Meeting	Trust Board – meeting held in public
Date & time	25 February 2021: 0930 to 1100
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, Chief Finance Officer Dr Clare Dollery, Medical Director Carol Gillen, Chief Operating Officer Michelle Johnson MBE, 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
Dr Sarah Humphery, Medical Director, Integrated Care
Swarnjit Singh, Trust Corporate Secretary

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

AGENDA

Item	Timing	Title and lead	Action
Standing items			
1	*0930*	**Patient story** *Michelle Johnson, Chief Nurse and Director of Allied Health Professionals*	Review
2	*0945*	**Welcome and apologies** *Julia Neuberger, Chair*	Approve
3	*0946*	**Declaration of interests** *Julia Neuberger, Chair*	Note
4	*0947*	**Draft minutes of the meeting held on 26 November 2020** *Julia Neuberger, Chair*	Approve
5	*0950*	**Chair's report** *Julia Neuberger, Chair*	Note
6	*0955*	**Chief Executive's report** *Siobhan Harrington, Chief Executive*	Note

Quality				
7	*1005*	**Quality Assurance Committee Chair's report** *Amanda Gibbon, Acting Committee Chair*	Note
8	*1010*	**Covid-19 pandemic update** *Executive directors*	Note
9	*1020*	**Covid-19 infection prevention and control Board Assurance Framework self-assessment and NHS England and Improvement key actions** *Michelle Johnson, Chief Nurse and Director of Allied Health Professionals*	Review
Sustainable				
10	*1025*	**Financial performance and capital update** *Kevin Curnow, Chief Finance Officer*	Review
11	*1030*	**Integrated performance report** *Carol Gillen, Chief Operating Officer*	Review
People				
12	*1035*	**Workforce Assurance Committee Chair's report** *Anu Singh, Committee Chair*	Note
Governance				
13	*1040*	**Audit and Risk Committee Chair's report** *Rob Vincent, Committee Chair*	Note
14	*1045*	**Charitable Funds Committee Chair's report** *Tony Rice, Committee Chair*	Note
15	*1050*	**Board Assurance Framework** *Jonathan Gardner, Director of Strategy, Development & Corporate Affairs*	Approve
16	*1055*	**Any other business**	Verbal

Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 26 November 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
Dr Sarah Humphery	Medical Director – Integrated Care
Andrew Sharratt	Acting Director of Communication & Engagement
Swarnjit Singh	Trust Corporate Secretary
Observer:	
Katy Corcoran	Care Quality Commission Inspector

No.	Item
1. 1.1	**Welcome and apologies** The Chair extended a warm welcome to everybody at the meeting, in particular, Katy Corcoran. There were no apologies. In terms of the agenda, the Chair explained that the usual patient experience item at the start of the Board meeting would be heard at the annual general meeting taking place later today instead.
2. 2.1 2.2	**Declarations of interest** Rob Vincent reported that he had been appointed as an Associate Non-Executive Director of University College London Hospital NHS Foundation Trust. The Board congratulated Rob Vincent on his appointment and noted the declaration which would be added to the register.

3. 3.1	**Minutes of the meeting held on 30 September 2020** The minutes of the previous meeting were agreed as a correct record. The updated action log was noted and there were no matters arising.
4. 4.1 4.2	**Chair's report** The Chair reported that, in addition to those listed in the report, a consultant appointment panel also took place on 4 November for child and adolescent mental health services. She thanked the Non-Executive Directors for their help and support in consultant appointments. The Chair also paid a huge thanks to the senior team and all staff who had been extraordinarily resilient during a very challenging period. **The Board noted the report.**
5. 5.1	**Chief Executive's report** Siobhan Harrington praised staff for their dedication and hard work during the challenging time they were facing during the pandemic. She also drew attention to the following areas: - On 5 November, as England entered into a second national lockdown to tackle the coronavirus pandemic, nationally, the NHS moved back to a level 4 status with NHS England and Improvement resuming direct control over the NHS emergency planning framework. Whittington Health remained safe and open for patients and continued to deliver acute, community and paediatric South hub services - The Trust's Board had agreed to join the North Central London Provider Alliance of acute, community and mental health trusts to work together to improve health for the local population and to improve the quality of health services - Whittington Health was nominated for three Health Service Journal awards for the integration of social, emotional and mental health services for children and young people in the London Borough of Islington and also for work to develop the Haringey and Islington Integrated Care Partnerships - The Camden Learning Disability Service, delivered in partnership with the London Borough of Camden and Camden and Islington NHS Foundation Trust, won an award from the Royal College of Psychiatrists' for its outstanding commitment to community-based support for people with learning disabilities and their families - Changes in the senior management team with Michelle Johnson joining Camden and Islington NHS Foundation Trust from January 2021 as their Chief Nurse, in addition to her existing role at Whittington Health for a period of nine months; Nick Harper stepping down as Clinical Director for the Surgery and Cancer Integrated Clinical Service Unit to focus on clinical work; and the appointment of Chetan Bhan as Clinical Director - The Black, Asian and Minority Ethnic (BAME) excellent celebration of Black History Month throughout October and launch of the 'See Me First' badge, for people to demonstrate their commitment to Whittington Health's values and echo the sentiment of Dr Martin Luther King Jr that people should 'not be judged by the colour of their skin, but by the

	content of their character'. In line with that, the Trust Board had agreed a statement be issued to affirm its commitment to equality, diversity and inclusion • The latest winner of a staff excellence award was Dr Irene Gafson. Irene, a Fellow in Obstetrics and Gynaecology, for demonstrating our 'Excellence' value. Irene was nominated for leading and delivering medical induction for students who joined in September
5.2	During discussion, Board members highlighted the following: • Anu Singh welcomed the Trust Board's statement and the ongoing engagement work by the executive team • Michelle Johnson provided assurance to Naomi Fulop that webinars would be held with staff to address any concerns they may have about the COVID-19 vaccine • In reply to a question from Rob Vincent, Carol Gillen confirmed Whittington Health would be responsible for vaccinating Haringey and Islington care home residents and staff and also housebound patients through its community services based in each borough
5.3	**The Board noted the Chief Executive's report and agreed that letters of congratulations/thanks be sent to Nick Harper, Chetan Bhan and Irene Gafson.**
6. 6.1	**Quality Assurance Committee Chair's report** Naomi Fulop took the report as read and drew Board members' attention to the following issues from the meeting held on 11 November: • Ann Walker, Assistant Director of Quality, North Central London Clinical Commissioning Groups, had joined the Committee as an observer • Committee members welcomed a very good presentation on electronic prescribing for outpatients and also in the Adult emergency department • The 2019/20 draft Quality Account was reviewed and, with the inclusion of feedback from stakeholders, would be recommended for agreement by the Board • Committee members approved the draft Quality Improvement strategy and fed back on having a plan of activities for implementation • The Committee discussed the quarter two quality report and was able to take assurance that both Hospital-level mortality indicators – the Summary Hospital level Mortality Indicator and the Hospital Standardised Mortality Ratio - were within the expected range • In addition, the Committee continued to monitor compliance with security audits and fire safety training
6.2	Michelle Johnson thanked the quality governance team for producing the 2019/20 Quality Account during a time of considerable pressure.
6.3	**The Board:** **i. noted the report and the areas of significant assurance identified by Committee members on respective agenda items;** **ii. approved the draft Quality Improvement strategy and agreed that a Board seminar be held on Quality Improvement;**

	iii. **agreed the 2019/20 Quality Account for publication on our external webpages by the 15 December deadline; and**
	iv. **noted the change to the Committee's terms of reference with the inclusion of a North Central London Clinical Commissioning Group observer at meetings.**
7.	**Winter Plan**
7.1	The report was taken as read. Carol Gillen provided assurance that lessons learnt from wave one had been factored into the winter plan alongside alignment with North Central London surge plans, infection prevention and control guidelines and also bed escalation plans.
7.2	During discussion, the following issues arose: • In reply to a question from Amanda Gibbon, Carol Gillen explained that additional capacity had been provided for the emergency department waiting area and training drills were in place, In addition, assurance was provided that regular situation reports were reviewed by the Trust Management Group to keep on top of any crowding issues • Carol Gillen confirmed to Naomi Fulop that Covid positive patients were discharged to community beds and not to care homes • In terms of progress with the winter flu vaccination, Michelle Johnson reported that Whittington Health was focussed on offering the vaccination to homebound patents and also those with respiratory difficulties • In reply to a question from Anu Singh, Siobhan Harrington explained that the North Central London community providers group met weekly and looked at capacity in care homes, hospices and community beds
7.3	**Board members approved the 2020/21 Winter Plan**
8.	**Financial performance and capital update**
8.1	Kevin Curnow reported that, at the end of October, Whittington Health had a £1.1m deficit, £0.1m better than plan. The higher than average cash balance was due to the NHS moving away from the payment by results methodology and on to an agreed block arrangement where a month's payment was received as a block in advance. The Trust has spent £6.1m of its allocation, £971k behind plan.
8.2	Kevin Curnow also explained that the deficit plan submission to North Central London has been revised downward to £3.9m and had been reviewed and endorsed by the Finance & Business Development Committee.
8.3	**The Board noted the report and financial results at the end of October 2020, recognising the need to improve income delivery, reduce temporary spend and improve the delivery of cost improvement programmes.**
9.	**Integrated performance report**
9.1	Carol Gillen reported the following headlines:

	• In October 2020, performance against the 4 hour access standard was 88.2% against a national average of 84.4% • There continued to be good performance against the two week cancer wait (2ww) with the standard achieved in September 2020 for the fourth successive month. The Trust had also seen a significant reduction in their backlog of diagnosed patients over day 62 • Regular harm reviews were being completed for patients waiting longer than 52 weeks for treatment and plans to reduce long waits included optimising theatre capacity and utilising capacity at University College London Hospitals NHS Foundation Trust and the independent sector • Musculoskeletal community services continued to perform well by reducing their backlog and maintaining good performance with the clinical assessment and treatment service at 93.4% in October
9.2	Michelle Johnson reported an increase in category two pressure ulcers across both hospital and community settings reflecting increased patient frailty and acuity. She also highlighted the pressure ulcer team marking Stop the Pressure Day on 18 November by sharing learning across the Trust. Siobhan Harrington provided assurance to Amanda Gibbon that waiting times for adult and children's community services were monitored by a North Central London group she chaired. She also explained that specific work was taking place on speech and language therapy and autism pathways. In reply to a concern raised by Rob Vincent regarding the need to raise the level of performance appraisals, Siobhan Harrington gave assurance that this was reviewed during quarterly performance reviews with integrated clinical service units and corporate teams
9.3	**The Board noted the integrated performance report.**
10. 10.1	**Workforce Assurance Committee Chair's report** Anu Singh highlighted the range of support and assistance provided to help staff health and wellbeing and drew attention to the specific psychological support needs for staff going forward. Norma French thanked the organisational development team for co-ordinating the cultural change work taking place under the umbrella of the #Caringforthosewhocare initiative.
10.2	**The Board noted the Workforce Assurance Committee Chair's report of the meeting held on 30 September 2020.**
11. 11.1	**Estate Strategy Phase 1 – Power Infrastructure and Maternity & Neonatal Facilities** Jonathan Gardner presented the paper and highlighted the following points: • three phases were proposed for the estate strategy covering power infrastructure, maternity and neonatal facilities; paediatric services on the Archway site; and internal works covering theatres and ward configuration • There was a strong case for change which sought to meet Whittington Health's vision for maternity and neonatal services • Engagement had taken place with members of the public and with other stakeholders and identified four options

	• Financial assessments and risk assessments indicated that option three, to remodel the existing maternity and neonatal unit and address power infrastructure risks, was the recommended course of action
11.2	In discussion, the following points arose: • Wanda Goldwag welcomed the phased remodelling which would provide flexibility for future plans • The Chair thanked Jonathan Gardner for a helpful paper which followed previous discussion at the October Board seminar of the identified options
11.3	**The Board agreed that option three (to remodel the maternity and neonatal unit and to address power infrastructure risks) was the preferred way forward for phase one of the updated estate strategy. The Board also agreed not to approve options one (business as usual), two (do the minimum) and four (build new maternity and neonatal unit and address power risks).**
12. 12.1	**Audit & Risk Committee Chair's report** Rob Vincent thanked Swarnjit Singh for the report and drew attention to the following: • The areas of significant assurance, including the 2019/20 Whittington Pharmacy Community Interest Company's audited accounts and opinion, the Board Assurance Framework and the internal audit review of recruitment and selection • An additional audit and risk committee meeting was scheduled to review internal audit reports which had not been completed as envisaged. He had communicated dissatisfaction with progress, against the internal audit plan at the time of the meeting and would continue to keep Board members updated on progress
12.2	The Chair thanked Rob Vincent for alerting the Board to concerns with the internal audit team. Kevin Curnow reported that he had asked the Director of Grant Thornton for a detailed update on each of the outstanding reports.
12.3	**Board members noted the Chair's assurance report for the meeting held on 22 October, in particular the concerns raised regarding progress with the internal audit plan.**
13. 13.1	**Charitable Funds Committee Chair's report** Tony Rice reported that the Committee had reviewed fundraising activities and a report which clarified that value added tax was recoverable for merchandise sales. He advised that a Head of the Charity had been appointed following a recruitment and selection exercise. In addition, Tony Rice reported on approved applications for charitable funding, including the refurbishment of the porters' lodge and furniture for staff rest rooms. Clare Dollery commented that charitable donations had been remarkable.
13.2	**The Board noted the Charitable Funds Committee Chair's report for**

	the meeting held on 22 September. The Board also thanked individual members of the public, local organisations and staff for their fundraising efforts during the year.
14.	**2019/20 Whittington Pharmacy Community Interest Company audited accounts**
14.1	Kevin Curnow was pleased to report an unqualified external audit opinion and the £40k surplus achieved last year. He sought formal approval for the submission of the audited annual accounts before the deadline of 31 December 2020.
14.2	**The Board received and approved the 2019/20 Whittington Pharmacy Community Interest Company audited accounts and agreed they be submitted.**
15.	**Board Assurance Framework and Risk Register**
15.1	Jonathan Gardner explained that all risk entries' scores had been reviewed following the September Board meeting and a number increased to reflect winter uncertainties and the pandemic. The raised risk scores had been discussed and endorsed by the Trust Management Group and Audit and Risk, Quality Assurance and Finance and Business Development Committees.
15.2	The Chair welcomed the thorough review of the Board Assurance Framework and its entries by Board Committees. Michelle Johnson drew attention to the new temporary entry on the Risk Register in relation to pharmacy leadership in Adult Community Services. This entry would be closed once the current recruitment exercise ended.

15.3	**The Board:**
	  i. **approved the revised scores for BAF entries;**
	  ii. **was assured that the updated entries show the effective mitigation of risks to the delivery of the Trust's strategic objective; and**
	  iii. **noted the changes to the risk register highlighted in appendix 3 which were approved by the Quality Assurance Committee on 11 November 2020 in relation to risks removed from the risk register following a reduction in scores, entries whose scores had increased and one new entry to the register.**

16.	**Any other business**
16.1	There were no items reported.

Action log, 26 November 2020 Public Board meeting

Agenda item	Action	Lead(s)	Progress
Declarations of interest	Include the declaration from Rob Vincent on the register of interests	Swarnjit Singh	Completed
Chief Executive's report	Send letters of thanks and congratulation to Nick Harper, Chetan Bhan and Irene Gafson	Siobhan Harrington	Completed
Quality Assurance Committee	Publish 2019/20 Quality Account for on the Trust's external webpages by the 15 December deadline	Michelle Johnson	Completed
Estate Strategy Phase 1 – Power Infrastructure and Maternity & Neonatal Facilities	For phase one of the estate strategy, proceed with option three - the remodeling of the maternity and neonatal unit and address power infrastructure issues	Jonathan Gardner	In progress

Meeting title	Trust Board – public meeting	Date:	25 February 2021
Report title	**Chair's report**	**Agenda item:**	**5**
Director lead	Julia Neuberger, Chair		
Report author	Swarnjit Singh, Trust Secretary		
Executive summary	In addition to the verbal report accompanying this item, 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		

Chair's report

This report provides an update to Board members since the last meeting held in public on 26 November 2020.

Trust Board meetings
Due to intense pressure on services and senior staff, the Board held short private meetings on 17 December 2020 and 28 January 2021 which focussed on the response to the pandemic, staff wellbeing and strategic matters.

As a result, the scheduled meeting of the Board of Whittington Health to be held in public on 28 January 2021 was cancelled. Meetings to be held in public will be kept under review, due to clinical pressures, and are outlined below for the remainder of this financial year and also for 2021/22:

- 25 March
- 29 April
- 30 June
- 30 September
- 25 November
- 27 January 2022
- 30 March 2022

COVID-19
The second wave of the pandemic has brought challenges for everyone, and it peaked in January 2021. On behalf of the Trust Board, I do want to thank everyone at Whittington Health – our permanent staff, our temporary staff and also our volunteers – and recognise how immensely hard they have been working throughout the past 12 months, and continue to do so, in the face of immense difficulties. I also want to pay particular tribute to our outstanding CEO, Siobhan Harrington, along with the senior team. Siobhan has held regular staff briefings throughout the pandemic, but in recent weeks, when staff have been exhausted and overstretched, she - along with the team - has provided superb staff leadership and helped maintain staff morale, including being around late in the evening and at weekends. And others on the top team have done the same.

External meetings
I have continued to attend a number of meetings with external partners including the London Provider Chairs' forum, the North London Partners in Health and Care (North Central London's integrated care system) and also of the steering group for the North Central London Provider Alliance.

Honours
I would like to congratulate Michelle Johnson, our Chief Nurse and Director of Allied Health Professionals, for her inclusion in the Queen's New Year's honour's list. Michelle was awarded an MBE in recognition of her excellent contribution to the response against the COVID-19 pandemic. She continues to lead and inspire colleagues, always showing calm professionalism and consistency in what has been an exceptionally pressurised year.

Lead Non-Executive Director for maternity services

The Ockenden review of maternity services made a recommendation that each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. The lead non-executive director will work collaboratively with their maternity safety champions. I am pleased to confirm that Baroness Glenys Thornton will be our non-executive lead for maternity services.

Non-Executive Director reviews

Annual performance appraisal reviews have been completed for three non-executive directors: Naomi Fulop, Tony Rice and Anu Singh and the outcomes shared with NHS England and Improvement's appointments team.

Consultant recruitment

I am very grateful to Non-Executive Director colleagues for taking part in the selection panels for recruitment to consultant posts. Since 19 November, the positions recruited to are, as follows:

Date	Post title	Non-Executive Director participation
19/11/2020	Consultant Haematologist - Thrombosis	Julia Neuberger
19/11/2020	Consultant Haematologist - Red Cell	Julia Neuberger
24/11/2020	Consultant Breast Radiology	Amanda Gibbon
02/12/2020	Consultant Gastroenterologist	Amanda Gibbon
10/12/2020	Consultant Haematologist - Malignancy	Glenys Thornton
16/12/2020	Consultant in Trauma and Orthopaedic Surgeon	Glenys Thornton
07/01/2021	Consultant in Microbiology and Infectious Diseases	Amanda Gibbon
18/02/2021	Consultants in Child & Adolescent Psychiatry in Simmons House	Glenys Thornton

Meeting title	Trust Board – public meeting	Date:	25 February 2021
Report title	Chief Executive's report	Agenda item:	6
Executive director lead	Siobhan Harrington, Chief Executive		
Report author	Swarnjit Singh, Trust Secretary		
Executive summary	This report provides updates on important national developments since the last Board meeting held in public and also draws attention to local news and celebrates the achievements of Trust staff.		
Purpose	Note		
Recommendation	Trust Board members are invited to note the contents of the report		
Risk Register or Board Assurance Framework	All Board Assurance Framework entries		
Report history	Report to each Board meeting held in public		
Appendices	None		

Chief Executive's report

Since our last Trust Board in public in November we have experienced the second wave of Covid-19 across London and the Trust. The NHS remains on a level 4 incident at present. We have been in a pandemic now for a year.

I would like to thank each and every one of our staff for being amazing and playing their part in our response. I am also mindful of those people, our staff and our patients, who have been ill themselves, lost loved ones and many in our community that have sadly died. Apart from caring for people with Covid, our staff have done an incredible job to adapt and maintain many of our services across the community and hospital through this time, and now are playing a very central role in vaccinating both staff and our local community in North Central London.

The health, wellbeing and resilience of our people is vital and it is important that staff take time out to rest and recover from this wave and also seek advice and support as required.

I also want to thank our volunteer team have been working very hard behind the scenes to recruit, train and organise many new volunteers across the hospital and out in the community. Over 100 new volunteers have been recruited and are helping out in a range of activities including driving vaccinators around the local community, delivering medicines, personal protective equipment and oximeters, helping out as receptionists, providing administrative and marshalling support in the vaccine clinics both at the Archway site and in the community.

COVID-19
A separate report on the agenda (item 8) provides details to Board members on summary COVID-19 patient data for Whittington health up to 10 February. The report also outlines actions taken to manage healthcare acquired infections and progress with the COVID-19 vaccination programme. In addition, the report includes workforce developments covering staff absence rates, the diverse range of support provided to help staff health and wellbeing and also the redeployment of people in line with the needs of healthcare services.

White paper
On 11 February, the Department of Health and Social Care published proposals for to join up health and care services and embed lessons learned from the coronavirus (COVID-19) pandemic. The White paper, Integration and Innovation: working together to improve health and social care for all[1], aims to modernise the legal framework for the health and care system and put in place targeted improvements for the delivery of public health and social care by supporting local health and care systems to deliver higher-quality care to their communities, in a way that is less legally bureaucratic, more accountable and more joined up, by bringing together the NHS, local government and partners together to tackle the needs of their communities as a whole.

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[1] [Integration and Innovation: working together to improve health and social care for all (publishing.service.gov.uk)

Across North Central London our system working has strengthened through Pandemic and we continue to evolve our ways of working with the first meeting of the Provider Alliance being planned for.

North Central London appointments
I would like to congratulate David Probert who has been appointed as Chief Executive of University College London Hospitals NHS Foundation Trust and also congratulate Mark Lam on his appointment as the new Chair of the Royal Free London NHS Foundation Trust. In other local sector developments, Dominic Dodd has been appointed as the Chair of the North Central London Provider Alliance and Baroness Neuberger has been appointed Vice Chair.

Review of community services
North London's Partners in Health and Care are about to launch a review of community services across the North Central London integrated care system. Whittington Health will play an active role in contributing to this review, building on the successes of our collaborative working during the pandemic, to improve community services in the sector.

Haringey estate consultation
Whittington Health is progressing with our estate strategy in the community with aim of moving to three adult hubs and one specialist children's hub per borough. A full two month consultation is currently being carried out in Haringey on the potential move of the child development centre and paediatric assessment unit in St Ann's to Tynemouth Road to create a specialist children's hub. To do that, the Trust is also consulting on moving adult services from Tynemouth and the Laurels to Lordship Lane. The consultation closes on 17 March 2021 and the Haringey Overview and Scrutiny Committee will review the report after the London Mayoral elections in May 2021.

Estate developments
Over the last month there has been marked progress in two areas. Firstly, the clearing and preparation of the site for the building of the mental health inpatient unit on the Whittington site. Secondly, the arrival of the modular build in the area that was the Waterlow Unit and will be our new education centre. Both of these developments give exciting opportunities to us for the future.

Maternity transformation
The maternity transformation board reporting to Trust's Management Group has now met twice and is progressing with five work streams around the Ockenden review of maternity services in England report; information technology; culture; estate redevelopment; continuity of care. The full update to the Trust Board will come to next month's meeting.

