NHS
Whittington Health
NHS Trust

Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board in Public on **Wednesday 30 June 2021** from **9.30am to 11.15am** via video conference.

Item	Time	Title	Presenter	Action
		Standing agenda items		
1	9.30	Patient story	Chief Nurse & Director of Allied Health Professionals	Note
2	9.45	Welcome, apologies and declarations of interest	Trust Chair	Note
3		29 April 2021 public Board meeting minutes, action log, matters arising	Trust Chair	Approve
4		Chair's report	Trust Chair	Approve
5		Chief Executive's report	Chief Executive	Approve
		Quality and safety		
6	10.00	2020/21 Quality Account	Chief Nurse & Director of Allied Health Professionals	Approve
7		Maternity Incentive Scheme – NHS Resolution	Chief Nurse & Director of Allied Health Professionals	Approve
		People		
8	10.15	WRES national team deep dive action plan	Director of Workforce	Approve
		Performance		
9	10.30	Financial performance and capital update	Chief Finance Officer	Review
10		Integrated performance report	Chief Operating Officer	Review
		Governance		
11	10.45	2020/21 Annual Report and Accounts	Director of Strategy, and Chief Finance Officer	Note
12		2021/22 Board Assurance Framework and Strategic Objectives	Director of Strategy, Development & Corporate Affairs	Approve
13		Chair's report, Workforce Assurance Committee	Committee Chair	Note
14		Chair's report, Audit and Risk Committee	Committee Chair	Note
15		Chair's report, Quality Assurance Committee	Committee Chair	Note
16		Questions to the Board on agenda items	Trust Chair	Note
17	11.15	Any other urgent business	Trust Chair	Note

Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 29 April 2021

Present:	
Baroness Julia Neuberger	Chair
Siobhan Harrington	Chief Executive
Kevin Curnow	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 MBE	Chief Nurse & Director of Allied Health Professionals
Tony Rice	Non-Executive Director (items 1-12)
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
Charlie David	Patient Experience Manager (item 1)
Norma French	Director of Workforce
Jonathan Gardner	Director of Strategy, Development & Corporate Affairs
Dr Sarah Humphery	Medical Director, Integrated Care
Andrew Sharratt	Acting Director of Communication & Engagement
Swarnjit Singh	Trust Secretary
Mrs Knell	Patient (item 1)
Observer:	
Katy Corcoran	Care Quality Commission Inspector

No.	**Item**
1. 1.1	**Patient experience story** Michelle Johnson welcomed Mrs Knell and thanked her for joining the meeting to share with Board members her story. Mrs Knell thanked Board members for this opportunity to help share her experience and drew attention to the following points: • She was now 67 years old and retired, having been born in Martinique in the Caribbean. She came to the UK on the Empire Windrush voyage. She lived in East Sussex and, together with her sister who lived in Essex, was co-ordinating care for her parents • Mrs Knell was a carer for two elderly relatives with dementia and multiple healthcare requirements. The people she cared for were frequent users of Whittington Heath services, as well as other local

	hospitals, and she has had many positive and challenging experiences to share • Her father's hearing aid was constantly breaking down. Mrs Knell had asked Audiology if a new hearing aid could be arranged (rather than constant short-term repairs) but was having difficulty. A member of Whittington Health's Patient Advice and Liaison team (PALs) team member spoke to colleagues in Audiology services who quickly said they could offer a new hearing aid – arrangements were made to bring her father into the trust, and the hearing aid was replaced • Her father also had a problem with wrist pain – arranged for him to be seen in the emergency department on the same day as his hearing aid was replaced • Mrs Knell's mother needed to be seen in person by one of the gynaecologists. The PALs team called the gynaecology matron who spoke to the consultant and it was agreed that her mother could be seen on the same day as her husband was having his hearing aid replaced. This meant only one trip to the hospital. Additionally, the PALs team spoke to Whittington Health's security and confirmed they could park in the disabled bay (they have a blue badge) • Her mother also had a difficulty with her leg and it was arranged for her to be seen in our emergency department (on the same day as her gynaecology appointment) and she was also treated for cellulitis • She praised Whittington Health's ambulatory care team who had helped her mother receive care for her right shoulder as part of rehabilitation • She suggested that appointment letters received from several NHS organisations could be improved with clearer information provided on the day and date of appointments and with times not shown using the 24-hour clock • Mrs Knell also proposed that it would bring considerable benefits if every GP reviewed their patient lists and the data they held for vulnerable and disabled patients, and asked for up-to-date names and details for two people who could be contacted about their care
1.2	During discussion, the following points arose: • Siobhan Harrington thanked Mrs Knell for sharing her experience and for her valuable suggestions for areas for improvement in the NHS • The Chair agreed with the need to have appointment times not shown on a 24-hour clock basis
1.3	**The Board thanked Mrs Knell for her patient story and agreed that the teams involved be written to and thanked.**
2.	**Welcome and apologies**
2.1	The Chair welcomed everyone to the first Whittington Health Board meeting to be held in the 2021/22 financial year, in particular Katy Corcoran who was observing the meeting on behalf of the Care Quality Commission.

2.2	There were no apologies.
3. 3.1	**Declarations of interest** There were no new declarations reported.
4. 4.1	**Minutes of the meeting held on 25 March 2021** The Board agreed the minutes of the previous meeting as a correct record. The updated action log was noted.
5. 5.1 5.2	**Chair's report** The Chair highlighted the following: • The updated schedule for board meetings to be held in public avoided clashes with board meetings held by both University College London Hospitals NHS Foundation Trust and the Royal Free London NHS Foundation Trust • She was successful in being appointed as one of two vice-chairs of the North Central London Provider Alliance along with Mark Lam. Siobhan Harrington was the Provider Alliance's executive lead for community services and Clare Dollery was one of two executive director clinical leads • She had attended meetings of the North London Partners in Health and Care and there was a significant amount of activity taking place in the integrated care system currently with the reviews of community and mental health services • Following communication from Sir Andrew Morris, Interim Chair of NHS Improvement, to all NHS provider chairs, arrangements were being taken forward for the appraisal of non-executive directors **The Board noted the Chair's report.**
6. 6.1	**Chief Executive's report** Siobhan Harrington emphasised that Whittington Health was very much in recovery mode for both patients and staff. She was pleased to report that: • Currently there were no Covid-19 positive inpatients and that the important messages were re-iterated regularly to staff to adhere to guidance on personal protective equipment and on social distancing • Executive directors were mindful of the impact of the pandemic in India and that many Whittington Health staff had relatives who had been affected • The vaccination programme continued to make progress with 71% of all staff, including 62.4% of black, Asian and minority ethnic staff, having been vaccinated. Conversations were continuing with staff who had not yet had the vaccine and learning was being shared by other providers • The interim findings from stakeholders in the North Central London review of community services had been shared and a series of workshops were planned in June and July involving patients, involving clinical, professional and operational leads from across community services, primary care, mental health, and acute services

	• On 13 April, Whittington Health was delighted to receive a visit from Prerana Issar, NHS Chief People Officer. Areas of focus where good learning and advice was shared were: progress with the staff vaccination programme, the workforce race equality standard, staff survey outcomes, and support for our workforce as part of post-pandemic recovery • The recovery programme was well under way. The combined elective (inpatient and day case) performance was 72%, with outpatients at 76%, both were above recovery trajectory targets. Good progress was also being achieved in the reduction in the number of patients who had waited over 52 weeks for treatment with the Trust ahead of plan. All diagnostics services had been switched on and imaging services had made significant improvement in clearing its backlog • Lynda Rowlinson, Head of Patient Experience, was a worthy winner of a staff excellence award for demonstrating Whittington Health's compassionate value. Lynda came in during her own time all over the Christmas period to distribute messages to patients from families, due to the inability for relatives to visit loved ones. Lynda continued to come in every weekend during January and February 2021 to support the clinical staff and to deliver messages to patients. She has gone the extra mile and, during an extremely difficult time on the wards, helped to keep patients connected with their families
6.2	**The Board noted the Chief Executive's report and agreed that an update and discussion be provided at a future Board seminar on the North Central London reviews of community services and mental health services.**
7.	**2021/22 Safeguarding declaration**
7.1	Michelle Johnson sought approval for the annual declaration of the Trust's Commitment to fulfilling its responsibilities towards vulnerable children and adults. She reminded Board members that safeguarding was everyone's business and provided assurance that Whittington Health was an engaged partner in local safeguarding boards. In reply to a question from Amanda Gibbon about children missing appointments, assurance was provided that the Trist was involved in integrated training with health and social care partners in the London Boroughs of Camden, Islington, and Haringey on the risk of vulnerable children being subject to exploitation by gangs.
7.2	**The Board approved the safeguarding declaration for children and adults and was assured that Whittington Health continued to follow its statutory requirements to protect children and adults at risk of abuse and neglect.**
8.	**Eliminating mixed gender hospital accommodation declaration**
8.1	Michelle Johnson explained that this item was the Trust's annual statement of its commitment that patients who required inpatient/day case care should be cared for in same gender accommodation to help safeguard their privacy and dignity when they are often at their most

	vulnerable. Patients who were admitted to hospital or came in for a planned day case would only share the room or ward bay where they slept, with members of the same gender, and same gender toilets and bathrooms would be close to their bed area.
8.2	It was explained that exceptions would be very rare and based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained.
8.3	**The Board:** **i. agreed the statement of assurance prior to its publication on the Trust's external webpages and intranet;** **ii. noted that monthly reporting of breaches was contained within the Trust Board integrated performance report, as reported to commissioners; and** **iii. noted that consideration was given to the needs of patients when the Trust is operating within a major incident due to the COVID-19 pandemic.**
9. 9.1	**Financial performance and capital update** The report was taken as read. Kevin Curnow outlined that the Trust was reporting a small surplus of £0.05m for the year 2020/21. This was a favourable variance to plan of £3.9m. Cash balances at end of March stood at £61.5m. The higher than average, cash balance was due to the NHS moving away from the payment by results methodology and due to additional payments received in March relating to annual leave. Capital expenditure during 2020/21 was £21.3m This included spend relating to a North Central London Sustainability Transformation Partnership allocation of £14.5m, approved COVID-19 capital, and technical adjustments relating to a Managed Equipment Service contract.
9.2	**Board members welcomed and noted the successful end year financial outturn for 2020/21.**
10. 10.1	**Integrated performance report** The report was taken as read. In addition, Carol Gillen alerted Board members to the following headlines: • Compared with the previous month, the emergency department had seen a 40% increase in attendances, particularly paediatric, as schools had returned • The Trust performed well in maintaining its average time to treat at 60 minutes • Performance against the 62-day cancer target was at 74.4% for February, up from 65.9% in January 2021. The Trust achieved 89% performance on the 2-week wait standard in February 2021 against a target of 93%.

	• There was a significant focus on recovery across the North Central London health and social care system and progress was being achieved in tackling the backlog of patients who had waited for more than 52 weeks for treatment • In the community, collaborative work was taking place with system partners to address waiting times for pulmonary rehabilitation, podiatry services, and for speech and language therapy services
10.2	During discussion, the following issues arose: • Junaid Bajwa noted that activity was increasing for all providers, particularly following an increase in referrals from primary care services. He suggested that a Board seminar should discuss plans for outpatient innovation and transformation in response to patient feedback • Amanda Gibbon welcomed the good outcome achieved in the community family and friends test result • In reply to a question from Amanda Gibbon on performance on e-referrals, Carol Gillen provided assurance that patient lists were monitored on a weekly basis • Michelle Johnson confirmed that nutritional assessments and pressure ulcer risk assessments happened for all patients in the community • Naomi Fulop welcomed the restart of the pressure ulcer steering group and confirmed that the Quality Assurance Committee would review and monitor improvements in performance. Michelle Johnson confirmed to Rob Vincent that the pressure ulcer cases reported occurred for patients who were housebound in their own homes and not for patients who were in the residential care sector • Anu Singh drew attention to the staff family and friends' test response rate and the numbers of staff recommending Whittington Health as a place for treatment, and to work. The Chair commented that the leadership shown by the executive team this year had greatly contributed to the positive staff family and friends' test outcome
10.3	**The Board noted the integrated performance report and agreed that a board seminar be held to discuss on innovation and transformation plans.**
11.	**Audit and Risk Committee Chair's report**
11.1	Rob Vincent explained that a verbal update was provided at the March 2021 Board meeting for the committee meeting which took place on 18 March, and the formal assurance report was here for noting. He highlighted the positive outcomes from the internal audit reviews of core financial systems and procurement.
10.2	**Board members noted the report and the areas of significant assurance.**

12.	**2021/22 Strategic objectives**
12.1	Jonathan Gardner presented the report. He explained that the underpinning corporate objectives to the Trust's strategy had been revised to align and meet all requirements of the new 2021/22 planning guidance and system developments.
12.2	In discussion, Board members provided the following comments on the accompanying metrics they would like to see presented each quarter: • Anu Singh welcomed the paper and suggested there should be more on models of care and being a beacon for leading on integrated care • Junaid Bajwa asked whether there should be an explicit statement for digital data and analytics to explain how Whittington Health might leverage data to develop innovation • Amanda Gibbon suggested some of the measures could be made smarter by including a target for the percentage of staff to be vaccinated • Glenys Thornton was pleased to see metrics included for maternity and neo-natal services and asked whether listening to patient feedback as part of the patient experience strategy work could be included
12.3	**The Board:** **i. agreed the continuation of Whittington Health's 2021/22 four strategic objectives;** **ii. welcomed, discussed and fed back on the draft 2021/22 corporate objectives revised in the light of the 2021/22 planning guidance; and** **iii. agreed that a revised set of corporate objectives be circulated by email prior to their formal approval at the June board meeting.**
13.	**Any other business**
13.1	There were no items raised.

Action log, 29 April 2021 Public Board meeting

Agenda item	Action	Lead(s)	Progress
Patient story	Write and thank the team's involved in the care and treatment of Mrs Knell's parents	Trust Chair	Completed
Chief Executive's report	Hold a future Board seminar discussion on the North Central London reviews of community services and mental health services	Siobhan Harrington	This item is scheduled for the July 2021 Board seminar
Eliminating mixed gender hospital accommodation declaration	Publish the declaration on the Trust's external webpages and intranet	Michelle Johnson	Completed
Integrated performance report	Discuss innovation and transformation plans at a future Board seminar	Carol Gillen	This item is scheduled for the October 2021 Board seminar

Meeting title	**Trust Board – public meeting**	**Date: 30 June 2021**
Report title	**Chair's report**	**Agenda item: 4**
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 activity since the April 2021 Board meeting.	
Purpose:	Approval	
Recommendation(s)	Board members are asked to note the report and to approve the terms of reference for an Innovation, Digital and Transformation Assurance Committee	
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	1: Innovation, Digital and Transformation Assurance Committee terms of reference	

Chair's report

This report provides an update to Board members since the last meeting held in public on 29 April 2021.

COVID-19

I continue to be struck by the immense dedication of all our staff. I am so grateful for their continued hard work in providing safe, high quality care for patients at the Whittington Hospital and community sites, and for their work in helping to ensure as many staff and local people as possible are vaccinated. I have had the pleasure to carry out joint visits with the Chief Executive to see our fabulous staff at the Hornsey Rise Health Centre, at the River Place Health Centre, at the Lordship Lane Health Centre, and in our Intensive Care Unit.

A visit from HRH, the Duchess of Cornwall

On 12 May, Whittington Health NHS Trust welcomed Her Royal Highness, the Duchess of Cornwall, who met with nurses and young patients as part of International Nurses' Day.
The meeting, with nurses from several different specialities, involved her thanking staff for all their work, especially during the last year. Later in the visit, Her Royal Highness, who is the Patron of Roald Dahl's Marvellous Children's Charity, met patients who are being treated for complex blood conditions within the hospital, such as sickle cell anaemia.

Her Royal Highness also visited the sensory garden outside the hospital and helped to plant new Nye Bevan and Roald Dahl roses alongside our staff. She was also presented with a copy of Slater King's *Whittington Hospital – In the time of Covid*, a photobook that tells the story of Whittington Health staff working during the first wave of the pandemic.

North Central London Provider Alliance

I am very pleased to confirm the membership of the integral Alliance Board for the first year has been agreed as shown in the table below:

Non-Executive Directors	Executive Directors
Dominic Dodd (Chair)	Caroline Clarke (acute)
Mark Lam (Vice-Chair)	Paul Fish (sustainability lead)
Julia Neuberger (Vice-Chair)	Siobhan Harrington (community services)
Cedi Frederick (acute)	Jinjer Kandola (mental health)
Tessa Green (specialist)	Alpesh Patel (primary care)
Dot Griffiths (community services)	David Probert (academic health)
David Lomas (academic health)	Mat Shaw (specialist)
Frances O'Callaghan (primary care)	Chris Cauldwell (clinical lead)
Jackie Smith (mental health)	Clare Dollery (clinical lead)

In addition to the above members, the Board will be attended by Mike Cooke as Chair of the North Central London Integrated Care System (ICS) and Rob Hurd as ICS Senior Responsible Officer.

Digital and Transformation Assurance Committee
The Trust is in a rich period of innovation and transformation, often underpinned by digital enablers. To ensure that we maximise the benefit, learning and opportunity from these changes it is proposed that a Committee of the Board is established to provide assurance on matters of innovation. Initially, this forum will review and discuss existing innovative digital projects and new innovations and then, over time, it will consider work on population health and work being done in the NHS on anchor institutions, alongside other key Trust transformation projects. The terms of reference are shown at appendix 1.

External meetings
I attended several meetings with external partners, including the North London Partners in Health and Care (North Central London's integrated care system), and also the steering group for the North Central London Provider Alliance.

Non-Executive Director appraisals
Appraisals have been carried out for all non-executive directors and the outcomes will be reported to NHS England and Improvement.

Consultant recruitment
The following non-executive directors participated in recruitment and selection panels for these Consultant posts:

Date	Post title	Non-Executive Director panel member
13 May	Consultant in Spinal Surgery	Rob Vincent
18 May	Consultant in Neonatology	Julia Neuberger
26 May	Consultant Anaesthetist	Anu Singh

Appendix 1:

	Innovation, Digital and Transformation Assurance Committee terms of reference
1. 1.1 1.2	**Authority** The Board of Directors hereby resolves to establish a Committee to be known as the Innovation, Digital and Transformation Assurance Committee (the Committee). This Committee has no executive powers other than those delegated in these terms of reference. The Committee is authorised by the Board to: • investigate any activity within its terms of reference • seek any information it requires for any employee, and all employees are directed to co-operate with any request made by the Committee • obtain outside legal or other professional Advice, if it considers this necessary, via the Trust Secretary
2. 2.1	**Role** The role of the Committee is to provide assurance to the Trust Board that: • there is an effective structure, process and system of control for the governance of innovation and transformation matters and the management of risks related to them; • there is a Trust Innovation / Tranformation Strategy and it is being sucessfully implemented ; and • the Trust complies with its obligations with regard to commercial opportunities.
3. 3.1	**Membership** The membership of the Committee shall comprise: • At least two Non-Executive Directors (one of whom shall Chair this Committee); • Director of Strategy (lead executive director for the committee); • Chief Finance Officer • Chief Operating Officer • Chief Information Officer • Chief Clinical Information Officer • Chief NIO • Lead Allied Health Professional
4. 4.1 4.2 4.3	**Quorum and attendance** The Committee shall be deemed to be quorate if attended by any two Non-Executive Directors (NEDs) of the Trust (to include the Chair or designated alternate) and two executive directors. All NEDs can act as substitutes on all Board Committees. In the event that an executive director member of the committee is unable to attend a meeting, they are required to send a deputy director from their directorate in their stead. The following members of staff will be in attendance at committee meetings: • Deputy Chief Operating Officer

4.4	The Secretary of the Committee will keep a register of attendance for inclusion in the Trust's Annual Report.
5.	**Frequency of meetings**
5.1	The Committee must consider the frequency and timing of meetings needed to allow it to discharge all its responsibilities. The Committee shall meet at least three times a year. The Committee Chair can call special meetings, if required.
6.	**Agenda and papers**
6.1	Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
6.2	Notification of the meeting, location, time, and agenda will be forwarded to Committee members, and others called to attend, at least one full week before the meeting. Supporting papers will also be sent out at this time.
7.	**Duties**
7.1	The Committee will carry out the following duties for the Trust Board: i. Keep under review the development and delivery of the Trust's Innovation, Digital and Transformation Strategies in reponse to national guidance and emerging opportunities. ii. Receive details of innovation and digital priorities that arise from annual business planning processes and to receive exception reports on any significant risks or issues; iii. Ensure that effective digital enablers are put in place to drive innovation and the digital agenda; iv. Advise the Board on key strategic risks relating to innovation, digital and transformation and review their effective mitigation; v. Receive and review regular reports through Trust Management Group on the work of the Investment Group, Transformation Programme Board and Innovation and Digital Transformation Group
7.2	Non-Executive Director Committee members will be asked to: i. ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning innovation, digital and population health investments; ii. ensure that decisions taken at a Board level, have sufficiently considered and taken account of impacts and benefits of digital and innovative approaches iii. understand the principles which should be followed in planning, and seek assurance that these are being followed in the organisation.
8.	**Reporting**
8.1	Members and those present should state any conflicts of interest and the Secretary should minute them accordingly.
8.2	The draft minutes of Committee meetings shall be formally recorded and presented at the next meeting of the Trust Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure, or executive action.

8.3	The Trust's annual report shall include a section describing the work of the Committee in discharging its responsibilities.
8.4	The Committee shall receive reports from the following Trust fora: • Trust Management Group • Transformation Programme Board • Innovation and Digital Transformation Group • Investment group
9.	**Monitoring and review**
9.1	The Committee will produce an annual work plan and, in line with good corporate governance practice, carry out an annual review of effectiveness against its terms of reference and delivery of its annual work plan.
9.2	The Board of Directors will monitor the effectiveness of the Committee through receipt of the Committee's minutes and such written or verbal reports that the Chair of the Committee might provide.
9.3	These terms of reference were approved by the Board of Directors in June 2021 and will be reviewed, at least annually.

Meeting title	**Trust Board – public meeting**	**Date: 30 June 2021**
Report title	**Chief Executive's report**	**Agenda item: 5**
Executive director lead	Siobhan Harrington, Chief Executive	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	This report provides Board members with updates on policy developments nationally and locally since the last Board meeting held in public. The report also celebrates the achievements of Trust staff.	
Purpose	Approval	
Recommendation	Board members are invited to receive the report and to: i. note the assurance evidence in support of, and approve, the statements for compliance with NHS provider licence conditions prior to the publication on the Trust's website (appendix 1); ii. approve the 2021 Heatwave Plan (appendix 2); and iii. note the Whittington Health gender pay gap report (appendix 3).	
Risk Register or Board Assurance Framework	All Board Assurance Framework entries	
Report history	Report to each Board meeting held in public	
Appendices	1: NHS provider licence conditions G6 and FT4 self-certification 2: 2021 Heatwave Plan 3: Gender pay gap report	

Chief Executive's report

COVID-19 update

Since the last Board meeting held in public, there has been increase in the transmission of variants of concern of COVID-19 virus across the country, in particular the *delta* variant, which has become predominant. The response by the NHS has seen surge testing in affected areas in England and an increase in vaccination rollout in all parts of the UK. The overriding message to our patients and our staff is to remain safe, continue to follow Government guidance, and adhere to infection prevention and control guidance on personal protective equipment and maintain social distancing, where possible.

As of 22 June, Whittington Health had six COVID-19 positive inpatients, including two in our intensive care unit. The Trust is busy, seeing additional activity and I would like to thank everyone for all that they continue to do.

Vaccination programme

I am pleased to report that Dr Julie Andrews, a Medical Microbiology and Virology consultant, has recently taken over as the medical lead for the COVID vaccination strategy. Julie has worked at Whittington Health for the last 15 years and has co-led on our flu vaccination campaigns.

Along with local health and care partners, Whittington Health has continued its roll out of the COVID-19 vaccination programme across the hospital site and in local community settings. As of 18 June, 89.7% of all substantive Trust staff had received their first vaccination. This included 78.6% of all staff from a black, Asian or minority ethnic background. Overall, 64.5% of all staff had received both vaccinations. This has been good progress. More remains to be done, however. The vaccine is effective against the COVID-19 delta variant, so we will continue to encourage everyone, staff and local people, to have their vaccination.

All of this is all thanks to our fantastic teams for making this possible. We recognise how hard our workforce have worked over the past year to respond to the pandemic and there are a set of wellbeing principles which we agreed with our partners to make sure staff wellbeing is a central to all we are doing.

The national inquiry into the COVID-19 response will be taking place next summer. As this is a public inquiry, we will need to maintain all our record keeping and decision making during the pandemic, as well as the lessons learned.

Integrated Care Systems Design Framework

On 16 June, NHS England and Improvement (NHSE/I) published the Integrated Care Systems (ICS) Design Framework[1]. This builds on NHSE/I's vision for ICSs, proposed in the government's white paper in February 2021 and sets out the operating model for ICSs from April 2022 (subject to legislation and its parliamentary process). In the meantime, the Design Framework will act as interim guidance for

[1] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf

how ICSs need to continue developing and preparing for new statutory arrangements over the next ten months.

NCL accelerator programme – recovery of elective patient care
In May, the North Central London Integrated Care System was successful in its bid to be an NHS elective accelerator site sharing in an initiative, designed to help tackle waiting lists in 12 NHS areas and in five specialist children's hospitals. The elective accelerator sites will each receive a share of £160 million along with additional support to implement and evaluate innovative ways to increase the number of elective operations they deliver. North London Partners ICS will extend NHS operating hours, as well as using the independent sector, and offer patients care in newly designed surgical hub.

We have already started on our recovery programme including running Trauma and Orthopaedics clinics at weekends and we are working collaboratively with the clinical networks within NCL and utilising spare capacity in the independent sector.

North London Partners Shared Services
We are working with our North London partners to develop a shared service for recruitment and occupational health. This will be hosted by the Royal Free London Group.

London Living Wage
In June, Whittington Health was accredited as a London Living Wage (LLW) employer. We have been working with colleagues in Islington to support the

Quality and safety operational performance
The integrated performance report is later in this meeting's agenda. Headlines include:

- Emergency Department – in May 2021, performance against the four-hour access standard was 84.7%, against the 95% target. The national average in May was 83.7%, the London average was 86.6% and the North Central London average was 86.8%. May 2021 saw 9,291 attendances compared to 9,281 during May 2019. There were no 12-hour trolley waits.
- Cancer – performance in against the two weeks wait standard was 92.9% in April 2021 % against a target of 93%; performance against the 62 day standard was at 65.5% in April, down from the 77.5% achieved in March
- Referral to Treatment – at the end of May 2021, there were 872 patients waiting more than 52 weeks for treatment, an improvement of 178 from April 2021 to end of May 2021. The Trust's elective recovery plan is now in place to monitor performance against an agreed trajectory.
- Workforce – staff appraisal rates in March 2021 were at 71.9% against a target of 90%, an increase of 2% from the previous month. Compliance against mandatory training was at 75.5% in May 2021 against a 90% target

Financial performance
The finance and capital report later in the agenda today details the outcome for month two of this financial year where the Trust is reporting an actual deficit of £0.5m at the end of May 2021. This is an adverse variance of £0.1m against a planned deficit of £0.4m. This position is being caused by slippages in delivering our

expected savings plan and other expenditure overspends not covered by the funding provided in quarters one and two of this financial year.

2020/21 Annual Report and Accounts
At a meeting held on 14 June, delegated authority was exercised by the Trust Chair, Audit & Risk Committee Chair, and the Chief Executive, to formally approve the 2020/21 annual report and accounts for submission to NHS England and Improvement by the 15 June deadline. The annual report and accounts are included later in this meeting's agenda and show the tremendously challenging year we have successfully endured. That success is a testament to the incredible efforts of all our Whittington staff.

New senior appointments
I am pleased to report the following new senior leaders at the Trust, as follows:

- Dale-Charlotte Moore has joined as our new Deputy Chief Operating Officer
- After a competitive application and interview process, the following appointments were made for clinical director roles in our integrated clinical service units:
    - Erum Jamall has been appointed as the Clinical Director for Children and Young People
    - Nadine Jeal was reappointed as the Clinical Director for Adult Community Services
    - Deepak Suri has been appointed as the Clinical Director of the Emergency and Integrated Medicine (EIM) ICSU. Deepak currently works as a Consultant Gastroenterologist and is Clinical Lead for Gastroenterology at the Trust
    - Helen Taylor has been reappointed as the Clinical Director of the Acute patient access, Clinical support services, and Women's Health

NHS provider licence
NHS trusts are required annually to self-certify that they can:

- meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012
- have regard to NHS Constitution requirements); and
- that they have complied with governance requirements.

NHS trusts are required to publish the agreed self-certifications on their web pages following Board approval. Whittington Health intends to make positive confirmations on all the required declarations. The evidence in support of the declarations can be seen at appendix 1 along with the declarations.

Heatwave Plan
The Trust's Management Group agreed the revised 2021 Heatwave Plan at its meeting on 15 June 2021. In accordance with NHS England's emergency planning assurance process, approval is sought from the Trust Board. The Heatwave Plan is shown at appendix 2.

Gender pay gap
Reporting on gender pay gaps was introduced in 2017 alongside requirements for specified public bodies, including publishing annual information to demonstrate compliance. Whittington Health's gender pay analysis (see appendix 3 - for data as of 31 March 2020) shows that, women employed by the Trust earn an average of 10.3% less than men, per hour. This is a 1.7% deterioration when compared to the figure reported for end of March 2019 (8.6%). The full gender pay gap report is being considered by the Workforce Assurance Committee which will review and update the action plan to address the gender pay gap issues identified at its next meeting.

The Trust already actively supports women to return to work following maternity and adoption leave and offers shared parental leave and flexible working arrangements. The first Whittington Health Women's Network was launched on International Women's Day in March 2021 and provides feedback to help inform improvement plans. The Trust will ensure that gender equality continues to be an integral part of our Equality, Diversity, and Inclusion Strategy.

WRES national team deep dive action plan
In July 2020, Whittington Health became the first Trust in London to sign up to a national pilot, which built on the NHS Workforce Race Equality Standard (WRES) work to date to improve experiences and outcomes for black, Asian and minority ethnic (BAME) staff at the Trust and across the NHS. The pilot focussed on improving culture – the less tangible things about an organisation that can be the difference between people feeling empowered to do their job to the best of their ability or conversely feeling excluded, marginalised, and demoralised.

We have shared a report from the pilot across the Trust. It shows that we have issues around a lack of diversity in senior positions, that we need to review our recruitment and selection processes, and that while progress has been made on tackling bullying and harassment, there is more to do. The Trust's Management Executive and Board are committed to making further advances in this area. To help with that aim, we are going to create a Director-level role, with a resourced team in place who will support this important work.

Pride
In June, Pride is held to mark and commemorate the anniversary of the 1969 Stonewall riots. The 2020 parade was sadly cancelled due to the pandemic. Instead of the usual summer parade, Pride in London, will take place in the autumn on 11 September 2021. To help celebrate Pride at Whittington Health and to promote equality, our LGBTQ+ staff network has organised a series of events for all staff to attend.

ICARE values
A strong values-driven culture is crucial to the success of a high performing organisation. Whittington Health's ICARE values not only help us shape what we do, but also how we do it and why. They are fundamental to the way the Trust operates and how we care for our patients and each other. Our values are Innovation, Compassion, Accountability, Respect and Excellence. Our staff networks have asked that the Trust consider strengthening our ICARE values by including 'Equity'

alongside ‘Excellence’ and we are currently engaging, surveying, and listening the views of all staff on this proposal.

Staff excellence awards
This month’s winners of our staff excellence awards include two team awards and three individual awards:

- **The Haringey Occupational Therapy Team** - every member of the Haringey Occupational therapy team has delivered high quality therapy services and managed to keep on improving even in the challenging circumstances of the past year. The team developed new ways of working to ensure that our patients’ needs were met during the difficult times of the pandemic.
- **The Safeguarding Children team in the hospital and the Islington Community Safeguarding team** - are small teams who have remained a quiet backbone ensuring that staff are supported and that children are safeguarded. The teams are incredibly flexible, cooperative, and have dealt with difficult and distressing cases throughout the pandemic. All team members contributions are greatly appreciated
- **Athena Trapalic, MSK Physiotherapist** - Athena worked tirelessly to develop effective systems for organising and administering the housebound patient vaccines in the London Borough of Haringey. As a site manager at St Ann's Physiotherapy Department and as vaccine team leader, she has been extremely supportive and kind to all members of her teams which has really helped their well-being during this difficult year
- **Kevin Gilbride, Matron, Acute Elderly Medicine** – Kevin’s nomination acknowledged the fantastic job he is doing interact with patients in such a compassionate and holistic way, gently exploring the issues that were driving this patient’s behaviour
- **Reverend Tola Badejo, Chaplain** - Tola has worked relentlessly to help people who may have been struggling to speak up and find support. He has an open-door policy with a readiness to always listen and support staff and the local community

Appendix 1: NHS provider licence self-certification

1. Background

1.1 NHS Improvement requires NHS trusts to self-certify on an annual basis whether or not they meet the following licence conditions:

NHS licence provider condition	Self-certification requirement
Condition G6(3)	The provider has taken all precautions necessary to comply with the Licence, NHS Acts and NHS Constitution
Condition FT4(8)	The provider has complied with required governance arrangements

1.2 The aim of the self-certification process is for providers to carry out assurance that they are in compliance with the licence conditions and for the Board to clearly understand the Trust's position.

1.3 The Board of Directors are asked to self-certify the Trust's compliance with Conditions G6(3) and FT4(8) and to review the evidence of assurance in support of these two self-certifications.

2. NHS provider licence conditions

2.1 Condition G6 requires providers to:

- have effective processes and systems in place that identify risks to compliance with the conditions of the provider licence, any requirements imposed on it under the NHS Acts, and the requirement to have regard to the NHS Constitution in providing health care services;
- take reasonable mitigating actions to prevent those risks and a failure to comply from occurring; and
- annually review, whether these processes and systems are effective.

2.2 Condition FT4 requires providers to review whether their governance systems meet the standards and objectives in the condition; compliance requires effective Board and Committee structures, reporting lines and performance and risk management systems.

2.3 Table 1 overleaf outlines the requirements of Conditions FT4 and G6 and the Trust's response and shows the supporting evidence for the self-certification.

Table 1 – Proposed self-certification responses

Condition FT4 key statement	Response	Supporting evidence/assurance	Risks/mitigating actions
1. The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	• Annual review of corporate governance framework elements such as standing orders, standing financial instructions and scheme of delegation, board committees' effectiveness and terms of reference • The 2020/21 Head of Internal Audit Opinion was *significant assurance with some improvement required* • The internal audit review of Board assurance arrangements gave an assessment of *significant assurance with some improvement required* • An unqualified external audit opinion on the 2019/20 financial accounts and clean opinions with regard to use of resources# • Quarterly review of the Board Assurance Framework and Corporate Risk Register. Integration of the BAF with key performance indicators linked to our strategic objectives • Annual internal audit programme	None identified
2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Confirmed	• The Trust has regard to guidance through the submission of required annual and quarterly declarations, annual self-certifications and also when developing its annual operational and capital plans	Minimal risk – see Board Assurance Framework (BAF)
3. The Board is satisfied that the Trust implements: a) Effective Board and committee structures b) Clear responsibilities for its Board, for committees reporting to the Board and for staff	Confirmed	• Annual Governance Statement approved by Audit and Risk Committee in May 2021 and confirmation by KPMG that it adhered to guidance set out in the Department of Health & Social Care's Group Accounting Manual • Annual review of corporate governance framework elements such as standing orders, standing financial instructions and scheme of delegation, board committees'	Minimal risk – see BAF

Condition FT4 key statement	Response	Supporting evidence/assurance	Risks/mitigating actions
reporting to the Board and those committees; and c) Clear reporting lines and accountabilities throughout the organisation.		effectiveness and terms of reference • Board Committee Chairs' assurance reports to each subsequent Board meeting to escalate any areas of concern • Detailed corporate governance structure in place • Audit Committee's annual self-assessment, in line with Audit Committee Handbook recommendations	
4. The Board is satisfied that the Trust effectively implements systems and/or processes: a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board (now NHS England) and statutory regulators of health care professions; d) For effective financial	Confirmed	• Clean' external audit opinion on use of resources and value for money assessment for 2020/21 accounts • Internal and external audit annual plan – review of completed audits by Audit & Risk Committee • Audit & Risk Committee's receipt of technical updates relating to the health sector from KPMG (external auditors) and other relevant briefings • Regular meeting of Board of Directors and Board committees, enabling timely reporting and sharing of information • Monthly performance reports to Board of Directors including performance against national and local targets, other regulatory requirements, workforce indicators, and patient and staff feedback • Monthly Finance and capital reports to Board of Directors Board review of returns to NHS Improvement • Board of Directors' review and approval of annual capital expenditure plans with updates provided on progress • Updates to the Board on contract sign-off and future performance requirements from commissioners • Progress against delivery of Quality Account priorities is	Minimal risk – see BAF

Condition FT4 key statement	Response	Supporting evidence/assurance	Risks/mitigating actions
decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and h) To ensure compliance with all applicable legal requirements.		monitored by the Quality Assurance Committee • Local anti-fraud arrangements in place with reports on progress against annual work-plan and any ad hoc anti-fraud work received by the Audit & Risk Committee	
5. The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or	Confirmed	• Executive job descriptions in place with clearly defined remits/responsibilities, linked to the Trust's strategic objectives • Annual executive director appraisal process - including objective-setting and personal development planning	Minimal risk – see BAF

Condition FT4 key statement	Response	Supporting evidence/assurance	Risks/mitigating actions
processes to ensure: a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; c) The collection of accurate, comprehensive, timely and up to date information on quality of care; d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and f) That there is clear accountability for quality of care throughout the Trust including		• Board of Directors development activities. • Fit and Proper Persons Declarations – Board of Directors' annual self-assessment completed by Director of Workforce • Board members' register of declared interests • Complaints Annual Report to Quality Governance Committee • Annual Board reports on patient and staff survey outcomes and associated action plans • Patient Experience strategy agreed by the Trust Board with progress reported to the Quality Committee	

Condition FT4 key statement	Response	Supporting evidence/assurance	Risks/mitigating actions
but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.			
6. The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	• pre-employment checks, Fit and Proper Persons self-assessments, annual performance appraisals and personal development plans, recommendations from Remuneration and Terms of Service Committee • Medical and nursing revalidation processes • Six monthly safe staffing report to the Board • HR policies and procedures reflect legislative and regulatory requirements and best practice	None identified

3. Proposed self-certification

3.1 The proposed self-certification for the trust is shown below:

NHS provider license condition	Confirmed	Not confirmed
Condition G6(3) – the provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution	Yes	
Condition FT4(8) – the provider has complied with required governance arrangements	Yes	

NB: *A number of the items of evidence identified cut across the key statements and the evidence list itself is not exhaustive.*

Whittington Health NHS

Heatwave Plan

Version and Date	5.9 16 June 2021
Valid Until	16 June 2022
Status	Live Document (16 June -15 September)
Document Purpose	This plan has been developed to ensure that the Acute and Community Services of the Trust is capable of responding to Heatwave.
Related Document	Major Incident Plan and Mass Casualty Plan Business Continuity Plan, Flu Pandemic Plan, Risk Management Policy, Fire Safety Policy.
Accountable Director	Carol Gillen Chief Operating Officer
Author	Lee Smith Emergency Planning Officer

Version 5.9 June 2021

Distribution List

In order to comply with the requirements of being a category 1 responder under the terms of the Civil Contingencies Act 2004 the Trust has a responsibility to share its plans with partner agencies.

Internal Distribution List

Department /Role	Format
Major Incident Control Room Cupboard	Hard copy
Whittington Health Intranet Policies folder	Electronic copy
Silver and Gold dropbox	Electronic
Silver & Gold handbook (shared 'I'drive)	Electronic

External Distribution List

Organisation	Format
London Ambulance Service	Electronic Copy
NHS England (London Region)	Electronic Copy
London Borough of Islington	Electronic Copy
London Borough of Haringey	Electronic Copy

Amendment Record

No unauthorised amendments permitted.
This plan is a living document and is under constant review. A record of amendments follows any comments or suggestions for future versions are appreciated and should be directed to the Emergency Planning and Business Continuity Officer.

Change History			
version	**Date**	**Author/Editor**	**Details of Change**
22/10/08	1.0		Document created
22/03/09	2.0		Refreshed document for summer 2009 to take into account updated guidance
22/04/10	3.0		Updated to include revised national guidance from DoH Heatwave Plan
22/01/11	4.0	Mathew Boazman	Annual refresh and approval
1/10/11	5.0	Mathew Boazman	Integrated plan for ICO finalised following NHS Assurance process feedback
18/06/13	5.1	Rebecca Blake	Annual update reference to Heatwave Plan for England 2013
20/05/14	5.2	Rebecca Allsopp	Annual update reference to Heatwave Plan for England 2014
03/07/15	5.3	Lee Smith	Annual update reference to Heatwave Plan for England 2015
24/06/16	5.4	Lee Smith	Annual update reference to Heatwave Plan for England
07/04/17	5.5	Lee Smith	Annual update reference to Heatwave Plan for England
22/06/18	5.6	Lee Smith	Annual update reference to Heatwave Plan for England
24/05/19	5.7	Lee Smith	Annual update reference to Heatwave Plan for England

16/06/20	5.8	Lee Smith	Annual update reference to Heatwave Plan for England, Updates with COVID-19 Information
18/05/2021	5.9	Lee Smith	Annual update. Updated slideset from Public Health England

1. INTRODUCTION

The Heatwave Plan for England is published by Public health England and sets out the responses required of health services and local authorities in the event of a heatwave. This plan acknowledged that climate change is becoming a serious threat to the population's health and that heatwaves are likely to become more common in England.

2. PURPOSE

The Heatwave Plan for Whittington Health NHS Trust outlines how we will work with local partners to ensure health and social care services raise awareness of the risks relating to severe hot weather and prepare organisations and individuals (especially vulnerable groups) to help reduce those risks.

Whittington Health recognise that proper preparedness is essential as in contrast to deaths associated with cold weather, the rise in mortality during a heatwave occurs very quickly – within one or two days of the temperature rising. This means that by the time a heatwave starts the window of opportunity for effective action is very short, and proper preparedness is therefore essential.

The **Department of Health and Social Care (DHSC)** is responsible for strategic leadership of both health and social care systems, but no longer has direct management of most NHS systems. **NHS England and NHS Improvement** provides national leadership for improving health care outcomes, directly commissions general practice services, some specialist services, and oversees **Clinical Commissioning Groups (CCGs)**. CCGs now commission planned hospital care, rehabilitative care, urgent and emergency care, most community health services and mental health and learning disability services. **Directors of Public Health** in Local Authorities are responsible for population health outcomes, supported by **Public Health England (PHE),** which provides national leadership and expert services to support public health.

PHE will make advice available to the public and health and social care professionals in affected regions, in preparation for an imminent heatwave, via NHS Choices, and the websites of the Met Office, PHE and the DH.

3. SUPPORTING DOCUMENTATION

As in previous years, the Heatwave Plan for England is also supported by a series of Information Guides published online which aim to provide an authoritative source of additional information about the effects of severe hot weather on health for:

- Heatwave Plan for England
- Making the case: the impact of heat on health - now and in the future
- Looking after children and those in early years settings during heatwaves: guidance for teachers and professionals.
- Advice for health and social care professional: supporting vulnerable people before and during a heatwave

- ‘Beat the Heat’: coping with heat and COVID-19 (poster)
- Beat the Heat’ poster: Coping with heat and COVID-19 (Leaflet)
- ‘Beat the heat’: keep residents safe and well during COVID-19 (Poster and Checklist)
- Beat the heat: keep cool at home (checklist)
- Heat-health risks and COVID-19: actions to prevent harm (slide set)
- **Training Slide Set: Health Risks and COVID -19:actions to prevent harm (slide set): https://www.gov.uk/government/publications/heatwave-plan-for-england/heat-health-risks-and-covid-19-actions-to-prevent-harm**

4 BACKGROUND

The evidence about the risks to health from heatwave is extensive and consistent from around the world. Excessive exposure to high temperatures can kill. During the summer heatwave in Northern France in August 2003, unprecedentedly high day- and night-time temperatures for a period of three weeks resulted in 15,000 excess deaths. The vast majority of these were among older people.

