themes of the GP concerns are shown in the graph below.

Table 13: GP Concerns by Theme 2018-19



3.4 NHS Choices

39 NHS Choices comments were received by the Trust in 2019-2020. 23 were compliments from patients on the treatment and care they received. 16 were concerns raised by patients. All of these were acknowledged and responded to.

4.0 SUPPORT & TRAINING

The PALS & Complaints team provides ongoing support to the ICSUs by ensuring the availability of a regular programme of training sessions, delivered across a number of sites. The team also provides a complaints introductory session as part of Trust Induction and ad hoc complaints management training for relevant new employees. The team will continue to work closely with the ICSUs to identify further ways in which it can be supportive and facilitate continuous learning and improvement.

During 2019-2020 the PALS & Complaints team delivered training sessions to around 20 colleagues across the organisation. Each session was introduced by the Trust Chairman, and included a section on the importance of 'Saying Sorry'.

Further training plans have been 'paused' due to the pandemic but will continue once it is safe to do so.

5.0 PLANS FOR 2020/21

5.1 Learning from incidents, complaints and claims

A collaborative project is to be undertaken by the Complaints and Legal Services Team to improve safety and learning through the triangulation of data by investigating and monitoring the percentage of complaints that become claims. A data set has been identified and collated which will be reviewed to identify whether any common themes exist with the aim to reduce claims, legal costs and improve patient experience.

5.2 Evaluating the learning from the Covid pandemic

The complaints process was ‘paused’ by NHSE in March due to the Covid pandemic and has enabled the service to address pre-Covid backlog; however, from July 2020 we will need to prepare plans for dealing with the backlog created by the pause. We are also anticipating an increase in Covid related complaints and claims and so will be linking with our risk and legal teams to ensure we have an integrated plan and approach for this.

Appendix 4 to the Quality Assurance Committee Chair's report

Meeting title	**Trust Board – public meeting**	**Date: 30.9.2020**
Report title	**Adult and Children's Safeguarding six monthly report (September – March 2020)**	**Agenda item: 7.4**
Executive director lead	Michelle Johnson, Chief Nurse & Director of Director of Allied Health Professionals	
Report authors	Head of Safeguarding (Children) Karen Miller, and Head of Safeguarding (Adults) Theresa Renwick	
Executive summary	**Executive summary** This report provides a summary of the work undertaken across adult and children's safeguarding and covers the period between September 2019 and March 2020. There is reference to the impact and changes to COVID-19 but this will be reported further to the Quality Assurance Committee from the trust Integrated Safeguarding Committee, which continued to meet throughout the peak of the pandemic. The Trust's safeguarding teams continue to provide a range of services to support key areas of safeguarding work, respond to emerging themes and strive to ensure all safeguarding processes are robust and effective and meet statutory and regulatory obligations. The following informaion provides a summary of activity over the reporting period. **Adult** • Numbers of safeguarding adult referrals have increased during the period of this report in comparison to the previous safeguarding bi-annual report. • Numbers of urgent Deprivation of Liberty safeguard (DoLS) applications continue to increase during this reporting period. • The multi-agency '*Why MCA'* training was nominated for the HSJ '*Best Educational Programme in the NHS 2020'* Partnership award. • Whittington Health has developed a Homelessness steering group to support the work of staff in both meeting the legal Duty to Refer for Accident and Emergency staff for those patients who are homeless and/or at risk of homelessness, and also to support patients. This multi-agency forum has been in place since June 2019. • In total, 86 people have been referred for housing and/or housing advice via the Duty to refer mechanism.	

	Children & Young People • The changes to the partnership safeguarding arrangements were established in this reporting period, including the Child death reporting (CDOP) changed from being borough based to being represented across the NCL area. • A very successful safeguarding conference was held for staff in October 2019. This involved external speakers and focused on mental health and the difficulties in working with complex families who can be hostile to professionals. Another conference is planned in the future. • Serious Case Review (SCR) activity is busy with eight reviews in progress over this reporting period. Publication occurred of one SCR in December 2019. Whittington Health has a robust action plan in place to address the learning from this SCR, with most actions already completed before publication. Three SCR's are subject to criminal proceedings and therefore cannot be published at present. • Staff supervision compliance has remained high. Health visitors report being involved with far more complex cases of neglect and emotional abuse with domestic violence being a prevalent factor in their caseloads.
Purpose:	Review and approve
Recommendation(s)	The Committee is asked to: (i) To receive assurance that there are systems in place to protect children and vulnerable adults from abuse and neglect whilst in our care. (ii) To be assured that partners have confidence that Whittington Health is fulfilling its role as a statutory partner in safeguarding children and adults at risk in the wider community and health and care economy.
Risk Register or Board Assurance Framework	Board Assurance Framework risk 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	Presented to the Trust Integrated Safeguarding Committee 23 July 2020 The report was discussed at the Quality Assurance Committee 9 September 2020.
Appendices	**Appendix one** - Biannual Integrated Safeguarding Report September 2019 to March 2020 **Appendix two** – Adult Safeguarding Activity – Whittington Health September 2019 - March 2020 **Appendix three** – Deprivations of Liberty Safeguards and Mental Capacity Act

Appendix One

BIANNUAL INTEGRATED SAFEGUARDING REPORT
September 2019 to March 2020

1. INTRODUCTION

1.1 This bi-annual report for safeguarding children and adults informs the Trust Board of activity and progress in improving and strengthening the safeguarding arrangements for adults and children across Whittington Health NHS Trust. The report has been recommended by the Trust Quality Assurance Committee for approval by the Trust Board. It covers the period from September 2019 – March 2020. The report provides assurance around the following:

- Adoption of national policy changes
- Responding to and learning from safeguarding concerns raised from internal incidents and serious incidents; Serious Case Reviews, Safeguarding Adult and Domestic Homicide Reviews and regulatory inspections
- Work plan and objectives for the coming period of review

2. SAFEGUARDING CHILDREN

2.1. Working Together to Safeguard Children was published in July 2018. The major change to safeguarding national policy and guidance is the replacement of Local Safeguarding Boards (LSCBs) with new arrangements called Safeguarding Partnership Arrangements now in place since September 2019. North Central London Clinical commissioning Group (NCL CCG) holds responsibility as the lead health representative in the partnership arrangement and Whittington Health has been working closely with CCG colleagues to contribute in the Haringey and Islington Partnerships.

2.2. There are plans to review the Serious Case Review process and replace this with the National Child Safeguarding Practice Review Panel. This is hoped to streamline the process and implement a system of national learning.

2.3. The child death review process changed 29 September 2019 to become sector led across a wider geographical area rather than borough based. This has allowed for greater understanding of themes and patterns regarding childhood deaths. It now informs Public Health on potential modifiable practices to prevent further deaths. Whittington Health fully engaged in this process and the process is fully embedded.

2.4. Safeguarding supervision continues to be provided within statutory guidelines with compliance consistently maintained as indicated in below tables. Staff sickness accounts for any lapses in compliance. Safeguarding supervision has also been widened to include supervision of allied health professionals. This is in recognition that they also work frontline with vulnerable children and often identify safeguarding concerns.

2.5 Reflective Safeguarding supervision utilising Trauma Informed Practice (TIPS) has also been offered in school and health settings in Islington jointly with Child and Adolescent Mental Health Service (CAMHS). This provides a

valuable platform in which to discuss complex safeguarding concerns in a multi-agency context. An example of a case discussed is set out below.

SAFEGUARDING REFLECTIVE SUPERVISION
A year one school child (6 year old) presented with significant violent behaviour in class, seek constant teacher's attention. His violence had caused him to put children at risk and he attempted to kill the school's pet rabbit. The CAMHS clinician felt that there was an expectation on her to remedy the situation as they recognised the significant risk ahead of other professionals.

A reflective supervision session was valuable in agreeing a strategy to manage the risks going forward. This involved analysing the behaviours and bringing the father of the child on board with discussions. Analysing what might be causing the behaviours for the child was a significant factor in unblocking staff attitudes and creating a more unified approach going forward.

3. SAFEGUARDING ADULTS

3.1. The '*Safeguarding Adults Collection (SAC), Annual Report, England 2018-2019'*[1] was published in December 2019. Graphs 1-9 (Appendix 2) below represent the demographics, nature of the allegations and person alleged to have caused harm. Whittington Health data replicates the national data.

3.2. Graph 4 (appendix 2) shows a marked gap between categories of abuse, with neglect and acts of omission having the most concerns. Organisational abuse is the second highest category, and this interesting when considering the slight increase in alleged abuse being perpetrated via care agencies and care home staff (graph 5).

3.10 The learning lesson described below provides an opportunity to share learning across the Trust.

LEARNING LESSON
A continuing Health Care nurse went to carry out a review of a placement outside of London. The patient is of working age and has a diagnosis of amongst other conditions, locked in syndrome.

During the review the nurse was informed the patient had disclosed someone had gone into her room at night and touched her inappropriately.

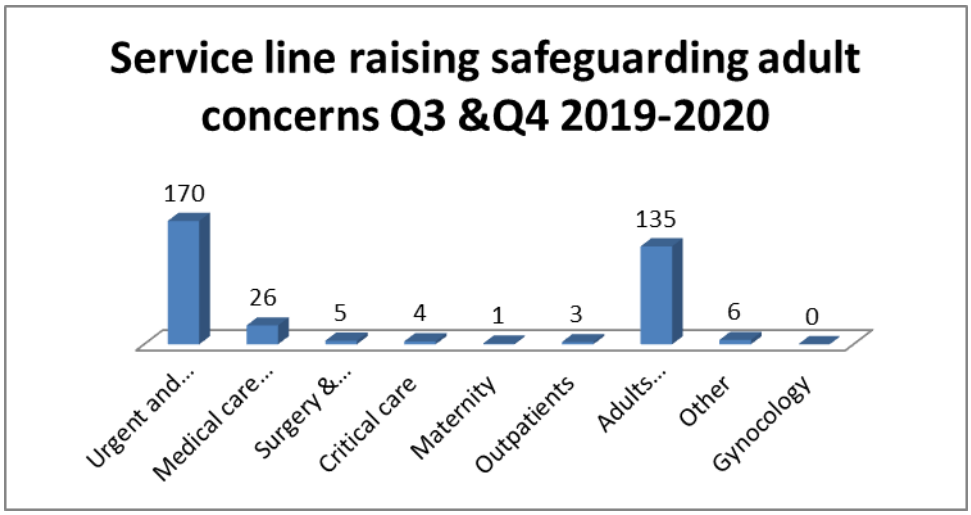
A safeguarding adult concern was raised, however the local safeguarding team reviewed and the closed the case, this was reported because the husband sought to get the case closed. This was escalated with the local authority was challenged and subsequently a further investigation then took place. This incident allowed staff to query and escalate decisions they were uncomfortable with, and also gave the practitioner understanding of the role of power of attorney and Lasting Power of Attorney.
Understanding what these role are, there limitations, and how to apply for

3.11. The *London Multi-Agency Adult Safeguarding Policy and Procedures,*[2] and *'Safeguarding Adults Protocol Pressure Ulcers and the interface with a*

[1] https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/annual-report-2018-19-england
[2] https://www.safeguardingadultsyork.org.uk/media/1070/pan-london-safeguarding-adults-procedures.pdf

Safeguarding Enquiry,' Department of Health January 2018, both indicate that pressure ulcers are only reported as safeguarding concerns if they are felt to have been avoidable (now referred as attributable to the Trust), and the result of abuse and/or neglect. Whittington Health continues to play a key role in distributing information to the local community to raise awareness about prevention of pressure ulcers (Graph 9).

3.12 Graph 10 below shows two service lines were most likely to raise adult concerns. Adult community services raised 39%, and Urgent and emergency services 39% of all concerns raised during this period.



Graph 10

4. ALLEGATIONS MADE AGAINST STAFF

4.1 In this reporting period there has been two cases of a member staff employed by the Trust being referred to the LADO (Local Authority Designated Officer).

4.2. The number of cases referred to the LADO from health settings is low, but this is in line with other health partners and is linked to the nature and level of contact health workers spend with children comparative to colleagues in education and social care settings, where the referral rate is higher.

5. TRAINING

Children

5.1. the Electonic Staff Record (ESR) reported compliance with statutory training remains static but manual counts of staff training would indicate that the trust is compliant across all three levels. Wok has been undertaken with the Learning & Development team to ensure there is compliance with the levels of training linked to job roles for staff.

5.2. Safeguarding Partnership Arrangements provide multi agency training and this will provide an additional area in which staff can access training outside of Whittington Health. Whittington Health staff faciltate sessions within this training to maintain the multi agency approach.

5.3. **Compliance (reported on ESR data up to 30/3/2020)**

Level 1			
	Total number of staff requiring level 1 training	**Total number of staff up to date with training**	**Percentage of relevant staff trained**
Q4 March 2020	1139	991	87%
Level 2			
	Total number of staff requiring level 1 training	**Total number of staff up to date with training**	**Percentage of relevant staff trained**
Q4 March 2020	2245	1639	73%
Level 3			
	Total number of staff requiring level 3 training	**Total number of staff trained**	**Percentage of staff trained**
Q4 March 2020	959	764	80%

Adults

5.6. Compliance for safeguarding adults stands at 89% at the end of March 2020, a slight decrease from the 91% of September 2019.

5.7. Compliance for safeguarding adults level 2 had increased slightly to 81%, and for PREVENT WRAP 3, stood at 83%.

6. LEARNING FROM SERIOUS INCIDENTS (SI), SERIOUS CASE REVIEWS (SCR CHILD), SAFEGUARDING ADULT (SAR) AND DOMESTIC HOMICIDE REVIEWS (DHR)

Learning and action plans from the SCRs and relevant SIs are presented to the Integrated Safeguarding Committee and through sub groups of the relevant Safeguarding Children Partnerships and Safeguarding Adult Partnership Board (SAPB).

6.1. Safeguarding Children

Work continues in Islington to further focus the school nursing service into a 'needs led' service based on vulnerability rather than focusing finite resources with the cohort of children already subject to child protection plans where the school, children's social care and partners play a significant role. This work is supported and reinforced through the Joint Targeted Area Inspection (JTAI) learning.

6.2 Trauma Informed Practice (TIP) remains a key focus across practice and TIPS training is being rolled out across the workforce. Supervision models also focus on trauma and the impact this will have on behaviour and emotional wellbeing in both adults and children.

6.3. Whittington Health has a Serious Case Review/Serious Incident (SCR/SI) Action Plan that is monitored through the Integrated Safeguarding Committee to ensure relevant learning from the SCR/SIs is implemented. Actions are also monitored through the LSCBs within the Serious Case Review sub groups.

6.4. In September 2019, Haringey implemented a new pathway within the Multi Agency Safeguarding Hub (MASH) to allow for health staff to be involved in social care referrals at the earliest opportunity, i.e. Strategy meetings.

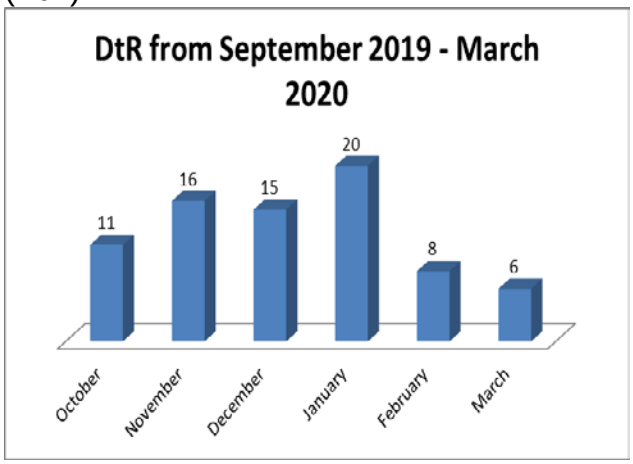
The first six months of this implementation has been hugely beneficial to safeguarding practice and multi-agency working.

6.5. Within children's safeguarding the Trust does not count the number of referrals made to children's social care as this would require central reporting from many different services across the Trust and could delay direct referrals to Children's Social Care (the importance of timely referrals is key therefore appropriate for staff to make direct referrals rather than through centralised place). It would be difficult to generate this data for Whittington Health, however, Children's Social Services departments quality check referrals, and those of poor quality are re-directed back to Whittington Health via the safeguarding team for support and training purposes.

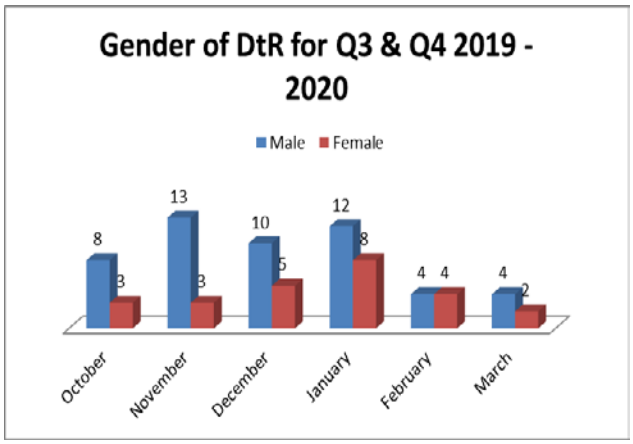
6.6. **Safeguarding Adults**
Building on the work of the homelessness steering group established in June 2019, the Trust has seen an increase in numbers of Duty to Refer (DtR) applications for patients who require assistance with housing.

6.8 Whilst the initiative from central Government to ensure all homeless people were accommodated following the COVID-19 lockdown saw housing provision being provided to people who would not previously have been in receipt of such services (e.g. those with no recourse to public funds),

6.10 Data has been kept since July 2019 on referrals made by Whittington Health staff, and graphs 12 and 13 below show some demographics for Duty to Refer (DtR).



Graph 12



Graph 13

7. DEPRIVATIONS OF LIBERTY SAFEGUARDS

7.1. Graphs 14 and 15 (Appendix 3) show numbers of Deprivation of Liberty urgent authorisations applied for within Whittington Health, and which local authority received these.

7.2 Numbers of urgent DoLS applications maintained their trajectory even during the height of COVID-19, as graph 14 (appendix 3) shows.

7.3 On 16th July 2020, the Government announced a delay until April 2022 of the full implementation of the new Liberty Protection Safeguards (LPS), however, some of the roles are planned to be introduced before this date. As such, Whittington Health will continue its involvement with local partnerships.

8.0 MENTAL CAPACITY ACT (MCA)

8.1. The Mental Capacity Act 2005 is applicable for people aged 16 and above, and who have "an impairment of, or disturbance in the functioning of, the mind or brain."[3] Graph 16 (appendix 3) shows, numbers of capacity assessments logged on Anglia Ice fluctuated throughout this period.

8.2. Assessments of capacity are often handwritten in the notes, so there is limited and unreliable timely ways to collect this data other than to look at each medical record.

9. PRIORITIES 2019/20

9.1. Children

- To be compliant with new arrangements for LSCBs as they transition to become Safeguarding Partnership Arrangements (SPA) and to monitor the implementation of the new Child Death processes
- To support the introduction of Domestic Abuse advocates across the Trust particularly in the Emergency Department
- To maintain contact with the workforce team improving reporting accuracy and continued issues with reported inaccurate training data from ESR
- To support the introduction of a Trauma Informed Practice (TIPS) approach to practice across the Trust

[3] Mental Capacity Act 2005, Section 2(1)

- To continue to provide high level safeguarding training with the introduction of internally organised safeguarding conferences every quarter
- To continue to support SPAs in providing multi agency training
- To continue to deliver on the safeguarding actions and recommendations emerging from JTAI and CQC Inspections in both Haringey and Islington
- To contribute and develop practice across the organisation with regards to emerging themes around contextual safeguarding e.g. the impact of gangs and safeguarding risks in the wider community.
- Develop health strategies in relation to gangs, adolescent mental health and child sexual and criminal exploitation
- To further develop partnership working between midwifery and health visiting services
- To continue to develop further the health pathways within the Borough Multiagency Safeguarding Hubs (MASH) that support the transmission of proportionate health data across the partnership to help protect children and young people effectively

9.2. **Adults**

- Continue to develop training around use of the Mental Capacity Act within the Trust
- Look to develop appropriate and relevant training for safeguarding adults to reduce the reliance on face to face training.
- Continue to develop an understanding around the new Liberty Protection Safeguards (LPS), what is required for Whittington Health, and remain active in both regional and national discussions about LPS.
- Working with colleagues to ensure the Duty to Refer requirement under the Homelessness Reduction Act 2017 continues to be adhered to, and developments of initiatives for homeless patients continues.

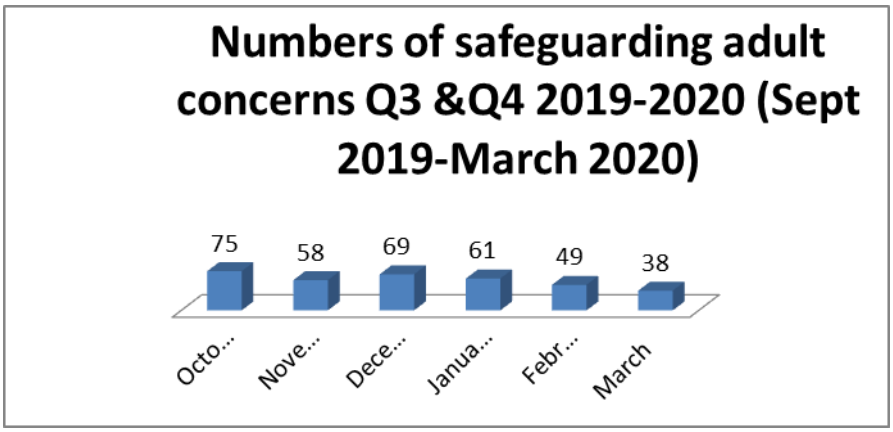
10. RECOMMENDATIONS

The Trust Board is asked to: -

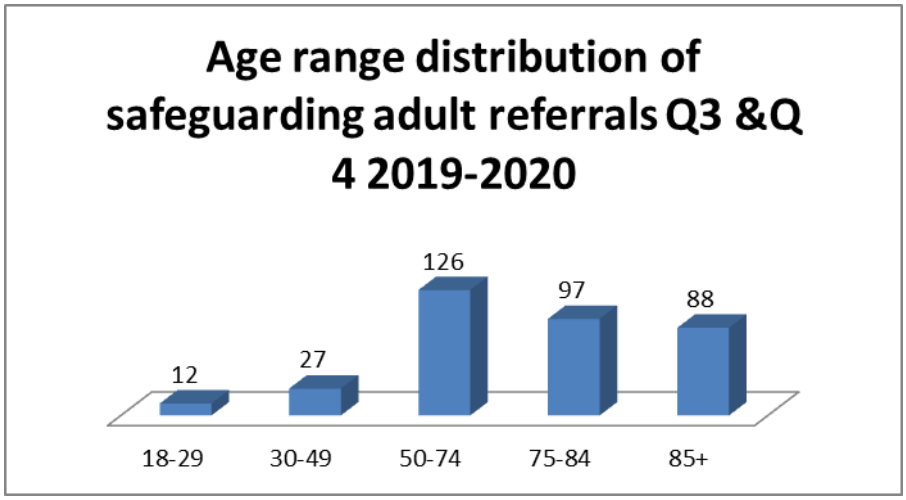
(i) To receive assurance that there are systems in place to protect children and vulnerable adults from abuse and neglect whilst in our care.

(ii) To be assured that partners have confidence that Whittington Health is fulfilling its role as a statutory partner in safeguarding children and adults at risk in the wider community and health and care economy.

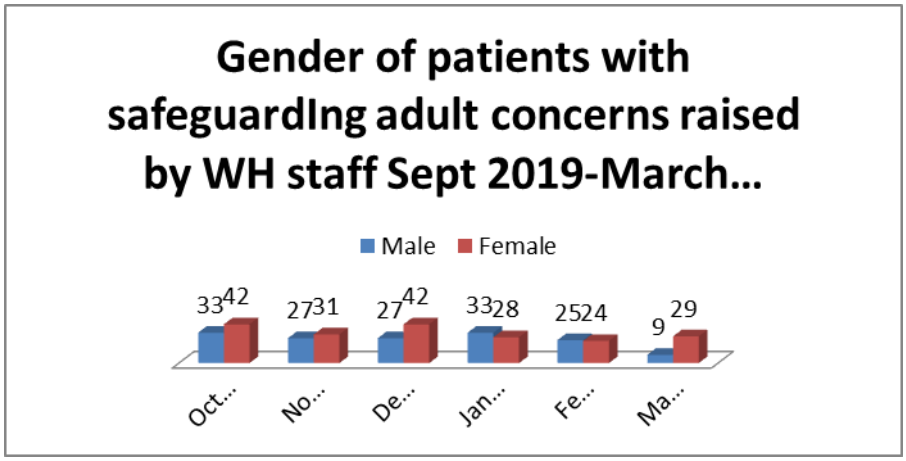
Appendix two – Adult Safeguarding Activity – Whittington Health September 2019 - March 2020



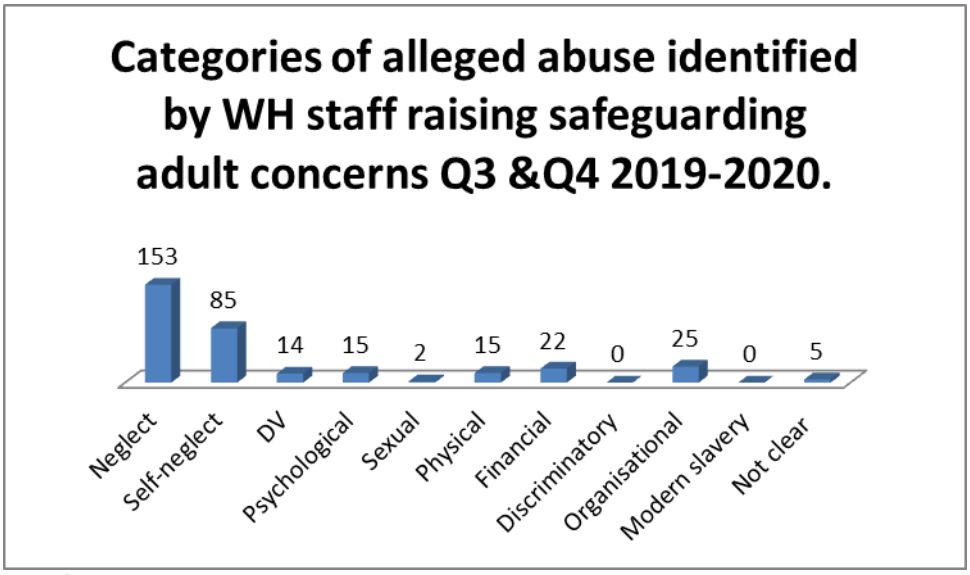
Graph 1



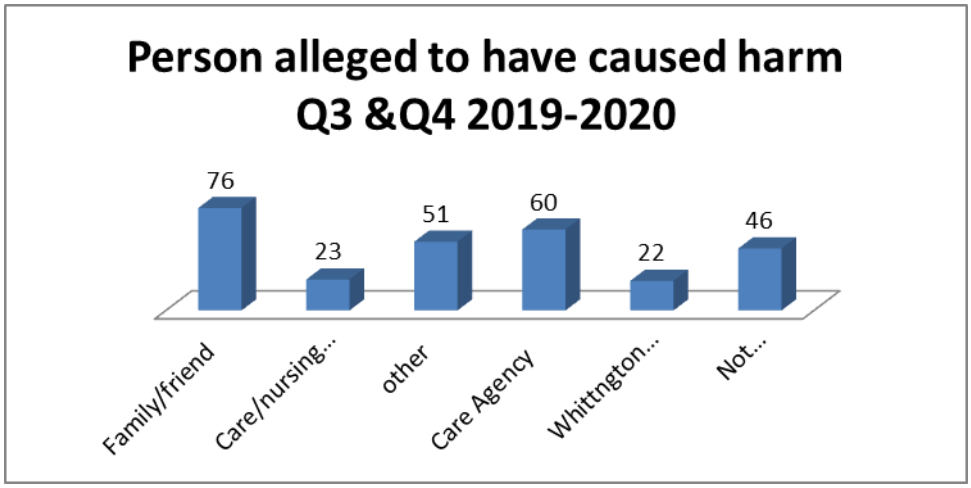
Graph 2 - shows significant numbers of safeguarding adult concerns are raised for those aged 50 and above, with a serious increase in representation.



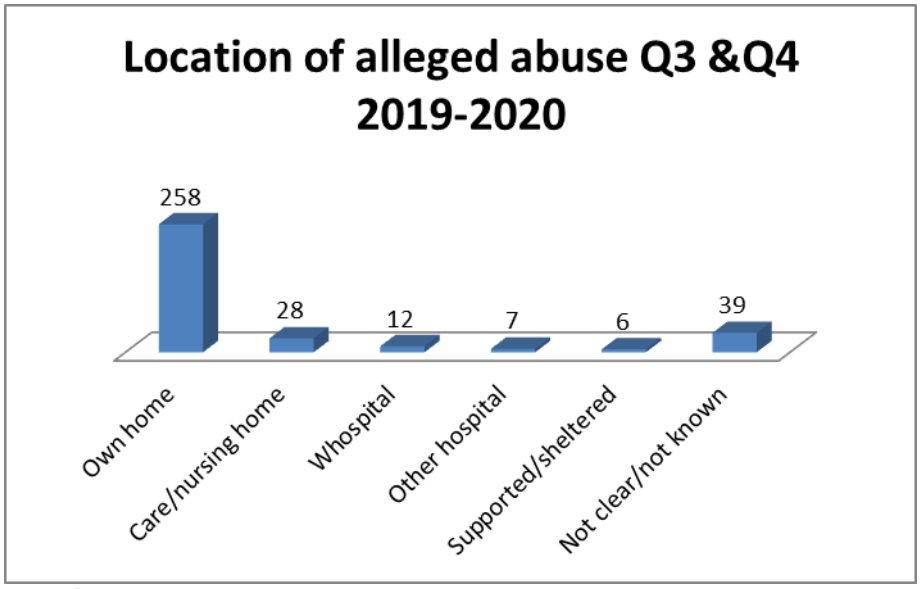
Graph 3 - shows a distinct difference between the genders, with women more likely to have a safeguarding adult concern raised on their behalf. This replicates national data.



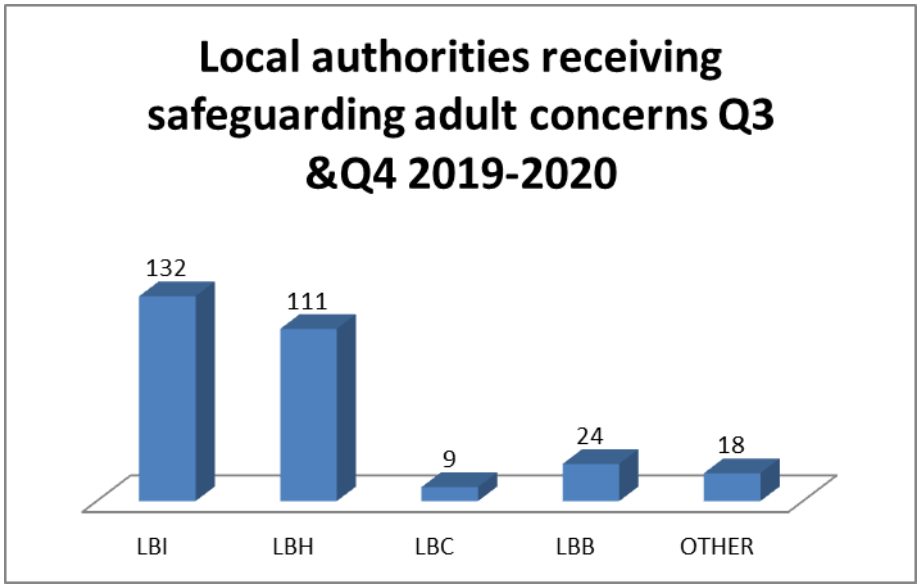
Graph 4



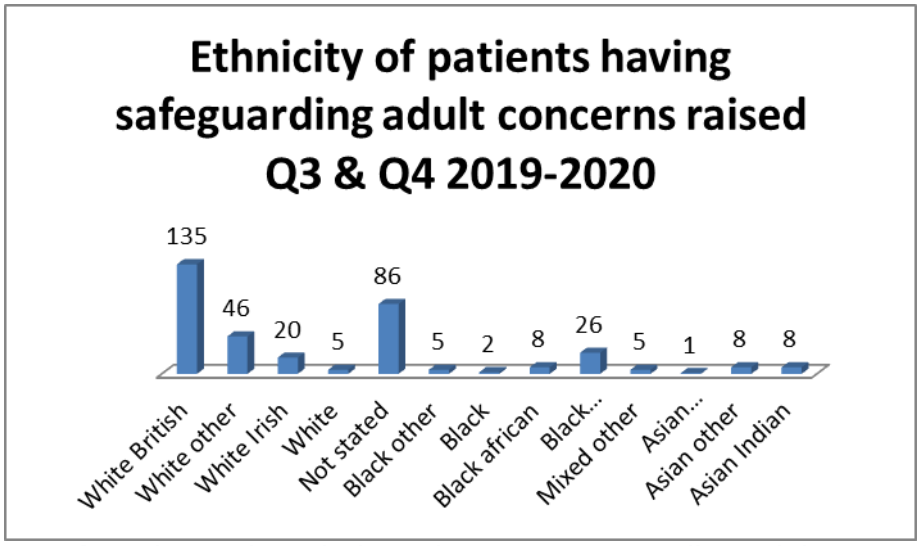
Graph 5



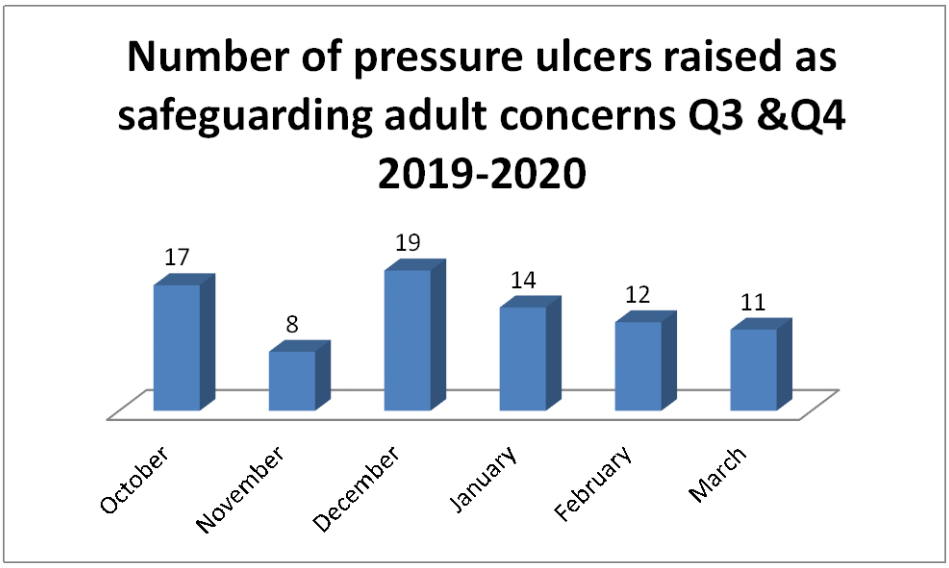
Graph 6



Graph 7 below shows the distribution of safeguarding adult concerns across local authorities.