Wingfactors
We are proud to announce that our partnership with Wingfactors (a group that has come out of the Project Wingmen initiative and our governance team) were awarded first place for their paper at the Airway conference last month.

Quality and safety operational performance

The impact of the COVID-19 pandemic is evident in the integrated performance report. Our focus has been on maintaining safe care for our patients and the safety of our staff. Highlights include:

- Emergency Department (ED) four hours' wait – during January 2021, performance against the four hour access standard was 79.8%, below the 95% target. The national average in January was 78.5%, the London average was 77.3% and the NCL average was 77.3%. Attendance numbers continue to be lower than the previous year: January 2021 saw 6,409 attendances compared to 9,561 during January 2020. The Urgent Treatment Centre saw 2,040 attendances. Paediatrics saw 1,574 attendances. Paediatric performance against the standard was 95.7% for January 2021

- There were 19 12 hour breaches related to acute bed delays and one 12 hour breach related to a mental health patient. There was a spike of 12 hour breaches across London and North Central London Trusts at this time

- Cancer standards – the 2 week wait standard was achieved in December 2020 with 98.1% for the seventh successive month. Performance against the 62 day standard was at 77.8% for December 2020, up from 66.7% in November

- Referral to treatment – at the end of January 2021, there were 793 patients who had waited more than 52 weeks for treatment. All patients currently waiting over 52 weeks are of clinical low priority and an action plan to manage the backlog will include ongoing clinical harm reviews, the full use of theatre capacity at Whittington Health, and also the use of independent sector capacity

- Workforce – appraisal rates for January 2021 were at 66.6% against a target of 90%. Compliance with mandatory training requirements dropped slightly from 76% in December to 75.6% in January 2021 against a target of 90%

Financial performance

The ongoing pandemic and the resulting operational pressures have had an adverse impact on our financial performance. The Trust is £0.4m worse than plan at end of January 2021. Additional expenditure incurred due to the COVID-19 pandemic is the key driver for this adverse variance. During these unprecedented times, it is essential that the Trust continues to deliver on its responsibilities in relation to managing public money effectively and therefore ensuring that all spend is clinically justified.

With less than six weeks until the start of the new financial year, it is important to develop robust plans to deliver our financial challenge in 2021/22. It is likely that we will continue to have a block arrangement for the first quarter of 2021/22 but further planning guidance is awaited from NHS England and Improvement before this can be confirmed. Whittington Health will continue to identify quality improvement initiatives and savings opportunities so that, upon returning to a more normal financial regime, the Trust is in a financial sustainable position.

Senior leadership changes

Following a competitive recruitment exercise, Kevin Curnow has been appointed as Chief Finance Officer. Monika Dulnikiewicz has joined us as Director of Environment. On behalf of Board members, I would like to congratulate Kevin on his appointment and to welcome Monika to the senior team at Whittington Health. I would also like to say thank you to Aisling Thompson for her hard work and commitment as Director of

Operations in our Adult Community Services team and to wish her well in her new role as Deputy Director, Community Testing Programme, at the Department of Health and Social Care. Alison Kett has been appointed as her successor in our Adult Community Services.

Lesbian Gay Bisexual and Transgender (LGBT) History month
February is LGBT history month. It is an opportunity to celebrate LGBTQ+ people and to look back at what has influenced and affected this group of people. While current pressures due to COVID-19 mean that the LGBTQ+ staff network is limited in how many events can be held and organised, on Friday, 26 February, the LGBTQ+ staff network will be taking over the Project Wingman lounge to help raise staff awareness and to signpost people staff to external events and support organisations.

Race equality week
This UK-wide initiative was held in the first week of February. Anu Singh, Non-Executive Director and Equalities Champion sent a message to all staff reflecting on the progress made to improve the experience of black, Asian and minority ethnic (BAME) colleagues over the past 12 months and highlighted the work of the active steering group to help ensure meaningful change in racial equality across the whole Trust. I completed a pledge as part of the initiative which reaffirms our commitment to race quality across Whittington Health.

BAME network
The BAME network hosted a Covid-19 webinar in January to address concerns and issues staff had in relation to the vaccine. The session was well attended with 150 staff outlining their concerns to the clinical panel to answer. The See ME First campaign continues with over 750 pledges made by staff of Whittington Health across the organisation. There has been external interest from other Trusts and a toolkit has been issued for their consideration. The network welcomed Yvonne Coghill who has been working closely with the Joint Chairs of the network, and the wider team, to accelerate change across the Trust.

Staff excellence award
The latest winners of our staff excellence awards are:
- Paula Foley, a Ward Manager, was nominated for demonstrating compassion while leading her team through an exceptionally difficult year. Nightingale ward has cared for some of the most acutely unwell patients in the Trust and there has been no respite for the ward team between COVID-19 surges. Paula has been an exemplary ward manager who has shown a real focus on caring for her patients and colleagues through an incredibly challenging time
- John Solomons, a Community Matron, was recognised for going above and beyond during the time of pandemic. With his clinical, leadership and managerial skills, he took the right actions during the pandemic and ensured that there would be a smooth flow in hospital beds within the Trust. He set up an action plan which ensured that the team had the right clinical support without compromising the care of the patient and providing our clients the gold standard care that they deserve
- Katherine Cormican is a Project Manager for the Whittington Charity. She is an asset to the Trust and is respected for her excellent organisation of support for frontline staff. Examples include arranging food for night staff, new furniture for

staff rest areas, toiletries and also facial wipes for after wearing personal protective equipment

Meeting title	**Trust Board – public meeting**	**Date: 25 February 2021**
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	This Committee Chair's report covers items considered at the 13 January 2021 Quality Assurance Committee meeting. In line with agreed Trust arrangements during January 2021, this was a shortened Committee meeting because of the significant pressure operational staff were experiencing during the second wave of the pandemic.

The Committee is able to report to the Board that it took significant assurance from the following agenda items:

 • Serious incidents' report
 • 2020/21 Quarters 1, 2 and 3Infection prevention and control report. It was noted that the reports contained less explanatory information to reflect the significant demand on the Infection Prevention and Control Team but it did provide the headlines on infections management and learning of any healthcare acquired infection.
 • Board Assurance Framework – Quality entries

The Committee also took moderate assurance from the risk register report and continues to monitor progress on compliance with security audits and fire safety training levels.

In addition, the Committee discussed a report on the Ockenden review of maternity services which was recommended for approval to the Trust Management Group and the North Central London Local Maternity System (LMS). | |
Purpose	Noting	
Recommendations	Board members are invited to note the report and the areas of significant assurance identified by Committee members on respective agenda items.	
Risk Register or Board Assurance Framework	Quality strategic objective entries	
Report history	Report to the Public Board following each Committee meeting	
Appendices	None	

<div align="center">**Committee Chair's Assurance report**</div>

Committee name	Quality Assurance Committee
Date of meeting	13 January 2021
Summary of assurance:	

1.	**The Committee is reporting significant assurance to the Trust Board in the following areas:** **Winter pressures and COVID-19** The Medical Director updated the committee on COVID-19 in the Trust. At the date of the Committee, the Trust had admitted a total of 1020 patients since March 2020; 179 patients were currently inpatients in the Trust. Comparative data with other Trusts in North Central London and with London as whole gave assurance that surge numbers in the Trust showed the same trends as seen across the city. The Committee was assured that the Trust shared local, regional and national guidelines with the clinical teams and responded in a timely way to alerts that were issued. A weekly virtual meeting was held with a multidisciplinary clinical group to discuss COVID-19 pathways and other issues of best practice. In addition there were NCL groups e.g. the infection control group and the ICU cell which shared best practice and regional meetings for Medical and Nursing Directors. **Serious incidents' report** The Committee reviewed the Serious Incidents (SIs) report which detailed the findings and learning from four SIs declared between 1 October and 30 November 2020 and also provided details of the learning shared from four other SIs following investigation. The learning included: - A new process whereby respiratory clinicians reviewed scans, alongside the CT report and discussed any concerns with the in-house chest specialist radiologist - The introduction of a weekly safety/second check process to ensure that all rhesus negative antenatal patients and their antibody screen results are reviewed weekly by another Biomedical Scientist - The Laboratory and Transfusion practitioner will work with antenatal teams to implement the introduction of fetal DNA testing into the Trust - Reviewing current Maternity Assessment Unit guidelines to ensure that they facilitated the correct triaging of patients based on best practice guidance - The addition of targeted education to monitor twin pregnancies and the provision of feedback to the Maternity Clinical Governance Committee. - The continued implementation of Human Factors training for all staff groups including the message that escalation can be led by any staff group or grade - The development of specific face-to-face and on-line training to assist staff on the paediatric ward to recognise and manage young people at risk of self-harm following admission - The inclusion of mental health awareness training in staff induction arrangements

The Committee noted the report and took good assurance on lessons and learning shared widely with staff.

2020/21 Quarters 1, 2 and 3 Infection prevention and control report
The Committee considered reports from meetings held during the COVID-19 period and thanked the Infection Prevention and Control Lead for their hard work in exceptional circumstances. Assurance was provided by Michelle Johnson that the Trust had continued to report nationally on healthcare acquired infections and this has been maintained during the pandemic. She explained that the only target set this year was for MRSA for which the Trust was currently at zero cases this year. In addition, the Trust was within the ceiling for C-difficile cases. Committee members were also advised that there was currently no national reporting on healthcare acquired COVID-19 apart from outbreaks and reporting of COVID-19 deaths. The Trust monitored this internally and was able to provide any external reporting as required.

Addendum to Committee Report: Correction – national reporting has been undertaken on patients who have developed a healthcare acquired COVID-19 infection and this is reported daily to Public Health England and NHS England/Improvement.

Michelle Johnson updated the Committee on the monitoring and reporting of staff and patient outbreaks which were reported to external partners, including the Care Quality Commission. She gave assurance that necessary actions were taken promptly when an outbreak was identified. These included re-iterating the importance of adhering to hand hygiene and social distancing guidance, wearing face masks and the cleaning of equipment used in between patients.

Assurance was also provided that 87% of frontline staff had received the winter flu vaccination and, as at the date of the QAC meeting, around 50% of Trust staff had been given the COVID-19 vaccination.

The Committee welcomed the report and the learning shared with staff. The Committee also requested, for a future meeting, that benchmarking data be provided on infections (MRSA, MSSA) showing comparable data for other Trusts.

Board Assurance Framework (BAF)
The Committee reviewed the updated BAF and noted that the likelihood score for entry Quality 2 had been increased from 4 to 5 following discussion and agreement by the Trust Management Group and the executive team. Committee members endorsed this increase which Michelle Johnson confirmed was anticipated as a temporary increase before being reduced again. Committee members also fed back on an action to review the scores for entry Quality 4 which would be discussed by the Trust Management Group.

2.	**The Committee is reporting moderate assurance to the Trust Board in the following areas:** **Quality & safety risk register** The Committee discussed the risk register report. It received assurances that: a risk relating to oxygen capacity continued to be monitored very closely and mitigating actions included: - a live dashboard which was regularly monitored by clinical teams, site practitioners, chief pharmacists and other colleagues - Actions put in place to allow delivery of oxygen to the greatest number of patients, including a Standard Operating Procedure - Checks by the Facilities team on the ambient oxygen levels in different wards - The deployment of some oxygen concentrators to supplement the supply of piped oxygen. - Daily monitoring and review at Trust Management Group Gold meetings The Committee asked that updates on risk 1109 relating to the volume of referrals to Imaging services and also for risk 1125 relating to the neonatal cerebral function monitor be circulated to members after the meeting. In addition, the Committee discussed the risk relating to adequate paediatric medical cover and received assurance that it was managed through daily review. The Committee was also assured that the alarm system on the children's ward had been tested and was in working order.
3.	**Other key issues:** **Ockenden review** The Committee noted an initial response to the Ockenden review of maternity services. The full report would be available in February and a more detailed report would be brought back to the Committee and Trust Board in March. During discussion of the impact of the pandemic on maternity services, Committee members were informed that more pregnant women were being seen in wave two compared with wave one of the pandemic. Key issues currently were the weekly review of visiting arrangements for birth partners and the use of lateral flow tests for birth partners.
4.	**Attendance:** Amanda Gibbon, Non-Executive Director (Acting Chair) Dr Clare Dollery, Medical Director Michelle Johnson, Chief Nurse and Director of Allied Health Professionals Katherine Nolan-Cullen, Compliance and Quality Improvement Manager Swarnjit Singh, Trust Corporate Secretary Carolyn Stewart, Executive Assistant to the Chief Nurse Baroness Glenys Thornton, Non-Executive Director Anne Walker, Assistant Director of Quality, NCL CCGs (Observer) **Apologies:** Professor Naomi Fulop, Non-Executive Director (Committee Chair) Carol Gillen, Chief Operating Officer

	Gillian Lewis, Associate Director of Quality Governance

Meeting title	**Trust Board – public meeting**	**Date: 25.02.2021**
Report title	**COVID-19 update**	**Agenda item: 8**
Executive director leads	Clare Dollery, Medical Director, Michelle Johnson, Chief Nurse & Director of Allied Health Professionals, Norma French, Director of Workforce, Carol Gillen, Chief Operating Officer	
Report authors	Clare Dollery, Michelle Johnson, Norma French and Carol Gillen	
Executive summary	This report provides Board members with updates on the in the following areas: • A summary of the COVID-19 patient data for Whittington up to 10 February and a comparison with data for the London region • The management of healthcare acquired infections • Workforce developments covering staff absence rates, support provided to help staff health and wellbeing and also the redeployment of people • Progress with the COVID-19 vaccination programme	
Purpose:	Noting	
Recommendations	Board members are asked to note the update on patient cases; the management of outbreaks; staff absence rates, support and redeployment; and the COVID-19 vaccination rollout.	
Risk Register or Board Assurance Framework	Quality strategic entries	
Report history	Executive team, 15 February 2021	
Appendices	None	

COVID-19 update

1.   Summary patient Covid data

As of 10 February 2021, 1,490 patients had been admitted to Whittington Health with COVID-19 since the start of the pandemic. Polymerase chain reaction (PCR) testing was not widely available during the first pandemic surge particularly with respect to screening for asymptomatic patients admitted for other reasons. The graphs below show broadly similar timeframes and extent of surge numbers for hospitalised patients. The Whittington Intensive Care Unit (ICU) surged beyond its original capacity by 30% but on a small bed base. Whittington Health has worked with ICUs across North Central London to accept mutual aid and specialist retrieval of clinically selected patients to other ICUs particularly those at University College Hospital and the Royal Free Hospital.

COVID-19 patients admitted to hospital - Whittington Health


Daily and cumulative numbers of COVID-19 patients admitted to hospital. Data are not updated every day by all four nations and the figures for Wales are not comparable to those for other nations as Wales include suspected COVID-19 patients while the other nations include only confirmed cases.
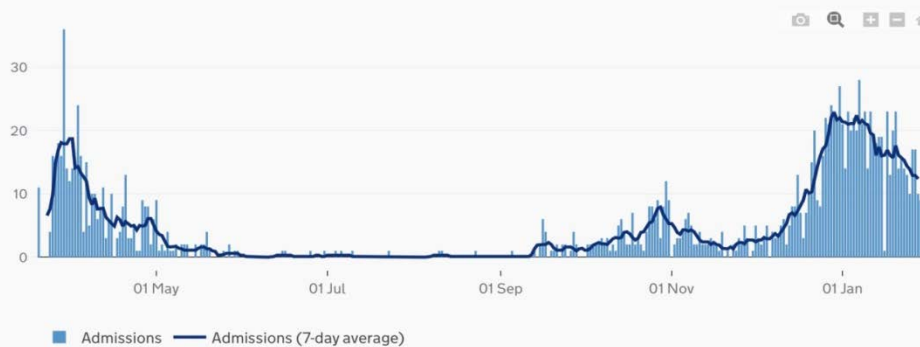
COVID-19 patients admitted to hospital - London region

Daily and cumulative numbers of COVID-19 patients admitted to hospital. Data are not updated every day by all four nations and the figures for Wales are not comparable to those for other nations as Wales include suspected COVID-19 patients while the other nations include only confirmed cases.
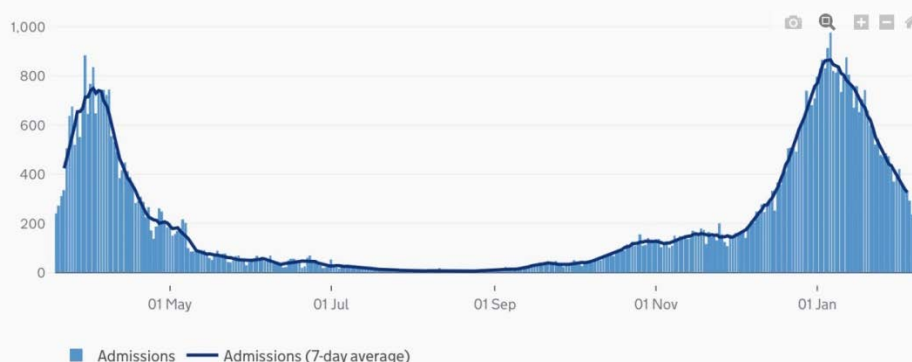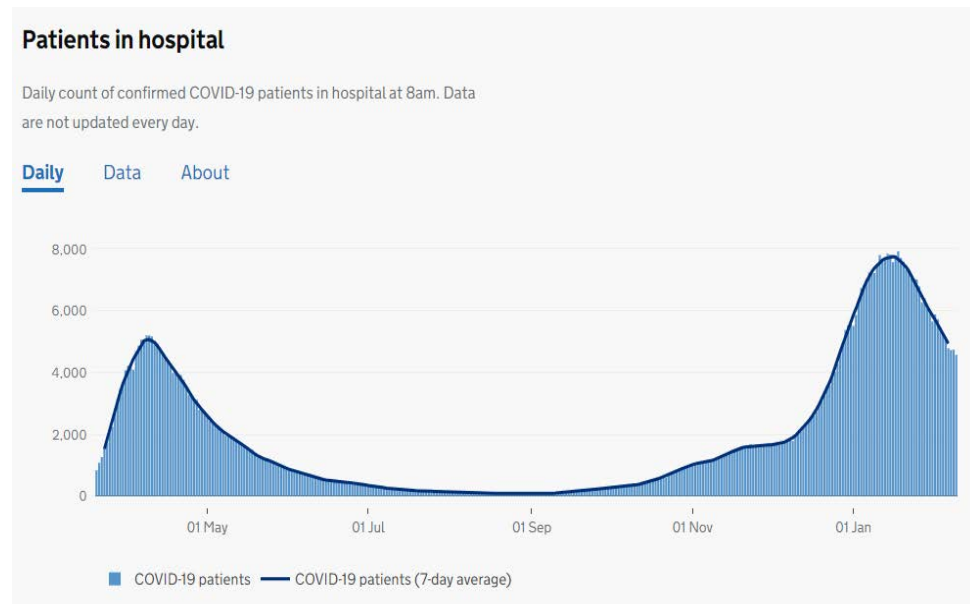
COVID-19 Patients in hospital

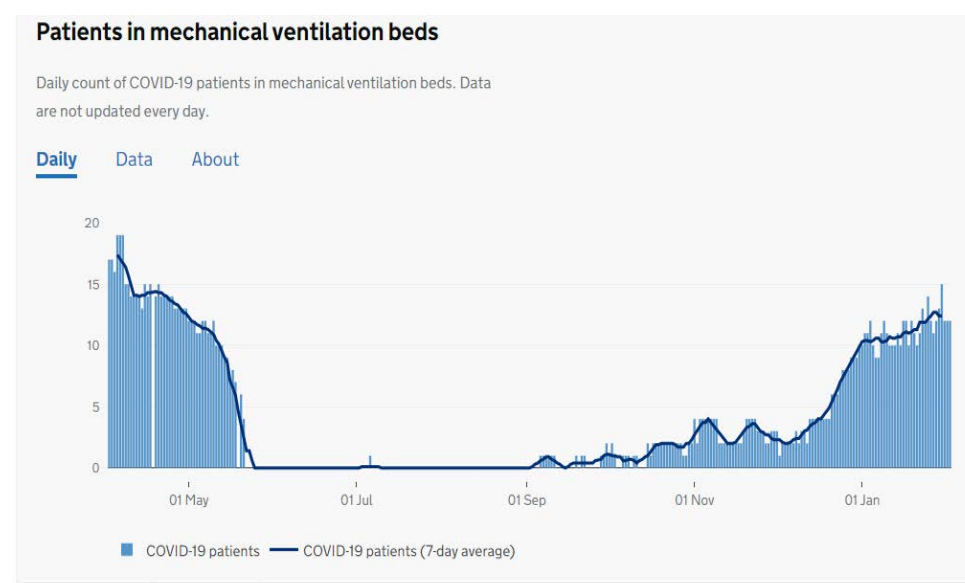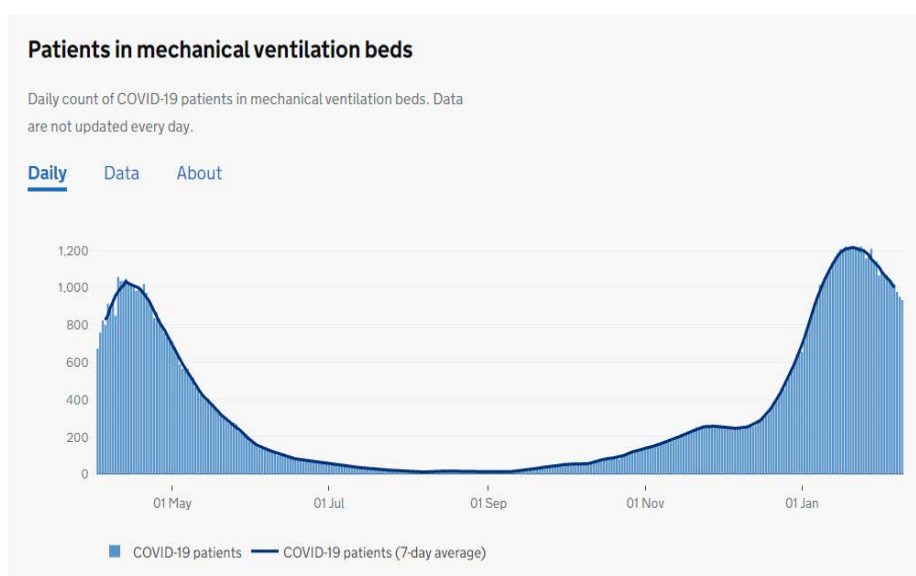## Whittington Health
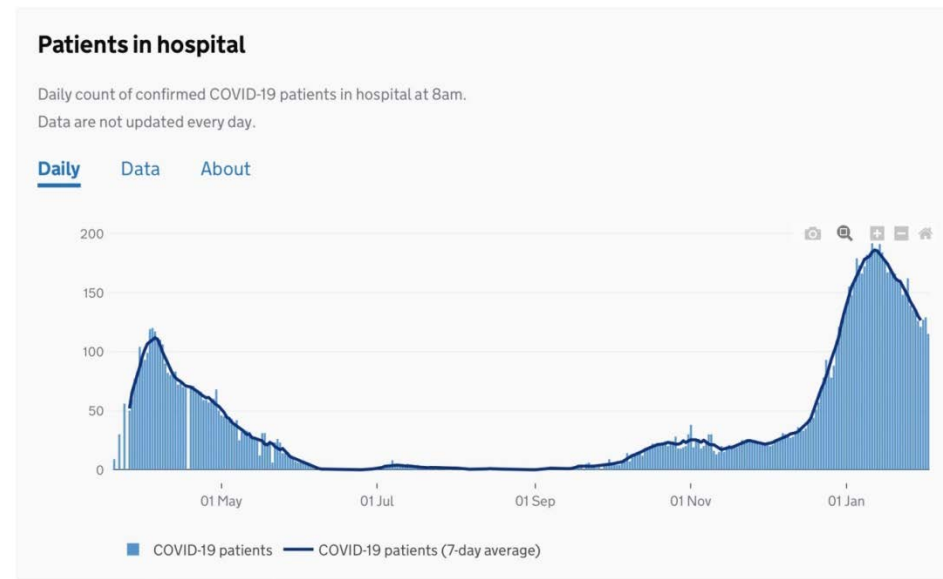
London region

Patients on mechanical ventilation

Whittington Health

London region

The table below shows the COVID-19 related patient numbers through both surges of the pandemic for NCL Trusts as published at gov.uk on 11 February 2021.
The sector has cared for nearly 10,000 patients with COVID-19. There have been ICU surge centres established at UCLH and Royal Free Hampstead who have provided invaluable mutual aid to the other sector ICUs to enable capacity to care for the volume of patients needing critical care support. This influences the severity of their case mix significantly. The establishment of specialist ICU retrieval teams by UCLH and the Royal National Orthopaedic hospital has been essential to providing safe care and is much appreciated by sector colleagues. The expansion in care delivered by Whittington Health, compared to our underlying bed base, is a tribute to all our staff.