In England that year, there were over 2,000 excess deaths over the 10 day heatwave period which lasted from 4 – 13 August 2003, compared to the previous five years over the same period.

The first Heatwave Plan for England was published in 2004 in response to this event. Since that time we have had a significant heatwave in 2006 (when it was estimated that there were about 680 excess deaths compared to similar periods in previous years). In 2009 there were approximately 300 excess summer deaths during a heatwave compared to similar periods in previous years.

Climate change means that heatwaves are likely to become more common in England. By the 2080s, it is predicted that an event similar to that experienced in England in 2003 will happen every year.

In Northern France in August 2003, unprecedentedly high day and night time temperatures for a period of three weeks resulted in 15,000 excess deaths. The vast majority of these were among older people.

Excess deaths are not just deaths of those who would have died anyway in the next few weeks or months due to illness or old age. There is strong evidence that these summer deaths are indeed ‘extra’ and are the result of heat related conditions.

Cities and urban areas tend to be hotter than rural areas, creating urban heat island effects. This is due to increased absorption and reflection of the sun on concrete compared with green or brown spaces; reduced cooling from breezes due to buildings and increased energy production from houses, industry, businesses and vehicles.

5. HEAT- HEALTH ALERT LEVEL SYSTEM

The Heat-Health Watch system operates in England from 1 June to 15 September each year. During this period, the **Met Office** may forecast heatwaves, as defined by forecasts of day and night time temperatures and their duration.

These vary from region to region but for **London** the threshold temperatures are **32 ºC (day time)** and **18 ºC (night time)** for a period of 3 or more continuous days.

The Heat-Health Watch system comprises of five main levels (Levels 0-4), which are outlined in Figure 1 below;

Figure 1: Heatwave Alert Levels

Level 0	**Long – term planning** *All year* Includes year round joint working to reduce the impact of climate change and ensure maximum adaptation to reduce harm from heat waves. This involves urban planning to keep housing, workplaces, transport systems and the built environment cool and energy efficient.
Level 1	**Heatwave and Summer Preparedness Programme** *1 June – 15 September* The heat wave plan will remain at level 1 unless a higher alter is triggered. During the summer months, social and healthcare services need to ensure that awareness and background preparedness are maintained by implementing the measures set out in the heatwave plan.
Level 2	**Heatwave is forecast – Alert and readiness** *60% risk of heatwave in the next 2-3 days* This is triggered as soon as the Met Office forecasts that there is a 60 per cent chance of temperatures being high enough on at least two consecutive days to have significant effects on health. This will normally occur 2–3 days before the event is expected. As death rates rise soon after temperature increases, with many deaths occurring in the first two days, this is an important stage to ensure readiness and swift action to reduce harm from a potential heatwave.
Level 3	**Heatwave Action** *Temperature reached in one or more Met Office National Severe Weather Warning Service Regions* This is triggered as soon as the Met Office confirms that threshold temperatures have been reached in any one region or more. This stage requires specific actions targeted at high risk groups.
Level 4	**Major Incident – Emergency Response** *Central Government will declare a level 4 alert n the event of severe or prolonged heatwave affecting sectors other than health* This is reached when a heatwave is so severe and/or prolonged that its effects extend outside health and social care, such as power or water shortages, and/or where the integrity of health and social care systems is threatened. At this level, illness and death may occur among the fit and healthy, and not just in high risk groups and will require a multi-sector response at national and regional levels.

6. HIGH RISK FACTORS

There are certain factors that increase an individual's risk during a heatwave.
These include:

- Older age: especially women over 75 years old, or those living on their own who are socially isolated, or in a care home.
- Chronic and severe illness: including heart conditions, diabetes, respiratory or renal insufficiency, Parkinson's disease or severe mental illness. Medications that

potentially affect renal function, the body's ability to sweat, thermoregulation or electrolyte balance can make this group more vulnerable to the effects of heat.

- Inability to adapt behavior to keep cool: having Alzheimer's, a disability, being bed bound too much alcohol, babies and the very young.
- Environmental factors and overexposure: living in urban areas and south facing top floor flats, being homeless, activities or jobs that are in hot places or outdoors and include high levels of physical exertion

7. MET OFFICE HEATWAVE WARNINGS

Figure 2 A summary of the Met Office service and notifications during a heatwave.

Figure 2: Met Office service and notifications

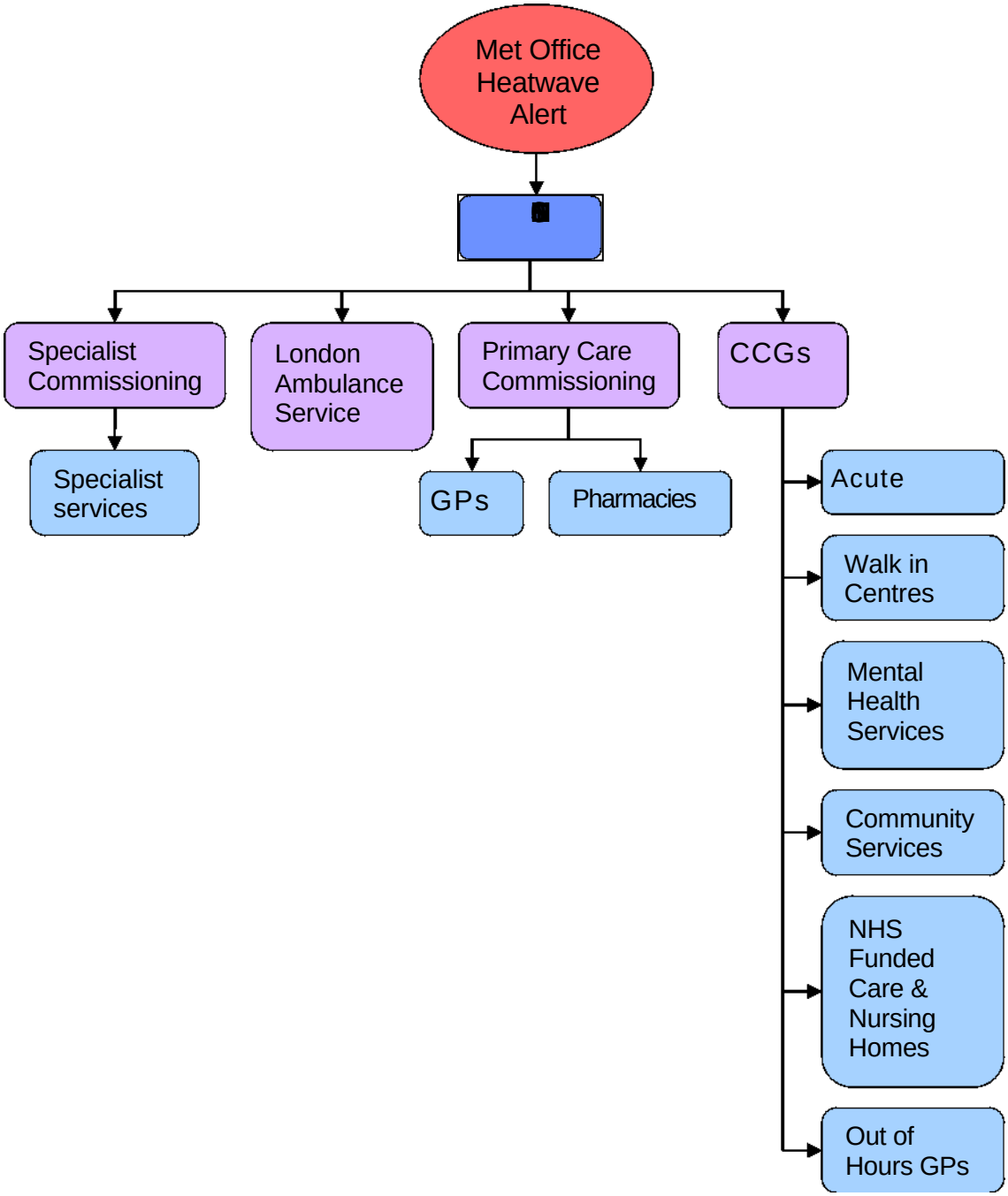
Service	Purpose	Distribution	Timing
Heatwave Warning	To provide early warning of high temperatures. The alert levels have been set with thresholds known to cause ill health from severe hot weather. They are to help ensure that healthcare staff and resources are fully prepared for hot weather periods that might impact and to raise awareness for those individuals whoa re more vulnerable to hot weather conditions	Email	Alert issued as soon as agreed threshold has been reached and when there is a change in alert level. Issued between 1 June and 15 September.
Heatwave Planning Advice	To probed advice through the summer period relating to high temperatures	Email	Twice a week (9am each Monday and Friday from 1 June to 15 September)
National Severe Weather Warning Service (NSWWS)	To provide warnings of sever or hazardous weather that has the potential to cause danger to life or widespread disruption. These warnings are issues to: • The public – to promote consideration of actions they may need to take • Emergency responders – to trigger their plans to protect the public from impacts in advance of an event, and to help them recover from any impacts after the event.	Email, web, SMS. TV, radio	When required
General Weather Forecasts	To enable the public to make informed decisions about their day to day activities	Web, TV, radio	Every day

8. ALERTING CASCADE

The response to a heatwave will be governed by the actions needed at each of the four alert actions. The Met Office will cascade a Heatwave alert to all Heat-Health Watch organisations.

The alerting cascade for London is shown in figure 3 and internally within Whittington Health seen in 8.1.

Figure 3: London Alerting Cascade



The alert levels will act as triggers for initiating internal organisational response arrangements. NHS England will request assurance from organisations as to the impact and mitigation in place during periods of sustained heatwave response at any alerting level.

In the event of a Level 4 heat-health alert being issued:

- A pager message will be cascaded to all NHS organisations directors on call via the paging system.

The pager message will read as follows:

RED from NHS01: Level 4 Heatwave – National; Emergency Declared. Confirm email address to receive further instructions **england.london-incident@nhs.net**
NHS England will initiate command and control arrangements across London, and establish a reporting rhythm for situational reporting on the impacts of the incident on health organisations.

8.1 Whittington Health Alerting Cascade

Whittington Health NHS Trust receives heatwave alerts through the Emergency Planning Officer, who upon receipt of a will cascade it to all on call personnel.

Who will upon receipt of a heatwave alert will ensure the information is cascaded within their directorate/ department and in the absence of the Emergency Planning Officer, heatwave alerts will be cascaded by the Clinical Site Team.

Out of Hours this will be cascaded by the Clinical Site Team.

9. WHITTINGTON HEALTH ACTIONS

This section details the Trust responsibilities for responding at each of the levels of the Heat - Health Watch Alert System.

LEVEL 0 **LONG-TERM PLANNING**		
Includes year round joint working to reduce the impact of climate change and ensure maximum adaptation to reduce harm from heat waves. This involves urban planning to keep housing, workplaces, transport systems and the built environment cool and energy efficient.		
	Action	**Responsibility**
1	Develop systems to identify and improve resilience of high-risk individuals	
	Request an HHSRS assessment from EH for clients at particular risk.	District Nurses / health visitors
2	Encourage cycling / walking where possible to reduce heat levels and poor air quality in urban areas.	
3	Work with commissioners to develop longer term plans to prepare for heatwaves	
4	Make environmental improvements to provide a safe environment for clients in the event of a heatwave	
5	Prepare business continuity plans to cover the vent of a heatwave (e.g. storage of medicines, computer resilience, etc)	All
6	Work with partners and staff to raise awareness of the impacts of sever heat and on risk reduction awareness	EPLO
High Risk Groups **Community:** over 75, female, living on own and isolated, sever physical or mental illness; urban area, south facing top flat; alcohol and /or drug dependency, homelessness, babies and young children, multiple medications and over exertion **Care home or hospital:** over 75, female, frail, severe physical or mental illness; multiple medications, babies and young children (hospitals)		
*Because Level 2 is based on a prediction, there may be jumps between levels. Following Level 3, wait until temperatures cool to Level 1 before stopping Level 3 actions. ** Level 4: A *decision to issue a Level 4 alert at national level will be taken in light of a cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat*		

LEVEL 1 HEATWAVE AND SUMMER PREPAREDNESS PROGRAMME		
The heat wave plan will remain at level 1 unless a higher alter is triggered. During the summer months, social and healthcare services need to ensure that awareness and background preparedness are maintained by implementing the measures set out in the heatwave plan.		
	Action	**Responsibility**
1	Ensure public is aware of actions to take to minimise risk during periods of hot weather and likely high risk groups	All
2	Ensure other partners are aware of the Heatwave Plan for England 2019, actions required and public information available	All
3	Distribution of heatwave plan	Emergency Planning Officer
4	Ensure business continuity plans are in place and implement as required.	All
5	Ensure appropriate contact details are provided to Local Authorities /NHS emergency planning officers to facilitate transfer of emergency information.	Emergency Planning Officer
6	Identify individuals who are particular risk from extreme heat, especially those aged over 75 and review their medication and care plans	Community health District Nurses, /Health Visitor/ Midwives/ General Practices and Social Care to identify individuals at risk
7	Working with families and informal carers to highlight dangers of heat and promote ways to keep cool	Community health – District Nurses
8	Where individuals households are identified as being at particular risk from hot weather, request environmental health to do an assessment using the Housing Health and safety Rating System (HHSRS)	Community health in liaison with Social Care
9	Review surge capacity and the need for, and availability of staff support in the event of a heatwave especially if it lasts more than a few days.	Clinical Site Manager, Emergency Department
10	Distribution of Public Health England advice to managers of residential and nursing care homes	Community health in liaison with Social Care
11	Cool rooms or cool areas should be created. Distribution of fans within Whittington Health clinic areas should be managed via the bed management team, Labour Ward and community management leads.	Clinical leads /estate managers
12	Estates to confirm operation of air conditioning units for use during a heatwave, and temperature recording instruments	Estates Managers
13	On receipt of Met office alerts and planning guidance for London region cascade to on call personnel.	**IN HOURS (Monday to Friday 0900-1700:** Emergency Planning Officer **Weekends and Bank Holiday:** Clinical Site Team
High Risk Groups **Community:** over 75, female, living on own and isolated, sever physical or mental illness;		

urban area, south facing top flat; alcohol and /or drug dependency, homelessness, babies and young children, multiple medications and over exertion **Care home or hospital:** over 75, female, frail, severe physical or mental illness; multiple medications, babies and young children (hospitals)
*Because Level 2 is based on a prediction, there may be jumps between levels. Following Level 3, wait until temperatures cool to Level 1 before stopping Level 3 actions. ** Level 4: A *decision to issue a Level 4 alert at national level will be taken in light of a cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat*

LEVEL 2 HEATWAVE IS FORECAST - ALERT AND READINESS		
This is triggered as soon as the Met Office forecasts that there is a 60 per cent chance of temperatures being high enough on at least two consecutive days to have significant effects on health. This will normally occur 2–3 days before the event is expected. As death rates rise soon after temperature increases, with many deaths occurring in the first two days, this is an important stage to ensure readiness and swift action to reduce harm from a potential heatwave		
	Action	**Responsibility**
1	Cascade Met Office Alert and planning advice to on call personnel	**IN HOURS (Monday to Friday 0900-1700:** Emergency Planning Officer **Weekends and Bank Holiday:** Clinical Site Team
2	Distribution of advice to all those defined as at high risk living at home (key public messages in section 10)	Community Health District Nurses/ Health Visitors / Midwives
3	Call a meeting of Trust colleagues who will become the 'heatwave emergency planning team' to agree key messages and cascade alert briefing through internal and external communications channels - Implement business continuity	Emergency Planning Officer
4	Work with Trust teams and Communications to ensure that independent contractors have guidance leaflet available	Facilitates
5	Initiation of home visits as planned, where appropriate	Community Health District Nurses, /Health Visitor/ Midwives / General Practices to coordinate visiting /phones call to vulnerable patients, where appropriate
6	Prioritise current list of patients at risk	Community Health District Nurses, /Health Visitors / Midwives
7	Determine what non essential activities could cease	District Nurses / Health Visitors / Midwives
8	Make provision for surge capacity	Emergency Department, Clinical Site Managers
9	Ensure cool rooms are ready and consistently at 26°C or below	Estates/Clinical Lead / Matron/ Senior Nurse in Charge/Labour Ward
10	Check that indoor thermometers are in place and recording sheets printed to measure temperature four times a day	Estates/ Clinical Lead / Matron / Senior Nurse in Charge /Labour Ward
11	Identify particularly vulnerable individuals (those with chronic/severe illness, on multiple medications, or who are bed bound) who may be prioritised for time in a cool room	Clinical Lead / Matron / Senior Nurse in Charge
11	Consider weighing clients regularly to identify dehydration and rescheduling physio to cooler hours	Clinical Lead / Matron / Senior Nurse in Charge
13	Monitor staff welfare	Clinical Lead / Matron / Senior Nurse in Charge/ Labour Ward
14	Monitor service level to ensure staffing levels will be sufficient to cover the anticipate heatwave	Clinical Lead / Matron / Senior Nurse in Charge/ locality Managers

	period	/ Midwives
15	Obtain supplies of ice / cool water	Housekeeping/ Clinical Lead / Matron / Senior Nurse in Charge
16	Re-enforce messages on risk and protective measures to staff	Clinical Lead / Matron / Senior Nurse in Charge / Midwives
High Risk Groups **Community:** over 75, female, living on own and isolated, sever physical or mental illness; urban area, south facing top flat; alcohol and /or drug dependency, homelessness, babies and young children, multiple medications and over exertion **Care home or hospital:** over 75, female, frail, severe physical or mental illness; multiple medications, babies and young children (hospitals)		
*Because Level 2 is based on a prediction, there may be jumps between levels. Following Level 3, wait until temperatures cool to Level 1 before stopping Level 3 actions. ** Level 4: A *decision to issue a Level 4 alert at national level will be taken in light of a cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat*		

LEVEL 3 HEATWAVE ACTION		
This is triggered as soon as the Met Office confirms that threshold temperatures have been reached in any one region or more. This stage requires specific actions targeted at high risk groups.		
	Action	**Responsibility**
1	Cascade of Met Office Alert and planning advice to on call personnel	**IN HOURS (Monday to Friday 0900-1700:** Emergency Planning Officer **Weekends and Bank Holiday:** Clinical Site Team
2	Continue to distribute advice to all those defined as at high risk living at home (key public messages section 10)	Community Health District Nurses/ Health Visitors /Midwives
3	Activate plans to maintain business continuity – including a possible surge in demand	
4	Call a meeting of Trust colleagues to agree key messages and actions and cascade alert briefing through internal and external communications channels	Emergency planning officer with Emergency Management Team
5	Consider use of media to get advice out to the general public	Communications lead
6	Stop non essential activities, commence daily contact with clients at risk	District Nurse / Health Visitors / Midwives
7	Consider where appropriate, daily visits /phone calls for high risk individuals living on their own who have no regular daily contacts. This may involve informal carers, volunteers and care workers and will be targeted at defined risk groups	Community Health District Nurse / Heath Visitors General practices to coordinate visiting /phone call to vulnerable patients, where appropriate
8	Use all available resources to maximise frontline district nurse / health visitor capacity	Community Health
9	District nurses /health visitors /Midwives to make daily contact with clients at risk and provide a situation report to locality manager	Community Health District Nurse / Health Visitors
10	Upon request produce situation reports and forward summary to Emergency Planning Officer for onward report to NHS England / CSU	Locality Managers
11	Discharge planning should reflect local and individuals circumstances so that people at risk are not discharged to unsuitable accommodation or reduced care	
12	Initiation of home visits as planned, where appropriate	Community Health District Nurses, /Health Visitor/ General Practices to coordinate visiting /phones call to vulnerable patients, where appropriate
13	Prioritise current list of patients at risk	Community Health District Nurses, /Health Visitors/Midwives
14	Make provision for surge capacity	Emergency Department, Clinical Site Managers
15	Ensure cool rooms are ready and consistently at 26°C or below	Estates/ Clinical Lead / Matron / Senior Nurse in Charge /Labour Ward

16	Ensure that indoor thermometers are in place and recording sheets printed to measure temperature four times a day for all areas with patients in	Clinical Lead / Matron / Senior Nurse in Charge / Labour Ward
17	Monitor and minimise temperatures in all patient areas and take action if the temperature is a significant risk to patient safety, as high risk patients may suffer undue health effects including worsening cardiovascular or respiratory symptoms at temperatures exceeding 26ºC	Clinical Lead / Matron / Senior Nurse in Charge /Midwives
18	Continually review vulnerable individuals for prioritisation in cool rooms	Clinical Lead / Matron / Senior Nurse in Charge /Midwives
19	Continue to monitor staff welfare	Clinical Lead / Matron / Senior Nurse in Charge /Midwives
20	Continue to monitor service level to ensure staffing levels will be sufficient to cover the anticipated heatwave period	Clinical Lead / Matron / Senior Nurse in Charge/ locality Managers /Midwives
21	Implement appropriate protective factors, including a regular supply of cold drinks	Clinical Lead / Matron / Senior Nurse in Charge/ locality Managers /Midwives
22	Re-enforce messages on risk and protective measures to staff	Clinical Lead / Matron / Senior Nurse in Charge /Midwives
23	Consider moving visit hours to mornings and evenings to reduce afternoon heat from increased numbers of people	Clinical Lead / Matron / Senior Nurse in Charge /Midwives
24	Reduce internal temperatures by turning off unnecessary lights and electrical equipment	Clinical Lead / Matron / Senior Nurse in Charge/ locality Managers /Midwives
High Risk Groups **Community:** over 75, female, living on own and isolated, sever physical or mental illness; urban area, south facing top flat; alcohol and /or drug dependency, homelessness, babies and young children, multiple medications and over exertion **Care home or hospital:** over 75, female, frail, severe physical or mental illness; multiple medications, babies and young children (hospitals)		
*Because Level 2 is based on a prediction, there may be jumps between levels. Following Level 3, wait until temperatures cool to Level 1 before stopping Level 3 actions. ** Level 4: A *decision to issue a Level 4 alert at national level will be taken in light of a cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat*		

LEVEL 4 MAJOR INCIDENT - EMERGENCY RESPONSE		
This is reached when a heatwave is so severe and/or prolonged that its effects extend outside health and social care, such as power or water shortages, and/or where the integrity of health and social care systems is threatened. At this level, illness and death may occur among the fit and healthy, and not just in high risk Groups and will require a multi-sector response at national and regional levels.		
	Action	**Responsibility**
1	If a major incident is declared implement Major Incident Plan	Chief Executive / Director on Call
2	Coordinate response with NHS Health Partners	EPLO/AEO
3	All level 3 heatwave actions to continue	All
High Risk Groups **Community:** over 75, female, living on own and isolated, sever physical or mental illness; urban area, south facing top flat; alcohol and /or drug dependency, homelessness, babies and young children, multiple medications and over exertion **Care home or hospital:** over 75, female, frail, severe physical or mental illness; multiple medications, babies and young children (hospitals)		
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RECOVERY		
	Action	**Responsibility**
1	Hold a debrief and discuss any learning outcomes produce a report and action plan	EPLO / Emergency planning officer/ key staff
2	Amend the Trust Heat wave plan as necessary	Emergency Planning Officer

10. KEY PUBLIC HEALTH MESSAGES

Stay out of the heat:

- Keep out of the sun between 11.00am and 3.00pm.
- If you have to go out in the heat, walk in the shade, apply sunscreen and wear a hat and light scarf.
- Avoid extreme physical exertion.
- Wear light, loose-fitting cotton clothes.

Cool yourself down:

- Have plenty of cold drinks, and avoid excess alcohol, caffeine and hot drinks.
- Eat cold foods, particularly salads and fruit with high water content.
- Take a cool shower, bath or body wash.
- Sprinkle water over the skin or clothing, or keep a damp cloth on the back of your neck.

Keep your environment cool:

- Keeping your living space cool is especially important for infants, the elderly or those with chronic health conditions or who can't look after themselves
- Place a thermometer in your main living room and bedroom to keep a check on the temperature.
- Keep windows that are exposed to the sun closed during the day, and open windows at night when the temperature has dropped.
- Close curtains that receive morning or afternoon sun. However, care should be taken with metal blinds and dark curtains, as these can absorb heat – consider replacing or putting reflective material in-between them and the window space.
- Turn off non-essential lights and electrical equipment – they generate heat.
- Keep indoor plants and bowls of water in the house as evaporation helps cool the air.
- If possible, move into a cooler room, especially for sleeping.
- Electric fans may provide some relief, if temperatures are below 35°C.

(Longer term)

- Consider putting up external shading outside windows.
- Use pale, reflective external paints.
- Have your loft and cavity walls insulated – this keeps the heat in when it is cold and out when it is hot.
- Grow trees and leafy plants near windows to act as natural air-conditioners (see 'Making the Case')

Look out for others:

- Keep an eye on isolated, elderly, ill or very young people and make sure they are able to keep cool.
- Ensure that babies, children or elderly people are not left alone in stationary cars.
- Check on elderly or sick neighbours, family or friends every day during a heatwave.
- Be alert and call a doctor or social services if someone is unwell or further help is needed.

If you have a health problem:

- Keep medicines below 25 °C or in the refrigerator (read the storage instructions on the packaging).
- Seek medical advice if you are suffering from a chronic medical condition or taking multiple medications.

If you or others feel unwell:

- Try to get help if you feel dizzy, weak, anxious or have intense thirst and headache; move to a cool place as soon as possible and measure your body temperature.
- Drink some water or fruit juice to rehydrate.
- Rest immediately in a cool place if you have painful muscular spasms (particularly in the legs, arms or abdomen, in many cases after sustained exercise during very hot weather), and drink oral rehydration solutions containing electrolytes.
- Medical attention is needed if heat cramps last more than one hour.
- Consult your doctor if you feel unusual symptoms or if symptoms persist

11. FURTHER READING

Public Health England, Heatwave plan for England: *Protecting health and reducing harm from severe heat and heatwaves.* 2021

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888668/Heatwave_plan_for_England_2020.pdf

WHO Europe public health advice on preventing health effects of heat:
http://www.euro.who.int/ data/assets/pdf_file/0007/147265/Heat_information_sheet.pdf

Cochrane Review:

http://www.cochrane.org/CD009888/GYNAECA_electric-fans-reducing-health-effects-heatwaves

Beat the Heat: coping with heat and COVID-19 (poster) 2021:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/980943/Beat_the_Heat_2021.pdf

Beat the Heat: coping with heat and COVID 19 (leaflet).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891887/Beat-the-Heat_Leaflet_Coping_with_heat_and_COVID-19.pdf

Beat the Heat: keep cool at home (checklist) 2020:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525361/Beattheheatkeepcoolathomechecklist.pdf

Beat the heat: keep care residents safe and well during COVID-19 (poster and checklist)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888249/Heat_flier_Residents_2020.pdf

Public Health England, Heatwave Plan for England: *Supporting vulnerable people before and during a heatwave- advice for care home managers and staff.* 2015
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429600/Heatwave-Care_Home_Managers.pdf

NHS: Communities in Action, Ramadan Health Guide: *A Guide to Health Fasting*
http://www.communitiesinaction.org/Ramadan%20Health%20and%20Spirituality%20Guide.pdf

Making the case: the impact of heat on health- now and in the future

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429572/Heatwave_plan_-Making_the_case_-_2015.pdf

Advice for health and social care professionals: supporting vulnerable people before and during a heatwave
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429627/Heatwave-Advice_for_Health_Professionals.pdf

Advice for care home managers and staff: supporting vulnerable people before and during a heatwave
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429600/Heatwave-Care_Home_Managers.pdf

Looking after children and those in early years settings during heatwaves: guidance for teachers and professionals
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/428850/Looking_After_Children_Heat_PHE_AC_AB_Publications_MP_JRM_FINAL.PDF

Appendix 3: The Published Whittington Health Gender Pay Gap report (Snapshot as of 31 March 2020)

Standard	Male	Female	Pay Gap Percentage (*)
Mean hourly rate of pay (all employees)	£22.80	£20.46	10.26 %
Median hourly rate of pay (all employees)	£19.97	£18.65	6.58%
Mean bonus pay per annum	£9,523.00	£11,624.98	-22.07%
Median bonus pay per annum	£7,539.96	6,032.04	20.00%
The proportion of male and female employees paid a bonus (all employees)	2.28%	1.11%	

Proportion of male and female employees in each pay quartile	Male	Female
Quartile 1 (lower)	25.26%	74.74%
Quartile 2 (lower middle)	18.89%	81.11%
Quartile 3 (upper middle)	19.95%	80.05%
Quartile 4 (upper)	30.42%	69.58%

Meeting title	**Trust Board – public meeting**	**Date: 30 June 2021**
Report title	**Draft Quality Account 2020/2021**	**Agenda item: 6**
Executive director lead	Michelle Johnson, Chief Nurse and Director of Allied Health Professionals	
Report authors	Gillian Lewis, Head of Quality Governance & Kat Nolan-Cullen, Compliance and Quality Improvement Manager	
Executive summary	This is the draft of the Quality Account 2020/21 for approval by the Trust Board. The Quality Assurance Committee is recommending the report for approval. Due to the COVID-19 pandemic the Department of Health and Social Care confirmed that whilst the deadline for this year remained the 30 June 2021 NHS providers were not expected to obtain assurance from their external auditor on their quality account / quality report for 2020/21. The Trust received feedback on the report from the North Central London (NCL) Clinical Commissioning Group (NCL CCG) and their letter is included within the report. A summary version of the Quality Account document is being developed with the communications team. This will provide key achievements and information in an easy to digest format. It will be provided alongside the main document on the Trust website.	
Purpose:	Approval	
Recommendation(s)	The Board is asked to approve the draft of the 2020 /2021 quality account for publication.	
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	This report was presented to Quality Governance Committee in May 2021, and Committee members have conducted a virtual review of the document due to the short time frame for publication.	
Appendices	Appendix 1: Quality Account 2020/21	

Quality Account 2020/21

Contents

Part 1: Statement on Quality from the Chief Executive

Welcome to the 2020/21 Quality Account for Whittington Health NHS Trust. The quality of our services is measured by looking at patient safety, the effectiveness of treatments patients receive and patient feedback about the care provided — while the challenges of the pandemic have been our major focus over the last year, I am pleased to report that we made good progress against the priorities we set. This is thanks to enormous and tireless effort from every one of my staff who have worked unimaginably hard over the past year to continue to provide high quality, effective and compassionate care to our patients despite very difficult circumstances, so I want to thank them for their incredible work and achievements.

Some highlights of the year include:

- The introduction of an in-situ simulation programme, with observation from airline pilots for human factors expertise. This programme has been shortlisted for a Health Service Journal award.
- An outpatients' letter Quality Improvement project commenced to improve the accessibility of clinic letters for patients. There have been successful outcomes against the quality criteria, and the project is now being rolled out more widely across the Trust.
- A blood transfusion awareness campaign was launched in October 2020 and the emergency and integrated medicine ICSU trained 100% of nursing staff on our care of older people wards for blood transfusion.
- A baseline exercise around mobility was completed as part of the hospital deconditioning project, to identify areas for targeted improvement in 2021/22.

Throughout the pandemic we have continued to participate in several clinical studies, including recruiting 13% of participants into the national RECOVERY trial looking at potential treatments for people hospitalised with COVID-19.

Our community work has gone from strength to strength. In March 2020, we were the first trust in North Central London to establish and run Covid-19 monitoring via our virtual ward to keep patients safe at home. We successfully and rapidly implemented virtual appointments across all adult community services since the first Covid-19 surge and we ran very successful virtual groups for areas such as weight management and the expert patient programme. In September 2020 Simmons House Adolescent Unit was fully accredited by the Royal College of Psychiatrists' Quality Network of Inpatient Children and Adolescent Mental Health Service units.

In the National Cancer Patient Experience Survey, patients rated their care as a nine out of ten. This excellent outcome is above the national average and ranks us second in London for our cancer services.

Despite the additional pressure and changes that we were forced to make to our services due to COVID-19, we have made good progress against our Quality priorities and we will continue to work on these areas in 2021/22.

I confirm that this Quality Account will be discussed at the Trust Board, and I declare that to the best of my knowledge the information contained in this Quality Account is accurate.

Siobhan Harrington, Chief Executive

About the Trust

Whittington Health is one of London's leading integrated care organisations – helping local people to live longer, healthier lives.

We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden, and Hackney. We provide dental services in 10 boroughs. Whittington Health provided over 100 different types of health service (over 40 acute and 60 community services) in 2020/21. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

Our services and our approach are driven by our vision
We have an excellent reputation for being innovative, responsive, and flexible to the changing clinical needs of the local population. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients.

Our vision is: Helping local people live longer, healthier lives

What we do: Lead the way in the provision of excellent integrated community and hospital services

Our 2019/24 strategy has four main objectives:

What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS healthcare that detail information about the quality of services they deliver. They are designed to assure patients, service

users, carers, the public and commissioners (purchasers of healthcare), that healthcare providers are regularly scrutinising each and every one of the services they provide to local communities and are concentrating on those areas that require the most improvement or attention.

Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of service, explaining where an organisation is doing well and where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement over the coming financial year.

The requirement for external review and assurance by an external auditor, has been removed for this year by NHS England / Improvement due to COVID-19.

Part 2: Priorities for Improvement and Statements of Assurance from the Board

This section of the Quality Account describes the priorities identified for quality improvement in 2021/22 and the progress made against priority areas for improvement in the quality of health services identified in the 2020/21 Quality Account. It also sets out a series of statements of assurance from the Board on key quality activities and provides details of the Trust's performance against core indicators.

2.1 Priorities for improvement 2020-23

Our quality priorities are aligned to the Trust's commitment to helping local people live longer, healthier lives and build on factors such as quality performance, clinical or public proposals and our 'Better Never Stops' ambition, to continually improve and provide even better care. The Trust identified 4 key priorities for quality improvement in 2020, with a recognition that embedding change would take up to three years. The Quality Priorities for 2020-23 are set out below, with key targets and milestones to delivery within each year specified.

- Reducing harm from hospital acquired de-conditioning
- Improving communication between clinicians and patients
- Improving patient safety education in relation to human factors
- Improving care and treatment related to blood transfusion

The COVID-19 pandemic has further highlighted health inequalities in our local population, and as such has been identified as an additional quality priority for 2021-23, as well as being integrated into all our work.

- Reducing health inequalities in our local population

Our consultation process

Whittington Health recognises that to achieve sustainable improvement, projects need to be long-term, monitoring progress over a 3 year period. Our quality priorities for 2020-23 were developed in early 2020 before the onset of the pandemic, following engagement events and consultation with staff, people who use our services and stakeholders. We utilised a range of data and information, such as

learning from serious incidents, reviews of mortality and harm, complaints, claims, clinical audits, patient and staff experience surveys, and best practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and national audit data, to help establish the priorities. They were then adjusted to reflect the impact of the pandemic, recognising the challenges and new ways of working.

Throughout the pandemic ensuring our patients' safety while also providing a good experience and positive outcomes, has remained our top priority. We have unfortunately been unable to hold face to face engagement events for this year with our patients and stakeholders in the usual manner, where we would discuss progress against priorities and agree future improvement plans. We have written to our stakeholders outlining the unprecedented challenges of 2020/21 and the difficulties this has presented in holding meaningful engagement events prior to the Quality Account submission deadline. We plan to hold a virtual event in the summer with Healthwatch and other key stakeholders to gather feedback on what is working well, and where we need to improve. This will help inform and support our ongoing work around the four key priority areas agreed with stakeholders last year, and in particular the new priority introduced this year, to reduce health inequalities in our local population.

The specific objectives, to achieve the priorities set for 2021/22 have been refined and agreed by clinicians and managers who will have direct ownership and approved at the relevant Trust committees. The quality account, including the 2021/22 objectives, have been shared with our commissioners, whose comments can be seen within the appendices.

Monitoring of progress against priorities

We have developed a robust system to monitor and report on progress against the quality priorities. Each priority has a project work stream (which focus on the key objectives for the year) which is aligned to one of the three pillars of patient safety, patient experience or clinical effectiveness, and reports regularly to the relevant governance group (Patient Safety Group, Patient Experience Group and Clinical Effectiveness Group). The Quality Governance Committee review progress on a quarterly basis and any concerns are escalated to the Quality Assurance Committee, a committee of the Trust Board. Within each priority, key milestones and targets are identified to monitor progress which are reviewed in the context of the wider Quality Account priority ambition.

The key milestones and targets for Year 2 are highlighted below, and in the table that follows we have provided a rationale for selecting this area for focus, details of the improvement plans, and detail on the monitoring data and progress indicators.

- Reducing harm from hospital acquired de-conditioning
- Improving communication between clinicians and patients and their carers
- Improving patient safety education in relation to human factors
- Improving care and treatment related to blood transfusion
- Reducing health inequalities in our local population (Year 1)

Quality Account Priority	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 2
Reducing harm from hospital acquired de-conditioning Domain: Clinical Effectiveness/ Patient Experience	Deconditioning or 'PJ paralysis' can be attributed to long hospital stays and is a national priority. This issue is especially relevant during COVID-19 pandemic, due to the long recovery period for COVID-19 hospital ITU admissions and is linked to the Trust's priority to reduce health inequalities.	This work is incorporated in the Reducing Long Length of Stay project. The deconditioning work stream focuses on preventing functional decline in frail patients by: 1. Early assessment of functional status on admission 2. Early mobilisation 3. Increase in physical activity of inpatients 4. Discharge planning: reducing the length of time that patients who have been determined as medically fit to leave but remain in hospital.	1. To trial a new enhanced Health Care Support Workers (HCSW) model which will include a training programme for mobilising patients. 2. To recruit five enhanced HCSWs for the hospital wards during 2021/22.
Improving communication between clinicians, patients, and carers Domain: Patient Experience	Poor communication between clinicians and patients/ carers has been highlighted as a contributory factor in incidents, complaints, and claims. Building on the work in previous years to improve communication on discharge from hospital, the two key projects in the quality account focus on Outpatient transformation.	Project 1: Improve the quality of outpatient clinical letters to make them more user-friendly for patients and focused on what 'matters to me' as the patient. Project 2: Roll-out a digital patient portal (Zesty) to improve the quality and experience of Outpatient communication, enabling patients to get a greater role in planning their care. Zesty is an online, secure, interactive platform which is always easily accessible to the patient. The platform will enable communication of appointments (bookings and amendments), information about conditions and procedures and clinical interactions, for example	Project 1: 1. To improve the number of consultant-written letters addressed to patients by a further 10% on 2020 baseline 2. To increase the number of letters that use clear language by a further 10% on the 2020 baseline 3. Expand the project to non-consultants and HCPs who write letters to patients. Project 2: By the end of 2021/22, we will have introduced Zesty in all outpatient clinics. Success of the programme in improving communication with patients will be measured by patient feedback, patient usage of the Zesty portal and improved timeliness of patient appointment correspondence, which in turn may reduce the DNA rate

		online follow-ups and patient completed questionnaires.	
Improving patient safety education in relation to human factors Domain: Patient Safety	Human error is a recurring theme in serious incidents, in particular Never Events in 2018 – 20. Human factors (HF) training can help design safe systems and processes that make it easier for staff to do their jobs effectively.	Deliver human factors education across the Trust through developing a sustainable, educational model which raises awareness of the practical implications of human factors on patient safety.	Following the success of the 'pilot simulation programme' in 2020/21, in year 2, the focus will be on sustainability and expansion. 1.To continue delivering the pilot sim programme across the hospital, using HF champions (as the pilots return to flying). Success of the programme will be measured through staff feedback and identification and action of Latent Safety Threats (LSTs). 2. To expand human factors education into community settings.
Improving care and treatment related to blood transfusion Domain: Patient Safety/ Clinical Effectiveness	A blood transfusion is when a patient is given blood from someone else (a donor). It is a procedure which can be lifesaving, however errors can occur if staff are not adequately trained, while these incidents rare, they can be fatal. Ensuring staff are trained effectively, and the Trust systems align with the safe transfusion guidelines (**right blood, right patient, right time, and right place)** is essential to ensure patient safety.	Increase compliance with the blood transfusion e-learning module by ensuing that more staff access and complete.	The year two priorities for the project involve focusing on the areas of low compliance with the e-learning. • To increase training by 30% on the overall trust baseline for 2020, • To increase nursing compliance by 20% on the 2020 baseline. • To continue the communication campaign around the importance of completing blood transfusion training for patient safety
Reducing health inequalities in our local population	The COVID-19 pandemic has exposed health inequalities across the country. The virus has disproportionately affected Black Asian Minority Ethnic (BAME) communities, and the impact of lockdown measures have contributed to digital isolation.	The Trust is currently working on several projects aimed at tackling inequalities. We will use the virtual event with our stakeholders in summer 2021 to collaborate on priority projects.	To agree priority projects to tackle inequalities for 2021 - 24 One example of our ongoing health inequality work builds on the maternity transformation programme initiative to address inequalities in Black Asian Minority Ethnic pregnant women at Whittington Health – COVID-19 risks

2.2 Statements of Assurance from the Board

The Trust provides statements of assurance to the Trust Board in relation to:

- Modern slavery
- Safeguarding children and young people
- Mixed gender hospital accommodation

Modern Slavery Act
It is our aim to provide care and services that are appropriate and sensitive to all. We always ensure that our services promote equality of opportunity, equality of access, and are non-discriminatory. We are proud of our place in the local community and are keen to embrace the many cultures and traditions that make it so diverse. The diversity of this community is reflected in the ethnic and cultural mix of our staff. By mirroring the diversity that surrounds us, our staff are better placed to understand and provide for the cultural and spiritual needs of patients. In accordance with the Modern Slavery Act 2015, the Trust has made a statement on its website regarding the steps taken to ensure that slavery and human trafficking are not taking place in any part of its own business or any of its supply chains.

Safeguarding Adults and Children Declaration 2020/21

Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national safeguarding children standards and guidance to ensure that children and young people are cared for in a safe, secure, and caring environment.

The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the two Heads of Safeguarding (adult and child) professionally reports to the Chief Nurse.

A Safeguarding Bi-Annual Report is produced which is reviewed by the Trust Board (covers both children and vulnerable adults).

Whittington Health is an active member of two local safeguarding children's partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required.

The Trust is a member of the local safeguarding adults' partnerships in Haringey and Islington and the Safeguarding Adults Partnership Assessment Tool completed annually for both.

The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, Prevent Deprivation of Liberty Safeguards and the Mental Capacity Act and monitors serious case review and Safeguarding Adult Reviews recommendations. This oversight has continued throughout the COVID-19 national emergency. The committee reviews the Trust's responsibility across children and vulnerable adults.

Mixed sex/gender accommodation declaration

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust are committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable.

Patients who are admitted to hospital or come in for a planned day case will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area.

There are some exceptions to this. Sharing with people of the opposite gender will happen sometimes. This will only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained. This year due to COVID-19 reporting of this measure was paused.

Subcontracted Services

Whittington Health provided 184 different types of health service lines in 2020/21. Of these services a number were subcontracted see appendix two.

The Trust has reviewed all data available to them on the quality of care in these relevant health services through the quarterly performance review of the ICSU and contract management processes.

The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision of relevant health services that Whittington Health provides.

Participation in Clinical Audits 2019/2020

During 2020/2021, 50 national clinical audits including national 3 confidential enquiries covered relevant health services that Whittington Health provides.