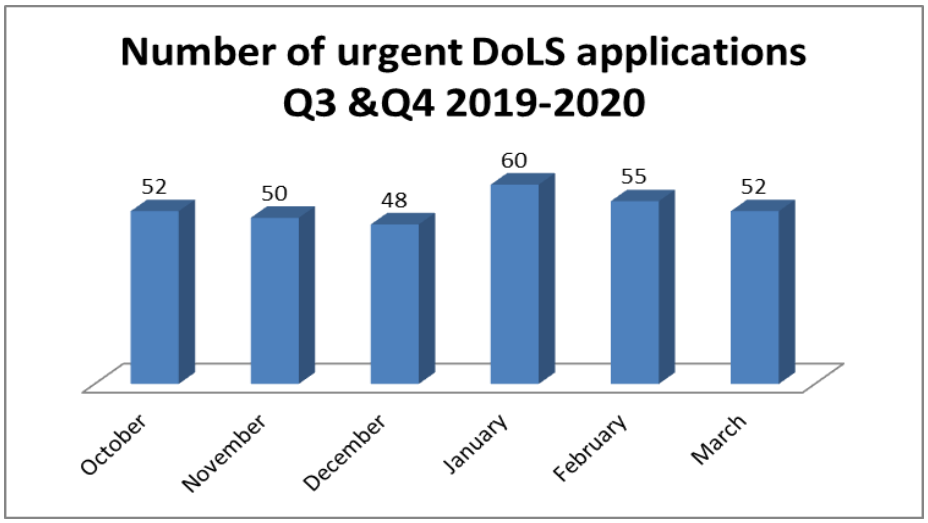


Graph 8 shows the ethnic makeup of safeguarding adult referrals, with the overwhelming majority being white

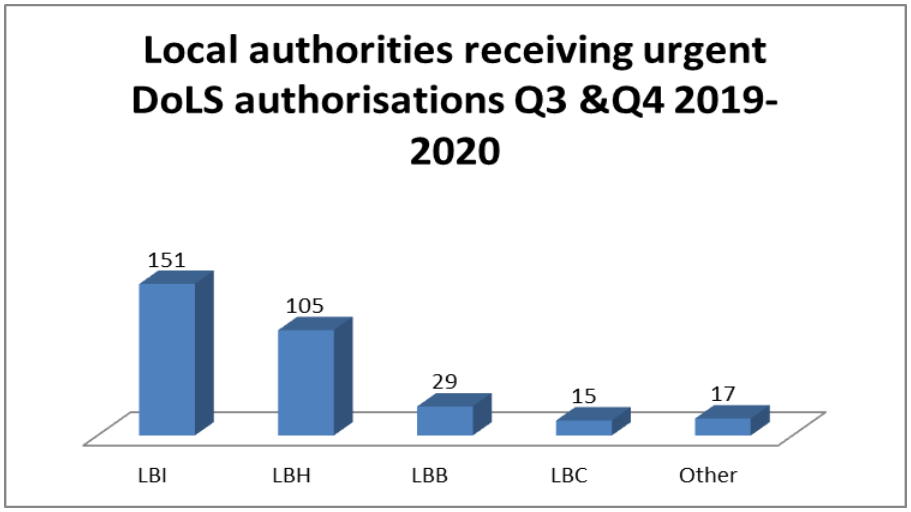


Graph 9

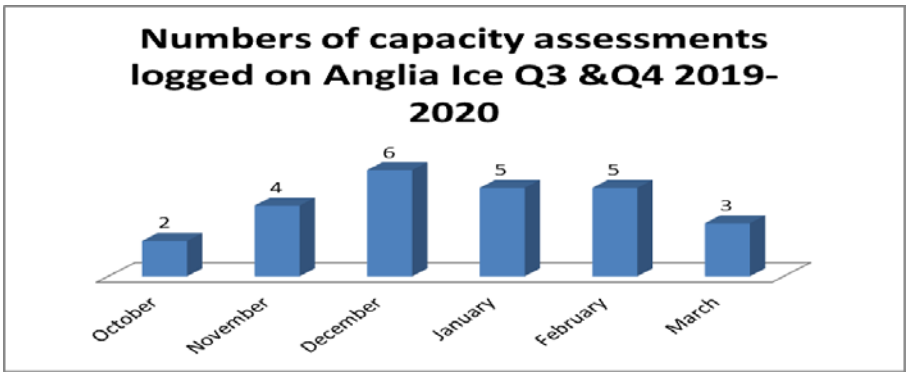
Appendix 3 – Deprivations of Liberty Safeguards and Mental Capacity Act



Graph 14



Graph 15



Graph 16

Meeting title	**Trust Board – public meeting**	**Date: 30.09.2020**
Report title	**Freedom To Speak Up Guardian Report (March – August 2020)**	**Agenda item: 8**
Executive director lead	Michelle Johnson, Chief Nurse and Director of Allied Health Professionals	
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 March 2020 to August 2020 • An update on the National Guardian's Office Quarter 3 (2019-20) data • An update on the Trust Speak Up Advocate's role	
Purpose:	The report provides information about Freedom to Speak Up across Whittington Health covering the period March 2020 to August 2020	
Recommendation(s)	The Trust Board is asked to: i. support Speak Up Advocates' roles with support for providing protected time (within job roles) for the Advocates to support their colleagues; ii. encourage and promote with managers and senior leaders to engage with Freedom to Speak Up; and iii. note the continued implementation of Freedom to Speak Up training to staff members of corporate, Integrated Clinical Service Unit (ICSU) leadership and managers.	
Risk Register or Board Assurance Framework	**BAF entry Quality 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. **BAF entry People 3** - Being unable to empower, support and develop staff, due to poor management practices, lack of dealing with bullying and harassment, poor communication and engagement, poor delivery on equality, diversity and inclusion, or insufficient resources, leads to disengaged staff and higher turnover	
Report history	Report presented to Trust Patient Safety Group and Trust Management Group	
Appendices	1: Freedom to Speak Up Index Report 2020	

1 Introduction

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 can speak up to protect patient safety and empower workers.

2 Overview - Freedom To Speak Up (FTSU) Guardian

2.1 This year has been challenging for everyone across the NHS. The COVID-19 pandemic and the lockdown have meant the trust has had to work differently and take on more responsibilities to ensure excellent patient care and staff safety. These changes and challenges mean that providing colleagues and teams with the freedom and ability to speak up has never been more important. During the peak period of the pandemic, the FTSU Guardian was regularly present in the Project Wingman Lounge and in the staff canteen to be visible and welcoming for anyone who wished to speak. Working remotely and virtually has also meant that the trust had to create a different way for colleagues to contact the Guardian and Advocates to ensure that the service remain accessible. From March/April the Guardian has offered staff members the option for remote appointments through phone, Microsoft Teams or Zoom, or face to face when the COVID-19 infection prevention conditions are met.

2.2 To understand how Freedom to Speak Up was being supported during COVID-19 peak period, the National Guardian's Office undertook three pulse surveys with the national guardian network (April 2020 - June 2020). These surveys highlighted workers across the NHS were raising issues such as problems with access to appropriate Personal Protective Equipment (PPE), concerns about social distancing and the safety of vulnerable colleagues. The surveys reported that members of staff continued to be encouraged to speak up. Ninety-three per cent (93%) of respondents to the last survey believe workers were being encouraged to speak up – up from 72% in April.

2.3 As the pandemic has showed there is a disproportionate impact of COVID-19 on Black, Asian and ethnic minority (B.A.M.E) people including health and care staff. The Guardian is working closely with the B.A.M.E staff network group to help remove additional barriers which these workers may face in speaking up. On a regional level, this has been the focus of recent webinars with the Freedom to Speak up Guardian's London network, including one with Yvonne Coghill CBE, former Director of Workplace Race Equality Standard (WRES) programme at NHS England and currently Director of WRES at NHS London.

2.4 In June 2020 the Board received the Case Review of past Freedom to Speak Up cases undertaken by the National Guardian Office (NGO). There is a recommendation action plan which is monitored at the Trust Management Group. The areas of development some include adopting national changes to the Trust's policy on speaking up; ensuring that thanking and giving feedback to those who did speak up; and improving the process for managing grievances. Much of this has been completed and a new grievance policy was

introduced earlier this year and training for 80 mediators was undertaken to support managers and staff.

2.5 The Freedom To Speak Up Index[1] is shared annually by the National Guardian's Office and is a key metric for organisations to monitor their speaking up culture. Following the data that was captured in the 2019 NHS Staff Survey, the trust is incredibly pleased to have improved its overall FTSU Index score by 3% (78.9%) from 2018 (75.9%) making it to the **top ten most improved Trusts in England for 2019**. In 2018 the overall FTSU. A score of 70% is perceived as a healthy culture and it is pleasing to see tracking above average and seeing improvements year on year. It is noted in the Index that fostering a positive speaking up culture is a key leadership responsibility and that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by the Care Quality Commission. The following are the ten trusts which have seen the greatest overall increase in their FTSU Index score. The full report is attached to this report.

Name of trust	2018	2019	Change
County Durham and Darlington NHS Foundation Trust	75.1%	80.5%	5.4%
Taunton and Somerset NHS Foundation Trust	77.8%	82.5%	4.7%
Worcestershire Acute Hospitals NHS Trust	73.9%	78.5%	4.6%
Liverpool Women's NHS Foundation Trust	75.7%	79.8%	4.1%
Medway NHS Foundation Trust	72.2%	76.1%	3.9%
East Midlands Ambulance Service NHS Trust	68.2%	71.9%	3.7%
Whittington Health NHS Trust	**75.9%**	**78.9%**	**3%**
Great Ormond Street Hospital for Children NHS Foundation Trust	77.9%	80.9%	3%
Great Western Hospitals NHS Foundation Trust	79.1%	82.1%	3%
Oxford University Hospitals NHS Foundation Trust	76.7%	79.5%	2.8%

2.6 Communication and visibility are two key points for the success of engaging with staff who may wish to raise concerns. The Guardian has continued to work closely with the Communications Department to review its trust media activity and promotion. A new screensaver went live at the beginning of September to keep promoting and advertising Freedom to Speak Up. The screensaver as showed to be one of the most efficient ways to create awareness of FTSU, showing the contacts for anyone wishing to raise a concern.

2.7 The FTSU Guardian continues to attend the preceptorship study day (nurses and allied health professionals) and new nurse orientation training to explain how to raise concerns safely and confidentially. When the Guardian is not available to attend, Speak Up Advocates provide cover. The FTSU Guardian is also participating and sharing information on raising concerns at the Medical Committee and Patient Safety group.

2.8 The next academic undergraduate year for medical students will be different from the ones before due to the impact of COVID-19. Students in year 4 and 5 of University College London (UCL) Medical School will be based at the trust

[1] https://www.nationalguardian.org.uk/news/latest-freedom-to-speak-up-index-published/

for the academic year rotating within the hospital. There will be no face to face teaching at the UCL campus. Following this unique situation, the trust post-CCT (Certificate of Completion of Training) Fellow and Speak Up Advocate felt concerned that this would make raising concerns more challenging for students without a clear path about who to contact. This led to work with UCL and Dr Henrietta Hughes National Guardian and the trust Guardian to develop a UCL FTSU guardian role. Since then, a process map has been developed on how raised concerns (arising from students) can be communicated between the university and the trust. An introductory video webinar is being used with students at their induction at the trust. This will be evaluated during the year and then rollout across other UCL hospital sites considered

2.9 With the new social distancing measures in place, the FTSUG is developing a short video for induction days to introduce himself, the Speak Up Advocates network, and how staff members can raise concerns in our Trust. This will be shared for all new starters.

2.10 The collaboration between the FTSUG and the Organisational Development Team and the Equality, Diversity and Inclusion Lead continues to be strong.

2.11 In response to the awareness raised by the National Guardian, concerning the isolation of Guardian posts, the FTSUG developed local peer meetings. The first meeting was set for 20th March 2020 hosted at the trust. Due to the impact of COVID-19 the meeting was postponed till the end of September 2020. The meeting will involve Guardians from The Royal Free London, North Middlesex University Hospital, North East London Foundation Trust, and University College London Hospitals. Going forward it will also include the Guardians for North Central London Clinical Commissioning Group (CCG) and The Royal National Orthopaedics Hospital. These meetings will share information, provide peer support, learn from good practice and help other Trusts develop their Speak Up networks.

2.12 The Freedom to Speak Up Guardian continues to help and promote the de-escalation of conflicts and facilitating and improving routes of communication with staff. In two different cases the guardian sought collaboration of two members of the Executive Team. This worked well and on both occasions, the members of staff felt appreciated, thanked and listened to while raising their concerns. The Guardian recognises the support and prompt collaboration received from the Executives.

2.13 The Trust “Whistleblowing Policy” is still under review in order to be aligned with the national standards (not yet published). The current NHSI policy is from April 2016 and revision of this national policy was expected to be available from NHSI in 2020. The impact of Covid-19 postponed the release of the new National Policy, now expected by the end of this year. The Guardian will review the current policy with the support of the Chief Nurse and Director of Workforce. The terminology “whistleblowing” will be changed, following the National tendency, to “raising concerns”.

3 Speak up Advocate's role

3.1 The Guardian is offering constant supervision and support to consolidate the network of Speak Up Advocates. The FTSUG and the Advocates have a two-monthly meeting to review some cases and provide support and guidance. Continuous training is also advised and incentivised for the Advocates within their role.

3.2 Representing diversity, equality and inclusion across the Trust, our Speak Up Advocates are present in several staff networks, especially the B.A.M.E network and Staff Wellbeing, to encourage colleagues to speak up and raise their concerns safely.

3.3 There is targeted recruitment for Advocates in departments such as IT and Finances and also different Wards, Emergency Department, Day Treatment Centre and consultants.

3.4 During this reporting period four concerns were raised directly to the Speak Up Advocates. One person requested support from someone from the same cultural background and was very pleased to receive that support within the trust. The Advocates also provide advice, active listening and signpost when required. In cases where a person wants to remain anonymous, they are signpost to the Guardian directly. Also, if there is a patient safety issue this is immediately escalated to the Guardian.

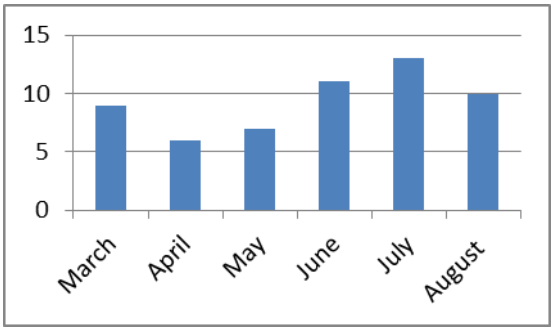
4 Local concerns raised (March 2020 to August 2020)

4.1 This reporting period (March 2020 to August 2020) the FTSUG received 65 initial concerns. This represents a significant increase compared with the same period for the previous year (March 2019 – August 2019) with only 35 initial cases. Two contacts were anonymous and have been reported internally, this is low compared with the first Trust Board report where 6 anonymous cases were reported. This may indicate that staff now feel more confident and safe to disclose their identities while raising concerns.

4.2 Thirty-four of the cases have been reported to the National Guardian's Office (Q4). One case reported involved an element of patient safety, one anonymous concern and 26 with an element of bullying and harassment. An investigation is underway regarding one case of staff who may have suffered detriment.

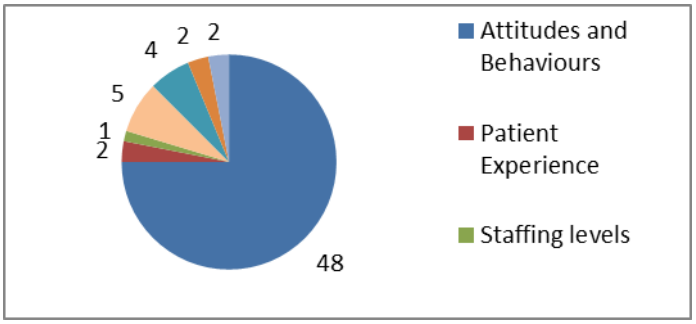
4.3 Table one overleaf shows cases received by month for the reporting period.

Table one: Freedom to Speak Up Concerns March 2020 – August 2020



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

Table two: Freedom to Speak Up themes March 2020 – August 2020



5 National Guardian - quarter one-two 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 four of 2020 (1 January to 31 March 2020). The National Guardian Office plans to collect both Q1 and Q2 2020/2021 together in the quarter three period. For this reason, the trust is unable to show the national figures on FTSU in the present report.

6 Whittington Health staff feedback

6.1 The Guardian has been collecting feedback since starting in the post and reports an overall positive response. For the period of this report 6 members of staff filled the feedback form. Staff members say that they feel listened, safe and supported while raising concerns. The Guardian is approachable and welcoming. When questioned if they would contact the service again 5 people replied "yes", 1 replied "maybe".

6.2 Data from surveys regarding the experience of using the Freedom to Speak Up Guardian:

Table five: Rate of experience of using the Whittington NHS Trust FTSU Guardian (March 2020 - September 2020)

6.3 As part of learning from the National Guardian Office case review the survey now includes a question asking if they felt thanked for raising concerns. To date all responses have responded with 'Yes'.

7 Priorities next six months

7.1 The Guardian priorities for the next six months;

- Revisit Health Centres and services throughout the Hospital (more face to face)
- Engage further with trade union representatives
- Additional training to corporate teams and managers
- Support and supervise the thirty Speak Up Advocates, recruiting and training new ones as necessary. Also, provide and advise continue development within the role
- Provide support in the Staff Networks
- Revise and update the trust policy on Raising Concerns/ Speak Up
- Work closely with the Recruitment Team to support safe recruitment practice is promoted

8 Recommendations for the Board:

(i) Support Speak Up Advocates' roles with support for providing protected time (within job roles) for the Advocates to support their colleagues;

(ii) Encourage and promote with managers and senior leaders to engage with Freedom to Speak Up;

(iii) Continued implementation of Freedom to Speak Up training to staff members of corporate, Integrated Clinical Service Unit (ICSU) leadership and managers;

National Guardian
Freedom to Speak Up

Freedom to Speak Up Index Report 2020

Contents

Foreword by Sir Simon Stevens

With the onset of the Coronavirus pandemic, NHS staff have been on the frontline of the greatest challenge our health service has ever faced.

In the NHS, speaking up is a fundamental matter of patient and staff safety, which is why we are so determined that NHS employers should support anyone who wants to make their voice heard.

Freedom to Speak Up Guardians are therefore a powerful force for good in helping this happen. NHS England is proud to have tripled our funding to support them across the NHS.

And having first suggested the creation of a Freedom to Speak Index, I'm personally pleased to endorse this annual report, and grateful to all those who have helped shine a spotlight on this crucial aspect of the NHS's work.

This is the second year the Index has been published and we've seen an improvement in people's sense of power to speak up, with this year's results showing the national FTSU Index has now risen to 78.7 per cent. This is both important progress and a reminder that more is needed.

The impact of Covid-19 will be felt for a long time, but all the evidence shows that when colleagues feel empowered to speak up, the NHS will make great progress in our founding mission of health high quality care - for all.

Foreword by Dr Henrietta Hughes

Speaking up has never been more important, and the reality of whether leaders and organisations listen, act and learn is a critical part of this process. The introduction of Freedom to Speak Up Guardians in 2015 following the Francis Freedom to Speak Up Review has seen an improvement in the speaking up culture nationally.

Measuring the effect of culture change can be difficult, and the acid test is the view of staff. In NHS Trusts we can seek to measure the impact of improvements that have been put into place through the responses to the NHS Annual Staff Survey, on whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident.

The Freedom to Speak Up (FTSU) Index, first published in 2019, is a key metric for organisations to monitor their speaking up culture. The index has risen nationally from 75.5 per cent in 2015 to 78.7 per cent in 2019. When compared with other sectors, a score of 70 per cent is perceived as a healthy culture, so I believe that we have a lot to celebrate. But for us in health, the stakes are higher. Within this national average there continues to be variation, both within and between organisations. For example, in one trust only four in 10 responders believe that the organisation treats staff who are involved in an error, near miss or incident fairly. This can act as a barrier to speaking up, which could have devastating consequences for patient and worker safety and wellbeing. Fostering a positive speaking up culture sits firmly with the leadership, and we can see that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by CQC.

All organisations need to look at the results of their staff surveys, the FTSU Index score and the changes over time. The voices of workers who are otherwise unheard also need to be amplified, including those who do not have the opportunity or confidence to complete the survey. I would encourage organisations to use the index to identify pockets of their organisation where workers feel less supported to speak up and to focus on ways to improve this. We work with organisations with higher scores to share their experience and ideas for improvement, through our publications, regional and national network meetings and through October Speak Up Month. Similarly, for organisations with lower scores, there is an opportunity to use this information to listen to staff, reflect on the barriers, learn from others and implement changes to instil confidence in workers that speaking up will be heard and acted upon without risk of victimisation. I am delighted to announce that we will be working with the ambulance sector to share learning and to support improvement and innovation.

Introduction

Freedom to Speak Up is vital in healthcare – it can be a matter of life or death. When workers feel psychologically safe, they will speak up to avoid harm, bring great ideas and be able to express their concerns. The National Guardian's Office (NGO) believes a good speaking up culture makes for a safer workplace, for workers, patients and service users.

The NGO is working to make speaking up business as usual across the health sector.[1] This work includes developing, promoting and supporting an expanding network of Freedom to Speak Up Guardians, who work within their organisations to support workers to speak up and to effect culture change to make speaking up business as usual. The NGO also challenges and supports the health system in England on all matters related to speaking up.

Every year, NHS staff in trusts are invited to take part in the NHS Staff Survey to share their views about working in their organisation. The data gathered is used to monitor trends over time, as well as to compare organisational performance to improve the experiences of workers and patients.

Working with NHS England, the National Guardian's Office has brought together four questions from the NHS Staff Survey into a 'Freedom to Speak Up (FTSU) Index'. These questions relate to whether staff feel knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident.

The FTSU Index seeks to allow trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made. This is the second year in a row we have published the FTSU Index.[2]

This year's results show the national average for the FTSU index has continued to rise. This continued improvement is a fantastic achievement and testament to the hard work of Freedom to Speak Up Guardians and those who support them. However, we are starting from a place where many staff do not feel psychologically safe. The responses to the questions on which the index is based show there is still much to do to make speaking up business as usual. For example, less than two thirds of respondents nationally (59.7%) agreed their organisation treats staff who are involved in an error, near miss or incident fairly. Seventy-two per cent (71.7%) of respondents said they would feel secure raising concerns about unsafe clinical practice – which suggests that over a quarter of the workforce potentially does not feel secure raising concerns.

The index once again suggests a positive speaking up culture is associated with higher-performing organisations as rated by the Care Quality Commission (CQC). In other words, trusts with higher index scores are more likely to be rated 'Good' or 'Outstanding' by the CQC. However, this correlation is less apparent with ambulance trusts which tend to perform comparatively less well in the FTSU Index despite most of them receiving 'Good' ratings by the CQC (see Annex 1, below).

[1] National Guardian's Office, https://www.nationalguardian.org.uk/
[2] Freedom to Speak Up Index Report 2019, National Guardian's Office, https://www.nationalguardian.org.uk/wp-content/uploads/2020/02/ftsu-index-report-updated.pdf

We want the index to promote the sharing of good practice and learning, by encouraging trusts to work to improve their speaking up arrangements and culture.

The Freedom to Speak Up Index for each trust and the CQC ratings for Overall and Well Led are included in Annex 1. The information is taken from the CQC website and the annual NHS Staff Survey at the time of publication.[3]

[3] This information is correct as of July 3rd, 2020.

Survey questions and FTSU Index

The annual NHS staff survey contains several questions that are helpful indicators of speaking up culture. The FTSU index was calculated as the mean average of responses to the following four questions from the NHS Staff Survey:

- % of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

This year's index is based on the results from the 2019 NHS Staff Survey.[4]

Please note all figures in this report are rounded to one decimal place.

[4] NHS England and NHS Improvement Staff Survey, https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/

Summary of results

A. *FTSU Index – National averages*

The national average for the Freedom to Speak Up (FTSU) Index score has continued to improve over the past year, up one percentage point to 79 per cent.

2015	2016	2017	2018	2019
75.5%	76.7%	76.8%	78.1%	78.7%

The FTSU index is based on four questions from the annual NHS Staff Survey (questions 17a, 17b, 18a and 18b).

Question 17a

Question 17a asks staff whether they agree their organisation treats staff who are involved in an error, near miss or incident fairly.

Question	2018	2019
% of staff agreeing that their organisation treats staff who are involved in an error, near miss or incident fairly (17a)	58.3%	59.7%

Of the four questions on which the index is based, the response to this question has seen the biggest improvement over the past year.[5]

However, it remains the case that fewer than two thirds of respondents agreed their organisation treats staff who are involved in an error, near miss or incident fairly.

This question saw the widest disparity in trust performance compared to the other questions making up the index. The highest scoring trust for this question, the Royal Marsden NHS Foundation Trust, scored 72.9 per cent, while the lowest scoring trust scored 40.3 per cent.

[5] This question has also seen the biggest improvement since 2015, with the percentage of respondents agreeing with the statement rising from 52.2 per cent in 2015 to 59.7 per cent in 2019.

Question 17b

Question 17b asks whether staff agree their organisation encourages them to report errors, near misses or incidents. Eighty-eight per cent (88%) of respondents agreed their organisation encourages them to report errors, near misses or incidents.

Question	2018	2019
% of staff agreeing that their organisation encourages them to report errors, near misses or incidents (17b)	88.1%	88.4%

Hounslow and Richmond Community Healthcare NHS Trust was the highest scoring trust for this question, achieving a score of 95.3 per cent. The lowest scoring trust scored 79.1 per cent.

Question 18a

Question 18a asks whether staff agree that if they were concerned about unsafe clinical practice, they would know how to report it. Ninety-five per cent (95%) of respondents agreed that if they were concerned about unsafe clinical practice, they would know how to report it.

Question	2018	2019
% of staff agreeing that if they were concerned about unsafe clinical practice, they would know how to report it (18a)	94.8%	94.6%

Isle of Wight NHS Trust (community sector) was the highest scoring trust for this question (99.3 per cent). The lowest scoring trust scored 89.5 per cent.

Question 18b

Question 18b asks whether staff agree that they would feel secure raising concerns about unsafe clinical practice. Seventy-two per cent (72%) of respondents agreed they would feel secure raising concerns about unsafe clinical practice.

Question	2018	2019
% of staff agreeing that they would feel secure raising concerns about unsafe clinical practice (18b)	70.7%	71.7%

Cambridgeshire Community Services NHS Trust was the highest scoring trust for this question (82.1 per cent). The lowest scoring trust achieved 58.6 per cent.

B. *FTSU Index – By region*

We reviewed performance in the index by region. The region with the highest index score was the South West (79.8 per cent), followed by the South East. The region with the lowest index score was the East of England (78.5 per cent).

All regions saw an improvement in their index score over the last year. The region which saw the biggest improvement was the South West, followed by the South East.

Region	**2018**	**2019**
South West	78.6%	79.8%
South East	78.6%	79.6%
North West	78.5%	79.1%
Midlands	78%	78.8%
London	78.4%	78.7%
North East and Yorkshire	78.3%	78.5%
East of England	78.3%	78.5%

C. *FTSU Index – By trust type*

Index scores varied by trust type. Community trusts had the highest score (83.9 per cent), with ambulance trusts achieving a score of 73.8 per cent.

Most trust types saw an improvement in their index score over the last year. The trust type with the biggest improvement was community trusts.

Trust type	**2018**	**2019**
Community Trusts	82.6%	83.9%
Acute Specialist Trusts	81.7%	81.2%
Combined Mental Health / learning Disability and Community Trusts	79.9%	80.2%
Mental Health / Learning Disability Trusts	78.7%	79.4%
Combined Acute and Community Trusts	78.5%	79%
Acute Trusts	77.4%	77.9%
Ambulance Trusts	73.8%	73.8%

D. *Trusts with the highest FTSU Index scores*

The following are the ten trusts with the highest score in the Freedom to Speak Up Index:

Name of trust[6]	2018	2019
Cambridgeshire Community Services NHS Trust	87%	86.6%
Solent NHS Trust	86.1%	86.1%
Northamptonshire Healthcare NHS Foundation Trust	84.9%	85.2%
Hounslow and Richmond Community Healthcare NHS Trust	85.1%	85%
Leeds Community Healthcare NHS Trust	84.1%	85%
Liverpool Heart and Chest Hospital NHS Foundation Trust	85.6%	84.7%
Wirral Community NHS Foundation Trust[7]	82.5%	84.5%
Derbyshire Community Health Services NHS Foundation Trust	82.7%	84.4%
The Royal Marsden NHS Foundation Trust	83.8%	84.3%
South Warwickshire NHS Foundation Trust	81.6%	84.3%

[6] Trusts highlighted in blue are new entries into the top ten trusts with the highest score in the Freedom to Speak Up Index.
[7] Also known as Wirral Community Health and Care NHS Foundation Trust.