Trust	WH	NMUH	RFL (Barnet, CFH, and RFH)	UCLH	NCL Total
Total patients admitted (both surges)	1773	2747	3476	1624	9620
Patients currently in Hospital	86	147	340	183	756
Patients currently on ventilation	10	18	87	67	182

2. **Nosocomial (Healthcare Acquired Infections HCAI) COVID-19 infections**
Nosocomial infections are defined as those occurring[1]:

- as a direct result of treatment in, or contact with, a health or social care setting
- as a result of healthcare delivered in the community Healthcare-associated infections (QS113).
- outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, norovirus).

Public Health England (PHE) monitors the numbers of certain infections that occur in healthcare settings through routine surveillance programmes, and advises on how to prevent and control infection in establishments such as hospitals, care homes and schools.

Management of healthcare associated infections (HCAI)
Whittington Health's infection prevention and control policy documents the importance of preventing and reducing rates of HCAI and also the surveillance of potential incidents. This remains as critical for inpatients who are at risk as they provide essential information on:
- What and where the problems are
- How well control measures are working

Key Lines of enquiry for consideration of the Trust Board
There are a number of key questions for Board members to ask to gain assurance to tackle HCAI COVID-19 infections:
- What actions are you/your organisation taking to tackle nosocomial infections?
- Do you regularly discuss the data at Board member level?
- Are you using the Board Assurance Framework? If so how, if not, why not?
- What other forms of assurance are you using within and across your organisation?

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[1] https://www.nice.org.uk/guidance/qs113/resources/healthcareassociated-infections-pdf-75545296430533

- What systems are in place to manage and monitor the prevention and control of infection, including suitable, accurate information on infections?
- What are your testing processes for emergency admissions ensure prompt identification of people who have or are at risk of developing an infection?
- Do you have access to rapid testing in A&E? If so, what new processes have been introduced?
- Are tests done in A&E being prioritised for processing in labs?
- Are these labs on site or in other trusts
- How are you maintaining COVID risk pathways?
- Do you have a large proportion of single rooms/en suite facilities?

There were a number of actions detailed in the letter from NHS England's Chief Nursing Officer and Medical Director (June 2020) which the Trust took to minimise the viral transmission of COVID-19 virus during a patient's admission to the hospital. These remain in place to date. Compliance with the actions outlined is summarised below:

Action	Whittington Health actions taken
A. Inpatient testing	- A Trust flow chart is in place and all admitted patients are tested on admission and then on day 3 and 5/7 days after admission (for patients who are negative). There is a regular review of compliance. - The Integrated Discharge Team ensure that patients on discharge to care homes or hospices have a test done 48 hours prior to discharge and then appropriate discharge arrangements made if positive result. - Point of care testing and rapid testing are also available for use within emergency department - Our pre-elective pathway meets testing requirement of 72 hour test prior to procedure. A pathway is in place for low risk pathway for day cases
B. Staff testing	- The Trust has 250 clinical staff enrolled in the SIREN, a National Institute Health Research (NIHR) urgent public health priority study. Its primary objective is to determine if prior COVID-19 infection in healthcare workers confers future immunity to re-infection. It will also allow organisations to estimate the prevalence of SARS-CoV-2 infection in healthcare workers and utilise this information to determine wider staff testing - Since November 2020, all clinical and some non-clinical staff have been supported to take the COVID-19 Lateral Flow test (LFT) twice weekly. 3,800 test sets have been issued to staff. There have been 182 positive LFT tests since start of reporting (November 2020); 163 of these then had a positive polymerase chain reaction (PCR) test for COVID-19 and self-isolated at home, many were asymptomatic. - If a healthcare worker tests positive the Occupational Health

Action	Whittington Health actions taken
	Service ensure that NHS Test and Trace contacts are informed and assessed on whether they need to isolate for ten days • There is a continual focus on ensuring that staff report their LFT result even if negative
C. Staff risk assessment	• All relevant staff including Black, Asian and minority ethnic colleagues, have been offered a risk assessment and this was reviewed in light of the recent national concern around the use of FFP3 respiratory masks. • Risk assessments have been considered around individual needs and also to support the organisation in terms of redeployment to support the COVID-19 vaccine programme and also other clinical and non-clinical work (outside of medium to high risk clinical areas). This has included the use of Attend Anywhere for outpatient appointments and non-face-to-face clinical work.

D. Managing healthcare associated COVID-19 cases	• The priority is to ensure that the Trust maintains strict application of the PHE Infection prevention and control (IPC) guidance (see references below)
	• All staff across the Trust wear a surgical face mask in all clinical and non-clinical areas (apart from when eating)
	• Visitors and outpatients are provided with a mask on all entry points and symptom check undertaken.
	• The Trust has reported timely on all staff outbreaks and has ensured that any delay to patient HCAI is reported on the daily national reporting dashboard. There was some delay to this reporting during January 2021 which has now been corrected. There has also been a review of all data submitted to ensured that it is aligned across a number of reporting requirements for the Trust
	• The Trust has weekly Outbreak meetings (membership includes executive directors and divisional directors as well as microbiology consultant, IPC nurses, clinical commissioning group (CCG), regional health protection team, and director of environment director) to consider staff cases and patients infections
	• The key areas of learning points addressed by the Outbreak group.
	   o Staff lapses in the wearing of personal protective equipment (PPE) and hand hygiene
	   o Multiple patient moves to ensure patient flow from the emergency department
	   o A Lack of social distancing and sharing of food during staff break and rest periods
	   o Staffing ratios during the peak period of the pandemic when absence rate was high due to staff sickness or

Action	Whittington Health actions taken
	need to self-isolate
	• The Director of Infection Prevention and Control is responsible for overseeing the response to any outbreak with appropriate oversight from NHS regional and national teams
	• There is oversight of the harm to patients of HCAI and cases are reported through the trusts Mortality Review Group and any deaths where HCAI COVID-19 is a cause will be discussed as well as escalated through the serious incident management process. The Trust is following the existing National Serious Incident Framework to underpin the level of investigation, if required to do so.
	• The Trust is working closely with regulators and the North London Partners Integrated Health and Care System to ensure that performance is monitored as the Trust has been recognised as an outlier on reporting a lower than expected number of HCAI COVID-19 cases. These discussions have supported the sharing of information and best practice across organisations to enable local improvements and seek peer support. It was also recognised that the reporting mechanisms to ensure accuracy and timeliness of reporting required some improvement which is now in place.

Reporting numbers of health care acquired COVID-19 infection rates
The Trust reports daily on healthcare acquired COVID-19 infections and during the period 8 November 2020 to 24 January 2021, there was a steady increase in the number of positive cases despite the focus and attention on safe infection control and prevention precautions and also linking to the increase in the community transmission rate of COVID-19 found in the local population. This rate of infections rose until early to middle January (reporting weeks ending 10 and 17 January 2021) when the number of patients in a week peaked at 25 cases. Since then, there has been a rapid decrease week-on-week and, at the end of January, no new cases were being reported

References
https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/Healthcare-associated-COVID-19-infections--further-action-24-June-2020.pdf

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0586-minimising-nosocomial-infections-in-the-nhs.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954690/Infection_Prevention_and_Control_Guidance_January_2021.pdf

3. **Workforce sickness absence, employee wellbeing and redeployment**

Staff absence
Integrated Clinical Service Units (ICSUs) and corporate directorates submit staff absence details on a daily basis to the Workforce Team. These are collated and analysed each day and presented at Trust Management Group Gold meetings.

This allows us the opportunity to focus on trends in particular staff groups or service areas. Absence is reported through a number of key fields:

- Carers leave
- Self-isolation
- Shielding
- Covid-19 related Sickness
- Sickness (Other)
- Travel disruption
- Unpaid leave

The graph below shows the trend of absence from the beginning of January 2021:
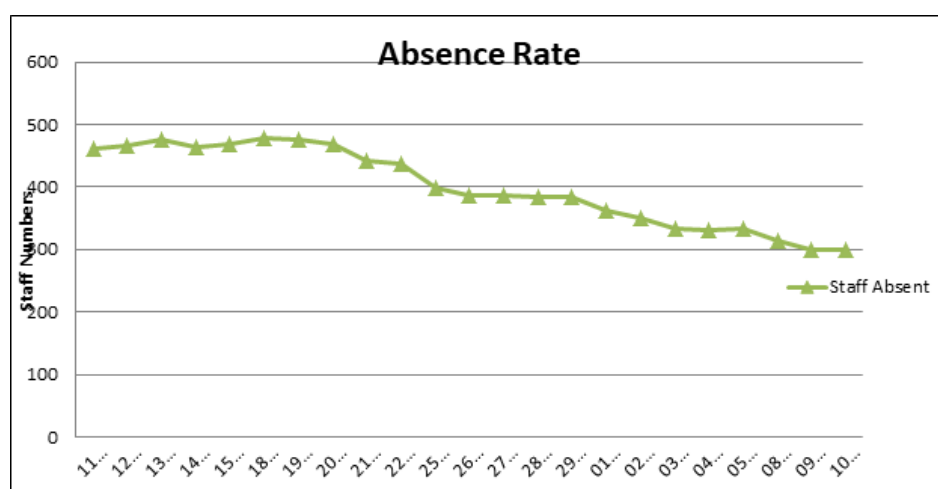
In addition each staff group data is reviewed on a daily basis. During this second surge the main concerns have centred on nursing and midwifery staff groups who had the highest proportion of absence.

A snapshot of absence data as at Wednesday, 10 February is as follows:

Sickness absence rate (Covid and non-Covid)	5%
Number of staff shielding	25
Number of staff self-isolating	46
Overall absence rate	6.6%
Nursing and midwifery absence rate	8%

For comparison purposes – since January 2021, nursing and midwifery absence peaked at 14.6%, and overall staff absence peaked at 10.4%.

Staff health and wellbeing
Since the start of the pandemic in 2020, and with the acknowledgement of the increase in concern for the physical and mental health and wellbeing of NHS staff, the Trust has ensured that there are a range of support mechanisms available before, during and following the two surges. These are continually reviewed and adapted.

The Trust COVID-19 intranet hub provides the best single source of information on the many strands of support that exist. They are provided by Whittington Health, North Central London and other London providers, and nationally by NHS England and Improvement.

The services put in place in response to the first surge in 2020 are still being provided and are constantly being added to with new services offered by charities and other specialist services for example, alcoholism and substance misuse, gambling, marriage guidance, and bereavement, including culturally sensitive bereavement practices. Other specialist services are focused on specific groups such as Filipino staff. The recently added or revised information is marked with the prefix 'new' or 'updated' on the Hub to distinguish it from ongoing support or alert people to revisions. The range of support can be summarised as:

(a)   Practical help and advisory services
The intranet hub provides information on finding various practical resources, including:
- Parking locally and where to acquire permits
- Information on tax
- Bicycle scheme
- Taxi information
- Financial wellbeing support
- Childcare
- Lateral flow tests and staff health checks
- Discounts and special offers for NHS staff

(b)   Psychological support
Psychological support comes from the Trust's own Employee Assistant Programme (EAP) service, Haringey Increasing Access to Psychological Therapies (IAPT), the Tavistock and Portman NHS Foundation Trust, and nationally, from NHS England. These include specialist apps on which a variety of help can be found; online services; coaching; webinars; virtual counselling meetings and consultations; virtual 'common rooms'; activity rooms; and telephone services.

The intranet information supports members of staff; and managers (for example 'conversation training') who need to look after their team members as well as themselves. There are numerous links to videos, presentations, brochures and posters providing advice or linking to services. Some support focuses on the pressures in an acute environment and others on community and social care settings. There are links to the NHS England provision including direct access to partners such as Samaritans, and specialist services of the Tavistock and Portman, and IAPT.

More recently, a twelve-month programme has been commissioned (with external charitable funding), from a culturally sensitive organisation, Nafsiyat, to provide one-to-one counselling and group sessions.

Other Whittington Health support includes reflective practice sessions provided by the Clinical Health Psychology Team; debrief sessions provided by the psychology

teams and the Organisational Development Team; and a toolkit for managers on checking-in and checking-out with their teams during regular meetings.

(c)   The importance of rest
A 'resilience workbook' is provided to enable staff to improve resilience through a number of different reflections and exercises, the best of which is rest and sleep. There is a 'First Responders First' checklist on practical measures to maintain health and manage stress and also a Whittington Health Guide for Staff and Managers including building team resilience. For staff at the acute site, 'Project Wingman' provides a relaxing environment for staff to take a proper break and relax in the 'First Class Lounge' located in N19.

(d)   Accessing support
The take up of resources that are measurable, such as the employee assistance programme service, show an increase in use. However, there is concern that those who appear to be stressed are not all accessing the support available. There is also concern, exacerbated by elevated sickness levels and staff shortages, that staff are tired, showing signs of stress and are not properly rested. Lockdown and travel limitations mean that staff are not taking leave, resulting in a cumulative tension that cannot be relieved between shifts. A further concern is that the very comprehensive provision is not easily accessed by those shielding, isolating or sick who do not have remote access to the intranet.

(e)   Monitoring wellbeing
A Health and Wellbeing Working Group meet monthly with interested parties (including the Head of Occupational Health, pastoral care, Trust psychologist, Organisational Development team and others) who deliver and support health and wellbeing initiatives across the Trust. The aim is to review wellbeing needs across the Trust, sharing different approaches and initiatives to support the ever changing health and wellbeing needs of our staff during the pandemic. The Culture Steering Group monitors progress with planned activities, including those resulting from staff surveys and sustain ongoing work to support staff health and wellbeing individually and organisationally.

It is of paramount importance that all staff at all levels have time to rest and can sleep properly in order to support a very basic level of resilience. The update of the various offers of support to staff is being captured within our integrated clinical service units (ICSUs) and will be reported to the Trust Management Group.

Staff deployment and redeployment
During the first surge redeployment across the Trust, and across London, was managed through the Gold Command Units. Prior to the second surge we were able to put in place robust systems and processes that helped respond to the sharp increase in demand in December.   Whittington Health developed its own Redeployment Hub which is now hosted on the intranet. The Trust's response is separated into clinical and non-clinical redeployment and managed through the Workforce Directorate and the Nursing and Patient Experience Directorate. Whittington Health Workforce Team took a lead in creating the North Central London (NCL) Deployment Hub in January 2021

(a) Whittington Health internal redeployment

There have been a total of 147 clinical staff redeployed into a number of different areas, with ITU being the largest recipient. It should be noted these figures do not reflect internal ICSU redeployment. There are a number of staff redeployed where the redeploying area is unknown as they form part time hours or sourced directly. The graph below depicts what ICSUs/Directorates have redeployed to which areas:
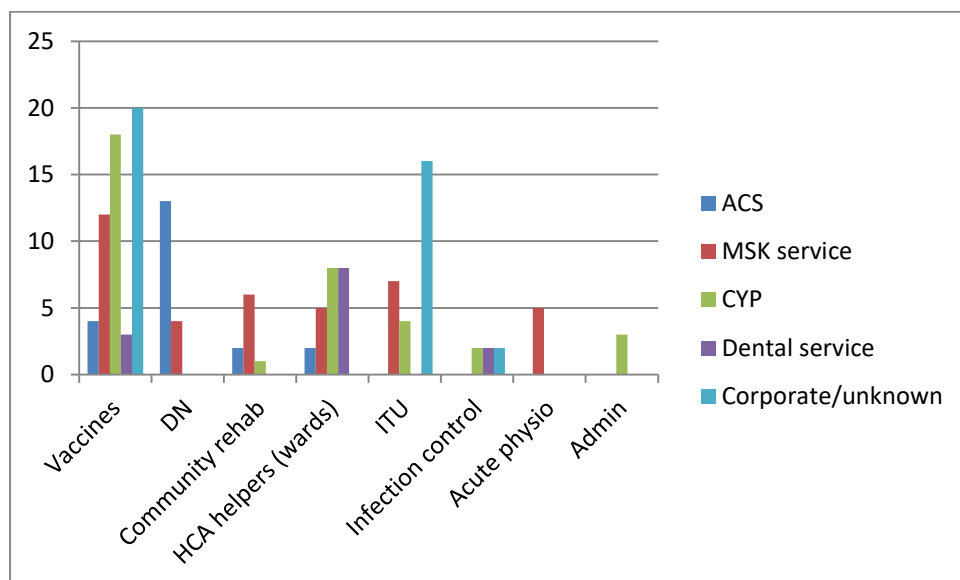
All staff currently shielding have been contacted and asked to complete a skills analysis. One shielding staff member has been redeployed to date.

There are fewer non-clinical redeployment requests currently active and unfilled are ward clerk support. This has been redirected via the NCL hub.

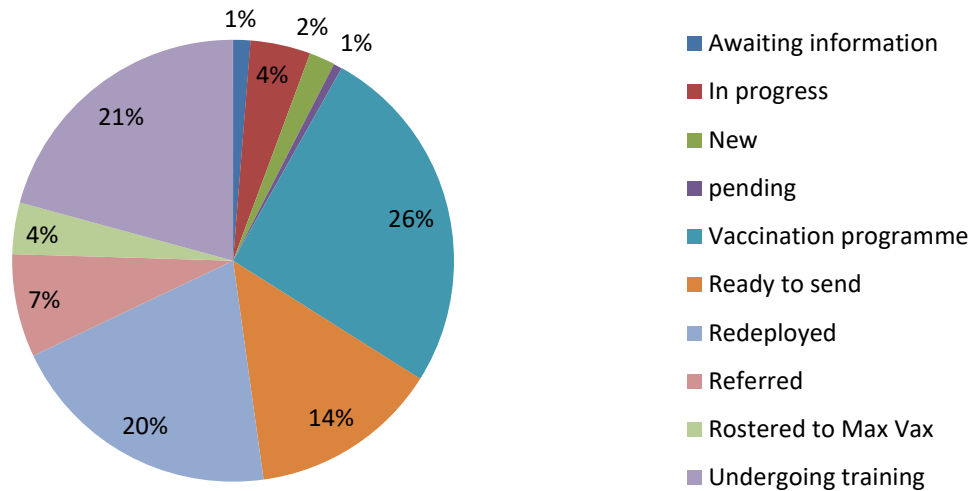**(b) North Central London (NCL) Deployment Hub**

A Deployment Hub was established on 6 January 2021. Its purpose was to co-ordinate the sector's urgent requirements for additional workforce capacity which can be immediately mobilised during this critical covid period. This Hub has brought together a small team of workforce/logistics/technical and clinical personnel from the ICS, CCG and providers to ensure its smooth operation & effective delivery at pace.

Since its creation a total of 159 staff across NCL are in the redeployment cycle as part of the programme, with Whittington Health receiving eight staff. The hub is now concentrating on two main areas:

- Staffing the vaccine Primary Care Network programme
- Redeployment of CCG/Local Authority staff

The main requests our Trust has into the hub currently are for non-clinical ward support. The main source for this will be CCG/LA staff and the Freedom of Movement Staff Agreement (formally the Memorandum of Understanding) has been extended to cover these staff. Details of staff redeployed via the NCL deployment hub are shown below:

NCL Deployment Hub - current status

A pie chart titled "NCL Deployment Hub - current status" with the following segments:

- Awaiting information: 1%
- In progress: 4%
- New: 2%
- pending: 1%
- Vaccination programme: 26%
- Ready to send: 14%
- Redeployed: 20%
- Referred: 7%
- Rostered to Max Vax: 4%
- Undergoing training: 21%

COVID-19 vaccination programme

Whittington Health had been fully engaged in the rollout of the COVID-19 vaccine in North Central London. In summary, there has been significant progress in this ambitious programme with the Trust involved as a key player in the main vaccine delivery models. There has been a successful deployment in all vaccine settings and the Trust is on track to meet all key timelines:

Staff vaccination

- All staff across Whittington Health have been offered the Covid-19 vaccine
- The Whittington Hospital Hub site completed the 1st doses of the Pfizer vaccine by 22 January 2021 for key cohorts Whittington staff, and also health and social are staff in the NCL sector
- In total, 5,170 doses were delivered with zero wasted doses
- 3,614 staff vaccinated to date. This includes substantive, agency, bank and contractor staff. As of 15 February, this represents c. 51% of substantive staff and 41% of black, Asian and minority ethnic (BAME) staff who have been vaccinated
- Second Pfizer doses are planned for delivery commencing 08 March for a 4 week period
- A high number of staff are trained as vaccinators/consenters
- There has been strong support from volunteers in the Vaccination Centre
- Webinars have been held to support staff queries including from members of the BAME network and the Whitability network (staff disability group)
- A drop-in clinic for advice re pregnancy planning, fertility and COVID vaccination has been put in place

Care home/housebound

- Government guidance highlights evidence that for every 20 vaccinations in the care homes resident cohort, one death is potentially preventable
- There is a national focus on visiting and vaccinating care home residents and staff (elderly care/residential & sheltered housing). Elderly care residents were

completed by 17 January 2021. At the time of writing this paper, all other care homes in Islington (including learning disability and mental health and supported living) will be completed the first round by 12 February 2021. Housebound residents in Islington are on target to be completed by end of 15 February 2021. Housebound patients in Haringey also on target to complete by 15 February 2021

- Vaccinations in Islington are carried out by redeployed Whittington Health staff
- Vaccinations in Haringey are carried out by a partnership between redeployed Whittington Health staff and the team from the Haringey GP Federation

Mass site at Hornsey Central
- Hornsey Central's mass vaccination site started delivering the Astra Zeneca vaccine on 11 January 2021
- This was the first NCL mass vaccination site to open. A collaborative model for mass vaccination sites has been adopted with an NCL-wide recruitment programme for staffing led by UCLH
- 1,083 vaccinations were given to NCL health & social care workers from 11- 25 January 2021
- 318 Whittington Health staff vaccinated at this site since 11 January 2021
- Since 26 January 2021, 1,175 vaccinations were delivered through the national booking system for members of the public, as per the Joint Committee on Vaccination and Immunisation cohorts
- Bookings are taken directly through the National Booking System.