During that period, Whittington Health participated in 100% national clinical audits and 100% of national confidential enquiries of those it was eligible to participate in.

The national clinical audits and national confidential enquiries that Whittington Health was eligible to participate in, and participated in, during 2020/2021 are detailed in Appendix 1. This includes the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Additionally, listed are the 15 non-mandatory national audits, in which the Trust also participated during 2020/2021.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires in 2021/2022 by ensuring:

- National audit and national confidential enquiries will remain the key feature of our Integrated Clinical Service Unit (ICSU) clinical audit and effectiveness programmes.
- Learning from excellence will continue to be an intrinsic part of our work.
- Patient and carer representation in national clinical audit will be prioritised and developed, where appropriate.

- Multidisciplinary clinical governance sessions will continue to include reflective learning on national clinical audit findings.
- Virtual clinical audit workshops will continue to provide practical support to all staff grades.
- The newly established clinical effectiveness group will ensure actions from national audit reports are scrutinised and monitored at the highest level to provide additional organisational assurance.
- We will expect evidence that each national audit provides one of the following key benefits to the organisation: identification of alignment to areas of service improvement, provision of key assurance information or significant link to financial benefit.

The reports of 25 national clinical audits/ national confidential enquiries were reviewed by the provider in 2020/21.

Example of results from a national clinical audit and actions being taken:

Royal College of Emergency Medicine – Care of Children

Emergency Departments (EDs) play an important role in safeguarding infants, children, and adolescents. The ED may potentially be the first time a child at risk of abuse, neglect, or other safeguarding issues, comes into contact with services.

Whilst there are many potential safeguarding areas, this project centred on three key areas for EDs.

- injuries in non-mobile infants aged 12 months and under,
- patients under 18 who abscond or leave the ED without being seen, and
- appropriate assessment of psychosocial risk in 12 to 17 year-olds.

Focus:

- Infants at high risk of potential safeguarding presentations being reviewed by a senior clinician whilst in the ED
- Notes review when an infant, child or adolescent leaves or is removed from the department
- Psychosocial risk assessment for older children and adolescents
- Organisational policies and systems.

The interventional purpose of the audit was to monitor documented care against the standards published in June 2019 by the Royal College of Paediatrics and Child Health (RCPCH) and to facilitate improved care.

As a result of the audit, the following areas were identified to be taken forward:

1. Infants at high risk of potential safeguarding that present with an injury are reviewed by a senior clinician.
   Action taken: All these patients are seen by Paediatric registrar, or senior clinician.
2. Senior clinician review of notes when patient leaves department before being seen.

Action taken: A daily report is sent to senior clinician and nurse and cases are reviewed and discussed at weekly safeguarding meeting.

3. Psychosocial risk is assessed using a national or locally developed risk assessment tool
   Action taken: Adolescent screening page on Medway (hospital information system) where clinical notes are completed. Departmental teaching sessions are used to promote the correct use of the tool.

Local Clinical Audits

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in **2021/2022** by ensuring:

- COVID-19 clinical audit monitoring will continue as a component of our local audit programmes. These audits remain essential to optimise the care of our patients and to best risk assess and plan for any further surge in coronavirus case numbers.
- Reactive local audits, vital to patient safety, will remain of intrinsic value to audit programmes, with increased emphasis upon collaborative working across clinical effectiveness and patient safety domains.
- Project proposals will continue to be subject to a centralised and multidisciplinary quality review to prevent duplication and to ensure alignment to speciality priorities.
- Newly introduced bespoke clinical audit training packages will continue alongside our pre-existing workshops. Staff of all designations and grades will be encouraged to apply.
- Demonstrable improvements to patient care and service provision will be identified on a rolling basis to support organisational 'learning from excellence' initiatives.
- Clinical speciality performance in relation to local clinical audit will continue to be monitored on an ongoing basis, with regular reporting via the ICSU Board meetings.

The reports of 65 local audits were reviewed by the provider in 2020/21.

Example of results from a local clinical audit and actions being taken:

Survey of WH Treatment Escalation Plans (TEP) during Covid-19 pandemic

The Treatment Escalation Plan (TEP) describes the interventions that would be appropriate in event of a clinical deterioration. It allows for clear communication among staff members and the patient about the limits of treatment and focuses on the importance of TEP discussions, led by consultants in charge of patient care.

This was even more critical during the Covid-19 pandemic due to the potential for pressure on staff, difficulties of communicating with families / next of kin, making decisions under pressure as well as pressure on resources at the trust.

There should be a robustly documented TEP on admission and/or on the post take ward round.

Background

WH Treatment Escalation Planning Guidance during Covid19 was published in March 2020 and a medical teaching seminar undertaken with guidance circulated to all consultants thereafter.

In April 2020 the Ethics Advisory Group agreed that a sample audit of adherence to the guidance would provide valuable information.

Sample details

- 14 TEPs reviewed week commencing 6th April 2020. First patient of day and night medical takes.
- 12/14 notes were reviewed; 2/14 info taken from discharge summary as notes unavailable.
- 14/14 TEPs in line with guidance:
    - 4/14 patients for full escalation.
    - 10/14 had a ward-based ceiling of treatment and a Do not attempt Cardiopulmonary DNACPR form completed.

Patient Outcomes

- 10/14 patients discharged home.
- 4/14 patients died.

Reflections and action for further improvement:

- All patients had a TEP completed promptly on admission.
- All TEPs were in line with WH guidance and the rationale was clearly documented.
- Clear documentation exists of TEP discussions with patients where possible, and family for patients who lack capacity.
- Recording TEP on the discharge summary needs improvement, though this could reflect guidance emphasising TEPs made during Covid should be reviewed on subsequent admissions.

Re-audit

A repeat sample audit was undertaken for the week commencing 4th May, 2020

Sample details

- 14 cases were reviewed. First patient of day and night medical takes.

- 13/14 had TEPs completed.
    - 7/13 for full escalation.
    - 6/13 for ward-based care and had a DNACPR form.

Patient Outcomes

- 11/14 patients discharged.
- 3/14 patients remain admitted.

Reflections

- 13/14 patients had a TEP completed promptly on admission.
- Notes reviews show TEPs in line with WH guidance and rationale clearly documented.
- 1 patient where a TEP not completed was in line with guidance.
- Generally clear documentation of TEP discussions with patients when possible and family where patients lack capacity, though in one case where patient lacked capacity family discussion was not recorded.
- Suggestion for the future -could the Trust improve on offering TEP discussions with family members where patient has capacity (this is standard where the patient lacks capacity) ? This is a recurrent theme from the April sample.
- Recording TEP on the discharge summary could be improved – in particular, for cases where patient has expressed clear views. Again, this is a recurrent theme from April sample.

Participating in Clinical Research

Research at Whittington Health had an unparalleled year in 2020/21. The Director of Research and Innovation along with the Research Portfolio Manager led the Trust's COVID-19 research activities in response to the pandemic. Where it is usual for there to be Trust recruitment targets, these were largely suspended as the majority of non-COVID-19 research was 'stood down' by the National Institute for Health Research (NIHR) during the first wave. Despite this, the Trust has had an increase in research activity and, at the time of writing, recruitment for the year stood at 1,079, up from 848 in 2019/20 and 1,077 from 2018/19.

The Trust continued to deliver a cost-effective service, with a low cost per patient recruited, compared with other Trusts in the North Thames Local Clinical Research Network (LCRN). Our performance throughout the pandemic was acknowledged by the allocation of additional in year funding of £73k. The usual NIHR benchmarks were suspended last year but aspirational targets for the percentage of overall COVID-19 admissions recruited to specific Urgent Public Health (UPH)

studies saw us reach 13% of all potential patients recruited to the RECOVERY trial; the target was 10% and the national average 8%.

Commercial trials' activity was largely stifled by the pandemic with the exception of vaccine trials and early phase studies that are suited to sites with dedicated Clinical Trials Units (CTUs); however engagement with commercial sponsors has been ongoing throughout and there is a strong pipeline for commercial activity to increase next year, subject to a resemblance of 'normal service' being resumed. We have supported 11 NIHR portfolio adopted COVID-19 studies (and have two further studies in set-up at the time of writing). Of the 11 studies, five are badged as UPH and encouragement to support these studies has come from the UK's Chief Medical Officer, Professor Chris Whitty. Four non-portfolio COVID-19 studies were completed and 178 participants were recruited into 14 NIHR portfolio adopted, non-COVID-19 studies which took place.

Of particular note, the top three recruiting COVID-19 studies were:

- ISARIC CCP UK: Clinical Characterisation Protocol for Severe Emerging Infection: 489. This was an observational study collecting clinical data for inpatients including disease severity, treatment and outcomes
- SARS-COV2 immunity and reinfection evaluation (SIREN) 257 - an observational study looking at the incidence of COVID-19 infections among healthcare staff
- Randomised Evaluation of COVID-19 Therapy (RECOVERY) 184 - an interventional study offering treatments to inpatients.

The top three recruiting non-COVID-19 studies were:

- Understanding the Attitudes and Opinions of Staff Working Across NHS Sites in England to the Change in Law Regarding Organ Donation (#OPTIONS) 56
- Turning the immune response in TB (HIRV-TB): 25
- National Evaluation of the Integrated Care and Support Pioneers Program: 15

The change of study profile in response to the pandemic has meant comparison of the growth of research across ICSUs would be inequitable, but it is reasonable to assert that Emergency and Integrated Medicine has seen the bulk of research activity. This year has raised the profile of research not only within the Trust but nationwide and there has been progress in research being part of patient pathways locally. There is an appetite to continue this beyond COVID-19 and the Research Oversight Group had its inaugural meeting in February 2021, despite the logistical and time challenges brought about by the pandemic. The Group is identifying opportunities to broaden the reach, capacity and capability for research and deliver on our commitment to offer patients the opportunity to participate in research and for the Trust to contribute to meaningful studies that benefit local people as well as the broader population.

Registration with the Care Quality Commission (CQC)

Whittington Heath is registered with the Care Quality Commission (CQC) without any conditions. The CQC did not carry out any inspections of the Trust in 2020/21.

The table below provides the rating summary table for the CQC's final report published in March 2020 following its previous inspection in December 2019 of four core services. The Trust's current CQC overall rating from that assessment is 'Good' for Whittington Health, with 'Outstanding' ratings for our community health services and performance against the CQC's *Safe* domain.

	Safe	Effective	Caring		Responsive	Well-led	Overall
Acute	Requires Improvement	Good	Good		Good	Good	Good
Community	Good	Good	Outstanding		Good	Outstanding	Outstanding
Children's mental health services	Requires Improvement	Good	Outstanding		Good	Good	Good
Overall trust	Requires Improvement	Good	Outstanding		Good	Good	Good

Due to the COVID-19 pandemic in 2020, several actions were put on hold and some have now been superseded by amended pathways and new ways of working developed in light of the pandemic. The CQC action plan remains a focus for improvement through the Trust's Better Never Stops programme.

During 2020/21, the CQC approach to inspection and monitoring has adapted to meet the challenges of the pandemic, and support Trusts. Regular meetings have been held with our CQC Relationship manager during 2020/2021. These have mainly focused on the following:

- Staff wellbeing and support (during and post COVID-19)
- Restarting elective services
- Serious incident investigations and CQC enquiries
- Infection prevention control and personal protective equipment

A COVID-19 vaccination monitoring assessment call took place on 5 March 2021 in relation to the vaccination hub which Whittington Health NHS Trust is the provider. This went very well and significant assurance was given by the CQC in relation to this.

Secondary Uses Service

Whittington Health submitted records during 2020/21 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodes Statistics. The percentage of records in the published data which included the patient's valid NHS number, and which included the patient's valid General Medical Practice Code were as follows:

		Percentage of records which included the patient's valid NHS number (%)	Percentage of records which included the patient's valid General Medical Practice Code (%)
2020/21	Inpatient care	99.17%	99.96%
	Outpatient care	99.46%	99.99%
	Emergency care	96.32%	99.70%
			Source: DQMI Score Average - April 2020 - January 2021

Information Governance (IG) Assessment Report

Information governance (IG) means the way organisations process or handle information. The Trust takes its requirements to protect confidential data seriously and over the last 5 years have made significant improvements in many areas of information governance, including data quality, subject access requests, freedom of information and records management.

The Data Security and Protection (DSP) Toolkit is a policy delivery vehicle produced by the Department of Health; hosted and maintained by NHS Digital. It combines the legal framework including the EU General Data Protection Regulations 2016 and the Data Protection Act 2018, the Freedom of Information Act 2000 and central government guidance including the NHS Code of Practice on Confidentiality and the NHS Code of Practice on Records Management. The framework ensures the Trust manages the confidential data it holds safely and within statutory requirements.

During the year the Trust implemented an improvement plan to achieve DSP Toolkit compliance and to improve compliance against other standards. As a result, the Trust hopes to meet most of the mandatory assertions with an improvement plan in place for IG training which will likely be below the target of 95%. The Trust's DSP Toolkit submission and former IG Toolkit submissions can be viewed online at www.dsptoolkit.nhs.uk and www.igt.hscic.gov.uk.

All staff are required to undertake IG training. In 2020/21 the Trust ended the year at 81% of staff being IG training compliant. The compliance rates are regularly monitored by the IG committee, including methods of increasing compliance. The IG department continues to promote requirements to train including targeted staff emails when training is due, news features in the weekly electronic staff Noticeboard and IG information sessions as part of induction.

Information Governance Reportable Incidents

IG reportable incidents are reported to the Department of Health and Information Commissioner's Office (ICO). Reportable incidents are investigated and reported to the Trust's SIEAG Panel, relevant executive directorate or ICSU and the Caldicott Guardian and the Senior Information Risk Owner (SIRO). The IG committee is chaired by the SIRO who maintains a review of all IG reportable incidents and pro-actively monitors the action plans. The Trust declared two reportable incidents in 2020/21.

Information Governance Incident 1 Learning:

- To liaise directly with patients regarding any concerns or disputes regarding their healthcare and patient experience.
- Further training and guidance given to relevant staff re appropriate chain of communication.

Information Governance Incident 2 Learning:

- Confidential data should not be left unattended at any time including on the wards.

Data Quality

The Trust has continued to monitor data quality closely to target areas that require improvement. The Trust monitors all national data submissions data quality at the point of submission as well as through

the monthly Data Quality Maturity Index (DQMI) scores published by NHS Digital Monthly to take corrective action.

There has been a focus on data recording and transformation processes and how they influence data quality and traceability of some of the reporting and this remains work in progress. Some data quality actions from 2019/20 that might have been delayed due to the demands of the response to the COVID-19 pandemic have been carried forward to more recent plans.

Overall, the majority of gains made in the 2019/20 data quality improvement plan were maintained well in 2020/21 during the course of the pandemic.

In order to improve data quality in 2021/22 the trust will be continuing to embed the following actions:

- Use of data quality dashboards for services to individually monitor their own data quality as required.
- Issuing of regular data quality reports to specific services identified as requiring improvements
- Strengthening the trust Data Quality Group and ensuring representation from each of the Integrated Clinical Service Units (ICSUs). This group is responsible for implementing the annual data improvement and assurance plan and measures the trust's performance against a number of internal and external data sources.
- Discuss and highlight data quality issues in the monthly Rio User Group to target the Community and Mental Health data that has been identified as requiring significant improvement.
- Running a programme of audits and actions plans. At the time of writing a data quality audit this has been completed.
- Review and update data quality policy as required
- Undertake regular internal and annual external clinical coding audits. The external clinical coding audit is underway with a report expected by the end of June 2021. This will give a good assessment of the quality of clinical coding during the pandemic and since moving from coding in a paper-based system to only using digital records.
- Systematic use of benchmarking of data where available.

End of life care

The past year has been extremely challenging for End of Life Care services. We have cared for high numbers of symptomatic and dying patients during the COVID-19 pandemic and provided ongoing support for families and colleagues in managing this.

Whittington Health has an End of Life Strategy 2015/20 which will be updated in line with the new NCL-wide End of Life Care Strategy, currently under development. Our current strategy is focused on provision of palliative and end of life care at the Whittington hospital site to ensure the Board is informed on the current level of provision; is aware of existing gaps when benchmarked against comparators and national policy; to outline a plan to close these gaps with a clear trajectory; and to comment on the resource implications.

At Whittington Hospital we cared for 572 patients who died during an acute admission in 2020/21 (This figure includes patients who have died in the Emergency Department). This is an increase from

baseline due to the pandemic. In 2017-18, 472 patients died in Whittington Hospital. Our District Nurses in Haringey and Islington cared for 562 patients who died in their own homes in Haringey and Islington in 2020/21, this is also an increase from the baseline, but without access to the death certificates of these patients we are unable to confirm if the increase is due to the pandemic. The number of deaths nationally per year is rising, with a projected rise of 25.4% in annual deaths in England and Wales by 2040 (from 501,424 in 2014 to 628,659). This means that 160,000 more people in England and Wales will need palliative care by 2040. All clinicians need to have core palliative care skills to meet these needs.

In keeping with other local services for adult palliative care and reflecting longer term mortality trends, the referral rates have approximately doubled in recent years, from 301 in 2013/4 to 610 in 2020/21. The team has continued to acknowledge and assess over 99% referrals within 1 working day. During the COVID-19 pandemic the team maintained a strong front-line presence in the hospital, supporting ward teams to manage acutely unwell symptomatic and dying patients effectively and compassionately. The team led on provision of symptom control guidance and provided teaching and training on this, as well as support to teams coping with high numbers of deaths under their care. They have continued to provide holistic support to patients and families despite challenges with visiting restrictions.

EoLC is a quintessentially multidisciplinary activity. Effective EoLC requires an integrated approach that is central to our understanding of an integrated care organisation. The palliative care team has strong relationships both within and beyond the acute Trust. They are a visible presence across all hospital adult wards, including ambulatory care and the emergency department (ED) – 12% referrals in 2020/21 were made from ED. The acute oncology service MDT, the lung cancer and the GI/CUP MDT includes active palliative care representation maintaining the person at the centre of care. We have robust relationships and have maintained regular contact with the Haringey (North London Hospice) and Islington (CNWL) community palliative care teams despite COVID-19 restrictions.

Paediatric Palliative Care Services (Life Force)

Life Force is a team of specialists, who provide care and support to families who have a child with a life limiting or life threatening condition living in the boroughs of Camden, Haringey and Islington. They are a multi-disciplinary team consisting of paediatric specialist nurses, respite nursery nurses, play specialist / youth worker, psychologists and a toy loan coordinator.

Their aim is to provide enhanced support to families and ensure choice in place of care, especially at end of life. Life Force continues to offer preferred place of death (PPD) and works hard to achieve this providing support at any chosen location, i.e., home hospital or hospice.

Covid impacted on both the patient population and the workforce. Rapid changes in working practices took place with some staff having to shield and others working from home to reduce the number of staff present in the office. This created challenges around sourcing appropriate IT hardware. To support staff weekly teams meetings were implemented to ensure those shielding or working from home were able to stay connected with colleagues in the office. Families continued to be offered face to face contact in their home or could choose to access the service virtually.

Paediatric Wards across the NCL sector were closed to accommodate adult patients and in patient services were moved to Whittington hospital. The closure of wards did cause anxiety to some families as they were worried about meeting health care professionals that had not met their child before or may not be aware of the complexities of their treatment. To increase families' confidence in the service, care plans and hospital passports were shared between the hospital trusts to ensure that safe, holistic care was provided wherever the child presented.

The Life Force team provides the services below to patients and families. The Life Force is a Monday – Friday service, however the team flex their operating times to support a child to remain at home at end of life. Life Force works closely with local Community Children's Nursing teams, Continuing Care Team, and local hospices, to ensure that the family's needs are met.

- Symptom management support
- Coordination of current services, accessing extra support for families when necessary
- Provision of respite/short breaks in the home
- To act as a keyworker
- Provision of play sessions in the home
- Pre and post bereavement support to the parents
- Pre and post bereavement support to the siblings
- Annual memorial day for bereaved families

Learning from Deaths

Number of Deaths

During 2020/2021 there were 561 inpatient deaths at the Trust (This figure excludes patients who have died in the Emergency Department). This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 167 In the first quarter
- 67 In the second quarter
- 136 In the third quarter
- 191 In the fourth quarter.

Oversight

The Trust has an embedded process to screen, review and investigate inpatient deaths. Each Clinical Directorate has an embedded mortality review process to undertake reviews on any appropriate deaths and to identify learning. The Mortality Review Group provides Executive-led scrutiny of mortality surveillance to ensure the Trust is driving quality improvement by using a systematic approach to mortality review and learning from death. The Group reports to the Quality

Assurance Committee and the Trust Board, via a Quarterly Learning from Deaths report, authored by the Associate Medical Director for Learning from Deaths.

Reviews

113 out of the 561 total deaths for the year were identified for case record review. By 31 March 2021, of the 113 identified deaths, 54 case record reviews and 2 investigations had been carried out. In one case a death was subjected to both a case record review and an investigation. The investigation is ongoing at the time of writing.

The breakdown of reviews carried out by quarter is as below:

- 28 case record reviews in the first quarter and an investigation
- 4 case record reviews in the second quarter and an SI investigation
- 21 case record reviews in the third quarter
- 1 case record review in the fourth quarter.

The table below shows the number of case record reviews by quarter and the number of deaths judged more than likely than not to have been due to problems in care:

	Quarter one 2020/21	Quarter 2 2020/21	Quarter 3 2020/21	Quarter 4 2020/21
Number of case record reviews	28	4	21	1
Number of deaths judged more likely than not to have been due to problems in care	0	1	0	0

In relation to each quarter, this consisted of 0 representing 0% of 28, 1 representing 25% of 4 for the second quarter. 0 representing 0% of 21 for the third quarter.

Following the reviews one death, representing 0.88% of the 113 identified patient deaths reported, was judged to have been more likely than not due to problems in the care provided to the patient. Actions taken include enhancing staff training on the care of patients with delirium and reinforcement of the STOP falls care bundle.

Summary of Themes, Learning and Actions from Case Record Reviews

From the deaths reviewed in 2020/21 the main themes, learning and actions are:

Learning from the pandemic

There were 296 deaths (53%) at the Trust in which COVID-19 was the cause of the death or a contributing factor during the period April 2020 to 31 March 2021.

Learning from the care of patients with COVID-19 through the pandemic has been extensive, including morbidity and mortality meetings and reflective practice sessions. This has fed into a continuous review of guidelines developed during the first surge to ensure best practice is in place.

Early detection of deteriorating patients

Most mortality reviews that were undertaken identified good care for patients. It was found that a multi-disciplinary team approach to care, with early senior input for patients, and frequent ward rounds was valuable and aided the Junior Doctors in identifying the deteriorating patient earlier. It was also found that this approach ensured that end of life care discussions were held in a timely way, and, if appropriate, Palliative care teams were involved.

We are continuing to embed this approach into the care for all patients.

Supporting staff and improving experience for patients and their families

One of the themes that emerged from several mortality meetings was the difficulty that some team members had with informing relatives of those that were dying of the visiting restrictions imposed by COVID-19. In a response to this, The Trust provided targeted mental health support for all members of staff focussing on this issue. In addition, the Ethics Advisory Group, formed last year, are now well established, and have become an integral part of the support for staff in both decision making and areas where communication with relatives and loved ones may be difficult.

Sepsis

In 2020/21 there were 32 deaths (6%) due to Sepsis.

Reviews of patients who had died from sepsis identified areas of good care but also areas for improvement, such as ensuring all patients with sepsis receive antibiotics within an hour time frame, and this was highlighted as a theme for learning.

The Trust will appoint a lead Sepsis nurse and identify a medical lead for Sepsis, to re-embed the learning in identification and rapid treatment of sepsis.

Improving the Mortality Review and Learning from Deaths process

The Trust has appointed four additional Medical Examiners to support the Mortality Review process and improve the experience of bereaved families. They, along with the Lead Medical Examiner, and the Associate Medical Director with the responsibility for Learning from deaths, have become part of a larger, multi-disciplinary, Mortality Review Group.

This Group will continue to progress learning from deaths and provide quality assurance for case record reviews.

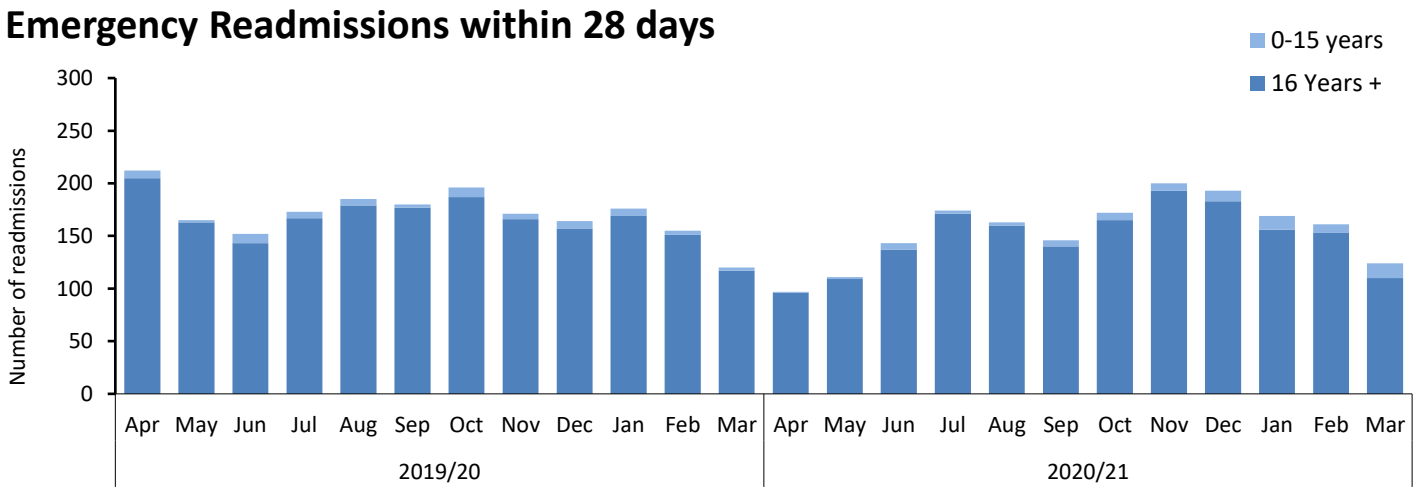
Percentage of patients 0-15 and 16+ readmitted within 28 days of discharge

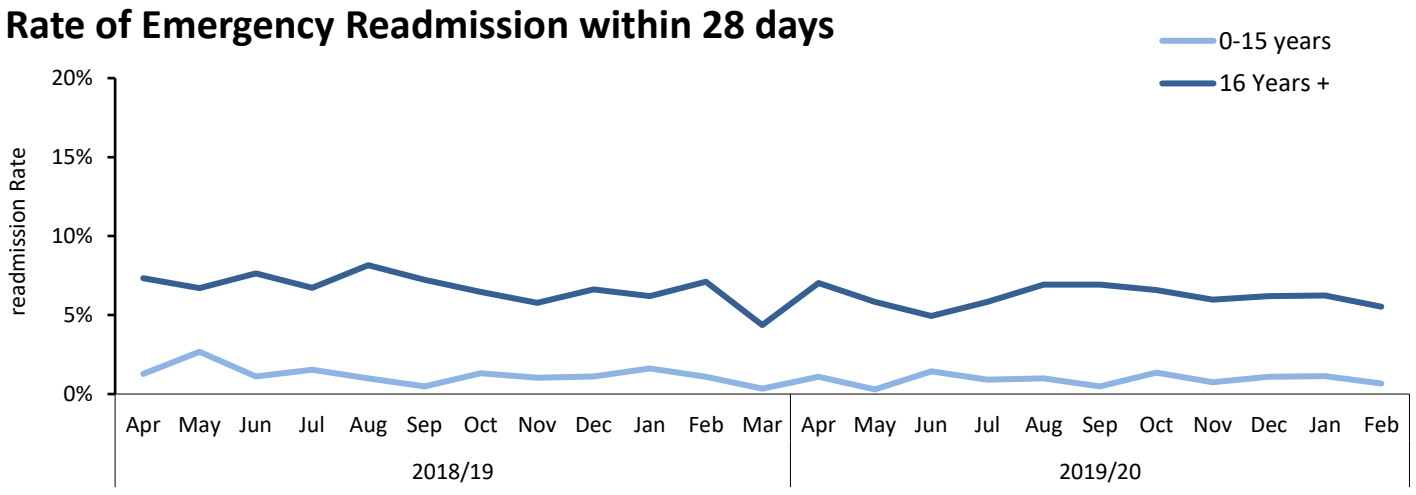
The Trust reports within stated requirements, the readmission data is reviewed thoroughly and compared closely to the metric that is used for routine board and departmental monitoring of readmissions.

*Data is reported against the month of discharge of the emergency readmission
*Data excludes patients between 0 and 4 years at time of admission or re-admission. Cancer and Maternity admissions and readmissions are excluded. Patients who self discharge are also excluded.

During the pandemic from March 2020 – March 2021 the use of the 'Hospital at home' service and 'Virtual Ward' was a valuable tool which helped to expedite safe discharges but also reduce the numbers of patients requiring potential readmission within 28 days of discharge.

We have also continued with our 'Multi Agency Discharge Event's' (MADEs) virtually during the pandemic. They have regular input from Social Care, Clinicians, District Nursing and GPs to ensure patients are discharged to the most appropriate place for their care in a timely manner. The data table that supports the graphs below can be found in Appendix Three.





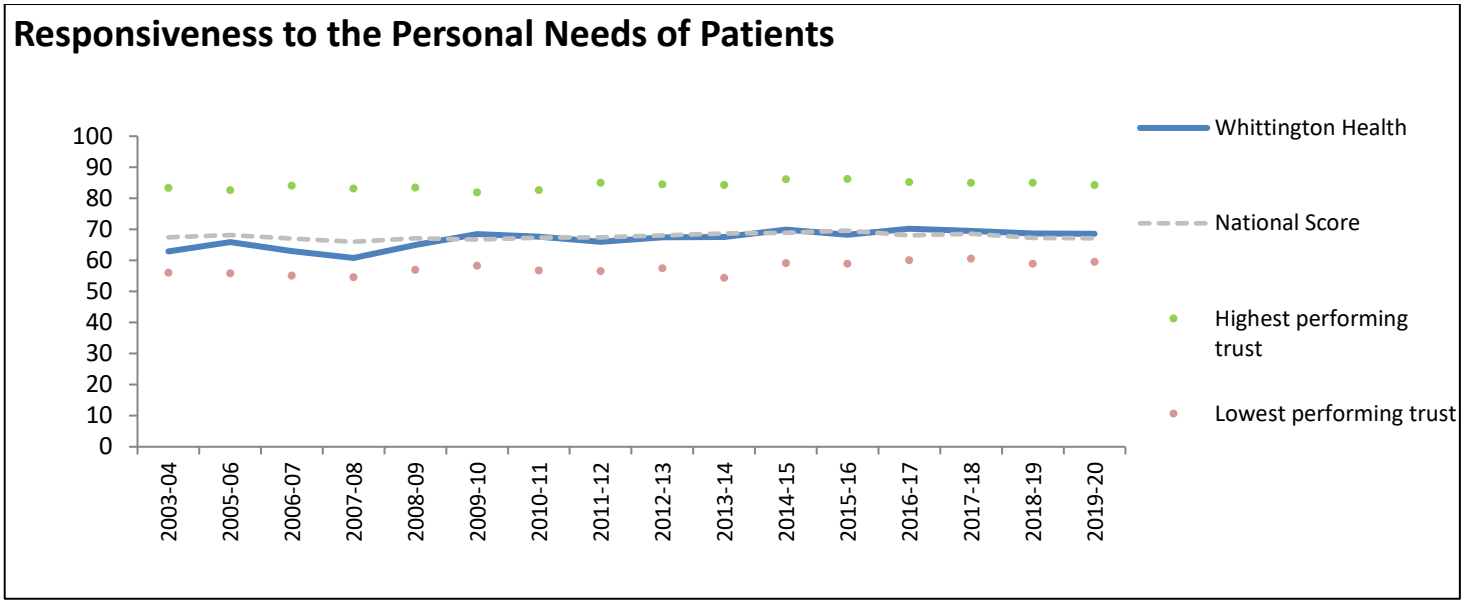
The trust's Responsiveness to the Personal Needs of its Patients

Whittington Health NHS Trust considers that this data is as described because it is produced by a recognised national agency and adheres to a documented and consistent methodology. This metric is an aggregation of scores from the national inpatient survey and is expressed as a score out of 100 (where a higher score is preferable)

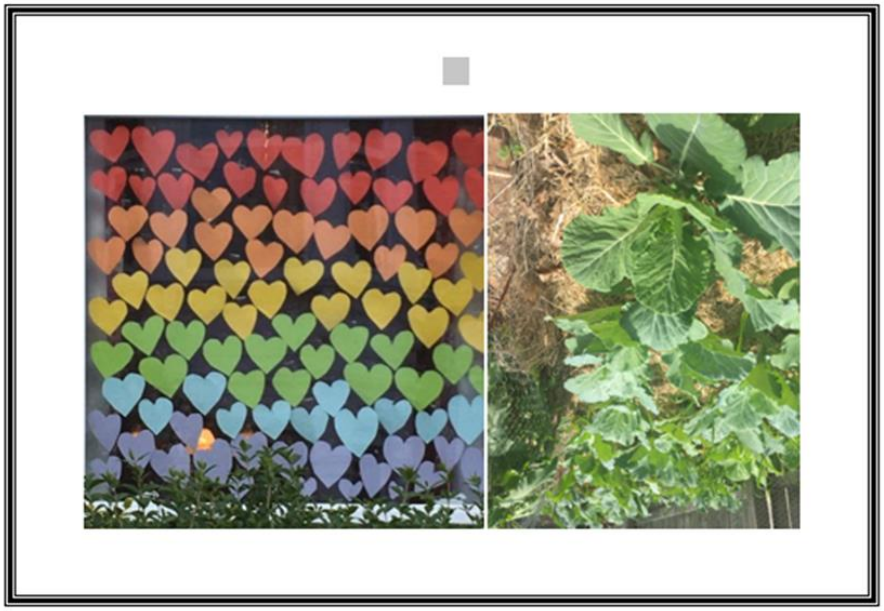
The survey is completed by a sample of patients aged 16 years and over, who have been discharged from an acute or specialist trust, with at least one overnight stay. Individual questions are scored according to a pre-defined scoring regime that awards scores between 0-10. These scores are then multiplied by 10 to give a score out of 100. The indicator is a composite, calculated as the average of five survey questions from the National Inpatient Survey

Year	Whittington Health	National Score	Highest performing trust	Lowest performing trust
2003-04	63	67	83	56
2005-06	66	68	83	56
2006-07	63	67	84	55
2007-08	61	66	83	55
2008-09	65	67	83	57
2009-10	69	67	82	58
2010-11	68	67	83	57
2011-12	66	67	85	57
2012-13	67	68	84	57
2013-14	68	69	84	54
2014-15	70	69	86	59
2015-16	68	70	86	59
2016-17	70	68	85	60
2017-18	70	69	85	61
2018-19	69	67	85	59
2019/20	69	67	84	60

The Whittington Health performance score was two percent higher than the national average in 2019/20 this has been consistently maintained since 2016/17. Whittington Health maintains an excellent reputation for being innovative, responsive, and flexible to the changing clinical needs of the local population. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients. Our consistent scores above the national average is indicative of a trust that listens to its patients and responds to their needs.



At the start of the pandemic, Whittington Health recognised the devasting effects that visitor restrictions would have on inpatients. In response, the Trust launched 'Stay Connected', our family liaison programme to meet the needs of our patients and keep them connected to their family and loved ones while visitor restrictions were in place. Some of these initiatives like the 'Thinking of You' postcards and Audio messaging received such positive responses from patients, they have a role to play even without visitor restrictions. Below is an example of a postcard template, the pictures and message are personalised for the patient by their family.



Dear Gordon Blogs

We love you and hope you feel yourself again soon! You can see from the photos a lovely rainbow collage our neighbours' children created, and how our patch of vegetable garden looks now. They were only seedlings when you last visited.

Big virtual hugs from across the Atlantic!

From Thomas and Percy

Gordon Blogs, Cloudesley ward

Whittington Hospital

Magdala Avenue

London

N19 5NF

Keeping in touch...

NHS
Whittington Health
NHS Trust

Stay connected
while visiting restrictions are in place

NHS Whittington Health NHS Trust

The 'Staying Connected' team provide advice, information and clear routes of access to support you to stay connected with your loved one as we now have to restrict ward visiting. If you require any further information about staying connected please contact:

Email: whh-tr.stayconnected@nhs.net **Mon-Fri:** 0207 288 3876

'Thinking of You': Postcards

Send a message & photos to your loved one.

Link:

https://www.whittington.nhs.uk/mini-apps/news/newsPage.asp?NewsID=2181

Virtual visiting: Zoom and WhatsApp

You can arrange a 'virtual' visit to see your loved one.

Email:

whh-tr.stayconnected@nhs.net

Phone:

0207 288 3876

WithYou Audio messaging

Record a message through our digital messaging service which can then be delivered to your loved one.

Email:

whh-tr.withyou@nhs.net

Patient property: Delivering & Finding

We can arrange to have items delivered to your loved one.

Email:

whh-tr.stayconnected@nhs.net

Phone:

0207 288 3876

Staff Friends and Family Tests

Listening to Our Staff

Whittington Health conducted its tenth national staff survey as an integrated care organisation (ICO). The survey was distributed to all staff, rather than a sample, and achieved a response rate of 51% which is lower than last year's 56%, but not unexpected given the pandemic, and above the median for similar trusts, 45%. The new comparison group now includes not only combined acute and community trusts but also acute trusts. The trust is pleased to have achieved a response rate above 50%. The survey asked members of staff questions about their jobs, managers, health and wellbeing, development, the organisation, and background information for equality monitoring purposes. The purpose is to give staff a voice and provide managers with an insight into morale, culture, and perception of service delivery.

Staff Engagement Indicator

For the 2020 Staff Survey the key findings that make up the engagement score of staff are:

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

- Staff ability to contribute towards improvements at work

The Trust has worked hard to develop a compassionate and inclusive culture, and this is evidence in part by the sustaining of the engagement score of 7.1 despite the challenges of 2020. In 2021, Whittington Health's staff engagement score of 7.1 continues to compare favourably to the national average score of 7.0.

Top Ranking Scores

The reporting shows Whittington Health's results against 10 themes (the 11th theme, Quality of Appraisals, was removed in 2020) benchmarked against Acute and Acute and Combined trusts and ranked by 'best' 'average' and 'worst' results. Results are presented in the context of the 'best', 'average' and 'worst' results for the total 128 Acute and Acute & Community Trusts.

In 2020 Whittington Health is not ranked as 'worst' in any of the themes, compared to 1 in 2019 (Safe Environment – Bullying & Harassment) and 4 in 2018. The Trust is slightly above average for four of the themes, below or slightly below for another four and rated as average for two.

Whittington Health – 2020 overall results – Themes

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	8.5	5.8	6.9	6.0	7.6	7.7	9.5	6.8	7.1	6.6
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	2,124	2,140	2,141	2,104	1,996	2,071	2,135	2,125	2,164	2,145

Whittington Health – 2020 overall ranking – themes

Theme	Whittington Health – overall trend
Equality, Diversity & Inclusion	Below average and 0.1 decline from last year
Health & Wellbeing	Below average and 0.2 improvement from last year

Immediate Managers	Above average and same as last year
Morale	Below average and 0.1 improvement from last year
Quality of Care	Above average and same as last year
Safe Environment: Bullying	Below average and 0.2 improvement from last year
Safe Environment - Violence	Ranked as average and same as last year
Safety Culture	Ranked as average and same as last year
Staff engagement	Above average and same as last year
Team Working	Above average and same as last year

Further local changes and outcomes from last years staff survey are detailed in Appendix Six.

New COVID-19 Specific Classification Breakdowns

A new section in the benchmark reports shows the breakdown of theme scores for staff in the following subgroups:

- Staff who worked on a COVID-9 specific ward or area at any time (Q20a)
- Staff who have been redeployed at any time due to the pandemic (Q20b)
- Staff required to work remotely/from home due to the pandemic (Q20c)
- Staff who have been shielding for themselves (Q20d)
- Staff who have been shielding for a member of their household (Q20d)

Similar analysis will be available for both theme scores and question results in the online dashboards published on the NHS Staff Survey results website on 11 March.

Theme scores by COVID-19 subgroup

**Each theme records the highest and lowest score in green or red respectively*

Theme	All staff	Worked on COVID-19 specific ward or area	Redeployed	Required to work remotely /from home	Shielding for self	Shielding for household member
Equality, Diversity, Inclusion	8.5	**8.2**	**8.4**	**8.9**	**7.9**	**8.4**
Health & Wellbeing	5.8	**5.5**	**5.5**	**6.2**	**5.5**	**5.9**
Immediate Managers	6.9	**6.9**	**6.8**	**7.4**	**7.0**	**6.9**
Morale	6.0	**5.9**	**5.8**	**6.3**	**5.8**	**5.8**
Quality of Care	7.6	**7.6**	**7.5**	**7.4**	**7.8**	**7.7**
Safe Environment – Bullying	7.7	**7.2**	**7.3**	**8.4**	**7.7**	**8.0**
Safe Environment – Violence	9.5	**9.0**	**9.4**	**9.8**	**9.4**	**9.4**
Safety Culture	6.8	**6.8**	**6.8**	**6.9**	**6.9**	**6.9**
Staff Engagement	7.1	**7.2**	**7.1**	**7.3**	**7.2**	**7.1**
Team Working	6.6	**6.4**	**6.6**	**7.1**	**6.7**	**6.7**

Progress on the 2019 Staff Action Plan

In response to advice provided by the NHS Co-ordination Centre, the Trust sought to create action plans that focused on a small number of key areas to ensure progress is made and staff are able to experience the changes.

On receipt of the 2019 survey results the Workforce Directorate provided summaries of Integrated Care Service Units (ICSU) and Directorate results with three suggested focus areas for each ICSU and Directorate and a high level action plan template.

The themes and templates were shared with the service leads who were then tasked with cascading downwards, using the '***You Said We Did'*** templates to capture improvement work at team level.

To support managers and ensure staff were included in the process a number of workshops and support were offered by HR and Organisational Development (OD) to 'hot spot' teams. This included attending senior team Away Days, helping managers facilitate workshops to share the data and identify improvement areas.

Actions are developed into supporting action plans which are monitored closely by the ICSU's. Due to the COVID-19 pandemic progress against the actions identified in 2020 was paused.