E. *Trusts with the greatest overall increase and decrease in FTSU Index score*

The following are the ten trusts which have seen the greatest overall increase in their FTSU Index score:

Name of trust	2018	2019	Change
County Durham and Darlington NHS Foundation Trust*	75.1%	80.5%	5.4%
Taunton and Somerset NHS Foundation Trust	77.8%	82.5%	4.7%
Worcestershire Acute Hospitals NHS Trust	73.9%	78.5%	4.6%
Liverpool Women's NHS Foundation Trust	75.7%	79.8%	4.1%
Medway NHS Foundation Trust	72.2%	76.1%	3.9%
East Midlands Ambulance Service NHS Trust	68.2%	71.9%	3.7%
Whittington Health NHS Trust	75.9%	78.9%	3%
Great Ormond Street Hospital for Children NHS Foundation Trust	77.9%	80.9%	3%
Great Western Hospitals NHS Foundation Trust	79.1%	82.1%	3%
Oxford University Hospitals NHS Foundation Trust	76.7%	79.5%	2.8%

*Cate Woolley-Brown, Freedom to Speak Up Guardian at County Durham and Darlington NHS Foundation Trust, said, *"We're delighted with the response from our staff, indicating their confidence to speak up. The role of the Freedom to Speak Up Guardian is supported at the very top of the organisation. The Chair, Chief Executive, the wider executive team and non-executive directors are fully behind and engaged with the valuable role the Guardian plays in giving staff a channel through which they can speak up on any issue – and be listened to. This senior level support is critical in reassuring staff that they will be taken seriously. My role is widely promoted with the emphasis on concerns being dealt with speedily, a culture of openness, honesty and learning - to prevent recurrence."*

The following are the ten trusts which have seen the greatest overall decrease in their FTSU Index score:

Name of trust	2018	2019	Change
Tavistock and Portman NHS Foundation Trust	81.6%	77.5%	-4.1%
Sheffield Health and Social Care NHS Foundation Trust	76.2%	72.3%	-3.9%
University Hospitals of Morecambe Bay NHS Foundation Trust	79.1%	75.8%	-3.3%
North East Ambulance Service NHS Foundation Trust	76.2%	72.9%	-3.3%
Moorfields Eye Hospital NHS Foundation Trust	82.8%	79.7%	-3.1%
North Cumbria University Hospitals NHS Trust	71.6%	68.5%	-3.1%
The Princess Alexandra Hospital NHS Trust	78.4%	75.4%	-3%
Luton and Dunstable University Hospital NHS Foundation Trust	79.5%	76.9%	-2.6%
Basildon and Thurrock University Hospitals NHS Foundation Trust	76.8%	75%	-1.8%
Tees, Esk and Wear Valleys NHS Foundation Trust	80.7%	79.1%	-1.6%

What we will do next

- We will use the index as an indicator of potential areas of good practice and concern when it comes to the speaking up culture in trusts.

- We will share the index with our stakeholders, including the Care Quality Commission (CQC), and NHS England and NHS Improvement, so it may also inform their work to support trusts.

- We will also be working with the survey team at NHS England to develop the index to provide a more holistic understanding of speaking up culture.

Ambulance trusts

As mentioned above, the index suggests a positive speaking up culture is associated with higher-performing organisations as rated by the CQC. This correlation is less apparent with ambulance trusts which tend to perform comparatively less well in the index despite most of them receiving ‘good’ ratings by the CQC.

We will be undertaking a piece of work later this year to work with ambulance trusts and our partners to understand why ambulance trusts tend to perform comparatively less well in the index. We will also be working with ambulance trusts and our partners to develop a better understanding of the relationship between the FTSU index and CQC ratings.

Acknowledgements

We want to thank everyone who has helped with the preparation of the Freedom to Speak Up Index and this report. This includes all the trusts featured, the survey team at NHS England and members of the team at the National Guardian's Office.

Annex 1

FTSU Index including CQC Overall and Well Led Ratings

Outstanding
Good
Requires improvement
Inadequate

FTSU Index	Name of trust	CQC Overall	Well Led
86.6%	Cambridgeshire Community Services NHS Trust	Outstanding	Outstanding
86.1%	Solent NHS Trust	Good	Good
85.2%	Northamptonshire Healthcare NHS Foundation Trust	Outstanding	Outstanding
85%	Hounslow and Richmond Community Healthcare NHS Trust	Good	Good
85%	Leeds Community Healthcare NHS Trust	Good	Good
84.7%	Liverpool Heart and Chest Hospital NHS Foundation Trust	Outstanding	Outstanding
84.5%	Wirral Community NHS Foundation Trust	Requires improvement	Requires improvement
84.4%	Derbyshire Community Health Services NHS Foundation Trust	Outstanding	Outstanding
84.3%	The Royal Marsden NHS Foundation Trust	Outstanding	Outstanding
84.3%	South Warwickshire NHS Foundation Trust	Outstanding	Outstanding
84.2%	Kent Community Health NHS Foundation Trust	Outstanding	Good
84.1%	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Good	Outstanding
84.1%	Gloucestershire Care Services NHS Trust[8]	Good	Good
83.9%	Hertfordshire Community NHS Trust	Good	Good
83.9%	Sussex Community NHS Foundation Trust	Good	Good
83.8%	The Royal Orthopaedic Hospital NHS Foundation Trust	Good	Good
83.6%	Lincolnshire Community Health Services NHS Trust	Outstanding	Outstanding
83.4%	Norfolk Community Health and Care NHS Trust	Outstanding	Outstanding
83.3%	Northumbria Healthcare NHS Foundation Trust	Outstanding	Good
83.2%	Berkshire Healthcare NHS Foundation Trust	Outstanding	Outstanding
83.1%	Northern Devon Healthcare NHS Trust	Requires improvement	Requires improvement
83%	Royal Brompton and Harefield NHS Foundation Trust	Good	Good
82.9%	Worcestershire Health and Care NHS Trust	Good	Good
82.8%	Gateshead Health NHS Foundation Trust	Good	Good
82.6%	Guy's and St Thomas' NHS Foundation Trust	Good	Outstanding
82.5%	Hertfordshire Partnership University NHS Foundation Trust	Outstanding	Outstanding
82.5%	Cambridge University Hospitals NHS Foundation Trust	Good	Outstanding
82.5%	Taunton and Somerset NHS Foundation Trust[9]	Good	Good
82.4%	Dudley and Walsall Mental Health Partnership NHS Trust	Good	Good
82.4%	Shropshire Community Health NHS Trust	Good	Good

[8] Merged with 2gether NHS Foundation Trust to form Gloucestershire Health & Care NHS Foundation Trust in October 2019.
[9] Merged with Somerset Partnership NHS Foundation Trust to form Somerset NHS Foundation Trust in April 2020.

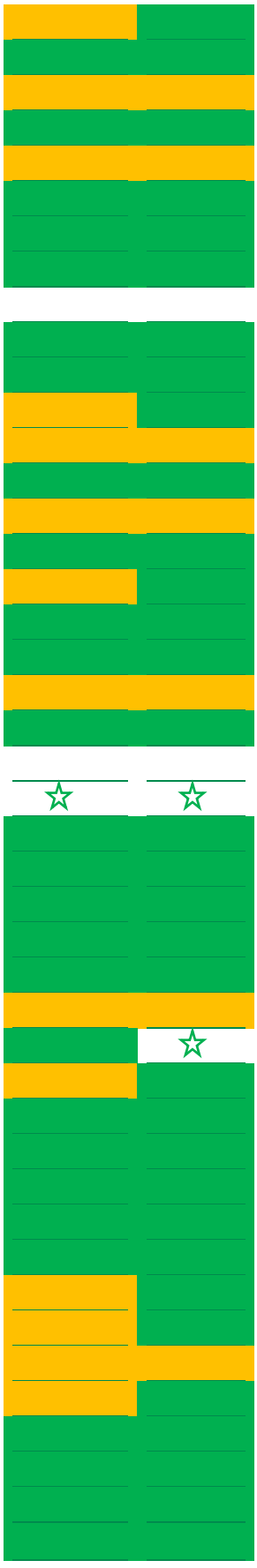
82.2%	The Christie NHS Foundation Trust	☆☆
82.1%	Dorset Healthcare University NHS Foundation Trust	☆☆
82.1%	Cambridgeshire and Peterborough NHS Foundation Trust	
82.1%	Great Western Hospitals NHS Foundation Trust	
82%	Midlands Partnership NHS Foundation Trust	
82%	Surrey and Borders Partnership NHS Foundation Trust	
82%	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	
81.9%	Lincolnshire Partnership NHS Foundation Trust	☆
81.9%	East Lancashire Hospitals NHS Trust	
81.9%	Surrey and Sussex Healthcare NHS Trust	☆☆
81.7%	Airedale NHS Foundation Trust	
81.6%	West Suffolk NHS Foundation Trust	
81.5%	Southern Health NHS Foundation Trust	
81.4%	Mersey Care NHS Foundation Trust	☆
81.4%	The Clatterbridge Cancer Centre NHS Foundation Trust	
81.3%	Yeovil District Hospital NHS Foundation Trust	
81.3%	Oxford Health NHS Foundation Trust	
81.2%	Bolton NHS Foundation Trust	☆
81.2%	University Hospital Southampton NHS Foundation Trust	
81.2%	St Helens and Knowsley Teaching Hospitals NHS Trust	☆☆
81.1%	Royal Berkshire NHS Foundation Trust	
81.1%	North Tees and Hartlepool NHS Foundation Trust	
81%	Harrogate and District NHS Foundation Trust	
81%	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust[10]	☆☆
80.9%	Somerset Partnership NHS Foundation Trust[11]	
80.9%	Great Ormond Street Hospital for Children NHS Foundation Trust	
80.9%	Kingston Hospital NHS Foundation Trust	☆☆
80.7%	Frimley Health NHS Foundation Trust	
80.7%	Royal Papworth Hospital NHS Foundation Trust	☆☆
80.7%	Cornwall Partnership NHS Foundation Trust	
80.7%	The Walton Centre NHS Foundation Trust	☆
80.7%	Royal Surrey NHS Foundation Trust[12]	
80.7%	University Hospitals Plymouth NHS Trust	
80.6%	2Gether NHS Foundation Trust[13]	
80.6%	The Newcastle upon Tyne Hospitals NHS Foundation Trust	☆☆
80.5%	Central London Community Healthcare NHS Trust	
80.5%	Salisbury NHS Foundation Trust	
80.5%	Portsmouth Hospitals NHS Trust	
80.5%	University Hospitals Coventry and Warwickshire NHS Trust	
80.5%	Sheffield Children's NHS Foundation Trust	

[10] The trust changed its name from Northumberland, Tyne and Wear NHS Foundation Trust to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust in October 2019.
[11] Merged with Taunton and Somerset NHS Foundation Trust to form Somerset NHS Foundation Trust in April 2020.
[12] The trust changed its name from Royal Surrey County Hospital NHS Foundation Trust to Royal Surrey NHS Foundation Trust in September 2019.
[13] Merged with Gloucestershire Care Services NHS Trust to form Gloucestershire Health & Care NHS Foundation Trust in October 2019.

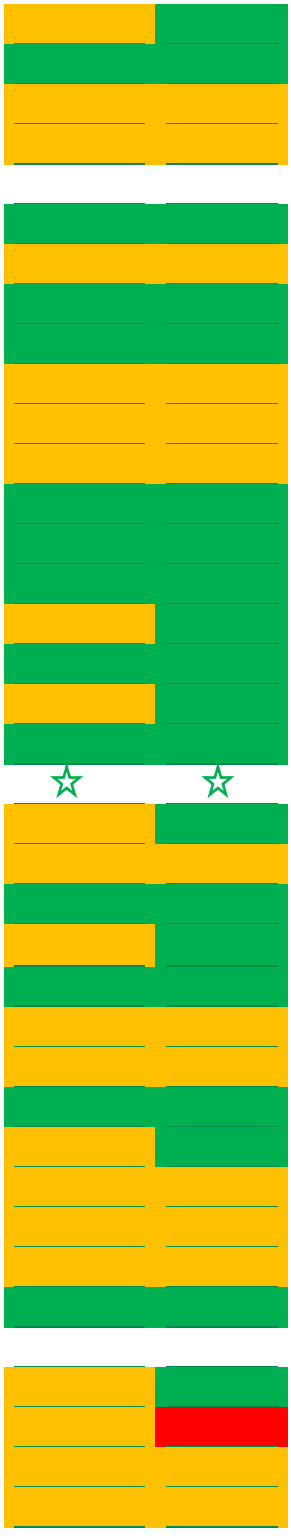
80.5%	County Durham and Darlington NHS Foundation Trust	
80.5%	North East London NHS Foundation Trust	
80.5%	North Staffordshire Combined Healthcare NHS Trust	
80.4%	Oxleas NHS Foundation Trust	
80.3%	University Hospitals Bristol NHS Foundation Trust[14]	
80.3%	Cheshire and Wirral Partnership NHS Foundation Trust	
80.3%	Poole Hospital NHS Foundation Trust	
80.2%	East London NHS Foundation Trust	
80.2%	Rotherham Doncaster and South Humber NHS Foundation Trust	
80.2%	Tameside and Glossop Integrated Care NHS Foundation Trust	
80.2%	Royal National Orthopaedic Hospital NHS Trust	
80.2%	Devon Partnership NHS Trust	
80.2%	Southend University Hospital NHS Foundation Trust[15]	
80%	East Sussex Healthcare NHS Trust	
80%	Bradford Teaching Hospitals NHS Foundation Trust	
80%	Buckinghamshire Healthcare NHS Trust	
80%	Cumbria Partnership NHS Foundation Trust[16]	
79.9%	Pennine Care NHS Foundation Trust	
79.9%	Sherwood Forest Hospitals NHS Foundation Trust	
79.9%	North West Boroughs Healthcare NHS Foundation Trust	
79.8%	Queen Victoria Hospital NHS Foundation Trust	
79.8%	Liverpool Women's NHS Foundation Trust	
79.8%	Nottingham University Hospitals NHS Trust	
79.7%	Moorfields Eye Hospital NHS Foundation Trust	
79.7%	South Tyneside and Sunderland NHS Foundation Trust	
79.6%	Birmingham Community Healthcare NHS Foundation Trust	
79.6%	Chelsea and Westminster Hospital NHS Foundation Trust	
79.6%	Royal Devon and Exeter NHS Foundation Trust	
79.6%	Leeds Teaching Hospitals NHS Trust	
79.5%	Oxford University Hospitals NHS Foundation Trust	
79.5%	Sussex Partnership NHS Foundation Trust	
79.5%	East Cheshire NHS Trust	
79.5%	Central and North West London NHS Foundation Trust	
79.4%	Leeds and York Partnership NHS Foundation Trust	
79.4%	Chesterfield Royal Hospital NHS Foundation Trust	
79.4%	Warrington and Halton Teaching Hospitals NHS Foundation Trust	
79.4%	Kent and Medway NHS and Social Care Partnership Trust	
79.3%	Leicestershire Partnership NHS Trust	
79.3%	Bradford District Care NHS Foundation Trust	
79.2%	Sheffield Teaching Hospitals NHS Foundation Trust	
79.2%	Blackpool Teaching Hospitals NHS Foundation Trust	
79.2%	Birmingham Women's and Children's NHS Foundation Trust	
79.2%	Essex Partnership University NHS Foundation Trust	

[14] Merged with Weston Area Health NHS Trust to form University Hospitals Bristol and Weston NHS Foundation Trust in April 2020.
[15] Merged to form Mid and South Essex NHS Foundation Trust.
[16] Merged with North Cumbria University Hospitals NHS Trust to form North Cumbria Integrated Care NHS Foundation Trust.

79.1%	Tees, Esk and Wear Valleys NHS Foundation Trust
79%	Homerton University Hospital NHS Foundation Trust
79%	North West Anglia NHS Foundation Trust
79%	Ashford and St Peter's Hospitals NHS Foundation Trust
79%	Sandwell and West Birmingham Hospitals NHS Trust
78.9%	Whittington Health NHS Trust
78.9%	Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
78.8%	Mid Cheshire Hospitals NHS Foundation Trust
78.8%	Isle of Wight NHS Trust (mental health sector)
78.8%	Derbyshire Healthcare NHS Foundation Trust
78.8%	University College London Hospitals NHS Foundation Trust
78.7%	Lancashire Teaching Hospitals NHS Foundation Trust
78.7%	Wye Valley NHS Trust
78.7%	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
78.6%	Bridgewater Community Healthcare NHS Foundation Trust
78.6%	Greater Manchester Mental Health NHS Foundation Trust
78.5%	Hull University Teaching Hospitals NHS Trust
78.5%	Calderdale and Huddersfield NHS Foundation Trust
78.5%	West London NHS Trust
78.5%	Worcestershire Acute Hospitals NHS Trust
78.4%	Dorset County Hospital NHS Foundation Trust
78.3%	Isle of Wight NHS Trust (community sector)
78.3%	Salford Royal NHS Foundation Trust
78.3%	Barnsley Hospital NHS Foundation Trust
78.3%	Gloucestershire Hospitals NHS Foundation Trust
78.3%	Humber Teaching NHS Foundation Trust
78.2%	South West Yorkshire Partnership NHS Foundation Trust
78.1%	Coventry and Warwickshire Partnership NHS Trust
78.1%	Countess of Chester Hospital NHS Foundation Trust
78.1%	North Bristol NHS Trust
78.1%	West Hertfordshire Hospitals NHS Trust
78.1%	Manchester University NHS Foundation Trust
78.1%	Milton Keynes University Hospital NHS Foundation Trust
78%	Black Country Partnership NHS Foundation Trust
78%	Camden and Islington NHS Foundation Trust
78%	The Royal Wolverhampton NHS Trust
77.9%	Imperial College Healthcare NHS Trust
77.8%	Kettering General Hospital NHS Foundation Trust
77.7%	Mid Yorkshire Hospitals NHS Trust
77.7%	Royal Cornwall Hospitals NHS Trust
77.7%	University Hospitals of Derby and Burton NHS Foundation Trust
77.6%	Torbay and South Devon NHS Foundation Trust
77.6%	Epsom and St Helier University Hospitals NHS Trust
77.6%	Brighton and Sussex University Hospitals NHS Trust



77.6%	Mid Essex Hospital Services NHS Trust[17]	
77.6%	Aintree University Hospital NHS Foundation Trust[18]	
77.6%	London North West University Healthcare NHS Trust	
77.5%	Stockport NHS Foundation Trust	
77.5%	Isle of Wight NHS Trust (ambulance sector)	
77.5%	Bedford Hospital NHS Trust[19]	
77.5%	Norfolk and Norwich University Hospitals NHS Foundation Trust	
77.5%	Tavistock and Portman NHS Foundation Trust	
77.3%	Barnet, Enfield and Haringey Mental Health NHS Trust	
77.3%	The Rotherham NHS Foundation Trust	
77.3%	Lewisham and Greenwich NHS Trust	
77.3%	East Kent Hospitals University NHS Foundation Trust	
77.2%	Dartford and Gravesham NHS Trust	
77.2%	Royal United Hospitals Bath NHS Foundation Trust	
77.2%	Alder Hey Children's NHS Foundation Trust	
77.1%	Maidstone and Tunbridge Wells NHS Trust	
77.1%	The Royal Liverpool and Broadgreen University Hospitals NHS Trust[20]	
77.1%	North Middlesex University Hospital NHS Trust	
77%	Hampshire Hospitals NHS Foundation Trust	
77%	Western Sussex Hospitals NHS Foundation Trust	
77%	Barts Health NHS Trust	
77%	York Teaching Hospital NHS Foundation Trust	
77%	University Hospitals of Leicester NHS Trust	
76.9%	Royal Free London NHS Foundation Trust	
76.9%	Luton and Dunstable University Hospital NHS Foundation Trust[21]	
76.9%	Avon and Wiltshire Mental Health Partnership NHS Trust	
76.9%	Northampton General Hospital NHS Trust	
76.8%	South Central Ambulance Service NHS Foundation Trust	
76.7%	Barking, Havering and Redbridge University Hospitals NHS Trust	
76.5%	Croydon Health Services NHS Trust	
76.5%	George Eliot Hospital NHS Trust	
76.4%	Wirral University Teaching Hospital NHS Foundation Trust	
76.3%	Pennine Acute Hospitals NHS Trust	
76.2%	Isle of Wight NHS Trust (acute sector)	
76.1%	East Suffolk and North Essex NHS Foundation Trust	
76.1%	Medway NHS Foundation Trust	
76%	The Dudley Group NHS Foundation Trust	
75.9%	Lancashire and South Cumbria NHS Foundation Trust[22]	



[17] Merged with Basildon and Thurrock University Hospitals NHS Foundation Trust and Southend University Hospital NHS Foundation Trust to form Mid and South Essex NHS Foundation Trust in April 2020.
[18] Merged with Royal Liverpool and Broadgreen University Hospitals NHS Trust to form Liverpool University Hospitals NHS Foundation Trust in October 2019.
[19] Merged with Luton and Dunstable University Hospital NHS Foundation Trust to form Bedfordshire Hospitals NHS Foundation Trust in April 2020.
[20] Merged with Aintree University Hospital NHS Foundation Trust to form Liverpool University Hospitals NHS Foundation Trust in October 2019.
[21] Merged with Bedford Hospital NHS Trust to form Bedfordshire Hospitals NHS Foundation Trust in April 2020.
[22] The trust changed its name from Lancashire Care NHS Foundation Trust to Lancashire and South Cumbria NHS Foundation Trust in October 2019.

75.9%	Nottinghamshire Healthcare NHS Foundation Trust	
75.9%	James Paget University Hospitals NHS Foundation Trust	
75.9%	South West London and St George's Mental Health NHS Trust	
75.8%	University Hospitals of Morecambe Bay NHS Foundation Trust	
75.8%	South London and Maudsley NHS Foundation Trust	
75.6%	Weston Area Health NHS Trust[23]	
75.6%	The Hillingdon Hospitals NHS Foundation Trust	
75.6%	St George's University Hospitals NHS Foundation Trust	
75.5%	University Hospitals of North Midlands NHS Trust	
75.5%	Walsall Healthcare NHS Trust	
75.4%	The Princess Alexandra Hospital NHS Trust	
75.3%	King's College Hospital NHS Foundation Trust	
75.2%	East and North Hertfordshire NHS Trust	
75%	Basildon and Thurrock University Hospitals NHS Foundation Trust[24]	
74.7%	University Hospitals Birmingham NHS Foundation Trust	
74.6%	Southport and Ormskirk Hospital NHS Trust	
74.5%	South East Coast Ambulance Service NHS Foundation Trust	
74.4%	Birmingham and Solihull Mental Health NHS Foundation Trust	
74.1%	West Midlands Ambulance Service University NHS Foundation Trust	
73.9%	London Ambulance Service NHS Trust	
73.8%	North West Ambulance Service NHS Trust	
73.7%	Norfolk and Suffolk NHS Foundation Trust	
73.6%	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	
73.5%	United Lincolnshire Hospitals NHS Trust	
73.5%	Yorkshire Ambulance Service NHS Trust	
73.3%	Northern Lincolnshire and Goole NHS Foundation Trust	
73.2%	South Western Ambulance NHS Foundation Trust	
73.1%	South Tees Hospitals NHS Foundation Trust	
72.9%	North East Ambulance Service NHS Foundation Trust	
72.3%	Sheffield Health and Social Care NHS Foundation Trust	
72.3%	The Shrewsbury and Telford Hospital NHS Trust	
71.9%	East Midlands Ambulance Service NHS Trust	
69.5%	East of England Ambulance Service NHS Trust	
68.5%	North Cumbria University Hospitals NHS Trust[25]	

CQC ratings are correct as of July 3rd, 2020.

If you any queries regarding this report, please contact enquiries@nationalguardianoffice.org.uk.

[23] Merged with Weston Area Health NHS Trust to form University Hospitals Bristol and Weston NHS Foundation Trust in April 2020.
[24] Merged with Mid Essex Hospital Services NHS Trust and Southend University Hospital NHS Foundation Trust to form Mid and South Essex NHS Foundation Trust in April 2020.
[25] Merged with Cumbria Partnership NHS Foundation Trust to form North Cumbria Integrated Care NHS Foundation Trust in October 2019.

Meeting title	**Trust Board – public meeting**	**Date: 30 September 2020**
Report title	**Medical Appraisal and Revalidation: Annual Board report**	**Agenda item: 9**
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report authors	Dr Sola Makinde, Associate Medical Director, Workforce Revalidation and Appraisal, Emily Clayton, Business Manager to The Medical Directors Office, and Taniya Nasmin, Revalidation Support Officer	
Executive summary	This paper is the annual Medical Appraisal Board Report in the format suggested by NHS England as part of the quality assurance process for medical appraisal and revalidation. In 2019-20, all of our consultants, associate specialists and Specialty doctors, and Trust and bank grade doctors completed an appraisal in line with our policy – this includes a number of late appraisals and those with agreed reasons to postpone their appraisal. Medical appraisals were suspended in March 2020 in response to the COVID-19 pandemic. The National Medical Director, Dr Stephen Powis, has stated that appraisals that were not completed at the point that appraisals were suspended were added to the group of appraisals that were 'approved missed' appraisals, in acknowledgment that the vast majority of doctors were involved in the pandemic response during this unprecedented time. This report reviews appraisals completed and revalidation recommendations submitted in the financial year 2019/20.	
Purpose:	The Board is asked to approve the report. The Trust has submitted a separate Annual Organisational Audit or AOA to the higher-level Responsible Officer for NHS England, London Region.	
Recommendation(s)	The Board is asked to approve the report. Once approved this report will be submitted to the higher-level Responsible Officer for NHS England, London Region.	

Risk Register or Board Assurance Framework	Not applicable
Report history	Not applicable
Appendices	1. NHS England Designated Body Annual Board Report 2. Appendix 2 -Amended Appraisal Summary and PDP Audit Tool Template (ASPAT)

Medical Appraisal and Revalidation: Annual Board Report

1. Background

1.1 Medical revalidation was introduced in November 2012 as a means of improving the ways in which doctors are regulated. It is not a means of addressing concerns about doctors, for which there are existing policies and procedures, but was designed as a way to ensure that doctors stay up to date and fit to practice.

1.2 All provider organisations known as Designated Bodies have a statutory obligation to support their Responsible Officer in fulfilling his or her duties under the Responsible Officer Regulations[1]. For this reason, this report has been designed to ensure that the Board has oversight of the following areas:

- Monitoring the frequency and quality of medical appraisals within the Trust;
- Checking there are effective systems in place for monitoring the conduct and performance of the Trust's doctors;
- Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for the Trust's doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work that they perform.

1.3 Dr Clare Dollery, the Trust's Executive Medical Director, was appointed to the role of Responsible Officer and has been in post since 10th June 2019.

1.4 A glossary of terminology related to revalidation is included at appendix 2 for information.

[1] The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (License to Practice and Revalidation) Regulations Order of Council 2012'

2. Medical Appraisal

2.1 Appraisal Performance Data

2.1.1 Between 1st April 2019 and 19th March 2020 (when appraisals were suspended), Whittington Health had 256 that required an appraisal. Of these doctors:

- 170 completed a medical appraisal (66.4 74.2%). This number includes 32 doctors (12.5%) whose appraisals were completed after 30th March 2020.

- The remaining 86 doctors (33.6%) had an agreed and acceptable reason for not completing their appraisal within that time frame:
    - 66 doctors (25.7%) had appraisals that were affected by the COVID pandemic. The National Medical Director has stated that doctors that missed an appraisal during this time should be classified as an 'approved missed' appraisal, in acknowledgement of the fact that many doctors were involved in service reconfiguration, were redeployed or upskilling in anticipation of the forthcoming COVID 19 pandemic, and did not have time to complete one.
    - Of the remaining 20 doctors (7.9%) had other acceptable reasons for not completing an appraisal. These reasons are listed below.

        - Maternity leave
        - Long-term sickness absence
        - Having joined the Trust within the previous 6 months
        - Absence due to an agreed sabbatical or career break
        - The doctor no longer being clinically active and in the process of voluntary self-erasure from the GMC register

3. Completion of medical appraisals in 2019/20 by grade of doctor (n = 256)

3.1 Consultants (n = 197)

- 114 (58%) completed appraisals in line with policy
- 27 (14%) completed appraisals, but were late in doing so
- 56 (28%) did not complete appraisals, but had previously agreed and acceptable reasons for not completing (COVID-19)

3.2 Specialty Doctors/Associate Specialists (SASG)/Doctors on Performers Lists (n = 17)

- 5 (29%) completed appraisals in line with policy
- 4 (24%) completed appraisals, but were late in doing so
- 8 (47%) did not complete appraisals, but had previously agreed and acceptable reasons for not completing

3.3 Trust grade doctors or doctors on short term contracts/bank (including non-training grade junior doctors) (n= 42)

- 19 (45%) completed appraisals in line with policy
- 1 (2%) completed appraisals, but were late in doing so
- 22 (52%) did not complete appraisals, but had previously agreed and acceptable reasons for not completing

Table 1: Appraisals completed and doctors with an agreed and acceptable reason for it not being completed in 2016/17, 2017/18, 2018/19 and 2019/20 by grade of doctor

Appraisals in-line with policy (%)	Consultants	SASG doctors	Trust grade doctors
2016/17	100	100	98
2017/18	97	93	93
2018/19	91	84	83
2019/20	100% (*)	100	100

*****86% of consultants either completed their appraisal or had an agreed reason (including the pandemic) for its non- completion. 14% of consultants completed an appraisal after the 30th March 2020, even though this was optional.

4. Comparison data with other Designated Bodies in England

4.1 Usually, following submission of the AOA, the Higher-Level Responsible Officer sends each Designated Body a comparator report. The comparator report is not available this year because of the pandemic, and suspension of appraisal. As such comparator data is not included.

5. Appraisers

5.1 The Trust had 49 active appraisers for the 2019/20 appraisal period (an active appraiser is defined as having performed at least one appraisal in the year). All appraisers have received revalidation-ready training from approved external providers.

6. Appraiser feedback 2019/20

6.1 Following each completed appraisal doctors are invited to complete a short survey to give feedback to their appraiser. All appraisers are provided with an anonymised copy of their feedback at the end of each appraisal year to include in their own appraisals. Table 5 shows the feedback received for all of our appraisers for the period 1 April 2019 to 31 March 2020 showing an overall positive view of appraisal while Table 6 shows a year on year improvement in appraisal feedback scores.

Table 2: Appraiser feedback 2019/20 (n= 185)

Area	Unable to comment	Poor	Borderline	Satisfactory	Good	Very Good
Establishing rapport				2	14	169
Demonstrating thorough preparation for your appraisal				1	20	164

Listening to you and giving you time to talk				1	19	165
Giving constructive and helpful feedback				2	21	162
Supporting you				1	24	160
Challenging you				2	44	139
Helping you to review your practice				3	38	144
Helping you to identify gaps and improve your portfolio of supporting information for revalidation	2			3	33	147
Helping you to review your progress against your Personal Development Plan (PDP)	2			3	27	153
Helping you to produce a new PDP that reflects your development needs				3	22	160

6.2 The qualitative feedback received about medical appraisals has been exceedingly positive. This list provides examples of anonymous written feedback received for medical appraisers in 2019/20.

- "Very helpful to identify my weaknesses and strengths in the field of work and orthopaedics. My appraiser gave me guidance to plan and improve my work and career. Has been an excellent appraiser."

- "I am very happy with the appraisal process. My appraiser knows how to help a trainee understand their needs and goals."

- "Excellent appraiser and it was an extremely enjoyable and useful experience."

- "This was honestly a really useful process and the best appraisal to date - means that I will actually look forward to my next one as it was really constructive and worthwhile."

- "Extremely helpful and has offered constructive ideas in improving my clinical practice. Has been quite comprehensive in going through my portfolio and has offered valuable ideas in improving them."

- "The appraisal was excellent, as was my appraisal over the last three years. Very good support around what is sensible for me to do and what is too much. Very supportive and informative discussion around my scope of practice."

- “I am grateful to my appraiser for taking the time to help me with my appraisal. I wasn’t expecting such a thorough discussion and constructive feedback for the future.”

- “My appraiser was thorough, approachable and timely in appraising my evidence. Senior standing and maturity made it easy to discuss all domains of my appraisal. His style of interaction puts people at ease and he seemed genuinely interested in areas of my work.”

Table 3: Appraiser feedback received (%) in 2016/17, 2017/18, 2018/19 and 2019/20

Area	2016/17 (%)			2017/18 (%)			2018/19 (%)			2019/20 (%)		
	Satisfactory	Good	Very Good	Satisfactory	Good	Very Good	Satisfactory	Good	Very Good	Satisfactory	Good	Very Good
Establishing rapport	1	17	82	0	13	86	1	13	86	1	8	91
Demonstrating through preparation for your appraisal	3	13	84	2	11	87	2	13	85	1	10	89
Listening to you and giving you time to talk	3	17	80	0	13	87	0	14	85	1	10	89
Giving constructive and helpful feedback	2	19	79	1	20	79	2	14	84	2	9	88
Supporting you	2	17	80	0	18	82	2	12	85	1	13	86
Challenging you	4	28	68	2	30	68	4	21	75	2	23	75
Helping you to review your practice	2	27	71	2	20	77	3	18	79	2	20	78
Helping you to identify gaps and improve your portfolio of supporting information for revalidation	3	25	71	23	20	77	4	21	75	3	18	79
Helping to review your progress against your	2	18	80	1	17	82	2	18	79	3	14	83

PDP												
Helping you to produce a new PDP that reflects your development needs	2	22	75	0	15	84	2	17	81	2	12	86

7. The support and initiatives offered to doctors (and other staff) during the Covid-19 Pandemic

7.1 Themes

7.1.1 **Supporting staff through the Pandemic:** Whittington Health was, and continues to be proactive in striving to ensure that all of the staff felt supported, both mentally and physically during this unprecedented time. Whilst there were some support mechanisms that were offered to the doctors only (via the British Medical Association for example), all others were offered to all members of the multi-disciplinary clinical team.