Meeting title	Trust Board – public meeting	Date:	25.02.2021
Report title	**Review of COVID-19 infection prevention and control Board Assurance Framework self-assessment and NHS England and Improvement key actions**	Agenda item:	9
Executive director lead	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals and Director of Infection Prevention and Control		
Report authors	Michelle Johnson, Julie Singleton, Lead Nurse Infection Prevention and Control, Ernie Abbott, Deputy Director of Environment, Dr Julie Andrews, Consultant Microbiologist and Cathy Ferguson, Head of Occupational Health Department		
Executive summary	The trust completed the initial COVID-19 Infection Prevention and Control (IPC) Board Assurance Framework (BAF) self-assessment in May 2020 and then reviewed practice against the NHS England and Improvement (NHSE/I) Key Actions in November 2020 (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/key-actions-boards-and-systems-on-infection-prevention-control-testing-23-december-2020.pdf). This was shared with the Trust Board's Quality Assurance Committee and also the Care Quality Commission.		

The framework is ten key lines of enquiry and includes areas covering infection prevention and control (IPC), environmental, patient pathway and staff. Significant work was undertaken across the trust by many teams and services, notably the infection prevention and control team, microbiology staff and the estates and facilities team.

The document has subsequently now been reassessed against the key lines and the NHSE/I key infection control actions trusts are expected to take. The following recommendations remain rated as red or amber and are monitored on an ongoing basis according to demand and COVID-19 activity. There has not been a shift in rating as these remain areas of focus for the Trust and are monitored on an ongoing basis. Additionally all green actions were looked at to ensure the trust is still meeting them adequately. The following key lines of enquiry are rated amber with mitigations in place but ongoing monitoring required:

- **No 6 - Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling**

	infection • **No 7 - Provide or secure adequate isolation facilities** • **No 8 - Secure adequate access to laboratory support as appropriate**
Purpose	Review
Recommendation(s)	Board members are invited to: i. read and scrutinise the trust self-assessment of the IPC key lines of enquiry. ii. consider if any aspects of this report need to be reflected in the Trust BAF iii. seek assurance that there are sufficient mitigating actions and oversight for the areas rated areas of development; and iv. confirm that there is adequate assurance that the Trust is complying with its statutory duties.
Risk Register or Board Assurance Framework	Quality strategic objective entries
Report history	Report will go to the March 2021 Quality Assurance Committee following TMG COVID-19 and the Trust Board
Appendices	1. NHSE/I Key actions: infection prevention and control and testing 2. COVID-19 IPC BAF self-assessment report

Appendix 1: NHSE/I Key actions: infection prevention and control and testing

In November 2020, NHS England and Improvement published guidance (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/key-actions-boards-and-systems-on-infection-prevention-control-testing-23-december-2020.pdf) on key actions on infection prevention and control for organisations and systems. This covered responsibilities for board members, staff and patient testing.

The majority of the key actions are captured within the COVID-19 Infection Prevention and Control Board Assurance Framework (IPC BAF) and are referenced in Appendix two. It is important to recognise that this framework is supplementary to the Trust Board Assurance Framework and the Board is invited to consider if any aspects of this report need to be reflected in the Trust BAF. Additional commentary is provided below on the key actions to provide additional assurance:-

It is the board's responsibility to ensure that:
1. *Staff consistently practises good <u>hand hygiene</u> and all <u>high touch surfaces</u> <u>and</u> <u>items are decontaminated</u> multiple times every day – once or twice a day is insufficient.* [IPC BAF Number 2]
   - Whittington Health has enhanced cleaning schedules in place across clinical and non clinical areas
   - Facilities managers and directors are members of the Trust Outbreak Management Group and can react to situations across the trust e.g. need for terminal cleans
   - Access to hand alcohol gel dispensers additionally placed in offices and shared areas
   - A team of IPC helpers supporting the IPC team is in walking the hospital site to support staff with monitoring compliance with hand hygiene and cleaning regimes e.g. ensured additional emptying of waste bins at times of high need in clinical areas.

2. *Staff maintaining social distancing arrangements in the workplace, when travelling to work (including avoiding car sharing) and to remind staff to follow public health guidance outside of the workplace.*
   - Staff communication around social distancing sent regularly by email and then printed by managers for staff to access in all areas
   - Community Health Teams promoted safe working practices for visits e.g. minimised number of professionals (including students) per visits
   - Shared space has floor and wall stickers to maintain social distance requirements
   - All teams have undertaken workplace COVID safe assessment with guidance available on the trust COVID pages of the Intranet

3. *Staff wear the right level of personal protective equipment (PPE) when in clinical settings, including the use of face masks in non-clinical settings.*
   - Daily monitoring of PPE stock levels and regular delivery to all sites of the trust
   - All staff have access to appropriate PPE for the area, this includes staff visiting an area e.g. porters and trust delivery staff
   - Signage visible across the trust
   - Staff risk assessment includes the areas staff can work in depending on their risk score and has been recently revised to consider whether additional PPE

would be required for individual staff

4. *Patients are not moved until at least two negative test results are obtained, unless clinically-justified.*
   - Additional guidance was received from the London and the North Central London Director of Infection Prevention and Control (DIPC) groups to review the implication on this on bed capacity and patient flow within the hospital
   - The Trust reviewed the patient flow pathway to ensure that adequate testing was in place and that patients were cared for on wards designated for patients diagnosed with COVID-19

5. *Where bays with high numbers of beds are in use, these must be risk assessed, and where a 2m distance cannot be achieved, the physical segregation of patients must be considered, and wards effectively ventilated.*
   - The number of patients in a bay was reduced on wards where COVID-19 patients were treated and the patient flow pathway summarises the criteria for safe bed management from a IPC perspective

6. *Staff testing*
   - COVID-19 Lateral Flow Testing Kits have been distributed across the trust available for all clinical staff as well as many staff working within support roles
   - Over 3800 kits distributed and a significant number of staff reporting a positive test (confirmed by PCR test) and who are asymptomatic and therefore self isolated rather than coming to work
   - 250 staff enrolled in the National Institute of Health Research SIREN study
   - Staff Outbreaks investigated by the Occupational Health department and reviewed at the trust outbreak meeting which has representatives from the NCL CCG and the Public Health England North Central and East London Health Protection Group

7. **Patient testing**
   - A trust patient flow pathway is in place for all admitted patients are tested for COVID-19 on day of admission, day 3 and then 5-7 day. Results are recorded on the trust real time dashboard (QlikView).
   - Nosocomial infection is through a weekly Outbreak Management Group chaired by the DIPC or Medical Director
   - Process in place to review all nosocomial reported cases included any patients deaths from COVID-19
   - 48 hour pre discharge testing is in place for all patients going to a care home
   - The pan London elective patient testing pathway is in place within 3 days before admission and patients must be asked to self-isolate from the day of the test until the day of admission
   - Medical Director or Chief Nurse approve for submission the daily national situation report

8. **Systems**
   - Monthly meeting with NCL Clinical Commissioning Group (CCG) and also with Care Quality commission (CQC) throughout the pandemic to review IPC and patient care
   - The IPC Board Assurance Framework was reviewed by the CQC

Appendix 2: - Infection Prevention and Control (Covid-19) Board Assurance Framework – Whittington Health - Refresh Self- Assessment – November/December 2020

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users	a) *Infection risk is assessed at the front door and this is documented in patients' notes* The Trust's admission pathway starts with the Emergency Department's (ED) triage system which sees all patients for admission placed to COVID-19 and non COVID-19 wards. ED has a robust screening process looking at clinical suspicion of COVID-19, categorising into low/high suspicion or no suspicion. Consideration is also given to vulnerable people ensuring they are either isolated or cohorted. The expectation for this to be documented in the patient's notes comes with accountability of staff. An electronic note has also been created on the Trust's electronic patient system Medway to make this more robust and auditable. b) *Patients with possible or confirmed COVID-19 are not moved unless this is appropriate for their care or reduces the risk of*	a) Missed opportunity to document infection risk assessment and inability to place patients according to categorisation. b) The Trust's admission pathway is bi-phasic. From ED patients await viral swab result in a designated ward/ bay (COVID risk managed – pending results) for up to 72 hours before being placed onto a COVID-19 (currently designated	G	a) ED and receiving ward check COVID19 checklist sticker for front of notes and Medway electronic note. b) Transmission based precautions are used in addition to Standard precautions on the designated ward. High suspicion patients are admitted to side rooms on a COVID-19 ward (blue) bypassing the pending result ward. c) Monitored on a daily basis and any inappropriate placement will

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	transmission c) **Compliance with the Public Health England (PHE) national <u>guidance</u> around discharge or transfer of COVID-19 positive patients** • The Trust's admission pathway allows for COVID-19 patients who have passed their infectious period to be moved to a non-COVID ward. This protects susceptible patients and staff. The Trust's Discharging COVID-19 Patients' flowchart includes discharge to own home, discharge to care home and discharge to open bay or another hospital. Occupational Health • Antimicrobial Steering Group The Trust receives monthly reports which monitor progress against national targets for MRSA bacteraemia and C.d ifficile infection and the mandatory reporting of MSSA and E.coli BSI and any significant IPC issues. IPC activity and data is reported to the Trust Board and CCG. The Trust's divisional and corporate risk register will continue to identify and monitor any Trust wide risks in relation to IPC **Supporting evidence**:	blue) or non-COVID-19 ward (currently designated green). Testing patients on day 0 may give a false result leading to inappropriate placement. There is clinical decision making on whether a patient is high suspicion of having COVID-19 and placed onto a ward of similar patients. Patients who are highly vulnerable of being seriously unwell if they contracted COVID-19 are also identified. This is a dynamic process c) Testing is then	█	be datixed and investigated. d) The supply chain for PPE has been maintained and no risk to supply, any items of low supply is flagged immediately, monitored on a daily basis.

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	- Admission pathway (bed plan for admissions) - Infection Control in patients with and without COVID-19 - Standard IPC precautions - Transmission based precautions - Bed plan for admissions - Discharging COVID-19 patients flowchart - Covid19 PPE guidelines to donning and doffing. - Aerosol generating procedures - Maternity Infection Prevention and Control – Women's Health - PHE COVID-19 Infection Prevention and Control guidance complete - Example only: Whittington Health Library update – daily - COVID-19 risk register - Infection prevention and control board assurance framework 04 May 2020, version 1 - Briefing note from NELCSU's IPC team – weekly	repeated on day 3 and then 5-7 day.	G	
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the	*a) Teams with appropriate training care for and treat patients in Covid19 isolation or cohort areas* *b) Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID19 isolation or cohort areas* *c) Decontamination and terminal decontamination of isolation rooms or*	The Trust Capital Planning Group has included an IPC nurse in the members of the group. The group is reviewing the IPC guidance for building/refurbishment programmes. A	G	An appendix or notification detailing the communications process is being considered to enhance any environmental or facilities works that need specific sign off from the IPC team.

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
prevention and control of infections	*cohort areas is carried out in line with PHE national guidance* *d) Increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE national guidance* *e) Linen from possible and confirmed COVID19 patients is managed in line with PHE national guidance and the appropriated precautions are take**n.*** The IPC team ensures that there is expert infection control input into environmental monitoring systems and implementation of national standards for cleanliness. The team collaborates with the Estates and Facilities Directorate to provide expertise in the development of written policies and standard operating procedures. Estates and Facilities continue to have responsibility to have in place the relevant planned preventative maintenance programmes and liaise with IPC input is required. IPC, Microbiology Consultants and the Trust Decontamination Lead provide expert clinical advice to the Water Hygiene Group. The Trust's expert in ventilation is a Microbiology consultant who oversees and advises on ventilation requirement and suitability. The trust operational management have	policy has been written *'Infection Control Building and Refurbishment'*. Consideration is made of ventilation issues within the Trust IPC committee. Revised cleaning policy approved by IPC Committee Chair's Action 03/12/2020. a) HBN 00-09 Infection Control In the Built Environment to be referenced as the minimum standard required by IPC for any refurbishment / new build works.		This document will be included in the Capital procedures. Prompt discussion with Facilities and Estates to respond to any changes to IPC requirements for cleaning and terminal cleaning of clinical areas.

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	overall responsible. The Trust Decontamination lead ensures that the decontamination group meets quarterly. The Trust follows Health Service Guidelines (April 1995) National Health Service Arrangements for used and Infected Linen HSG (95)18. Transmission based precautions in addition to Standard precautions are adopted. *f) Single use items are used where possible and according to Single Use Policy* *g) Reusable equipment is appropriately decontaminated in line with local and PHE national policy* Transmission based precautions in addition to Standard precautions are adopted in the Trust. Decontamination of medical equipment using a combined detergent / disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.) or a detergent / disinfectant wipe both effective in killing COVID19. **Supportive evidence** • PHE Covid19 Infection Prevention and Control guidance complete. • Critical touched points poster – cleaning • Cleaning policy			

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	• Standard operating procedure for restarting services in relation to COVID19 v1.3 • Standard precautions • Transmission based precautions • Infectious linen poster • Decontamination policy		G	
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance	a) ***Arrangements around antimicrobial stewardship are maintained*** b) ***Mandatory reporting requirements are adhered to and boards continue to maintain oversight.*** The Trust's core antimicrobial stewardship programme continues to be in place and ongoing throughout the pandemic, which includes: • pharmacist daily review of drug charts; • daily Microbiology ward round (including ITU); and weekly antimicrobial stewardship audit • Operational and financial arrangements set up to deliver antimicrobial instalments to patients on long-term treatment who are shielded in the community • MDT meetings as face-to-face	a) Issues with arranging blood tests for patient on long-term antibiotics who are shielded in the community and non-compliance in those who are worried about acquiring COVID-19 from healthcare facilities. b) Supply chain problems related to the COVID-19 pandemic. c) Shortages of antimicrobials	G	a) Working with District Nursing services, GP surgeries and other community healthcare centres to provide patients with alternative options to undertake blood test.

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	and/or virtual • weekly Outpatient Antibiotic Therapy (OPAT) MDT • weekly Tuberculosis (TB) MDT • monthly Pelvic Floor MDT • COVID-19 Drug & Therapeutics Committee sub meetings has been set up for the rapid ratification of COVID-related guidelines and requests for repurposing of medicines including anti-infective agents and topical antiseptic and antimicrobial instalments to patients on long-term treatment who are shielded in the community.	due to world-wide disruption in supply.	G	
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion	a) ***Implementation of national guidance on visiting patients in a care setting*** The Trust is following national guidance on visitors to inpatient areas. Exceptions are in place for maternity, paediatrics and compassionate grounds. Carers are supported to remain with loved ones according to individual risk assessment. This is reviewed on a weekly basis. b) ***Areas in which suspected or confirmed COVID19 patients are where possible being treated in***	c) Limited or no access to email for patients and families.	G	a) Public messaging has gone out through the local authorities. Information for relatives and friends of patients is included on the trust website. b) and d) Create a COVID-19 checklist sticker to go on notes.

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	areas marked with appropriate signage and where appropriate with restricted access c) *Information and guidance on COVID19 is available on all Trust websites with easy read versions* The Trust's intranet has a resource page dedicated to COVID-19. Much of the information generated here is simplified to a poster. Different languages are also considered. Any updates are communicated to staff through established regular and additional COVID-19 channels, including a dedicated intranet hub, a regular All Staff Email, a weekly noticeboard and, when relevant, updated posters or a dedicated electronic letter to all staff from the Chief Nurse (DIPC), Medical Director and Chief Operating Officer. d) *Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID19 patient needs to be moved.* Discharging COVID-19 patients' pathway includes discharge to own home, discharge to care home and discharge to open bay or another hospital. **Supporting Evidence:**			c) Managers are asked to print resources or guidance and make these available in key areas for those staff that do not have access to the intranet (e.g., some support workers). d) In addition, the IPC team provide dedicated training for staff as needed and regularly tour clinical areas to ensure that staff are aware of and adhering to guidance.

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	• PHE Covid19 Infection Prevention and Control guidance • Standard operating procedure for restarting services in relation to COVID19 v1.3 • Blue/Green zone posters (removed from use at end of first surge) an then reintroduced in second surge • Discharging COVID-19 patients checklist		G	
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people	*a) Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID19 symptoms to minimise the risk of cross- infection* *b) Patients with suspected COVID19 are tested promptly* *c) Patients that test negative but display or go on to develop symptoms of COVID19 are segregated and promptly retested* *d) Patients that attend for routine appointments who display symptoms of COVID19 are managed appropriately* All patients who are admitted are tested for Covid19 and then patients on admitted pathway have additional testing according to National guidance (see Number one above).	No gaps identified	G	

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	There is adequate signage asking the public if symptomatic to return home and self isolate and contact NHS Test and Trace. There is front door screening across the hospital and community sites **Supporting Evidence:** • Bed plan for admissions (elective and emergency) • ED adult and paediatric pathway • Standard operating procedure for restarting services in relation to COVID19 v1.3 • Standard precautions • Transmission based precautions • Bed plan for admissions • Poster – clinics Early identification of symptoms			
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection	*a) All staff (clinical and non-clinical) have appropriate training, in line with latest PHE guidance, to ensure their personal safety and working environment is safe.* *b) All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff t.* *c) A record of staff training is maintained* Mandatory training includes face to face, online (level 2) and booklet (level 1),	Staff may have limited access to intranet e.g. community. Current rate of mandatory training remains below target.	A	The IPC nurse team are responsive to communications with the community via email and telephone. IPC team provide bespoke training sessions for staff at team meetings and also undertake shadowing for clinical staff to address in the moment

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	covers standard precautions of PPE use. Mandatory staff training is recorded. Covid19 PPE face to face training covers standard precautions of PPE use in addition to droplet / contact and airborne precautions. A dedicated intranet hub of video's for staff donning and doffing PPE for standard precautions of PPE use in addition to droplet / contact and airborne precautions. ***d) Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed*** ***e) Any incidents relating to the re-use of PPE are monitored and appropriate action taken.*** Reuse of masks was explored but dismissed as not being achieved safely. IPC document of reuse evidence in the event of need. ***f) Adherence to PHE national guidance on the use of PPE is regularly audited.*** ***g) Staff regularly undertake hand hygiene and observe standard infection control precautions.*** IPC team monitors standard precautions			teaching.

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	and transmission based precautions throughout the hospital site and as required in community health centres promoting good practice. IPC linmonitor through audit. Established regular and additional COVID-19 channels, including a dedicated intranet hub, a regular All Staff Email and a weekly noticeboard. ***i) All staff understand the symptoms of COVID19 and take appropriate action in line with PHE national guidance if they or a member of their household display any of the symptoms.*** Guidance around staff screening communicated to staff through established regular and additional COVID-19 channels, including a dedicated intranet hub, a regular All Staff Email and a weekly noticeboard. **Supportive Evidence** Mandatory training spreadsheet held by IPC Team Mandatory training IPC level two PowerPoint Presentation Mandatory training IPC level one booklet COVID-19 PPE guidelines to donning and doffing Trust online reporting system for staff			

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	and same household members Standard operating procedure for restarting services in relation to COVID19 v1.3 Early identification of respiratory infection *h)Staff understand the requirement for uniform laundering where this is not provided for on site* Laundering uniforms is communicated to staff through the trust bulletins and through line managers cascade arrangements.			
7. Provide or secure adequate isolation facilities	*a) Patients with suspected or confirmed COVID19 are where possible isolated in appropriate facilities or designated areas where appropriate* Links to Criteria 2, regarding new building/refurbishment programmes. *b) Areas used to cohort patients with suspected or confirmed COVID19 are compliant with the environmental requirements set out in the current PHE national guidance* *c) Patients with resistant / alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement.* Links to criteria 1h.	a) Isolation capacity and adequate number of side rooms.	A	a) Add to the Trust's risk register to high light the low ratio of isolation capacity as risk to appropriately managing patients with infections. IPC will continue to undertake ward and patient reviews to appropriately utilise isolation rooms. The Trust is exploring temporary partition walls if needed; this has not been needed in this surge of COVID-19

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	Supportive Evidence • Admission pathway - Bed plan for admissions. • PHE Covid19 Infection Prevention and Control guidance complete. • Standard operating procedure for restarting services in relation to COVID19 v1.3 • De-isolation RAG rating			activity.
8. Secure adequate access to laboratory support as appropriate	***a) Testing is undertaken by competent and trained individuals*** All staff trained to use the testing platforms using the manufacturer's instructions. ***b) Patient and staff COVID19 testing is undertaken promptly and in line with PHE national guidance*** All patients admitted are tested for COVID-19 on the AusDiagnostics platform and results available within 24 hours. Patients are also tested on day 3 and then 5/7 as per pan London guidance. Also testing prior to discharge for patients to Care Homes and other formal settings other than home. **Supporting evidence:** • COVID-19: investigation and initial clinical management of possible cases (PHE) • Admission pathway (bed plan for	a) Local standard operating procedure (SOP) and recording of competencies not fully completed. b) Single testing platform may develop a fault. Staff sickness – no trained staff to run tests.	A	a) Local SOP to be written and competency record to be kept for all staff. b) Agreement to send tests to other local partners in place however this may affect turnaround times for results. c) Procurement of additional platforms is considered on a regular basis with NHSE/I and with local partners.

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	admissions) • Pan London Guidance on the Principles for Infection Prevention & Control v2. ***c) Screening for other potential infections takes place*** All screening programmes have continued throughout including: MRSA, CPE, ICU and neonatal ICU weekly resistant organism screens and GBS screening in pregnancy **Supporting evidence:** • MRSA policy • CPE policy • GBS screening in maternity guideline • Royal College of Pathology: Prioritisation/deferral of Pathology Laboratory Work (in light of SARSCoV-2 (COVID19) epidemic).			
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to	***a) Staff are supported in adhering to all IPC policies, including those for other alert organisms*** ***Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff.*** The Trust has ensured all PHE guidance is reviewed and implemented in a timely	No gaps in assurance	G	

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
prevent and control infections	manner. Any updates are communicated to staff through established regular and additional COVID-19 channels, including a dedicated intranet hub, a regular All Staff Email, a weekly noticeboard and, when relevant, updated posters or a dedicated electronic letter to all staff from the Chief Nurse (DIPC), Medical Director and Chief Operating Officer. Managers are asked to print resources or guidance and make these available in key areas for those staff who do not have access to the intranet (e.g., some support workers). In addition, the IPC team provide dedicated training for staff as needed and regularly tour clinical areas to ensure that staff are aware of and adhering to guidance. ***b) All clinical waste related to confirmed or suspected COVID19 cases is handled, stored and managed in accordance with current PHE national guidance*** ***PPE stock is appropriately stored and accessible to staff who require it.*** The procurement team conduct daily a stock take of each areas PPE and 'top up' from central stores to the calculated level. Once the top up is completed the team undertake a stock count of the remaining stock based			

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	within the central store. PPE stock for Covid19 in the bulk store is clearly labelled and kept centrally at the far end of the store. **Supportive Evidence** • PPE delivery process • Procedure for staff collecting COVID-19 PPE stock from bulk store			
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection	***a) Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported*** The Occupational Health service provides a dedicated 9-5 (Monday to Friday) telephone line for staff manned by a senior nurse, with an answering machine introduced for out-of-hours calls (answered as early as possible the following working day). This is supported by a dedicated team of doctors within the microbiology team. This multidisciplinary collaboration is set up to manage the OH needs and obligations of staff in as comprehensive and holistic a manner as possible, while being tailored to the needs of each individual. All staff who contacts OH are given 1 to 1 advice on their individual situation and based on their health status. All information, following Whittington guidance, based on PHE guidance, is relayed back to them. Managers and employees are given advice either via telephone request or formal management referral appointments.	a) No or limited IT access for staff who may be at higher risk b) FFP3 mask fit testing is a rolling programme and achieving full compliance for all staff is ongoing.		a) Posters have been delivered to areas where staff have limited access to PCs A risk assessment template based on the NCL risk assessment is being designed to support Whittington Health managers carry out risk assessments for at risk staff and will be disseminated this week.