Patient Feedback: Learning from National Patient Survey Results

The Trust received results for two national patient experience surveys during 2020/21. These were:

- Adult Inpatient Survey 2019 (July 2020)
- National Cancer Survey 2019 (June 2020)

National Adult Inpatient Survey 2019

33% of patients responded to the 2019 survey which was the same percentage as completed responses for 2018. The key improvements and issues to address are summarised below:

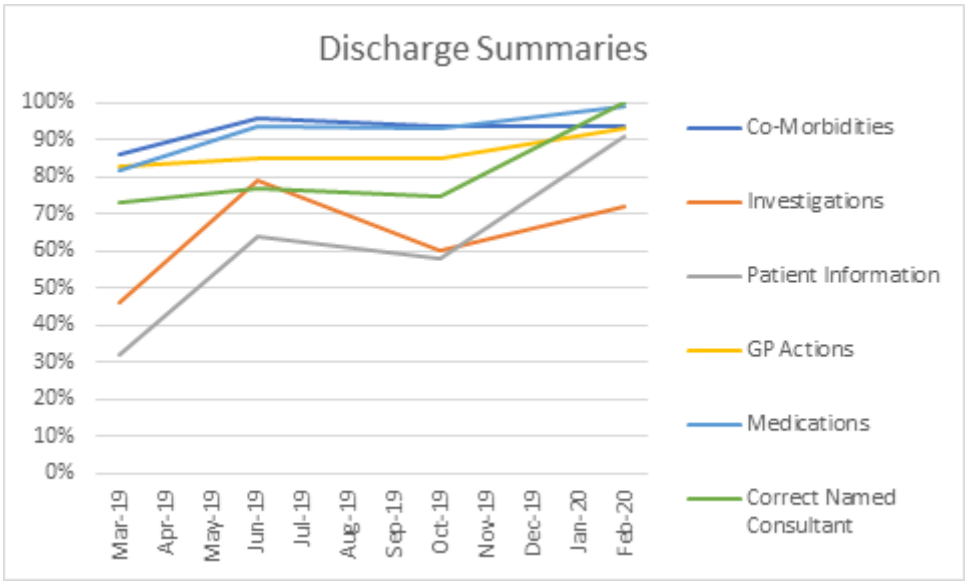
Key improvements seen for patient discharge are because of successful quality improvement workstreams which reviewed and implemented changes to discharge letters and enhanced discharge planning with the TICKED programme aimed at ensuring everything has been considered and in place prior to discharge. TICKED is an acronym designed to support clinicians remember the key components of a safe discharge;

- T – TTA (To Take Away medications)
- I - Informed (patient and families)
- C - Care (package of care)
- K - Keys
- E - Equipment
- D - Discharge letter

The discharge summary QI project had dual aims;

- To provide a safe concise handover of care to primary care or community colleagues
- To give the patients a summary of the events of their admission, next steps and instructions of what to do if symptoms get worse- in clear language they understand

Results showed that overall, sampled discharge summaries increased from 67% to 92% compliant with our quality indicators, and in particular “Info for patients” increased from 32% to 91%, which is reflected in the improved patient feedback.



While the COVID-19 pandemic has impacted on the Trust's ability to deliver improvement programmes to address key issues, several changes have been made following the survey such as the hospital bringing patient catering back in-house and further communication training sessions put in place for ward staff.

National Cancer Patient Experience Survey 2019 (NCPES 2019)

The 2019 survey results showed that Whittington Health remained a very high performer across London and within the North Central London Integrated Care System (NCL ICS). The Whittington ranked second to the Royal Marsden for London cancer services once again and the overall rating of care at the trust has improved for a second consecutive year from 8.9 to 9.0 (calculated as the average score given to the question "Overall, how would you rate your care?" on a scale from 0 (very poor) to 10 (very good)). This excellent outcome is now higher than the national average of 8.8.

Narrative feedback from the survey details high volumes of very positive feedback for the cancer services. Most commonly the feedback is about the staff support.

A key consideration to support the improvement work in 2020/21 and personalised care objectives will be the Whittington Health and Macmillan partnership providing a Recovery Package Manager and support worker staff.

A particular area for improvement related to communication and how staff talk in front of patients; patient involvement in their care; and patients receiving a copy of their care plan. To address this and other areas identified for improvement, the service implemented an action plan and have reviewed staff capacity to support patient communication.

National Cancer Patient Experience Survey 2019
Whittington Health NHS Trust

Case Mix Adjusted scores

Executive Summary

Cancer Dashboard Questions

The following seven questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England:

Q61. Patient's average rating of care scored from very poor to very good

Q18. Patient definitely involved as much as they wanted in decisions about care and treatment

Q19. Patient given the name of a CNS who would support them through their treatment

Q20. Patient found it very or quite easy to contact their CNS

Q39. Patient always felt they were treated with respect and dignity while in hospital

Q41. Hospital staff told patient who to contact if worried about condition or treatment after leaving hospital

Q55. General practice staff definitely did everything they could to support patient during treatment

Questions Outside Expected Range

	Case Mix Adjusted Scores			National Score
	2019 Score	Lower Expected Range	Upper Expected Range	
Q23. Hospital staff discussed or gave information about the impact cancer could have on day to day activities	**95%**	73%	95%	**84%**

	Case Mix Adjusted Scores			National Score
	2019 Score	Lower Expected Range	Upper Expected Range	
Q30. Hospital staff didn't talk in front of patient as if patient wasn't there	**67%**	69%	98%	**84%**

Due to the impact of the pandemic, the Cancer service opted not to participate in the NCPES 2020 as this was voluntary and health & wellbeing events were badly affected as were the charities who support them.

Macmillan supported the funding of a Personalised Care Project Manager post and two people are now job sharing the role.

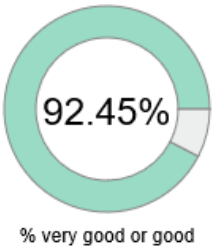
Patient Feedback: Friends and Family Tests

With the onset of the COVID-19 pandemic NHS England and Improvement ceased the national reporting requirements for the Friends and Family Test (FFT) from March 2020. National reporting requirements were reactivated in December 2020, although there was an acknowledgement that response rates would remain affected as this coincided with the second pandemic surge over the winter.

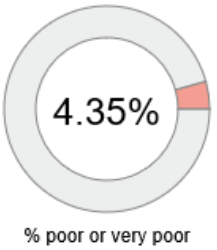
Services were able to, and many continued, to collect FFT feedback, while the statutory obligation of reporting was removed. The guidance received encouraged Trusts and services to utilise methods of collection that reduce the risk of transmission.

Overall, the following results for 2020 were collated across the Trust:

Percentages of Very good/good and poor/very poor
(FFT - All, 1/1/2020 to 31/12/2020)



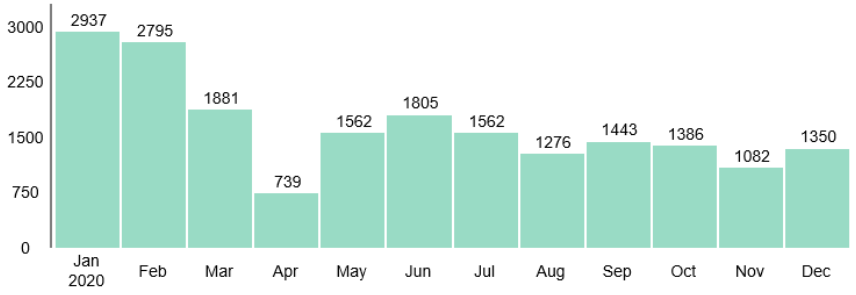
% very good or good



% poor or very poor

The Table below shows the total number of responses for 2020 and highlights the reduction in FFT responses from April 2020 when the initial pandemic surge was at its peak.

Number of surveys completed each month
(FFT - All From 1/1/2020 to 31/12/2020)
19818 Surveys



Revised national FFT guidance, data system and text messaging

The revised national FFT guidance had been due for implementation - with all Trusts expected to be compliant by April 2020; however, the implementation period was frozen until December 2020 because of the COVID-19 pandemic.

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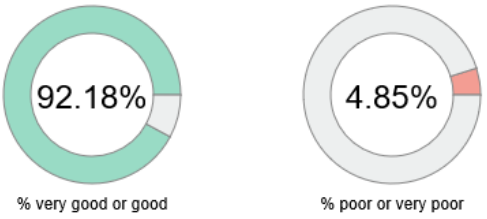
During April and May 2020, the Meridian Optimum data system the Trust uses for collecting and reporting on FFT along with other local patient experience surveys, was upgraded and renamed IQVIA connections.

Text messaging for FFT in the Day Treatment Centre (DTC) was finally implemented in January 2021 having been delayed by the pandemic.

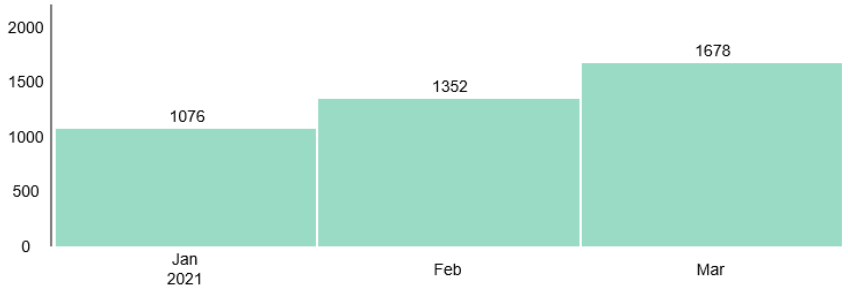
Quarter 4 data 2020/21 following re-launch of FFT using revised questionnaire

Percentages of Very good/good and poor/very poor
(FFT - All, 1/1/2021 to 31/3/2021)



As expected, the number of surveys completed has been increasing incrementally since the re-launch of national FFT reporting which coincided with the second pandemic surge.

Number of surveys completed each month
(FFT - All From 1/1/2021 to 31/3/2021)
4106 Surveys



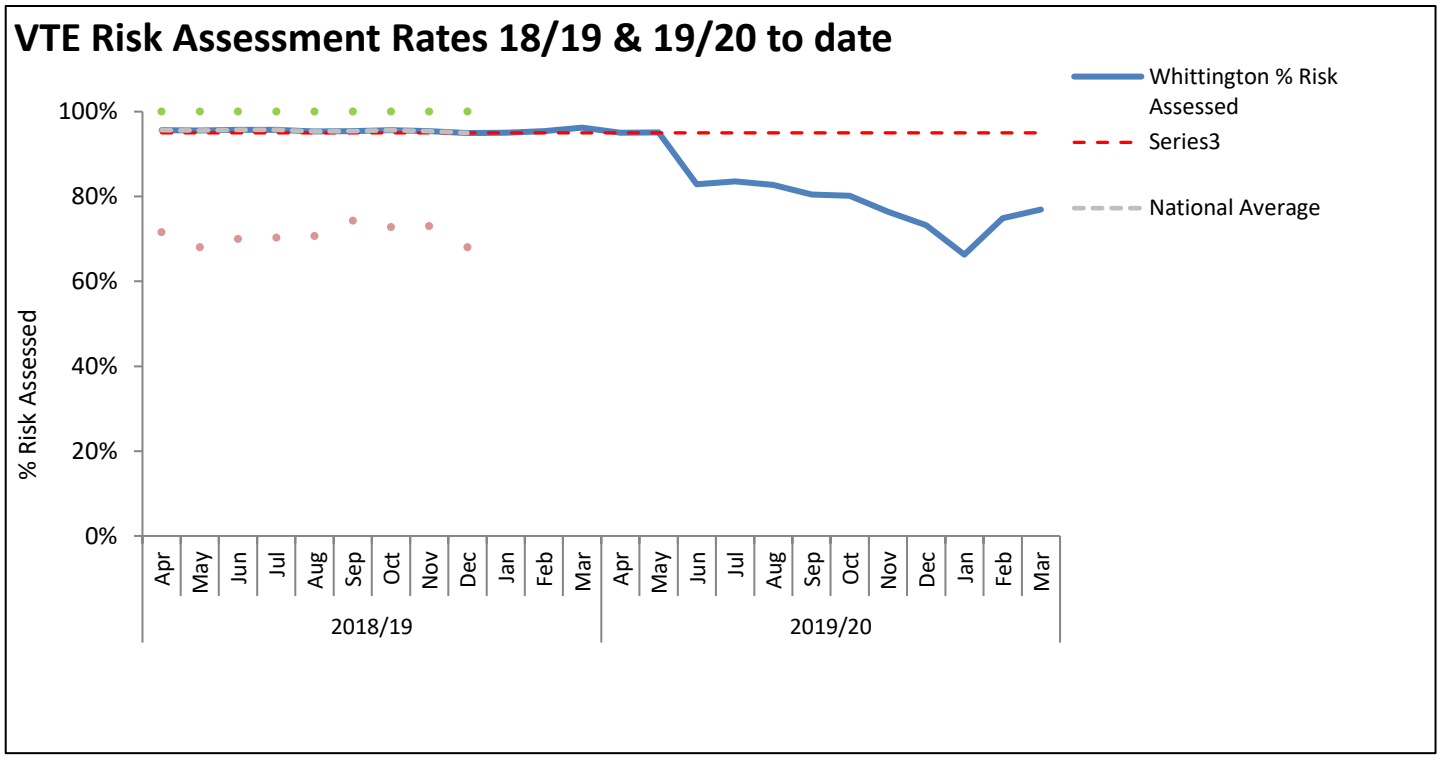
Venous Thromboembolism (VTE)

Every year, thousands of people in the UK develop a blood clot within a vein. This is known as a venous thromboembolism (VTE) and is a serious, potentially fatal, medical condition. The Trust policy requires all admitted patients are individually risk assessed and have appropriate thromboprophylaxis prescribed and administered. In 2019/20 the Trust achieved above 95% compliance for VTE risk assessment. In 2020/21 national reporting was suspended due to the COVID-19 pandemic, however the Trust still recorded data locally in 2020/21 and the Trust achieved 81% compliance with risk assessments.

To improve compliance focused work has been done with the surgical teams to educate them as to the importance of VTE assessment. To continuously improve, medical colleagues undertake regular audits to ensure VTE compliance is robust and aligned with best patient outcomes.

Financial Year	Month	Whittington % Risk Assessed	National Average	Highest performing trust	Lowest performing trust	Target
2018/19	Apr	95.87%	95.64%	100.00%	52.66%	95%
	May	95.07%	95.73%	100.00%	75.03%	95%
	Jun	95.04%	95.52%	100.00%	75.05%	95%
	Jul	96.06%	95.69%	100.00%	74.88%	95%
	Aug	93.88%	95.47%	100.00%	66.98%	95%
	Sep	92.67%	95.31%	100.00%	59.98%	95%
	Oct	96.54%	95.73%	100.00%	0.00%	95%

	Nov	96.93%	95.93%	100.00%	0.00%	95%
	Dec	95.25%	95.25%	100.00%	0.00%	95%
	Jan	95.82%	95.82%	100.00%	71.20%	95%
	Feb	95.68%	95.68%	100.00%	68.80%	95%
	Mar	95.71%	95.71%	100.00%	75.70%	95%
2019/20	Apr	95.65%	95.65%	100.00%	71.60%	95%
	May	95.55%	95.55%	100.00%	68.00%	95%
	Jun	95.69%	95.69%	100.00%	70.00%	95%
	Jul	95.72%	95.72%	100.00%	70.30%	95%
	Aug	95.31%	95.31%	100.00%	70.70%	95%
	Sep	95.37%	95.37%	100.00%	74.30%	95%
	Oct	95.60%	95.60%	100.00%	72.79%	95%
	Nov	95.37%	95.37%	100.00%	73.00%	95%
	Dec	94.97%	94.97%	100.00%	68.00%	95%
	Jan	95.05%	National data collection suspended due to COVID-19			N/A
	Feb	95.37%				N/A
	Mar	96.23%				N/A
2020/21	Apr	95.00%				N/A
	May	95.10%				N/A
	Jun	82.90%				N/A
	Jul	83.60%				N/A
	Aug	82.70%				N/A
	Sep	80.50%				N/A
	Oct	80.20%				N/A
	Nov	76.40%				N/A
	Dec	73.20%				N/A
	Jan	66.30%				N/A
	Feb	74.90%				N/A
	Mar	76.90%				N/A



The trust is taking the following actions in 2020/21 to further improve VTE rates:

- Providing bespoke education on VTE assessments for clinicians
- Liaising with Information Technology service to improve flagging of patients who need VTE assessment/reassessment via the electronic white boards and hand over system
- Matrons carry out regular audits of VTE compliance on their wards
- Appointment of a consultant haematologist with a specialist interest in VTE who can focus on further improvements in this area and a new part time VTE pharmacist.
- A review of local policies and guidelines re. diagnosis and management
- Review literature available to patients on importance of VTE prevention and symptoms and signs

Health Care Acquired Infections (HCAI)

Nosocomial infections are defined as those occurring:
• as a direct result of treatment in, or contact with, a health or social care setting
• because 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.

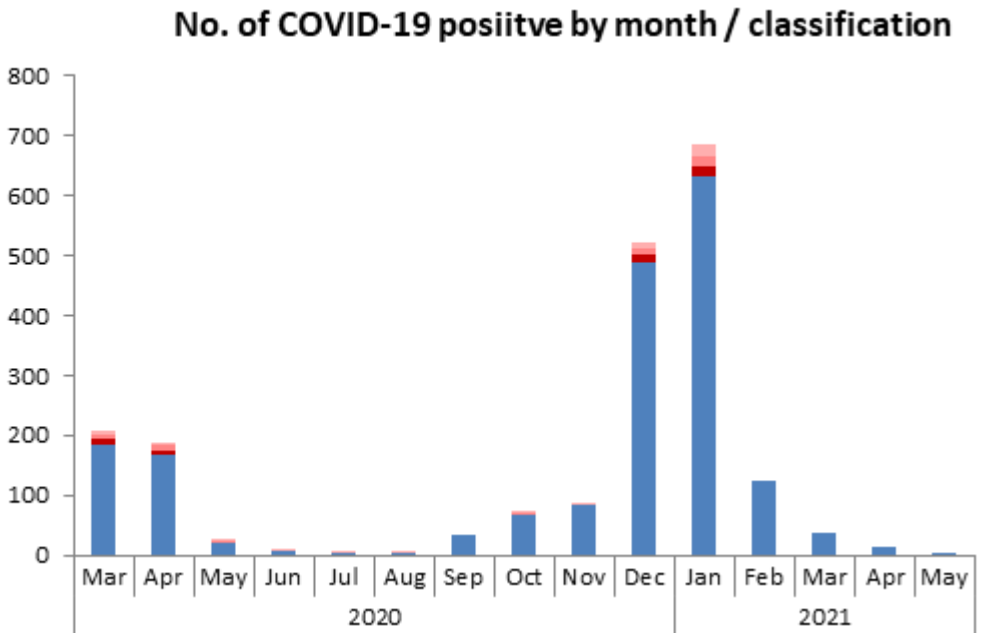
Management of healthcare associated infections (HCAI)
Whittington Health's infection prevention and control policy documents the importance of preventing and reducing rates of HCAI and the surveillance of potential incidents. This remains as critical for inpatients who are at risk as they provide essential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

- What and where the problems are
- How well control measures are working

Health Care Acquired Infections – COVID-19

The Trust has captured data on HCAI COVID-19 infections since 10 March 2020 and recorded 37 definite HCAI in the reporting period 2020/21. Definite HCAI COVID-19 infections are defined as patients who test positive on Day 15 or later; Probable HCAI infections are defined as patients who test positive Day 8 – 14; Intermediate HCAI infections are defined as patients who test positive Day 3 – 7; and Community Acquired is defined as pre-admission or up to day 2 of admission.

During the late November 2020 to February 2021 COVID-19 surge in cases and admissions, the Trust reported daily on HCAI COVID-19 infections. The Trust was testing and retesting all admitted patients for COVID-19 in line with national guidance. During the period 8 November 2020 to 17 January 2021, there was a steady increase in the number of HCAI COVID-19 positive cases (both probable and definite). This occurred despite the focus and attention on safe infection control and prevention precautions and was linked to the increase in the significant community transmission rate of COVID-19 found in the local population, which also increased steadily until end January before declining. The Trust has not had a definite HCAI reported since 25 January 2021. COVID-19 testing for inpatients has been maintained and is routinely done at Day 0,3,5,7 and then twice weekly for all admissions.



To monitor compliance with Infection Prevention and Control during the pandemic, in May 2020 NHSE/I developed a Board Assurance Framework self-assessment. The framework covered 10 key lines of enquiry across IPC, environmental, patient pathway and staff. The Trust completed this self-assessment in May 2020, and it was reviewed in November 2020 and again in February 2021. This was reported to the Trust Board in February 2020.

There were also ten actions detailed in a letter from NHS England's Chief Nursing Officer and Chief Medical Officer (June 2020) and the Trust reviewed practice against this. This was also reported to the Trust Board in February 2020. The focus of these actions is on minimising the viral transmission of COVID-19 virus during a patient's admission to the hospital. These actions remain in place to date. Compliance with the actions outlined is summarised in Appendix five. There is regular updating of the COVID-19 IPC guidance and this is incorporated within local policies and guidelines to ensure all staff are kept up to date on Department of Health changes.

Health Care Acquired Infections - Clostridium Difficile

Clostridium difficile, also known as C. difficile or C. diff, is bacteria that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics. It is one of the most prevalent health care acquired infections.

Whittington Health NHS Trust had 14 Trust attributable Clostridium difficile infections (CDI) for 2020/21. The agreed trajectory for CDI this year was set at 19 (unchanged from 2019/20).

There are four categories for a C-Difficile toxin positive infection to occur, these are:

1) HOHA - Hospital onset, healthcare associated (Day 2 or later since admission)
2) COHA - Community onset, healthcare associated (Up to 28 days since discharge)
3) COIA - Community onset, intermediate associated (From 29 to 84 days since discharge

4) COCA - Community onset, community associated (More than 12 weeks since last admission

For Whittington Health, there were 10 HOHA and 4 COHA. All were considered unavoidable but there were learning opportunities from lapses in care. Two distinct themes from post infection reviews (PIR) were:

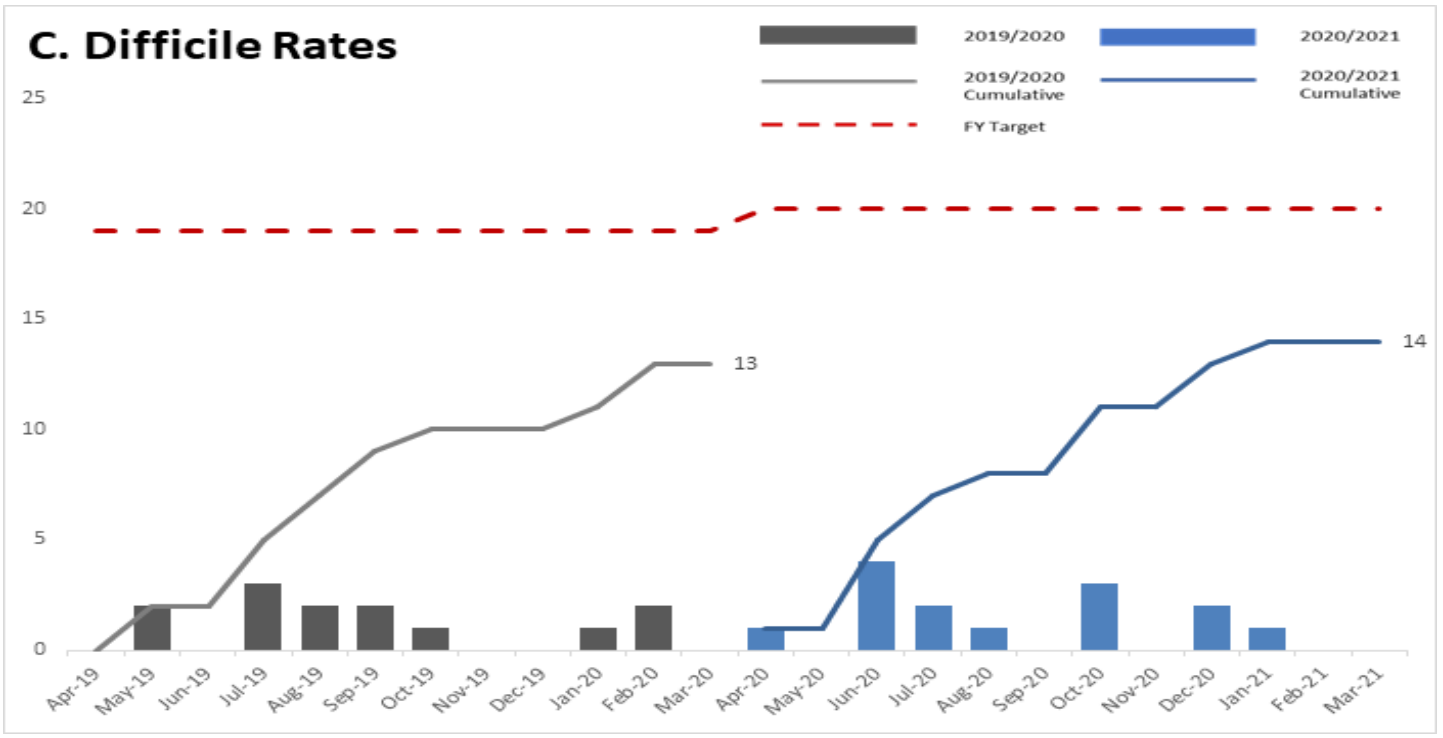
1) delay in sending stool occurring in 50% of the HOHA cases. This may have resulted in delayed treatment and a HOHA (hospital onset infection as opposed to community).
2) documentation lacking and contradictory e.g., inconsistencies between medical and nursing notes as well electronic clinical notes and hard copy.

Common unavoidable factors included patients being over 65 years of age who had recently been prescribed antibiotics. In all cases investigated good antimicrobial stewardship was apparent and therefore despite the antibiotics possibly being the cause of infection they were deemed essential at the time for treatment. For noting, timely isolation has improved from last year and supporting documentation was evident when isolation was not possible in some cases.

The Infection Prevention and Control team continue to support the trust divisions called Integrated Clinical Service Units (ICSUs) by performing the post infection reviews which focus on all aspects of the patient journey from pre-admission through to discharge. This includes a multi-disciplinary clinical review of all cases with rapid feedback of good practice and/or any lapse in care identified to prompt ward-level learning; these are also reviewed at the Infection Prevention and Control Committee (IPCC)

meeting to ensure Trust wide level sharing, learning and an appropriate platform for escalating outstanding actions.

The increased use of key antibiotics required during the acute and subsequent phases of the COVID-19 pandemic in combination with the altered surveillance definitions HOHA and COHA may have resulted in an increase of cases in 2020/21 compared with previous years. Overall Whittington Health remain to be within trajectory and without cross infection and are comparable to similar sized Community/Hospital Trusts.

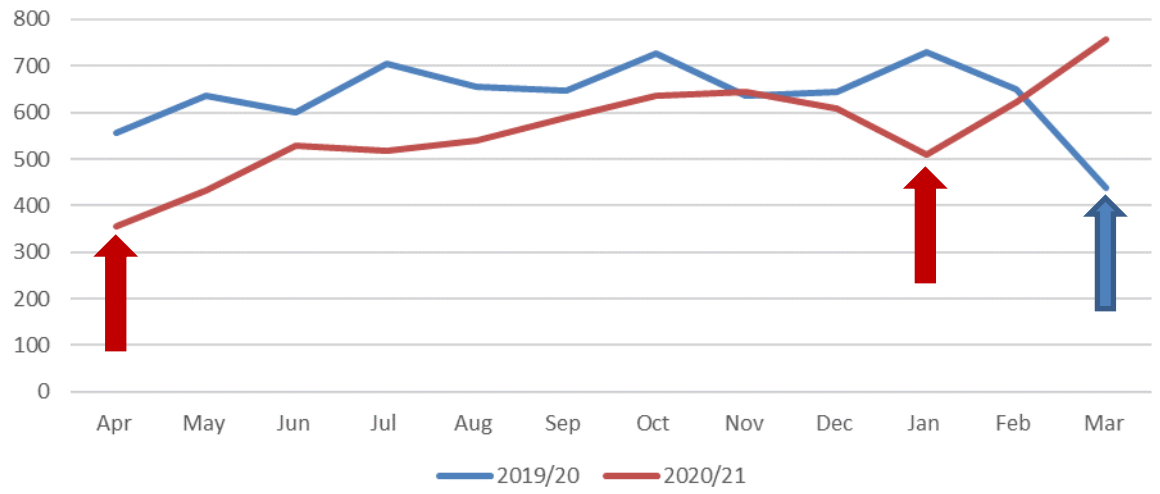


Patient Safety Incidents

The Trust actively encourages incident reporting to strengthen a culture of openness and transparency which is closely linked with high quality and safe healthcare.

There has been a continued increase in reporting since the height of the pandemic in March/April last year; however overall incident reporting is still below the numbers compared to last year. Although there was a significant drop in the number of incidents reported in December 2020/January 2021, a greater number of incidents were reported in February/March this year compared to last year.

Graph 2: WH Patient Safety incidents by month reported



Blue Arrow – 2019 /20 1st Wave

Red Arrow 1 – 2020 / 21 COVID-19 1st Wave

Red Arrow 2 – 2020 / 21 COVID-19 2nd Wave

Serious Incidents

In 2020/21 there were 17 serious incidents reported on The Strategic Executive Information System (STEIS). This is a reduction on the 32 incidents reported in both 2019/20 and 2018/19.

A bi-annual Serious Incident (SI) report for 2018 – 2020, reviewing themes and trends, was presented to the Quality Assurance Committee in July 2020. This report highlighted that the number of SIs has steadily reduced from 1.1% of all incidents in 2015/16 to 0.4% in 2019/20, this reflects both an increase in near miss incident reporting as part of Whittington Health's open patient safety culture, as well as improvements in patient safety. In line with the National Patient Safety Strategy, the focus is on learning from investigations and implementing recommendations, with measures such as round table discussions, process mapping exercises and aggregated themed reviews.

Due to the COVID-19 pandemic, some changes were made to streamline the Serious Incident Executive Approval Group (SIEAG) review process. The SIEAG Panel continued to meet throughout the pandemic, with a focus on immediate actions to mitigate patient safety risks. Investigation reports are now reviewed by a designated Executive Lead with the key learning shared at Panel, which has reduced administration without reducing the quality of reports. Nationally, timeframes for SI reports were removed; however, the Trust continued to work to completing investigations as soon as is possible within the competing pressures on clinical staff.

Never Events

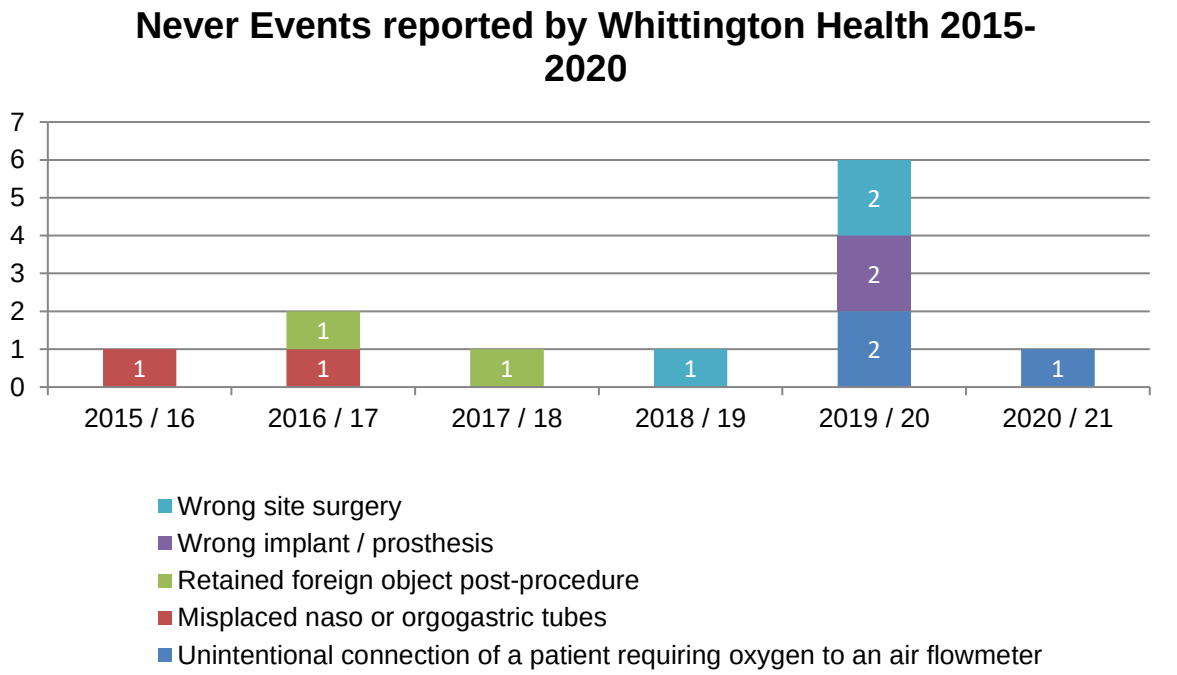
A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented.

During 2020/21, the Trust declared 1 Never Event (this was reported in March 2020 and declared as a Serious Incident meeting Never Event criteria, in April 2020 following review at SIEAG), a decrease from last year (6 Never Events reported in 2019/20).

The Never Event related to an incident in ED during the first wave of COVID-19, where a patient requiring oxygen was inadvertently connected to air. The incident occurred because an air flowmeter

had been left in-situ; there was no harm to the patient as a result of this error. Because of this incident, the Emergency Department switched to the use of air compressors and the air ports (mains air supply by the bedside) have been securely capped, removing the risk. A further review of the 'air flowmeter risk assessment' was carried out Trust wide and several additional clinical areas identified as suitable for switching to the use of air compressors, with the air ports semi-permanently blocked off. Any areas where air flowmeters are still clinically required have regular local checks in place to monitor compliance and a monthly Trustwide oxygen/ air flowmeter audit.

A detailed review of Never Events from 2019/20 was carried out as part of the bi-annual SI themed report (2018-20) in 2020/21 which highlighted several issues to address, in particular the recognition of human factors and the need to design robust systems to mitigate the risk of human error. Human factors is an established science, which examines the relationship between individuals and the systems with which they interact, with the goal of reducing errors. In addition to practical changes because of the Never Events, which provide physical barriers to human error (for example, removal of reconstruction plates from instrument trays and blocking off air ports not required in clinical areas), the Trust has introduced an in-situ simulation programme using airline pilots as human factors experts to observe practice. This has increased awareness and understanding of human factors, and the identification and early auctioning of latent safety threats, preventing future harm.



Duty of Candour

Since 2014 there has been a statutory duty of candour to be open and transparent with patients and families about patient safety incidents which have caused moderate harm or above. The trust complies

with its statutory obligations but also strives to apply being open principles for low harm patient safety incidents which do not meet the statutory criteria.

Central Alerting System (CAS) Alerts

Patient safety alerts are issued via the CAS, which is a web-based cascading system for issuing alerts, important public health messages and other safety information and guidance to the NHS and other organisations. The Trust uses a cascade system to ensure that all relevant staff are informed of any alerts that affect their areas. In 2020/21 we closed all the National Patient Safety Alerts issued by NHS Improvement/England. A six monthly safety alert group is in place to review performance regarding the closure of all CAS alerts.

The Quality Governance Committee monitors compliance with CAS alerts, and the Quality Assurance Committee receive updates on any concerns as part of the quarterly Quality report.

Freedom to Speak Up

The Trust is pleased to report that the Freedom to Speak Up Guardian (FTSUG) for Whittington Health is now firmly established and is well known and respected across the Trust and maintains a high level of visibility across the hospital and community sites, and across many professional groups. During the year, the Guardian focused work on supporting staff and services impacted by the COVID-19 pandemic. To maintain the Trust's requirements for infection prevention and control precautions (including social distancing and supporting colleagues working remotely or shielding), new ways of raising concerns were established such as phone call appointments and virtual meetings. The Guardian continues to work closely with the communications team to review the Trust's media activity and promotion to refresh a focus on speaking up. The Guardian offers constant supervision and support to consolidate the network of Speak Up Advocates which was successfully established last year. Currently the network has 33 Advocates, across job roles and services, trained to actively listen to colleagues raising concerns.

In March 2021, the NGO (National Guardian Office) published the results of the annual survey of the Freedom to Speak Up Guardian network. The report reviews NHS providers' responses and activity in support of speaking up within organisations. It included a survey of Guardians across the NHS and the response is an improving one. For example, the Guardians' perceived that overall the speaking up culture is improving, with 84% of respondents feeling that the speaking up culture in their organisation had improved in the last twelve months.

The NGO Freedom To Speak Up Index for 2020 is a key metric for organisations to monitor their speaking up culture. Following the data that was captured in the 2019 NHS staff survey, the Trust is incredibly pleased to have improved its overall FTSU Index score by 3% (78.9%) from 2018 (75.9%) making it to the top ten most improved Trusts in England for 2019. A score of 70% is perceived as a healthy culture and it is pleasing to see tracking above average and improvements year on year. It is noted in the Index that fostering a positive speaking up culture is a key leadership responsibility and that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by the Care Quality Commission.

In June 2020, the Trust's Board received the case review of past Freedom to Speak Up cases undertaken by the NGO. There is an action plan in place to take forward the recommendations highlighted. The areas for development included adopting national changes to the Trust's policy on speaking up; ensuring that arrangements are in place for thanking and giving feedback to those who

did speak up; and improving the process for managing grievances. Much of this has been completed and a new grievance policy was introduced earlier this year and training delivered for 80 mediators to support managers and staff.

The plan for the next twelve months is to focus on the response of managers and leaders to staff who speak up and will be focused around a new NGO Freedom to Speak Up e-learning package, in association with Health Education England. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, focuses on listening and understanding the barriers to speaking up.

Guardian for safe working hours – (GoSWH)

Despite the complexities and challenges that the COVID-19 pandemic has brought to the training of junior doctors over the last year, there has continued to be significant emphasis on the safety of their working hours. This has been reflected in the ongoing engagement with the process of monitoring the safe working hours of junior doctors through the exception reporting process. There have been a large number of additional hours worked by doctors in training over and above their rostered hours and these have been recorded and reimbursed with time off in lieu or payment where it has been safe to do so.

The COVID-19 pandemic has led to working patterns as have never been seen before. Doctors in training were moved overnight to new jobs with little warning or consultation. This was, across the board, met with widespread acceptance and willingness to do anything that could be done to help. The flexibility and maturity of their engagement with senior colleagues in working to meet the challenges the pandemic has presented is to be commended. Trainees have worked together with consultant colleagues to step up additional on-call services and have helped to ensure wherever possible these have been compliant with the 2016 terms and conditions.

The Guardian of Safe Working Hours has worked closely with the junior doctors' forum to ensure there is a proactive approach to compliance with the 2016 terms and conditions. In 2019, we were awarded £60,000 from the BMA Fatigue and Facilities Charter. Through the last year the Guardian has supported the junior doctors' forum to spend this money on rest facilities for junior doctors. This culminated in the opening of the newly refurbished junior doctors' mess in July 2020.

Seven Day Service Standards

Whittington Health has participated in the 7 Day Hospital Services (7DS) Programme since 2017. The programme supports providers of acute services in tackling the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. The Trust last reported compliance with the 4 priority standards in 2019 via a national standardised audit. In 2020 the national programme was paused due to the COVID-19 pandemic, and it remains paused at the time of writing.

- Standard 2: Time to initial consultant review: audit revealed that compliance dropped in patients admitted towards the end of the day in the medical emergency admissions. Progress with the quality improvement work in this area has been delayed by the second pandemic surge but is identified as a departmental priority for 2021/22.
- Standard 5: Access to diagnostics: Echo and MRI provision are both weekday only during normal working hours. Both areas have local mitigations to meet the 24 hour requirement (of provision in emergency situations following specific clinical pathways with other Trusts. For

instance: Cardiac Tamponade provided by Bart's Health or Spinal Cord Compression with National Hospital of Neurology and Neuro-disability).

- Standard 6: Access to consultant led interventions: All areas compliant with either onsite or as network pathway with partner Trusts. Access to 24/7 Interventional Radiology is via UCLH and the SOP is currently being agreed.
- Standard 8: Ongoing daily consultant-directed review: Implementing a clinical prioritisation tag has been delayed by the second surge but will allow audit against this standard for the first time. The tag allows categorisation of all patients according to their complexity and acuity to 3 levels of review and this is built into the handover system.

The Trust has previously reported full compliance with standards 1, 3, 4, 7, 9 and 10 which are measured though self-assessment.

Part 3: Review of Quality Performance

This section provides details on the progress the Trust is making with the Quality Account priorities 2020-23. the Key milestones and targets were identified for Year 2 (2020/21), and not withstanding the impact of the impact of the COVID-19pandemic the Trust has made significant progress.

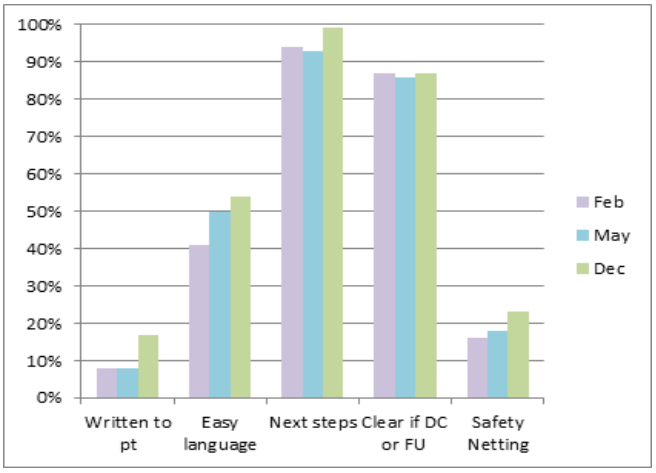
	Priority not achieved
	Priority partially achieved
	Priority achieved

Priority 1: Improving communication between clinicians, patients, and carers

Aims for 2020/21:

Recognising that this is a wide-ranging area for improvement, the Trust has focused on a project to improve the quality of outpatient clinical letters to make them more user-friendly for patients and focused on what 'matters to me' as the patient.

What did we achieve in 2020/21?	
	Undertake a 'Dear patient' letter pilot in the Haematology department, gathering feedback from patients and GPs. In 2020/21, writing directly to patients was initially piloted by clinicians in Haematology and Respiratory. When it was evident that this was successful, the project was rolled out further to other acute specialties. Audits to monitor progress were completed in Feb 2020, May 2020, and December 2020, with another due in May 2021. These audits have shown regular improvements against the quality targets set. In addition to writing to patients, the aim is to use clear language, identify the next steps, be clear on follow up arrangements and provide safety netting information. Patient feedback has been requested but positive feedback has been received from a local GP and another hospital.



Graph: Progress against Quality Targets

The project has been progressing throughout the pandemic and has expanded to letters being written directly to the patient in 13 different specialties. As well as encourage more clinicians and specialties to write in this way, the plan is to roll out to registrar grade level doctors and to the community specialties in 2021/22. The project was accepted for the European forum on Quality and Safety in Healthcare, led by the BMJ (British Medical Journal) and Institute for Healthcare Improvement.

COVID-19 pandemic created new challenges in terms of communication with patients and carers, due to restrictions on visitors at the hospital and attending appointments, and the wearing of Personal Protective Equipment (PPE) which can limit clarity and understanding and the nonverbal cues of communication.

What did we do?

In response, the Trust introduced several initiatives aimed at improving communication between clinicians and patients and their carers, including.

1. Building on the 'Hello my name is' badge campaign, introduced in 2019, and the learning from the first wave of the pandemic about communication difficulties in full PPE, the Trust launched an initiative to make the 'face behind the mask' for visible to patients using photo stickers. The aim was to improve both patient experience and patient safety, through better communication and increased visibility of staff roles. Over 100 staff – from consultants, to dental nurses to housekeeping staff – requested and received sticker packs. The project was shared in the Islington Tribune and the RCNs Nursing Standard.
2. The Trust has also worked with Project Wingmen colleagues to develop patient-focused communication workshops, building on aviation customer service training to support our staff to better communicate with patients and carers, including developing de-escalation skills.
3. At the start of the first wave, the Trust recognised the significant impact inpatient visitor restrictions would have not only on patient experience, but on communication channels for carers and Next of Kin. The Trust provided additional ward clerk support through redeployed staff and volunteers, as well as keeping the PALS phoneline open, in recognition of the increased volume of calls from Next of Kin and the pressure on clinical staff. While this was somewhat effective, the learning from the first wave was that we needed to do more to keep open the lines of communication, and before the second surge a Family Liaison role was created as part of the 'Stay Connected' initiative to keep

families and loved ones in touch with inpatients throughout the visitor restrictions. (See previous section of Quality Account for more details).