7.1.2 The Clinical Health Psychology Team has offered all teams and wards time to reflect and talk about their experiences, and this offer has been taken up by a large number, some on more than one occasion. The team have received excellent feedback for this work. This initiative is on-going and is financed for 12 months in total. During the initial surge the team also offered one-to-one support via the phone – this part of the initiative came to a conclusion at the end of July.

7.1.3 Access to food and drinks after hours – Whittington Health, during normal times does not have access to hot food and drink in the evenings and weekends. During the pandemic this was vastly improved:

7.1.4 The Food Hall had enhanced opening hours and food was subsidised during the initial surge period.

7.1.5 There were many donations of food from many quarters that were greatly appreciated ('Food for the NHS', local restaurants, restaurants with a local connection for example a relative working here)

7.1.6 Refreshment and reflection was offered as a part of 'Project Wingman' (see below).

7.1.7 Project Wingman – Whittington Health have been fortunate to host 'Project Wingman, an initiative whereby airline crew from a variety of airlines set up a 'first class lounge' at the rear of the existing eating area. The crew served drinks, and snacks, provided magazines, book and papers, and an area for quiet relaxation which was, and is, much appreciated by all staff.

7.1.8 There were donations of fresh fruit and vegetables that were distributed to all staff.

7.1.9 'The 'Tour Bus' a tour bus was donated for staff to use during the height of the pandemic, and provided an additional area to sleep and relax.

7.1.10 Health and Wellbeing leaflets, detailing the support that is available have been promoted and signposted to all staff, both via electronic means, but also in team meetings and handovers, in an effort to reach all staff.

8. Specific initiatives focusing on Mental Health

8.1 During the pandemic and continuing after the initial surge) we have developed a number of initiatives to support more vulnerable colleagues, including webinars for colleagues that have been shielding, and for colleagues from a Black, Asian or Minority ethnic (BAME) background. The latter has progressed to the formation of a 'BAME' network, with participants from staff of all grades.

8.2 We continue to offer Shwartz rounds and promote our Freedom to Speak Up Guardian to all staff.

8.3 We have developed more areas within the hospital for quiet reflection, and promoted them.

8.4 **'In our own Words'** – a partnership between the Whittington Psychology Service and the Wake The Beast Theatre Company, presenting words taken from interviews with staff, presented in a storytelling format together with performance, to facilitate discussion and reflection on the experience of working during the initial surge of the COVID-19 pandemic

9. Quality Assurance

9.1 Quality assurance of appraisals

9.1.1 Quality assurance of appraisals takes two forms; an internal audit that is performed by the RO's team, and peer review of the appraisal output that is performed by a neighbouring Trust. Both forms of quality assurance have been delayed by pandemic, but it is planned that they will be completed by the end of 2020.

9.2 Quality assurance for appraisers

9.2.1 The Revalidation Management System has a mandatory feedback section that has to be completed by the appraisee before the appraisal can be completed. This feedback is collated by the RO's team and provided to individual appraisers so that they can reflect on it at their own appraisal. In cases where an appraiser consistently scores very low in a number of areas, where multiple doctors have requested not to be appraised by one individual, or where audits have identified substandard appraisals conducted by one appraiser, the RO's team will escalate this to the RO and this appraiser may be asked to undertake further training. The Trust also keeps records of appraiser attendance at refresher training events which can be used in the appraiser's portfolio as evidence of ongoing professional development.

9.3 Clinical Governance Data

9.3.1 The Trust maintains certain corporate data which is issued to doctors prior to their annual appraisals. This data includes:

- Complaints and compliments;
- Incidents, including, but not limited to, Serious Incidents and high risk incidents, and including incidents that the doctors reported even if they were not themselves responsible;
- Information on legal claims;
- Participation in registered local or national audits and contribution to

clinical guidelines.

9.3.2 This data is uploaded to a doctor's portfolio by the RO's team in order to ensure that it is included in the portfolio.

9.3.3 In 2019-20 we have also been able to provide surgical activity for all operating clinicians.

10. Revalidation Recommendations

10.1 Revalidation was suspended by the GMC in response to the COVID-19 pandemic; doctors who were due to revalidate between 17 March 2020 and 16 March 2021 have had their revalidation dates moved back by one year.

Table 4: Audit of revalidation recommendations (up to 17 March 2020)

Revalidation recommendations between 1 April 2019 to March 2020	
Recommendations completed on time (within the GMC recommendation window)	66
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	**66**

10.2 Between the 1st April 2019 and 17th March 2020 the Trust has made 53 positive recommendations for revalidation. 13 doctors had their revalidation dates deferred pending further information. 4 of the 13 doctors were deferred because they were having their performance managed formally, under the Maintaining High Professional Standards (MHPS) policy.

10.3 In this time period no recommendations were submitted later than the requested submission dates.

11. Recruitment and engagement background checks

11.1 Pre-employment checks for doctors on permanent or fixed term contracts are performed by the Recruitment Team and Occupational Health. These include:

- Verification of identity
- Health clearance checks
- Criminal records checks and the signing of a Criminal Convictions Declaration form
- Verification of right to work in the UK, where this is necessary
- Verification of license to practice and other relevant qualifications
- Filing of references and CVs

11.2 Honorary contracts are issued by the recruitment team. Where a doctor applies for an honorary contract with Whittington Health, but also holds a substantive role at another organisation, verification of employment checks from their substantive employer is sought from the other NHS employing body.

11.3 With regard to doctors working at the Trust via an agency, the Trust has framework agency agreements which are used to secure the majority of agency bookings for medical staff. However, when the Trust uses non-framework agencies, where there is no such agreement, there is no assurance that the agency is following NHS mandated recruitment standards.

12. Responding to Concerns and Remediation

12.1 The Trust has a local policy for '*Conduct, Performance and Ill-Health Procedures for Medical and Dental staff*'. All conduct, performance and health concerns relating to doctors are managed by a Case Manager, and if investigation is necessary, are investigated by a Case Investigator with oversight from a nominated Non-Executive Director, as required by the national framework 'Maintaining High Professional Standards in the Modern NHS'[2] and by local policy. Should the Executive Medical Director have any concerns regarding a doctor's conduct, performance or health the Trust may initially discuss this on an anonymous basis with the National Clinical Assessment Service (NCAS) or with the Trust's GMC Employer Liaison Advisor.

13. In year progress and next steps Next Steps

13.1 For 2019/20 the team focused on the following areas, identified in our annual report of July 2019:

- *Re-advertise and successfully recruit to the post of Associate Medical Director for Revalidation by 1 November 2019.* This has been achieved; Dr Sola Makinde took up the post of Associate Medical Director with a responsibility for workforce in April 2020

- Re-advertise and successfully recruit to the post of Business manager to the Medical Director, this post was recruited to in November 2019.

- Successfully recruit to the post of Revalidation Support officer, this post was recruited to in November 2019

13.2 The newly appointed team have organised a successful Appraisers Network meeting, and have produced an appraisal newsletter. The current focus is the recommencement of appraisals in the 'appraisal 2020' format, with a focus on wellbeing and support for doctors, as recommended by the Academy of Royal Colleges (AOMRC), BMA and GMC

13.3 For 2020 /21 we plan to focus on the following:

Increase the number of medical appraisals undertaken in-line with policy by 31 March 2021.

[2] *Department of Health, Maintaining High Professional Standards in the Modern NHS, accessible at http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103586*

- The team will recruit a lay or public representative to sit on the Medical Appraisal and Revalidation Decision Making Group, as recommended by the GMC and other national bodies from among the Non executive board members to replace

- Undertake a peer-review quality assurance process with neighbouring Trusts by 31 March 2021.

- We plan to complete a procurement process for the purchase of an appraisal software system as the contract for the current system expires in September 2021

- “Publicise Appraisal and Revalidation on the Trust’s extranet to increase public awareness of the processes.” We will ensure that information is published externally by 2022

14. Recommendations

14.1 The Board is asked to approve the report and submission of the ‘NHS England Designated Body Annual Board Report’ (Appendix 1) confirming that the organisation, as a designated body, is in compliance with the regulations.

Appendix 1: NHS England Designated Body Annual Board Report

Section 1 – General:

The board of Whittington Health NHS Trust confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission:
Action from last year:
Not applicable
Comments:
Action for next year:

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:
Not applicable.
Comments:
Dr Clare Dollery has been Responsible Officer and Executive Medical Director since 10th June 2019.
Action for next year:
Not applicable.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Action from last year:
The Trust appointed Dr Sola Makinde to the role of Associate Medical Director with a responsibility for workforce in April 2020.
The Trust appointed Ms Taniya Nasmin to the role of Revalidation support officer in November 2019
They are both supported by Ms Emily Clayton, Dr Dollery's business manager, who was appointed in November 2019
Comments:
Not applicable

Action for next year:

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year:

Not applicable

Comments:

The Trust has a process for maintaining an accurate list of prescribed connections via Electronic Staff Record (ESR) reports.

Action for next year:

Hold and maintain a database of all doctors who work at the Trust, or hold honorary contracts with the Trust to ensure that all have been linked appropriately to a designated body and are engaged with appraisal and revalidation.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:

Not applicable

Comments:

The Trust has a valid 'Medical Appraisal and Medical Revalidation Policy.

Action for next year:

Not applicable

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year:

A peer review was last completed in April 2018 with two neighbouring Trusts.

Comments:

The plan to complete a peer review of our appraisal and revalidation processes in 2019/20 has been delayed by the COVID-19 pandemic.

Action for next year:

Complete a further peer-review process, ideally with the same neighbouring Trusts by March 2021.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year:

Not applicable

Comments:

Ms Taniya Nasmin, the Revalidation support officer, meets with all new doctors to ensure that they are familiar with the appraisal software, and to assist them in preparing for appraisal (either in person or more recently virtually)

Action for next year:

There will be a continued focus on ensuring Trust-grade and short-term locums doctors are familiar with the process, including the regular recording of appraisals conducted at other Trusts.

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year:

An audit was conducted by the RO's team of completed appraisals following the completion of the appraisal cycle.

Comments:

Complaints (and compliments) are sent to the Patient advocacy and Liaison Service; this information is automatically uploaded into the appraisal software, as are any submissions that the doctor makes to Datix (the incident reporting system).

In addition, all operating clinicians have their operating data and outcomes uploaded to the appraisal software.

The Medical Appraisal and Revalidation Decision Making Group consider the information provided within the appraisal portfolio to ensure that it encompasses a doctor's full scope of practice prior to making a revalidation recommendation decision.

Action for next year:

Undertake a peer-review quality assurance process with neighbouring Trusts.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:
Not applicable.
Comments:
Action for next year:

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year:
Not applicable
Comments:
The Trust's 'Medical Appraisal and Medical Revalidation Policy' is valid until October 2022.
Action for next year:

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:
Not applicable.
Comments:
The Trust have had a number of senior medical appraisers retire, and as a result there is limited flexibility in the appraisal system.
Action for next year:
Four consultants and / or SASG doctors should be trained as appraisers before April 2021.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[1] or equivalent).

[1] http://www.england.nhs.uk/revalidation/ro/app-syst/
[2] Doctors with a prescribed connection to the designated body on the date of reporting.

Action from last year:

Two appraiser forums have been held in 2020 (21st November 2019) and 21st July 2020, with the plan to hold them quarterly in the coming year.

Comments:

Not applicable

Action for next year:

We plan to hold an internal peer review session looking at the appraisal outputs in the coming year.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:

The planned peer-review audit (to be conducted with two local hospitals) has been delayed by the pandemic.

Comments:

Not applicable

Action for next year:

Undertake a peer-review quality assurance process with neighbouring Trusts. This will then be reported to the Board through this Annual Board Report Template in July 2021.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year:

Not applicable

Between the 1st April 2019 and 17th March 2020 the Trust has made 53 positive recommendations for revalidation. 13 doctors had their revalidation dates deferred pending further information. 4 of the 13 doctors were deferred because they were having their performance managed formally, under the Maintaining High Professional Standards (MHPS) policy

Action for next year:

Not applicable

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year:

Comments:

Following discussion at the Medical Appraisal and Revalidation Decision Making Group, positive recommendations are submitted through the GMC portal and confirmations sent to the relevant doctors. If there was a recommendation made for deferral, or if there was insufficient evidence to support revalidation the doctor is supported to enable them to be able to provide the missing information ahead of the their new revalidation date.

Action for next year:

Currently confirmations to doctors are a letter from the MD which is emailed.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:

Not applicable.

Comments:

The Trust maintains certain corporate data which is issued to doctors prior to their annual appraisals. This data includes:

- Complaints and compliments;
- Incidents, including but not limited to Serious Incidents and high risk incidents, and including incidents that the doctors reported even if they were not themselves responsible;
- Information on legal claims;
- Participation in registered local or national audit and contribution to clinical guidelines.

This data is uploaded to a doctor's portfolio by the RO's team in order to ensure that it is included in the portfolio.

In addition surgical activity is provided for all operating clinicians.

The Trust now also has a Quality Improvement Lead in post and she has supported a number of teams and individual doctors to undertake quality improvement projects and share the learning from these projects.

Action for next year:

Not applicable

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year:

Not applicable

Comments:

The Trust has relevant local policies in place, including 'Conduct, Performance and Ill-Health Procedures for Medical and Dental staff'

Action for next year:

Not applicable

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:

Not applicable

Comments:

The Trust has a local policy for 'Conduct, Performance and Ill-Health Procedures for Medical and Dental staff'. All conduct, performance and health concerns relating to doctors are managed by a Case Manager, and if investigation is necessary, are investigated by a Case Investigator with oversight from a nominated Non-Executive Director, as required by the national framework 'Maintaining High Professional Standards in the Modern NHS' and by local policy. Should the Executive Medical Director have any concerns regarding a doctor's conduct, performance or health the Trust may initially discuss this on an anonymous basis with the Practitioner Performance Advice Service at NHS Resolution or with the Trust's GMC Employer Liaison Advisor.

Action for next year:

Not applicable

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[2].

Action from last year:

Not applicable.

Comments:

The Trust's Board receive monthly reports if there are any doctors whose practice has been restricted, or if a doctor has been excluded from the Trust.

Action for next year:

Not applicable.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation[3].

Action from last year:

Not applicable.

Comments:

We utilise the MPIT form where appropriate.

Action for next year:

Not applicable.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year:

Not applicable.

Comments:

[4]This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[3] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

The Trust has introduced a Fair Treatment Panel that reviews processes conducted under HR policies; this includes any action under the Trust's *Conduct, Performance & Ill-Health Procedures for Medical & Dental Staff*.

The Trust have a Medical Appraisal and Revalidation Decision Making Group to make decisions around revalidation recommendations.

Action for next year:

Not applicable.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:

Not applicable.

Comments:

Pre-employment checks for doctors on permanent or fixed term contracts are performed by the Recruitment Team and Occupational Health. These include:

- Verification of identity
- Health clearance checks
- Criminal records checks and the signing of a Criminal Convictions Declaration form
- Verification of right to work in the UK, where this is necessary
- Verification of license to practice and other relevant qualifications
- Filing of references and CVs

Honorary contracts are issued by the recruitment team. Where a doctor applies for an honorary contract with Whittington Health, but also holds a substantive role at another organisation, verification of employment checks from their substantive employer is sought from the other NHS employing body.

With regard to doctors working at the Trust via an agency, the Trust has framework agency agreements which are used to secure the majority of agency bookings for medical staff. However, when the Trust uses non-framework agencies, where there is no such agreement, there is no

assurance that the agency is following NHS mandated recruitment standards.

Action for next year:

Not applicable.

Section 6 – Summary of comments, and overall conclusion

For 2019/20 we focused on the following areas, some of which were identified in our annual report of July 2019:

- *Advertise and successfully recruit to the post of Associate Medical Director for Revalidation by 1 November 2019.* This has been achieved; Dr Sola Makinde took up the post of Associate Medical Director with a responsibility for workforce in April 2020
- *Advertise and successfully recruit to the post of Business manager to the Medical Director*, this post was recruited to in November 2019.
- *Successfully recruit to the post of Revalidation Support officer*, this post was recruited to in November 2019
- There have been two Appraisers Network meetings and the plan is to continue to hold four such meetings a year
- A quarterly appraisal newsletter is planned; the first of which has been circulated.
- The current focus is the recommencement of appraisals in the 'appraisal 2020' format as recommended by the Academy of Royal Colleges (AOMRC), BMA and GMC

For 2020/21 we will focus on the following areas

- The team will recruit a lay or public representative to sit on the Medical Appraisal and Revalidation Decision Making Group, as recommended by the GMC and other national bodies from among the Non-executive board members (as the previous incumbent has completed her tenure).
- We plan to undertake a peer-review quality assurance process with neighbouring Trusts by 31 March 2021.

- We plan to complete a procurement process for the purchase of an appraisal software system as the contract for the current system expires in September 2021

- "Publicise Appraisal and Revalidation on the Trust's extranet to increase public awareness of the processes." We will ensure that information is published externally by 2022

Overall conclusion:

The Trust is compliant with the appraisal guidance for 2019/20 acknowledging substantial change due to the pandemic and will follow the guidance for 20/21 which focuses on developmental and supportive appraisal

Section 7 – Statement of Compliance:

The Board of Whittington Health NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief executive or chairman

Official name of designated body: Whittington Health NHS Trust

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

Appendix 2 - Amended Appraisal Summary and PDP Audit Tool Template (ASPAT)

Appraiser's name	
Date of appraisal	
Organisation	
Auditor	
Auditor's organisation	
Date of audit	

Scale:

0 – No evidence

1 – Limited evidence / Doesn't meet requirements

2 – Good evidence / Meets requirements

Section 1: Setting the scene		**Score (out of 2)**
1.	There is a **summary** of the doctor's scope of work	
2.	There is documentation of whether or not the supporting information covers the **whole scope of work**	
3.	Specific supporting information is summarised with a description of what it demonstrates	
4.	The appraiser's summary includes **objective statements** about the **quality** of the supporting information provided	
5.	**All** statements made by the appraiser are supported by evidence	
6.	There is **reference to the four GMC domains** as set out in the GMC guidance *Good Medical Practice Framework for Appraisal and Revalidation*	
7.	There is reference to **specialty specific guidance** for appraisal (e.g. college recommendations for CPD).	
8.	There is reference to the doctor's **mandatory training status**	

Section 2: Reflection and effective learning		**Score (out of 2)**
9.	There is evidence that **reflection on learning** has taken place, or that the appraiser has discussed how the doctor should document their reflection	
10.	There is evidence that **learning has been shared with colleagues** or that the appraiser has discussed with the doctor that learning should be shared with colleagues	
11.	There is evidence of the doctor having put measures in place to **improve patient care or of him/her changing his/her clinical practice** to improve patient care, or that the appraiser has discussed this with the doctor	
Section 3: The PDP and developmental progress		**Score (out of 2)**
12.	There is a **summary** of the doctor's achievements over the last year	
13.	There is evidence of **appropriate challenge** from the appraiser in the	

	discussion and formation of the new PDP	
14.	The progress against last year's PDP is **recorded**	
15.	**Reasons for incompletion** are recorded for any PDP points that were not completed	
16.	There are **clear links** between the summary of discussion and the doctor's new PDP	
17.	The PDP has **SMART** objectives	
18.	The **PDP** covers the doctor's **whole scope of work**	
19.	The **PDP** contains between **3-6 items**	

Section 4: General standards and revalidation readiness		
20.	The documentation is typed in **clear and fluent English** and is electronically and retrievably stored	
21.	There is evidence regarding the doctor's **progress towards revalidation** and outstanding supporting information or requirements have been discussed with the doctor	
22.	The appraiser has made **appraisal statement** (including about fitness to practice)	
23.	The appraiser and doctor have both reviewed and agreed to the appraisal summary	

Score out of 46	

Meeting title	**Trust Board – public meeting**	**Date: 30/09/2020**
Report title	**Finance Report M5 2020/21**	**Agenda item: 10**
Executive Director Lead	Kevin Curnow, Chief Finance Officer (Acting)	
Report Author	Finance Team	
Executive Summary	In line with the new financial reporting guidance, the Trust is continuing to report a breakeven financial position. The breakeven position at the end of August includes a retrospective top up payment of £5.3m (£1.4m in August). The retrospective top up is required to offset the additional costs incurred due to Covid-19 pandemic. Cash at end of August was £65.1m. The higher cash value is due to the NHS moving away from Payment by Results (PBR) and onto an agreed block arrangement where the Trust received a months' block payment in advance. The Trust has spent £4.4m of its capital allocation at end of month 5 which is £0.7m behind the year to date (YTD) plan. NHS England and NHS Improvement (NHSE/I) has now published the revised contracts and payment guidance for month 7 to month 12 of 2020/21. Though there is still further analysis to be undertaken on the envelope issued, it is likely to be insufficient to fully fund our forecast expenditure for month 7 to month 12.	
Purpose:	To discuss the year to date performance and 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 to the end of August 2020, recognising the need to improve income delivery, reduce temporary spend and improve the delivery of CIP plans.	
Risk Register or Board Assurance Framework	Sustainability entries	
Report history	Trust Management Group, 29 September 2020	
Appendices	None	

Trust reporting breakeven position at end of August

In line with the new financial reporting guidance, the Trust is continuing to report a breakeven financial position. The breakeven position at end of August includes a retrospective top up payment of £5.3m (£1.4m in August). The retrospective top up is required to offset the additional costs incurred due to Covid-19 pandemic.

At end of August, the Trust incurred £6.0m (£776k in August) of additional costs relating to the pandemic. This additional cost is partly offset by other underspends arising due to activity reductions (£0.7m).

Cash of £65.1m at end of August

Cash at end of August was £65.1m. The higher cash value is due to the NHS moving away from PBR and onto an agreed block arrangement where we receive a months' block in advance. The Trust is not anticipating any cash support for 2020/21 and is expecting to end the financial year with a cash balance of £14.2m. The Trust is unable to place funds with the National Loan fund as they are not accepting deposits due to Covid-19.

Capital plan for 2020-21 is £15.3m. Spend at end of August was £4.4m

The Trust has a capital plan of £15.3m. This plan is in line with North Central London STP allocation. The Trust has spent £4.4m of its allocation at end of month 5 which is £0.7m behind the YTD plan.

Funding arrangements from September to March

The funding arrangement for the first four months was based on the run-rate in months 8 to 10 of 2019/20 and allowing for a 'retrospective top-up' for any shortfalls to enable Trusts to breakeven. This was then extended to the end of September.

NHS England and NHS Improvement (NHSE/I) has now published the revised contracts and payment guidance for month 7 to month 12 of 2020/21 which explains in detail the changes relating to system funding envelopes, and how block contracts and top-ups will operate until the end of the financial year. Though the Trust has been issued with income and expenditure envelope for the rest of the financial year, we are still awaiting details on how the values were calculated and the impact on our in year financial performance.

The Trust is continuing to monitor and review its costs base to ensure where possible expenditure incurred is aligned with activity and costs committed to Covid-19 are non-recurrent in nature.

1.0 Summary of I & E Position – Month 5

	In Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income						
NHS Clinical Income	23,856	23,692	(164)	119,279	118,610	(670)
High Cost Drugs - Income	700	747	46	3,501	3,586	85
Non-NHS Clinical Income	1,136	1,262	126	5,647	5,682	34
Other Non-Patient Income	2,038	1,357	(681)	10,189	10,052	(137)
Income Cips	(16)	0	16	(47)	0	47
	27,714	**27,058**	**(656)**	**138,569**	**137,929**	**(640)**
Pay						
Agency	(38)	(645)	(607)	(149)	(3,019)	(2,870)
Bank	(146)	(1,643)	(1,497)	(730)	(8,581)	(7,851)
Substantive	(20,053)	(18,308)	1,745	(100,306)	(92,078)	8,228
	(20,237)	**(20,596)**	**(359)**	**(101,185)**	**(103,678)**	**(2,493)**
Non Pay						
Non-Pay	(6,521)	(6,390)	131	(32,600)	(32,412)	188
High Cost Drugs - Exp	(687)	(633)	54	(3,440)	(3,479)	(39)
	(7,208)	**(7,023)**	**185**	**(36,040)**	**(35,891)**	**149**
EBITDA	**269**	**(562)**	**(830)**	**1,344**	**(1,640)**	**(2,984)**
Post EBITDA						
Depreciation	(592)	(776)	(184)	(2,960)	(3,915)	(955)
Interest Payable	(244)	(463)	(219)	(1,220)	(1,721)	(501)
Interest Receivable	19	0	(19)	95	6	(89)
Dividends Payable	(512)	(523)	(11)	(2,560)	(2,524)	36
	(1,329)	**(1,762)**	**(433)**	**(6,645)**	**(8,155)**	**(1,510)**
Reported Surplus/(deficit) before PSF	**(1,060)**	**(2,324)**	**(1,264)**	**(5,301)**	**(9,795)**	**(4,494)**
PSF	154	0	(154)	771	0	(771)
Reported position before top-up	**(906)**	**(2,324)**	**(1,418)**	**(4,530)**	**(9,795)**	**(5,264)**
Top up income	907	907	0	4,535	4,535	0
Retrospective top up	0	1,417	1,417	0	5,259	5,259
Adjusted reported financial position	**1**	**0**	**(1)**	**5**	**0**	**(5)**

- Trust is reporting a year to date breakeven position for M5. This in line with reporting guidance from NHSI/E
- Breakeven position was achieved by including an additional top up of £5.3m. This additional top up was required to offset the incremental cost impact of Covid-19
- Costs incurred due to Covid-19 for August was £0.78m (reduced from £0.79 in July, £1.2m in June, £1.6m in May and £1.7m in April)

	£'m
Block Income	121.76
NHSI notified top-up	4.54
Retrospective top up to breakeven (covid offset)	5.26
Non-NHS Clinical Income	5.68
Other Operating Income	10.49
Total YTD Income	147.72

2.0 Income and activity

2.1 Income

Due to the COVID-19 pandemic the usual PBR national tariff payment architecture and associated administrative/transactional processes have been suspended and the Trust is being funded through a combination of block payments and retrospective top up year to date. These funding streams are enabling the Trust to deliver a break-even position.

The comments and tables below refer to the Trust's performance against the Trust's original operating plan adjusted for the NHSE/I expected income requirement. Month five year to date position was £3.8m favourable to plan due to £5.3m of retrospective top-up.

Income	In Month Income Plan £000's	In Month Income Actual £000's	In Month Variance £000's	YTD Income Plan £000's	YTD Income Actual £000's	YTD Variance £000's
A&E	1,462	1,142	(319)	7,233	5,109	(2,124)
Elective	1,597	871	(726)	9,828	3,545	(6,283)
Non-Elective	4,958	3,810	(1,148)	24,470	19,159	(5,310)
Critical care	598	333	(265)	2,952	3,164	212
Outpatients	2,339	1,242	(1,097)	14,262	4,987	(9,275)
Outpatients (Non Face to Face)	23	171	148	141	1,200	1,059
Direct Access	808	663	(144)	4,942	2,175	(2,767)
Community	6,113	6,113	0	30,567	30,567	0
Other Clinical income NHS	6,658	10,093	3,435	28,386	52,290	23,904
NHS Clinical Income	**24,556**	**24,438**	**(118)**	**122,780**	**122,196**	**(584)**
Non NHS Clinical Income	1,120	1,262	142	5,600	5,682	82
Total Income From Patient Care Activities	**25,676**	**25,701**	**25**	**128,380**	**127,877**	**(503)**
Other Operating Income Excluding Top Up	**2,192**	**1,358**	**(834)**	**10,960**	**10,052**	**(908)**
Operating Plan Total	**27,868**	**27,058**	**(810)**	**139,340**	**137,929**	**(1,411)**
Block payment (Top up)	907	907	0	4,535	4,535	0
Retrospective Top Up	0	1,417	1,417	0	5,259	5,259
Revised Total	**28,775**	**29,382**	**607**	**143,875**	**147,723**	**3,848**

2.2 Activity

There was a decrease in most activity compared to month 4, except for direct access (36%) and A&E (0%). The most significant decrease was a 61% decrease in critical care. There were also decreases in elective (20%), non-elective activity (8%) and an overall decline in outpatients (face to face and non-face to face) (28%). This has been explained in part by August holidays.

Activity	In Month Activity Plan	In Month Activity Actual	In Month Variance	YTD Activity Plan	YTD Activity Actual	Activity Diff
A&E	6,272	5,038	(1,234)	30,955	21,323	(9,632)
Elective	1,641	1,132	(509)	10,144	5,299	(4,845)
Non-Elective	1,907	1,623	(284)	9,414	7,347	(2,067)
Critical care	467	221	(246)	2,305	2,448	143
Outpatients	21,734	14,803	(6,930)	132,644	61,819	(70,825)
Outpatients (Non Face to Face)	753	5,988	5,235	4,607	42,206	37,599
Direct Access	75,179	73,832	(1,347)	459,916	240,493	(219,423)
Other Clinical income	7,984	6,410	(1,574)	43,661	31,459	(12,202)
Grand Total	115,937	109,047	(6,890)	693,645	412,394	(281,252)

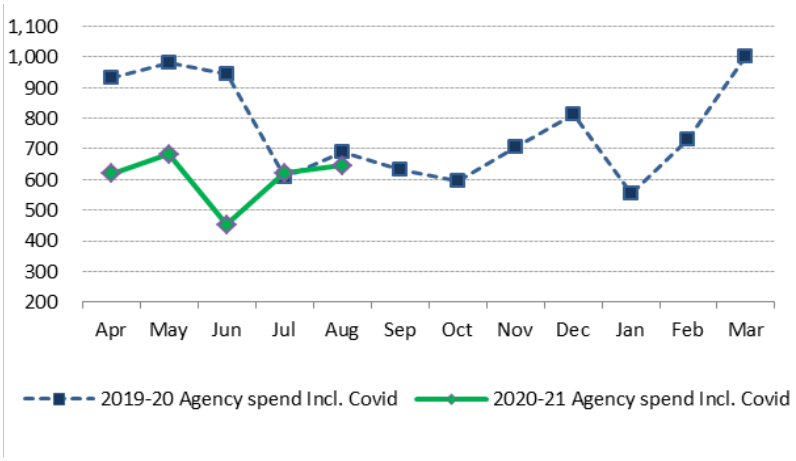
3. Expenditure – Pay & Non-pay

3.1 Pay Expenditure

Pay spends for August was £20.6m including £0.5m of costs relating to Covid-19.

	2019-20					2020-21					
	Nov	Dec	Jan	Average	Average Uplifted	April	May	June	July	August	Movement
Agency	706	813	554	691	691	479	510	296	456	442	(14)
Bank	1,881	1,810	1,969	1,887	1,887	1,588	1,145	1,280	1,186	1,384	197
Substantive	17,465	17,498	17,521	17,495	17,926	17,998	18,129	18,372	18,337	18,229	(108)
Grand Total	**20,051**	**20,121**	**20,044**	**20,072**	**20,503**	**20,065**	**19,785**	**19,948**	**19,980**	**20,054**	**74**
Covid costs						785	1,174	682	662	542	(120)
Total pay costs						**20,850**	**20,959**	**20,630**	**20,642**	**20,596**	**(46)**

(Excludes Chair & Non-Exec Directors)



- Agency spends for August was £0.6m. This included £0.2m incurred due to Covid-19 pandemic and £0.4m of agency costs relating to non-covid expenditure.
- Year to date spend excluding Covid is £2.2m, and is £1.6m lower than the year to date plan (which excluded Covid)

3.2 Non-pay Expenditure

Non-pay expenditure in August was £6.4m and included £0.2m of costs relating to treatment of Covid-19 pandemic.