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	OH will sign post to a range of support options to help staff manage both physical and psychological issues and advise staff re safe working. Advice re the support options can also be found on the Hub and screen savers. **b) Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained.** The Trust has purchased reusable respirators and has them available for staff who fail a fit test using them. IPC are undertaking fit testing for single use and reusable FFP3 masks. There is a dedicated fit test person to do this and approximately 30 staff who have been trained across the hospital to assist with testing their own areas. Two methods of testing include qualitative and quantitative. **Supportive evidence** Fit testing spreadsheet of names, area of work and date of pass or fail. Weekly dashboard **c) Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing** All managers are required to submit daily			

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	absences to one of the HRBPs (except for long term absence cases) but including unpaid sickness leave. The information isolated daily and reported to directors. Staff who are symptomatic (or staff who are isolating because a house-hold contact is symptomatic) can access a test on-site for either themselves or a symptomatic family member. An electronic form is available on the home page which staff completes themselves (or the manager, if employee is unable to). This is forwarded to a dedicated team of doctors within microbiology team who clinically triage each test request, provide advice where needed, and phone out all positive and negative test results to staff. d) **Staff that test positive have adequate information and support to aid their recovery and return to work** Positive test results are fed back by a team of doctors working in microbiology. Results are relayed to staff members over the phone by a dedicated team of doctors working in the microbiology team who provide a bespoke advice service regarding symptoms, household contacts, isolation times, etc. This is based on PHE guidance, but tailored to the staff member's individual circumstances. Staff members can then contact this team by phone or email if		🟩	

Key Lines of Enquiry (KLOE)	Criteria and Evidence	Gaps in Assurance	RAG	Mitigating Actions
	they require any further assistance or advice, with the aim of supporting their safe return to work			

Meeting title	Trust Board – public meeting	Date:	25.02.2021
Report title	Finance Report M10 2020/21	Agenda item:	10
Executive director lead	Kevin Curnow, Chief Finance Officer		
Report author	Finance Team		
Executive summary	The Trust is reporting a deficit of £2.8m at end of January which is £0.4m worse than plan. The planned deficit to end of January was £2.3m deficit. The Trust was reporting a breakeven position from April to September in line with the guidance from NHS Improvement and NHS England. The Trust incurred £1.85m of costs relating to Covid in January and £10.5m cumulatively which is an increase of £0.9m from December. Cash at end of January was £73.8m. The higher than average cash balance is due to the NHS moving away from the Payment By Results (PBR) methodology and on to an agreed block arrangement where we receive a month's block in advance. The Trust has a capital plan of £14.5m excluding COVID capital allocations. This plan is in line with North Central London Sustainability Transformation Partnership allocation. The Trust has spent £8.3m of its allocation at end of month 10 which is £3.4m behind the year to date plan. The risks to delivering the financial plan for 2020-21 include additional costs relating to the second wave of the pandemic, vaccination slippage in delivering efficiency plans, financial impact of carrying forward annual leave and underperformance against Endoscopy recovery.		
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 January 2021, 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	None		
Appendices	None		

Trust reporting £2.8m actual deficit at the end of January – £0.4m worse than plan

The Trust is reporting a deficit of £2.8m at end of January which is £0.4m worse than plan. The planned deficit to end of January was a £2.3m deficit. The Trust was reporting a breakeven position from April to September in line with the guidance from NHS Improvement.

The Trust incurred £1.85m of costs relating to Covid (including £0.05m relating to Vaccination roll out) in January and £10.5m cumulatively which is an increase of £0.89m from December. Increased costs predominatly relate to continued staffing of additional surge beds and the impact of enhanced bank rates and is the key driver for the year to date adverse variance from plan.

Other factors contributing to the £2.8m actual deficit are
- Service transfer such as acute paediatrics which has yet to have specific funding streams agreed formally
- Additional costs relating to the ongoing Private Finance Initiative (PFI) issue
- Additional income for service transfers such as Continuing Health Care (CHC) and Paediatric audiology not reflected in the block income from October to March

Cash of £73.8m at end of January

Cash at end of January was £73.8m. The higher than average cash balance is due to the NHS moving away from the Payment By Results (PBR) methodology and on to an agreed block arrangement where we receive a month's block in advance.The Trust is not anticipating requiring any cash support for 2020/21.

Capital plan for 2020-21 is £14.5m. Spend at end of January was £8.3m

The Trust has a capital plan of £14.5m excluding COVID capital allocations. This plan is in line with North Central London Sustainability Transformation Partnership allocation. The Trust has spent £8.3m of its allocation at end of month 10 which is £3.4m behind the year to date plan. Year to date slippage is predominantly driven by plans relating to new Education Centre. The Trust is anticipating additional £1.0m capital expenditure due to remedial building works relating to the former PFI buildings.

Risks to delivering 2020-21 plan

The Trust submitted a deficit plan of £3.9m for October to March. The plan included an expected additional savings of £3m. Risks to delivering the plan include
- Ongoing additional costs relating to the second wave of the pandemic
- Slippage in planned savings delivery due to ongoing operational pressures
  Financial impact of staff carrying forward annual leave to next financial year due to current operational pressures

1.0   Summary of Income & Expenditure Position – Month 10

	In Month			Year to Date			
	Plan	Actual	Variance	Plan	Actual	Variance	Annual Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income							
NHS Clinical Income	23,761	24,535	774	237,621	238,089	468	285,144
High Cost Drugs - Income	883	325	(558)	7,734	7,662	(72)	9,500
STP Funding M7-12	3,010	3,010	0	11,122	11,122	0	17,141
Non-NHS Clinical Income	1,080	1,085	5	11,093	11,150	57	13,255
Other Non-Patient Income	1,961	2,270	309	18,753	19,392	639	22,670
Retrospective Top up M1-6	0	0	0	12,977	12,977	0	12,977
	30,695	**31,225**	**530**	**299,299**	**300,392**	**1,093**	**360,687**
Pay							
Agency	(1,204)	(980)	224	(7,460)	(7,047)	413	(9,609)
Bank	(2,291)	(3,144)	(852)	(19,357)	(20,387)	(1,030)	(23,939)
Substantive	(17,731)	(18,312)	(581)	(182,239)	(183,267)	(1,028)	(218,039)
	(21,226)	**(22,436)**	**(1,210)**	**(209,056)**	**(210,701)**	**(1,646)**	**(251,588)**
Non Pay							
Non-Pay	(7,312)	(7,768)	(457)	(69,402)	(70,644)	(1,242)	(85,027)
High Cost Drugs - Exp	(1,112)	(237)	875	(8,326)	(7,317)	1,009	(10,550)
	(8,424)	**(8,005)**	**419**	**(77,728)**	**(77,961)**	**(233)**	**(95,577)**
EBITDA	**1,045**	**784**	**(261)**	**12,515**	**11,729**	**(786)**	**13,521**
Post EBITDA							
Depreciation	(769)	(760)	9	(7,770)	(7,729)	41	(9,311)
Interest Payable	0	19	19	(2,044)	(1,744)	300	(2,044)
Interest Receivable	0	0	0	6	6	(0)	6
Dividends Payable	(507)	(502)	5	(5,045)	(5,032)	13	(6,059)
	(1,276)	**(1,243)**	**33**	**(14,853)**	**(14,499)**	**354**	**(17,408)**
Reported Surplus/(deficit)	**(231)**	**(459)**	**(228)**	**(2,338)**	**(2,769)**	**(431)**	**(3,887)**

- Trust is reporting a year to date deficit of £2.8m at end of Month 10. This is £0.4m worse than plan. The adverse variance to plan in January is driven by additional costs incurred due to the second wave of the pandemic. Costs incurred due to Covid-19 in January were £1.85m and £10.5m year to date.

- The Month 1-6 breakeven position was achieved by including an additional top up of £12.977m. This additional top up was required to offset the incremental cost impact of Covid-19 and income shortfalls relating to M1 to M6.

- Over performance in other non-patient income relates to income for Camden & Islington NHS Foundation Trust (C&I NHS FT) estates enabling works that is offset by expenditure.

- Over performance in clinical income relates to reimbursement of income for work outsourced to the independent sector that is offset by additional expenditure.

2.0   Income and activity

2.1   Income

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 10 was £0.5m favourable to plan and £1.1m year to date favourable to plan.

Income	In Month Income Plan	In Month Income Actual	In Month Variance	YTD Income Plan	YTD Income Actual	YTD Variance
	£000's	£000's	£000's	£000's	£000's	£000's
A&E	1,439	1,152	(287)	14,209	11,391	(2,818)
Elective	1,842	707	(1,135)	19,173	10,608	(8,565)
Non-Elective	3,850	3,335	(515)	38,005	31,272	(6,732)
Critical care	598	745	147	5,903	5,920	17
Outpatients	2,744	1,055	(1,689)	28,524	13,041	(15,483)
Outpatients (Non Face to Face)	27	201	173	282	2,335	2,053
Direct Access	950	590	(361)	9,885	5,916	(3,969)
Community	6,113	6,113	0	61,134	61,134	0
Other Clinical income NHS	7,080	10,963	3,883	68,240	104,132	35,893
ICS Funding M7-12	3,010	3,010	0	11,122	11,122	0
NHS Clinical Income	**27,654**	**27,870**	**216**	**256,476**	**256,871**	**395**
Non NHS Clinical Income	1,080	1,085	5	11,093	11,150	57
Total Income From Patient Care Activities	**28,734**	**28,955**	**221**	**267,569**	**268,022**	**453**
Other Operating Income Excluding Top Up	**1,961**	**2,270**	**309**	**18,753**	**19,393**	**640**
Operating Plan Total	**30,695**	**31,225**	**530**	**286,322**	**287,415**	**1,093**
System Top Up M1-M6	0	0	0	12,976	12,977	0
Revised Total	**30,695**	**31,225**	**530**	**299,298**	**300,392**	**1,093**

Over performance in other clinical income relates the balance of the block funding.

2.2   Activity

There were decreases in most activity compared to month nine, except for critical care (7%). Decreases were seen in elective (34%), A&E (17%), outpatients (face to face and non-face to face) (12%) and non-elective activity (1%).

| Activity	In Month Activity Plan	In Month Activity Actual	In Month Variance	YTD Activity Plan	YTD Activity Actual	Activity Diff
A&E	9,244	6,409	(2,835)	91,245	68,284	(22,961)
Elective	1,807	954	(853)	18,831	12,462	(6,369)
Non-Elective	1,606	1,580	(26)	15,856	13,758	(2,098)
Critical care	467	503	36	4,610	4,586	(24)
Outpatients	25,519	12,281	(13,238)	265,289	150,353	(114,936)
Outpatients (Non Face to Face)	886	7,166	6,280	9,213	81,790	72,577
Direct Access	88,445	66,014	(22,431)	919,831	610,124	(309,707)
Other Clinical income	6,089	4,296	(1,792)	62,416	51,409	(11,007)
Grand Total	134,063	99,203	(34,860)	1,387,291	992,766	(394,525)

3. Expenditure – Pay & Non-pay

3.1 Pay Expenditure

Pay expenditure for January was £22.4m including £1.8m of costs relating to Covid-19.

	2019-20					2020-21										
	Nov	Dec	Jan	Average	Average Uplifted	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Mov^t
Agency	706	813	554	691	691	479	510	296	456	442	494	891	588	714	726	12
Bank	1,881	1,810	1,969	1,887	1,887	1,588	1,145	1,280	1,186	1,384	1,672	1,764	2,040	2,045	1,792	(254)
Substantive	17,455	17,491	17,510	17,486	17,917	17,991	18,120	18,363	18,326	18,058	18,332	17,996	18,336	18,293	18,156	(138)
Grand Total	20,042	20,114	20,033	20,063	20,494	20,058	19,775	19,939	19,969	19,884	20,497	20,651	20,964	21,052	20,673	(379)
Covid costs						785	1,174	682	662	542	406	377	247	601	1,763	1,162
Total pay costs						20,843	20,949	20,621	20,631	20,426	20,904	21,028	21,211	21,653	22,436	783

(Excludes Chair & Non-Exec Directors)
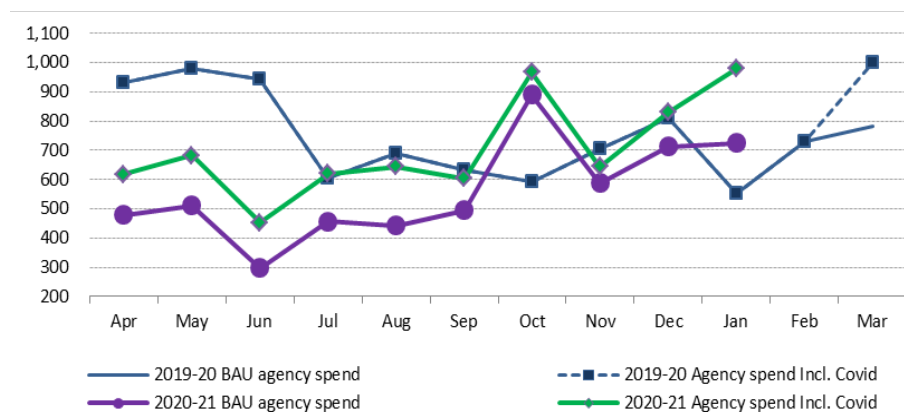
Agency spends for Jan was £0.98m. This included £0.26m agency due to Covid-19 pandemic and £0.73m agency usage within the ICSUs.

Year to date agency spend excluding Covid-19 of £5.6m is lower than year to date plan of £6.9m (which is based on 2019-20 agency run rate from Nov to Jan).

3.2 Non-pay Expenditure

Non-pay expenditure in January was £7.8m and included £0.2m of costs relating to the Covid-19 pandemic.

Excluding Covid	2019-20 Average	2020-21 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Mov^t
Supplies & Servs - Clin	2,487	1,985	1,439	1,452	2,218	1,905	2,328	2,325	2,658	2,720	2,377	(343)
Supplies & Servs - Gen	276	204	381	32	63	128	148	207	166	190	173	(17)
Establishment	410	307	265	67	68	212	132	213	218	221	250	28
Healthcare From Non Nhs	55	54	52	52	45	52	52	52	52	52	692	641
Premises & Fixed Plant	1,778	1,893	1,647	1,601	1,675	1,934	2,549	2,650	2,297	2,162	2,184	22
Ext Cont Staffing & Cons	298	303	132	366	288	327	(34)	195	177	145	229	84
Miscellaneous	1,681	1,821	1,535	1,948	2,176	1,598	1,259	2,449	1,834	1,735	1,666	(69)
Chairman & Non-Executive	7	7	9	9	11	10	10	10	10	10	10	
Non-Pay Reserve												
Grand Total	6,992	6,575	5,459	5,526	6,544	6,166	6,445	8,100	7,413	7,236	7,582	346
Covid Costs		854	412	552	136	234	257	276	168	360	186	(174)
Total non-pay costs		7,429	5,871	6,078	6,681	6,401	6,702	8,377	7,581	7,596	7,768	173

Excludes high cost drug expenditure.
Included in miscellaneous is CNST premium, Transport contract, professional fees and bad debt provisions

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4.0 Statement of Financial Position

Overall Net Assets have increased by £33.6m since the 2019/20 year end, with total Assets increasing by £28.9m and total Liabilities decreasing by £4.7m.

	BFWD 31 MAR 2020 (£000)	IN MONTH BALANCE (£000)	MOVEMENT IN YR (£000)
NON-CURRENT ASSETS:			
Property, Plant And Equipment	153,312	162,142	8,830
Property, Plant and Equipment: On-SoFP IFRIC 12 assets	70,897	70,024	(873)
Intangible Assets	9,102	7,842	(1,260)
Trade & Other Rec -Non-Current	491	371	(120)
TOTAL NON-CURRENT ASSETS	**233,802**	**240,379**	**6,577**
CURRENT ASSETS:			
Inventories	2,405	2,627	222
Trade And Other Receivables	44,565	20,247	(24,318)
Cash And Cash Equivalents	27,384	73,817	46,434
TOTAL CURRENT ASSETS	**74,354**	**96,691**	**22,337**
CURRENT LIABILITIES			
Trade And Other Payables	(51,503)	(48,919)	2,584
Borrowings: Finance Leases	(331)	(213)	118
Borrowings: PFI	(1,195)	0	1,195
Borrowings: Dh Revenue and Capital Loan - Current	(27,438)	(153)	27,285
Provisions for Liabilities and Charges	(479)	(327)	152
Other Liabilities	(2,706)	(29,348)	(26,642)
TOTAL CURRENT LIABILITIES	**(83,652)**	**(78,960)**	**4,691**
NET CURRENT ASSETS / (LIABILITIES)	**(9,297)**	**17,731**	**27,028**
TOTAL ASSETS LESS CURRENT LIABILITIES	**224,505**	**258,110**	**33,605**
NON-CURRENT LIABILITIES			
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,972)	(1,914)	58
Borrowings: Finance Leases	(1,703)	(4,420)	(2,717)
Borrowings: PFI	(23,988)	0	23,988
Provisions for Liabilities & Charges	(1,132)	(31,682)	(30,550)
TOTAL NON-CURRENT LIABILITIES	**(28,795)**	**(38,016)**	**(9,221)**
TOTAL ASSETS EMPLOYED	**195,710**	**220,094**	**24,384**
FINANCED BY TAXPAYERS EQUITY			
Public Dividend Capital	72,358	99,584	27,226
Retained Earnings	24,360	22,194	(2,166)
Revaluation Reserve	98,992	98,316	(676)
TOTAL TAXPAYERS EQUITY	**195,710**	**220,094**	**24,385**

Cash and Cash Equivalents

The cash position has increased since year end by £46.4m, largely unchanged from December 2020. Ongoing cash requirements have not altered materially in terms of staff pay and capital expenditure, although paying suppliers early due to current conditions and increased creditors is a factor to be noted – Controls are nonetheless functional and overall cash exposure has not been affected, just its timing.

The reason for the higher than average cash balance is due to the switch from Payment By Results (PBR) payment mechanism to an agreed block arrangement where the Trusts receive a months' block in advance. We have prudently factored into the cashflow in M12 the possibility of not receiving next year's block in March. The Operating Plan has been adjusted for the last few months to reflect this.

We are expecting to end the financial year with a cash balance of c£25m. This is lower than the reported January 2021 balance due to confirmation of the block arrangement for Q4 (cash to be received in Q1 2021/22), some funding for our reported full-year deficit, and assumptions around capital and general creditor outflows. 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.

Receivables

Current Trade and Other Receivables have reduced overall since year end by (£24.3m).

Trade receivables have reduced by (£13.6m) due to a reduced invoice process this year and many prior year debts having been settled including Royal Free NHS Foundation Trust and University College London Hospitals NHS Foundation Trust – Both remain as two of the highest-value debtors as at M10.

Debt outstanding for more than 365 days has increased slightly in-month despite previous persistent decreases, £3.4m (was £3.3m):

- £1.16m NHS (of which £185k Royal Free, £130k UCLH, & £336k Haringey CCG)
- £2.26m non-NHS (of which £219k UCL, £288k Welsh debt)

Accrued income is down by (£11.9m) primarily due to the new SLA block arrangements. Prepayments have increased in year but by less than in prior months. This was expected due to in year prepaid arrangements like Council Tax, litigation insurance and various maintenance contracts running over periods other than twelve months.

Payables

Total Payables have decreased since year end by £2.6m.

Trade payables have reduced by £4.2m & NHS payables by £5.8m, with accruals increasing by £2.1m in total. Most of the reduction in trade creditors is due to the invoices from Whittington Facilities Limited c£4.6m, who have now gone into administration, being moved to a legal provisions code ahead of any legal proceedings and increased supplier payments where possible.

Capital creditors have increased since year end by (£3.5m) as activity continues within the Trust's capital programme.

Deferred income (the majority of Other Liabilities in SoFP) has increased by £28.0m due to receiving 1 month's block payment in advance each month. This arrangement will continue until the end of the year.

Other payables have increased by £1.8m due to accrued Public Dividend Capital (PDC) payable in year which is settled twice a year, September and March. Note that working capital loans were transferred to PDC in M6, with a consequent effect on PDC dividend values thereafter.

Borrowings
Borrowings have reduced by £49.9m, mainly due to working capital loans being converted to PDC in M6 (£27.3m) and the removal of PFI loans to a provision account pending the outcome of legal action (£25.3m). This will reduce future interest payments and significantly reduce the liabilities on the balance sheet, but will increase the PDC payable in year which is calculated at 3.5% Average Net Relevant Assets.

The Trust's cash balance has led to the possibility of some capital funding being provided as a loan rather than PDC. As discussions progress and the likelihood of further loan funding is better known this report will be updated.

5.0 Capital Expenditure

As at M10 the capital programme is behind the year to date plan by £3.4m excluding Covid 19 capital and other additional capital funding received during the year. Overall, spending is lower compared to previous year's month 10 year to date position. Estates year to date plan overall is £2.7m underspent with the new Education Centre provision underspent by £3.7m and Backlog Projects which include 2019/20 rollover overspent by £1.3m.

The Education Centre is currently forecasted to underspend by £2.0m in this current financial year as some of the work which was budgeted for in this financial year will be undertaken in the next financial year 2021-22. The plan is to use this underspend to fund overspend in the Backlog Projects.

The Trust is anticipating additional £1.0m capital expenditure due to remedial building works relating to the former PFI buildings.