Priority 2: Improving patient safety education in relation to human factors

Aims for 2020/21:

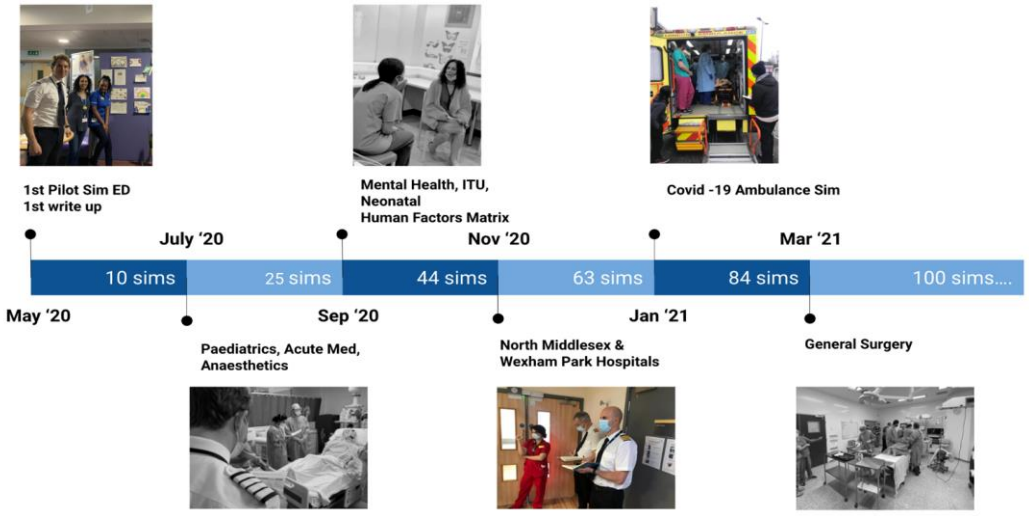
Trial a multi-disciplinary human factors educational model that brings practical human factors training directly into clinical practice (Pilot in-situ sim project)

What did we achieve in 2020/21?

The pilot sim project at Whittington Health is a novel approach to human factors education: a multi-disciplinary model that brings practical aviation human factors training directly into clinical practice through airline pilot observation of in-situ simulations.

Multi-disciplinary in-situ simulations take place twice weekly as part of the Wingfactors pilot sim project, rotating between departments including emergency medicine, acute medicine, anaesthetics, intensive care, surgery, and paediatrics. Simulation scenarios are developed by the study champions with pre-specified objectives and key technical learning points, often incorporating patient safety learning from serious incidents.

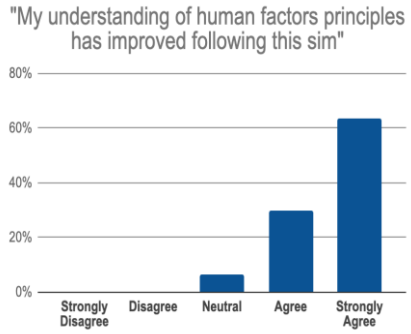
Feedback after each simulation is split into technical and human factor components, with a short verbal de-brief followed by a detailed write-up which is shared across the Department to spread the learning more widely.

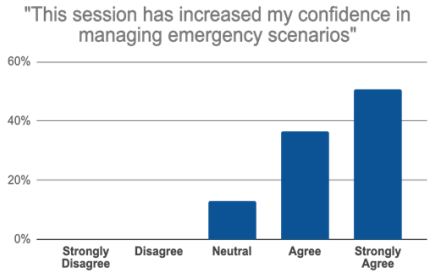


Pilot-observed simulation training has caught on across Whittington Health NHS Trust, growing from the Emergency Department to multiple specialties, including a joint simulation with the London Ambulance Service. Feedback from staff involved has been overwhelmingly positive and has re-invigorated simulation as a teaching mechanism across the Trust.

In addition, the in-situ simulation programme has helped to identify latent safety threats (LSTs: hazards or conditions that risk patient safety but are not readily apparent without system stress) providing an opportunity to pro-actively mitigate these threats and improve patient safety. For example, latent safety threats identified have resulted in practical changes to equipment labelling, checklists, alarm systems and simplification of the Massive Haemorrhage Call pathway.

The project has been nominated for a Health Service Journal (HSJ) Partnership award, accepted to the NHS Providers showcase for Quality and Safety, and poster presentations accepted at several clinical conferences.





Priority 3: Reducing harm from hospital acquired de-conditioning

Aims for 2020/21 included:

Complete a baseline assessment and develop a process for monitoring mobility and physical activity on the wards. This will enable us to monitor the success of our improvement interventions in 2021-23.

What did we achieve in 2020/21?

Initial baseline exercise undertaken in Q2, with a cohort of 19 patient records reviewed from Cavell older people's ward. Results were surprising, showing patients are being admitted further off their mobility baseline than previously thought. A marked improvement in mobility was noticed once patient admitted to a ward, and by discharge. Mobility is not being consistently recorded in patient records using the Rockwood clinical frailty score.

Due to the COVID-19 pandemic and restrictions during the second wave, further base line exercises were unable to be conducted and much of the planned work to improve staff understanding and use of frailty scores was paused. However routine mobilisation continued during the pandemic for all ward patients. Year two priorities will have a renewed focus on the above, as well as improving compliance with manual handling training, and falls training for ward staff. An Enhanced Care Health Care Support Worker model will be trialled that provides a training programme for mobilising patients.

Priority 4: Improving blood transfusion care and treatment

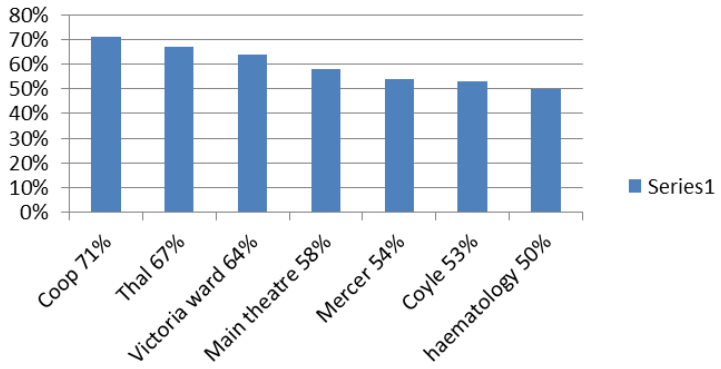
Aims for 2020/21 included:

1) Revise the e-learning blood transfusion training module and add to the Trust mandatory training matrix.

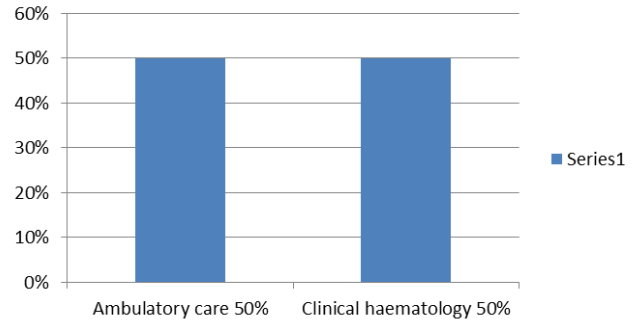
2) Increase Trustwide compliance to 50% (For all medical staff) in 2020/2021.3) Deliver a communication campaign to raise awareness of the importance of blood transfusion training.

What did we achieve in 2020/21?

The blood transfusion e-learning module was reviewed in Q2 of 2020/21 and added to the Trust mandatory training matrix on ESR in Q3. There was always an e-learning package, but this was not a mandatory training requirement previously for staff. It is now part of the mandatory e-learning matrix which will make compliance monitoring easier. All mandatory training is monitored monthly via reports from the Learning and Development Team, and compliance rates are included as part of the ICSU quarterly performance reviews. The graphs below show areas where compliance was met or exceeded for the years target.

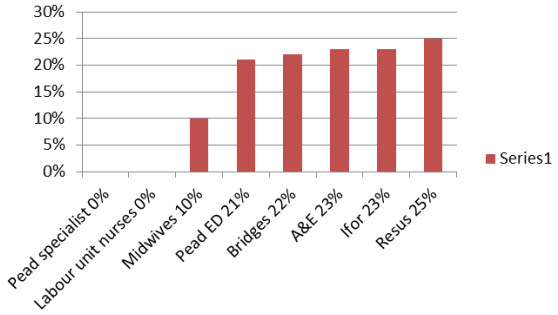


Nursing Compliance Met Target

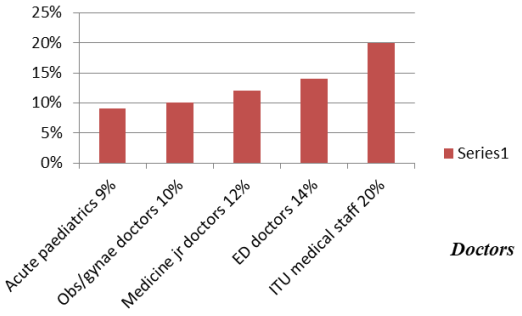


Doctor Compliance Met Target

Although the target of 50% compliance was not achieved, there has been improvements. Overall Trust wide compliance level 299 staff trained out of 1081 eligible (28%). This was an increase of 8% overall from 2019 (20% compliance baseline). Of these staff, qualified nurses (41%) and nursing associates (50%) were the highest areas, with midwives and doctors the least compliant.



Poor Nursing Compliance Areas



Poor Doctor Compliance Areas

An extensive communication campaign has been run throughout 2020/21 including a Grand Round on Blood transfusion safety, library drop-in sessions for face to face assistance while staff complete the e-learning; screen savers, posters, and regular discussions with matrons, managers promoting blood transfusion safety and its importance for patient safety. This has really helped to drive the improvements in compliance with the e-learning training for the year and will be continued and expanded going forward from 2021-2023.

Part 4: Other Information

Local Performance Indicators

Goal	***Standard/benchmark***	***Whittington performance***		***Comments***
		20/21	*19/20*	
ED 4 hour waits	*95% to be seen in 4 hours*	***87.40%***	*83.8%*	
RTT 18 Week Waits: Incomplete Pathways	*92% of patients to be waiting within 18 weeks*	***65.6%***	*92.1%*	

RTT patients waiting 52 weeks	*No patients to wait more than 52 weeks for treatment*	***11094***	*2*	*Total Breaches reported as part of monthly submission, not individual patients
Waits for diagnostic tests	*99% waiting less than 6 weeks*	***72.1%***	*99.3%*	
Cancer: Urgent referral to first visit	*93% seen within 14 days*	**94.6%**	94.8%	
Cancer: Diagnosis to first treatment	*96% treated within 31 days*	**98.1%**	98.8%	
Cancer: Urgent referral to first treatment	*85% treated within 62 days*	**73.8%**	84.0%	
Improved Access to Psychological Therapies (IAPT)	*75% of referrals treated within 6 weeks*	**93.8%**	95.1%	

The Whittington Health NHS Trust considers that this data is as described because it is collected, downloaded, and processed in a robust manner, and checked and signed off routinely

Summary Hospital-Level Mortality Indicator (SHMI)

The most recent data available (published May 21) covers the period January 2020 to December 2020

Whittington Trust SHMI score:	0.87	(Compared to 0.8874 reported for Jan19 - Dec19 period)
Lowest National Score:	0.703	(University College London Hospitals NHS Foundation Trust)
Highest National Score:	1.1845	(Norfolk and Norwich University Hospitals NHS Foundation Trust)

14 Trusts including Whittington Health NHS Trust were graded as having a lower than expected number of mortalities.
11 Trusts were graded as having a higher than expected number of mortalities.
99 remaining trusts were graded as showing a number of mortalities in line with expectations.

"The SHMI score represents a comparison against a standardised National Average. The 'national average' therefore is a standardised 100 and values significantly below 100 indicate a lower than expected number of mortalities (and vice versa for values significantly above).

COVID-19 activity has been excluded from the SHMI. The SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included. "

The combined % of deaths with either palliative care Diagnostic coding, or under a palliative care specialty is 48% for the period Jan20 - Dec 20 (225 deaths out of 465)

Annex 1: Statements from external stakeholders

Health Watch Islington feedback

It's been a difficult year for everyone. We have worked closely with Whittington Health colleagues to keep residents up to date about any changes to service delivery throughout the pandemic. We are working closely together through the Islington Fairer Together Borough Partnership to look at how we can make services more inclusive and reduce health inequalities and we hope to see impacts from this in the coming year.

Our thanks to the staff and volunteers who have kept Whittington going, and have supported the vaccine roll-out over the previous months.

Health Watch Haringey feedback

Health Watch Haringey have thoroughly reviewed the document and they provided no comments.

Commissioner feedback

Feedback from the North Central London Clinical Commissioning Group and the North East London Commissioning Support Unit's review of the Quality Account is contained in in the letter shown overleaf.

NHS
North Central London
Clinical Commissioning Group

17th June 2021

Laycock Professional
Development Centre
Laycock Street
London
N1 1TH
020 3688 2900
northcentrallondonccg.nhs.uk

Quality Account 2020/21 - Statement from North Central London Clinical Commissioning Group

North Central London Clinical Commissioning Group (NCL CCG) is responsible for the commissioning of Health services from Whittington Health NHS Trust on behalf of the population of North Central London. The 2020/21 Quality Account has been reviewed by the CCG and by colleagues in NHS NELCSU.

NCL CCG confirms that the Quality Account received complies with the required content as set out by the Department of Health. Where the information is not yet available, a placeholder is inserted. The information provided within the account has been checked against data sources made available, as part of existing contract/performance monitoring discussions, and the data presented within the account is accurate in relation to the services provided. The layout of the report is easy to follow and user-friendly.

Representatives from NCL CCG attend the Trusts' Quality and Safety Committee to enable commissioners to obtain assurance regarding the quality of care and services provided by the Trust.

2020/21 was a challenging year for all Trusts, resulting in many 'business-as-usual' activities being paused due to the Covid-19 pandemic. Whittington Health played a key role in supporting the local, and wider, health and social care system to respond to the pandemic, ensuring that people continued to have access to acute services and that vulnerable people could remain in their own homes safely. We thank and commend the trust and staff for their flexibility and commitment to continuing services during this difficult time.

In 2020, the Trust set out that the quality account priorities for improvement would take place over a three year period (2020/23). One new priority has been introduced this year 'Reducing health inequalities in our local population'.

We are pleased to see that the Trust plans to continue delivering the pilot sim programme across the hospital, using Human Factors Champions and that human factors education will be expanded into the community setting. This demonstrates the organisation's ongoing commitment to having a culture of learning and quality improvement.

North Central London CCG Chair: Dr Josephine Sauvage
North Central London CCG Accountable Officer: Frances O'Callaghan

The Trust is to be commended on the improvements seen following the introduction of the quality improvement project and the "TICKED" programme. The aim of the project was to ensure safe discharge of patients from hospital with effective concise handover. It is fantastic to see the related improvements in quality indicators and patient feedback.

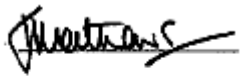
NCL CCG looks forward to hearing about the achievements made against the new priority of reducing health inequalities in the local population added to this year's priorities.

Commissioners fully support the five priorities identified by the Trust for 2020/23 which are:

- Reducing harm from hospital acquired de-conditioning
- Improving communication between clinicians and patients
- Improving patient safety education in relation to human factors
- Improving care and treatment related to blood transfusion
- Reducing health inequalities in our local population

NCL CCG look forward to working collaboratively with the Trust over the next year, as part of the Integrated Care System, and seeing the positive impact implementing the Quality Account priorities will have on the care that patients receive.

Yours sincerely.



Kay Matthews
Executive Director of Quality
North Central London

How to provide feedback

If you would like to comment on our Quality Account or have suggestions for future content, please contact us either:

By writing to:
The Communications Department,
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Publication:

The Whittington Health NHS Trust 2019/20 Quality Account will be published on the NHS Choices website by the 15th December 2020.

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Annex 2: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance in the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amended Regulations 2011.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

The Quality Account presents a balanced picture of the Trust's performance over the period covered, in particular, the assurance relating to consistency of the Quality Report with internal and external sources of information including:

- Board minutes.
- Papers relating to the Quality Account reported to the Board.
- Feedback from Health Watch.
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009.
- the latest national patient survey.

- the latest national staff survey.
- feedback from Commissioners.
- the annual governance statement; and
- CQC Intelligent Monitoring reports.

The performance information reported in the Quality Account is reliable and accurate. There are proper internal controls over the collection and reporting of the measures of performance reported in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.

The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and The Quality Account has been prepared in accordance with the Department of Health guidance.

The directors confirm that to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

Siobhan Harrington
Chief Executive

Baroness Julia Neuberger DBE
Chair

Appendix 1: National Mandatory and Non-Mandatory Audits 2020/21

Title of audit	Management body	Participated in 2020/21	If completed, number of records submitted (as total or % if requirement set)
Case Mix Programme (CMP) - Intensive Care Audit	Intensive Care National Audit & Research Centre	✓	Data submitted: 463 cases
Falls and Fragility Fractures Audit programme (FFFAP) – Inpatient Falls	Royal College of Physicians of London	✓	Data submitted: 2 cases
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	Royal College of Physicians of London	✓	Data submitted: 125 cases
Inflammatory Bowel Disease (IBD) programme / IBD Registry	IBD Registry Limited	✓	Data submitted: 32 cases
Major Trauma Audit	Trauma Audit & Research Network	✓	Data submitted: 171 cases
Myocardial Ischaemia National Audit Project (MINAP)	Barts Health NHS Trust	✓	Data submitted: 87 cases
National Audit of Breast Cancer in Older People	Royal College of Surgeons	✓	Data submitted: 36 cases
National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society	✓	Data submitted: 28 cases
Bowel Cancer (NBOCAP)	NHS Digital	✓	Data submitted: 75 cases
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre	✓	Data submitted: 37 cases
National Diabetes Audit - Adults - National Diabetes Foot Care Audit	NHS Digital	✓	Data submitted: 128 cases
National Diabetes Audit - Adults - National Diabetes Harms Audit (NaDIA)	NHS Digital	✓	Data submitted: 13 cases
National Diabetes Audit - Adults - National Core Diabetes Audit	NHS Digital	✓	Data submitted: 1897 cases
National Diabetes Audit - Adults - National Pregnancy in Diabetes Audit	NHS Digital	✓	Data submitted: 31 cases
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	✓	Data submitted: 85 cases
National Heart Failure Audit	Barts Health NHS Trust	✓	Data submitted: 65 cases

National Joint Registry (NJR) - Knee and Hip replacements.	Healthcare Quality Improvement Partnership	✓	Data submitted: 98 cases
National Lung Cancer Audit (NLCA)	Royal College of Physicians	✓	Data submitted: 115 cases
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	✓	Data submitted: 3454 cases
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health	✓	Data submitted: 492 cases
National Oesophago-gastric Cancer (NAOGC)	NHS Digital	✓	Data submitted: 15 cases
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	✓	Data submitted: 79 cases
National Prostate Cancer Audit	Royal College of Surgeons	✓	Data submitted: 66 cases
Sentinel Stroke National Audit programme (SSNAP)	King's College London	✓	Data submitted: 191 cases
Fractured Neck of Femur (care in Emergency Departments	Royal College of Emergency Medicine	✓	Data submitted: 42 cases
Infection Control (care in emergency departments)	Royal College of Emergency Medicine	✓	Data submitted: 131 cases
Pain in Children (care in Emergency Departments)	Royal College of Emergency Medicine	✓	Ongoing data collection – audit closes October 2021
Mandatory Surveillance of Healthcare Associated Infections	Public Health England	✓	Data submitted: 67 cases
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics & Child Health	✓	Data submitted: 74 cases + organisational questionnaire
National Early Inflammatory Arthritis Audit	British Society for Rheumatology	✓	Data submitted: 45 cases
National Cardiac Rehabilitation Audit	University of York	✓	Data submitted: 249 cases
Surgical Site Infection Surveillance Service	Public Health England	✓	Data submitted: 24 operations with 0 cases
SAMBA 19 - Acute Internal Medicine / General Internal Medicine	Society for Acute Medicine	✓	Organisational and Care Delivery Questionnaire
National Diabetes Audit (NDA) - Integrated Specialist Survey	NHS Digital	✓	Organisational Questionnaire
Learning Disability Mortality Review Programme (LeDeR)	University of Bristol's Norah Fry Centre for Disability Studies	✓	Data submitted: 6 cases

British Spinal Registry	British Spine Registry	✓	Data submitted: 94 cases
Type 2 diabetes NPDA spotlight audit	Royal College of Paediatrics and Child Health	✓	Data submitted: 9 cases
Renal Colic	British Association of Urological Surgeons	✓	Data submitted: 33 cases

Mental Health Clinical Outcome Review Programme			
Suicide and Homicide	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - University of Manchester	✓	If cases identified to WH then participate - none to date

Maternal, Newborn and Infant Clinical Outcome Review Programme data on 23 cases were submitted to MBRRACE-UK who allocate to the appropriate work stream			
Perinatal Confidential Enquiries	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
Perinatal mortality surveillance	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
Maternal mortality surveillance and mortality confidential enquiries	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
national perinatal mortality review tool	MBRRACE-UK, led from the University of Oxford	✓	Ongoing

Medical, Surgical and Child Health Clinical Outcome Review Programme			
Dysphagia in Parkinson's Disease	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	3/3 cases = 100%
In-hospital management of out-of-hospital cardiac arrest	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	5/5 cases = 100%
Physical Health in Mental Health Hospitals	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Organisational questionnaire relevance.

National Asthma and Chronic Obstructive Pulmonary Disease Audit programme			
Paediatric Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 61 cases
Pulmonary rehabilitation	Royal College of Physicians	✓	Data submitted: 39 cases

National Asthma and Chronic Obstructive Pulmonary Disease Audit programme			
COPD in Secondary Care	Royal College of Physicians	✓	Data submitted: 65 cases
Adult Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 29 cases

Non-mandatory audits 2020/21:

Title of audit	Management Body	Participated in 2020/21	Status
United Kingdom Obstetric Surveillance System – national audits of rare conditions of pregnancy	UKOSS National Perinatal Epidemiology Unit	✓	Data submitted
Each Baby Counts & NHS Resolution	Royal College of Obstetricians and Gynaecologists	✓	Data submitted
NCL improving access to Diabetes Inpatient Specialist Nursing	NHS England Diabetes Transformation Fund Project	✓	Data submitted
COVID-19 Surg Study: COVID-19 Surg Cohort - non cancer patients	national priority	✓	on going
COVID 19 - Acute Trust Rehab Demand Audit	NHS England and NHS Improvement	✓	Completed
Pharmacy and Medicines Optimisation CQUIN	NHS Benchmarking	✓	Data submitted
National study of HIV in Pregnancy and Childhood (NSHPC)	NSHPC	✓	Data submitted and carry forward for 2021/22
Breast Cancer Management Pathways during the COVID-19 pandemic - a national audit	Association of Breast Surgery, CQC	✓	on going
Use Of CPAP in patients with COVID-19 pneumonia (OPINION STUDY)	local priority	✓	completed
National Child Mortality Database - Report on Child Suicide during the COVID 19 Pandemic in England	University of Bristol	✓	Report reviewed that was published by National Child Mortality Database
NHS Benchmarking Project: Pharmacy & Medicines Optimisation	NHS Benchmarking	✓	Data submitted
RESECT (transurethral Resection and Single instillation intravesical chemotherapy Evaluation in bladder Cancer Treatment)	British Urology Researchers in Surgical Training collaborative (BURST)	✓	on going

Multi-Centre Audit of Virtual Fracture Clinics in the United Kingdom pre and post national lockdown in response to the COVID-19 pandemic (MAVCOV)	COVID-19 British Orthopaedic Association Standards for Trauma	✓	Completed
Fragility fracture post-operative mobilisation: a national audit on post-operative weight bearing instructions in adult patients undergoing surgery for lower extremity fragility fractures	British Orthopaedic Association	✓	on going
COVID-19 Process Audit: a quality improvement initiative	NHS England	✓	on going

Appendix Two - Subcontracted Services

Organisation	**Service Details**
Camden and Islington NHS foundation trust	Psychological service
UCLH foundation trust	South Hub Tuberculosis resources
UCLH foundation trust	Ears Nose and Throat services
UCLH foundation trust	Provision of PET/CT Scans
The Royal Free London NHS foundation trust	Ophthalmology services
Whittington Pharmacy CIC	Provision of pharmacy services
WISH Health Ltd A network of 8 local practices – four in north Islington and four in west Haringey	Primary care services to the urgent care centre at the Whittington hospital
The Thrombosis Research Institute	The Provision of 2 clinical sessions
Camden and Islington NHSFT	Provision of associate hospital managers panels and training under MHA
Tavistock and Portsman	CCN209- Agreement for the provision of services from Tavistock and Portsman NHS Foundation Trust – CAMHS OOH consultants
UCLH	SLT 4 days per week provision at Whittington
NHS Blood and Transplant	Contract for the supply of blood, blood components and services
NHS Blood and Transplant	Contract for the supply of Tissue and Ocular products

UCLH Foundation Trust	Renewal addendum of combined screening services detailed in COMB1
Newcastle Upon Tyne Hospital NHS Foundation Trust	Department tests a wide range of patient and environmental specimens to detect the presence of pathogenic micro-organisms.
Epsom & St Helier University Hospital NHS Trust	Pathology Testing Service Department offers analytical service for the assay of 2 range of biochemical parameters Random USHIAA - £30.69 / 24h U Metadrenalines - £32.05
Calderdale and Huddersfield NHS FT	Agreement relating to National Pathology Exchange Service (NPEx)
Lloyds Pharmacy Clinical Homecare	Tocilizumab and Dupilumab SLA's Lloyds Pharmacy Clinical Homecare

Appendix 3 - Patients 0-15 and 16+ readmitted within 28 days of discharge

Year and Month		0-15 years			16 Years +		
		Readmissions	Discharges	Readmission rate	Readmissions	Discharges	Readmission rate
2018/19	Apr	8	627	1.3%	190	2589	7.3%
	May	18	673	2.7%	186	2778	6.7%
	Jun	7	635	1.1%	211	2761	7.6%
	Jul	9	589	1.5%	178	2647	6.7%
	Aug	6	610	1.0%	211	2587	8.2%
	Sep	3	624	0.5%	194	2684	7.2%
	Oct	9	685	1.3%	190	2945	6.5%
	Nov	7	679	1.0%	177	3063	5.8%
	Dec	7	635	1.1%	179	2705	6.6%
	Jan	11	676	1.6%	182	2933	6.2%
	Feb	6	545	1.1%	193	2714	7.1%
	Mar	2	584	0.3%	119	2727	4.4%
2019/20	Apr	7	639	1.1%	205	2913	7.0%
	May	2	688	0.3%	163	2791	5.8%
	Jun	9	629	1.4%	143	2899	4.9%
	Jul	6	664	0.9%	167	2860	5.8%
	Aug	6	601	1.0%	179	2582	6.9%
	Sep	3	615	0.5%	177	2556	6.9%
	Oct	9	669	1.3%	187	2842	6.6%
	Nov	5	675	0.7%	166	2780	6.0%
	Dec	7	645	1.1%	157	2532	6.2%
	Jan	7	621	1.1%	169	2703	6.3%
	Feb	4	607	0.7%	151	2616	5.8%
	Mar	3	525	0.6%	117	1977	5.9%

2020/21	Apr	1	308	0.3%	96	967	9.9%
	May	2	387	0.5%	109	1220	8.9%
	Jun	6	447	1.3%	137	1748	7.8%
	Jul	3	547	0.5%	171	2296	7.4%
	Aug	3	570	0.5%	160	2042	7.8%
	Sep	6	630	1.0%	140	2302	6.1%
	Oct	7	715	1.0%	165	2353	7.0%
	Nov	7	683	1.0%	193	2383	8.1%
	Dec	10	674	1.5%	183	2322	7.9%
	Jan	13	599	2.2%	156	1853	8.4%
	Feb	8	632	1.3%	153	1922	8.0%
	Mar	14	875	1.6%	110	2442	4.5%

Appendix four – Staff Survey Results Comparison

The table below shows the comparisons of 2019 and 2020 key findings in relation to the identified focus areas for each ICSU/Directorate. Any improvements are highlighted in green, red for a decline and no colour if there has been no change. The table shows more red than green than the comparison between the 2018 and 2019 results and is likely the result of the focus of attention on the response to the pandemic, and the increased provision of psychological support in general rather than specific improvements in separate ICSUs and Directorates.

Table to show Comparisons from 2018 Scores to 2020 Scores

ICSU/Directorate	Suggested Focus Areas	2018	2019	2020
Adult Community	Health & Wellbeing	5.4	5.7	5.8
	Morale	5.8	6.0	6.1
	Quality of Appraisals	5.8	6.3	N/A
Children and Young People	Morale	6.1	6.3	6.4
	Quality of Appraisals	5.3	5.6	N/A
	Quality of Care	7.2	7.3	7.1
Emergency & integrated Medicine	Health & Wellbeing	5.5	5.5	5.7
	Morale	5.7	6.0	5.9
	Quality of Appraisals	5.8	6.2	N/A
Facilities	Health & Wellbeing	6.4	6.5	6.5
	Immediate Managers	6.3	6.4	6.7
	Morale	5.9	6.1	6.1
Finance	Morale	5.5	5.6	5.4
	Safety Culture	6.1	6.6	6.4
	Quality of Appraisals	4.7	6.7	N/A
IT	Health & Wellbeing	5.8	5.3	6.0
	Morale	5.6	5.7	5.9
	Quality of Appraisals	4.6	5.6	N/A
Medical Director	Health & Wellbeing	5.8	5.8	5.8
	Safety Culture	6.6	6.6	6.2

	Quality of Appraisals	5.8	6.5	N/A
Nursing & Patient Experience (inc. Trust Secretariat 2019 only)	Health & Wellbeing	5.5	6.2	6.7
	Morale	5.6	6.2	6.6
	Quality of Appraisals	5.1	5.6	N/A
Procurement	Health & Wellbeing	5.8	5.9	6.0
	Morale	5.4	6.0	6.6
	Quality of Appraisals	4.1	5.5	N/A
Surgery & Cancer	Health & Wellbeing	4.8	5.3	5.2
	Morale	5.3	5.8	5.7
	Quality of Appraisals	5.2	5.5	N/A
Acute Patient Access, Clinical Support Services & Womens Health	Health & Wellbeing	5.2	5.1	5.4
	Morale	5.7	5.7	5.7
	Quality of Appraisals	5.5	5.6	N/A
Workforce	Health & Wellbeing	6.3	6.7	6.9
	Morale	6.2	6.8	6.8
	Quality of Appraisals	6.6	7.1	N/A
Chief Operating Officer (*not included in 2018 results)*	Health & Wellbeing			6.3
	Morale			6.2
	Quality of Appraisals			N/A

**Trust Secretariat.*

Trust Secretariat (*can be reported separately in 2020 due to an increase in staff)*	Health & Wellbeing	5.5	6.2	6.7
	Morale	5.6	6.2	6.4
	Quality of Appraisals	5.1	5.6	N/A

Appendix Five – Actions related to COVID-19 from the Letter from NHS England's Chief Nursing Officer and Chief Medical Officer (June 2020)

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

Action	Whittington Health actions taken
B. Staff testing	The Trust has 250 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 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 considering the recent national concern around the use of FFP3 respiratory masks. • Risk assessments have been considered around individual needs and to support the organisation in terms of redeployment to support the COVID-19 vaccine programme and 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.

Action	Whittington Health actions taken
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 in a timely way 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 several reporting requirements for the Trust • The Trust had 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. Staff lapses in the wearing of personal protective equipment (PPE) and hand hygiene • Multiple patient moves to ensure patient flow from the emergency department • A lack of social distancing and sharing of food during staff break and rest periods • Staffing ratios during the peak period of the pandemic when absence rate was high due to staff sickness or 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

Action	Whittington Health actions taken
	• 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.

Appendix Six – Local changes and outcomes from 2020/21 staff survey

Whittington Health – local changes

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

The final column contains the outcome of the significance testing: an upwards arrow indicates that the 2020 score is significantly higher than last year's, whereas a downwards arrow indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'.

Table to show Whittington Health – local changes

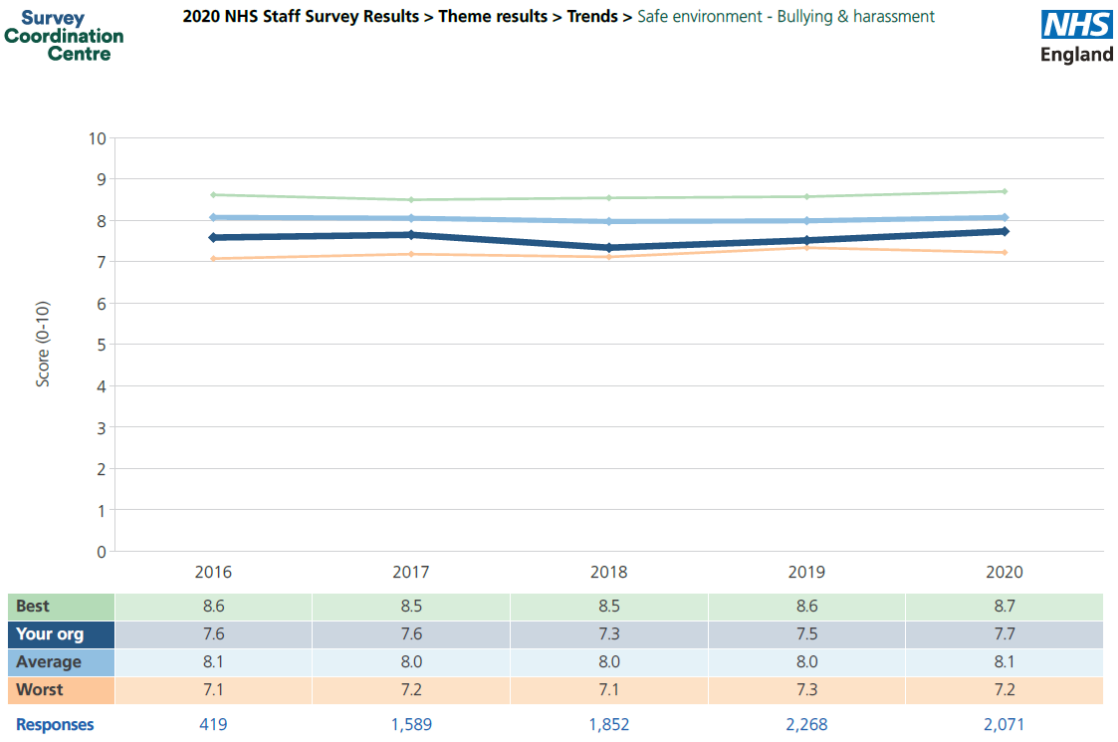
Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**8.6**	2283	**8.5**	2124	Not significant
Health & wellbeing	**5.6**	2302	**5.8**	2140	↑
Immediate managers †	**6.9**	2305	**6.9**	2141	Not significant
Morale	**5.9**	2262	**6.0**	2104	Not significant
Quality of care	**7.6**	2150	**7.6**	1996	Not significant
Safe environment - Bullying & harassment	**7.5**	2268	**7.7**	2071	↑
Safe environment - Violence	**9.5**	2268	**9.5**	2135	Not significant
Safety culture	**6.8**	2286	**6.8**	2125	Not significant
Staff engagement	**7.1**	2334	**7.1**	2164	Not significant
Team working	**6.6**	2312	**6.6**	2145	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

Percentage of Staff Experiencing Harassment, Bullying or Abuse from Staff in the Last 12 Months

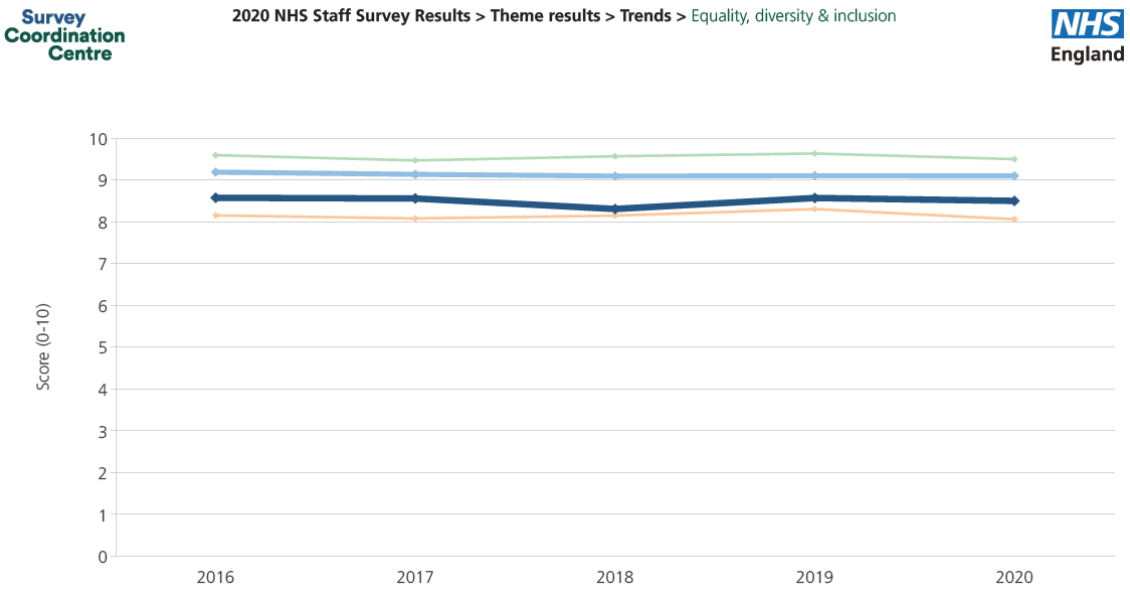
In 2020, Whittington Health significantly improved by 0.2% and moved away from the 'worst' category, however, remains in the 'below average' group. Although a small improvement, it suggests the Trust's continued work to improve culture, is beginning to bed down and it will remain a focus point for the organisation in 2021-2022.



	2016	2017	2018	2019	2020
Best	8.6	8.5	8.5	8.6	8.7
Your org	7.6	7.6	7.3	7.5	7.7
Average	8.1	8.0	8.0	8.0	8.1
Worst	7.1	7.2	7.1	7.3	7.2
Responses	419	1,589	1,852	2,268	2,071

Percentage of Staff Believing the Trust Provides Equal Opportunities for Career Progression/Promotion

In 2020 the Trust remains below average for staff saying they believe the Trust provides equal opportunities for career progression This continues to be a focus in 2020 for the entire organisation.



	2016	2017	2018	2019	2020
Best	9.6	9.5	9.6	9.6	9.5
Your org	8.6	8.6	8.3	8.6	8.5
Average	9.2	9.1	9.1	9.1	9.1
Worst	8.2	8.1	8.1	8.3	8.1
Responses	424	1,613	1,861	2,283	2,124

Meeting title	**Trust Board – public meeting**	**Date: 30.06.2021**
Report title	**Maternity Incentive Scheme – NHS Resolution**	**Agenda item: 7**
Executive director lead	Michelle Johnson, Chief Nurse and Director of Allied Health Professionals	
Non-executive director lead for maternity services	Glenys Thornton	
Report authors	Dr Helen Taylor, Clinical Director, and Dr Yana Richens, Director of Midwifery, Acute Patient Access, Clinical Support Services and Women's Health Integrated Clinical Service Unit (ACW ICSU)	
Executive summary	The purpose of the paper is to ask the Board of Whittington Health to confirm that it is satisfied that the maternity services demonstrate compliance with the maternity safety actions and that the self-certification is accurate. The content of this report and evidence against each safety action has been shared with the commissioners of the Trust's maternity services. The Maternity Safety Strategy[1] sets out the Department of Health and Social Care's ambition to reward those who have taken action to improve maternity safety. There are 10 safety actions required to be met by each Trust. These are outlined in a paper together with a summary as to whether Whittington Health meets the criteria. Trusts need to be able to demonstrate the required progress against all 10 of the actions in order to qualify for a minimum rebate of their contribution to the incentive fund. For Whittington Health, the rebate is approximately £500k. The expectation is that through implementing these actions this will improve maternity safety. Evidence to support achievement of these standards is collated for submission. This evidence has been reviewed by the Chief Nurse, the Director of Midwifery, the Clinical Director for the ACW ICSU along with the Maternity Clinical Governance Manager. The Trust received sign off and approval from the Programme Director,	

1 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/662969/Safer_maternity_care_-_progress_and_next_steps.pdf

	Maternity, North London Partners, Head of Maternity Commissioning, North Central London Clinical Commissioning Group on 15 June 2021.
Purpose:	Approval
Recommendation(s)	The Board is asked to approve the self-certification for submission by the deadline of 15 July 2021
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 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
Report history	Last Clinical Negligence Scheme for Trusts (CNST) submission reviewed by the Trust Board on 31 July 2019; ACW ICSU Board on 16 June 2021
Appendices	1: CNST presentation set

NHS
Whittington Health
NHS Trust

Clinical Negligence Scheme for Trusts

Whittington Health Maternity Services

16th June 2021

I·C A R E

- Clinical Negligence Scheme for Trusts (CNST) is a national maternity incentive scheme which supports the delivery of safe maternity care
- NHS Resolution set out 10 Safety Actions
- Trusts contribute an additional 10% on CNST premium creating an incentive fund
- Trusts who evidence compliance with all 10 safety actions receive a significant financial rebate

Quality Assurance Process to Date

Whittington Health NHS Trust

- Sign off from Commissioners - 10th June
- Integrated Clinical Service Unit Board - 16th June
- Review by Chief Nurse and Non Executive Director Board Maternity Safety Champion - 23rd June
- Trust Management Group - 29th June
- Trust Board - 30th June
- Final submission date 15th July

Safety Action 1 - Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Whittington Health NHS Trust

- Fully complaint against all standards including case notification, case review, family involvement and quarterly Trust Board reports

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Were all perinatal deaths eligible notified to MBRRACE-UK from the 11 January 2021 onwards to MBRRACE-UK within 7 working days and the surveillance information where required completed within four months of each death?	Yes
2	Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 20 December 2019 to 15 March 2021 been started before 15 July 2021?	Yes
3	Were at least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from 20 December 2019 to 15 March 2021 reviewed using the PMRT, by a multidisciplinary review team? Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool before 15 July 2021.	Yes
4	For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, were parents told that a review of their baby's death will take place? This includes any home births where care was provided by your Trust staff and the baby died.	Yes
5	For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, were parents' perspectives, questions and any concerns they have about their care and that of their baby sought? This includes any home births where care was provided by your Trust staff and the baby died.	Yes
6	If delays in completing reviews were anticipated, were parents advised of this and were they given a timetable for likely completion?	Yes
7	Have you submitted quarterly reports to the Trust Board from 1 October 2020 onwards? This must include details of all deaths reviewed and consequent action plans.	Yes
8	Were the quarterly reports discussed with the Trust maternity safety champion from 1 October 2020 onwards?	Yes

Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

Whittington Health NHS Trust

- Fully complaint against all standards

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	NHS Digital will issue a monthly scorecard to data submitters (Trusts). Was this presented to your Trust Board?	Yes
2	Were your Trust compliant with all 13 criteria in either the December 2020 or the January 2021's submission?	Yes
3	Has the Trust Board confirmed to NHS Resolution that they have fully conformed with the MSDSv2 Information Standards Notice, DCB1513 And 10/2018, which was expected for April 2019 data, or that a locally funded plan is in place to do this, and agreed with the maternity safety champion and the LMS. This should include submission of the relevant clinical coding in MSDSv2 in SNOMED-CT?	Yes

Safety action 3: Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme? (page 1 of 2)

Whittington Health NHS Trust

Fully Compliant against all standards including the Avoiding Term Infants Into Neonatal units (ATAIN) Action Plan and Audit of the impact of COVID-19 on ATAIN which has been shared with the Maternity, Neonatal and Board Level Safety Champion

Safety action 3: Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme? (page 2 of 2)

Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicabl
Please note standard a), b) and c) of safety action 3 have now been removed.		
Standard D) Commissioner returns on request for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 have been shared, on request, with the Operational Delivery Network (ODN) and commissioner to inform a future regional approach to developing TC.		
1	Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 have been shared, on request, with the Operational Delivery Network (ODN) and commissioner to inform a future regional approach to developing TC. Is	Yes
Standard E) A review of term admissions to the neonatal unit and to TC during the Covid-19 period (Sunday 1 March 2020 – Monday 31 August 2020) is undertaken to identify the impact of: • closures or reduced capacity of TC • changes to parental access • staff redeployment • changes to postnatal visits leading to an increase in admissions including those for jaundice, weight loss and poor feeding.		
2	Has a review of term admissions to the neonatal unit and to TC during the COVID period (Sunday 1 March 2020 – Monday 31 August 2020) been undertaken and completed by 26 February 2021 to identify the impact of: • closures or reduced capacity of TC • changes to parental access • staff redeployment • changes to postnatal visits leading to an increase in admissions including those for jaundice, weight loss and poor feeding	Yes
An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews, including those identified through the Covid-19period as in point e) above has been agreed with the maternity and neonatal safety champions and Board level champion.		
3	Do you have evidence of the following • An audit trail is available which provides evidence and rationale for developing the agreed action plan to address local findings from ATAIN reviews. • Evidence of an action plan to address identified and modifiable factors for admission to transitional care. • Evidence that the action plan has been revised in the light of learning from term admissions during Covid-19. Where no changes have been made, the rationale should be clearly stated. • Evidence that the action plan has been shared and agreed with the neonatal, maternity safety champion and Board level champion.	Yes
Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions.		
4	Has the ATAIN action plan been revised in the light of learning from term admissions during Covid-19 and has it been shared and agreed with the neonatal, maternity and Board level champions, with progress on Covid-19 related requirements monitored monthly by the neonatal and board safety champions from January 2021?	Yes
5	Has the progress with the Covid-19 related requirements been shared and monitored monthly with the neonatal and maternity safety champion ?	Yes
6	Has the progress on Covid-19 related requirements been monitored monthly by the board safety champions from January 2021?	Yes

Safety action 4: Can you demonstrate an effective system of clinical* workforce planning to the required standard?