	2019-20				2020-21					
Excluding Covid	Nov	Dec	Jan	Average	April	May	June	July	August	Movement
Supplies & Servs - Clin	2,407	2,384	2,671	2,487	1,985	1,439	1,452	2,218	1,905	(313)
Supplies & Servs - Gen	298	249	281	276	204	381	32	63	128	65
Establishment	371	230	628	410	307	265	67	68	212	144
Healthcare From Non Nhs	48	59	59	55	54	52	52	45	52	7
Premises & Fixed Plant	1,642	1,746	1,946	1,778	1,893	1,647	1,601	1,675	1,934	258
Ext Cont Staffing & Cons	220	358	317	298	303	132	366	288	327	39
Miscellaneous	1,660	1,429	1,954	1,681	1,821	1,535	1,948	2,176	1,598	(577)
Non-Pay Reserve										
Grand Total	**6,645**	**6,454**	**7,856**	**6,985**	**6,567**	**5,450**	**5,517**	**6,533**	**6,156**	**(377)**
Covid Costs					854	412	552	136	234	98
Total non-pay costs					**7,422**	**5,862**	**6,069**	**6,669**	**6,390**	**(279)**

Excludes high cost drug expenditure

4. Integrated Clinical Service Units' (ICSUs) / Corporate Divisions in month and YTD variance from plan

	Trust Total		Adult Community		Children & Young People		Emergency & Integrated Medicin		Surgery & Cancer		Acw		Corporate Services		Corporate Central	
	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000
Income																
Nhs Clinical Income	(164)	(670)	(155)	(1,141)	(58)	(1,725)	(1,481)	(8,250)	(1,565)	(10,761)	40	(4,816)	(0)	(14)	3,054	26,038
High Cost Drugs - Income	46	85									46	85				
Non-Nhs Clinical Income	126	34	1	8	196	416	4	9	(5)	(49)	(24)	(3)	33	70	(79)	(417)
Other Non-Patient Income	(681)	(137)			80	(173)	(1)	(13)	(20)	(78)	11	(64)	35	(43)	(786)	233
Income Cips	16	47													16	47
	(656)	**(640)**	**(155)**	**(1,133)**	**219**	**(1,482)**	**(1,478)**	**(8,254)**	**(1,590)**	**(10,887)**	**73**	**(4,798)**	**68**	**13**	**2,206**	**25,901**
Pay																
Agency	(607)	(2,870)	(71)	(449)	(28)	(249)	(118)	(380)	(40)	(178)	(110)	(577)	(37)	(208)	(203)	(829)
Bank	(1,497)	(7,851)	(85)	(473)	(101)	(535)	(371)	(1,548)	(86)	(485)	(198)	(873)	(206)	(1,053)	(449)	(2,885)
Substantive	1,745	8,228	277	1,392	195	900	369	1,657	216	697	323	1,675	230	1,056	133	850
	(359)	**(2,493)**	**121**	**471**	**66**	**116**	**(121)**	**(271)**	**90**	**34**	**15**	**225**	**(13)**	**(204)**	**(518)**	**(2,864)**
Non Pay																
Non-Pay	131	188	13	(89)	(59)	(235)	(75)	(424)	143	1,363	104	594	(289)	(745)	295	(276)
High Cost Drugs - Exp	54	(39)									54	(39)				
	185	**149**	**13**	**(89)**	**(59)**	**(235)**	**(75)**	**(424)**	**143**	**1,363**	**157**	**555**	**(289)**	**(745)**	**295**	**(276)**
EBITDA	**(830)**	**(2,984)**	**(20)**	**(751)**	**226**	**(1,601)**	**(1,674)**	**(8,949)**	**(1,357)**	**(9,490)**	**246**	**(4,018)**	**(233)**	**(937)**	**1,982**	**22,761**
Post EBITDA																
Depreciation	(184)	(955)													(184)	(955)
Interest Payable	(219)	(501)													(219)	(501)
Interest Receivable	(19)	(89)													(19)	(89)
Dividends Payable	(11)	36													(11)	36
	(433)	**(1,510)**													**(433)**	**(1,510)**
Reported Surplus/(deficit) before PSF and Top up	**(1,264)**	**(4,494)**	**(20)**	**(751)**	**226**	**(1,601)**	**(1,674)**	**(8,949)**	**(1,357)**	**(9,490)**	**246**	**(4,018)**	**(233)**	**(937)**	**1,549**	**21,252**
PSF	(154)	(771)													(154)	(771)
Top up income																
Retrospective top up	1,417	5,259													1,417	5,259
Adjusted reported financial position	**(1)**	**(5)**	**(20)**	**(751)**	**226**	**(1,601)**	**(1,674)**	**(8,949)**	**(1,357)**	**(9,490)**	**246**	**(4,018)**	**(233)**	**(937)**	**2,811**	**25,740**

Note: Corporate central above includes Covid cost centre

5.0 Statement of Financial Position for August

Statement of Financial Position

	Actual 31 March 2020 £000	Actual 31 August 2020 £000	Year to Date Variance 31 August 2020 £000
Property, plant and equipment and intangible	233,312	234,641	1,329
Trade and other receivables	491	452	(39)
Total Non Current Assets	**233,803**	**235,093**	**1,290**
Inventories	2,405	2,419	14
Trade and other receivables	44,565	28,748	(15,817)
Cash and cash equivalents	27,384	65,115	37,731
Total Current Assets	**74,354**	**96,282**	**21,928**
Total Assets	**308,157**	**331,375**	**23,218**
Trade and other payables	54,209	78,255	24,046
Borrowings	28,964	28,674	(290)
Provisions	479	437	(42)
Total Current Liabilities	**83,652**	**107,367**	**23,715**
Net Current Assets (Liabilities)	**(9,298)**	**(11,085)**	**(1,787)**
Total Assets less Current Liabilities	**224,505**	**224,008**	**(497)**
Borrowings	27,663	27,240	(423)
Provisions	1,132	1,092	(40)
Total Non Current Liabilities	**28,795**	**28,333**	(462)
Total Assets Employed	**195,710**	**195,675**	**(35)**
Public dividend capital	72,358	72,358	0
Retained earnings	24,360	24,641	281
Revaluation reserve	98,992	98,676	(316)
Total Taxpayers' Equity	**195,710**	**195,675**	**(35)**

Overall the balance sheets net assets have decreased by (£35k).

Cash and Cash Equivelants

Cash at end of August was £65.1m. There is an increase in the cash position since year end of £37.7m, an improvement from July by £2.4m. Improvement in cash position since July is mostly due a £2m receipt from Health Education England.

The higher cash value is due to the NHS moving away from PBR and onto an agreed block arrangement where we receive a months' block in advance. The Trust is not anticipating any cash support for 2020/21 and is expecting to end the financial year with a cash balance of £14.2m. The Trust is unable to place funds with the National Loan fund as they are not accepting deposits due to Covid-19.

We are expecting to end the financial year with a cash balance of £14.2m. No working capital loans are required for 2020/21. The Trust is unable to place funds with the National Loan fund as they are not accepting deposits due to Covid-19.

6.0 Capital Expenditure

At end of August the capital programme is behind the year to date plan by £739k.

Estates year to date plan overall is £30k underspend with the WEC provision underspend of £547k partly offset by Backlog Projects overspend of £597k.

The Estates team is currently reviewing all its projects and the projected outturn position in the next few weeks to ensure that the Estates 2020/21 outturn will be within their allocated budget.

Capital Expenditure Area	2020/21 Annual Plan	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000	£'000
Estates				
Backlog projects including 2019/20 rollover	752	477	1,074	(597)
Car parking	120	0	0	0
Emergency department capacity	120	0	0	0
Estates team costs	500	270	217	53
NICU and completion of obstetrics theatre	722	616	644	(28)
Simmons House	216	27	0	27
Estates strategy development costs	150	50	45	5
LED Lighting	0	0	(24)	24
WEC Provision	6,415	1,244	697	547
Estates Total	**8,995**	**2,684**	**2,654**	**30**
IM&T				
GDE Fast Follower commitments	1,424	340	379	(39)
Infrastructure upgrade	600	300	239	61
Rolling IT refresh	500	150	54	96
IM&T Total	**2,524**	**790**	**671**	**119**
Medical Equipment				
Replacement of end of life equipment	900	275	115	160
Medical Equipment Total	**900**	**275**	**115**	**160**
Contingencies and business cases				
Contingencies and Business Cases	750	120	113	7
Contingencies and business cases Total	**750**	**120**	**113**	**7**
PMO				
PMO	250	73	56	17
PMO Total	**250**	**73**	**56**	**17**
Finance				
Managed Equipment Service capital investment	293	120	120	0
PFI lifecycle costs	778	323	391	(68)
Finance Total	**1,071**	**443**	**511**	**(68)**
Covid 19				
Covid 19 - Estates - Buildings	88	88	125	(37)
Covid 19 - Medical Equipment	694	694	182	512
Finance Total	**782**	**782**	**307**	**475**
Grand Total	**15,272**	**5,167**	**4,428**	**739**

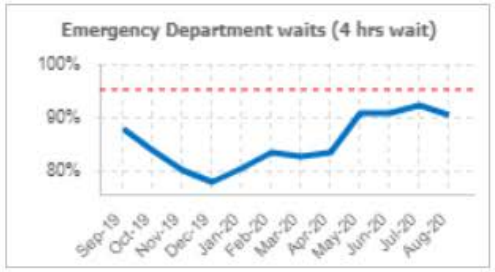
Meeting title	**Trust Board – public meeting**	**Date: 30 September 2020**
Report title	**Integrated performance report**	**Agenda Item: 11**
Executive director lead	Carol Gillen, Chief Operating Officer	
Report author	Paul Attwal, Head of Performance	
Executive summary	**Areas to draw to Board members' attention are:** **Emergency Department (ED) four hours' wait:** During August 2020 performance against the 4 hour access standard was 90.5% below the 95% trajectory. The national average in August was 89.25%, the London average was 90.8% and the NCL average was 89.7%. Attendance numbers continue to be lower than previous years- August 2020 saw 7,258 attendances compared to 8,778 during August 2019. **Cancer** Compliance against the national cancer standards since April 2020 has not been achieved overall. August 62 day performance was at 79%, up from 70% in July and 53% in June. The Trust has seen a significant reduction in the backlog of diagnosed patients over day 62; and therefore performance is expected to improve. The 2 week wait (2ww) standard was achieved in August 2020. **Workforce** Appraisal rates for August 2020 are at 63.8% against a target of 90%. The compliance against Mandatory Training has remained consistent at 82.7% in August 2020 against a target of 90%. **Adult Community services** The impact of the implementation plans for the recovery and reset of community services are evident in the improved performance and reduction in waiting times during August 2020. Services are on course to meet the 95% targets within the set time periods for recovery.	
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 - Qualityand People ;	
Report history	Trust Management Group	
Appendices	None	

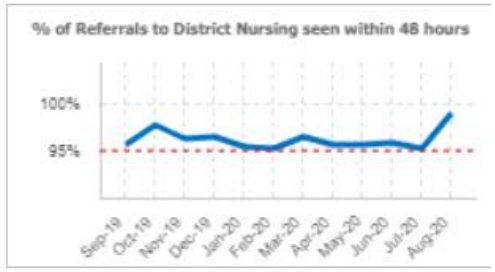
Performance Report
September 2020

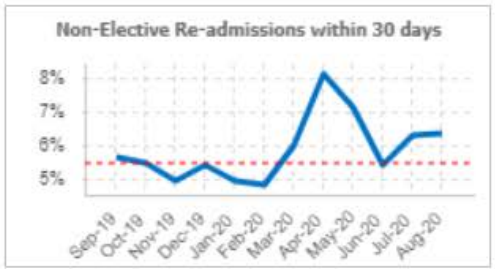
Month 5 (2020 – 2021)

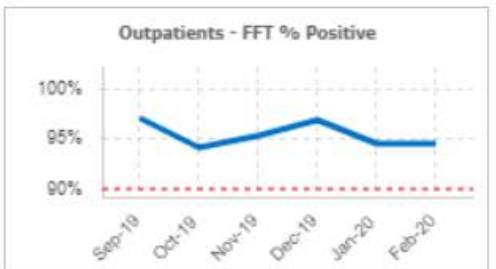
Summary

Category	Indicator	20_21 Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-2021	
ED	Emergency Department waits (4 hrs wait)	>95%	87.7%	83.6%	80.1%	77.8%	80.5%	83.2%	82.5%	83.2%	90.6%	90.7%	92.1%	90.5%	90.0%	!
Cancer	Cancer - 14 days to first seen	>93%	89.8%	91.3%	96.6%	97.3%	95.5%	96.8%	95.5%	85.5%	89.5%	94.6%	97.1%		93.1%	
Cancer	Cancer - 62 days from referral to treatment	>85%	89.4%	90.3%	77.6%	93.0%	72.1%	81.1%	87.1%	75.9%	83.3%	57.8%	67.7%		69.6%	!
Admitted	Non Elective Re-admissions within 30 days	<5.5%	5.65%	5.48%	4.94%	5.44%	4.92%	4.85%	5.97%	8.10%	7.12%	5.42%	6.31%	6.36%	6.46%	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	2.2%	2.8%	2.9%	2.6%	2.8%	4.5%	2.6%	0.6%	0.1%	0.1%			0.2%	
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.1%	92.0%	92.1%	92.0%	92.0%	92.1%	88.3%	79.9%	71.6%	56.1%	46.8%	53.1%	61.9%	!
Outpatients	Outpatients - FFT % Positive	>90%	96.9%	94.2%	95.3%	96.7%	94.4%	94.5%								
Community	Community - FFT % Positive	>90%	94.6%	95.9%	97.0%	94.4%	94.3%	95.8%								
Staff	Staff - FFT % Recommend Care	>70%	77.1%			62.2%										
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%	100.0%	96.0%	93.8%	85.7%	97.5%	97.6%	86.4%	94.6%	96.3%	94.3%	92.3%	94.3%	94.5%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	95.7%	97.8%	96.4%	96.5%	95.5%	95.2%	96.4%	95.7%	95.7%	96.0%	95.2%	99.0%	96.1%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	89.6%	91.0%	90.3%	91.5%	92.4%	93.2%	93.6%	96.3%	94.0%	97.3%	93.3%		95.2%	
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	92.7%	96.1%	95.4%	93.8%	97.1%	95.1%	96.1%	95.8%	96.8%	95.6%	93.5%		95.4%	









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Indicator	20_21 Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-2021	Performance
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	
HCAI C Difficile	<16	1	0	0	0	0	2	0	0	0	3	2	1	6	
Actual Falls	400	30	25	38	34	40	32	36	30	35	21	20	30	136	
Category 3 or 4 Pressure Ulcers	0	2	10	14	10	21	17	7	21	12	6	21	2	62	
Harm Free Care %	>95%	93.64%	94.34%	91.73%	93.79%	92.24%	94.04%	92.89%							
Medication Errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
MRSA Bacteraemia Incidences	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Never Events	0	0	1	1	0	0	0	0	1	0	0	0	0	1	
Serious Incidents	N/A	1	3	4	3	0	3	2	2	1	0	3	0	6	
VTE Risk Assessment %	>95%	95.6%	95.1%	95.3%	95.1%	105.2%	95.4%	96.2%	95.0%					95.0%	
Mixed Sex Accomodation Breaches	0	1	5	5	2	9	0	0	0	0	0	0	0	0	
Hospital Standardised Mortality Ratio (HSMR)	100	79.6	91.1	90.5	83.8	66.7	103.3	106.9	154.9	119.8				136.4	
Summary Hospital Level Mortality Indicator (SHMI)	1.14	0.87			0.89			0.92							

**Target has not been achieved for the past three months

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Category 3 or 4 Pressure Ulcers, Unstageable, Deep Tissue Injury and Devise Related Pressure Ulcers reported in August 2020 **Pan Trust Standard:** 10% reduction in the total number of attributable PUs during 2020/21 compared to 2019/20 including a breakdown of Pressure Ulcers by category **Community Standards** Appropriate Risk assessment completed Individualised care plan completed **Care plan to include:** Appropriate Management of wounds if present Appropriate Information provided about repositioning Appropriate Information provided about diet and fluids Reassessments completed in line with assessment recommendations	**Variance against plan** **Breakdown** : Total numbers of Category 3 or 4 Pressure Ulcers: Category 3 – 0 on the Acute Wards Category 4 – 0 on the Acute Wards Category 3 – 2 in the Community Category 4 – 0 in the Community Unstageable, Deep Tissue Injury and Devise Related Pressure Ulcers recorded: 2 – Unstageable - Acute 6 – Deep Tissue Injury - Community 9 – Unstageable – Community No Device Related Pressure Ulcers – Pan Trust **Action to recover:** In August the Trust has seen a reduction in the number of category 3 and category 4 pressure ulcers both in the acute and community setting. There are no reported device related pressure ulcers. The acute services continue to see a very low number of pressure ulcers. The Lead Tissue Viability Nurse and team are continuing to liaise with the community teams in undertaking investigations to identify any learning from the incidents, the team has also started to work with individual staff completing 72 hour reports to help pull our true root causes, which is starting to make a difference. In addition, they are liaising with the Prevention & Learning sub-group of the Safeguarding Adults Board who are undertaking some work on a Partnership pressure ulcer gap analysis; as well as liaising with the Community Matrons to look at pressure ulcer care planning in Care Homes.	**Named Person:** Tissue Viability Service **Time Scale to Recover Performance:** **Ongoing monitoring**
HSMR:	The change in HSMR is likely to represent COVID-19 related mortality. Reports from Dr Foster looking at crude mortality rate for COVID-19 patients who were ventilated or received continuous positive airway pressure (CPAP) suggests Whittington Health mortality rates are in line with other benchmarked Trusts. Clinical teams are working to continuously refine clinical pathways for the care of all patients including those with COVID infections	**Named Persons:** I Wamou and C Dollery

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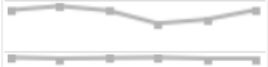
Indicator	20_21 Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-2021	Performance
ED - FFT % Positive	>90%	84.9%	82.2%	81.5%	79.7%	81.1%	79.8%								
ED - FFT Response Rate	>15%	15.3%	10.9%	12.7%	13.0%	10.3%	10.4%								
Inpatients - FFT % Positive	>90%	96.7%	98.3%	97.5%	97.8%	95.6%	97.6%								
Inpatients - FFT Response Rate	>25%	18.1%	27.0%	28.9%	25.2%	16.5%	20.2%								
Maternity - FFT % Positive	>90%	92.8%	97.4%	94.1%	91.3%	98.7%	95.9%								
Maternity - FFT Response Rate	>15%	45.8%	50.9%	45.4%	29.8%	34.4%	46.2%								
Outpatients - FFT % Positive	>90%	96.9%	94.2%	95.3%	96.7%	94.4%	94.5%								
Outpatients - FFT Responses	400	586	514	380	516	409	308								
Community - FFT % Positive	>90%	94.6%	95.9%	97.0%	94.4%	94.3%	95.8%								
Community - FFT Responses	1500	792	991	670	657	619	525								
Staff - FFT % Recommend Care	>70%	77.1%			62.2%										
Complaints responded to within 25 or 40 working days	>80%	81.8%	70.4%	83.8%	66.7%	87.0%	85.7%	88.5%	100.0%	100.0%	75.9%	84.6%	85.0%	81.8%	
Complaints (including complaints against Corporate division)	N/A	22	27	37	24	23	28	26	1	1	29	26	20	77	

**Target has not been achieved for the past three months

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
All Friends and Family Tests Indicators	Data submission and publication for the Friends and Family Test will restart for acute and community providers from December 2020, following the pause during the response to COVID-19. The first data submission will be December's data, submitted from the beginning of January, and will be published in February 2021.	**Named Person:** Patient Experience Manager **Time Scale to Recover**

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Indicator	20_21 Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-2021	Performance
Hospital Cancelled Operations	0	4	9	8	2	9	5								
Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	0								
Urgent Procedures Cancelled > once	0	0	0	0	0	0	0								
Theatre Utilisation	>85%	85.26%	84.94%	88.45%	84.19%	87.37%	86.88%	78.12%				55.46%	68.04%		
Breastfeeding Initiated	>90%	92.4%	93.0%	92.9%	94.4%	93.1%	89.1%	90.3%	90.8%	91.4%	93.4%	90.7%	91.1%	91.4%	
Mortality rate per 1000 admissions in-months	14.4	6.9	6.3	8.0	8.4	7.2	8.3	16.5	42.1	14.8	5.8	5.8	4.8	12.3	
Community DNA % Rate	<10%	7.1%	7.2%	7.4%	8.0%	7.5%	7.6%	8.3%	8.8%	8.6%	8.9%	9.0%	9.0%	8.9%	
Community Services - Provider Cancellations	<8%	6.6%	6.5%	7.3%	7.0%	6.7%	6.7%	14.1%	22.1%	8.9%	7.6%	8.0%	6.3%	10.5%	
Acute DNA % Rate	<10%	11.9%	10.9%	10.7%	11.1%	9.7%	9.6%	11.8%	8.6%	6.8%	6.9%	8.2%	9.0%	7.9%	
Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	2.2%	2.8%	2.9%	2.6%	2.8%	4.5%	2.6%	0.6%	0.1%	0.1%			0.2%	
Non Elective Re-admissions within 30 days	<5.5%	5.65%	5.48%	4.94%	5.44%	4.91%	4.85%	5.97%	8.10%	7.12%	5.42%	6.32%	6.45%	6.48%	
Rapid Response - % of referrals with an improvement in care		82.7%	86.2%	81.4%	81.3%	82.4%	85.7%	87.4%	84.0%	84.8%	87.4%	87.3%	87.8%	86.3%	

**Target has not been achieved for the past three months

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Theatre Utilisation % Rates :	**Variance against Plan: 68.04% v standard of 85%** **Action to Recover:** There has been a slight increase in utilisation along with an increase in activity post the first surge of COVID 19. New NICE guidance was released and amended on 25th August 2020 which no longer requires patients to self-isolate 14 days prior to procedure. (14 days comprehensive social distancing is still required and patients need to be informed prior to surgery). There are a number of risks to utilisation even with the change to NICE guidance. During August/September there have been patients self-cancelling prior to surgery and due to guidance these patients cannot be replaced as many of these cancellations leave less than 14 days to elective operating lists. This is also the case for patients who test positive for COVID 19 which take place 72 hours prior to surgery. New standby pilot will take place in October 2020 which will aim to reduce risk of underutilised lists. This will increase pool of pre-assessed patients with an aim to fill lists at short notice, patients will be booked for future TCI dates and will already be informed following the NICE guidance.	**Named Person:** General Manager Theatres & Critical Care **Time Scale to Recover Performance:** Improvement from September 2020 will be reviewed regards social distancing and also possibility of second wave.

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Indicator	Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-2021	Performance
Emergency Department waits (4 hrs wait)	>95%	87.7%	83.6%	80.1%	77.8%	80.5%	83.2%	82.5%	83.2%	90.6%	90.7%	92.1%	90.5%	90.0%	
ED Indicator - median wait for treatment (minutes)	<60 mins	65	69	92	98	91	88	56	25	36	43	55	55	43	
Ambulance handovers waiting more than 30 mins	0	19	60	37	86	100	37	32	8	7	13	11	8	47	
Ambulance handovers waiting more than 60 mins	0	0	0	1	15	10	1	5	0	0	0	0	2	2	
12 hour trolley waits in A&E - Non Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12 hour trolley waits in A&E - Mental Health	0	8	10	8	6	10	11	7	0	0	0	0	0	0	
Cancer - 14 days to first seen	>93%	89.8%	91.3%	96.6%	97.3%	95.5%	96.8%	95.5%	85.5%	89.5%	94.6%	97.1%		93.1%	
Cancer - 14 days to first seen - breast symptomatic	>93%	100.0%	98.1%	96.2%	97.8%	95.2%	98.4%	89.5%	71.4%	85.2%	95.2%	97.1%		91.1%	
Cancer - 62 days from referral to treatment	>85%	89.4%	90.3%	77.6%	93.0%	72.1%	81.1%	87.1%	75.9%	83.3%	57.8%	67.7%		69.6%	
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	87.9%	86.2%	76.0%	92.7%	70.5%	75.9%	88.5%	73.3%	80.0%	54.3%	70.0%		67.6%	
Cancer ITT - % of Pathways sent before 38 Days	>85%	37.5%	25.0%	33.3%	71.4%	40.0%	11.1%	25.0%	60.0%	33.3%	18.2%	40.0%		33.3%	
Cancer - % Pathways received a Diagnosis within 28 Days of Referral		91.2%	92.9%	89.4%	89.8%	84.9%	87.3%	85.3%	75.6%	70.2%	86.7%	86.8%		81.4%	
Cancer - 31 days to first treatment	>96%	97.6%	97.8%	97.5%	97.4%	97.2%	100.0%	100.0%	95.2%	95.8%	96.4%	100.0%		96.9%	
Cancer - 31 days to subsequent treatment - surgery	>94%	100.0%	20.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%			100.0%	
Cancer - 62 Day Screening	>90%	100.0%	75.0%		100.0%	72.7%	60.0%	70.0%	100.0%		0.0%			50.0%	
DM01 - Diagnostic Waits (<6 weeks)	>99%	99.5%	99.0%	99.0%	99.2%	99.3%	99.6%	90.1%	33.2%	34.3%	49.9%	67.1%	85.7%	44.8%	
RTT - Incomplete % Waiting <18 weeks	>92%	92.1%	92.0%	92.1%	92.0%	92.0%	92.1%	88.3%	79.9%	71.6%	56.1%	46.8%	53.1%	64.1%	
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0	1	0	0	6	36	83	187	273	312	
% seen <=2 hours of Referral to District Nursing Night Service	>80%	100.0%	96.0%	93.8%	85.7%	97.5%	97.6%	86.4%	94.6%	96.3%	94.3%	92.3%	94.3%	94.5%	
% seen <=48 hours of Referral to District Nursing Service	>95%	95.7%	97.8%	96.4%	96.5%	95.5%	95.2%	96.4%	95.7%	95.7%	96.0%	96.8%	99.0%	96.5%	
Haringey New Birth Visits - % seen within 2 weeks	>95%	89.6%	91.0%	90.3%	91.5%	92.4%	93.2%	93.6%	96.3%	94.0%	97.3%	92.0%		94.8%	
Islington New Birth Visits - % seen within 2 weeks	>95%	92.7%	96.1%	95.4%	93.8%	97.1%	95.1%	96.1%	95.8%	96.8%	95.6%	93.5%		95.4%	

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - Performance: **4 hour target**	**Overall performance:** The overall Performance for August was 90.5%. The national average in August was 89.25%, the London average was 90.8% and the NCL average was 89.7%. The Trust saw a steady increase in A&E attendances over August, however the overall numbers still remain below the average for this time of year (-18%). The total number of attendances was 7258, with daily attendances ranged between 193 and 284, with an average of 234 attendances per day for the month. The majority were walk in patients at 79% and 21% were ambulance conveyances 16% of all attendances required admission. Acuity remained similar to previous months with 46% of the patients seen in Majors and 54% in Minors. Daily performance was variable ranging between 82.31% and 96.40%. There were 693 breaches reported for the period, with 31% due to “Delay in completion of treatment, 26% due to “Delay in assessment”, 15% due to “Bed Management” and 10% due to “Waiting for a Specialist Opinion (Acute). The majority of the patients (89.4%) were assessed within 15 minutes with an average time to treat of 55 minutes. 69% of the patients with DTA were admitted to ward within 4 hours of arrival. The remaining DTA’s spent on average 8 hrs in the department. **Mental health breaches:** Mental Health attendances have seen a reduction of 36% when compared to the same period last year; however the proportion of 4-hour MH breaches remains the same (50% average). Ambulance Handovers 8 x 30 minute LAS breaches – reduction of 3 when compared to July 2 x 60 minutes LAS breaches – increase of 2 when compared to July	**Named person:** General Manager, Emergency Department
ED – Performance – recovery plan	**Action to recover overall performance:** Overall August saw a 2% reduction in month when compared to July 2020, however, there was an 8% increase in performance from August 2019, with a drop of attendances of 18%. Improvement projects continue to address the 5% difference in achieving 95%	**Named person:** General Manager, Emergency Department **Timescale to recover performance:**

	with strong engagement from the clinical teams. The General Manager is the overall project lead. Within the overall project there mini project with the Clinicians as the project lead to drive the changes. The team are working with Mental health partners to improve performance for this cohort of patients following a mental health deep dive in July. Monthly Operational meetings have been re-established to unblock barriers. The Senior ED team have now embedded weekly breach meetings to discuss the previous week's performance and plans in place to address. 1st meeting started mid-September and has proven successfully in driving system wide Continue promoting an environment for early bed allocation and reducing the length of stay admitted patients spend in the Emergency Department and continue to encourage, maintain and drive early assessment of admitted patients by the accepting specialty; developing communications and removing barriers between the MDTs. This will include raising awareness of ED standards through educational material and documents such as internal professional standards. Ongoing work with Front of House team and rapid assessment model to reduce number of black ambulance breaches, using the sit rep and demand and capacity to understand pinch points and how the team can unblock barriers in real time	October 2020
Cancer performance	**Update:** Compliance against the national cancer standards since April 2020 has not been achieved overall. August 62 day performance was at 79%, up from 70% in July and 53% in June. The Trust has seen a significant reduction in their backlog of diagnosed patients over day 62; therefore performance is expected to improve. The 2 week wait (2ww) standard was achieved in August 2020; referrals for August were higher than the same period last year, individually only Colorectal, Gynaecology and Urology were lower. In August surgery and diagnostics are being undertaken at both the Trust as emergencies and in the Independent Sector (IS). The use of IS has supported the management of the backlog. From September 2020 access to inner london IS providers willbe paused while negotiating new contracts. Cancer surgery for breast and gynaecology will be repatriated back to the Trust in the short term Complex colorectal surgery lists will be managed within the NCL cancer system. Risk assessments (clinical harm) are being carried out on all patients who were treated >104 days in the cancer pathway and breach reports have been produced on all those over 62 days. An analysis of these assessments will be presented to the NCL STP on 30th September 2020.	**Named person:** General Manager, Cancer Services **Timescale to recover performance:** Ongoing

DM01 Diagnostics Waits	**Update:** Performance against the national diagnostic waiting target August 2020 has not been achieved; however there has been an improvement for the 3rd month in a row. Endoscopy and imaging have seen the biggest improvement; MRI and CT scans are at 100% compliance against the standard for August 2020. Endoscopy moved from seen a 74.5% in July to 84.8% in August 2020. Endoscopy services will increase capacity throughout September 2020 as part of the phase 3 recovery plan.	**Named person:** Head of Performance **Timescale to recover performance:** Ongoing
Referral to Treatment: **Incomplete % waiting < 18 weeks** **52 + week waits**	**Update:** Performance against the national standards for referral to treatment incomplete pathways below 18 weeks has not been achieved with performance at 53.1%.This is 6.3% improvement on July 2020. Backlog numbers for waiting over 40 weeks and beyond have increased week on week, predominately in specialities requiring surgical intervention. The Trust is part of the National PTL Diagnostic programme, supported by North of England Commissioning Support, to review, improve and identify cohorts of pathways that could potentially be removed through validation based on an assessment of compliance with a standard set of indicators. Initial findings from the ongoing audit have suggested circa 500 pathways could be validated between 36 and 51 weeks. The Trust Validation team is leading on the process to manage this pathways this includes engagement with individual service lines. Update to be provided in October 2020. At the end of August 2020 there were 273 patients waiting more than 52 weeks for treatment. All patients currently waiting over 52 weeks are of clinical low priority. However as per phase 3 recovery guidance, clinically urgent patients should continue to be treated first, with next priority given to the longest waiting patients, specifically those breaching or at risk of breaching 52 weeks by the end of March 2021. Risk assessments (clinical harm) are being carried out on all patients who are at >52 weeks on the referral to treatment pathway and these were reported at the Trust Patient Safety Committee with regular updates.	**Named person:** Head of Performance **Timescale to recover performance:** Ongoing

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Indicator	20_21 Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-2021	Performance
Appraisals % Rate	>90%	75.5%	75.8%	76.4%	77.5%	76.0%	76.1%	70.1%	65.9%	65.8%	62.3%	63.9%	63.8%	64.3%	
Mandatory Training % Rate	>90%	81.1%	81.0%	82.1%	83.3%	83.0%	83.3%	82.1%	80.4%	79.9%	80.5%	81.5%	82.7%	81.0%	
Permanent Staffing WTEs Utilised	>90%	87.9%	88.5%	88.9%	88.7%	89.0%	89.6%	92.8%	88.5%	88.4%	88.9%	89.0%	88.25%	88.7%	
Staff FFT % recommended work	>50%	59.6%			69.2%										
Staff FFT response rate	>20%	16.3%			55.6%										
Staff sickness absence %	<3.5%	2.99%	3.93%	3.83%	3.86%	3.90%	3.45%	5.00%	6.66%	5.00%	4.00%	3.68%		4.82%	
Staff turnover %	<13%	10.6%	10.6%	10.5%	10.7%	10.7%	10.5%	9.9%	9.7%	9.2%	9.1%	10.4%	9.1%	9.5%	
Vacancy % Rate against Establishment	<10%	12.1%	11.5%	11.1%	11.3%	11.0%	10.4%	7.2%	11.5%	11.6%	11.1%	11.0%	11.75%	11.3%	
Average Time to Hire (Days)	<63 Days	59	63	63	61	83	76	72	73	73	76	70	66	72	
Nursing Staff Average % Day Fill Rate - Nurses		89.3%	92.6%	96.3%	94.6%	95.2%	97.8%				100.2%	96.4%	91.2%	95.7%	
Nursing Staff Average % Day Fill Rate - HCAs		125.9%	126.2%	126.8%	125.1%	119.8%	125.7%				132.5%	132.6%	134.3%	133.2%	
Nursing Staff Average % Night Fill Rate - Nurses		90.4%	92.4%	94.8%	92.9%	94.3%	95.5%				93.1%	93.6%	95.0%	93.9%	
Nursing Staff Average % Night Fill Rate - HCAs		134.7%	144.0%	135.9%	136.9%	135.6%	152.4%				154.0%	165.4%	159.5%	159.9%	
Safe Staffing Alerts - Number of Red Shifts		5	6	10	5	3	7	0	0	0	2	1	0	3	
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		8.8	9.3	9.2	9.4	9.3	9.3				10.0	11.8	10.5	10.8	