Capital Expenditure Area	2020/21 Annual Plan	YTD Plan	YTD Actual	YTD Variance	Forecast Outturn	Variance Forecast vs Annual Plan
	£'000	£'000	£'000	£'000	£'000	£'000
Estates						
Backlog projects including 2019/20 rollover - PDC	£752	£702	£752	-£50	£752	£0
Backlog projects including 19/20 rollover	£0	£0	£1,280	-£1,280	£1,592	-£1,592
Car parking	£120	£80	£0	£80	£120	£0
Emergency department capacity	£120	£80	£0	£80	£120	£0
Estates team costs	£500	£420	£402	£18	£500	£0
NICU and completion of obstetrics theatre	£722	£722	£704	£18	£722	£0
Simmons House	£216	£162	£0	£162	£116	£100
Estates strategy development costs	£150	£110	£100	£10	£150	£0
WEC Provision	£6,415	£5,105	£1,445	£3,660	£4,376	£2,039
Former PFI Building Remedial Works	£0	£0	£0	£0	£1,000	-£1,000
Estates Total	**£8,995**	**£7,381**	**£4,683**	**£2,698**	**£9,448**	**-£453**
IM&T						
GDE Fast Follower commitments	£1,424	£981	£1,018	-£37	£1,424	£0
Infrastructure upgrade	£600	£520	£365	£155	£600	£0
Rolling IT refresh	£500	£400	£685	-£285	£500	£0
IM&T Total	**£2,524**	**£1,901**	**£2,068**	**-£167**	**£2,524**	**£0**
Medical Equipment						
Replacement of end of life equipment	£900	£775	£720	£55	£900	£0
Medical Equipment Total	**£900**	**£775**	**£720**	**£55**	**£900**	**£0**
Contingencies and business cases						
Business Cases	£526	£435	£2	£433	£526	£0
Contingencies	£224	£185	£196	-£11	£224	£0
Contingencies and business cases Total	**£750**	**£620**	**£198**	**£422**	**£750**	**£0**
PMO						
PMO	£250	£184	£82	£102	£250	£0
PMO Total	**£250**	**£184**	**£82**	**£102**	**£250**	**£0**
Finance						
Managed Equipment Service capital investment	£293	£243	£243	£0	£293	£0
PFI lifecycle costs	£778	£648	£325	£323	£325	£453
Finance Total	**£1,071**	**£891**	**£568**	**£323**	**£618**	**£453**
Grand Total	**£14,490**	**£11,752**	**£8,318**	**£3,434**	**£14,490**	**£0**

Meeting title	Trust Board – public meeting	Date: 25.02.2021
Report title	Integrated performance report	Agenda Item: 11
Executive director lead	Carol Gillen, Chief Operating Officer	
Report authors	Paul Attwal, Head of Performance, and Alexander Campbell, Project Manager	
Executive summary	**Areas to draw to Board members' attention are:** **Emergency Department (ED) four hours' wait** During January 2021 performance against the 4 hour access standard was 79.8%, below the target of 95%. The national average in January was 78.5%, the London average was 77.3% and the NCL average was 77.3%.There were 20 x 12 hour breaches over January – 19 of these breaches were non mental health and attributed to acute bed delays. The majority of these breaches happened over the first two weeks in January when there was unprecedented pressure on acute beds for patients presenting with Covid-19. **12 Hour trolley waits in ED** NCL reported 81 x 12 hour breaches in the first week of January and a further 50 12 hour breaches in the second week. Attendance numbers continue to be lower than the previous year. January 2021 saw 6,409 attendances compared to 9,561 during January 2020. Urgent Treatment centre saw 2,040 attendances and Paediatrics saw 1,574 attendances and Paediatrics performance was 95.7% for January 2021. **Cancer** Compliance against the national cancer standards has not been achieved since April 2020. 62 day performance was at 77.8% for December, up from 66.7% in November. The 2 week wait (2ww) standard was achieved in December 2020 with 98.1% for the 7th successive month. **Referral to Treatment: 52 + week waits** At the end of January 2021, there were 793 patients waiting more than 52 weeks for treatment. All patients currently waiting over 52 weeks are of clinical low priority and are categorised as either p3 or p4. The action plan to manage the backlog includes: 1. Ongoing clinical harm reviews on all +52 week waiters 2. Fully utilise theatre capacity at Whittington Health 3. Utilise Independent Sector capacity available to Whittington Health

	Workforce Appraisal rates for January 2021 are at 66.6% against a target of 90%, a decrease of <1% from the previous month. The compliance against Mandatory Training has dropped slightly from 76% in December to 75.6% in January 2021 against a target of 90%.
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: Quality 1; Quality 2; Quality 3; People 1; and, People 2.
Report history	Trust Management Group
Appendices	None

Performance Report
February 2021

Month 10 (2020 – 2021)

Summary

Category	Indicator	20_21 Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020-2021	
ED	Emergency Department waits (4 hrs wait)	>95%	83.2%	82.5%	83.1%	90.6%	90.7%	92.1%	90.5%	86.9%	88.2%	88.8%	82.2%	79.8%	87.4%	❗
Cancer	Cancer - 14 days to first seen	>93%	96.8%	95.5%	85.5%	89.5%	94.6%	97.3%	95.8%	94.9%	98.2%	95.5%	98.1%		95.7%	
Cancer	Cancer - 62 days from referral to treatment	>85%	81.1%	87.1%	77.4%	83.3%	57.8%	69.7%	79.6%	78.4%	75.6%	66.7%	77.8%		73.7%	❗
Admitted	Non Elective Re-admissions within 30 days	<5.5%	4.85%	5.97%	8.25%	7.12%	5.41%	6.32%	6.12%	5.23%	5.17%	6.03%	6.60%	7.02%	6.16%	❗
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	4.5%	2.6%	0.6%	0.1%	0.1%		0.1%						0.1%	
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.1%	88.3%	79.9%	71.6%	56.1%	46.8%	53.1%	60.3%	69.4%	71.2%	69.3%	67.8%	64.9%	❗
Outpatients	Outpatients - FFT % Positive	>90%	94.5%													
Community	Community - FFT % Positive	>90%	95.8%													
Staff	Staff - FFT % Recommend Care	>70%														
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%	97.6%	86.4%	94.7%	96.3%	94.3%	92.3%	94.3%	98.2%	93.5%	93.6%	81.1%	90.0%	93.2%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	95.2%	96.5%	95.7%	95.7%	96.0%	95.2%	98.1%	98.3%	95.3%	95.1%	95.5%	90.2%	95.5%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	93.2%	93.8%	96.0%	93.6%	97.3%	93.6%	92.5%	96.5%	97.1%	93.9%	94.7%		95.0%	
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	95.1%	96.1%	95.8%	96.8%	95.6%	93.4%	92.6%	92.1%	98.7%	93.3%	93.8%		94.8%	

Emergency Department waits (4 hrs wait)

Cancer - 62 days from referral to treatment

Delayed Transfers Of Care % of Occupied Bed Days

% of Referrals to District Nursing seen within 48 hours

RTT - Incomplete % Waiting <18 weeks

RTT - Incomplete % Waiting <18 weeks

Non-Elective Re-admissions within 30 days

Outpatients - FFT % Positive

Indicator	20_21 Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	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	2	0	0	0	3	2	1	0	3	0	1	0	10	
Actual Falls	400	32	36	30	35	21	20	30	22	21	19	30		228	
Category 3 or 4 Pressure Ulcers	0	17	7	21	12	6	21	2	10	13	9			94	
Harm Free Care %	>95%	94.04%	92.89%												
Medication Errors causing serious harm	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	1	1	
Never Events	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
Serious Incidents	N/A	3	2	2	1	0	3	1	0	1	3	3	1	15	
VTE Risk Assessment %	>95%	95.4%	96.2%	95.0%	95.1%									95.1%	
Mixed Sex Accomodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Standardised Mortality Ratio (HSMR)	100	100.5	106.2	154.2	123.5	80.0	86.5	49.5	84.8	66.7				89.8	
Summary Hospital Level Mortality Indicator (SHMI)	1.14		0.92			0.90			0.88						

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

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Indicator	20_21 Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020-2021	Performance
ED - FFT % Positive	>90%	79.8%										86.0%	89.0%	87.5%	
ED - FFT Response Rate	>15%	10.4%										9.9%	10.8%	10.4%	
Inpatients - FFT % Positive	>90%	97.6%										98.6%	99.0%	98.8%	
Inpatients - FFT Response Rate	>25%	20.2%										8.3%	4.8%	6.6%	
Maternity - FFT % Positive	>90%	95.9%										99.1%	100.0%	99.6%	
Maternity - FFT Response Rate	>15%	46.2%										9.3%	3.0%	6.2%	
Outpatients - FFT % Positive	>90%	94.5%										96.6%	94.3%	95.5%	
Outpatients - FFT Responses	400	308										295	123	418	
Community - FFT % Positive	>90%	95.8%										100.0%	98.0%	99.0%	
Community - FFT Responses	1500	525										84	149	233	
Staff - FFT % Recommend Care	>70%														
Complaints responded to within 25 or 40 working days	>80%	85.7%	88.5%	100.0%	100.0%	75.9%	88.5%	85.0%	81.5%	66.7%	77.8%	80.0%	85.7%	80.4%	
Complaints (including complaints against Corporate division)	N/A	28	26	1	1	29	26	20	27	18	9	15	7	153	

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

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Indicator	20_21 Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020-2021	Performance
Hospital Cancelled Operations	0	5						0	1	9	1	1	0	12	❗
Cancelled ops not rebooked < 28 days	0	0						0	0	0	0	0	0	0	
Urgent Procedures Cancelled > once	0	0						0	0	0	0	0	0	0	
Theatre Utilisation	>85%	86.88%	78.12%	38.51%		50.94%	59.68%	71.25%	70.32%	73.57%	78.02%	74.52%	66.74%	70.75%	❗
Breastfeeding Initiated	>90%	89.1%	90.3%	90.8%	91.4%	93.4%	90.7%	91.4%	93.2%	91.5%	93.0%	87.0%	92.2%	91.4%	
Mortality rate per 1000 admissions in-months	14.4	8.3	16.5	42.0	14.8	5.8	5.8	4.7	5.5	9.4	6.7	11.9	28.2	12.2	
Community DNA % Rate	<10%	7.6%	8.3%	8.9%	8.6%	8.9%	9.0%	8.9%	8.3%	7.7%	7.3%	7.7%	7.2%	8.2%	
Community Services - Provider Cancellations	<8%	6.7%	14.1%	22.7%	8.9%	7.6%	8.1%	6.5%	6.5%	6.6%	6.7%	8.5%	17.7%	9.8%	
Acute DNA % Rate	<10%	9.6%	11.7%	8.6%	6.9%	6.9%	8.3%	9.2%	8.9%	8.9%	8.6%	8.4%	8.4%	8.4%	
% e-Referral Service (e-RS) Slot Issues	<4%	87.0%	83.8%	53.1%	65.4%	78.9%	83.8%	84.6%	85.1%	89.2%	87.7%	84.4%	84.0%	83.8%	
Outpatients New:FUp Ratio	2.3	1.88	2.02	2.28	2.25	2.29	2.21	2.12	2.08	2.01	1.93	1.96	2.10	2.11	
Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	4.5%	2.6%	0.6%	0.1%	0.1%		0.1%						0.1%	
Non Elective Re-admissions within 30 days	<5.5%	4.85%	5.97%	8.25%	7.12%	5.41%	6.32%	6.12%	5.23%	5.17%	6.03%	6.60%	7.11%	6.17%	
Rapid Response - % of referrals with an improvement in care		86.2%	88.4%	84.0%	85.3%	88.5%	87.6%	88.6%	84.1%	84.0%	83.3%	85.3%	83.5%	85.3%	❗

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

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Indicator	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020-2021	Performance	
Emergency Department waits (4 hrs wait)	>95%	83.2%	82.5%	83.1%	90.6%	90.7%	92.1%	90.5%	86.9%	88.2%	88.8%	82.2%	79.8%	87.4%		❗
ED Indicator - median wait for treatment (minutes)	<60 mins	88	56	25	36	43	55	55	54	43	47	47	35	44		
Ambulance handovers waiting more than 30 mins	0	37	32	8	7	13	11	8	23	8	22	19	7	126		❗
Ambulance handovers waiting more than 60 mins	0	1	5	0	0	0	0	2	3	3	9	5	1	23		❗
12 hour trolley waits in A&E - Non Mental Health	0	0	1	0	1	0	0	0	0	0	0	2	10	13		
12 hour trolley waits in A&E - Mental Health	0	11	6	0	0	0	0	0	0	0	1	3	1	5		❗
Cancer - 14 days to first seen	>93%	96.8%	95.5%	85.5%	89.5%	94.6%	97.3%	95.8%	94.9%	98.2%	95.5%	98.1%		95.7%		
Cancer - 14 days to first seen - breast symptomatic	>93%	98.4%	89.5%	71.4%	85.2%	95.2%	97.1%	93.3%	94.1%	100.0%	100.0%	100.0%		96.6%		
Cancer - 62 days from referral to treatment	>85%	81.1%	87.1%	77.4%	83.3%	57.8%	69.7%	79.6%	78.4%	75.6%	66.7%	77.8%		73.7%		❗
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	75.9%	88.5%	73.3%	80.0%	54.3%	70.0%	81.3%	73.0%	68.6%	65.5%	74.7%		71.0%		❗
Cancer ITT - % of Pathways sent before 38 Days	>85%	11.1%	25.0%	60.0%	33.3%	18.2%	40.0%	66.7%	20.0%	66.7%	76.9%	64.3%		51.5%		❗
Cancer - % Pathways received a Diagnosis within 28 Days of Referral		87.3%	85.3%	75.6%	70.2%	86.7%	86.8%	82.2%	86.3%	82.0%	78.8%	81.9%		82.0%		
Cancer - 31 days to first treatment	>96%	100.0%	100.0%	95.5%	95.8%	96.4%	100.0%	100.0%	96.7%	95.8%	96.7%	97.6%		97.3%		
Cancer - 31 days to subsequent treatment - surgery	>94%	100.0%	100.0%	100.0%		100.0%								100.0%		
Cancer - 62 Day Screening	>90%	60.0%	70.0%	100.0%		0.0%			100.0%	100.0%	100.0%	66.7%		82.4%		
DM01 - Diagnostic Waits (<6 weeks)	>99%	99.6%	90.1%	33.2%	34.3%	49.9%	67.1%	85.7%	89.0%	95.6%	94.5%	92.5%	68.7%	69.8%		❗
RTT - Incomplete % Waiting <18 weeks	>92%	92.1%	88.3%	79.9%	71.6%	56.1%	46.8%	53.1%	60.3%	69.4%	71.2%	69.3%	67.8%	64.9%		❗
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	6	36	83	187	273	360	386	379	507	793	3010		❗
% seen <=2 hours of Referral to District Nursing Night Service	>80%	97.6%	86.4%	94.7%	96.3%	94.3%	92.3%	94.3%	98.2%	93.5%	93.6%	81.1%	90.0%	93.2%		
% seen <=48 hours of Referral to District Nursing Service	>95%	95.2%	96.5%	95.7%	95.7%	96.0%	95.2%	98.1%	98.3%	95.3%	95.1%	95.5%	90.2%	95.5%		
Haringey New Birth Visits - % seen within 2 weeks	>95%	93.2%	93.8%	96.0%	93.6%	97.3%	93.6%	92.5%	96.5%	97.1%	93.9%	94.7%		95.0%		
Islington New Birth Visits - % seen within 2 weeks	>95%	95.1%	96.1%	95.8%	96.8%	95.6%	93.4%	92.6%	92.1%	98.7%	93.3%	93.8%		94.8%		

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Indicator	20_21 Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020-2021	Performance	
Appraisals % Rate	>90%	76.1%	70.1%	65.9%	65.8%	62.3%	63.9%	63.8%	60.8%	63.1%	65.9%	67.0%	66.6%	64.5%		❗
Mandatory Training % Rate	>90%	83.3%	82.1%	80.4%	79.9%	80.5%	81.5%	82.7%	82.6%	82.4%	78.7%	76.0%	75.6%	80.0%		❗
Permanent Staffing WTEs Utilised	>90%	89.6%	92.8%	88.5%	88.4%	88.9%	89.0%	88.3%	87.6%	88.3%	88.3%	88.3%	88.6%	88.4%		❗
Staff FFT % recommended work	>50%															
Staff FFT response rate	>20%															
Staff sickness absence %	<3.5%	3.45%	5.00%	6.66%	5.00%	4.00%	3.68%	3.56%	3.76%	3.78%	4.00%	4.22%		4.29%		❗
Staff turnover %	<13%	10.5%	9.9%	9.7%	9.2%	9.1%	10.4%	9.1%	11.6%	11.5%	11.2%	10.0%	9.9%	10.2%		
Vacancy % Rate against Establishment	<10%	10.4%	7.2%	11.5%	11.6%	11.1%	11.0%	11.7%	12.4%	11.7%	11.7%	11.7%	11.4%	11.6%		❗
Average Time to Hire (Days)	<63 Days	76	72	73	73	76	70	66	70	95	69	59	58	71		
Nursing Staff Average % Day Fill Rate - Nurses		97.8%				100.2%	96.4%	91.2%	91.6%	82.0%	83.4%	88.3%	89.7%	89.6%		
Nursing Staff Average % Day Fill Rate - HCAs		125.7%				132.5%	132.6%	134.3%	143.6%	121.8%	129.3%	133.4%	136.5%	132.7%		
Nursing Staff Average % Night Fill Rate - Nurses		95.5%				93.1%	93.6%	95.0%	97.1%	91.0%	88.7%	94.1%	93.2%	93.1%		
Nursing Staff Average % Night Fill Rate - HCAs		152.4%				154.0%	165.4%	159.5%	179.5%	156.8%	167.9%	176.2%	197.1%	170.8%		
Safe Staffing Alerts - Number of Red Shifts		7	0	0	0	2	1	2	5	4	3	0	0	17		
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		9.3				10.0	11.8	10.5	10.2	10.3	10.9	10.4	9.2	10.3		

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Appendix 1. Community Performance Dashboard

Indicator	20_21 Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020-2021	Performance
IAPT Moving to Recovery	>50%	43.1%	56.4%	39.2%	52.3%	44.8%	50.3%	49.8%	48.6%	45.8%	46.0%	46.9%		46.8%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	91.8%	94.6%	93.6%	93.8%	92.3%	91.8%	95.3%	94.8%	95.7%	94.5%	94.6%		94.0%	
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	83.3%	86.7%	85.5%	81.9%	79.7%	86.0%	87.0%	79.2%	83.3%	84.5%	86.4%		83.6%	
Haringey - HR1 % carried out before child aged 15 months	N/A	80.7%	76.6%	76.3%	78.5%	77.0%	68.0%	64.2%	69.8%	73.1%	73.3%	73.9%		72.6%	
Haringey - HR2 % carried out before child aged 30 months	N/A	78.9%	67.7%	72.0%	73.4%	74.0%	75.4%	67.8%	66.5%	66.9%	59.0%	69.8%		69.5%	
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	91.7%	91.9%	90.7%	90.4%	93.3%	93.3%	89.5%	83.0%	92.0%	89.8%	93.9%		90.7%	
Islington - HR1 % carried out before child aged 15 mths	N/A	83.2%	83.3%	74.2%	80.9%	74.5%	84.0%	82.6%	85.6%	75.5%	78.5%	83.2%		79.9%	
Islington - HR2 % carried out before child aged 30 mths	N/A	81.4%	82.5%	80.8%	81.4%	83.8%	77.5%	77.1%	75.8%	82.6%	79.4%	82.4%		80.2%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	90.0%	95.7%		100.0%	60.0%	87.5%	96.0%	96.2%	88.1%	88.2%	94.4%	100.0%	91.5%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	86.5%	96.0%	100.0%		100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%		97.4%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	83.9%	80.1%	75.7%	71.3%	70.8%	71.2%	71.9%	75.4%	80.5%	81.7%	74.8%	83.6%	76.3%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	95.7%	94.2%	96.4%	97.4%	94.1%	88.1%	89.1%	91.0%	92.6%	92.1%	94.4%	92.2%	93.6%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	80.0%	87.5%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	111.1%	87.5%	85.7%	66.7%	94.9%	
Nutrition and Dietetics - % Weight Loss Achieved at Discharge	>65%	33.3%	0.0%			33.3%		100.0%		85.7%	66.7%	100.0%	100.0%	78.9%	
Nutrition and Dietetics - % Weight Maintained or Gained at Discharge	>70%	72.7%	60.0%			100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	
Hackney Smoking Cessation: % who set quit date & stopped after 4 we...	>45%		43.2%			58.9%			62.5%					60.6%	
Islington Self-Management - Average Increase in PAM Score	>=9		13												
Haringey Self-Management - Average Increase in PAM Score	>=9		14												

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Appendix 2. Community Waiting Times Dashboard

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Nov-20	Dec-20	Jan-21	Avg Wait (Jan)	No. of Pts Seen	% Threshold	Target Weeks	Nov-20	Dec-20	Jan-21	Avg Wait (Jan)	No. of Pts Seen
CAMHS	>95%	8	79.4%	74.5%	71.8%	13.4	71	>95%	2	100.0%	75.0%	83.3%	2.5	6
Child Development Services	>95%	12	100.0%	100.0%	100.0%	2.9	9	>95%	-				-	0
IANDS	>95%	18	84.4%	82.7%	82.5%	12.1	103	>95%	2				-	0
Community Children's Nursing	>95%	2	91.2%	91.1%	92.3%	0.8	65	>95%	1	100.0%	100.0%	100.0%	0.1	23
Community Paediatrics Services	>95%	18	81.9%	82.4%	79.2%	17.5	72	>95%	1				17.5	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	100.0%	3.2	2	>95%	-				-	0
Haematology Service	>95%	12	100.0%			-	0	>95%	-				-	0
Looked After Children	>95%	4	79.2%	64.7%	93.3%	2.4	15	>95%	2				-	0
Occupational Therapy	>95%	18	57.1%	66.7%	82.4%	10.6	17	>95%	2				-	0
Physiotherapy	>95%	18	98.1%	100.0%	100.0%	5.7	59	>95%	2	0.0%	0.0%		-	0
PIPS	>95%	12	100.0%	80.0%	100.0%	2.7	13	>95%	-				-	0
School Nursing	>95%	12	95.7%	98.7%	96.8%	2.9	62	>95%	-				-	0
Speech and Language Therapy	>95%	8	84.0%	88.8%	88.6%	8.9	79	>95%	2	0.0%	16.7%	25.0%	5.6	4
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	93.9%	100.0%	100.0%	1.0	3	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.8	29	>95%	2	0.0%			-	0
Community Rehabilitation (CRT)	>95%	12	89.7%	90.4%	86.5%	5.9	89	>95%	2	68.8%	81.6%	78.8%	1.6	33
ICTT - Other	>95%	12	97.9%	94.1%	90.1%	4.9	111	>95%	2	65.2%	75.7%	77.9%	1.4	136
ICTT - Stroke and Neuro	>95%	12	92.7%	91.5%	81.5%	6.0	27	>95%	2	76.2%	56.1%	65.9%	1.8	41
Intermediate Care (REACH)	>95%	6	71.1%	63.6%	70.4%	4.4	98	>95%	2	83.1%	82.8%	75.6%	1.6	123
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.8	3	>95%	2				-	0
Bladder and Bowel - Adult	>95%	12	100.0%	100.0%	98.1%	2.2	53	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	83.4%	81.3%	55.9%	5.7	59	>95%	2	62.5%	20.8%	22.7%	3.7	22
Musculoskeletal Service - Routine	>95%	6	94.1%	93.4%	82.3%	4.0	96	>95%	2	43.8%	21.7%	15.8%	3.3	19
Nutrition and Dietetics	>95%	6	95.9%	96.1%	96.6%	1.1	89	>95%	2	100.0%			-	0
Podiatry (Foot Health)	>95%	6	95.1%	90.4%	90.4%	2.7	83	>95%	2				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	2.2	16	>95%	2				-	0
Tissue Viability	>95%	6	91.4%	91.1%	92.2%	1.8	51	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	92.9%	100.0%	2.1	21	>95%	2		50.0%		-	0
Diabetes Service	>95%	6	89.4%	92.4%	94.3%	3.8	35	>95%	2				-	0
Respiratory Service	>95%	6	92.6%	95.5%	72.2%	3.8	18	>95%	2				-	0
Spirometry Service	>95%	6	100.0%	100.0%	97.0%	0.7	33	>95%	2				-	0