Whittington Health NHS Trust

- Fully Compliant against the standards below:

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
Please note that the standards related to the obstetric workforce have been removed.		
1	**Anaesthetic medical workforce** Have your Trust Board minuted formally the proportion of ACSA standards 1.7.2.5, 1.7.2.1 and 1.7.2.6 that are met?	Yes
2	If your Trust did not meet these standards, has an action plan been produced (ratified by the Board) stating how the Trust is working to meet the standards?	N/A
3	**Neonatal medical workforce** Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing?	Yes
4	If your Trust did not meet the standards outlined in requirement no.3, has an action plan been produced (signed off by the Board) stating how the Trust is working to meet the standards?	N/A
5	**Neonatal nursing workforce** Does the neonatal unit meet the service specification for neonatal nursing standards?	Yes
6	If your Trust did not meet the standards outlined in requirement no.5, has an action plan been produced (signed off by the Board) and shared with the RCN, stating how the Trust is working to meet the standards?	N/A

The standards related to the obstetric workforce have been removed – The Trust monitors obstetric workforce issues at the Maternity Clinical Governance and Safety Champions monthly meetings. A bid for an additional 32 PA has been submitted to support the maternity unit meeting the new Ockenden Standards.

Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

Whittington Health NHS Trust

Fully complaint against all standards

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed?	Yes
2	Has your review included the percentage of specialist midwives employed and mitigation to cover any inconsistencies?	Yes
3	Has an action plan been completed to address the findings from the full audit or table-top exercise of BirthRate+ or equivalent been completed, where deficits in staffing levels have been identified?	Yes
4	Do you have evidence that the Maternity Services detailed progress against the action plan to demonstrate an increase in staffing levels and any mitigation to cover any shortfalls?	Yes
5	Do you have evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with **supernumerary labour ward co-ordinator** status in the scheme reporting period? This must include mitigations to cover shortfalls.	Yes
6	If trust did not meet this standard, has an action plan been produced detailing how the maternity service intends to achieve 100% supernumerary status for the **labour ward coordinator** which has been signed off by the Trust Board, and includes a timeline for when this will be achieved?"	N/A
7	Do you have evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with **1:1 care in labour** in the scheme reporting period? This must include mitigations to cover shortfalls.	Yes
8	If trust did not meet this standard, has an action plan been produced detailing how the maternity service intends to achieve 100% compliance with **1:1 care in labour** has been signed off by the Trust Board, and includes a timeline for when this will be achieved?"	N/A
9	Do you have evidence that a review has been undertaken regarding COVID-19 and possible impact on staffing levels to include: - Was the staffing level affected by the changes to the organisation to deal with COVID? - How has the organisation prepared for sudden staff shortages in terms of demand, capacity and capability during the pandemic and for any future waves?	Yes
10	Has a midwifery staffing oversight report that covers staffing/safety issues been submitted to the Board at least once every 12 months within the scheme reporting period?	Yes

Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?

Whittington Health NHS Trust

- We are now compliant with the 5 elements within the SBL care bundle version 2.
- For Element 2 a local deviation has been approved and signed off by LMNS:

  Pregnant women that are identified as having a risk of developing fetal growth restriction at their first antenatal contact are referred for an antenatal review with a consultant obstetrician and serial ultrasound growth scans are organised until the birth of the baby. Once identified as high risk all these women continue to be treated as high risk throughout their pregnancy, regardless of uterine artery Dopplers being normal or abnormal.

  The clinical practice of using uterine artery Dopplers to downgrade risk for these women does not take place at Whittington Health. All high risk women initially identified remain under increased surveillance throughout.

- Audits were undertaken for each of the 5 elements

Safety action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?

NHS Whittington Health NHS Trust

- Fully complaint against all standards including numerous evidence for our coproduction and service improvements with our MVP, particularly during COVID-19. Compliant against all standards to commit to caring for and hearing from vulnerable and ethically diverse background women

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Do you have Terms of Reference for your Maternity Voices Partnership group meeting?	Yes
2	Are minutes of Maternity Voices Partnership meetings demonstrating explicitly how feedback is obtained and the consistent involvement of Trust staff in coproducing service developments based on this feedback?	Yes
3	Do you have evidence of service developments resulting from coproduction with service users?	Yes
4	Do you have a written confirmation from the service user chair that they are being remunerated for their work and that they and other service user members of the Committee are able to claim out of pocket expenses?	Yes
5	Do you have evidence that the MVP is prioritising the voice of woman from Black Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation as a result of UKOSS 2020 coronavirus data?	Yes

Safety action 8: Can you evidence that the maternity unit staff groups have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Whittington Health NHS Trust

- The threshold of 90% has been removed from this safety action. Above 90% has been achieved for most staff groups, but not all. An action plan is in place to address this, therefore we are considered compliant for this standard.
- Midwives Obstetricians and junior Anaesthetist are all above 90% compliant for attendance at PROMPT training.
- Consultant Anaesthetists and Nursing/ODP are both above 80% compliant, and we anticipate by the end of June both staff groups to be above 90%

Safety action 9: Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues?

NHS
Whittington Health
NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicabl
1	Has a pathway been developed that describes how frontline midwifery, neonatal, obstetric and Board safety champions, share safety intelligence between each other, the Trust Board, the LMS and MatNeoSIP Patient Safety Networks?	Yes
2	Do you have evidence that the written pathway is in place, visible to staff and meeting the requirements detailed in part a) and b) of the action is in place by Friday 28 February 2020?	Yes
3	Do you have evidence that a clear description of the pathway and names of safety champions are visible to maternity and neonatal staff?	Yes
4	Are Board level safety champions undertaking monthly feedback sessions for maternity and neonatal staff to raise concerns relating to safety issues, including those relating to COVID-19 service changes and service user feedback?	Yes
5	Was a monthly feedback sessions for staff undertaken by the Board Level safety champions in January 2020 and February 2020?	Yes
6	Were feedback sessions for staff undertaken by the Board Level safety champions every other month from 30 November 2020 going forward?	Yes
7	Do you have a safety dashboard or equivalent, visible to both maternity and neonatal staff which reflects action and progress made on identified concerns raised by staff and service users? This must include concerns relating to the Covid-19 pandemic.	Yes
8	Is the progress with actioning named concerns from staff workarounds visible from no later than 31 December 2020?	Yes
9	Has the CoC action plan been agreed by 26/02/2021 and progress in meeting the revised CoC action plan is overseen by the Trust Board on a minimum of a quarterly basis commencing January 2021?	Yes
10	Has the Board level safety champion reviewed the continuity of carer action plan in the light of Covid-19, taking into account the increased risk facing women from Black, Asian and minority ethnic backgrounds and the most deprived areas? The revised action plan must describe how the maternity service will resume or continue working towards a minimum of 35% of women being placed onto a continuity of carer pathway, prioritising women from the most vulnerable groups they serve.	Yes
11	Do you have evidence of Board level oversight and discussion of progress in meeting the revised continuity of carer action plan?	Yes
Together with their frontline safety champions, has the Board safety champion has reviewed local mortality and morbidity cases has been undertaken and an action plan, drawing on insights from the two named reports and the letter has been agreed		
12	I) Maternal and neonatal morbidity and mortality rates including a focus on women who delayed or did not access healthcare in the light of COVID-19, drawing on resources and guidance to understand and address factors which led to these outcomes by Monday 30 November 2020?	Yes
13	II) The UKOSS report on Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK.	Yes
14	III) The MBRRACE-UK SARS-COVID19 report	Yes
15	IV) The letter regarding targeted perinatal support for Black, Asian and Minority Ethnic groups	Yes
16	Together with their frontline safety champions, has the Board safety champion considered the recommendations and requirements of II, III and IV on I by Monday 30 November 2020?	Yes
Do you have evidence that the Board Level Safety Champions actively supporting capacity (and capability), building for all staff to be actively involved in the following areas:		
17	• work with Patient Safety Networks, local maternity systems, clinical networks, commissioners and others on Covid-19 and non Covid-19 related challenges and safety concerns, ensuring learning and intelligence is actively shared across systems	Yes
18	• utilise SCORE safety culture survey results to inform the Trust quality improvement plan	Yes
19	Attendance or representation at a minimum of two engagement events such as Patient Safety Network meetings, MatNeoSIP webinars and/or the annual national learning event held in March 2020 by 30 June 2021	Yes

Safety action 10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) scheme?

Whittington Health NHS Trust

- Fully complaint with 100% of qualifying cases reported to HSIB and awaiting HSIB confirmation regarding NHS Resolutions' EN scheme

- Fully compliant with Duty of Candour requirements

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have all outstanding qualifying cases for 2019/2020 been reported to NHS Resolution EN scheme?	Yes
2	Have all qualifying cases for 2020/21 been reported to Healthcare Safety Investigation Branch (HSIB)?	Yes
3	For cases which have occurred from 1 October 2020 to 31 March 2021 the Trust Board are assured that: 1. the family have received information on the role of HSIB and EN scheme: and 2. there has been compliance with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.	Yes
4	Have the Trust Board had sight of Trust legal services and maternity clinical governance records of qualifying Early Notification incidents and numbers reported to NHS Resolution Early Notification team?	Yes

NHS
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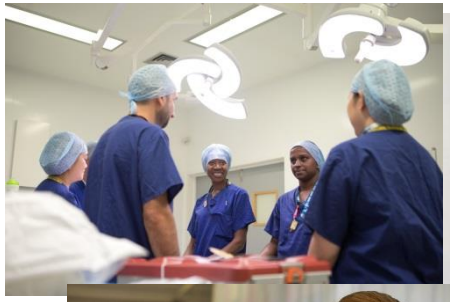
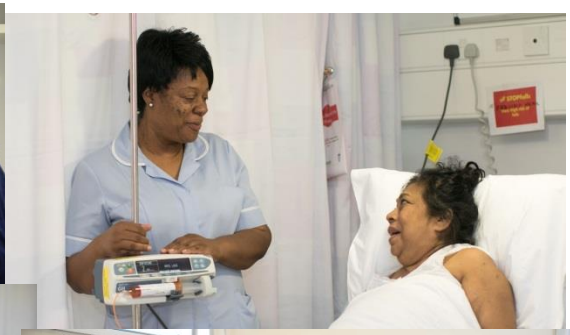
NHS Trust

Thank you



Yana Richens - Director of Midwifery

Helen Taylor - Clinical Director, Acute Access, Clinical Support Services and Women's Health Integrated Clinical Service Unit

Elly Tsoi - Clinical Lead Obstetrics

Jane McKenzie - Practice Development Midwife

Filipa Braga - Clinical Governance Manager Women's Health

I·C A R E

Whittington Health NHS Trust

Meeting title	**Trust Board**	**Date: 30 June 2021**
Report title	**WRES national team deep dive action plan**	**Agenda item: 8**
Executive director lead	Norma French, Director of Workforce	
Report author	Norma French	
Executive summary	Whittington Health participated in the national Workforce Race Equality Standard (WRES) team's Cultural Change Programme pilot during 2020. Despite the pilot being discontinued, the Trust received the deep-dive diagnostic report in May 2021 which relates to data collated mid-2020, along with a series of conversations and workshops throughout that time. The report has subsequently been discussed at Trust Management Group, Trust Board and with the black, Asian and minority ethnic (BAME) network steering group. Since November 2020, the Trust has secured external expertise to help advance the race equality agenda and priorities, which is driving forward the conversation and identifying where direct action can be taken. This paper summarises the themes from the report and the discussion with the Trust Board at its seminar in May. It goes on to set out the actions that have been agreed along with a timescale for implementation and agreement of the Trust Board commitment.	
Purpose	Approval	
Recommendation	The Trust Board are asked to note the action plan and agree ongoing review	
Risk Register or Board Assurance Framework	People 2	
Report history	Trust Management Group	
Appendices	None	

Action Plan in response to the WRES National Team Deep Dive Diagnostic Report

1.0 Background

Whittington Health participated in the national WRES (Workforce Race Equality Standards) Team Cultural Change Programme Pilot during 2020. Despite the Pilot being discontinued the Trust received the deep-dive diagnostic report in May 2021 which relates to data collated mid-2020 along with a series of conversations and workshops throughout that time.

The report has subsequently been discussed at Trust Management Group (TMG), Trust Board and with the black, Asian and minority ethnic (B.A.M.E.) Network Steering Group. Since November 2020 the Trust has secured external expertise to help advance the race agenda and priorities, which is driving forward the conversation and identifying where direct action can be taken.

This paper summarises the themes from the report and the discussion with the Trust Board at its Seminar in May. It goes on to set out the actions that have been agreed along with a timescale for implementation and agreement of the Trust Board commitment.

2.0 Culture at Whittington Health

The WRES Diagnostic report notes that the Trust has already taken action to tackle workforce inequality and improve the culture of the organisation. In 2018, Whittington Health commissioned Professor Duncan Lewis to undertake a study into the workplace culture at the Trust. His independent report was published in July 2018. The study is described as “an exploration of perceived bullying and harassment and their relationship, if any, to ideas of a common workplace culture.” The study used a staff survey and staff interviews to generate a snapshot of the Trust’s culture. While the report did detail instances of bullying and harassment, it acknowledged that the Trust had already begun to put in place a strategy to properly tackle these issues. The report concluded that the Trust “has appropriate systems and processes to tackle B&H but requires a more joined up approach to unite these to make clearer pathways to deal with it”.

After the report was published, the Trust established listening events, engaging with staff, and used this as the basis of an action plan. Actions taken included:

- the development of a new Behaviour Framework;
- specific objectives on reducing bullying and harassment, and increasing staff engagement across the Trust;
- a revision of the Freedom to Speak Up Guardian role and the development of a network of Speak up Inclusion Champions and Mental Health First Aiders;
- adapting the approach to resolution and mediation;
- establishing staff "pulse checks";
- required quarterly reporting on staff survey indicators and culture;
- and established a culture and leadership steering group.

Perhaps most significantly, the report led to the creation of a programme called 'Caring for those who Care', designed to improve the organisation's culture as a whole, and decrease and eliminate bullying. The project was initiated with a listening exercise, before expanding to include specialist training, staff and manager guides to tackle bullying behaviours, redesign of operational structures for managing wellbeing, redesign of the staff hub on the intranet with the inclusion of guides and tools for improving resilience, and staff communications. The training programme was rolled out to all staff. The Board have been aware that this work takes time; the signs of progress in the staff survey in the staff engagement score and in our overall response rate have been encouraging. The engagement of staff in our networks and in developing closer teamwork has been brilliant. Overall there have been incremental improvement in the Trust's WRES indicators and staff survey results over the last five years, however with further review of the data in a deeper way than ever before there is a need to review and refresh our actions, learning from others in the NHS where progress has remained slow and also from across other sectors.

3.0 **Trust Board Commitment**

At its Seminar in May the Trust Board affirmed its commitment made in October 2020 to promoting equality, diversity and inclusion at Whittington Health:

> *"The Trust is an open, non-judgemental and inclusive organisation that will not tolerate racism or discrimination. We celebrate the diversity of our staff and community. We will treat all our staff equitably, with dignity and respect, whatever their race, gender, religion, age, disability or sexual orientation."*

Trust Management Group and the Trust Board have subsequently committed to the actions that have arisen from the Report. There is a commitment to invest financially and through demonstrative actions to improving race equality. The Trust Board and Executive Team will continue to work with our black, Asian and minority ethnic (B.A.M.E.) Network to ensure that these objectives are met as well as developing an agreed vision for the Trust. Below is the proposed narrative for agreement:

"A place you want to come to, a place that's fruitful and abundant with joy and laughter. It's a safe and warm place that values and appreciates everyone's difference.
All staff, managers and leaders enable, empower and encourage colleagues, regardless of background to be their best and to give of their best. It's a place where we celebrate together the wonderful nature of our diversity and work together to deliver on our ambition of high quality patient care for the people in our locality and beyond".

4.0 **Key Themes**

The key themes from the Report are summarised as follows:

4.1 *Employee relations*

The Trust has demonstrated year on year improvement of WRES Indicator 3 "Relative likelihood of staff entering the formal disciplinary process compared to white staff" to the extent that B.A.M.E. staff are ***less*** likely to enter a formal process than white staff, based on the 2020 WRES submission. However the Culture Change Programme expanded the remit beyond formal disciplinary processes to include ***all*** employee relations cases, including grievances, employment tribunals, sickness, probationary reviews and lapsed registrations. This analysis showed that B.A.M.E. staff are 1.95 times more likely to enter one of these processes. TMG and the Workforce Assurance Committee at their recent meetings, received reports on the Trust's plans to adopt a more restorative justice approach to disciplinary action, as opposed to formal investigations through the restorative Just Culture model. This is being rolled out over the next six months.

4.2 *Recruitment and Selection*

The Trust has demonstrated improvement in WRES Indicator 2 "relative likelihood of white applicants being appointed from shortlisting across all posts compared to B.A.M.E. applicants" improving from 2.28 in 2016 to 1.55 in 2020. However improvement is still required in this indicator and the deep analysis of data from quarters 1 and 2 in 2020 allowed a more forensic breakdown between internal and external applicants. This indicated that white applicants are more than twice as likely to be recruited from shortlisting than B.A.M.E. applicants (2.13). The data tells us that for internal recruitment the relative likelihood of white applicants being appointed from shortlisting compared to B.A.M.E applicants was 8.64 compared to 1.88 for external recruitment. It also drew into focus the need to improve the quality of information stored on candidates.

4.3 Diversity of Senior Leadership

At the time of the fieldwork, the overall workforce consists of 40% from a B.A.M.E. background, 39% from a white background and 21% (975) of an unknown background.

B.A.M.E. staff are overrepresented in AfC bands 1 – 6 and underrepresented at all bands above 7. There is currently no executive director level B.A.M.E representation at the Trust. There is no change from the previous years for these figures.

5.0 **Proposed Actions**

The Workforce Race Equality Standard (WRES) was introduced in 2015. The Trust has submitted data to the WRES team since the inception of the programme in 2016. The WRES Diagnostic report notes that the performance of the trust is consistent with the broader national picture, where progress has been made across indicators 2, 3 and 4, but indicators 5-8 have remained relatively static, even where there has been some success in closing the gaps between BME and white staff.

Despite the progress over the years there is a consensus across the Trust Board, TMG and the B.A.M.E. Network that there is an urgent need for bold, innovative and fresh interventions to build on the improvements to date on the culture and diversity across Whittington Health. A number of investments and interventions have been agreed and are being put in action. A summary of actions over the next three years can be found in the tables in appendix 1, the points below pull out some of the salient and important building blocks that will support the Trust in taking forward the actions.

5.1 *Director for Race, Equality, Diversity and Inclusion*

This is a new role that has been created which will be at executive level, a full member of TMG and will attend the Trust Board. They will also attend ETM, WAC and the People Committee. The intention is that the EDI infrastructure is lifted completely out of its current position, where it reports into a Head of OD Band 8B role, with a few layers of accountability to any executive or Chief Executive scrutiny, to report directly into the Chief Executive and Director of Workforce. This arrangement will be reviewed after six months.

The intention is that the Trust will seek an internal appointment. Recruitment and selection to this role will begin immediately. The postholder will meet jointly with the CEO and Director of Workforce on a monthly basis to ensure that the strategic direction of this important agenda, as well as the operational requirements of the postholder are met.

5.2 *EDI Support*

The Trust is currently funded for 0.8 wte AfC Band 7. This post is currently vacant. It is planned to increase this to 1.0 wte and advertise both internally and externally. There is no resource for the increasing administration burden of supporting all our Trust Networks (B.A.M.E., WhitAbility, LGBTQ+ and Women's) and associated events. A new post at AfC Band 3 (1.0 wte) is to be established. There will also be an increased focus on improving the data collected on ethnicity across the Trust.

5.3 *Career Development for AfC Bands 2 – 7*

In order to address the lack of diversity at bands 7 and above it is proposed to create a new Career Development Programme for AfC Bands 2 – 7. Such a programme aims to help redress the imbalance and support the achievement of the London Race Strategy recruitment targets. This will be a 12 week programme open to all staff from a B.A.M.E. background.

The application process to the programme will typically involve an appraisal, a nine-box-grid and a talent profile. This will lead to the submission of an application which will be followed up by a 'development centre'. Feedback from the development centre will inform the learning and development to focus on over the course of the programme.

The taught part of the programme will be modular and cover a variety of subjects including finance, people management, data, governance etc. Delegates will have the support of the host manager, a mentor, and a coach.

Participants will also be supported in undertaking self-directed learning and will be able to undertake 360 degree appraisals and other instruments such as the Myers Briggs Type Indicator (MBTI).

Members of the cohort will meet monthly with their host managers to discuss progress, and will meet quarterly with mentors to monitor progress.

We will move forward with this programme straight away

5.5 *Building the Talent Pipeline*

The Trust wants to maximise its diverse talent to enable it to effectively meet the needs of its diverse patient population. To achieve this it recognises a need to increase the representation of staff from black, Asian and ethnic minorities (B.A.M.E.) backgrounds in senior roles in the organisation and to support staff to be the best that they possible can be. In the medium term we aspire to deliver a Management Development Programme. This is intended to structure opportunities aimed at positively increasing the number of senior managers from a B.A.M.E. background.

It proposes the establishment of posts across the ICSUs and corporate directorates with the intention of providing genuine developmental experience in leadership roles to equip B.A.M.E. staff with competencies, exposure to networks and development of skills to progress into more senior roles in the organisation.

The proposed remit of the posts would be at Agenda for Change 8B "Associate"level. The Programme could not only provide an opportunity to identify and develop B.A.M.E. talent but also will bring additional resources to service areas to support service development.

This initiative will be co-created with the ICSUs in conjunction with the Director of Race, Equality, Diversity and Inclusion.

5.6 *Supporting Frontline Managers*

The changes needed to make the required improvement require a cultural shift, as opposed to an organisational one. Evidence indicates that the majority of staff in the NHS are line managed by AfC band 7 managers. A Manager's Forum was established in early 2021 which will become the vehicle to engage with all managers and leaders across the Trust with the full support of the executive and ICSU leadership teams.

5.7 *Our I.CARE Values*

Following feedback from the B.A.M.E. Network we have consulted with all staff networks on a proposal to include the word "equity" to underpin all our Trust values. At the time of writing this proposal had already been put out for wider staff engagement and, if agreed, it is likely that this change will be made in the summer.

5.8 *ESR Data Quality*

The Culture Change report highlighted the proportion of staff who decline to record their ethnic status on the electronic staff record (ESR). This is not solely a problem for ethnic background, but across all the protected characteristics. Working with communication colleagues, the Trust is launching a campaign in the summer to encourage staff to update their own ESR records, and to make this as user-friendly and straightforward as possible. This campaign commences in July.

6.0 **Recommendations**

The Trust Board and TMG is asked to approve the actions set out in this paper and to ensure that the conversation continues in a range of settings across the Trust (e.g. Board Seminar; Network meetings; all staff briefings; ICSU and Directorate Boards). Trust Board, TMG and the Workforce Assurance Committee will regularly review progress.

7.0 **Conclusion**

Issues around race, representation and barriers to equity of opportunity are not unique to Whittington Health or the NHS. They reflect the much wider problem of structural racism which exist throughout society. However, as an organisation Whittington Health is committed to doing what we can to tackle the issues which are within our gift to change. As a responsible employer and as a key anchor within our community it is important that we show leadership.

I hope that our willingness to face up to difficult realities, to listen to the lived experiences of our colleagues, to have difficult conversations across the organisation and that we have been proactive in finding sources of support such as our volunteering to be part of the national WRES culture change pilot is evidence of our commitment to being a leader in this area. However, changing a culture takes time – not least because those who we want to benefit from it require time to validate that the change is real and sustained before they feel comfortable to acknowledge progress – "saying it doesn't make it so".

So whilst we have to acknowledge that change takes time, we have not used this as an excuse not to be ambitious or to not to act with pace. Whilst early data in our staff survey suggests that we are moving in the right direction, we will continue to do more and we won't slow down. This work is important, not just because it is the responsible thing to do, but because there is clear evidence that becoming a fairer, more equitable organisation where a diverse range of voices are able to contribute has a measurable impact on the quality of patient care.. But because 'better never stops' we want to go further and faster – because doing everything it takes to provide safer, more effective and compassionate care will ultimately help us to deliver on our vision to "help all local people to live longer, healthier lives".

Director of Workforce

22nd June 2021

Appendix 1 **Summary of Actions Immediate – Three Years**

Themes	Immediate actions 1-6 months	Intermediate actions 6 -12 months	Long term actions 1-3 years
Improved EDI Governance and Infrastructure More demonstrable leadership	Board and executive members to demonstrate & refresh commitment to the agenda. Director of Race, EDI role created & additional capacity. White Allies programme for senior leaders at the Kings Fund.	Increased diversity at Board and Executive level, and in senior positions across the organisation.	All line managers and supervisors understand and demonstrate by their actions the importance of race equality
Work with the board and senior leaders to understand the importance of race equality	Development sessions and conversations with board members.	All Board members able to have conversations with staff on race equality.	Increase the number of non-white executives
Strengthen individual and organisational accountability	Review lines of accountability for race equality CEO/board responsibility	Ensure all are aware of lines of accountability and responsibility on the race agenda	
Build capacity and capability around the agenda	Appoint a credible senior lead for this work along with a small team	Ongoing and continuous building of capability to work with race across the organisation	
Career Development, Talent Management and Succession Planning	Create Career Development Programme for bands 2 – 7	Work up proposal to create Associate roles for B.A.M.E. staff	Consider creation of a “next generation board”

	.	Bands 2-4 ICARE programme values delivered by NHS Elect. *Dates to be confirmed proposed September 2021*	
Internal v external recruitment	Highlight that this is a priority. All posts where B.A.M.E. candidates are not successful reported to CEO.	Recruitment processes reviewed. Implement London Pilot of Debiasing Recruitment and Selection (launch date 1st July)	Implement recruitment and selection systems that are equitable
Support and development for frontline managers	Create a Manager's Forum Discuss the importance of training for line managers and supervisors; develop the programme.	Commission a training and development programme to be delivered on site. Embedding the Just Culture, restorative justice approach for compassionate leadership	Continuation of training and development programme
Our Values Encouraging speaking up	Ongoing recruitment of FTSU advocates & promotion of roles	Review of the FTSU work to date and learning. Embedding Just Culture values	

Bullying and harassment	Continue commitment to eradicate bullying & harassment in organisation from all senior leaders. Pulse check surveys continue. Training to continue.	Reinforce the Freedom to Speak Up Guardian role and the network of Speak up Inclusion Champions, Bullying and Harassment Advisors and Mental Health First Aiders; Promote approach to resolution and mediation – Just culture / restorative justice; Implement the Pulse Check mandated surveys as set out in national People Plan	Improve staff survey responses on bullying and harassment questions for all staff
Improve data and Communications	Improve communications on the race equality agenda. Improve ESR data and staff survey uptake Widely share Culture Report with managers across Trust	Have a robust communications programme in place to highlight race equality	

Whittington Health
NHS Trust

Workforce Race Equality Standard (WRES)

Deep Dive Diagnostic

Whittington Health NHS Trust

April 2021

I·C A R E

INNOVATION COMPASSION ACCOUNTABILITY RESPECT EXCELLENCE

Contents

Introduction

For decades, research has shown that discrimination, harassment, and exclusion are ongoing experiences for staff from black and minority ethnic (BME) backgrounds in the NHS. In recognition of limited progress in achieving equity for all staff, the NHS established a mandatory Workforce Race Equality Standard (WRES). The WRES was introduced in 2015 to help close the gaps in workplace inequalities between BME and white staff working in the NHS. It does so by publishing data against nine indicators of workforce race equality.

The WRES has proved the most impactful tool the NHS has in exposing and tackling race disparity in the NHS workforce but, while we have seen some significant progress over the past five years, elsewhere there has been little improvement. The indicators proving the most difficult to shift are those dealing with the culture of an organisation - staff experiences of bullying, harassment, and discrimination, as well as perceptions around career development.

In 2020, **Whittington Health NHS Trust** offered to be among the first trusts to take part in a pilot. By providing complete access to the WRES team, the trust has allowed a rigorous examination of its culture. It is important to note that the Whittington was not selected for this programme because its WRES results were of particular concern, but because the organisation was already engaged in improving its WRES outcomes and invited the WRES team to conduct this study in the spirit of transparent engagement and cultural improvement. In looking more deeply than ever before at the culture in an NHS trust, it is inevitable that some negative findings will come to the fore in the process. However, self-reflection and an acceptance of the facts are the most vital step towards lasting and impactful improvement.

This report presents the findings of the diagnostics process and discusses what they mean for Whittington Health. **Part one** outlines the context of Whittington Health and explores the work done so far to improve its culture. **Part two** contains the quantitative analysis, examining in more depth the trust's performance against the nine WRES indicators, as well as looking into entirely new data sets. **Part three** contains the output from the qualitative aspects of the study – interviews and focus groups held throughout the trust, and a review of key trust documentation. Finally, **part four** draws conclusions about the culture of the trust and recommends key areas of focus for future interventions.

Methodology for the deep dive

This stage involves a thorough examination of the trusts quantitative data, looking in depth at the nine WRES indicators and beyond; new qualitative data, collected through focus groups and interviews; and a review of a sample of the trusts communications and policy documentation. This report details the findings of this diagnostics process.

As a result of Covid and changes within the national WRES team the ongoing programme at a national level is not continuing and the Trust will use this diagnostic report in co-creating and developing its WRES improvement strategy incorporating interventions and actions.

Part One – Context

Whittington Health NHS Trust had already started taking action to tackle workforce inequality and improve the culture of the trust. While the findings of this report provide a snapshot of the culture within the trust, it is important to consider this evidence as a moment on a broader journey of improvement in the trust. No organisation's culture is static, and this report should be seen as a tool to consolidate progress made, and to find new ways to improve into the future.

The contents of this section are drawn from trust policy documents, board papers, WRES improvement plans, and a small number of targeted interviews with senior members of staff.
About the trust

In its own words, Whittington Health aims to "help local people live longer and healthier lives by providing safe, personal, coordinated care for the community we serve." The trust is an integrated care organisation (ICO), meaning both hospital and community care services are provided to over 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield, Camden and Hackney. This care is delivered by a workforce of over 4,500 people. Whittington Health also provides several specialist services to broader geographies such as: community dentistry services in ten London boroughs; the internationally recognised Michael Palin Centre (specialist speech and language service with international referrals). The organisation's stated priority is "to provide the right care, at the right time and in the right place for our patients".

The Trust has recently refreshed its corporate objectives, which are:

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

Performance against WRES indicators

The trust has submitted data to the WRES team since the inception of the programme in 2016.

The performance of the trust is fairly consistent with the broader national picture, where progress has been made across indicators 2, 3 and 4, but indicators 5-8 have remained relatively static, even where there has been some success in closing the gaps between BME and white staff.

The WRES indicators

The WRES requires local NHS provider organisations to self-assess against eight indicators of staff experience and opportunities in the workplace. Four of the WRES indicators relate specifically to workforce data and four are based on data from the national NHS Staff Survey questions. In addition to this the trust have also provided data on staff in post, sickness and leavers.

The WRES indicators were developed in partnership with the wider NHS and were based on existing data collection and analysis requirements, which many of healthcare organisations are already undertaking. The detailed definition for each indicator can be found in the WRES Technical Guidance.[1] This guidance also includes the definitions of “white” and “black and minority ethnic (BME)”, as used throughout this report and within the narrative for the WRES indicators.

Summary of WRES indicators 2016-2019

WRES indicator		2016	2017	2018	2019	2020
1. Ethnicity of workforce	BME	32.9%	45.0%	43.0%	41.6%	40.2%
	White	67.1%	-	-	42.6%	37.8%
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		2.28	2.17	2.14	1.65	1.55
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		2.67	2.41	1.18	1.44	0.85
4. Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		-	-	-	0.94	0.91
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	28.5%	28.6%	29.0%	36.0%	33%
	White	28.8%	30.3%	28.0%	31.0%	31%
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	27.3%	31.9%	33.0%	36.0%	32%
	White	27.0%	24.6%	27.0%	31.0%	30%
7. Percentage of staff believing that trust provides equal opportunities for career progression or promotion	BME	67.3%	70.0%	61.0%	58.0%	65%
	White	87.3%	86.6%	85.0%	83.0%	87%
8. Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14.5%	16.6%	17.0%	20.0%	16%
	White	7.4%	6.6%	8.0%	9.0%	8.0%
9. Percentage of BME board membership		23.1%	13.3%	20.0%	20.0%	16.7%

Existing work on WRES and equality, diversity, and inclusion

The trust has been actively engaged in various activities to improve its WRES metrics over the past five years. As well as engaging with the national WRES team, they have taken, or plan to take, the following actions:

- Since February 2019, all interview panels have been required to include a BME representative. This scheme has since been extended so that any BME candidate who comes within two points of the successful candidate appointed is reported to the Director of Workforce. This second stage of scrutiny acts as a safeguard to ensure BME candidates do not fall through the net.
- A 'positive action' statement is now included in job advertisements.
- Support is in place to help lower banded staff in applying for more senior roles (including undertaking a survey of needs, running focus groups, commissioning presentation skills and interviewing skills training, and offering coaching.)
- The trust ran a trial of reverse mentoring, with a view to adapting the scheme into reciprocal mentoring and has since rolled this out more widely across the trust.
- As part of national and London studies into effective approaches to managing performance, Whittington Health has implemented Fair Treatment Panels, which will be reviewed in the future.
- The trust also intends to explore a restorative justice approach to the resolution of disputes. The programme, known as 'Just Culture', is currently on hold due to work on the Covid-19 pandemic.
- A pilot was started at the beginning of 2019, offering individual support to BME staff, after a leadership programme (**Stepping Stones**) highlighted the benefit of individual coaching and shadowing opportunities to further career development. The next steps were designed to capture the results in a meaningful way with the support of an external researcher. This project has been paused during the pandemic and will be continued at a later date.
- The trust has plans to establish internal development centres.

Furthermore, interviews with senior figures at the organisation suggest that, throughout 2020, significant attention within the trust has been directed towards a workforce race equality agenda, including the establishment of a renewed black, Asian and minority ethnic (BAME) staff network. This increased attention was, in part, a response to the disproportionate impact of Covid-19 on black and minority ethnic communities, and the increased attention on race inequality driven by the Black Lives Matter movement. The BAME network leads reflected that there has been a tangible and positive shift in leadership approach to workforce EDI in recent years. This has led, most recently, to a trust-wide recognition of Black History Month and the development of the See Me First awareness campaign and associated pledges and badge. Throughout 2020 and into 2021 the senior leadership team hold regular listening events with the Network. These for a provide a safe and informative platform for concerns and anxieties to be shared and action agreed.

Even before the Covid-19 pandemic, those we interviewed felt that concerted efforts had been made to bring considerations of equality, diversity and inclusion into broader trust decision making. Most notably, the decision to place the EDI function within the

Organisational Development directorate was seen as a positive and impactful step. This also coincided with a much greater focus on culture, and a more in-depth engagement with staff survey data. It was thought that the trust was getting much better at connecting the dots between EDI and other areas of the trust's work.

It was clear from the background interviews that attention is being focused in the right areas, and there was support for the trust's executive team, but it was felt that more could be done to increase transparency and ensure that the above interventions are having an impact. For example, one interviewee felt that, while well intentioned, diverse panels were not always effective as the BME interviewer may feel outnumbered. Another interviewee stressed that interventions tended to focus on fixing problems, and that more attention could be paid to reflection and healing.

Culture at Whittington Health

In 2018, the Whittington commissioned Professor Duncan Lewis to undertake a study into the workplace culture at Whittington Health NHS trust. His independent report was published in July 2018. The study is described as "an exploration of perceived bullying and harassment (B&H) and their relationship, if any, to ideas of a common workplace culture." The study used a staff survey and staff interviews to generate a snapshot of the trust's culture. While the report did detail instances of bullying and harassment, it acknowledged that the trust had already begun to put in place a strategy to properly tackle these issues. The report concluded that the Whittington Health "has appropriate systems and processes to tackle B&H but requires a more joined up approach to unite these to make clearer pathways to deal with it".

In our background interviews with senior members of staff at the trust, it was clear that this report, and the associated strategy to tackle bullying and harassment, were seen as a turning point for the organisation. After the report was published, the organisation established listening events, engaging with 550 staff, and used this as the basis of an action plan. Actions taken include:

- the development of a new Behaviour Framework
- a revision of the Freedom to Speak Up Guardian role and the development of a network of Speak up Inclusion Champions, Bullying and Harassment Advisors and Mental Health First Aiders
- adapting the approach to resolution and mediation
- establishing staff "pulse checks"
- required quarterly reporting on staff survey indicators and culture
- and established a culture and leadership steering group.

Perhaps most significantly, the report led to the creation of a programme called 'Caring for those who Care', designed to improve the organisation's culture as a whole, and decrease and eliminate bullying. The project was initiated with a listening exercise, before expanding to include specialist training, staff and manager guides to tackle bullying behaviours, redesign of operational structures for managing wellbeing, redesign of the staff hub on the intranet with the inclusion of guides and tools for improving resilience, and staff communications. The training programme was attended by more than 500 managers and there are plans to roll it out to all staff.

Part Two – Quantitative Data

For the purposes of this programme, we wanted to look in detail at the Whittington's workforce data. This section of the report includes detailed findings across several indicators. Key findings are highlighted where necessary and explored in more detail in part four of the report.

Data analysis

The data gathered here was requested specifically for the purposes of this programme, and according to a data template created by the WRES implementation team. While some of the indicators are the same as the core WRES indicators, they also diverge in several areas, and should not be read as directly correlating with nationally reported WRES figures. Where appropriate and possible, data is compared over time and against the national average for NHS trusts.

For some of the indicators, the data was analysed to show relative likelihood. For example, if one group of people was twice as likely an another to be subject to disciplinary action, this would be presented as a relative likelihood of 2.00.

For some indicators, statistical analyses included the "four-fifths" rule. The "four-fifths" ("4/5ths" or "80 percent") rule is used to highlight whether practices have an adverse impact on an identified group, e.g. a sub-group of gender or ethnicity. For example, if the relative likelihood of an outcome for one sub-group compared to another is less than 0.8 or higher than 1.25, then the process would be identified as having an adverse impact.

Key findings – quantitative data

Representation

- The overall workforce of 4,557 consists of 40% (1,809) from a BME background, 39% (1,773) from a white background and 21% (975) of an unknown background.
- The number of BME staff in the trust has increased by 16 from the previous year. However, the proportion of BME staff has decreased by 2% from 42% to 40% for the current year.
- BME staff are overrepresented in AfC bands 1 – 6 and underrepresented at all bands above 7.
- At band 9, there is only one BME staff member. At VSM level there is no BME representation at all. There is no change from the previous year for these figures.

Recruitment

- Overall, across the reporting period, white applicants are more than twice as likely to be recruited from shortlisting than BME applicants (2.13).
- For internal recruitment the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants was 8.64 compared to 1.88 for external recruitment.

Bullying and harassment

- BME staff are slightly more likely to experience harassment, bullying or abuse from patients, relatives or the public (32% of BME staff compared to 31% of white staff).
- BME staff are more likely to experience harassment, bullying or abuse from staff (27% of BME staff compared to 23% of white staff).
- 45% of Staff from an Asian/Asian British background experienced at least one incident of bullying, harassment or abuse in the last year.
- 48% of Staff from a Black/Black British ethnicity experienced at least one incident of bullying, harassment or abuse from staff in the last year. This is an increase of 26% from the previous year.

Discrimination

- BME staff are twice as likely as white staff to experience discrimination at work from a manager / team leader or other colleague.
- 36% of Staff from a Black/Black British ethnicity experienced discrimination at work from a manager / team leader or other colleague. This is an increase of 25% in the last two years.

Career progression

- In the majority of Integrated Clinical Service Units (ICSUs) and directorates, BME staff were relatively more likely to access training and CPD than white colleagues.
- 65% Percent of BME staff believe that the trust provides equal opportunities for career progression or promotion compared to 87% of white staff.
- Only 49% of staff from a Caribbean ethnicity and 54% of Black/Black British/Any other Black background believe that the trust provides equal opportunities for career progression or promotion.

Benchmarking

- Benchmarking data shows that, compared to regional and trust type peer organisations, BME staff in Whittington Health are in the bottom quartile for most of the staff survey questions. The full data set is available on the Model Hospital portal Equality and Diversity segment.

Percentage of staff in each band and VSM compared with the percentage of staff in the overall workforce

Key findings

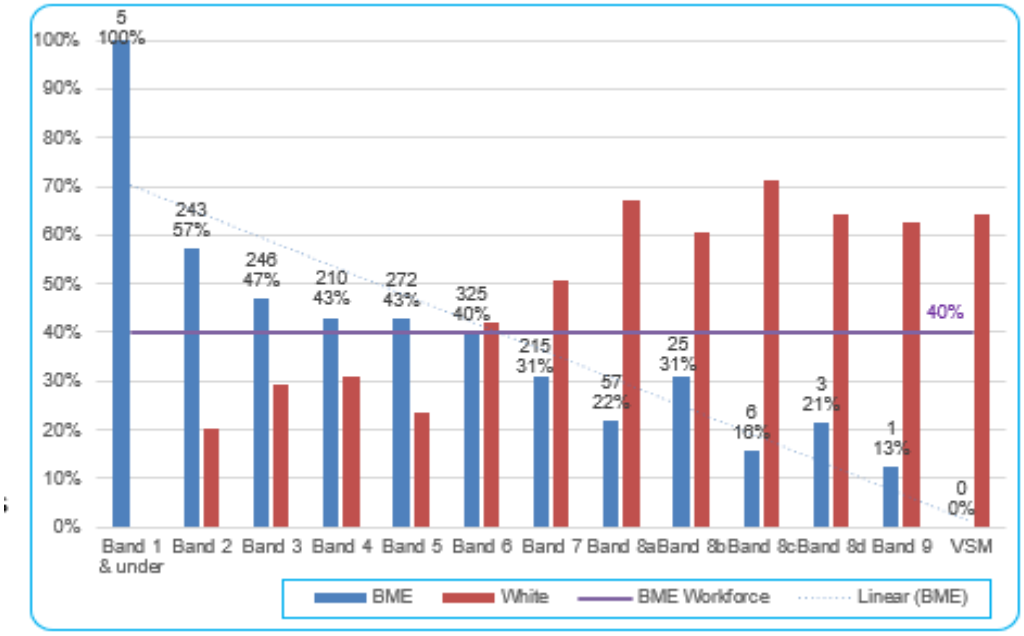
- BME staff are overrepresented in AfC bands 1 - 6.
- BME staff are underrepresented at all bands above 7 - At band 9, there is only one BME staff member. At VSM level there is no BME representation at all. There is no change from the previous year for these figures.