**Target has not been achieved for the past three months

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Appraisals % Rate : 63.8% **Target 90%**	**Variance against Plan: - 26.2%** This is a decrease of 0.1% August 2020 This equates to approximately 200 appraisals required to be done per month over 6 months **Action to Recover:** The Learning & Development Team remain supportive to help load completed appraisals onto ESR whilst managers continue to focus on bringing their clinical and operational services back to business as usual. The introduction of the Totara system, currently being purchased, will enable managers to upload appraisal data more easily, and may reduce the estimated turnaround time.	**Named Person:** Assistant Director Learning & Organisational Development **Time Scale to Recover Performance:** Six months (as the rate is static) assuming there is no second Covid-19 peak and unless Totara is introduced earlier. Purchasing has started and a demonstration is scheduled for key stakeholders.
Mandatory Training % Rate : 82.7% **Target: 90%**	**Variance against Plan: - 7.3%** This is an improvement of 1.2% on August 2020 **Action to Recover:** Performance against this KPI has remained consistent. As well as returning to business as usual, compliance is dependent on developing a culture of personal responsibility which the L&D team are ready to support given the challenges of the current ESR system for online learning. There were a number of revisions to the type of learning that would be acceptable to enable maximum flexibility to learning during the pandemic. The L&D Team have been consistently supporting remote working for the duration as well as exploring further new approaches. These variances can continue to allow staff to access training in the easiest way for them. A new system is now being purchased that enables reporting from ESR but enables learners to undertake training in a user-friendly environment using any preferred device. Progress on whether this can be implemented will be provided in future reports.	**Named Person:** Assistant Director Learning & Organisational Development **Time Scale to Recover Performance:** Estimate five months given a new improved user-friendly system Estimate a year without, providing compliance leadership is apparent unless Totara implemented within this period in which case earlier. Purchasing has started.
Permanent Staffing WTEs Utilised: 88.25% **Target: 90%**	**Variance against Plan: 1.75%** **Action to Recover:** WTEs utilising has increased slight die to posts previously on hold being released and several restructures that have resulted in vacancies.	**Named Person:** Deputy Director of Workforce **Time Scale to Recover Performance:** January 2021

Staff Turnover Rates: 9.1% **Target: 10%**	**Variance against Plan: N/A** **Action to Recover:** Turnover has stabilised slightly as termination dates previously on hold have been released and recruitment continues recovery.	**Named Person:** Deputy Director of Workforce **Time Scale to Recover Performance:** N/A
Vacancy Rates: 11.75% **Target: 10%**	**Variance against plan: 1.75%** **Action to recover:** The Vacancy rate has increased as posts previously on hold have been released and those whose notice was on hold have left the organisation. There have been several restructures that have resulted in vacancies	**Named Person:** Deputy Director of Workforce **Time Scale to Recover Performance:** January 2021
Time to hire: 66 days Time taken from resignation/creation of new post to confirmed start date **Standard:** 63 days	**Variance against plan**: 3 days **Action to recover:** The primary reason for an extension to Time To Hire (TTH) is delays in recruitment due to COVID 19. This also includes redeploying staff as some staff were temporarily redeployed meaning substantive recruitment was delayed, and start dates remain an issue. The recovery is indicated in the reduction from 70 days from last month. The TTH is rate is reducing as recovery continues.	**Named person:** Deputy Director of Workforce **Timescale to recover performance:** September 2020
Safer Staffing **Aim for:** Zero Red shifts Trust CHPPD 8.5 hours (National median: 8 – Peer trusts median: 8.3)	**Variance against Plan for August 2020** **Red Shifts:** 2 shifts were reported as Red in Emergency and Integrated Medicine ICSU. One was a result of increased acuity in a number of patients - adjustments in staffing numbers/skill-mix were delayed. The second Red shift was due to last minute sickness and inability to re-deploy staff with the right skills. There are no reported incidents associated with the risk of the shifts. **CHPPD:** Trust wide Care Hours per Patient Day (CHPPD) in August 20 was 10.53 hours. The CHPPD in ITU and Ifor wards increase the overall trust CHPPD. The figure in ITU is well above the baseline due to reduced bed occupancy. Ifor ward accommodates 6 Mental Health patients which affected care hours requirements. The average CHPPD for the wards resulting from the roster demand templates (planned staffing) is 6.6. The average actual CHPPD on the wards for August 2020 was 8.9. This variance between planned and actual CHPPD is a result of enhanced care and higher acuity. Most of the wards achieved a fill rate for registered staff near or below 100%. The causes of fill rate significantly under 100% is associated with reduced bed occupancy (ITU, NICU) or the Band 4 Nursing Associates (NA) counting as non-	**Named Person:** Lead Nurse for Safer Staffing **Time Scale to Recover Performance:** Ongoing

	registered staff on the report (this will be rectified in October). Fill rate of above 100% for HCAs is a result of enhanced care requirements. **Action to Recover:** The number of red shifts remains low. Ongoing monitoring by senior staff continues using the Staffing Escalation policy and live SafeCare tool. The enhanced care team is now fully established and operating currently for the medical wards. Recruitment and training of the enhanced care team is in progress.	

Children's community waiting times Services under Children, Young People (CYP) have CCG specific waiting time target, and performance is monitored through contract monitoring arrangements with CCG and Public health commissioners in both boroughs.	**Overall summary and actions to recover:** **Haringey Community paediatrics NDC** NDC clinics were reduced during the initial response to covid-19 while registrars were redeployed. From September the number of clinic slots offered will increase as trainee doctors return to the service. Waits are expected to decrease over the autumn. **Haringey Community paediatrics SCC** Teams are using a variety of approaches to address the backlog, including using a virtual diagnostic assessment tool for under 5s. This approach will continue throughout the autumn term. For children aged over 5 a combination of face to face and video based ADOS assessments are being used. Prior to September Year 6 children waiting for an assessment were prioritised. It will remain challenging to reduce waits whilst the staffing resource remains static and the need to work safely during the covid-19 pandemic continues. This ongoing challenge is included within the borough-wide work focused on autism. **Haringey SLT** A reduction in service provision during the initial covid-response has impacted on waiting times. The service is aiming to increase appointments from September. There is also a longer term (and increasing) challenge for the SLT service – the year on year increase in demand across the borough. This issue is being discussed with commissioners and we aim to develop a shared plan for therapy provision in Haringey. **IANDS** Islington SCT has seen a continued rise in referrals, primarily due to non F2F (Face to Face) contact for ADOS diagnostic assessment. The team are trialling the first online diagnosis using the Vanderbilt and it is hoped that this will help see a reduction in the waiting time. The service is providing advice guidance and support for families with CYP who are on the waiting list and who need help around managing their CYP behaviour and communication CCG are aware of this issue and will be addressed in the therapy review. There is a significant rise in waiting time for OT due to the back log in referrals of CYP unable to be assessed through F2F appointments. Rise in SLT waiting times due to reduction in F2F over Covid plus a significant number of transfers to mainstream school from SCT and additional support required The service has plans in place to increase capacity to manage the backlog through additional clinics	**Named person:** Director of Operation CYP **Time Scale to Recover Performance:** November 2020

	and further use of telehealth from September.	
Adults community waiting times Adults community waiting times Adult Community Services (ACS) operate on different waiting time targets, performance is monitored monthly at ACS ICSU Board and in the ACS PTL meeting.	**Overall summary and actions to recover:** The impact of the implementation plans for the recovery and reset of community services are evident in the improved performance and reduction in waiting times. Services are due to meet the 95% targets within the set time periods for recovery. **Community Rehabilitation CRT (92.9%) & REACH Intermediate Care (89.6%)** Group therapy and exercise classes remain paused and this is impacting on waiting times. High and medium risk patients are being prioritised resulting in higher waiting times for routine physiotherapy and OT referrals. Urgent and high risk patients continue to be prioritised in line with national guidance resulting in higher waiting times for routine patients. Waiting times for OT in the REACH time are being addressed with recruitment ongoing. **Bladder & Bowel services (87.9%)** The service has made significant progress from the previous month, increasing from 29.8% to 87.9% in September 2020, representing a significant reduction in waiting times for new patients. **MSK CATS (94.3%) & MSK Routine (84.7%)** The MSK service has shown significant reductions in the percentage of patients waiting over 6 weeks. The service has improved performance month on month since resuming routine appointments from as compared to the previous month increasing from 14.8% in CATS and 26.6% MSK routine in June 2020. The service is utilising virtual appointments where appropriate. **Nutrition & Dietetics (87.1%)** The team continues to focus on medium and high risk patients and is on track to regain compliance in October. **Podiatry (85.3%)** The service continues to prioritise medium and high risk patients but has also been successful in reducing waiting times for routine patients. The service is on track return to compliance in October 2020. **Spirometry** Community spirometry activity remains paused however clinics for patients triaged as requiring spirometry will recommence from 21 September. **Action to recover:** • Demand & capacity analysis undertaken in all services • Clinic slot utilisation dashboard is being developed with support from the PMO and Informatics to support improved efficiency.	**Named person:** Director of Operations ACS There are plans in place to meet the 95% target of patients being seen within 6 weeks by the following timescales: October 2020 October 2020 March 2021 October 2020 October 2020 December 2020

Indicator	20_21 Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-2021	Performance
IAPT Moving to Recovery	>50%	55.5%	55.2%	54.5%	59.9%	58.7%	43.1%	56.4%	39.2%	52.3%	44.8%	50.3%		46.2%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	95.8%	91.5%	96.2%	94.4%	94.6%	91.8%	94.6%	93.6%	93.8%	92.3%	91.8%		92.8%	
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	82.5%	85.5%	85.8%	83.4%	78.8%	83.3%	86.8%	85.5%	81.9%	80.0%	86.3%		83.2%	
Haringey - HR1 % carried out before child aged 15 months	N/A	82.1%	79.2%	81.7%	83.0%	85.0%	79.8%	77.1%	77.3%	78.8%	77.9%	68.4%		75.8%	
Haringey - HR2 % carried out before child aged 30 months	N/A	73.2%	75.9%	75.2%	76.7%	78.7%	79.2%	67.9%	73.0%	73.1%	75.4%	75.9%		74.4%	
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	91.8%	92.1%	93.2%	92.5%	93.7%	91.8%	92.4%	91.1%	90.5%	93.3%	93.3%		92.1%	
Islington - HR1 % carried out before child aged 15 mths	N/A	79.2%	84.8%	82.1%	81.1%	82.6%	84.4%	83.5%	75.1%	81.6%	74.5%	84.3%		78.9%	
Islington - HR2 % carried out before child aged 30 mths	N/A	84.3%	77.6%	78.3%	79.0%	82.6%	81.9%	82.9%	80.9%	81.4%	84.2%	77.7%		81.1%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	90.8%	92.5%	91.5%	95.7%	92.5%	90.0%	95.7%		100.0%	60.0%	87.5%	96.0%	90.9%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	86.2%	88.1%	83.3%	79.2%	87.8%	86.5%	96.0%	100.0%		100.0%	100.0%	100.0%	100.0%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	71.2%	87.1%	76.3%	73.6%	75.7%	83.9%	80.1%	75.7%	71.3%	70.8%	71.2%	71.9%	72.7%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	95.7%	95.1%	93.1%	96.6%	95.4%	95.7%	94.2%	96.4%	97.4%	94.1%	88.1%	89.1%	94.2%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	87.5%	83.3%	100.0%	100.0%	100.0%	100.0%	95.7%	
Nutrition and Dietetics - % Weight Loss Achieved at Discharge	>65%	40.0%	90.0%	50.0%											
Nutrition and Dietetics - % Weight Maintained or Gained at Discharge	>70%	88.9%	100.0%	83.3%											
Hackney Smoking Cessation: % who set quit date & stopped after 4 we...	>45%	53.9%			59.5%			43.2%			58.9%			58.9%	
Islington Self-Management - Average Increase in PAM Score	>=9	13			12			13							
Haringey Self-Management - Average Increase in PAM Score	>=9	12			17			14							

Appendix 2. Community Waiting Times Dashboard

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Jun-20	Jul-20	Aug-20	Avg Wait (Aug)	No. of Pts Seen	% Threshold	Target Weeks	Jun-20	Jul-20	Aug-20	Avg Wait (Aug)	No. of Pts Seen
CAMHS	>95%	8	66.1%	81.9%	80.7%	11.7	57	>95%	2		100.0%	100.0%	0.1	1
Child Development Services	>95%	12	100.0%	87.5%	100.0%	0.6	6	>95%	2	100.0%			-	0
IANDS	>95%	18	59.8%	63.3%	86.6%	8.1	97	>95%	2	100.0%	100.0%		-	0
Community Children's Nursing	>95%	2	97.4%	95.6%	94.0%	0.7	67	>95%	1	97.2%	100.0%	100.0%	0.2	26
Community Paediatrics Services	>95%	18	54.4%	59.7%	59.6%	15.8	57	>95%	1	0.0%			15.8	0
Family Nurse Partnership	>95%	12	75.0%	100.0%	100.0%	2.1	1	>95%	-	-			-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	0.0	9	>95%	-				-	0
Looked After Children	>95%	4	100.0%	90.5%	92.9%	2.5	14	>95%	2				-	0
Occupational Therapy	>95%	18	34.5%	62.5%	75.0%	9.2	12	>95%	-				-	0
Physiotherapy	>95%	18	96.2%	84.6%	97.6%	3.9	42	>95%	2			50.0%	2.3	2
PIPS	>95%	12	100.0%	100.0%	100.0%	2.0	7	>95%	-				-	0
School Nursing	>95%	12	91.7%	96.0%	100.0%	0.9	14	>95%	-				-	0
Speech and Language Therapy	>95%	8	66.7%	73.9%	66.1%	13.3	59	>95%	2	0.0%	0.0%	16.7%	5.5	6
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	90.3%	1.2	31	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.3	26	>95%	2	100.0%	75.0%	100.0%	0.7	1
Community Rehabilitation (CRT)	>95%	12	75.5%	80.8%	92.9%	4.4	56	>95%	2	92.9%	72.7%	89.5%	1.1	19
ICTT - Other	>95%	12	98.8%	100.0%	98.9%	5.0	179	>95%	2	92.0%	78.5%	71.9%	1.6	64
ICTT - Stroke and Neuro	>95%	12	100.0%	100.0%	100.0%	2.6	25	>95%	2	68.3%	67.4%	59.4%	2.1	32
Intermediate Care (REACH)	>95%	6	68.9%	94.3%	89.6%	2.6	77	>95%	2	85.5%	89.1%	93.3%	0.8	75
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.0	5	>95%	2	50.0%			-	0
Bladder and Bowel - Adult	>95%	12	33.7%	29.8%	87.9%	5.6	140	>95%	2		100.0%		-	0
Musculoskeletal Service - CATS	>95%	6	14.8%	61.9%	94.3%	3.0	424	>95%	2	50.0%	66.7%	60.0%	1.3	5
Musculoskeletal Service - Routine	>95%	6	26.6%	46.1%	84.7%	5.2	1216	>95%	2	61.5%	44.4%	37.5%	2.6	8
Nutrition and Dietetics	>95%	6	66.4%	93.9%	87.1%	4.2	155	>95%	2			100.0%	0.1	2
Podiatry (Foot Health)	>95%	6	29.5%	58.0%	85.3%	4.2	319	>95%	2				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	3.4	14	>95%	2				-	0
Tissue Viability	>95%	6	96.6%	98.3%	96.6%	1.8	58	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	1.7	18	>95%	2	100.0%			-	0
Diabetes Service	>95%	6	92.9%	100.0%	90.2%	2.5	41	>95%	2				-	0
Respiratory Service	>95%	6	100.0%	100.0%	97.0%	2.1	33	>95%	2		100.0%		-	0
Spirometry Service	>95%	6				-	0	>95%	2				-	0

Appendix 2. Community Waiting Times Dashboard

Haringey

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Jun-20	Jul-20	Aug-20	Avg Wait (Aug)	No. of Pts Seen	% Threshold	Target Weeks	Jun-20	Jul-20	Aug-20	Avg Wait (Aug)	No. of Pts Seen
CAMHS	>95%	8				-	0	>95%	-				-	0
Child Development Services	>95%	12	100.0%	85.7%	100.0%	0.6	6	>95%	-				-	0
IANDS	>95%	18	100.0%	100.0%		-	0	>95%	-				-	0
Community Children's Nursing	>95%	2	90.0%	100.0%	100.0%	0.3	8	>95%	1	100.0%	100.0%		-	0
Community Paediatrics Services	>95%	18	43.5%	54.7%	53.5%	18.2	43	>95%	1	0.0%			18.2	0
Family Nurse Partnership	>95%	12				-	0	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	0.0	1	>95%	-				-	0
Looked After Children	>95%	4	100.0%	66.7%	100.0%	2.0	4	>95%	2				-	0
Occupational Therapy	>95%	18	34.6%	60.9%	70.0%	10.4	10	>95%	-				-	0
Physiotherapy	>95%	18	96.2%	84.0%	97.6%	4.0	41	>95%	2			50.0%	2.3	2
PIPS	>95%	12	100.0%	100.0%	100.0%	2.0	7	>95%	-				-	0
School Nursing	>95%	12	87.5%	100.0%	100.0%	2.0	3	>95%	-				-	0
Speech and Language Therapy	>95%	8	58.5%	63.3%	57.5%	14.6	40	>95%	2	0.0%	0.0%	16.7%	5.5	6
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6				-	0	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.3	26	>95%	2	100.0%	75.0%	100.0%	0.7	1
Community Rehabilitation (CRT)	>95%	12				-	0	>95%	2		100.0%	100.0%	0.7	1
ICTT - Other	>95%	12	98.8%	100.0%	98.8%	5.0	172	>95%	2	91.3%	78.4%	73.3%	1.7	60
ICTT - Stroke and Neuro	>95%	12	100.0%	100.0%	100.0%	2.7	23	>95%	2	70.0%	65.0%	63.0%	2.1	27
Intermediate Care (REACH)	>95%	6				-	0	>95%	2				-	0
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.0	5	>95%	2	50.0%			-	0
Bladder and Bowel - Adult	>95%	12	32.4%	33.0%	87.1%	5.8	62	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	13.6%	62.9%	95.6%	3.0	205	>95%	2	50.0%	37.5%	0.0%	2.3	2
Musculoskeletal Service - Routine	>95%	6	24.4%	44.8%	84.3%	5.1	625	>95%	2	75.0%	45.5%	75.0%	1.9	4
Nutrition and Dietetics	>95%	6	69.0%	96.8%	88.2%	4.5	76	>95%	2			100.0%	0.1	1
Podiatry (Foot Health)	>95%	6	29.7%	55.6%	84.5%	4.6	142	>95%	2				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	3.1	8	>95%	2				-	0
Tissue Viability	>95%	6	92.9%	100.0%	93.9%	1.9	33	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	2.2	10	>95%	2	100.0%			-	0
Diabetes Service	>95%	6	94.1%	100.0%	94.4%	1.1	18	>95%	2				-	0
Respiratory Service	>95%	6	100.0%	100.0%	100.0%	1.5	15	>95%	2				-	0
Spirometry Service	>95%	6				-	0	>95%	2				-	0

Appendix 2. Community Waiting Times Dashboard

Islington

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Jun-20	Jul-20	Aug-20	Avg Wait (Aug)	No. of Pts Seen	% Threshold	Target Weeks	Jun-20	Jul-20	Aug-20	Avg Wait (Aug)	No. of Pts Seen
CAMHS	>95%	8	65.5%	81.7%	78.8%	12.7	52	>95%	2		100.0%	100.0%	0.1	1
Child Development Services	>95%	12				-	0	>95%	-				-	0
IANDS	>95%	18	58.8%	61.4%	86.2%	8.3	94	>95%	2		100.0%		-	0
Community Children's Nursing	>95%	2	98.4%	96.3%	95.9%	0.4	49	>95%	1	96.4%	100.0%	100.0%	0.2	25
Community Paediatrics Services	>95%	18	93.8%	100.0%	77.8%	9.0	9	>95%	1				9.0	0
Family Nurse Partnership	>95%	12	75.0%	100.0%	100.0%	2.1	1	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	0.0	3	>95%	-				-	0
Looked After Children	>95%	4	100.0%	92.3%	100.0%	2.3	4	>95%	2				-	0
Occupational Therapy	>95%	18	50.0%	100.0%	100.0%	6.0	1	>95%	-				-	0
Physiotherapy	>95%	18			100.0%	3.0	1	>95%	-				-	0
PIPS	>95%	12				-	0	>95%	-				-	0
School Nursing	>95%	12	95.0%	90.0%	100.0%	0.6	11	>95%	-				-	0
Speech and Language Therapy	>95%	8	100.0%	100.0%	100.0%	8.5	4	>95%	2				-	0
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	90.0%	1.3	30	>95%	2				-	0
Adult Wheelchair Service	>95%	8		100.0%		-	0	>95%	-				-	0
Community Rehabilitation (CRT)	>95%	12	74.5%	82.4%	92.6%	4.4	54	>95%	2	92.9%	71.4%	87.5%	1.1	16
ICTT - Other	>95%	12	100.0%	100.0%	100.0%	2.4	1	>95%	2	100.0%	100.0%		-	0
ICTT - Stroke and Neuro	>95%	12				-	0	>95%	2	0.0%	-		-	0
Intermediate Care (REACH)	>95%	6	69.7%	96.0%	89.3%	2.7	75	>95%	2	85.3%	90.4%	93.1%	0.8	72
Paediatric Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	35.2%	25.0%	87.7%	5.8	73	>95%	2		100.0%		-	0
Musculoskeletal Service - CATS	>95%	6	15.9%	61.4%	93.0%	3.0	214	>95%	2	50.0%	100.0%	100.0%	0.7	3
Musculoskeletal Service - Routine	>95%	6	31.9%	49.4%	87.1%	4.9	559	>95%	2	55.6%	33.3%	0.0%	3.2	4
Nutrition and Dietetics	>95%	6	63.0%	89.2%	85.3%	4.0	75	>95%	2			100.0%	0.1	1
Podiatry (Foot Health)	>95%	6	28.4%	60.5%	86.5%	3.8	171	>95%	2				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	3.9	6	>95%	2				-	0
Tissue Viability	>95%	6	100.0%	96.4%	100.0%	1.6	21	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	1.1	8	>95%	2	100.0%			-	0
Diabetes Service	>95%	6	90.9%	100.0%	86.4%	3.6	22	>95%	2				-	0
Respiratory Service	>95%	6	100.0%	100.0%	94.4%	2.7	18	>95%	2		100.0%		-	0
Spirometry Service	>95%	-				-	0	>95%	-				-	0

Children's Community Waits Performance

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Jun-20	Jul-20	Aug-20	Avg Wait (Aug)	No. of Pts Seen	% Threshold	Target Weeks	Jun-20	Jul-20	Aug-20	Avg Wait (Aug)	No. of Pts Seen
CAMHS	>95%	8	66.1%	81.9%	80.7%	11.7	57	>95%	2		100.0%	100.0%	0.1	1
Community Children's Nursing - Haringey	>95%	2	50.0%	100.0%		-	0	>95%	1				-	0
Community Children's Nursing - Islington	>95%	2	98.7%	95.3%	94.0%	0.7	67	>95%	1	97.2%	100.0%	100.0%	0.2	26
Community Paediatrics - Haringey (SCC)	>95%	18	8.3%	14.3%	27.3%	40.2	11	>95%	1	0.0%			-	0
Community Paediatrics - Haringey (NDC)	>95%	18	30.3%	30.8%	18.8%	20.5	16	>95%	1				-	0
Community Paediatrics - Haringey (Child Protection)	>95%	18	100.0%	100.0%	100.0%	0.7	13	>95%	1				-	0
Community Paediatrics - Haringey (Other)	>95%	18			100.0%	4.0	1	>95%	1				-	0
Community Paediatrics - Islington	>95%	18	93.8%	100.0%	77.8%	8.8	9	>95%	1				-	0
Family Nurse Partnership - Haringey	>95%	12				-	0	>95%	-				-	0
Family Nurse Partnership - Islington	>95%	12	75.0%	100.0%	100.0%	2.1	1	>95%	-				-	0
Haematology Service - Islington	>95%	12	100.0%	100.0%	100.0%	0.0	9	>95%	-				-	0
IANDS	>95%	18	100.0%	100.0%	100.0%	4.1	11	>95%	2		100.0%		-	0
IANDS - SCT	>95%	20	4.2%	3.4%	36.4%	33.6	11	>95%	2				-	0
Looked After Children - Haringey	>95%	4	100.0%	100.0%	100.0%	2.0	4	>95%	2				-	0
Looked After Children - Islington	>95%	4	100.0%	90.9%	87.5%	2.6	8	>95%	2				-	0
Occupational Therapy - Haringey	>95%	18		100.0%		-	0	>95%	-				-	0
Occupational Therapy - Islington	>95%	18	14.8%	0.0%	57.1%	14.2	7	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	83.3%	100.0%	0.7	5	>95%	2				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	92.3%	100.0%	2.2	10	>95%	2				-	0
Physiotherapy - Haringey	>95%	18	96.2%	84.6%	97.6%	3.9	42	>95%	2			50.0%	2.3	2
Physiotherapy - Islington	>95%	18	94.4%	100.0%	100.0%	2.4	36	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	2.0	7	>95%	-				-	0
SALT - Haringey	>95%	15	54.0%	46.2%	33.3%	18.7	30	>95%	2			33.3%	5.0	3
SALT - Islington	>95%	15	94.9%	85.7%	86.4%	7.4	22	>95%	2	100.0%			-	0
SALT - MPC	>95%	18	100.0%	100.0%	100.0%	7.4	15	>95%	2				-	0
School Nursing - Haringey	>95%	12	87.0%	100.0%	100.0%	2.9	2	>95%	-				-	0
School Nursing - Islington	>95%	12	96.0%	92.3%	100.0%	0.5	12	>95%	-				-	0

Appendix 3. Cancer Performance - 62D and 2WW by Tumour Group

Cancer - 62D Performance by Tumour Group

Indicator	20_21 Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-2021	Performance
Breast	>85%	75.0%	100.0%	100.0%	100.0%	66.7%	80.0%	100.0%	100.0%	100.0%	75.0%	53.3%		75.8%	
Gynaecological	>85%	33.3%	33.3%	0.0%	100.0%	0.0%	0.0%		0.0%	0.0%	0.0%	50.0%		10.0%	
Haematological (Excluding Acute Leukaemia)	>85%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%		85.7%	100.0%		90.9%	
Lower Gastrointestinal	>85%	100.0%	88.9%	40.0%	100.0%	100.0%	100.0%	66.7%	0.0%	0.0%	46.2%	66.7%		36.4%	
Lung	>85%	100.0%		0.0%	50.0%	50.0%	66.7%	80.0%	50.0%	100.0%	60.0%	100.0%		72.7%	
Other	>85%	0.0%		100.0%			100.0%								
Skin	>85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Testicular	>85%	100.0%	100.0%					100.0%		100.0%	100.0%			100.0%	
Upper Gastrointestinal	>85%	100.0%	100.0%	0.0%	0.0%		0.0%	0.0%		100.0%				100.0%	
Urological (Excluding Testicular)	>85%	88.9%	85.7%	76.9%	95.7%	66.7%	76.5%	66.7%	50.0%	100.0%	0.0%	66.7%		44.4%	

Cancer - 2WW Performance by Tumour Group

Indicator	20_21 Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-2021	Performance
Breast	>93%	96.9%	98.5%	95.7%	97.9%	96.4%	98.9%	92.0%	82.4%	96.8%	88.4%	98.6%		93.4%	
Childrens	>93%			100.0%						50.0%				50.0%	
Gynaecological	>93%	51.8%	48.1%	92.4%	95.9%	91.5%	92.9%	93.3%	87.7%	98.3%	97.2%	95.8%		95.1%	
Haematological	>93%	100.0%	100.0%	100.0%	94.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Lower Gastrointestinal	>93%	93.4%	98.6%	95.3%	98.2%	93.0%	97.9%	93.8%	75.8%	72.9%	100.0%	93.8%		88.0%	
Lung	>93%	85.7%	92.9%	100.0%	71.4%	88.9%	100.0%	100.0%	100.0%	100.0%	85.7%	71.4%		86.4%	
Skin	>93%	90.1%	98.3%	100.0%	97.5%	98.6%	96.2%	98.8%	100.0%	99.2%	99.5%	99.4%		99.4%	
Upper Gastrointestinal	>93%	92.9%	97.7%	98.1%	100.0%	100.0%	90.9%	90.9%	50.0%	61.4%	83.8%	97.8%		76.0%	
Urological	>93%	98.0%	97.8%	98.9%	95.6%	96.3%	96.9%	100.0%	100.0%	81.6%	89.2%	97.0%		92.5%	

Appendix 4. Trust Level Activity

Category	Indicator	20_21 Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Activity
ED	ED Attendances	8285	8658	9428	9371	9768	9561	8732	6565	4028	5703	6399	7124	7260	
ED	ED Admission Rate %		13.8%	14.4%	14.9%	13.1%	12.0%	12.7%	15.3%	16.6%	16.0%	16.2%	17.6%	16.4%	
Community	Community Face to Face Contacts		59566	64496	60903	50580	60215	53774	41445	19886	22889	27282	31644	28379	
Admissions	Elective and Daycase		1898	2171	2084	1791	2115	2085	1451	411	590	1161	1507	1267	
Admissions	Emergency Inpatients		2086	2140	2182	2101	1955	1851	1758	1338	1522	1653	2015	1926	
Referrals	GP Referrals to an Acute Service		6997	8018	7183	6403	7290	6684	4837	1725	3085	6495	9213	8981	
Referrals	% of GP Referrals that were completed via ERS		88.0%	87.7%	87.1%	87.3%	86.5%	87.0%	83.9%	53.2%	65.3%	79.4%	84.9%	86.5%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	11.0%	15.7%	18.3%	18.7%	13.9%	14.3%	19.3%	72.1%	77.9%	49.7%	37.7%	33.2%	
Maternity	Maternity Births	320	310	304	317	292	283	269	300	265	247	260	297	307	
Maternity	Maternity Bookings	377	314	357	344	353	437	368	338	399	413	392	382	382	
Outpatients	Outpatient DNA Rate % - New	<10%	12.4%	11.1%	11.1%	11.5%	9.7%	9.7%	13.0%	11.1%	8.2%	8.0%	9.2%	9.6%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	11.5%	10.8%	10.5%	10.7%	9.6%	9.5%	10.8%	7.2%	6.0%	6.1%	7.5%	8.6%	
Outpatients	Outpatient New Attendances		9752	11135	10171	9452	10844	9819	8325	5893	6056	7500	8233	7027	
Outpatients	Outpatient FUp Attendances		17381	18941	17698	16210	19520	17833	16271	13281	13380	16423	17072	14266	
Outpatients	Outpatient Procedures		7705	8333	7838	7421	8698	7916	5676	2892	3303	4481	5239	4991	

Meeting title	**Trust Board – public meeting**	**Date: 30/09/2020**
Report title	**NHS People Plan**	**Agenda item: 12**
Executive director lead	Norma French, Director of Workforce	
Report author	Norma French	
Executive summary	A briefing on the national NHS People Plan prepared for the Trust's Board and Trust Management Team.	
Purpose:	This paper provides an update on the Trust's initial response to the People Plan, provides a gap analysis against the actions required and sets out the next steps to be taken.	
Recommendation(s)	The Board is asked to note the publication of the People Plan and the Trust's response to actions identified therein, which will be taken forward under the auspices of the newly-formed People Committee.	
Risk Register or Board Assurance Framework	People entries	
Report history	Executive Team August 2020 Partnership Group September 2020	
Appendices	National People Plan https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/ 1: Overview of the People Plan 2: NHS People Plan Actions	

NHS People Plan

1. Introduction

The NHS People Plan was published in July 2020, outlining actions that organisations, employers and staff will need to take in the coming months.

We are the NHS: People Plan 2020/21 sets out guidelines for employers and systems within the NHS, as well as actions for NHS England and NHS Improvement and Health Education England throughout the coming months and year.

The Plan also includes Our People Promise, which outlines behaviours and actions that staff can expect from NHS leaders and colleagues, to improve the experience of working in the NHS for everyone.

The actions within the NHS People Plan fall under nine headings:

- Health and wellbeing
- Flexible working
- Equality and diversity
- Culture and leadership
- New ways of delivering care
- Growing the workforce
- Recruitment
- Retaining staff
- Recruitment and deployment across systems

This paper provides an update on the Trust's initial response to the People Plan, provides a gap analysis against the actions required and sets out next steps.

2. Actions for NHS Trusts

The People Plan reinforces the importance of the work employers have undertaken during the pandemic to better focus on the experience and wellbeing of our people, but organisations and systems need more support in terms of longer-term investment of capital into facilities and technology to create modernised workplaces, as well as making jobs more doable for hard-pressed clinical teams through the long-awaited plan for social care.