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Haringey

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Nov-20	Dec-20	Jan-21	Avg Wait (Jan)	No. of Pts Seen	% Threshold	Target Weeks	Nov-20	Dec-20	Jan-21	Avg Wait (Jan)	No. of Pts Seen
CAMHS	>95%	8	100.0%	100.0%		-	0	>95%	-				-	0
Child Development Services	>95%	12	100.0%	100.0%	100.0%	2.9	9	>95%	-				-	0
IANDS	>95%	18	75.0%		100.0%	11.0	1	>95%	2				-	0
Community Children's Nursing	>95%	2	90.9%	92.3%	86.7%	1.2	15	>95%	1		100.0%	100.0%	0.1	4
Community Paediatrics Services	>95%	18	77.0%	77.1%	74.5%	20.7	51	>95%	1				20.7	0
Family Nurse Partnership	>95%	12				-	0	>95%	-				-	0
Haematology Service	>95%	12	100.0%			-	0	>95%	-				-	0
Looked After Children	>95%	4	75.0%	71.4%	100.0%	1.1	2	>95%	2				-	0
Occupational Therapy	>95%	18	58.3%	62.5%	80.0%	11.2	15	>95%	2				-	0
Physiotherapy	>95%	18	98.0%	100.0%	100.0%	5.9	56	>95%	2	0.0%	0.0%		-	0
PIPS	>95%	12	100.0%	80.0%	100.0%	2.7	13	>95%	-				-	0
School Nursing	>95%	12	94.7%	100.0%	100.0%	1.9	41	>95%	-				-	0
Speech and Language Therapy	>95%	8	80.0%	85.4%	83.7%	11.1	49	>95%	2	0.0%	20.0%	25.0%	5.6	4
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	77.8%	100.0%	100.0%	1.0	3	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.8	29	>95%	2	0.0%			-	0
Community Rehabilitation (CRT)	>95%	12	100.0%	100.0%	100.0%	4.0	2	>95%	2				-	0
ICTT - Other	>95%	12	98.1%	93.7%	89.5%	5.0	105	>95%	2	63.1%	75.4%	76.2%	1.5	122
ICTT - Stroke and Neuro	>95%	12	92.1%	90.9%	87.5%	5.5	24	>95%	2	77.1%	56.8%	65.0%	1.9	40
Intermediate Care (REACH)	>95%	6	50.0%		100.0%	0.4	1	>95%	2				-	0
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.8	3	>95%	2				-	0
Bladder and Bowel - Adult	>95%	12	100.0%	100.0%	100.0%	1.4	27	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	82.3%	86.1%	65.5%	5.3	29	>95%	2	80.0%	12.5%	20.0%	3.9	10
Musculoskeletal Service - Routine	>95%	6	94.2%	93.9%	80.0%	4.0	55	>95%	2	44.4%	28.6%	23.1%	3.0	13
Nutrition and Dietetics	>95%	6	95.1%	94.9%	93.9%	1.5	49	>95%	2	100.0%			-	0
Podiatry (Foot Health)	>95%	6	94.4%	92.5%	95.2%	1.9	42	>95%	2				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	1.6	6	>95%	2				-	0
Tissue Viability	>95%	6	86.4%	89.7%	94.4%	1.4	18	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	1.8	8	>95%	2				-	0
Diabetes Service	>95%	6	85.3%	90.0%	96.3%	3.7	27	>95%	2				-	0
Respiratory Service	>95%	6	100.0%	100.0%	60.0%	4.8	10	>95%	2				-	0
Spirometry Service	>95%	6	100.0%	100.0%	97.0%	0.7	33	>95%	2				-	0

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Appendix 2. Community Waiting Times Dashboard

Islington

SERVICE	ROUTINE REFERRALS								URGENT REFERRALS						
	% Threshold	Target Weeks	Nov-20	Dec-20	Jan-21	Avg Wait (Jan)	No. of Pts Seen		% Threshold	Target Weeks	Nov-20	Dec-20	Jan-21	Avg Wait (Jan)	No. of Pts Seen
CAMHS	>95%	8	77.8%	72.9%	72.7%	13.5	66		>95%	2	100.0%	66.7%	83.3%	2.5	6
Child Development Services	>95%	12	100.0%			-	0		>95%	-				-	0
IANDS	>95%	18	83.2%	82.3%	83.3%	11.7	96		>95%	2				-	0
Community Children's Nursing	>95%	2	92.0%	90.2%	92.9%	0.7	42		>95%	1	100.0%	100.0%	100.0%	0.1	18
Community Paediatrics Services	>95%	18	92.6%	100.0%	90.0%	10.1	20		>95%	1				10.1	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	100.0%	1.4	1		>95%	-				-	0
Haematology Service	>95%	12	100.0%			-	0		>95%	-				-	0
Looked After Children	>95%	4	80.0%	75.0%	100.0%	2.0	8		>95%	2				-	0
Occupational Therapy	>95%	18	100.0%			-	0		>95%	-				-	0
Physiotherapy	>95%	18	100.0%	100.0%	100.0%	1.9	2		>95%	-				-	0
PIPS	>95%	12	100.0%			-	0		>95%	-				-	0
School Nursing	>95%	12	97.3%	96.9%	94.4%	4.5	18		>95%	-				-	0
Speech and Language Therapy	>95%	8	100.0%	100.0%	87.5%	7.4	8		>95%	2				-	0
Bladder and Bowel - Children	>95%	12				-	0		>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%		-	0		>95%	2				-	0
Adult Wheelchair Service	>95%	8				-	0		>95%	-				-	0
Community Rehabilitation (CRT)	>95%	12	89.7%	92.6%	87.3%	5.6	79		>95%	2	68.8%	79.4%	76.7%	1.7	30
ICTT - Other	>95%	12	87.5%	100.0%	100.0%	1.6	3		>95%	2	100.0%	100.0%	100.0%	1.4	5
ICTT - Stroke and Neuro	>95%	12	100.0%	100.0%		-	0		>95%	2	66.7%	66.7%	-	-	0
Intermediate Care (REACH)	>95%	6	71.8%	65.6%	70.7%	4.3	92		>95%	2	82.3%	83.8%	76.1%	1.6	117
Paediatric Wheelchair Service	>95%	-				-	0		>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	100.0%	100.0%	96.2%	3.0	26		>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	84.5%	74.5%	46.7%	6.1	30		>95%	2	50.0%	28.6%	25.0%	3.5	12
Musculoskeletal Service - Routine	>95%	6	94.0%	92.6%	83.8%	4.1	37		>95%	2	33.3%	14.3%	0.0%	4.2	5
Nutrition and Dietetics	>95%	6	96.8%	98.1%	100.0%	0.6	38		>95%	2				-	0
Podiatry (Foot Health)	>95%	6	95.5%	91.4%	85.0%	3.5	40		>95%	2				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	2.5	10		>95%	2				-	0
Tissue Viability	>95%	6	100.0%	91.7%	89.7%	2.2	29		>95%	2				-	0
Cardiology Service	>95%	6	100.0%	80.0%	100.0%	2.3	12		>95%	2		50.0%		-	0
Diabetes Service	>95%	6	100.0%	100.0%	83.3%	4.2	6		>95%	2				-	0
Respiratory Service	>95%	6	86.7%	100.0%	87.5%	2.6	8		>95%	2				-	0
Spirometry Service	>95%	6	100.0%	100.0%		-	0		>95%	2				-	0

Children's Community Waits Performance

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Nov-20	Dec-20	Jan-21	Avg Wait (Jan)	No. of Pts Seen		% Threshold	Target Weeks	Nov-20	Dec-20	Jan-21	Avg Wait (Jan)	No. of Pts Seen
CAMHS	>95%	8	79.4%	74.5%	71.8%	13.4	71		>95%	2	100.0%	75.0%	83.3%	2.5	6
Community Children's Nursing - Haringey	>95%	2	75.0%	100.0%	60.0%	3.6	5		>95%	1				-	0
Community Children's Nursing - Islington	>95%	2	91.7%	90.9%	95.0%	0.5	60		>95%	1	100.0%	100.0%	100.0%	0.1	23
Community Paediatrics - Haringey (SCC)	>95%	18	8.3%	33.3%	25.0%	53.3	16		>95%	1				-	0
Community Paediatrics - Haringey (NDC)	>95%	18	100.0%	100.0%	96.0%	9.8	25		>95%	1				-	0
Community Paediatrics - Haringey (Child Protection)	>95%	18	100.0%	100.0%	100.0%	3.4	7		>95%	1				-	0
Community Paediatrics - Haringey (Other)	>95%	18	100.0%	80.0%	100.0%	5.9	2		>95%	1				-	0
Community Paediatrics - Islington	>95%	18	92.3%	94.1%	94.1%	5.1	17		>95%	1				-	0
Family Nurse Partnership - Islington	>95%	12	100.0%	100.0%	100.0%	3.2	2		>95%	-				-	0
Haematology Service - Islington	>95%	12	100.0%			-	0		>95%	-				-	0
IANDS	>95%	18	100.0%		100.0%	5.4	13		>95%	2				-	0
IANDS - SCT	>95%	20	0.0%	0.0%	21.1%	39.0	19		>95%	2				-	0
Looked After Children - Haringey	>95%	4	80.0%	71.4%	100.0%	1.4	4		>95%	2				-	0
Looked After Children - Islington	>95%	4	87.5%	66.7%	90.9%	2.7	11		>95%	2				-	0
Occupational Therapy - Haringey	>95%	18	57.1%	66.7%	82.4%	10.6	17		>95%	2				-	0
Occupational Therapy - Islington	>95%	18	70.0%	90.9%	50.0%	15.4	4		>95%	2				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	100.0%	100.0%	2.9	9		>95%	-				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	100.0%	100.0%	6.1	9		>95%	-				-	0
Physiotherapy - Haringey	>95%	18	98.1%	100.0%	100.0%	5.7	59		>95%	2	0.0%	0.0%		-	0
Physiotherapy - Islington	>95%	18	100.0%	100.0%	100.0%	4.3	33		>95%	2				-	0
PIPS	>95%	12	100.0%	80.0%	100.0%	2.7	13		>95%	-				-	0
SALT - Haringey	>95%	14	66.7%	76.5%	72.0%	10.3	25		>95%	2	0.0%	0.0%	50.0%	4.6	2
SALT - Islington	>95%	14	93.8%	84.8%	95.7%	7.3	23		>95%	2				-	0
SALT - MPC	>95%	18	100.0%	100.0%	100.0%	4.9	26		>95%	2				-	0
School Nursing - Haringey	>95%	12	95.0%	100.0%	100.0%	1.8	43		>95%	-				-	0
School Nursing - Islington	>95%	12	96.5%	97.1%	89.5%	5.2	19		>95%	-				-	0

Cancer - 62D Performance by Tumour Group
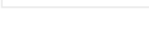
Indicator	20_21 Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020-2021	Performance
Breast	>85%	80.0%	100.0%	100.0%	100.0%	75.0%	58.8%	100.0%	50.0%	75.0%	54.5%	70.0%		71.6%	
Gynaecological	>85%	0.0%		0.0%	0.0%	0.0%	50.0%	100.0%	100.0%	100.0%	0.0%	0.0%		23.5%	
Haematological (Excluding Acute Leukaemia)	>85%		100.0%	100.0%		85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		96.4%	
Lower Gastrointestinal	>85%	100.0%	66.7%	0.0%	0.0%	46.2%	66.7%	80.0%	25.0%	100.0%	85.7%	100.0%		66.7%	
Lung	>85%	66.7%	80.0%	50.0%	100.0%	60.0%	100.0%	100.0%	0.0%	75.0%	66.7%	40.0%		65.4%	
Other	>85%	100.0%													
Skin	>85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%		99.0%	
Testicular	>85%		100.0%		100.0%	100.0%						100.0%		100.0%	
Upper Gastrointestinal	>85%	0.0%	0.0%		100.0%			40.0%	100.0%	100.0%		100.0%		76.9%	
Urological (Excluding Testicular)	>85%	76.5%	66.7%	50.0%	100.0%	0.0%	66.7%	0.0%		0.0%	28.6%	66.7%		34.8%	

Cancer - 2WW Performance by Tumour Group

Indicator	20_21 Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020-2021	Performance
Breast	>93%	98.9%	92.0%	82.4%	96.8%	88.4%	98.6%	98.5%	98.7%	99.4%	99.0%	100.0%		97.7%	
Childrens	>93%				50.0%				100.0%		100.0%	100.0%		83.3%	
Gynaecological	>93%	92.9%	93.3%	87.7%	98.3%	97.2%	95.8%	93.2%	88.6%	100.0%	95.5%	97.3%		95.2%	
Haematological	>93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	86.4%		96.0%	
Lower Gastrointestinal	>93%	97.9%	93.8%	75.8%	72.9%	100.0%	93.9%	93.4%	91.1%	98.2%	89.2%	96.6%		92.5%	
Lung	>93%	100.0%	100.0%	100.0%	100.0%	85.7%	71.4%	85.7%	100.0%	87.5%	100.0%	100.0%		94.4%	
Skin	>93%	96.2%	98.8%	100.0%	99.2%	99.5%	99.4%	98.1%	98.2%	99.5%	99.4%	99.5%		99.1%	
Upper Gastrointestinal	>93%	90.9%	90.9%	50.0%	61.4%	83.8%	100.0%	97.2%	93.8%	96.4%	96.9%	100.0%		91.0%	
Urological	>93%	96.9%	100.0%	100.0%	81.6%	89.2%	96.9%	88.2%	86.0%	94.4%	92.1%	94.8%		92.7%	

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Appendix 4. Trust Level Activity

Category	Indicator	20_21 Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Activity
ED	ED Attendances	8285	8732	6565	4028	5703	6399	7124	7260	7731	7995	7887	7748	6409	
ED	ED Admission Rate %		12.7%	15.3%	16.6%	16.0%	16.2%	17.6%	16.4%	15.6%	15.9%	17.3%	19.4%	21.8%	
Community	Community Face to Face Contacts		53807	41496	20585	22906	27344	31777	29138	35667	39489	41633	36934	29902	
Admissions	Elective and Daycase		2085	1451	411	590	1162	1520	1374	1695	1784	1653	1548	974	
Admissions	Emergency Inpatients		1851	1758	1340	1522	1653	2015	1925	1925	2045	2117	2184	2133	
Referrals	GP Referrals to an Acute Service		6687	4853	1753	3123	6572	9395	9176	10858	11545	11056	9312	8726	
Referrals	% of GP Referrals that were completed via ERS		87.0%	83.8%	53.1%	65.4%	78.9%	83.8%	84.6%	85.1%	89.2%	87.7%	84.4%	84.0%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	14.3%	19.3%	72.1%	77.9%	49.7%	37.7%	33.2%	39.2%	31.1%		33.9%	27.4%	
Maternity	Maternity Births	320	269	300	265	247	260	297	307	294	309	289	289	0	
Maternity	Maternity Bookings	377	368	338	399	413	392	382	382	454	441	411	418	0	
Outpatients	Outpatient DNA Rate % - New	<10%	9.6%	13.0%	11.1%	8.3%	8.2%	9.4%	9.7%	9.3%	8.7%	8.8%	8.9%	9.0%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	9.5%	10.8%	7.2%	6.0%	6.2%	7.6%	8.9%	8.7%	8.9%	8.5%	8.1%	8.0%	
Outpatients	Outpatient New Attendances		9528	8100	5892	5985	7235	7949	7116	8614	8907	9072	8422	6674	
Outpatients	Outpatient FUp Attendances		17871	16328	13412	13493	16534	17529	15114	17958	17968	17542	16476	14040	
Outpatients	Outpatient Procedures		7916	5676	2892	3304	4483	5246	5022	5702	5755	5739	5354	4289	

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Meeting title	Trust Board – public meeting	Date: 25 February 2021
Report title	**Workforce Assurance Committee Chair's Assurance report**	Agenda item: 12
Executive director lead	Norma French, Director of Workforce	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	Trust Board members are presented with the Workforce Assurance Committee Chair's report for the meeting held on 9 December 2020. **Areas of significant assurance:** • Staff story • 2020/21 Quarter two Guardian of Safer Working Hours report • Caring for those who care initiative • Board Assurance Framework – People strategic objective entries and risk register **Areas of moderate assurance:** • 2020/21 Quarter one workforce report There were no agenda items at the meeting for which the Committee is reporting limited assurance to the Board. The Committee also discussed the significant pressures the Trust was experiencing as part of wave two of the pandemic.	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the report and the areas particularly the feedback from some trainees in terms of exhaustion during the pandemic and also the need to ensure that staff appraisals take place.	
Risk Register or Board Assurance Framework (BAF)	BAF People entries	
Report history	None	
Appendices	None	

Committee Chairs' Assurance report

Committee name	Workforce Assurance Committee
Date of meeting	9 December 2020
Summary of assurance:	

1.	**The Committee is reporting significant assurance to the Board on the following matters:** **Staff story** The Committee heard its first staff story item through a discussion with a senior nurse whose substantive role was a Parkinson Clinical Nurse Specialist. The Committee learnt that: • The postholder suffered from long-term conditions, and lived her life by the doctrine that illness or disability did not define people, they just carried on. Her caseload, as a specialist nurse, involved some 500 patients • In April 2020, she had received a text message advising her to shield due to her underlying conditions and her line manager had re-iterated the advice that that she needed to stay at home. Her response included a range of feelings including guilt, fraud, embarrassment and isolation • She was grateful for the range of support and assistance provided by the Trust. This included Whittington Health's forum for shielding staff, the black and Asian minority ethnic (BAME) staff network as well as support from her line manager and colleagues in her team • Following her period of shielding, she had returned to work to find quite a different environment, full of signs and restrictions. For her, this had been overwhelming, and she had suffered from anxiety for which she communicated about to her line manager. She had also joined the Trust's Whittability (disabled staff) network to share learning and support other colleagues in a similar position Committee members were very grateful for the insight provided in the staff story presentation and noted the work of the Trust's Whitability network in supporting shielding colleagues. **2020/21 Quarter two Guardian of Safer Working Hours report** The Committee thanked the Guardian of Safer Working Hours for an excellent report which covered a period that took place between wave 1 and wave 2 of the coronavirus pandemic and included considerable analysis and insight. Headlines included the following: • During this period, there were high levels of sickness absence, self-isolation and also carer's leave • There were high levels of fatigue and concerns about burnout amongst all staff across the NHS and this had affected doctors and dentists in training also • Towards the end of this quarter, there were significant changes to the configuration of paediatric services across North Central London with the development of the Southern hub at Whittington Hospital and an

increased number of paediatric trainees working there. These trainees would, however, remain under the reporting system of their base hospital
- During this period, the Guardian had continued to work with the postgraduate department, rota co-ordinators and the Junior Doctors Forum to support all the trainees to face the challenges before them whilst ensuring safe working throughout this period
- There was a rise in exception reporting during this quarter well above those during the peak of the COVID-19 pandemic

The Committee commended the Guardian for a helpful report. It took assurance that junior doctors were working safe hours in accordance with the 2016 terms and conditions of service for NHS Doctors and Dentists in Training. It also noted the issues raised in the report, particularly the exhaustion and morale in some areas.

Caring for those who care initiatives
Committee members were updated on the cultural change activities taking place across the Trust. These included:

- **National Workforce Race Equality Standard (WRES) National pilot** – the Committee noted that this national pilot cultural change programme had been expanded to run for eighteen months and that data collection phase of the programme had now been completed. Committee members would receive an update on progress at their next meeting
- **Staff App** – Committee members welcomed the 'soft launch' of the staff app which took place on 13 October 2020. The identified technical issues would be resolved in the New Year before the formal launch. Details of how to access the app would be circulated to Committee members who were encouraged everyone to test it. A great deal of work had gone into it, and the Director of Workforce was keen to ensure it was 100% right for users
- **Public Sector Equality Duty (PSED) report** – Committee members were advised that the statutory requirement for public sector organisations to publish their PSED was relaxed this year due to the pandemic, however, the report as provided for information and review. The Committee fed back on the ability of patient monitoring systems such as RiO to record all available protected characteristics
- **2020 NHS staff survey** - Committee members were informed that the response rate at the completion of this year's staff survey stood at 47%, before validation. Although relatively low, this figure was above average for NHS trusts in London. The full results from the survey would be available in March 2021. Committee members acknowledged the response rate level was not as high as in the previous year but were assured the executive team had done everything possible to encourage staff to complete the survey and, given the significant pressures on staff during the period in question, the size of the response rate was perhaps not altogether surprising
- **Staff networks** – the Committee was updated on progress in establishing staff networks and their activities during the last quarter:
  - The BAME network was now meeting fortnightly and had established

	a steering group for which terms of reference were being finalised
	o The Whittability (staff disability) network met monthly, and an interactive session for shielders was planned for 15 December
	o Invitations had been issued to attend the LGBTQ+ network, terms of reference for their steering group would currently being drafted, and a questionnaire was to be circulated in the New Year
	o The Women's network would be launched in late January 2021 with a programme of events taking place between 25th- 29th January and a further event planned to mark International Women's Day.
	The Committee noted and welcomed the diverse activities being undertaken by the networks and how much they had achieved over the previous twelve months. Committee members also agreed to the chairs of the staff networks to attend a meeting in the next quarter.
	Board Assurance Framework (BAF) and Risk Register
	The Committee considered the updated BAF. It endorsed the increase in the likelihood score for entry, People 1, so that the total score for this entry was now 16. The Committee also reviewed the Risk Register for related entries and received assurance from the Chief Nurse that all of the necessary mitigations were in place and that entries would continue to be updated to reflect changes e.g. the rollout of the staff vaccination programme.
2.	**The Committee is reporting moderate assurance to the Board on the following matters:**
	2020/21 Quarter two workforce report
	Committee members reviewed a report for the period, 1 July to 30 September 2020. They noted that:
	• vacancy and turnover rates remained broadly steady but there had been an increase in bank and agency usage due to Covid-related absence
	• although there had been a national decision to suspend employee relations case, good progress had been achieved in tackling the backlog of employee relations cases, for which some temporary resource had been engaged. Committee members were assured that appropriate action had been taken to mitigate against any detrimental effects on staff as a result of delays
	• it was important to ensure that staff appraisals continued to take place in spite of the continuing pressures on line managers
	The Committee noted the report and the assurance it provided. The Committee also agreed that appraisal rates needed to improve.
3.	**Present:**
	Anu Singh, Non-Executive Director (Committee Chair)
	Kevin Curnow, Acting Chief Finance Officer
	Clare Dollery, Medical Director
	Norma French, Director of Workforce
	Carol Gillen, Chief Operating Officer
	Michelle Johnson, Chief Nurse and Director of Allied Health Professionals

Baroness Glenys Thornton, Non-Executive Director
Rob Vincent, Non-Executive Director

In attendance:
Parkinson's Clinical Nurse Specialist
Kate Green, Personal Assistant to Director of Workforce
Helen Kent, Assistant Director, Learning & Organisational Development
Sola Makinde, Associate Medical Director for Revalidation & Appraisal
Andrew Sharratt, Acting Director of Communication & Engagement
Swarnjit Singh, Trust Corporate Secretary
Jana Smith, Assistant Director for Integrated Care Education
Rebecca Sullivan, Guardian of Safe Working Hours
Kate Wilson, Deputy Director, Workforce

Meeting title	Trust Board – public meeting	Date:	25 February 2021
Report title	**Audit & Risk Committee Chair's Assurance report**	Agenda item:	13
Executive director leads	Kevin Curnow, Chief Finance Officer		
Report author	Swarnjit Singh, Trust Corporate Secretary		
Executive summary	In addition to the verbal update provided at the January private Board meeting, this report details areas of assurance from the items considered at the meetings held on 21 December 2020 and 21 January 2021 of the Audit and Risk Committee. **Areas of significant assurance:** • Internal audit reviews – absence and sickness management. temporary staffing; freedom of information; safeguarding • Board Assurance Framework • Draft Annual Governance Statement **Areas of moderate assurance:** • Corporate risk register • Internal audit plan and progress report • Internal audit review – business continuity; operating theatres In addition, the Committee also considered an update on counter fraud activity and the draft external audit plan for 2020/21.		
Purpose:	Noting		
Recommendation(s)	Board members are invited to note the Chair's assurance report for the meetings held on 21 December 2020 and 21 January 2021.		
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 meetings	21 December 2020 and 21 January 2021
Summary of assurance:	

1.	**The Committee can report significant assurance to the trust Board in the following areas:**
	Internal audit reviews
	The Committee held an additional meeting on 21 December 2020 to consider internal audit reports which had been delayed. They welcomed the significant assurance ratings (with minor improvement recommendations) for the reviews completed in these areas:
	• Absence and sickness management
	• Temporary staffing
	• Freedom of Information requests
	• Safeguarding arrangements
	Committee members noted the outcome of these successful reviews and that the minor recommendations for implementation following each review would be included on the standing committee item - the recommendations' tracker to help monitor progress.
	Board Assurance Framework (BAF)
	The Committee discussed and approved the updated BAF. Committee members agreed with the increase in likelihood score for entries Quality 2 and People 2 and noted that the BAF remained under regular review and it was anticipated that some risk entries' scores would start to reduce in quarter four.
	Annual Governance Statement
	The Committee reviewed and welcomed early sight of the draft annual governance statement for inclusion in the 2020/21 annual report. Committee members fed back on the need to include mention of developments with the Private Finance Initiative building. They acknowledged the potential impact on the annual governance statement and the Head of Internal Audit's opinion, if all mandatory elements of the 2020/21 internal audit plan were not completed on time.
2.	**The Committee is reporting moderate assurance to the Board on the following matters:**
	Corporate risk register
	The Committee reviewed risk register which highlighted risk entries scored 16 or higher. It noted that:
	• risk entry 683 had been reduced following measures implemented to reduce crowding in the emergency department
	• for risk 1109, mitigating actions were in place manage the large volume of referrals to imaging services

	- recruitment exercises were underway to help alleviate the risk of staffing gaps in paediatric services (risk 1127) - for risk 1133, action was being taken to appoint substantive clinical scientists **Internal audit plan and progress report** The Committee received assurance that the executive team had reviewed the revised internal audit plan and had agreed the priority audit reviews to take place to be able to receive a Head of Internal Audit opinion. Committee members concluded that, at its March meeting, a decision would be made on whether a further meeting would be convened to review any outstanding internal audit review reports. **Internal audit recommendations' tracker** The Committee noted that, for medicines management, the deadline for the action would be reviewed. It also noted that the action in relation to the review of unfunded beds would be reviewed and updated in April/May 2021. **Internal audit review – business continuity; operating theatres** The business continuity review reported an outcome of partial assurance with improvement required and highlighted three medium priority and one low priority recommendation for implementation. The medium recommendations were policy and process driven. The review of operating theatres also received a partial assurance rating with some improvement required. There were five medium priority recommendations and three low ones. The medium recommendations highlighted issues that management was already aware of knew of and the internal audit team confirmed that the Trust had instigated a weekly meeting for theatres to manage the Covid-19 surges. Already policies and procedures had improved. A more comprehensive set of KPIs around cancellations and timings was recommended. In addition, the Committee agreed that the recommendation relating to patient experience and the family and friends test was considered by the Quality Assurance Committee and re-considered by the Audit & Risk Committee in due course in the first half of 2021.
3.	**Other key items covered:** **Counter fraud progress report** The Committee noted two key updates from the NHS Counter Fraud Authority: first, a new case management system was being introduced at the start of April 2021 with training provided to staff in March; and secondly, new standards for providers would be introduced in April 2021, following consultation and finalisation with the Cabinet Office. Further updates on these developments would be brought to the next Committee meeting in March. **External audit plan for 2020/21** The Committee received a report from KPMG LLP on the timetable for the production and submission of the 2020/21 annual accounts. It noted that the

deadline for submission was 15 June 2021 and received assurance that this deadline would be met. The Committee also noted the small increase in external auditor fees and that some of the external audit work e.g. stocktakes and asset valuation would be taken forward remotely by working with the valuers and information contained in previous audits.