Data sources and reliability

- Data for this indicator was submitted using the template provided by the national WRES team. It should be noted that 21% (975) of staff did not declare their ethnicity.
- Band 1 has become obsolete since the time of reporting.

Clinical and Non-Clinical

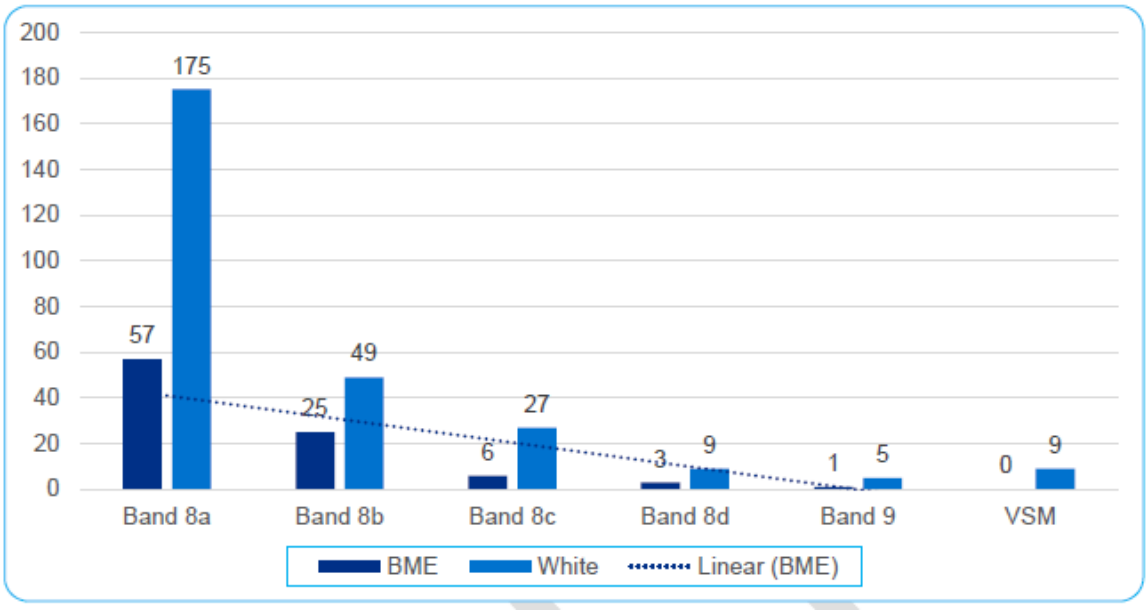
Figure 2 – Number and Percentage of clinical and non-clinical staff by pay band (excludes medical and dental)



- Data for this indicator was submitted using the template provided by the national WRES team. It should be noted that 21% (975) of staff did not declare their ethnicity.
- 40% of the workforce in the clinical and non-clinical areas are from a BME background.
- BME staff are overrepresented in AfC bands 1 - 6.
- BME staff are underrepresented in AfC bands 7 - 9 and VSM bands.

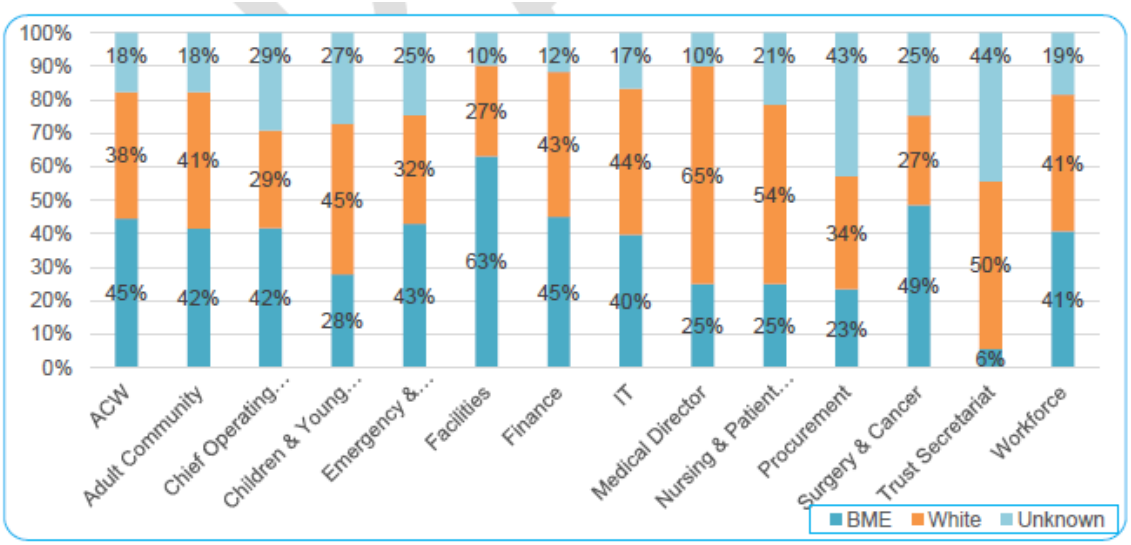
[1] Band one has become obsolete since the time of reporting.

Figure 3 - Number of staff by AfC pay bands (8a to VSM) - clinical and non-clinical staff (excludes medical and dental)



- At band 9, there is only one BME representative and at VSM level there is no BME representation at all.
- BME staff make up 42% of the workforce in bands 1 to 7. This reduces to 22% in the senior bands (bands 8a+).

Figure 4 - Ethnicity by directorate - clinical and non-clinical staff (excludes medical and dental)



- The directorate with the highest BME representation across all the pay bands is Facilities (161 out of 255 staff, 63%), while the lowest is the trust secretariat (1 out of 18 staff, 6%).

- In all pay bands, 5 out of the 14 directorates have a BME representation of less than 40%.

Figure 5 - Breakdown of staff representation at bands 8a+

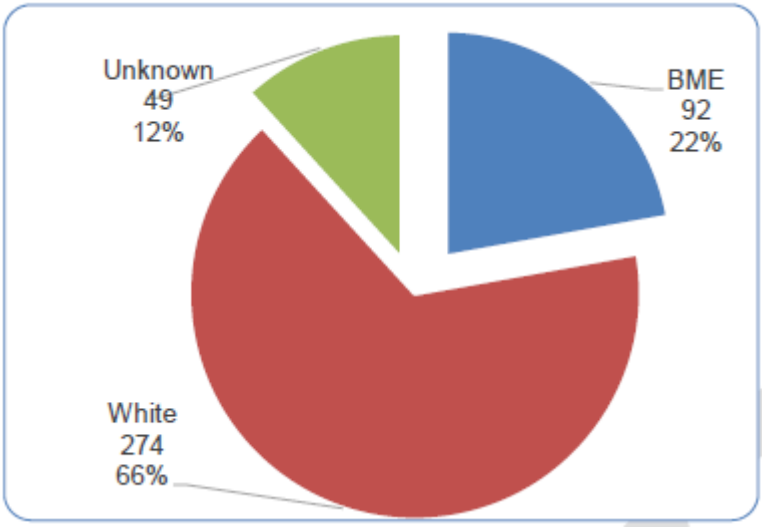


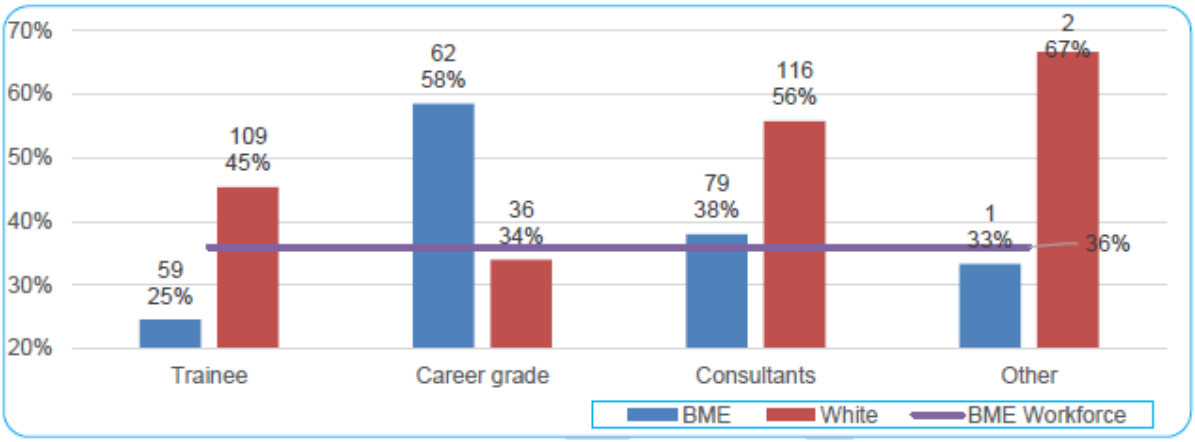
Table 1 – Percentage and Number of staff by AfC pay bands (8a+) and Directorate – clinical and non-clinical staff (excludes medical and dental)

Directorate	BME - Band 8a+	White Band 8a+	Unknown Band 8a+	Total	BME - Band 8a+	White Band 8a+
ACW	20	37	6	63	32%	59%
Adult Community	19	42	7	68	28%	62%
Chief Operating Officer	4	6	3	13	31%	46%
Children and Young People	18	79	9	106	17%	75%
Emergency and Integrated Medicine	12	28	4	44	27%	64%
Facilities	1	6	2	9	11%	67%
Finance	7	8	3	18	39%	44%
IT	2	13	2	17	12%	76%
Medical Director	0	2	1	3	0%	67%
Nursing and Patient Experience	2	14	7	23	67%	61%
Procurement	2	9	2	13	9%	69%
Surgery and Cancer	2	12	0	14	15%	86%
Trust Secretariat	1	8	1	10	14%	80%
Workforce	2	10	2	14	10%	71%
Whittington Trust	92	274	49	415	22%	66%

- The medical directorate has no BME representation at bands 8a+. Nursing & Patient Experience (2 out of 23 staff) and trust secretariat (1 out of 10 staff) have very low BME representation in the senior bands.

Medical & Dental

Figure 6 - Number and Percentage of Medical and Dental staff by pay grade

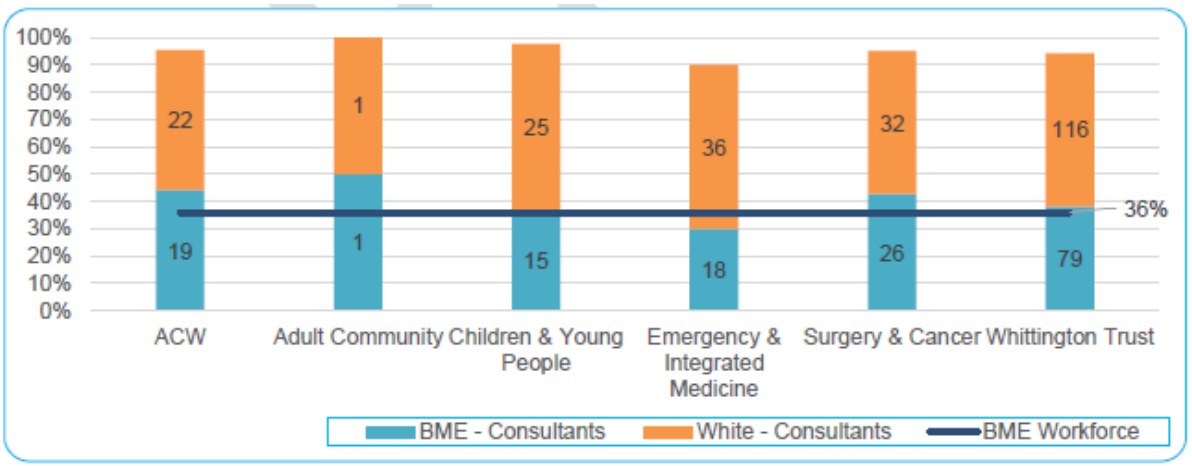


- 36% of the Medical & Dental workforce are from a BME background, 47% from a white background and 17% unknown.

- BME representation is above the workforce average for the career grade and consultant grade. There is, however, a large drop between career grade (58%) and consultants (38%).

- The proportion of white staff increases from career grade (34%) to consultant level (56%).

Figure 7 - Number and Percentage of Consultants by Directorate



- Emergency & Integrated Medicine directorate has the lowest proportion of BME consultants (30%).

Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

Key findings

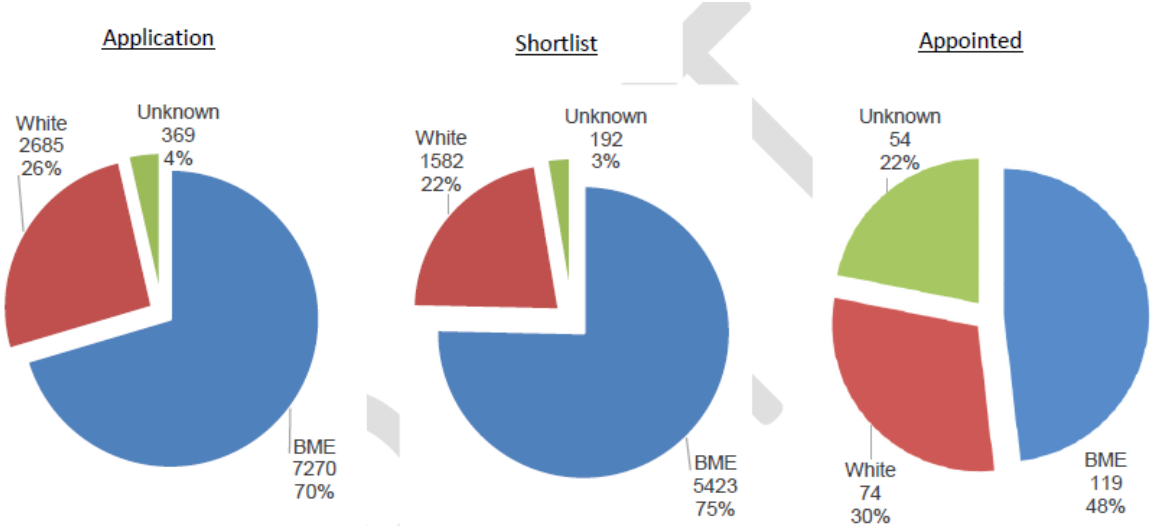
- Overall, across the reporting period, white applicants are more than twice as likely to be recruited from shortlisting than BME applicants (2.13)
- For internal recruitment the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants was 8.64 compared to 1.88 for external recruitment

Data sources and reliability

- Data for this section was submitted in Spring 2020 and so will not exactly match the published WRES data.

Overall results

Figure 8 – Recruitment – application – shortlist – appointed by ethnicity



- For every 1 white applicant there were 2.7 BME applicants.
- BME staff apply and get shortlisted in significant proportions across the trust.

Table 2 – Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants by directorate

Directorate	Likelihood appointed BME	Likelihood appointed White	Relative Likelihood
ACW	0.02	0.09	3095
Adult Community	0.03	0.04	1.6
Chief Operating Officer	0.00	0.00	-
Children and Young People	0.01	0.06	4.25
Emergency and Integrated Medicine	0.02	0.05	0.94
Facilities	0.01	0.00	0.00
Finance	1.00	-	-
IT	0.02	0.03	1.28
Medical Director	0.02	0.02	0.93
Nursing and Patient Experience	0.05	0.03	0.48
Procurement	0.02	0.00	0.00
Surgery and Cancer	0.02	0.04	2.48
Trust Secretariat	0.00	0.00	-
Workforce	0.01	0.00	0.00
Whittington Trust	**0.02**	**0.05**	**2.13**

- White applicants are more than twice as likely to be recruited from shortlisting than BME applicants (2.13).

- The Children & Young People directorate has the highest relative likelihood of white applicants being appointed from shortlisting compared to BME applicants.

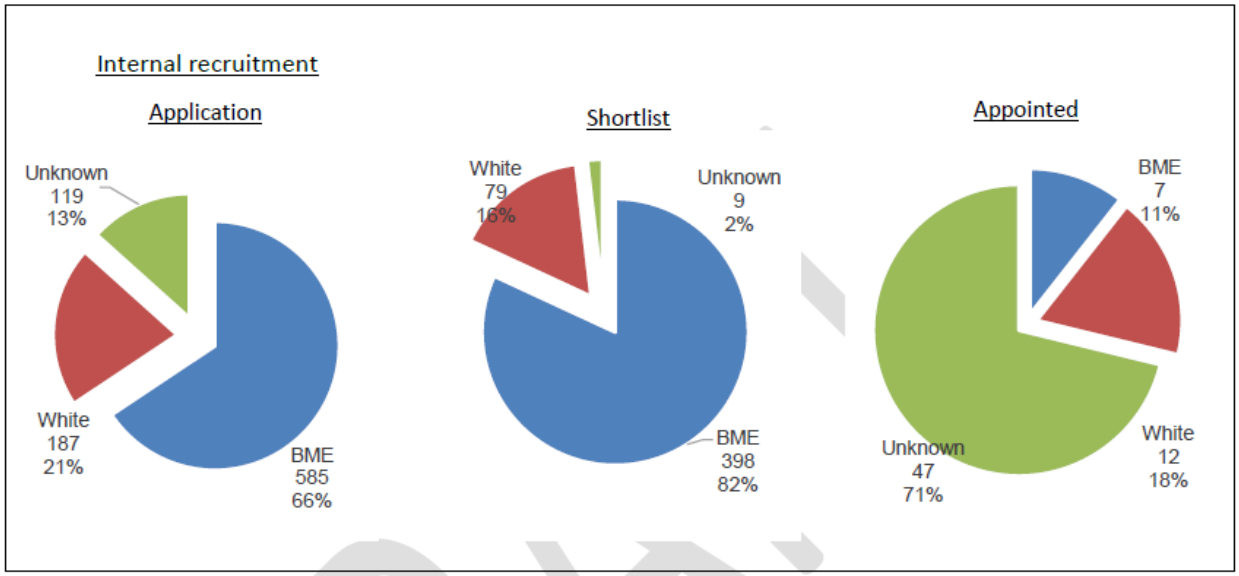
Table 3 – Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants by pay band

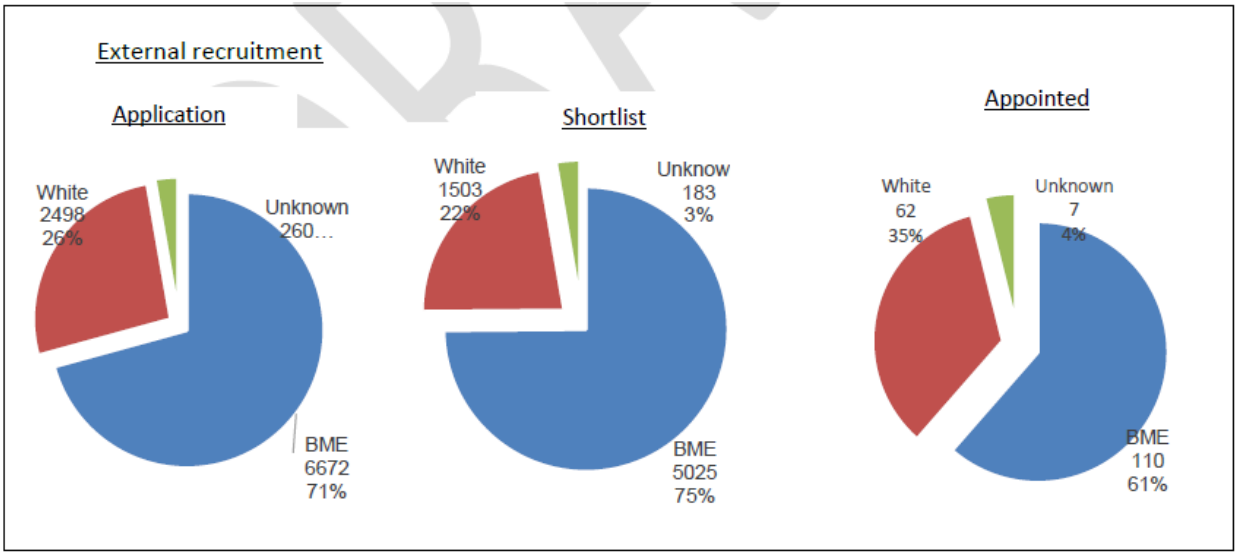
Pay Bands	Likelihood Shortlisting BMA	Likelihood Shortlisting White	Likelihood appointed BME	Likelihood appointed White	Relative Likelihood
Band 2	0.22	0.23	0.07	0.18	2.46
Band 3	0.27	0.29	0.11	0.11	1.09
Band 4	0.26	0.24	0.18	0.14	0.78
Band 5	0.29	0.39	0.15	0.15	0.01
Band 6	0.27	0.50	0.17	0.31	0.75
Band 7	0.43	0.62	0.22	0.41	0.85
Band 8a	0.29	0.44	0.19	0.41	2.14
Band 8b	0.29	0.35	0.10	0.55	5.73
Band 8c	0.21	0.52	0.22	0.13	0.60
Band 8d	0.42	0.32	0.00	0.33	-
Whittington Trust	**0.27**	**0.36**	**0.14**	**0.23**	**1.63**

- Pay band 3 had the highest number of BME applicants, the lowest was at pay bands 8d and 9.

- Band 4 and Band 8c are the only pay bands where BME applicants are more likely to be appointed from shortlisting

Figure 9 - Number of internal and external applicants through the recruitment process





- For internal recruitment, the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants was 8.64 compared to 1.88 for external recruitment.

Relative likelihood of BME staff entering disciplinary processes compared to white staff

Key findings

Despite the overall number of staff entering any form of employee relations or disciplinary processes decreasing from the previous year, the relative likelihood of BME staff entering the formal disciplinary process increased from 1.65 to 1.95.

Data sources and reliability

Data for this indicator was submitted using the template provided by the national WRES team. For analysis, the staff in post data was used as no headcounts were provided in this dataset.

Unlike the standard WRES reporting, the analysis in this section goes beyond the formal disciplinary process to include all employee relation cases, including grievance, ETR, sickness, lapse registrations etc. As such, these numbers will not match those reported under WRES indicator 3.

Overall Results

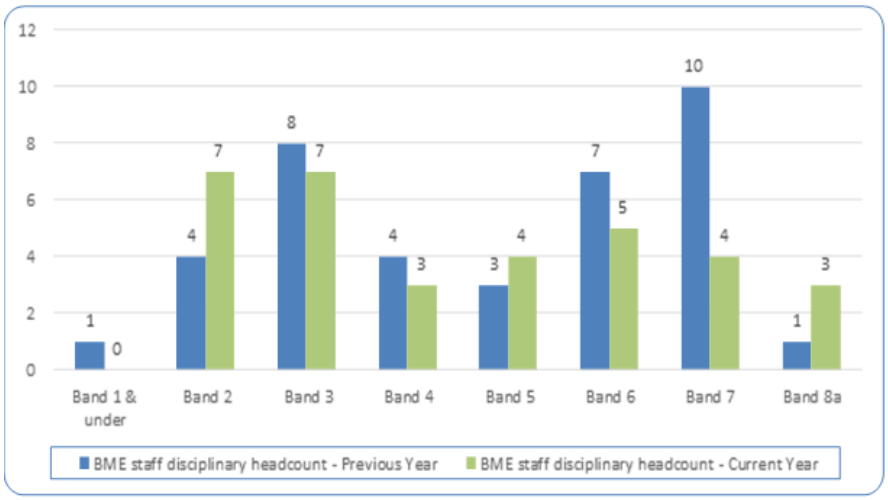
- BME staff are more likely to enter the disciplinary processes than white staff.
- The overall proportion of staff entering disciplinary processes has decreased from the previous year. However, the relative likelihood of BME staff entering the formal disciplinary process increased from 1.65 to 1.95.

Table 4 - Relative likelihood of BME staff entering the disciplinary processes compared to white staff by staff group

Staff Group	Previous Year			Current Year		
	Likelihood BME staff disciplinary	Likelihood White staff disciplinary	Relative Likelihood BME	Likelihood BME staff disciplinary	Likelihood White staff disciplinary	Relative Likelihood BME
Additional Clinical Services	2.65%	0.00%	-	3.24%	0.62%	5.24
Add Prof Scientific and Technic	1.45%	0.00%	-	2.38%	0.00%	-
Administrative and Clerical	1.77%	2.00%	0.88	1.63%	1.22%	1.33
Allied Health Professionals	1.52%	0.00%	-	0.00%	0.28%	0.00
Estates and Ancillary	0.00%	11.11%	0.00	0.68%	5.77%	0.12
Medical and Dental	0.73%	0.55%	1.32	0.00%	0.00%	-
Nursing and Midwifery Registered	2.12%	1.03%	2.07	1.74%	1.18%	1.48
Whittington Trust	**1.75%**	**1.06%**	**1.65**	**1.54%**	**0.79%**	**1.95**

- Additional clinical services (5.24) and Nursing and Midwifery Registered (1.48) staff groups have a very high relative likelihood of BME staff entering disciplinary processes compared to white staff.

Figure 10 – Number of BME staff entering disciplinary processes – previous year v current year



- The number of BME staff entering disciplinary processes at bands 2, 5 and 8a have increased compared to the previous year.
- Allegations leading to the most disciplinary action for BME staff were -

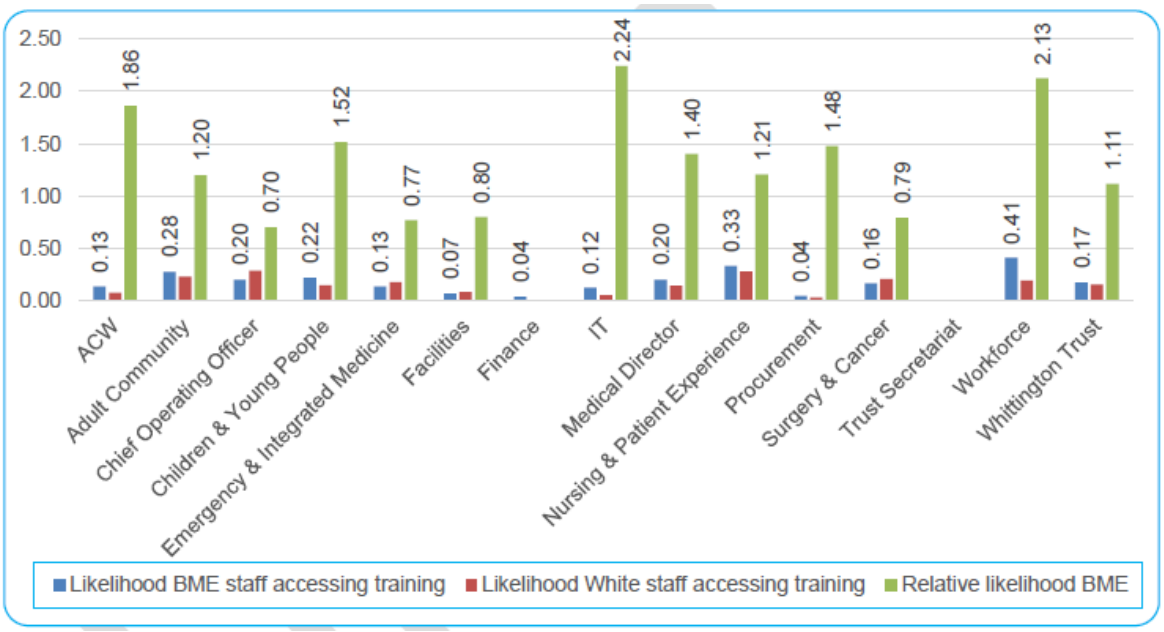
  1. Poor Performance/Capability.
  2. Inappropriate behaviour
  3. Bullying / Harassment and Victimisation.

Relative likelihood of staff accessing non-mandatory training and continuing professional development (CPD)

- Data for this indicator was submitted using the template provided by the national WRES team

Overall results:

Figure 11 - Relative likelihood of staff accessing non-mandatory training and continuing professional development

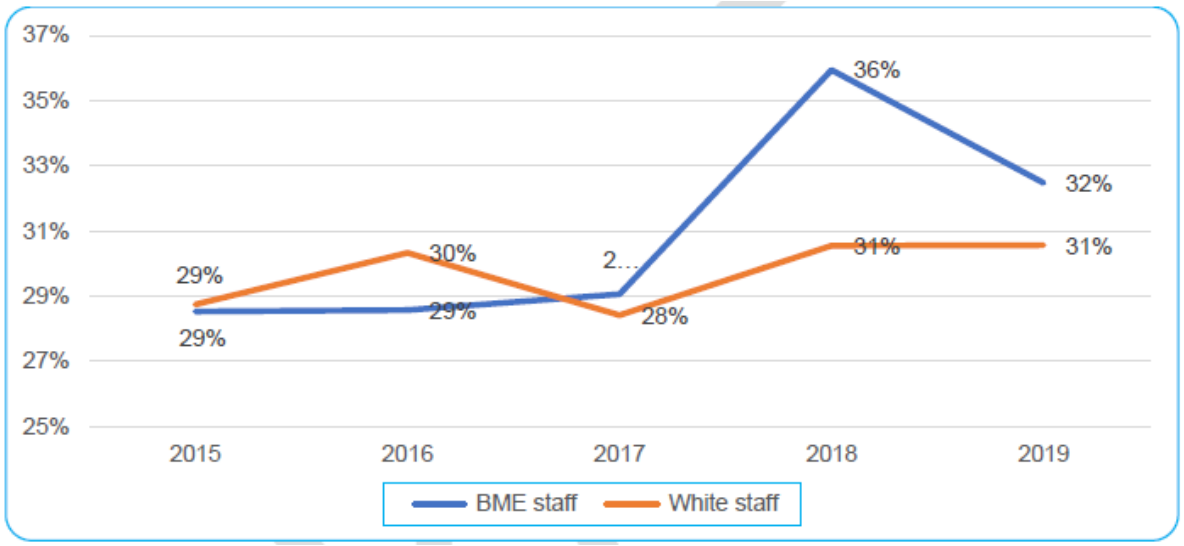


- In the majority of ICSUs/directorates, BME staff are relatively more likely to access training and CPD than white colleagues
- No BME staff accessed training in the trust secretariat directorate and only one BME staff in the finance directorate.
- University courses and level 5 training are the most accessed training type.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Figure 12 - Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse from patients, relatives or the public in last 12 months

- The data for this indicator is taken from staff surveys carried out by the Whittington Trust
- As with all survey-based indicators, the data and their comparisons can be limited by varying response rates year on year.



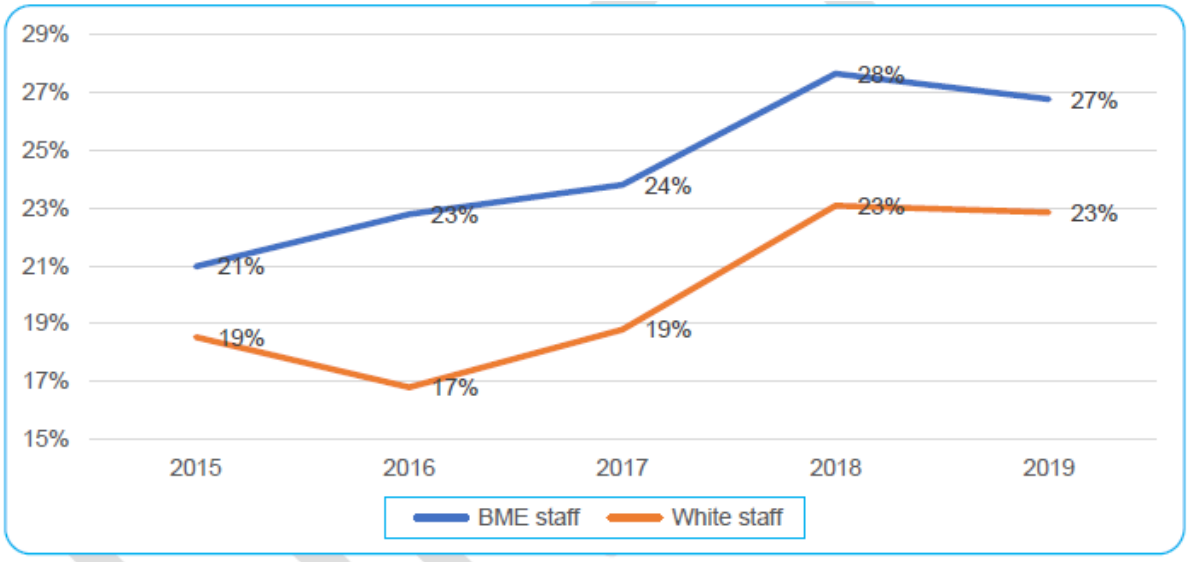
- BME staff are slightly more likely to experience harassment, bullying or abuse from patients, relatives or the public (32% of BME staff compared to 31% of white staff)
- The departments with the highest average of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public are Emergency Department (72%), Medical Wards (57%), Radiology (36%) and Maternity (36%).
- The biggest increases are in the Bangladeshi (increase from 11% to 36% from 2017 to the current year) and in the Chinese ethnic groups (increase from 13% to 31% from the previous year).

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Data sources and reliability

- The data for this indicator is taken from staff surveys carried out by the Whittington Trust.
- As with all survey-based indicators, the data and their comparisons can be limited by varying response rates year on year.

Figure 13 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



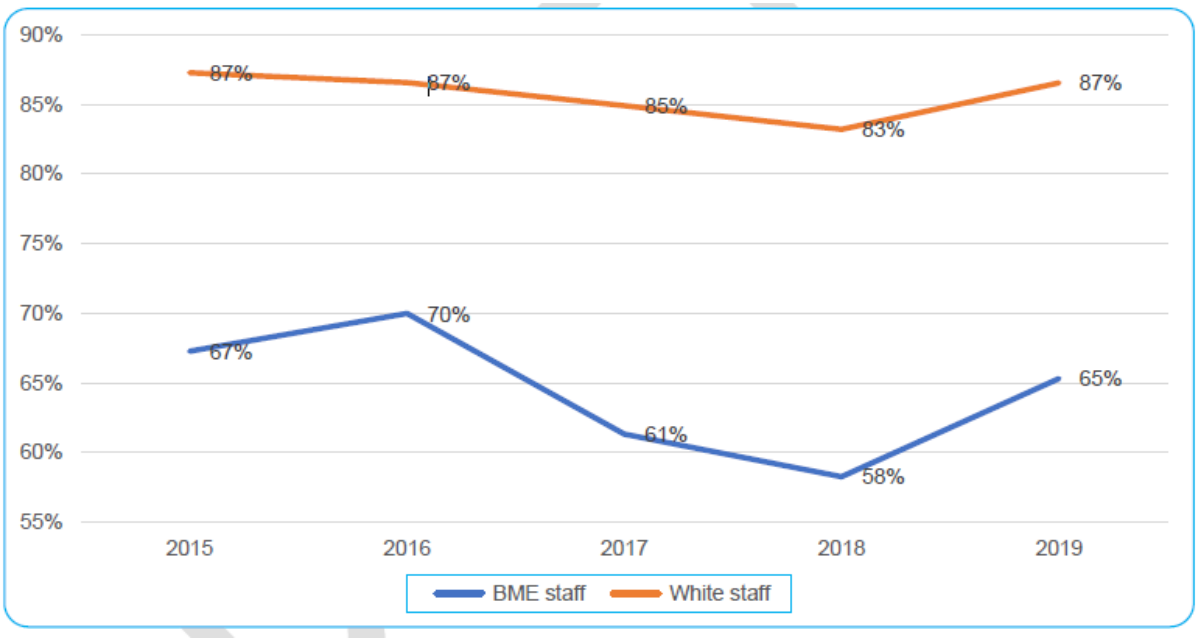
- BME staff are more likely to have experienced harassment, bullying or abuse from staff compared to white staff.
- The directorates with the highest average of BME staff more likely to have experienced harassment, bullying or abuse from staff are Maternity (58%), Haringey (48%), Dental (37%) and Theatres & DTC (35%).
- The biggest increases are in the Black/Black British: Any other Black background (increase from 22% to 48% from the previous year) and in the White: Irish ethnic groups (increase from 27% to 38% from the previous year).

Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion

Data sources and reliability

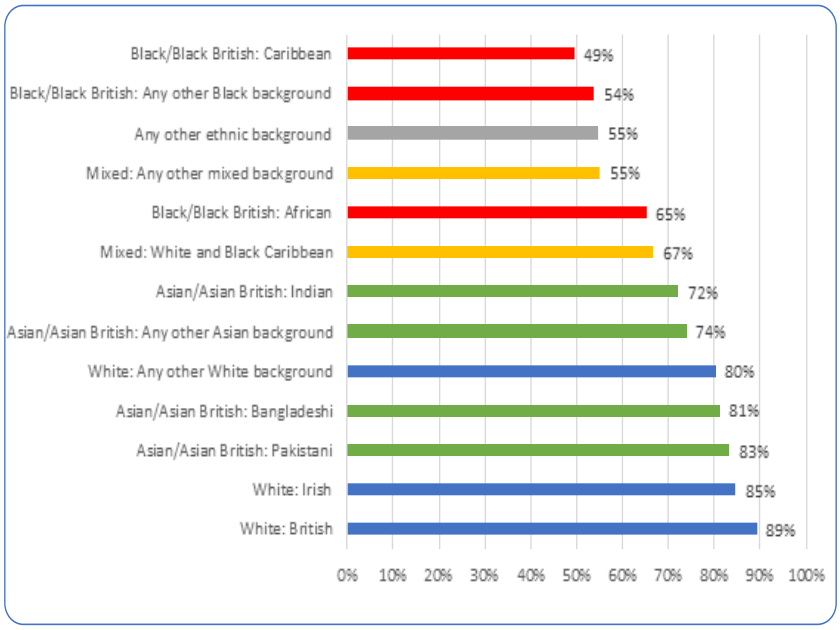
- The data for this indicator is taken from staff surveys carried out by the Whittington Trust.
- As with all survey-based indicators, the data and their comparisons can be limited by varying response rates year on year.

Figure 14 – Percentage of staff believing that Whittington trust provides equal opportunities for career progression or promotion



- In the majority of directorates, BME staff are less likely to believe that the Whittington trust provides equal opportunities for career progression or promotion.
- Only 38% of BME staff within the maternity directorate believe that the Whittington trust provided equal opportunities for career progression or promotion compared to 61% of white staff

Figure 15 – Percentage of staff believing that Whittington Trust provides equal opportunities for career progression or promotion by ethnicity



ey: Red – Black, Grey – Any other, Orange – Mixed, Green – Asian, Blue – White,

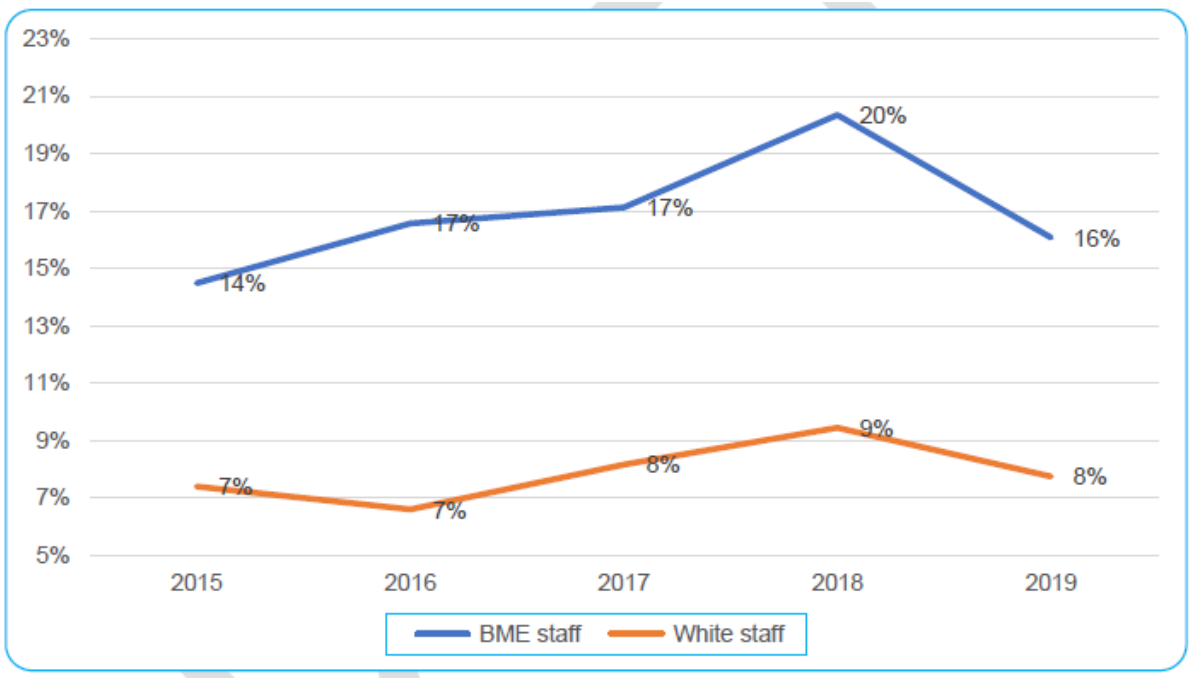
- Black/Black British: Caribbean (49%), Black/Black British: Any other Black background (54%) and Mixed: Any other mixed background (55%) have the lowest number of staff that believe that Whittington Health provides equal opportunities for career progression or promotion.

In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleague?

Data sources and reliability

- The data for this indicator is taken from staff surveys carried out by the Whittington Trust.
- As with all survey-based indicators, the data and their comparisons can be limited by varying response rates year on year.

Figure 16 - Percentage of staff personally experiencing discrimination at work from a manager / team leader or other colleague



- BME staff are twice as likely to experience discrimination at work from a manager / team leader or other colleague compared to white staff.
- BME staff from the maternity directorate (28%), Haringey (29%) and Emergency Department (19%) are more likely to experience discrimination at work from a manager / team leader or other colleague.
- Black/Black British: Any other Black background ethnic group have an increase of 25% of staff experiencing discrimination at work from 2017 to the current year.