The need to systematically eliminate discrimination in our workplaces is an important challenge to every part of the NHS - national, system and local. Too much talent is denied to our teams and our patients, and the Workforce Race Equality Standard starkly describes the work we all need to do. The slide deck in appendix 1 sets out an overview of the People Plan, its commitments and requirements of organisations.

3. Whittington Health Response

There are a total of 101 actions set out in the People Plan. The Plan incorporates a lot of WH's current projects and programmes, such as the WRES Culture Change Pilot; WRES improvement plan; the Caring For Those Who Care programme; the flu plan drive; return to practice, etc. Many are for NHS Trusts, the remainder for other health organisations. These specific actions for each area are set out in Appendix 2. The Executive Team have reviewed all relevant actions and set out our initial response and identified key leads and timeframes. The newly formed People Committee will drive the Trust's operational response to the People Plan and work with colleagues across the ICS to produce the sector Plan.

4. Recommendations

The Trust Board is asked to note the publication of the national People Plan and the Trust's response to the actions identified.

Whittington Health
NHS Trust

NHS People Plan

We are the NHS: action for us all

Briefing for Board Members

We are the NHS: action for us all from NHS England and NHS Improvement (NHSEI) and Health Education England (HEE) sets out what our NHS people can expect from their leaders and each other.

It focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care.

The plan is focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change.

There are funding commitments made within the plan, however some of the workforce growth aspirations outlined in the interim plan and the government's manifesto, require further discussion and are therefore outside of the scope of this plan.

Background

- NHS England, NHS Improvement and Health Education England published the Interim People Plan (IPP) in June 2019.

- Central themes of this report build on the IPP:

  - more staff
  - working differently
  - compassionate and inclusive culture.

- It also includes ‘Our People Promise,’ which sets out ambitions for what people working in the NHS say about it by 2024.

Commitments

The plan sets out practical actions that employers and systems should take, as well as the actions that NHSEI and HEE will take. It focuses on:

- **Looking after our people** – with quality health and wellbeing support for everyone.
- **Belonging in the NHS** – with a particular focus on the discrimination that some staff face.
- **New ways of working** – capturing innovation, much of it led by our NHS people.
- **Growing for the future** – how we recruit, train and keep our people, and welcome back colleagues who want to return.

Our People Promise

- Our NHS People Promise is central to the plan both in the next nine months and in the longer term. It has been developed to help embed a consistent and enduring offer to all staff in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise.

Asks to Local Employers and Systems

- There is a list of detailed asks of employers and systems within each of the four categories to be delivered during 2020-21. These are captured in a separate table for ease.
- Each local system is asked to develop a local People Plan in response to the national plan, to be reviewed by regional and system level People Boards.
- Employers are encouraged to devise their own local People Plan.
- Metrics will be developed by September 2020 with the intention to track progress using the NHS Oversight Framework.

System Working

- The interim plan put down a marker that workforce planning needed to sit alongside other areas of competence for the ICS role in delivering the NHS Long Term Plan.

- This plan makes clear the intention to see an increased role for systems to work with its constituent parts, and HEE, to use data to understand workforce and service requirements and support the attraction and deployment of staff within systems.

What next

The plan points to a range of work NHSEI and HEE will be working on over the coming months in each of the categories (as outlined in the table).

Review of HR/OD: due to commence immediately.

A second plan is expected later in the year.

APPENDIX 2

In each area of the NHS People Plan, the document sets out actions for employers, national bodies and systems. Below is the Whittington Health NHS Trust response to those actions

HEALTH AND WELLBEING

	Action	Who	Timeline (where provided)	Action/Lead/Timescale
1	Put in place effective infection prevention and control procedures.	Employers	Achieved, Covid secure audits complete. IPCC meet times a year chaired by Director if Infection Control (DIPC). Effective procedures are in place to prevent /minimise control of infection e.g. social distancing guidance, hand hygiene and PPE and risk assessments are carried out by OH on identifying high risk vulnerable staff. Proven effective in-house system in place to test and contact trace exposed and/or symptomatic staff	Chief Nurse Head of Occupational Health (OH)
2	Ensure all staff have access to appropriate personal protective equipment (PPE) and are trained to use it.	Employers	All staff can access the required PPE. Training provided by IPCC team or staff trained to deliver the training. Respiratory protective equipment including the FFP3 mask fit testing processes and training ongoing – report to board	Chief Nurse/DIPC
3	All frontline healthcare workers should have a vaccine provided by their employer.	Employers	2020/21 Flu plan drafted – to be approved by the board. Aim to have 100% uptake rate 3,000 flu vaccines bought in specifically one for every frontline HCW. 65 hospital based and 40 community based champions (including AHPs) have signed up to help deliver this year's programme – starting 28 Sept. Executive Champion identified and agreed.	Head of OH

4	Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed.	Employers	96% achieved at end August 2020 – still ongoing	Assistant Director of Organisational Development (ADOD) Directors of Operations
5	Ensure people working from home can do safely and have support to do so, including having the equipment they need.	Employers	WFH Policy approved and risk assessments ongoing – September 2020. DSE policy in place. Expert speciality advice available from OH and the Trust's Back Care advisor	Policy to be reviewed in october. Deputy Director of Workforce (DDoW) Head of OH
6	Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.	Employers	Communication on annual leave post-Covid gone out. Ongoing H&WB initiatives and comms continue Sleepio promotion	All managers Organisational Development (OD) Team/HRBPs/Advisors to promote comms and toolkit
7	Prevent and tackle bullying, harassment and abuse against staff, and a create a culture of civility and respect.	Employers	Ongoing. #Caring for Those Who Care initiative Rolling out education programme on tackling challenging behaviour	Director of Workforce
8	Prevent and control violence in the workplace – in line with existing legislation.	Employers	Health and Safety Adviser Challenging Behaviour Group Health and safety group monitoring violence and the trust has set up a safe care of challenging behaviours group.	H&S Manager OD role liaising on training Deputy Chief Nurse
9	NHS violence reduction standard to be launched.	NHS England and NHS Improvement	December 2020	
10	Appoint a wellbeing guardian.	Employers	Appointed in 2019	CEO
11	Continue to give staff free car parking at their place of work.	Employers	At least for the duration of the pandemic	Director of Environment
12	Support staff to use other modes of transport and identify a cycle-to-work lead.	Employers	Cycle to work scheme launched in August 2020 Ivor James is the cycle to work lead 20 new Amazon cycle lockers ordered and	Ivor James – Facilities – bike storage Scheme Coordinator – Patricia Collins

			work to increase size of the cycle storage area planned.	DDoW
13	Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work.	Employers	Project Wingman, etc Sensory garden, N19 staff area New porters mess, Acoustic Pods, EAP extension, national schemes	OD/Head OH Director of Environment
14	Ensure that all staff have access to psychological support.	Employers	EAP provides direct access to On line and 1-1 support/counselling. Web site – provides advice on self-help and sign posts user to other support networks and advice sources. Well-being and stress policy – includes stress risk assessment Reflective Practices Platform funded by Charity and led by Sarah Lunn	OD/Head OH Clinical Psychologist
15	Continue to provide and evaluate the national health and wellbeing programme.	NHS England and NHS Improvement	Healthy eating Smoking cessation	
16	Identify and proactively support staff when they go off sick and support their return to work.	Employers	Sickness Policy reviewed in 2019. ICSU / Directorate level monitoring through PRG OH assessments prior to return to work or when required. Fast track referral to counselling or physio as needed. Work to do post-COVID-19	DoDW/HRBPs
17	Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	Employers	A-Z Wellbeing list includes lunchtime walks, discounted gym membership, Zumba, ping pong and yoga. Mayor's charter award – Excellence award / Sept Focus to address areas for improvement in alcohol abuse, health diet & equal access to exercise and improvements	Head of OH
18	Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout.	Employers	EAP participates in our H&WB days And offers a management support line Staff Focus September	DoW

			Culture, Health and Wellbeing Group Health and Wellbeing Conversation (Sept)	
19	Every member of NHS staff should have a health and wellbeing conversation.	Employers	From September 2020 - The Wellbeing and Stress policy to be promoted as part of annual appraisal. Communication within Staff Focus September	DoW

20	All new starters should have a health and wellbeing induction.	Employers	From October 2020 All clinical staff, non clinical staff declaring a disability and staff new to the NHS attend a 1-1 health assessment appointment with OH when they join the organisation. OH present at corporate induction and H&WB is included in the OH slot Guidance for managers on duties ref annual discussions and on appointment as part of local induction	DoDW ADOD Head of OH
21	Provide a toolkit on civility and respect for all employers.	NHS England and NHS Improvement	March 2021	
22	Pilot an approach to improving staff metal health by establishing resilience hubs.	NHS England and NHS Improvement	Virtual hubs -Mehvish/Eleanor	
23	Pilot improved occupational health support in line with the SEQOHS standard.	NHS England and NHS Improvement	Whittington Health OH is SEQ OHS accredited – re accredited July 2020. Pilot for joint sector OH working	

FLEXIBLE WORKING

	Action	Who	Timeline (where provided)	Action/Lead/Timescale
1	Be open to all clinical and non-clinical permanent roles being flexible.	Employers	From September	Head of Recruitment and Recruiting Managers
2	All job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns.	NHS England and NHS Improvement	January 2020	
3	Develop guidance to support employers.	NHS England and NHS Improvement	September 2020	
4	Cover flexible working in standard induction conversations for new starters and in annual appraisals.	Employers	Cover in induction and add to Local Induction Checklist	AD OD
5	Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, organisation or grade.	Employers	Review policy Add to EDS2 discussion in focus groups for 2020	DDW AD OD and All managers
6	Board members must give flexible working their focus and support.	Employers	Autumn	Wellbeing Champion
7	Add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.	NHS England and NHS Improvement		
8	Support organisations to continue the implementation and effective use of e-rostering systems.	NHS England and NHS Improvement		

9	Roll out the new working carers passport to support people with caring responsibilities.	Employers	Enrolled with Employers for Carers and the Working Carers Passport. Promoted though staff Focus September	AD OD
10	Work with professional bodies to apply the same principles for flexible working in primary care.	NHS England and NHS Improvement		
11	Continue to increase the flexibility of training for junior doctors.	Health Education England		

EQUALITY AND DIVERSITY

	Action	Who	Timeline (where provided)	Action/Lead/Timescale
1	Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.	Employers	By October 2020 Trust Board paper on targets WRES/Model Employer Action Plan to meet 5-year targets	DoW
2	Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table.	Employers	From September 2020	DDW and all Managers
3	Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce.	Employers	Trust Board received paper on Model Employer /WRES/WDES Targets in July 2020	DoW
4	51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal	Employers	By the end of 2020 WRES Indicator 3 – Achieved	DoW

	disciplinary processes.		at WH for 2020	
5	Support organisations to achieve the above goal, including establishing robust decision-tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks.	NHS England and NHS Improvement	From September 2020	
6	Refresh the evidence base for action, to ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics.	NHS England and NHS Improvement	From September 2020	

CULTURE AND LEADERSHIP

	Action	Who	Timeline (where provided)	Action/Lead/Timescale
1	Work with the National Guardians office to support leaders and managers to foster a listening, speaking up culture.	NHS England and NHS Improvement	With immediate effect	
2	Promote and encourage employers to complete the free online just and learning culture training and accredited learning packages, and take demonstrable action to model these leadership behaviours.	NHS England and NHS Improvement and Health Education England	With immediate effect	
3	Provide refreshed support for leaders in response to the current operating environment.	NHS England and NHS Improvement	From September 2020	
4	Work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year.	NHS England and NHS Improvement	By March 2021	
5	Update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles.	NHS England and NHS Improvement	By December 2020	
6	Launch an updated and expanded free online training material for all NHS line managers, and a management apprenticeship pathway for those who want to progress.	NHS England and NHS Improvement	By January 2021	
7	All central NHS leadership programmes to be available in digital format and accessible to all.	NHS England and NHS Improvement, Health Education England	By April 2021	
8	Review governance arrangements to ensure that	All NHS organisations	By December 2021	

	staff networks are able to contribute to and inform decision-making processes.			
9	Publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff.	NHS England and NHS Improvement	From October 2020	
10	Publish competency frameworks for every board-level position in NHS provider and commissioning organisations.	NHS England and NHS Improvement	By March 2021	
11	Place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion, as part of the well-led assessment.	Care Quality Commission	Throughout 2020/21	
12	Launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts, and recruit more BAME staff to Freedom to Speak Up Guardian roles.	NHS England and NHS Improvement	By March 2021	
13	Publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations.	NHS England and NHS Improvement	During October 2020	
14	Finalise a response to the Kark review.	NHS England and NHS Improvement	No timeframe provided	
15	Launch a new NHS leadership observatory highlighting areas of best practice globally, commissioning research, and translating learning into practical advice and support for NHS leaders.	NHS England and NHS Improvement	By March 2021	

NEW WAYS OF DELIVERING CARE

	Action	Who	Timeline (where provided)	Action/Lead/Timescale
1	Use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHSEI and key partners, alongside the existing tool to support a structured approach to ongoing workforce transformation.	Employers	Check for NHSIE guidance Process in place for returning shielding staff	COO and DDW
2	Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression.	Employers	Caring for those who care initiative Culture Collaborative Staff Networks	AD OD
3	Use HEE's e-Learning for Healthcare programme and a new online Learning Hub, which was launched to support learning during COVID-19.	Employers and organisations		
4	Work with the medical Royal Colleges and regulators to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can count towards training.	Health Education England		
5	Develop the educational offer for generalist training and work with local systems to develop the leadership and infrastructure required to deliver it.	Health Education England	During 2020/21	
6	Support the expansion of multidisciplinary teams in primary care.	Health Education England	End of 2020/21	

GROWING THE WORKFORCE

	Action	Who	Timeline (where provided)	Action/Lead/Timescale
1	Enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce.	Health Education England	2020/21	
2	Increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25 per cent (with 734 starting training in 2020/21).	Health Education England		
3	Investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.	Health Education England		
4	Prioritise the training of 400 clinical endoscopists and 450 reporting radiographers.	Health Education England	2021	
5	Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses.	Health Education England	2021	
6	Training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.	Health Education England	2021	
7	HEE is funding a further 400 entrants to advanced clinical practice training.	Health Education England	2020/21	
8	Investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry, general practice and other	Health Education England	2020/21	

	priority areas, notably cancer, including clinical radiology, oncology and histopathology.			
9	Increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions, and dental therapy and hygienist courses.	Health Education England	2020/21	
10	Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.	Employers	2020/21 Needs discussion with MD and CNO Integrated Education Strategy Group started and paused – to be re-started	Medical Director Chief Nurse DoW
11	For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.	Employers	2020/21 Needs discussion with CNO	Medical Director
12	Ensure people have access to continuing professional development, supportive supervision and protected time for training.	Employers	2020/21	Medical Director Chief Nurse
13	Establish a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.	Health Education England		
14	HEE to further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19.	Health Education England	2020/21	
15	Start delivering a pre-registration blended learning nursing degree programme. The programme aims	Health Education England /Universities	From Jan 2021	

	to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies.			
16	HEE to pursue this blended learning model for entry to other professions.	Health Education England	From Jan 2021	

RECRUITMENT

	Action	Who	Timeline (where provided)	Action/Lead/Timescale
1	Increase recruitment to roles such as clinical support workers, highlighting the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.	Employers	Includes apprenticeships Nursing Associate Trainees	Chief Nurse/Director AHPs Medical Director
2	Offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles.	Employers		Head of Talent and Development
3	Develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.	Systems		
4	Primary care networks to recruit additional roles, funded by the additional roles reimbursement scheme, which will fund 26,000 additional staff until 2023/24.	Systems	Immediate	
5	Increase ethical international recruitment and build partnerships with new countries, making sure this	NHS England and NHS Improvement		

	brings benefit for the person and their country, as well as the NHS.	and Health Education England		
6	HEE will pilot English language programmes – including computer-based tests, across different regions as well as offering English language training.	Health Education England	2020/21	
7	Establish a new international marketing campaign to promote the NHS as an employer of choice for international health workers.	NHS England and NHS Improvement	2020/21	
8	Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response.	Employers and systems	2020/21	Nursing Recruitment Team
9	Continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register.	NHS England and NHS Improvement and Health Education England	2020/21	

RETAINING STAFF

	Action	Who	Timeline (where provided)	Action/Lead/Timescale
1	Design roles which make the greatest use of each person's skills and experiences and fit with their needs and preferences.	Employers		DDW Deputy Chief Nurse Hiring Managers
2	Ensure that staff who are mid-career have a career conversation with their line manager, HR and occupational health.	Employers	Part of original retention plan. OH involvement if health issues.	All managers to ensure done Programme DDW and Deputy Chief Nurse
3	Ensure staff are aware of the increase in the annual allowance pensions tax threshold.	Employers	Bi-Annual Workshops for all staff	Chief Finance Officer (CFO)
4	Make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.	Employers	Bi-annual Workshops for all staff	CFO
5	Explore the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration.	Health Education England	2020/21	
6	Develop an online package to train systems in using the HEE star model for workforce transformation.	Health Education England	2020/21	
7	Improve workforce data collection at employer, system and national level.	Health Education England	2020/21	
8	Support the GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020.	Systems		
9	Strengthen the approach to workforce planning to use the skills of our people and teams more	Systems		

	effectively and efficiently.			
10	Work with HEE and NHSEI regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it.	Systems	2020/21	

RECRUITMENT AND DEPLOYMENT ACROSS SYSTEMS

	Action	Who	Timeline (where provided)	Action/Lead/Timescale
1	Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.	Systems		
2	Make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles.	Systems	By March 2021	
3	Develop workforce sharing agreements locally, to enable rapid deployment of our people across localities.	Systems		
4	When recruiting temporary staff, prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21.	Systems, employer and primary care networks	2020/21	
5	Work with employers and systems to improve existing staff banks' performance on fill rates and staff experience.	NHS England and NHS Improvement		

Meeting title	**Trust Board – public meeting**	**Date: 30 September 2020**
Report title	**Audit & Risk Committee Chair's Assurance report**	**Agenda item: 13**
Executive director leads	Kevin Curnow, Acting Chief Operating Officer	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	This Committee Chair's assurance report reports on areas of assurance on the items considered at the 30 July meeting of the Audit and Risk Committee. **Areas of significant assurance:** • External audit report – 2019/20 Annual Audit Letter • Risk management strategy and risk appetite (tolerance) statement • Board Assurance Framework • Internal audit reports - strategic planning; Board assurance **Areas of moderate assurance:** • Corporate risk register • Internal audit progress report • Internal audit reports – delivering sustainable cost improvement plans; medicines management; data security and protection toolkit; unfunded beds	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the Chair's assurance report for the meeting held on 20 May 2020.	
Risk Register or Board Assurance Framework (BAF)	All	
Report history	Public Board meetings following each Committee meeting	
Appendices	None	

Committee Chair's Assurance report

Committee name	Audit and Risk Committee
Date of meeting	30 July 2020
Summary of assurance:	

1. The committee can report significant assurance to the trust Board in the following areas:

External audit report
Committee members noted details of the culmination of the 2019/20 external audit, including the Annual Audit Letter, initial planning for 2020/21 and a sector update on items of interest.

Annual review of risk management strategy and risk appetite statement
In line with good practice, the Committee considered an annual review of the Trust's risk management strategy and its statement of a risk appetite (tolerance) level. Committee members welcomed the clear strategy and risk appetite statement and recommended that a seminar be held for the Trust Board to further discuss and agree its annual risk appetite statement and three top risks.

Board assurance framework
Committee members discussed the updated 2020/21 Board assurance framework (BAF) and noted a consistent the impact of the COVID-19 pandemic on the delivery of strategic objectives. The Committee agreed the revised BAF and took assurance that risk management was becoming more embedded through the regular review of BAF entries at a number of Trust forums.

Internal audit reviews – strategic planning; Board assurance arrangements
Committee members welcomed the significant assurance provided by the review that a robust strategic planning process was in place. They also welcomed the significant assurance rating outcome from the review of the Trust's system of internal control for Board Assurance Arrangements.

2. The Committee is reporting moderate assurance to the Board on the following matters:

Risk register
The Committee discussed an overview report of the risk register which highlighted risk entries rated 16 or higher. Assurance was provided by the Head of Quality & Risk that respective Integrated Clinical Service Unit's Clinical Directors, Directors of Operations and Associate Directors of Nursing reviewed the risk register entries and their scores each month. The Committee noted the inclusion of a new entry related to the risk of the recovery of services and agile working transformation plans being hindered by lack of appropriate information technology equipment. It noted that mitigating actions being taken included a joint business case for funding for laptops and work phones being discussed by the Capital Monitoring Group alongside a Trust-wide review of estate and infrastructure priorities.

	Internal audit progress report Committee members noted a revised plan presented by Grant Thornton LLP and the impact of the pandemic on completing some reviews. The affected reviews were: safeguarding; estate strategy; research and development; temporary staffing; operating theatres; patient experience; and an Integrated Clinical Service Unit deep dive. These reviews would now be completed during quarters two and three. **Internal audit reports – delivering sustainable cost improvement plans; medicines management; data security and protection toolkit; unfunded beds** Committee members discussed the outcome of these four reviews which received a rating of partial assurance with improvement required. Along with the good practice evidence identified in all three reviews, each also recommended specific actions to improve. Assurance was provided by the Acting Chief Financial Officer that changes had been made to enable much closer working between the Finance team and Programme Management Office and these would help to provide more robust and jointly-owned plans. The Chief Pharmacist gave assurance that the action plan for the medicines management review had been implemented. The Committee received assurances regarding the findings of the reviews into the data security and protection toolkit and also unfunded beds and that evidence of improvements was available. The Committee agreed that an updated action plan in respect of the data security and protection toolkit would be circulated after the meeting.
3.	**Other key items covered:** The Committee also discussed reports covering the following and agreed actions where necessary: • The revised timeline for publication of the 2019/20 Quality Account • The draft minutes of the Quality Assurance Committee meeting held on 8 July 2020 • A reports on tender waivers and breaches • A report on salary overpayments • A report on debtors
4.	**Attendance:** **Present:** Rob Vincent, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director Glenys Thornton, Non-Executive Director **In attendance:** Vivien Bucke, Business Support Manager Andy Conlon, Grant Thornton Kevin Curnow, Acting Chief Finance Officer Jerry Francine, Operational Director of Finance Jonathan Gardner, Director of Strategy & Corporate Affairs

	Carol Gillen, Chief Operating Officer Neil Hewitson, KPMG Mark Inman, Director of Contracts & Business Development Michelle Johnson, Chief Nurse & Director of Allied Health Professionals Ali Kapasi, Assistant Director, Information Governance Philip King, Interim Head of Financial Services Gillian Lewis, Head of Quality & Safety Steve Lucas, KPMG Ciaran McLaughlin, Grant Thornton Phil Montgomery, Procurement Business Partner Stuart Richardson, Chief Pharmacist Swarnjit Singh, Trust Secretary

Meeting title	**Trust Board – public meeting**	**Date: 30 September 2020**
Report title	**2020/21 Board Assurance Framework (BAF)**	**Agenda item: 14**
Executive lead	Jonathan Gardner, Director of Strategy & Corporate Affairs	
Report authors	Swarnjit Singh, Trust Secretary, respective executive risk leads, and Gillian Lewis, Head of Quality Governance	
Executive summary	**Background** Following the positive review of Board assurance arrangements by Grant Thornton, Board members are presented with an updated Board Assurance Framework (BAF) for risk entries identified for Whittington Health's Quality, People, Integration and Sustainability strategic risks.	
Purpose	Approval	
Recommendation(s)	The Trust Board is asked to: i. receive the BAF in the new template following the Grant Thornton review; and ii. approve the updated BAF entries for the Trust's Quality, People, Integration and Sustainability strategic objectives; iii. note the appended summary risk register report was reviewed by the Quality Assurance Committee which agreed to the closure of the risk relating to security in the mortuary and the downgrading of a risk relating to interventional radiology; and iv. review all ≥16 risks and agree there is adequate mitigating action and assurance to manage these risks.	
Risk Register or Board Assurance Framework	All BAF entries	
Report history	Trust Management Executive, 28 July 2020; Trust Board, 29 July; Audit & Risk Committee, 30 July; Trust Management Executive, 15 and 22 September; Finance & Business Development Committee, 29 September; Workforce Assurance Committee, 30 September	
Appendices	1: Board Assurance Framework summary 2: Board Assurance Framework detail for entries 3: Trust Risk Register summary report	

Appendix 1: Board Assurance Framework summary

Objectives

Each of our four new strategic objectives has been summarised as:

Strategic objective	Summary
Deliver outstanding safe, compassionate care in partnership with patients	**Quality**
Empower, support and develop an engaged staff community	**People**
Integrate care with partners and promote health and wellbeing	**Integration**
Transform and deliver innovative, financially sustainable services	**Sustainability**

Risk Ref	Risk description	Current score			Target score	Date risk added	Lead director(s)
		I	L	R			
Quality 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 and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation	4	3	12	4	April 2019	Chief Nurse / Medical Director
Quality 2	Lack of capacity, due to second wave of Covid-19, or winter pressures results in long delays in the Emergency Department, inability to place patients who require high dependency and intensive care, and	4	4	16	4	April 2020	Chief Nurse / Medical

Risk Ref	Risk description	Current score			Target score	Date risk added	Lead director(s)
		I	L	R			
	patients not receiving the care they need across hospital and community health services						Director
Quality 3	Patients on a diagnostic and/or treatment pathway (elective and community) at risk of deterioration due to insufficient capacity to restart enough elective surgery and other services (as a result of Covid-19 Infection Prevention & Control (IPC) guidance), resulting in further illness, death or the need for greater intervention at a later stage	3	5	15	4	April 2020	Chief Nurse / Medical Director
Quality 4	Lack of attention to other key clinical performance targets, due to other Covid-19 priorities, or reduced capability, leads to deterioration of service quality and patient care	2	4	8	4	April 2020	Chief Nurse / Medical Director
People 1	Lack of sufficient staff, due to second Covid-19 results in increased infection rates and increased staff absence, or the impacts of Brexit lead to increased pressure on staff, a reduction in quality of care and insufficient capacity to deal with demand	4	3	12	9	June 2020	Workforce
People 2	Psychological and physical pressures of work due to Covid-19 impact and lower resilience in staff, resulting in a deterioration in behaviours, culture, morale and the psychological wellbeing of staff and impacts adversely on staff absence and the recruitment and retention of staff	3	3	9	4	June 2200	Workforce
People 3	Being unable to empower, support and develop staff, due to poor management practices, lack of dealing with bullying and harassment, poor communication and engagement, poor delivery on equality, diversity and inclusion, or insufficient resources, leads to disengaged staff and higher turnover	4	3	12	9	June 2020	Workforce

Risk Ref	Risk description	Current score			Target score	Date risk added	Lead director(s)
		I	L	R			
Integration 1	The reconfiguration of pathways or services, due to Covid-19 restart pressures, political pressures, or provider competition, results in some Whittington Health services becoming fragile or unsustainable, or decommissioned and therefore threatens the strategic viability of the Trust. (e.g. paediatrics inpatients, trauma, maternity)	**4**	**3**	**12**	6	June 2020	Strategy
Integration 2	Failure to effectively maximise the opportunity through system working, due to focus on near term issues, results in not solving the challenges of fragile services and sub-optimal clinical pathways	**2**	**4**	**8**	6	June 2020	Strategy
Integration 3	The progress made on integration with partners is put back, due Covid-19 pressures, and a system focus on acute pathways, resulting in benefits previously gained being lost.	**2**	**4**	**8**	6	June 2020	Strategy
Integration 4	The health and wellbeing of the population is made worse, due to the lack of available investment or focus on ongoing care and prevention work, resulting in demand after the Covid-19 outbreak being considerably higher than pre-Covid-19.	**4**	**3**	**12**	8	June 2020	Strategy
Sustainable 1	Covid-19 cost pressures are not collected properly and or not funded properly, due to poor internal systems, lack of funding or prioritisation of other trusts' need, and as a result our underlying deficit worsens	**3**	**3**	**9**	8	June 2020	Chief Finance Officer
Sustainable 2	Failure of key infrastructure, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm or reduced capacity in the hospital	**4**	**3**	**12**	8	June 2020	Environment
Sustainable 3	Unequal investment in services, due to lack of clarity over the NHS funding regime and other trusts taking opportunities, or rushed decisions, leads to a mismatch of quality of provision for our	**3**	**3**	**9**	6	June 2020	Chief Finance Officer / Chief

Risk Ref	Risk description	Current score			Target score	Date risk added	Lead director(s)
		I	L	R			
	population and delay, reduction, or cancelling of key investment projects for the Trust						Operating Officer
Sustainable 4	Failure to transform services to deliver savings plan, due to poor control or insufficient flexibility under a block contract, results in adverse underlying financial position, and failure to hit control total, that puts pressure on future years investment programmes and reputational risk	**3**	**4**	**12**	8	June 2020	Chief Finance Officer / Chief Operating Officer
Sustainable 5	The stopping or delay of existing transformation projects (e.g. orthopaedics / pathology / localities / maternity / estates), due to the focus on immediate issues around the Covid-19 restart, results in savings and improvements to patient care, not being realised	**3**	**4**	**12**	8	June 2020	Chief Operating Officer

Appendix 2: 2019/20 Board Assurance Framework detail for BAF risk entries

Risk ID	**Quality 1 – 4**
Risk 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 and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Linked corporate objective	Continue to partner with those who use services to deliver our quality, safety and patient experience priorities, with a focus on protecting people from infection and actions from the recent CQC inspection report
Risk 2	Lack of capacity, due to second wave of Covid-19, or winter pressures results in long delays in the Emergency Department, inability to place patients who require high dependency and intensive care, and patients not receiving the care they need across hospital and community health services.
Linked corporate objective	Re-start planned care in a 'covid-protected' safe way, prioritising with the system those most urgently in need
Risk 3	Patients on a diagnostic and/or treatment pathway (elective and community) at risk of deteriorating, due to insufficient capacity to restart enough elective surgery and other services (as a result of Covid-19 Infection Prevention & Control guidance), resulting in further illness, death or the need for greater intervention at a later stage
Linked corporate objective	Maintain expanded rapid response services across adult and CYP and re-start other community services in a safe way, prioritising the vulnerable
Risk 4	Lack of attention to other key clinical performance targets, due to other Covid-19 priorities, or reduced capability, leads to deterioration of service quality and patient care
Linked corporate objective	Maintain flexible capacity by continuing to promote working in new domains

CQC Domains	Safe; Caring, Effective; Responsive; Well-led
CQC Outcomes	Care & welfare of people who use services
Trust Board Leads	Chief Nurse & Director of Allied Health Professionals & Medical Director
Oversight Committees	Quality Governance Committee and Quality Assurance Committee

Control	Linked assurance evidence report/KPI	Target completion date
Partner with service users to deliver our quality, safety and patient experience priorities, with a focus on protecting people from infection and implement actions from the recent CQC inspection report	• 1st tier - Verbal report at ETM and TMG	Ongoing weekly update during the pandemic
	• 1st tier - Quality Account priorities (patient experience section of quarterly Quality report presented to Quality Assurance Committee	2019/20 Quality Account is due to be published by 15 December 2020
	• 1st tier - Delivery of Patient Experience Strategy action plan presented to Patient Experience Group (PEG) • 2nd tier – Annual Report presented to Quality Assurance Committee • 2nd tier – Annual Report presented to Trust Board	Year 2 action plan to be presented to PEG in December 2020 and the Annual report presented to Quality Assurance Committee and then the Trust Board.
	• 1st tier - 'Better Never Stops' Steering Group reviews progress with delivery of the Trust's Better Never Stops action plan related to CQC inspection • 2nd tier – Quality Assurance report is reviewed by the Quality Assurance Committee • 3rd tier – CQC Assurance meetings • 3rd tier – Peer review visits include NHSI and CCG leads • 1st tier – Establish an NCL Clinical Commissioning Group Community Children's Nursing Service – Continuing Healthcare team (Autumn target date)	Revised deadline of 29 May for CQC regulatory actions was met. Peer review completed for operating theatres and further reviews planed. Revised action plan due to be presented to Better Never Stops Group on 24/09/20 and then the Quality Governance Committee ahead of return to CQC by end of

Control	Linked assurance evidence report/KPI	Target completion date
		September 2020.
	• 1st tier - Quality Governance Committee quarterly meetings review the risk register at each meeting; 2nd tier – the Quality Assurance Committee reviews the risk register at each meeting	Standing item at each meeting
	• 2nd tier - Clinical and national audit findings, (GiRFT and NICE compliance) are reported to Quality Assurance Committee on a quarterly period, along with any identified actions within the quarterly quality report (Quality Assurance Committee (QAC), 9 September 2020)	The quarterly Quality report is a standing item at QAC meetings
Re-start planned care in a 'COVID-19-protected' safe way, prioritising with the system those most urgently in need	• 1st tier - Adherence to Public Health England's Infection Prevention and Control (IPC) guidance • 1st tier - Communication issued thre times per week to staff on adherence to IPC requirements • 1st tier – zoned areas in healthcare settings to meet IPC needs • 1st tier – twice weekly trust management COVID-19 meeting	As IPC guidance changed, aligned standard operating procedures are presented to the Trust's Management Group (TMG).
	• 2nd tier - NCL Gold and Silver weekly meetings provide regular oversight on progress with the NHS recovery phase during the pandemic	31 March 2021
	• 1st tier - Staff wellbeing – COVID-19 symptom and temperature checks Standard Operating Procedure agreed at 25 August 2020 TMG and implemented.	August 2020
	• 1st tier - Patient and visitors COVID-19 symptom check Standard Operating Procedure agreed at 25 August 2020 TMG and implemented	August 2020
Maintain expanded rapid	• 1st tier - Weekly Executive Team Meeting (ETM) and Trust	Weekly sitrep until the

Control	Linked assurance evidence report/KPI	Target completion date
response services across adult and CYP and re-start other community services in a safe way, prioritising the vulnerable and maintain as much business as usual as possible to prevent escalation of other illnesses	Management Group (TMG) sitrep item • 1st tier – TMG for Phase 3 targets for elective, outpatient and community services each month • 3rd tier – Voluntary service steering group	level 3 emergencies is relaxed. Work completed on new roles for volunteers including recruitment and support. Also maintaining links with regular volunteers who have stepped back from direct work due to own health and wellbeing.
	• 1st tier – regular review walk through by senior leadership – Chief Operating Officer, Chief Nurse and Medical Director –to review emergency department , wards and ITU capacity • 1st tier – maintained clinical visible leadership visits across the trust for all executive team members	31 March 2021
	• 1st tier – Additional waiting area space for ED	Due for completion 25/09/20
	• 1st tier - ETM and TMG - Recovery dashboard • 1st tier - Use of the independent sector to support recovery phase • 1st tier - NCL submission following national phase 3 letter	A weekly report to both ETM and TMG. Initial draft plan submission completed by 1 September with the final submission sent by the 21 September 2020 deadline
	• 1st tier - NCL staffing model for Paediatric inpatient and emergency department services from September onwards with Whittington Health acting as the south hub unit for the sector's paediatric services	01/10/20.