Private Finance Initiative (PFI)
The Committee discussed and agreed the proposed accounting treatments for 2020/21 in respect of elements relating to the past PFI contract and their transfer to the Trust's books and relating to potential future liabilities arising from cessation of the PFI contract. The Committee also noted that any material changes will be brought to this Committee for further discussion, where appropriate.

Other reports considered:
The Committee also discussed and took assurance from the reports covering the following and agreed actions where necessary issues:
- The draft minutes of the Quality Assurance Committee meeting held on 11 November 2020
- Tender waivers and breaches - the Committee also suggested an amendment to the standing financial instructions as a control measure to strengthen the monitoring of waivers occurring for one organisation
- Salary overpayments
- Debtors – the Committee thanked the Finance team for their good work on recovering NHS debts

4.	**Attendance:**
	21 December 2020 meeting
	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, Chief Finance Officer
	Jerry Francine, Operational Director of Finance
	Jonathan Gardner, Director of Strategy, Development & Corporate Affairs
	Ciaran McLaughlin, Grant Thornton
	Swarnjit Singh, Trust Secretary
	21 January 2021 meeting
	Present:
	Rob Vincent, Non-Executive Director (Committee Chair)
	Amanda Gibbon, Non-Executive Director

Apologies:
Glenys Thornton, Non-Executive Director

In attendance:
Vivien Bucke, Business Support Manager
Andy Conlon, Grant Thornton
Kevin Curnow, Chief Finance Officer
Stephen Dunham, Assistant Director of Financial Services
Jerry Francine, Operational Director of Finance
Jonathan Gardner, Director of Strategy, Development & Corporate Affairs
Steve Lucas, KPMG
Ciaran McLaughlin, Grant Thornton
Phil Montgomery, Procurement Business Partner
Fleur Nieboer, KPMG
Swarnjit Singh, Trust Secretary
Craig Waterman, KMPG

Meeting title	Trust Board – public meeting	Date: 25 February 2021
Report title	Charitable Funds Committee Chair's Assurance report	Agenda item: 14
Executive director lead	Kevin Curnow, Chief Finance Officer	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	In line with governance arrangements, this Committee Chair's report reports on areas of assurance on the items considered at the 1 December 2020 and 12 January 2021 meetings of the Charitable Funds Committee. **Areas of significant assurance:** • Fundraising update and report of activities • Annual Accounts • Month seven and eight financial reports **Other key issues:** The Committee also reviewed reports on activities and fund raising. In addition, the Committee discussed a business case for a project manager role for an 18 month period. It also considered and approved a number of applications for funding. There were no items covered at these meetings for which where the Committee is reporting limited assurance to the Trust Board.	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the report and the applications for funding agreed by the Charitable Funds Committee	
Risk Register or Board Assurance Framework (BAF)	Sustainability	
Report history	Public Board meetings following each committee meeting	
Appendices	1: Assurance report for 1 December 2020 meeting 2: Assurance report for 12 January 2021 meeting	

Appendix 1: **Committee Chairs' Assurance report**

Committee name	Charitable Funds Committee
Date of meeting	1 December 2020
Summary of assurance:	

1.	**The committee can report significant assurance to the trust Board in the following areas:** **Month seven financial report** Committee members discussed a financial overview report of the Charity's funds covering the period up to month seven, 2020/21 and a breakdown of fund balances at the end of October 2020. Key headlines noted were: - Significantly higher income was generated in 2020/21 compared with the previous year. This was a direct result of the COVID-19 pandemic and related charitable donations received. The total charitable fund balance was £2.685m as of 31 October 2020 - Expenditure relating to Covid-19 up to the end of October 2020 was £230k from a total spend of £359k for the year to date The Committee noted the report. **Fundraising update and report of activities** The Committee noted an update on fundraising and other activities carried out during the period 1 September 2020 to 17 November 2020. Headlines included: - A total of £155k was raised in charitable donations (of which £99k came from NHS Charities Together) with a further £99k pledged - Online income remained consistent in this period, but lower than earlier in the year. QR codes had been introduced to help direct donors to the charity's online donation page - Updates on projects being implemented included: - The delivery of furniture for staff rest rooms - An expansion of the bicycle storage facilities for staff - The installation of two smart fridges to allow night staff access to fresh and healthy food - Quotations received for the installation of 11 new water access points and also for the refurbishment of changing rooms and staff toilets - Continued funding of the Project Wingman initiative - Discussions taking place with the Arsenal Foundation
2.	**Applications for funding** The Committee reviewed and approved the following bids: - Nelson training bid of £11k for bullying and harassment training for staff during Q4 2020/21 £7.5k for a borough wide project with North Middlesex University Hospital, the Royal Free Hospital, Barnet Enfield and Haringey Mental Health Trust and commissioners in North Central London to help increase digital access, particularly for elderly people in the community with sensory needs £6.5k was approved as cash funding to integrated clinical service units in

	lieu of annual mince pies delivered by executive team members • £10k to contribute to a joint project in North Tottenham with the London Borough of Haringey, North Middlesex University Hospital, Barnet Enfield and Haringey Mental Health Trust and also the Bridge Renewal Trust to reduce inequalities by targeting food poverty in schools • £12k for an workforce race equality standard expert to support the inclusion agenda for one year by focussing on talent management and recruitment initiatives
3.	**Attendance:** **Present:** Tony Rice, Non-Executive Director (Committee Chair) Kevin Curnow, Chief Finance Officer Clare Dollery, Medical Director Jonathan Gardner, Director of Strategy, Development & Corporate Affairs Siobhan Harrington, Chief Executive Michelle Johnson, Chief Nurse & Director of Allied Health Professionals Julia Neuberger, Non-Executive Director **In attendance:** Vivien Bucke, Business Support Manager Katherine Cormican, Charitable Funds project Officer Stephen Dunham, Assistant Director – Financial Services Sam Lister, Head of Charity Eddie Mitchell, Fundraising Officer Alex Ogilvie, Deputy Head of Financial Services Naomi Scott, Charitable Funds Accountant Swarnjit Singh, Trust Corporate Secretary Rob Smith, Business Support Manager, Finance

Appendix 2:   Committee Chairs' Assurance report

Committee name	Charitable Funds Committee
Date of meeting	12 January 2021
Summary of assurance:	

1.	**The committee can report significant assurance to the trust Board in the following areas:**
	Financial report month eight
	Committee members discussed and noted a financial overview report of the Charity's funds covering the period up to Month 8, 2020/21 and a breakdown of fund balances at the end of November 2020. They noted key headlines as:
	• A total charitable fund balance at 30 November of £2.49m with income remaining higher than for equivalent periods in previous years because of the Covid-19 pandemic and related donations
	• Expenditure relating to Covid-19 up to the end of November 2020 was £505k out of a total spend of £801k
	2019/20 Annual Accounts
	The Committee noted that the Independent Examiner was ready to sign off the final accounts and agreed the annual accounts for submission. It was also agreed that details relating to the charity's trustees be resolved and updated on the Charity Commission's website.
	Fundraising update and report of activities
	The Committee received a report on fundraising activity for the period 18 November 2020 to 4 January 2021. Committee members noted the following:
	• £25k was raised through individual contributions and online donations
	• The North Central London Integrated Care System had received a grant worth c. £670k from NHS Charities Together for community partnership-focussed projects being co-ordinated by the Royal Free charity
	• A proposal had been received from a vending machine supplier to install smart vending machines selling maternity products. This could generate £20k each year for the Trust's maternity services and also the Maternity Charity Fund. A number of other London NHS Trusts had already installed the machines and approval would first be required on fire safety grounds before the Trust could proceed
2.	**Other key issues covered:**
	Proposed changes to grant approvals
	The Committee considered and approved changes to the:
	• grants approval process with the effect that grant applications for amounts £5k or less would be reviewed weekly by the Chief Finance Officer and Head of Charity
	• to financial reporting so that reports included a breakdown by income stream
	• the receipt of forecasted income once a review of fundraising activity was

	completed in the next financial year

Project Manager business case
Committee members also discussed a business case to bring in a project manager for an 18 month period.

Applications for charitable funding
The Committee reviewed and approved the following bids:

- £18.5k for staff igloos for the N19 courtyard
- £12k to extend the professional classical musicians' programme which had been funded over the past few years to provide sessions on inpatient wards for the benefit of patients and their families
- £44k for refurbished staff shower facilities and locker rooms
- £21k to renew a subscription for software in resuscitation services which would facilitate the retrieval of different data from manual defibrillators and also reduce the risk of data loss
- £7.5k to train six staff members in critical incident stress debriefing to support the psychological wellbeing of staff during the remainder of the pandemic and afterwards |
| 3. | **Attendance:**
Present:
Tony Rice, Non-Executive Director (Committee Chair)
Kevin Curnow, Chief Finance Officer
Clare Dollery, Medical Director
Jonathan Gardner, Director of Strategy, Development & Corporate Affairs
Michelle Johnson, Chief Nurse & Director of Allied Health Professionals
Julia Neuberger, Non-Executive Director

In attendance:
Vivien Bucke, Business Support Manager
Eleanor Clarke, Head of Organisational Development
Stephen Dunham, Assistant Director – Financial Services
Eddie Mitchell, Fundraising Officer
Sam Lister, Head of Charity
Alex Ogilvie, Deputy Head of Financial Services
Naomi Scott, Charitable Funds Accountant
Swarnjit Singh, Trust Corporate Secretary

Apologies:
Siobhan Harrington, Chief Executive
Rob Smith, Business Support Manager, Finance |

Meeting title	Trust Board – public meeting	Date: 25 February 2021
Report title	Board Assurance Framework	Agenda item: 15
Executive leads	Jonathan Gardner, Director of Strategy & Corporate Affairs (Board Assurance Framework)	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	**Background** Trust Board members are presented with the latest iteration of the Board Assurance Framework (BAF) and also an update on the Risk Register. During January 2021, the BAF was updated and scores were revised for some entries to reflect the continued uncertainty caused by the COVID-19 pandemic and also winter pressures. The increase in scores was endorsed by the Trust Management Group, the Quality Assurance, Audit and Risk and Finance & Business Development Committees and also at the Private Trust Board meeting on 28 January 2021. There was further review of BAF entries by executive risk leads during February.	
Purpose	Approval	
Recommendations	The Trust Board is asked to: i. receive the updated Board Assurance Framework; and ii. agree there are effective mitigations in place for risks to the delivery of the Trust's strategic objectives.	
Risk Register	All BAF entries	
Report history	11 January 2021 Executive Team; 13 January, Quality Assurance Committee; 19 January Trust Management Group; 21 January, Audit & Risk Committee; 27 January Finance & Business Development Committee; 28 January Trust Board; 15 February, Executive Team	
Appendices	1: Board Assurance Framework summary 2: Board Assurance Framework detail	

Appendix 1:   **Board Assurance Framework summary**

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	Lead director(s)
		C	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	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 patients not receiving the care they need across hospital and community health services	4	5	20	4	Chief Nurse / Medical Director

Risk Ref	Risk description	Current score			Target score	Lead director(s)
		C	L	R		
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	4	5	20	4	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	5	10	4	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	4	16	9	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	4	12	4	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	Workforce

Risk Ref	Risk description	Current score			Target score	Lead director(s)
		C	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	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	3	4	12	6	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.	3	4	12	6	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	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	4	4	16	8	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	4	16	8	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	4	12	6	Chief Finance Officer / Chief

Risk Ref	Risk description	Current score			Target score	Lead director(s)
		C	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	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	Chief Operating Officer

Appendix 2:   **Board Assurance Framework detailed 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
Work with partners in the system to manage flow and demand to ensure patients are in the right place to receive escalating or de-escalating care – including managing ITU, and non-invasive oxygen bed capacity	• 1st tier – Daily Trust Management Group (TMG) meeting • 1st tier – Oxygen meeting and review with updates provided to TMG • 2nd tier – NCL Operational Implementation Group • 2nd tier – NCL ITU discussions and updated provided to TMG	31 March 2021
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 reports at Executive Team and Trust Management Group (TMG) meetings	Ongoing weekly update during the pandemic
	• 1st tier - Quality Account priorities (monitoring of priorities included within the quarterly quality report presented to Quality Assurance Committee • 2nd tier –2019/20 Quality Account published in December 2020 following consideration by the Quality Assurance and Audit & Risk Committees and the Trust Board	Completed
	• 1st tier - Delivery of Patient Experience Strategy action plan presented to Patient Experience Group (PEG) • 2nd tier – Compliments & Complaints Annual Report presented to Quality Assurance Committee (September 2020) • 2nd tier – Annual Report presented to Trust Board (September 2020)	Year 2 action plan to be presented to PEG in December 2020 and the Annual Report presented to Quality Assurance Committee
	• 1st tier - 'Better Never Stops' Steering Group reviews progress with delivery of the Trust's Better Never Stops action plan related to CQC inspection	CQC regulatory actions met. Operating theatres' peer review completed

Control	Linked assurance evidence report/KPI	Target completion date
	• 2nd tier – Quality Assurance report is reviewed by the Quality Assurance Committee • 3rd tier – CQC Assurance meetings • 3rd tier – Peer review visits include NHS England and Improvement and Clinical Commissioning Group leads • 1st tier – Establish an NHS North Central London (NCL) Clinical Commissioning Group Community Children's Nursing Service – Continuing Healthcare team (Autumn target date) • Revised action plan presented to Better Never Stops Group on 24 September 2020 and then the Quality Governance Committee ahead of return to the Care Quality Commission by the end of October 2020	and further reviews planned.
	• 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 – As part of Covid-19, communication issued three times per week or more to staff on adherence to IPC requirements • 1st tier – Zoned areas in healthcare settings to meet IPC needs • 1st tier – Daily Trust Management Group COVID-19 meeting • 1st tier – COVID-19 and Winter Plan agreed by TMG (September 2020) • 2nd tier – Winter Plan agreed at November 2020 Board 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	Implemented during

Control	Linked assurance evidence report/KPI	Target completion date
	Standard Operating Procedure agreed at 25 August 2020 TMG and implemented. • 1st tier – Progress with staff testing reported to TMG • 1st tier – Staff Covid-19 vaccination plan implementation reported to TMG • 1st tier – rollout of staff Covid-19 vaccination uptake reported to daily TMG	September 2020 across the Trust Ongoing with aim to vaccinate 95% of staff who wish to do so by 31 January 2021
	• 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 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	• 1st tier - Weekly Executive Team and Daily TMG sitrep item • 1st tier – TMG for Phase 3 targets for elective, outpatient and community services each month • 3rd tier – Voluntary service steering group	Weekly sitrep during the level 3 national emergency. This will be stepped up or scaled back according to national and regional command. 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

Control	Linked assurance evidence report/KPI	Target completion date
	• 1st tier - TMG - Recovery dashboard • 1st tier - Use of the independent sector to support recovery phase • 1st tier - NCL submission following national phase 3 letter	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 • 1st tier – Activity dashboard in place and monitored by NCL children and young people silver operational group • The NCL Southern Paediatrics Hub leadership team has been recruited and started in their roles	31 March following the NCL strategic review
	• 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 daily from 15 December 2020 • 1st tier – Staff training organised for staff who will be 'first responders' when redeployment needed	15 January 2021
Serious incident (SI) reporting and action plans monitored to ensure learning and incidents, risks and complaints entered on Datix system	• 1st tier - Incident and Serious Incident reporting policies • 1st tier - Weekly incident review meeting with ICSU risk managers • 2nd tier - Trust Risk Register reviewed by Quality Assurance Committee, Audit & Risk Committee and Trust Board	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	• 1st tier – Trust Better Never Stops steering group regular meeting	

Control	Linked assurance evidence report/KPI	Target completion date
Improvement (QI) drive now on	• 1st tier – Quality Improvement celebration event (phoenix projects – virtual) held on 24 September 2020	

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.
Lower reporting volumes on DATIX	Actions taken to minimise the decrease in incident reporting during the pandemic period through the governance team joining clinical safety huddles and taking a handwritten record of incidents and then uploading onto DATIX. Also promotion though trust's signs of safety and medicines management newsletters and trust communications.	Quarter three 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. SMART KPIs are being identified for a 2020/21 Quality Account priorities' dashboard	Quarter four Quarter four	Progress is monitored by the Quality Governance Committee Progress is monitored by the Quality Governance Committee

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 with monitoring of progress by the 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 by 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 personal protective equipment with a 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 Public Health England infection control and prevention guidance for staff	• 1st tier assurance through weekly verbal report at executive team and Trust Management Group (TMG). Fit testing dashboard developed from 25 August TMG onwards.	Ongoing during the level 4 emergency pandemic

Control	Linked assurance evidence report/KPI	Target completion date
Completed risk assessments for staff	• 1st tier assurance – 95% completion rate reported to TMG on 11 August 2020 against a national target of 100%. • From 2 February, risk assessments for frontline line clinical staff who feel vulnerable to be reviewed	Completed
Provided psychological/wellbeing support to staff	• 1st tier assurance – Future psychological support needs of staff report at TMG on 1 September 2020 with an update on activities available to staff also presented at the 2 February 2021 TMG meeting. • 1st tier – the importance of staff rest and recuperation emphasised and the ability to take annual leave was agreed by the executive team and TMG members during January and February 2021	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. The Trust had agreed to continue the themes of staff health and wellbeing and staff morale as the focus of activity. Due to exceptional circumstances, the delivery of actions plans and subsequent actions was deferred so that the Trust could provide an appropriate response to COVID-19.

Control	Linked assurance evidence report/KPI	Target completion date
		The 2020 Staff Survey will be launched on 5 October and close on 27 November 2020. The outcome will be brought to the March 2021 Public Board meeting.
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 (September 2020) and also from well led KPIs on the Trust Board's monthly integrated performance report • 1st tier- Staff redeployment activity within Whittington Health and NCL reported to TMG	Ongoing activities
Implemented WRES improvement plan	• 2nd tier assurance – Equality standard submissions paper to 29 July 2020 Trust Board. 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.	31 March 2021 (an annual plan and 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 Q4 for consideration by the Trust Board	December 2020 Workforce Assurance Committee and March

Control	Linked assurance evidence report/KPI	Target completion date
		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	The deadline for testing and submitting comments is June 2021.\n\nSeptember 2021 launch
Updated WRES improvement plan to meet Model Employer and align with London equality strategy	A draft plan was developed in Q3 and 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 Q4
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	March 2021 Trust Board meeting	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, Development 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. Shared Chair with UCLH. Chair and CEO on the provider alliance board.	• 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	31 March 2020
• 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	31 March 2020
• Implement Transformation Programme Board (TPB) plan	• 1st tier – Transformation Programme Board (TPB) Chair's assurance report to TMG • 1st tier – Monthly Investment Group meeting	Monthly
o Approve Estate Strategy o Produce Strategic Outline Case for maternity services o Progress next stage of business cases	• 2nd tier - Strategic Outline Case • 2nd tier – Full business case for next phase	Estate Strategy Approved 2020 SOC Completed - Trust Board seminar 29 October 2020 FBC – target date May 2021

Control	Linked Assurance evidence report/KPI	Target completion date
○ Pathology services /NWLP	• 2nd tier - Deed of adherence • 2nd tier – Finance & Business Development Committee and Trust Board	Finance & Business Development Committee, 28 October 2020 – delayed
• Community estate transformation programme • Develop plans for Tynemouth Road and consult with stakeholders and public	• 1st tier - Monthly summary report to TPB • 1st tier – Community Estates Programme Group • 2nd tier - Trust Board agreed empty sites as surplus to requirements	Consultation closes 17th March decision in May after Mayoral elections
• 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	• Conversations have been had with UCLH but they are not keen to do a "UCLH@" model • UCLH are helping with locum appointment • Further options to come to TMG in due course	April 2021 (delayed due to covid)
• 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 • 2nd tier – Elective Orthopaedic Centre hub case agreed by Finance & Business Development Committee and Trust Board (September 2020)	April 2021 – delayed due to build delays at UCLH
• Implement locality leadership working	• 1st tier - All teams up and running – this is	Leadership teams are in

Control	Linked Assurance evidence report/KPI	Target completion date
plans through close liaison with Islington and Haringey councils	now in place • 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	place.
• Community services – anticipatory care / urgent response / streams of work	• 2nd tier - Project progress as per plan reported to Integrated Forum	31 March 2021

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; Director of Environment
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 • 1st tier – TMG and 2nd tier – Trust Board – financial briefing on arrangements during October 2020 to March 2021	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	Quarterly performance reviews are being held in February 201

• 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 (SOC) 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	Ongoing fire safety monitoring

Gaps in controls	Mitigating actions	Completion date	Progress
CIP Delivery is behind plan	Revised plans in development	31 March 2021	Agreed revised targets with ICSU sign off by respective 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