Control	Linked assurance evidence report/KPI	Target completion date
	• 1st tier – Activity dashboard in place and monitored by NCL children and young people silver operational group • Create a South hub leadership team	
	• 1st tier - Create flexible capacity by training people quickly in new domains through a redeployment plan • 1st tier – Frequency of Covid-TMG meetings increased back to twice per week from 18 September 2020 • 1st tier – Staff training organised for staff who will be 'first responders' when redeployment needed	Quarter three
Serious incident (SI) reporting and action plans monitored to ensure learning and incidents, risks and complaints entered on Datix system	• 1st tier - Incident and SI reporting policies • 2nd tier - Trust Risk Register reviewed by Quality Assurance Committee, Audit & Risk Committee and Board • 1st tier - Weekly incident review meeting with ICSU risk managers • 1st tier - Incident and SI reporting policies	Ongoing incident and risk reporting requirements
Mortality review panel learning from deaths process and reporting	• 2nd tier – quarterly Learning from deaths report to Quality Assurance Committee	Quarterly reports to the Quality Assurance Committee
Continued use of the full performance report to monitor all areas of quality and activity	• 1st tier - Considered by TMG monthly; 2nd tier - also by the Trust Board bi-monthly • 1st tier – Reviewed monthly by respective ICSU Boards	The KPIs contained in the performance report are set for the whole of 2020/21
Project Phoenix Quality Improvement (QI) drive now on	• 1st tier – Trust Better Never Stops steering group regular meeting	QI celebration event (phoenix projects) (virtual) planned for 24/09/20

Gaps in controls	Mitigating actions	Completion date	Progress
Quality Impact Assessment (QIA) for service/pathway changes	QIA level 1 initiatives are low risk and are monitored by operational managers and clinical managers. Level 2 (deemed moderate to high risk) are reported and approved by Medical Director and Chief Nurse at QIA panel. Dashboard of QIAs profile is reviewed by TMG. Better Never Stops Improving Value meeting regularly meet.	Not applicable	Better Never Stops has monitored all level 1 QIA. Next QIA panel on 17/09/20.
Lower reporting volumes on DATIX	Reduction in incident reporting during the pandemic period, which was consistent with other London Trusts. Actions taken to minimise decrease through governance team joining clinical safety huddles and taking hand written record of incidents and then uploading onto DATIX. Also promotion though trust's signs of safety and medicines management newsletters and trust communications.	Quarter 2 reporting numbers improving within expected volume.	While the number of both incidents and near misses reported is below the 2019/20 rate now seeing upward trajectory since the pandemic peak in March
Develop and implement a Quality Account dashboard with smart KPIs to monitor progress with the delivery of Quality Account priorities	The Quality team is developing a quality dashboard with clinical leads	Quarter three	Monitored at Quality Governance Committee
COVID-19 and Winter Resilience Plan	The plan is being updated by the Emergency Planning Officer	October 2020	Due to be considered by TMG on 29 September 2020 and the Trust Board in November 2020

Gaps in assurances	Mitigating actions	Completion date	Progress
Limited assurance was taken from the review of the six-monthly health and safety report where remedial actions were agreed around security audits and fire safety mandatory training levels	Remedial actions agreed and reporting back to Quality Assurance Committee	Reporting to QAC in November 2020	Updates on the improved fire safety training compliance have been received. Assurance has been sought on security audits before the November meeting of the Quality Assurance Committee.

Risk IDs:	**People 1 – 3**
Risk 1	**Lack of sufficient staff, due to second Covid-19 wave, increased absence, or Brexit, leads to reduced increased pressure on staff, reduction in quality of care and insufficient capacity to deal with the demand**
Linked corporate objective	Protect our staff by following national infection control and prevention guidance and using the right PPE with special focus on supporting vulnerable staff
Risk 2	**Psychological and physical pressures of work, due to Covid-19 impact and lower resilience in staff, results in deterioration in behaviours, culture, morale and psychological wellbeing of staff.**
Linked corporate objective	Continually improve our culture by calmly helping and caring for each other, both with work and with wellbeing
Risk 3	**Being unable to empower, support and develop staff, due to poor management practices, lack of dealing with bullying and harassment, poor communication and engagement, poor delivery on equality, diversity and inclusion, or insufficient resources, leads to disengaged staff and higher turnover**
Linked corporate objective	Promote inclusive, compassionate leadership, accountability and team working where bullying and harassment is not tolerated

CQC Domain	Well-led
CQC Outcomes	Requirements relating to workers; staffing; supporting workers
Board Lead	Director of Workforce
Committee	Workforce Assurance Committee

Control	**Linked assurance evidence report/KPI**	**Target completion date**
Implemented PHE infection control and prevention guidance for staff	• 1st tier assurance through weekly verbal report at ETM and TMG. Fit testing dashboard developed from 25 August TMG onwards.	Ongoing during the level 3 emergency pandemic
Completed risk assessments for	• 1st tier assurance – 95% completion rate reported to	31 July 2020

Control	Linked assurance evidence report/KPI	Target completion date
staff	TMG on 11 August 2020 against a national target of 100%.	
Provided psychological/wellbeing support to staff	• 1st tier assurance – Future psychological support needs of staff report at TMG on 1 September 2020	Many of the activities are business as usual
Implemented corporate and local staff survey action plans	• 1st tier – ICSU boards consider quarterly pulse surveys, annual staff survey results and create local action plans • 1st tier assurance – Q4 2018/19 Pulse Point report to TMG, 23 April 2019 • 1st tier assurance – Q2 2019/20 Pulse Point report to TMG, 15 October 2019 • 1st tier assurance – Q3 2019/20 Pulse Point report to TMG Jan 2020 • 1st tier assurance - Templates provided for ICSU/Directorate level and for team level to maximise empowerment through participation in making improvements	The Pulse surveys are completed quarterly. Actions plans for the staff survey were due to be completed by September 2020.
Implemented activities under the #Caringforthosewhocare initiative	• 2nd tier assurance – the range of interventions provided for staff under the #Caring for those who care activities were included in the CEO's report to the February 2020 Trust Board meeting	Many of these activities are ongoing currently
Implemented updated action plan for Recruitment and retention strategy	• 2nd tier assurance from Workforce report to quarterly meeting of the Workforce Assurance Committee and also from well led KPIs on the Trust Board's monthly integrated performance report	Ongoing activities
Implemented WRES improvement plan	• 2nd tier assurance –Equality standard submissions	31 March 2021 (an annual plan and

Control	Linked assurance evidence report/KPI	Target completion date
	paper to 29 July 2020 Trust Board To be completed. The new improvement plan focuses on areas of greatest need which includes B.A.M.E. representation in senior roles (indicators 1 and 2) and career development (indicator 7) which is closely related.	workforce data is submitted based on the preceding financial year end)
Complete annual grading of workforce domains of the NHS Equality Delivery System	• To be completed following focus groups in Q3 for consideration by the Trust Board	November 2020 or January 2021 Trust Board meetings

Gaps in controls	Mitigating actions	Completion date	Progress
Trustwide Talent management and succession planning arrangements	In July 2020, TMG agreed a Talent management pilot	End June 2021	Volunteers will be sought by the end of December 2020 The deadline for testing and submitting comments is June 2021. September 2021 launch
Updated WRES improvement plan to meet Model Employer and align with London equality strategy	A draft plan is being developed for Q3 which includes a section on targets advised by NHS London	The plan covers the period 2020-21 and beyond	For consideration by the Workforce Assurance Committee and Trust Board in Q3/4
Publish annual 2019/20 public sector equality duty and analysis	This will be completed alongside grading of the workforce domains of the NHS Equality Delivery System during Q3	November 2020 or January 2021 Trust Board meetings	On track

Gaps in assurances	Mitigating actions	Completion date	Progress
None currently identified			

Risk ID:	**Integration 1 - 4**
Risk 1	**The reconfiguration of pathways or services, due to Covid-19 restart pressures, political pressures, or provider competition, results in some Trust services becoming fragile or unsustainable, or decommissioned and threaten the strategic viability of the Trust (e.g. paediatrics inpatients, trauma, maternity)**
Linked corporate objective(s)	1. Work with our partners in localities and system to proactively care for vulnerable people in the community 2. Provide for the population who need Covid-19 protected care needs through collaboration with NCL partners using each other's capacity and expertise
Risk 2	**Failure to effectively maximise the opportunity through system working, due to focus on near term issues, results in not solving the challenges of fragile services and sub-optimal clinical pathways**
Linked corporate objective	Work with our partners in localities and system to proactively care for vulnerable people in the community
Risk 3	**The progress made on integration with partners is put back, due Covid-19 pressures, and a system focus on acute pathways, resulting in benefits previously gained being lost.**
Linked corporate objective	Work with our partners in localities and system to proactively care for vulnerable people in the community
Risk	**The health and wellbeing of the population is made worse, due to the lack of available investment or focus on ongoing care and prevention work, resulting in demand after the Covid-19 outbreak being considerably higher than pre-Covid-19.**
Linked corporate objective(s)	1, 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 2. Help reduce exposure of our vulnerable patients in the community to Covid-19 and encourage people to use services appropriately and confidently 3. Create virtual connections with our community and mental health patients as much as possible

CQC Domain	Well Led
CQC Outcomes	Well Led
Board Lead	Director of Strategy and Corporate Affairs
Oversight Committees	Trust Management Group and Finance and Business Development Committee

Control	Linked Assurance evidence report/KPI	Target completion date
• Participation in NCL governance meetings by Executives, regular communication with executive counterparts at other organisations, good liaison through the NEDs to other Trusts	• 2nd tier – Strong engagement by all Directors in NCL Boards • 2nd tier – WH Chief Executive is the NCL Workforce Lead • 2nd tier – WH Chief Executive is the NCL Out of Hospital Gold lead • 2nd tier – the Chief Operating Officer and Director of Strategy are on the NCL Operational Group	*Timescales here are problematic – shall we say ongoing during the pandemic?*
• Participation and influence in clinical networks by senior clinicians	• 2nd tier – WH has the lead surgeon for general surgery for this work • 2nd tier – named leads for each acute network	*Similar issue to above?*
• Implement Transformation Programme Board (TPB) plan	• 1st tier - TPB Chair's assurance report to TMG • 1st tier – Monthly Investment Group meeting	Monthly
o Produce Strategic Outline Case for maternity services	• 2nd tier - Strategic Outline Case	Trust Board – 30 September 2020
o Pathology services /NWLP	• 2nd tier - Deed of adherence • 2nd tier – Finance & Business Development Committee and Trust Board	F&BD 28 October 2020
• Community estate transformation	• 1st tier - Monthly summary report to TPB	31 March 2021

Control	Linked Assurance evidence report/KPI	Target completion date
programme	• 1st tier – Community Estates Programme Group • 2nd tier Empty sites agreed as surplus to requirements	
• Facilitate Trust's Agile working policy	• 1st tier - Monthly report to TPB • 1st tier - Expansion of equipment available to staff	1 March 2021
• Oncology services strategy – collaboration with UCLH	TBC	October 2020
• Orthopaedic hub – Develop business case for Board approval and identify patient clinical pathways	• 1st tier - Monthly report to TPB • 1st tier – TMG • 2nd tier – UCLH and WH Clinical Collaboration Board	January 2021
• Implement locality leadership working plans through close liaison with Islington and Haringey councils	• 1st tier - All teams up and running • 2nd tier – strong engagement by the Director of Strategy and named Trust leaders for each borough partnership work stream and the six locality leadership teams • 3rd tier – Borough Partnership Boards • 3rd tier – Haringey Age Well Board • 3rd tier – Islington and Haringey Overview & Scrutiny Committees	October 2020
• Community services – anticipatory care / urgent response / streams of work	• 2nd tier - Project progress as per plan reported to Integrated Forum	Are there specific target timescales for the community services plan here which can be included?

Gaps in controls	Mitigating actions	Completion date	Progress
The plan towards population health interventions needs to be more robust	New Project Manager in place and a plan is being developed	Quarter 4	In development for reporting to the Integrated Forum

Gaps in assurances	Mitigating actions	Completion date	Progress
None currently identified			

Risk IDs:	**Sustainable 1 – 5**
Risk 1	**Covid-19 cost pressures are not collected properly and or not funded properly, due to poor internal systems, lack of funding or prioritisation of other trusts' need, and as a result our underlying deficit worsens**
Linked corporate objective	Manage our expenditure to lower than last year's run-rate to enable investment in community services
Risk 2	**Failure of key infrastructure, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm or reduced capacity in the hospital**
Linked corporate objective	Progress adapted estates and IT plans at pace
Risk 3	**Unequal investment in services, due to lack of clarity over the NHS funding regime and other trusts taking opportunities, or rushed decisions, leads to a mismatch of quality of provision for our population and delay, reduction, or cancelling of key investment projects for the Trust**
Linked corporate objective	Think to the future and keep learning through QI, continue to reduce system cost and improve clinical productivity and financial literacy everywhere
Risk 4	**Failure to transform services to deliver savings plan, due to poor control or insufficient flexibility under a block contract, results in adverse underlying financial position, and failure to hit control total, that puts pressure on future years investment programmes and reputational**
Linked corporate objective	Create replicable better more efficient and effective pathways for the long term including 'virtual by default' and promoting self-management
Risk 5	**The stopping or delay of existing transformation projects (e.g. orthopaedics / pathology / localities / maternity / estates), due to the focus on immediate issues around Covid-19 restart, results in savings and improvements to patient care, not being realised**
Linked corporate objective	Progress adapted estates and IT plans at pace

CQC Domain	Well-led
CQC Outcomes	Financial management, Oversight Framework
Board Leads	Chief Finance Officer, Chief Operating Officer, Chief Information Officer
Oversight Committees	Trust Management Group and Finance & Business Development Committee

Controls	Linked assurance evidence report/KPI	Target completion date
• Create replicable better more efficient and effective pathways for the long term including 'virtual by default' where possible and promoting self-management	• 1st tier – ICSU Board meetings • 1st tier – Community Estates Programme Group • 1st tier – weekly monitoring of updates at TMG • 1st tier – ICSU performance reviews • 2nd tier –monthly performance report to Trust Board	40% target for virtual patient appointments
• Maintain financial governance controls • Manage our expenditure to lower than last year's run-rate to enable investment in other services	• 1st tier – Investment Group • 1st tier – Transformation Programme Board • 1st tier – monthly Finance report to TMG • 2nd tier - ICSU deep dives at Finance & Business Development Committee • 2nd tier – monthly Finance report to Trust Board	31 March 2021
• Monthly Cost Improvement Programme (CIP) delivery board	• 1st Tier – Better Never Stops – Improving Value report to ETM (weekly) and TMG (monthly) to show progress against the 2020/21 £15m CIP target • 2nd tier – Finance & Business Development Committee	31 March 2021
• Accountability Framework	• 1st tier - Quarterly performance reviews continued and targeted support when necessary	The next quarterly performance reviews take place in October 2020

• Development of an estates plan • Strong monitoring of fire safety procedures and compliance • Capital programme addresses all red risks	• 2nd tier - Estate Strategic Outline Case agreed by Trust Board • 1st Tier – PFI monitoring group • 1st tier - and fire warden training with a comprehensive fire safety dashboard reported monthly to TMG; 1st tier – Health and Safety Committee • 1st tier – Capital Monitoring Group	Estate SOC TBC Ongoing fire safety monitoring

Gaps in controls	Mitigating actions	Completion date	Progress
CIP Delivery is behind plan	TBC	31 March 2021	Agreed revised targets with ICSU sign off by Directors of Operations

Gaps in assurances	Mitigating actions	Completion date	Progress
None currently identified			

Assurance definitions:	
Level 1 (1st tier)	Operational (routine local management/monitoring, performance data, executive-only committees)
Level 2 (2nd tier)	Oversight functions (Board Committees, internal compliance/self-assessment)
Level 3 (3rd tier)	Independent (external audits / regulatory reviews / inspections etc.)

The following principles outline the Board's appetite for risk:

Risk category	Risk Appetite level based on GGI matrix	Indicative risk rating range for the risk appetite
Quality (patient safety, experience & clinical outcomes)	Cautious	3 - 8
Finance	Cautious / Open	3 - 10
Operational performance	Cautious	3 - 8
Strategic change & innovation	Open / Seeking	6 - 15
Regulation & Compliance	Cautious	3 - 8
Workforce	Cautious	3 - 8
Reputational	Cautious / Open	3 - 10

Risk scoring matrix (Risk = Consequence x Likelihood (C x L))

	Likelihood				
	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Appendix 1 to the Board Assurance Framework paper (item 14)

Meeting title	**Trust Board – public meeting**	**Date: 30.9.2020**
Report title	**Trust risk register summary report**	**Agenda item: 14.1**
Executive director lead	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals	
Report author	Gillian Lewis, Head of Quality Governance	
Executive summary	This paper provides a brief overview of the risk management structure and a summary of the high level risks (≥16) currently on the Risk Register on 1 September 2020. The Trust has set a threshold for risks reviewed at Board Committee level (≥15) to ensure Non-Executive Director oversight. The Non-Executive Director who chairs the committee will escalate any ≥15 risks to the Trust Board as required. All risks <15 are managed at an Integrated Clinical Service Unit (ICSU) or corporate directorate level and escalated to the relevant Trust Board Committee if necessary. This report outlines the key changes to the Trust Risk Register since July 2020. The Quality Assurance Committee reviewed the Risk Register on 9 September 2020 and approved the following changes. The QAC noted that these risks were currently adequately reflected in the Board Assurance Framework. There are no current risks which have increased this month. In preparation of surge in activity due to increase in COVID-19 prevalence the COVID-19 risk register is being reviewed and at the trust management group meeting on the 18 September 2020. **1. Risk closures** 1034 Potential Security breach around area of hospital Update: Newly installed security gates with access codes, has removed the risk of intruders gaining access to buildings. Risk closed. This was an identified promptly and risk addressed immediately. **2. Downgraded risks (now below 16)** 777 Interventional radiology Update: New controls introduced with emergencies being directed to Royal Free Hospital and a consultant Interventional Radiologist now on bank to	

	support with capacity issues. Risk reduced to 12 and managed at Integrated Clinical Support Unit (ICSU) level. This risk mitigations and actions are being reviewed for sustainability longer term following work commencing across North Central London Integrated Care System for a more sustainable resolution. **3. New Risks** 1099 Colposcopy recovery 1104 Emergency alarm system in Children's Assessment Unit (CAU) not working
Purpose	Review and approval
Recommendation(s)	The Trust Board is asked to: (i) Note the changes approved by the Quality Assurance Committee on 9 September 2020; and (ii) review all ≥16 risks and agree there is adequate mitigating action and assurance to manage these risks.
Risk Register or Board Assurance Framework (BAF)	All BAF entries and linked entries on the corporate risk register
Report history	The information in this report is presented at the relevant Committee of the Board (Quality, Workforce Assurance, Finance & Business, Audit & Risk)
Appendices	None

Risk register summary report

1. Introduction

1.1 This paper provides a summary of the high level risks (≥16) currently on the Trust Risk Register on 1st September 2020. It also provides information of the mitigating actions and timescales to address the identified risk.

1.2 The report demonstrates that the top risks to the organisation, as reflected in the Risk Register, are aligned with the principle board assurance framework (BAF) risks, under the headings of Quality, People, Integration and Sustainability.

2.3 A separate category for COVID-19 pandemic has been added to the trust risk reporting framework to make it easy to identify and monitor specific COVID-19 risks.

2.4 The Trust has set a threshold of ≥15 risk grading for review at committees of the Trust Board. This is to ensure that there is Non-Executive oversight of these risks and a clear escalation process to Board.

2.5 The Trust has a 'cautious' risk appetite level for all quality risks. Any risks affecting quality require a clear, timely action plan to reduce the risk below 9 and interim mitigating control measures. It is recognised that some quality risks remain higher for a significant period of time and the mitigations are maintained, for example those that relate to estates transformation.

Risk category	Specific risk appetite statement	Risk appetite level based on GGI matrix	Indicative risk rating range for the risk appetite
Quality (patient safety, experience and clinical outcomes)	The Board is committed to outstanding and consistent care, delivering the right care, at the right time, in the right place and compliance with all legislative and CQC requirements and will adopt a cautious approach to risks that threaten this aim, ensuring benefits are justifiable and the potential for mitigating actions are strong.	Cautious	3-8

3. Risk register and the Board Assurance Framework (BAF)

3.1 All the key risks that are identified in achieving the Trust's strategic goals or corporate annual objectives are currently recorded on the BAF and reported to the Board.

4. Risk register update: September 2020

4.1 As at 1st September 2020, the Trust has three risks graded as ≥20, seventeen risks graded as 16. There are three key themes of the current high level risks on the risk register

- Sustainability; Estates and IMT Infrastructure and Finance
- People
- Quality

5. Sustainability – Estates and IM&T infrastructure and Finance

5.1 There are specific action plans in place to mitigate each risk, and this has been identified as a strategic risk to our strategic objective to '**Transform and deliver innovative, financially sustainable services.** The Trust Board monitors actions against this risk through the BAF process, including implementation of the estates strategy.

Datix ID	ICSU/ Directorate	Category	Title	Current risk grade	Mitigations and controls
858	Children and Young People Services	Patient Safety and Quality	Neonatal Unit environment - including lack of space between cots Linked to risk 697	16	Risk ongoing and regularly reviewed against national recommendations. Long term plan for neonatal redevelopment. **21/08/2020**: Remedial planned works have been completed and Neonatal intensive care unit (NICU) and Special care baby unit (SCBU) have returned to their base locations. Estate strategy finalised and being presented to the Trust Board within Quarter 3 2020-21.
890	Facilities and Estates	Health and Safety	Private Finance Initiative (PFI) Fire Building Strategy Deficiencies (in relation to building passive and active ventilation system and smoke fire dampers to deal with a fire and smoke)	16	**Controls**: Fire Warden system 24 hours on site; Staff are trained to shut down ventilation system manually on their own initiative or instruction of the Fire Service. Risk reviewed at Fire Safety Group. **4/08/20** The PFI estate is now trust estate. This effectively ends the Project Agreement and the buildings are now owned by the Trust. Consequently, the Trust is fully responsible for all aspects of fire safety in these buildings. The contractor company FES will be managed directly by the Trust as a hard facilities service provider
907	Trust wide	Estates or Infrastructure	High ambient temperatures of ward treatment rooms affecting quality of medicines.	16	**Controls**: Calibrated thermometers and new Standard Operating Procedure for the monitoring of room temperatures now fully implemented across the Trust. Updated Standard Operating Procedure (SOP) approved and implemented for the management of medicines within environments where temperatures are higher than recommended. Medicines being reviewed and discarded in accordance with SOP where required. Stock lists reviewed and reduced where possible. Business case for Temperature Controlled Cabinets (TCC) presented to Capital Monitoring Group. On-going updates provided to the Drugs & Therapeutics Group and Nursing & Midwifery Leadership Group. **Update August 2020**- The Project costs for the purchase and installation of drugs coolers with swipe access has been approved. This will be progressed and completion by the end of quarter 4 of 2020/21.
1036	Children & Young People Services	Estates or Infrastructure	Secure garden fencing at Simmons House requires upgrading (CAMHS inpatient unit) - the current fence is not secure and is too low.	16	**Controls**: Individual patient care plans and risk assessments are used to plan and mitigate against this, and the unit is being kept locked to stop young people from going outside into the unit garden without supervision. **Update August 2020**: Estates reviewed in May and proposal agreed. Architect completed base drawings. An option request report has been requested and costings. This will be presented to Capital Funding Committee within quarter 3 2020/21 and for approval.

Datix ID	ICSU/ Directorate	Category	Title	Current risk grade	Mitigations and controls
			Patients have been able to jump over the fence and leave the premises, putting themselves at risk.		
1060	Acute patient access, clinical support services and women's health (ACW)	Estates or Infrastructure	A failure to correct the areas of electrical and heating non-compliance in pharmacy and resolve the space issues leads to risks of non-compliance and an environment that is not supportive of staff health and wellbeing.	16	**Controls**: Temporary working arrangements for staff in multiple offices. Risk assessments during August 2020 completed to support COVID-19 work space requirements.
1088	Adult Community Services	Estates or Infrastructure	Insufficient supply of appropriate IT and peripherals to deliver new service models	16	**Controls for 1088 and 1096:** • Trialling Attend Anywhere in Musculoskeletal services (MSK) and Improving access to psychological therapies (IAPT). • Using telephone clinics as a second option. • Use of personal protective equipment (PPE)for face to face essential appointments • Advice, support and guidelines for patients are provided. **Actions***:* Joint business case for funding for laptops and work phones discussed at Capital Monitoring Group (Quarter 2 2020-21). Trust wide review of Estates and Infrastructure priorities to be undertaken within quarter 3-4 2020/21.
1096	Children's and Young People (CYP)	Estates or Infrastructure	CYP ICSU COVID-19 recovery and NHS agile working transformation plans are hindered by lack of appropriate IT equipment.	16	
1104	Emergency and Integrated Medicine (EIM)	Estates or infrastructure	The emergency alarm system in the Children's Assessment Unit (CAU), when activated does not alarm anywhere outside of CAU to alert	16	• Alarm system to be fixed, awaiting external company dates to attend site • The following interim actions have been put in place to make sure staff are aware of the processes to follow but they do not mitigate the risk, as the nurse will still have to leave the patient to raise the alarm • Posters put above each emergency alarm button to alert staff to put out a 2222 instead of pulling the alarm • Tannoy system secured in CAU which is audible in the whole of the emergency department • Nurse in charge of paediatric carries a

Datix ID	ICSU/ Directorate	Category	Title	Current risk grade	Mitigations and controls
			anyone of an emergency.		bleep

5.2 Sustainability – Finance

DATIX	ICSU/Directorate	Category	Title	Current risk grade	Mitigations and controls
772	Surgery and Cancer	Financial	Not meeting CIP target and financial balance for 2018/19.	20	Regular finance meetings to review budgets and CIPs. Risks reviewed at Quarterly ICSU Performance meetings and Finance and Business Development Committee.
780	Finance	Financial	Budget Control	16	

6. People

There are specific action plans in place to mitigate each risk, and this has been identified as a risk to our strategic objective to '**Empower, support and develop an engaged staff community.**

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Mitigations and controls
1002	Surgery and Cancer	HR and Workforce	Inadequate establishment of anaesthetic staff	16	**Controls**: All rotas are examined in advance and populated so that activity is covered. Appointment of additional 0.5 WTE Anaesthetist agreed pre-COVID-19 pandemic. Risk to be reviewed in light of changes in demand post-COVID-19.
1055	Surgery and Cancer	HR and Workforce	Risk of non continuity of care for some oncology patients	16	Locum Oncologist now in place to provide continuity. Strict guidelines associated with the management of patients during COVID-19 and there is a business case in preparation of the further development and collaboration between Whittington Health and the local cancer centre**.** **Update August 2020**: There is a proposal to develop further collaboration with UCLH (the cancer centre) around cancer care for local people, options appraisal paper has been written and is waiting for Executive Directors review.
1058	ACW	HR and Workforce	National Shortage of Sonographers and therefore limited allocation to Gynaecology Rapid Access Cancer Clinics	16	The department has trained two sonographers this year that will be ready to practice autonomously in September. Further posts advertised but limited interest. **Update August 2020**: Reviewing options to offer incentives and recruitment and retention packages to attract and retain staff in a highly competitive market.

7. Quality (including equipment)

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Comments and key mitigations and controls
683	Emergency & Integrated Medicine	Patient Safety & Quality	Overcrowding in Emergency Department (ED)	16	**Update**: Currently ED attendance still below pre COVID-19 levels, but risk continues to be monitored closely. Ongoing work in ED to manage demand, influence GP referral processes and increase referrals to Ambulatory Care. New mental health section136 suite provision at Camden and Islington Foundation NHS Trust Highgate hospital open and revised pathways during COVID-19 directing mental health patients to St Pancras hospital (mental health Emergency Department) worked effectively.
760	ACW	Patient Safety & Quality	Radiology systems interface	16	Radiology works across several systems for which there is a parallel paper system; if the paper system does not change then there is a risk to meeting cancer targets without significant costs incurred. **Update August 2020**: Currently in the recruitment phase of the project with interviews happening shortly, the risk is unlikely to change until mid-2021 as the project will not complete until then.
1065	ACW	Patient Safety & Quality	Women's Health compliance with national Cancer Waiting Times	16	Utilising independent sector to clear elective and cancer backlog, however, challenging due to late cancellations and variable access. Working with surgical and cancer division to repatriate elective work. Truclear (hysteroscopic tissue removal system) Business case agreed at Trust Management Group in June 2020 - supports activity in outpatients freeing up capacity in surgery. Equipment has now been purchased and staff training starting.
1090	Surgery and Cancer	Patient Safety & Quality	Lack of equipment for managing prone patients in Critical care Unit (CCU)	16	Throughout COVID-19 CCU used pillows to live patient prone which worked well in some instances to support respiratory care, but couldn't be consistently applied. Also problems with facial pressure sores in this position. **Update August 2020**: Proning kits trialled were not fit for purpose. Alternative options being reviewed ahead of winter surge period.
1091	Surgery and Cancer	Patient Safety & Quality	Lack of depth monitoring in anaesthesia in CCU	16	In COVID-19 crisis poor drug availability, compounded with very sick patients meant more use of Neuromuscular blockers. CCU monitored patients using depth of anaesthesia monitors loaned from operating theatre department (available because of reduced theatre lists). **August 2020 Action**: Purchase depth monitoring equipment for CCU work is underway to complete through capital Monitoring and procurement.
1099	ACW	Colposcopy recovery	The Colposcopy Service has a backlog of follow up patients, reduced capacity due to need to	16	Compliance with the two week wait for patients is being met currently, however the six week referrals timescale not always met. There are a high number of patients where follow up of Colposcopy which are overdue, which is the biggest concern. Monitoring waiting lists, for reduction in un booked and partial booking waiting lists.

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Comments and key mitigations and controls
			enhanced infection control and prevention requirements, and limited equipment to run any extra clinics. If the backlog is not addressed, then patients will experience delays impacting on patient outcomes and experience.		**August 2020 Action**: New nurse starting end September which will help with maximising utilisation of existing clinics.

8. Recommendations To The Trust Board

8.1 The Trust Board is asked to:

(i) Note the changes approved by review the risk register and approve the removal of closed risk entries; and

(ii) Review all ≥16 risks and agree there is adequate mitigating action and assurance to manage these risks.