Additional trust indicator: Staff in Post

- WRES data for Staff in Post (SIP) was submitted using the template provided by the national WRES team.
- Directorate breakdown excludes bank staff as bank assignments are not linked up to any directorate.
- Staff group breakdown includes bank staff.
- Pay band table excludes bank staff as grades do not correspond in all cases to the AFC grades. Medical & dental data is not broken down by pay band

Overall results

Table 5 – Variance in the number of staff by directorate – current year v previous year (excludes bank staff)

	Previous Year		Current Year		Variance					
Directorate	BME	White	BME	White	Total Variance	BME Variance	White Variance	BME Representation Previous Year	BME Representation Current Year	Variance
ACW	334	291	317	281	0	-17	-10	46%	44%	-2%
Adult Community	225	219	280	279	123	55	60	41%	41%	1%
Chief Operating Officer	9	8	10	7	4	1	-1	45%	42%	-3%
Children & Young People	313	510	283	464	20	-30	-46	32%	28%	-4%
Emergency & Integrated Medicine	326	337	337	311	48	11	-26	41%	40%	-1%
Facilities	152	64	163	71	32	11	7	67%	63%	-4%
Finance	27	30	27	30	-1	0	0	42%	43%	1%
IT	33	37	33	37	4	0	0	42%	40%	-2%
Medical Director	7	14	5	14	-4	-2	0	28%	24%	-4%
Nursing & Patient Experience	27	52	21	47	0	-6	-5	31%	24%	-7%
Procurement	17	31	23	34	17	6	3	21%	23%	2%
Surgery & Cancer	311	210	311	198	36	0	-12	51%	48%	-3%
Trust Secretariat	3	7	3	11	13	0	4	30%	13%	-17%
Workforce	35	26	22	26	-8	-13	0	53%	38%	-15%
Whittington Trust	**1,819**	**1,836**	**1,835**	**1,810**	**284**	**16**	**-26**	**42%**	**40%**	**-2%**

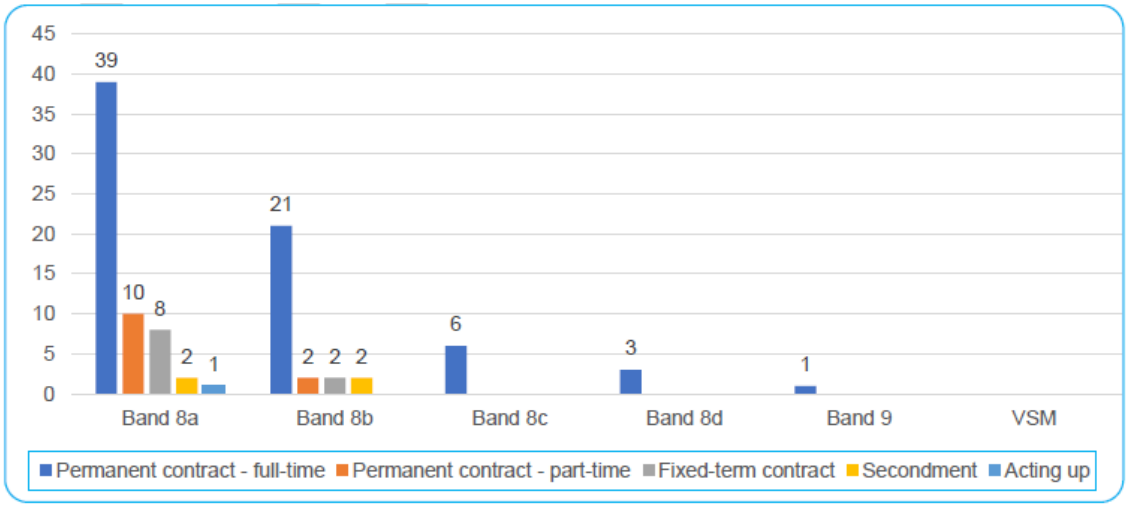
- BME representation at trust level has decreased by 2% from the previous year to the current year.
- The biggest decrease is in the workforce (-15%) and the trust secretariat (-17%) directorates.

Table 6 – Variance in number of staff by pay band – current year v previous year (excludes bank staff)

	Previous Year		Current Year		Variance					
Pay Band	BME	White	BME	White	Total Variance	BME Variance	White Variance	BME Representation Previous year	BME Representation Current year	Variance
Band 1 & under	102	31	5	0	-138	-97	-31	71%	100%	29%
Band 2	145	61	244	86	162	99	25	55%	57%	2%
Band 3	237	143	247	156	64	10	13	51%	47%	-4%
Band 4	213	147	211	152	43	-2	5	47%	43%	-5%
Band 5	278	189	275	151	4	-3	-38	44%	43%	-1%
Band 6	334	360	330	349	30	-4	-11	42%	40%	-2%
Band 7	222	363	223	367	49	1	4	33%	31%	-2%
Band 8a	58	189	60	178	6	2	-11	22%	22%	0%
Band 8b	25	47	27	50	6	2	3	32%	32%	0%
Band 8c	6	32	6	32	3	0	0	15%	14%	-1%
Band 8d	2	7	3	10	5	1	3	20%	20%	0%
Band 9	1	5	1	5	1	0	0	14%	13%	-2%
VSM	2	9	2	11	0	0	2	15%	15%	0%
Medical and Dental	194	253	201	263	49	7	10	38%	36%	-2%
Whittington Trust	**1,819**	**1,836**	**1,835**	**1,810**	**284**	**16**	**-26**	**42%**	**40%**	**-2%**

- Band 4 – The number of BME staff has decreased whereas staff from a white ethnicity have increased.
- Band 8b - BME staff have increased by 2 staff however the overall BME representation has stayed the same (32%) from the previous to the current year.
- Band 8c - increased by only 1 BME staff however there was an increase of 3 staff from a white ethnicity.

Figure 17 – Breakdown of BME staff contracts – Band 8a+



- There are two non-exec directors from a BME background.
- Only one member of staff from a BME background is acting up for band 8a, compared to nine staff from a white ethnic background acting up for the full range of bands from 8a to VSM level.

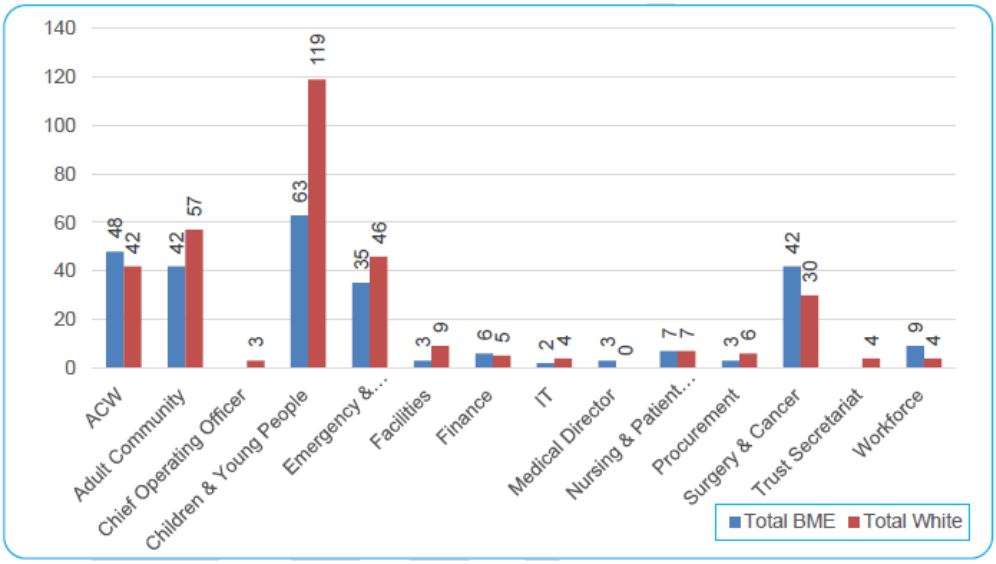
Additional trust indicator: Leavers

Data sources and reliability

Data for WRES Leavers was submitted using the template provided by the national WRES team.

Overall Results

Figure 18 – Number of leavers by directorate – previous year & current year



- The BME average for leavers for the previous year was 39%, this has dropped to 30% for the current year.
- The Workforce directorate has the highest proportion of leavers from a BME background (50% in the previous year and 60% in the current year).
- The highest number of BME leavers is in the Children and young people directorate (40 in the previous year and 23 in the current year).

Table 7 – Variance in number of leavers by pay band – current year v previous year (excludes bank staff)

Pay Band	Previous Year		Current Year	
	BME	White	BME	White
Band 1 & under	67%	33%	0%	0%
Band 2	56%	24%	19%	38%
Band 3	59%	24%	45%	20%
Band 4	38%	43%	37%	24%
Band 5	38%	43%	41%	35%
Band 6	49%	38%	26%	47%
Band 7	23%	65%	13%	65%
Band 8a	29%	57%	28%	56%
Band 8b	13%	88%	0%	100%
Band 8c	33%	67%	0%	83%
Band 8d	0%	50%	0%	0%
Band 9	0%	0%	0%	100%
VSM	0%	0%	0%	100%

- Band 5 (55) and band 6 (66) have the highest total number BME leavers for the previous and current years.
- In the previous year Bands 1 to 3 had the highest proportion of BME leavers, this has shifted to Bands 3 to 5 in the current year.

The main reason for BME staff leaving is –

- Voluntary Resignation – Other/Not Known (24%)
- Voluntary Resignation – Relocation (20%)
- Voluntary Resignation – Promotion (12%)

The main reason for white staff leaving is –

- Voluntary Resignation – Other/Not Known (21%)
- Voluntary Resignation – Relocation (20%)
- Voluntary Resignation – Promotion (12%)

Part Three – Qualitative Data

The following insights have been drawn from a combination of interviews, focus groups, and reviews of trust documents. The data in the first part of the report can tell us a lot about life in the trust for black and minority ethnic staff, but the following section provides vital insights on how it really feels to work in the Whittington.

Methodology

This programme aimed to balance light-touch research methods with meaningful qualitative data. The ultimate aim was to extract robust insights while creating the least possible disturbance to the trust and its staff, an aim particularly important given the ongoing Covid-19 crisis. This section of the report sets out the methods used to gather data in the qualitative part of the report.

Focus groups

We carried out facilitated focus throughout the month of October with six groups of staff –

- Human Resources/Organisational Development staff
- The BAME Network
- Non-Clinical Staff
- Filipino staff
- Clinical Staff
- Senior Leadership

The specific groupings were suggested by the WRES team and arranged by the trust working group. Originally, there was a focus group planned for bank staff but, due to a lack of uptake, this group was cancelled. Steps were taken instead to engage with bank staff through the interview process (see below).

The focus groups each lasted 90 minutes and were hosted by external facilitators. Each session was broadly structured around the key research questions of this study but allowed for open discussion.

The sessions were not recorded as it was felt this would limit participants willingness to be candid. Notes were taken and the analysis is based on these. All contributions were recorded anonymously so that no individual can be identified.

Interview sessions

One-on-one interviews were used to enhance our understanding of the culture of the trust. Interviews allow participants to be more candid than in groups sessions and allow interviewers to focus more specifically on certain aspects of the trust's culture. The interviews were either targeted – meaning specifically arranged with a member of the trust leadership; or open – meaning all members of staff were invited to book into an interview slot.

The interviews were carried out by 4 different interviewers. To ensure consistency, all interviewers had undergone the same training and worked from the same script.

Targeted interviews

In conjunction with the trust working group, we identified 15 figures in senior or management positions to whom we wanted to speak:

- Director of Communications
- Chief Pharmacist
- AD Nursing, Children & Young People
- Head of Facilities Transformation
- District Nursing
- Neonatal Intensive Care Unit
- Director of Operations, Women's' Health
- Adult Community
- Lead District Nurse/Chief Nursing Info. Officer
- Assistant Chief Nurse
- Chief Executive Officer
- Workforce Director
- Chief Operating Officer
- Director of Operations, Emergency & IM
- Consultant Anaesthetist/Chair of Medical Committee

These interviews lasted 30 minutes and, though partially scripted, were designed to allow for open discussion regarding each person's particular perspective and experience. These interviews took place in October 2020.

Themes

In drawing up the conclusions of this diagnostic, we have used five key themes. These themes draw upon those developed for the NHS Improvement Culture and Leadership Programme and the NHS Staff Survey but have been simplified to suit the aims of this project. The themes are:

- **Leadership and teams** – Staff reflections on overall trust leadership as well as their immediate line managers and colleagues. This theme explores how a culture is constructed based on a person's interaction with their colleagues, and the visibility of their leaders.
- **Safety** – Staff reflections regarding how safe their workplace feels, including comments on bullying, harassment and discrimination. Also relevant to this section is the roll out of Covid-19 risk assessments, and the trust's handling of staff safety with regard to Covid-19 more generally.
- **Communication and staff engagement** – this theme relates to the way in which a working culture is constructed through internal and external communications, and the extent to which a member of staff feels included and engaged in trust decision making. This includes considerations of how well functioning staff networks are, and the extent to which they are effectively engaged by trust leadership.
- **Development and career progression** - Reflections regarding recruitment and promotion as well as personal development opportunities, mentoring, and coaching. This covers both individual experiences of formal development programmes, and experiences of career progression by less formal means.
- **Perceptions of EDI in the trust** - Reflections on the extent to which the trust actively aims to improve equality diversity and inclusion, including reflections on specific interventions. This theme will explore how visible the trust's commitment to EDI is, and how impactful its interventions are felt to be.

Leadership and Teams

This section of the report draws insights from interviews and focus groups with staff at all levels. It includes reflections on overall trust leadership as well as immediate line managers and colleagues. This theme is about how a culture is constructed based on a person's interaction with their colleagues, and the visibility of their leaders.

Responses under this theme vary, with as many positive as negative reflections among the open interview cohort. Among senior figures, feedback tended to be more positive, but not without some issues. Words used to describe the trust culture included open, supportive, friendly, encompassing, and warm. But elsewhere staff spoke of a lack of diverse representation, cliques of leaders, and restrictive hierarchy.

Key findings

Leadership in the trust is seen as being unrepresentative and this has a direct impact on how culture is experienced by members of staff.

There is disparity of experience depending on where people work, with some describing a culture that supports and enables, and others feeling undervalued, unseen and discriminated against by managers.

There is a broad consensus that trust leadership is moving in the right direction, but there is anxiety that ambition will not translate into meaningful change on the ground.

Representation

A recurrent theme in both sets of interviews, and in the focus groups, was the lack of representative leadership in the trust. This is clear from the data in part one of this report, but the interviews lent some depth to the impact this has on perceptions of the trusts culture. One interviewee commented that people need to be able to see themselves reflected in senior leadership to believe that their interests are being properly considered. Another staff member reflected that it "creates the impression that white people are the leaders here". Another commented that, without senior BME leaders, it was difficult to remain motivated or inspired.

Many acknowledged that, in other ways, the diversity of trust leadership was representative. The gender balance of leadership was celebrated by some as an example of the positive impact that representative leadership could have. One member of staff commented "If I were a woman working here, I would feel very supported".

There were several comments about the executive team in particular, with some respondents describing what they saw as a "clique" of white leaders, and others referring to favouritism among senior leaders. Some staff expressed disappointment that recent NED appointments had led to their being fewer BME leaders on the board, though they acknowledged that NED appointment was not in the hands of the trust in this instance. Other interviewees pointed to areas of the trust – such as facilities and parts of nursing – where leadership was seen to be representative.

Linked to concerns around representation were those around hierarchy. Several members of staff, including those in more senior positions, were critical of the hierarchies they saw at work in the trust. Though some interviewees described the structure of leadership as "flattening" over time, others were concerned about the extent to which established hierarchies denied more junior staff a voice. The medical profession in particular was highlighted as being hierarchical, and one interviewee expressed concerns that hierarchical behaviour in that profession impacted other trust structures.

Interestingly, when asked what the culture of the Whittington felt like for black and minority ethnic staff, many white senior leaders declined to answer directly, feeling unqualified to do so. This, in itself, speaks to the importance of diverse representation among leaders.

A mixed picture

Whittington Health is a large organisation, and it is important to recognise that there is a variety of experience depending on where a person works. Many spoke very highly of their immediate managers, who they described as "enabling" and "supportive". Many also spoke fondly of the diversity of their immediate team and reflected positively on the extent to which they spoke to people from different backgrounds. Others, however, described a local management culture that they saw as discriminatory. There was an impression among some BME staff that work was unequally allocated on the basis of race, with white staff being given safer and less strenuous work where there was an option, and BME staff tending to have greater workloads or caseloads.

There was a variance in awareness of senior leadership activities, with different parts of the organisation feeling more or less engaged with the central leadership team. For many, the leadership that mattered was their immediate line manager or department head. In this sense, even though the Chief Executive was broadly seen as doing the right thing, it was felt by some that this was not being effectively transmitted through management structures.

Pressure

Members of staff in both sets of interviews, and among focus groups, referred to the build-up of "pressure" in the overall management system and expressed concerns that this occasionally led managers to "snap". This was not described as bullying, but rather as "unsupportive", or as a lack of "community spirit". For some, there was a sense that this pressure tended to originate outside the organisation due to broader policy changes and political decisions that were out of the trust's power to control. Even so, one interviewee reflected that, because the trust was a friendly place to work, it meant that some systems for managing work were not as robust as they could be. Interviewees tended to reflect that much of this was inevitable due to the ongoing pandemic but expressed concern about the ability of staff to work under this much pressure in the long term. There were challenges from interviewees targeted beyond trust leadership and towards national leadership, who some saw as expecting unrealistic levels of delivery from the trust.

Moving in the right direction

There was a broad consensus that the trust leadership was moving things in the right direction. The Chief Executive, among many others, acknowledged that the trust had been

home to some toxic behaviours in the past, but that things were improving. The Chief Executive and Medical Director were singled out as “getting it” when it comes to an understanding of race equality, but there was some concern that this did not always extend outwards beyond the executive team to other leaders.

Similarly, while many were happy with what they saw as visible displays of inclusion from senior leadership, there was an anxiety that this would not translate to meaningful action. Senior leaders were described by some as approachable and visible, and some acknowledged there was an explicit willingness to change, but many were sceptical about things changing in a tangible way. There was a sense that, due to the disproportionate impact of Covid-19, and the increased awareness of the Black Lives Matter movement, there was a sudden focus on the lives of BME staff. Many feared this would not persist.

Finally, some members of staff, including those in more senior positions, found that some leaders lacked confidence in speaking about race and race equality, and relied heavily on certain members of the executive team to lead such conversations.

Safety

Under this theme, we have grouped reflections regarding how safe staff feel in their workplace, including comments on bullying, harassment and discrimination. Also relevant to this section is the trust's handling of staff safety with regard to Covid-19, and specifically the roll out of Covid-19 risk assessments. The pandemic is relevant not just due to the immediate threat it poses to the health of the workforce, but also because it tests an organisation's structures and exposes whether or not the increased pressure leads to more challenging interpersonal relationships.

In the open interviews, the majority of reflections from staff under this theme were negative. The same is true of the senior level interviews but to a lesser extent.

Key findings

Many members of staff reflected that the trust had a history of bullying and harassment but that things were improving under current leadership.

A significant number of BME interviewees reported not feeling comfortable to speak up, either because they felt nothing would be done, or because they feared it would make them a "target".

Some members of staff felt that, during the Covid-19 pandemic, staff safety was not sufficiently prioritised.

Bullying and harassment

There was a general consensus, including among senior leaders, that the trust had had a history of bullying and harassment, but that steps were being taken in the right direction. The Chief Executive spoke of the success of a bullying and harassment training course that more than 600 members of staff had completed. There was a recognition from staff at all levels that work was going on in this area, but that pockets of bad practice do remain. Some staff spoke about "banter" that, though ostensibly friendly in tone, had racist undertones.

More often than bullying, staff related stories of rudeness and disrespect from both patients and other members of staff. One member of staff felt that sickness absence monitoring tools were used as a form of bullying, to the extent that they were afraid to take time off. Others spoke of routine disrespect of their culture or religion. Others spoke of daily microaggressions and the need to put on "armour" each day, though they acknowledged this was not specific to the trust. One senior member of staff suggested that, as pressure rose at the top of the organisation, people became blunter in their interactions with one another.

Several interviewees described experiences of discriminatory behaviour in the trust, including a difference in response to lateness or errors depending on a person's race. Several people felt that lateness or other errors were viewed more harshly for BME staff than for white staff.

Speaking Up

Notably, there was a broad consensus among BME participants in this research that they either did not see the point in speaking up, or that they felt speaking up would have negative impacts for them. Several interviewees described past experiences of complaining or speaking up that had had no impact. This was not a universal perception, and a small number of staff did feel comfortable speaking up.

The reasons given for not speaking up ranged from resignation – "you can't just complain every day" – to a fear that complaining would mean that person was targeted in some way in the future – "if you speak up, you are a troublemaker". One member of staff reported feeling "demotivated and undervalued" to the point of giving up on speaking up. Participants in the focus groups felt that this was a problem at all levels of the organisation. Senior staff were less likely to report difficulty in speaking up than more junior interviewees but did still mention issues. One senior interviewee commented that there were so few BME people at senior levels, that it made speaking up in meetings more intimidating. Another reported that, even where BME staff did speak out, they were not always fully understood by white colleagues.

The Chief Executive reflected in her interview that a significant indicator of a trust's culture is around how complaints and concerns are dealt with by senior staff.

COVID-19

The interviews for this report were carried out in October 2020 at a time where the trust was managing the ongoing impact of Covid-19 pandemic on patients and on the workforce. Understandably, the trust's handling of Covid-19 was mentioned frequently in the interviews. Many interviewees, especially among the senior staff, reflected positively on the overall handling of the pandemic. In particular, it was seen as positive that, despite the pandemic, time was still made for staff wellbeing and the equality and inclusion agenda continued to develop.

However, there were those who expressed concern about staff safety. One member of staff did report being moved to a "safe" ward during Covid-19 on the basis of their health, but this experience was not universal. Others reported what they saw as unsafe staffing levels during the pandemic. There was also an impression among the bank staff we spoke to that their safety was seen as less of a concern than substantive staff. One member of bank staff complained that they were put on a Covid-19 ward despite being in an "at risk" category. Many members of BME staff felt that their safety was not being taken seriously and that patient safety was routinely prioritised over staff safety.

There was a particular concern expressed by one member of staff about Covid-19 risk assessments, whereby staff were asked to fill out their own risk assessments without a proper meeting with their line manager. PPE was also mentioned as a key concern, with one person reporting they were told they did not need PPE because they were "only a cleaner". Reflecting on the heightened attention around race equality this year, one member of staff expressed frustration that leaders often wait for something like Covid-19 to happen before taking action.

Communications and staff engagement

This theme relates to the way in which a working culture is constructed through internal and external communications, and the extent to which a member of staff feels included and engaged in trust decision making. This includes considerations of how well functioning staff networks are, and the extent to which they are effectively engaged by trust leadership.

Responses under this theme were mixed for all groups, with a slightly higher occurrence of negative comments across all groups.

Key findings

Internal communications were broadly seen to be inclusive, despite some commenting on an over-reliance on digital communication.

Many interviewees were pleased to see recent increased focus on race equality issues in internal comms, but there was a concern that this attention would “fizzle out” over time.

The BAME staff network was seen as an important tool in engaging with diverse staff, but some expressed concerns that the network was not diverse enough and needed concerted attention to ensure that it maintained momentum in the future.

Internal communications and engagement

Comments relating to communications material were generally positive. There was an acknowledgement from both the Chief Executive and the Director of Communications that there had been challenges in the past in balancing the needs of both the acute and community sides of the trust, but that they were working on achieving this balance by, for example, making staff briefings available as podcasts for staff who were on the move most of the time. There was an acceptance by the Director of Communications that there was a slight overreliance on digital communications in the trust, and this concern was reflected in some other interviews. This was a particular concern for those staff who did not have a computer, or who were not routinely required to use emails as part of their day-to-day role.

Perceptions of engagement were also mixed. Many individuals felt that they were very actively engaged by their managers or immediate leaders, and that they were given a voice. Conversely, participants in our focus groups felt that more attention was needed, especially for staff who solely work night shifts. One BME member of staff described a “struggle to be heard” for those who did not fit in with senior white leaders.

Some interviewees commented on the style of communications, stating that for staff with little free time, comms needed to be more visually engaging and easier to digest. Other staff spoke of a disconnect between the trust as a whole, and the priorities and realities of individual teams. This disconnect, they said, meant that messaging was sometimes lost in translation.

Staff networks

The B.A.M.E. staff network was mentioned on numerous occasions across all forms of engagement. A general consensus emerged that there had been difficulties in the past initiating and maintaining the network, but that Covid-19 and the increased focus on the Black Lives Matter movement had sparked a new wave of activity. It was clear that the network is seen as a valuable engagement mechanism by trust leadership, and there was a clear effort to increase engagement with the network. In particular, several members of staff expressed a desire to ensure that the "momentum" created this year behind the network was maintained. There is a desire among both leadership and more junior staff for the network to give continued "meaningful" engagement, but it was not clear at the time of this research what that might look like.

Some concern was expressed about the BAME network not being diverse enough, and not representing the full diversity of staff in the trust. Some interviewees felt that the network members tended to be older and at relatively high grades, meaning some voices were not heard. Conversely, one member of BME staff complained that the BAME network should not be the only channel of engagement for minorities in the trust. They were concerned that having one small group of representatives speaking for almost half of the workforce was not right, and risked homogenising a large group of people under one banner.

Communications and race

There were many positive comments from interviewees regarding communications that related to race and equalities more generally. Many people cited the response to Black Lives Matter, and Black History Month as positive steps and felt that the communications around these times had been promising. Some members of staff spoke positively about events that sought to celebrate different cultures (e.g. Jamaican night), but others seemed unaware of any such events, suggesting that there is variance across the trust in this respect.

There was a broad concern that the momentum built over the past few months would eventually "fizzle out" and that there would prove to be a disconnect between the words and the actions that followed. One member of staff mentioned how positive it was that more black people now featured on the trust website but felt sceptical about whether that would lead to any change. This scepticism about whether words would lead to action was mirrored in one of the focus groups, where a member of staff complained, "if execs are so open and accessible why are people afraid to speak up where there is discontent."

It was felt that some leaders across the organisation need to better understand racism and its affects across the workplace.

Development and career progression

Observations grouped under this theme relate to recruitment and promotion as well as personal development opportunities, mentoring, and coaching. This covers both individual experiences of formal development programmes, and experiences of career progression by less formal means.

Interviewees who we spoke to in the open interviews tended to be more negative about this theme, while the more senior targeted interviews revealed a more balanced picture. While many positive initiatives were acknowledged, many BME staff spoke of what they perceived to be a ceiling to their personal development and career progression.

Key findings

Many members of BME staff reported feeling stuck at lower bands, and despite some successful interventions, there was an acceptance among senior leaders that more needed to be done to develop a talent pipeline in the trust.

There was a mixed response from staff around the success of formal development programmes, with some feeling that they were overlooked by the initiatives.

Several of the staff members we engaged felt that there was a degree of nepotism involved in senior appointments in the trust, and that being white was an advantage in reaching senior positions.

Progress

There was a broad range of opinions relating to the opportunities for progression offered by the trust. In some areas, such as Facilities, there was a consensus that opportunities were actively created for staff to move around and work in new areas. Elsewhere, staff reported feeling enabled by the culture. Equally, some senior BME staff reported having been well supported in their own journey to those positions. Many interviewees also reflected positively on the increase of more diverse interview panels, and the recent requirement for the non-appointment of BME candidates to be reported upon. Even among those recognising these positive steps, though, there was a sense that more needed to be done.

Many members of staff spoke about feeling unable to progress. Terms used included a “glass ceiling” for BME people above band 6; being “stuck” at lower levels; and diversity “falling off a cliff” above band 5. One person commented that “as black woman I have to work twice as hard to get same level of recognition as my white counterpart”. There was also concern for some that the recruitment process was not fair, and that even with diverse panels, not enough was being done to control for bias in interview panels. One interviewee told a story about a confident young black person being perceived as “aggressive” in an interview by white interviewers.

Several BME members of staff reflected that they had had to work harder than white colleagues to get where they are. One member of staff explained that they had reached band 7 after a very long career and felt they had been frequently overlooked. Elsewhere, staff reported being discouraged from applying for jobs, something they ascribed to their

ethnicity. Others felt that BME staff were less likely to apply for promotion on the basis that there were few role models for them in the trust - “people don’t want to go for jobs because there are no other people like them”.

Notably, these perceptions were not uniform based on ethnicity. Some black members of staff reflected that Filipino staff tended to be promoted over and above them, and medical staff observed that overseas junior doctors seemed to have a more difficult time in terms of progressing, not just due to ethnic differences.

Formal Development programmes

Many senior members of staff commented on the success of formal development programmes in the trust. One senior person spoke about the relative success of career clinics and career conversations, and nascent plans to extend these to housekeeping staff. She felt that people liked to work at the Whittington because people “get a fair go”. Reverse mentoring was also seen as a success story in terms of enabling development, and some more senior BME staff felt they had benefitted from formal development programmes.

These positive experiences were not universal though. Several more junior members of staff were either not aware of formal development opportunities or had not directly benefited from them. One member of staff felt they had been discouraged from undertaking a development opportunity out of fear that it would detract from their day-to-day work. Bank workers in particular felt that very little was done to allow time for their own development, though they recognised that this was not just an issue at Whittington Health.

There was a concern mentioned by a handful of interviewees that too much of the drive for diversity was focussed on bringing in external talent as opposed to developing internal talent. One senior member of staff commented that “when we recruit, we tend to rely on bringing people in from the outside and don't do enough to develop our own people - of a BME background who are already loyal to the Trust. There's a lot of talent lost because we don't develop people.”

Informal support

Many interviews touched upon the importance of less formal support in career development, such as mentoring. Some in senior positions reflected that they had reached their position due to a combination of formal development programmes, and personal mentoring from other senior members of staff. By some in junior positions, however, this support was seen as a form of nepotism. Some felt that white members of staff were given preferential treatment when applying for jobs and that, in some cases, internal leadership cliques meant leaders tended to hire people they already knew. Given the over-representation of white people at senior levels, this was described as maintaining unrepresentative leadership. One interviewee felt that “being white opens more doors for you”. Another BME member of staff explained that, when seeking careers advice, they were directed to BME leaders as opposed to white leaders for advice.

Perceptions of equality, diversity and inclusion (EDI)

Under this theme, we have grouped staff reflections on the extent to which the trust actively aims to improve equality, diversity and inclusion, including reflections on specific interventions. This theme explores how visible the trust's commitment to EDI is, and how impactful its interventions are felt to be.

In the open interviews, the perceptions of trust EDI work tended to be more negative. Among the more senior targeted interviewees, the responses were considerably more positive. There was a broad consensus that EDI had become a major priority, but some were anxious that more needed to be done.

Key findings

There was positivity around recent race equality work, but many staff feared that this enthusiasm might not carry through into action. There was a sense among white and BME staff that there was discomfort in the trust in talking about race, and that difficult conversations need to happen. Awareness of the WRES was relatively low in the trust and many people felt it needed to be communicated in a more user-friendly way.

A work in progress

There was a broad recognition that more work was being done now on equality, diversity and inclusion than had been done before. There was particular recognition among senior leaders of the work being done, especially by the EDI lead in the trust. One member spoke of the EDI agenda being "re-energised", partly as a consequence of the response to Covid-19, but also before that response began. The Chief Executive was proud that the CQC had described the Whittington as "a hospital with a heart" but accepted that there was more work to be done in the future. Even so, she was pleased at the amount that had been achieved in recent months given the context of the ongoing pandemic.

Other members of staff spoke about specific initiatives they had found beneficial – cultural evenings, allyship training, reverse mentoring – but there appeared to be a consensus that this was a work in progress. There was also a disconnect in understanding and awareness of trust EDI initiatives. Senior staff speaking in our targeted interviews tended to be more familiar with the work ongoing in the trust to support the agenda, but some junior staff had little or no awareness of any initiatives. When asked specifically about their awareness of initiatives aimed at improving race equality, most interviewees were not aware of any such work prior to the WRES project initiating.

Though there were many positive comments relating to recent activity (regarding the Black Lives Matter movement and Black History Month), many people expressed concern that this might prove to be a tick box exercise and not lead to change. During the focus groups, some felt they had been asked similar questions in the past without anything being done about it.

Speaking about racism

Several interviewees referred to a general lack of comfort in talking about race within the trust. Both white and BME staff felt there was a need for more "psychological safe spaces" in

the organisation for “open” and “uncomfortable” conversations to take place. It was accepted that, this year, conversations had intensified around terminology used to refer to BME staff, but some also felt that much of the burden for talking about race falls to minority ethnic staff, as opposed to being taken on by white staff. One white leader admitted they felt unequipped to have those conversations and that training around this, or facilitated conversations, would be beneficial for white leaders. One BME member of staff commented that “white colleagues need to understand that this is not a race, and there is no timeline, it is continual learning and understanding”.

Other staff spoke of the need not just for greater understanding around race and racism, but broader cultural awareness. Focus groups participants discussed that they felt homogenised by discussions around race and use of terms such as “BAME”. They felt there was a need for a more nuanced conversation about distinct cultures.

The WRES

The Workforce Race Equality Standard itself was discussed frequently with staff in the course of the project. Many admitted they had very little awareness of the programme prior to this project, including some of the staff we spoke to as part of the targeted interviews. Although this programme was initiated prior to the outbreak of Covid-19, some staff had no awareness of this and felt that the recent surge in action was reactive as opposed to proactive.

Though some senior staff had a good handle on the trust’s WRES data, many interviewees reflected that the WRES data was not always easy to digest. This was not seen as a poor reflection on the trust, but rather how the WRES data is disseminated. Some felt that the data reports would benefit from being more visually engaging. One member of staff commented that they “did not fully understand the WRES until very recently - I don’t see or hear it spoken about by senior leaders nor communicated to our staff – it is a taboo subject.”

Ideas for the future

When prompted, many interviewees and focus group attendees at all levels had suggestions for how things might be improved looking forward. The Chief Executive expressed her desire for a more cohesive talent development programme across all parts of the trust. Elsewhere, members of staff suggested there was a need for greater celebration of the workforce, particularly in light of this year’s events. Another interviewee suggested that, to achieve real change, there was a need to review the architecture of trust systems. For many, the solution lay in education for white staff on cultural sensitivity and understanding, moving away from a deficit model whereby BME staff are targeted for training programmes.

One interviewee suggested that the trust undertake a mapping exercise whereby all senior leaders are invited to explore how they reached their position, and then use this map to work backwards and identify the stumbling blocks for others. For many of those we spoke to, the most important step for the future was to accept that racism still exists in the system, and to quickly move through that acceptance to action. One interviewee commented that “we need to move from why we are going to change to how we are going to change”.

Document review

In order to gain an understanding of the culture of Whittington Health, we looked at some of the tangible ways in which in that culture is experienced. Namely, the documentation produced by the trust for its staff, including internal communications documents and workforce-facing policy documents. As well as the interpersonal interactions that inform a person's day to day experience of life in a trust, these documents are outward expressions of an organisation's values and priorities.

The following documents were requested from Whittington Health and as reviewed as part of this analysis:

Communications

- Internal newsletters, including daily and weekly updates on Covid-19.
- A selection of intranet pages relating to trust culture, including pages referring to 'Staff Focus Month', the B.A.M.E. Staff Network, and 'Our Culture'.
- Posters relating to Black History Month and WRES Allies.
- A blog by the CEO regarding Black Lives Matter.

Policy documents

- The change management policy
- Equality Policy – Promoting Equality, Diversity and Human Rights (DRAFT)
- Recruitment guidance for recruiting managers
- Disciplinary policy
- Capability policy and procedure
- Working from home policy
- Whistleblowing policy
- Staff Charter
- Equality Impact Analysis guidance
- Bullying and harassment policy

Analysis

In general, the findings in this part of the review are positive. Where appropriate, equality impact assessments had been completed, language used was broadly inclusive, and, for the most part, considerations around equalities have been explicitly stated in each document. Moreover, many trust policies make clear that extra considerations to support staff, for example where English is not their first language. Even so, there are some areas in which changes might be considered.

Equality impact assessments (EIAs)

In some of the documents, the embedded equality impact assessments are relatively light, and in some cases, a few years old. The EIA in the Whistleblowing policy, for example, was last updated in 2014. Given the issues explored above with regard to staff difficulty in speaking up, a more robust EIA in this document could promote more confidence among staff. Similarly, it might be useful to have greater transparency in terms of who has reviewed each document (e.g. an equalities panel) and how it was reviewed. Once again, the more a member of staff is aware of these considerations, the greater their confidence in the process may be.

Recognition of race

In several of the documents reviewed, equalities and diversity are dealt with broadly, without a specific focus on race (or other protected characteristics). Given the proportion of BME staff in the trust, and the concerns presented in this report, it might be that a greater focus on specific protected characteristics and the steps taken to ensure equity in application of these policies. This may be of particular significance for the trust disciplinary process.

Recruitment

The North London Partners in Health and Care Shared Recruitment and Selection Policy is a good example of an inclusive policy document, with an explicit focus on EDI and consistent approach to fair and honest recruitment. However, this is not always reflected in the 'Recruitment and selection guidance for managers' which predates the former guidance by three years. The managers guidance makes no specific reference to race or EDI more generally and does not reflect some of the policies we heard about during the interviews we conducted (i.e. diverse interview panels). It might be that this guidance has been superseded and is not routinely used, but the latter document should be considered for review.

Use of language

The use of language is broadly inclusive, especially in the shared recruitment guidance and staff charter. Elsewhere, in the working from home or capability guidance for example, the document is focussed on being descriptive and is written in largely technical language. Policies of this kind are read in two ways – by managers looking to apply the guidance directly; and by members of staff looking to understand how a certain policy might apply to them or people like them. As such, both audiences should be taken into account where possible.

Communication

The sample of communications documents we saw were of a high standard and included inclusive language throughout. As one might expect, materials relating directly to allyship, Black Lives Matter and Black History Month had a strong focus on race equality, but it was also in evidence elsewhere. Covid-19 updates were inclusive and included specific guidance for managers regarding engaging with those staff without access to email. The importance of Eid and Ramadan is also expressed as the primary focus in one of the Covid-19 updates.

Imagery, too, appeared to be reflective of the workforce of the trust, at least in terms of ethnicity. Nearly all of the comms sample we saw also sought to actively engage with staff in a positive way, always inviting either the sharing of opinions or calling readers to some form of action.

Part Four - Discussion

This report has presented the findings of our diagnostics process in Whittington Health. The next stage of the process is for the leadership of the Whittington to decide what to do with the insights contained here. It's important that the planning, and subsequent interventions, are co-designed with members of staff in the trust. These interventions should be specific, targeted, and with a measurable impact. This section of the report will not seek to recommend specific actions but will draw out observations based on the quantitative and qualitative data and suggest areas of attention for the planning stage.

Speaking up

Throughout the interviews and focus groups there was an overwhelming sense that many black and minority ethnic staff do not feel able to speak up. When prompted to explain why, reasons ranged from resignation to fear. Some members of staff reported that they didn't think it would make a difference. Some had complained before but said nothing had been done about, others had been warned off complaining by colleagues, and others said they feared retribution or becoming "a target" if they did speak up.

We know that this is a problem not just in the Whittington but elsewhere in the country. Even so, creating a speaking up culture that works for everyone is the responsibility of every employer. The freedom to speak up guardians' network has proved a useful tool and was cited by many as a positive support structure, but guardians and champions should be broadly representative of the workforce. Efforts should be made to better understand the reasons for this reluctance to speak up among BME staff, with a view to improving the speak up culture in the trust.

Internal vs external recruitment

We found that, overall, white applicants were more than twice as likely to be recruited from shortlisting than BME applicants (2.13) over the reporting period. This is broadly consistent with the regional picture and requires a concerted effort to close the gap. Interestingly, when dividing this figure by internal and external recruitment, a stark difference was apparent. When recruiting externally, this relative likelihood drops to 1.88 but for internal recruitment, white applicants were more than eight times more likely to be recruited from shortlisting than BME staff (8.64). This is consistent with what we heard from interviews and focus groups – that many BME staff feel unable to progress, and that often the drive to diversify the workforce focusses outward, as opposed to developing existing staff. We recommend that this area is further explored and made a priority.

Leadership behaviours

As seen above, there was a broad acceptance in our interviews and focus groups that the very senior leaders in the trust seem to be looking in the right direction, but also an acknowledgement that this didn't always filter down to departmental and team leadership. There is arguably a need for a "golden thread" of accountability, where race equality, and inclusion more generally, are made a significant aspect of the role of these leaders.

Relatedly, concerns were expressed about the approach of team leaders to disciplinary action, with several respondents observing that BME staff were sometimes punished more harshly for minor errors or lateness. Many interviewees cited a lack of cultural awareness as an issue among this tier of leaders, and some suggested that education on cultural awareness and sensitivity would be a positive step for the trust.

The B.A.M.E. Staff Network

As seen in part two of the report, there was a general consensus that the BAME Staff Network has gained considerable momentum over the past year, especially in light of the impact of Covid-19 on BME communities and the heightened awareness of the Black Lives Matter movement after the murder of George Floyd in the USA. Although the reasons for this mobilisation are tragic, there appeared to be a positive sense that the network had become more influential. That said, there were concerns from some that the network was nor entirely representative of the BME workforce. Others were frustrated that the network was seen as the only way for minority ethnic staff to engage with trust leadership. There is a real need for trust leadership to engage with staff from all ethnic backgrounds, and an obvious desire to maintain the momentum that has been built recently. Frank discussions are needed in the near future about how Whittington Health will engage with staff. We recommend thinking more broadly and radically about staff engagement.

Career development

In the majority of ICSUs/directorates, BME staff were relatively more likely to access training and CPD than white colleagues. Despite this fact, there was an evident disparity in the data between white staff and BME staff in terms of their perceptions of career development. According to our data, only 65% of BME staff believe that the trust provides equal opportunities for career progression or promotion compared to 87% of white staff. This number drops even lower for black staff. Only 49% of staff from a Caribbean ethnicity and 54% of Black/Black British/Any other Black background believe that the trust provides equal opportunities for career progression or promotion.

These findings were backed up in our interviews, where several members of staff complained of hitting a glass ceiling or otherwise finding themselves stuck at lower grades. When looking at the distribution of BME staff across the grades in the trust, and the relative likelihood of BME staff being recruited from shortlisting, it appears this perception is backed up by the data. This is clearly a concern for the trust, and attention should be paid to ensuring career progression works for all members of staff.

Bullying and Harassment

Overall, data showed that BME staff were slightly more likely to experience harassment, bullying or abuse from patients, relatives or the public (32% of BME staff compared to 31% of white staff); and more likely to experience harassment, bullying or abuse from staff (27% of BME staff compared to 23% of white staff). Beneath these numbers, we found that for specific ethnic groups, there has been a significant increase of reports of bullying and harassment over the last year. 48% of Staff from a Black/Black British ethnicity experienced at least one incident of bullying, harassment or abuse from staff in the last year. This is an increase of 26% from the previous year.

Of course, efforts should be made to reduce bullying and harassment for all staff, and we recognise the amount of work the trust has already done, but this increase is of concern, and should be looked at closely.

Action not words

The tone of many of the interviews we conducted was positive. Many people had read the Chief Executive's recent blogs, or otherwise had cause to be hopeful about the direction the trust was taking. Some people celebrated the greater diversity in trust communications materials, and the inclusive nature of events surrounding Black History Month. There was, however, a degree of scepticism about whether or not these words would translate into action. Many members of staff had, prior to this programme, no awareness of the WRES or any other initiatives designed to improve race equality.

Relatedly, our review of the trust's policy documents found that almost all were inclusively written and had equality impact analyses built into them. Despite these good policies, our interviews suggested that many members of staff were still unhappy with aspects of life in the trust. The suggestion is that the policies are not being routinely or consistently applied in all parts of the trust.

Ultimately, it is vital that good intentions and the ambitions of the trust leadership have a real impact on the day to day lives of staff in the trust. We recommend that, regardless of the interventions designed in this process, a robust process of evaluation is put in place locally, with a focus on implementation and measurable impact.

Conclusion

This programme is ultimately aimed at improving the workplace culture in Whittington Health and eradicating the disparity of experience between white and BME staff. In seeking to explore experiences of race inequality, it is inevitable that this report will appear to focus on the negatives of life in the Whittington. But it is also important to recognise the positives. Of the staff members we spoke to during the qualitative parts of this project, many spoke fondly the Whittington as enabling, warm, supportive, and kind. Many recognised the work of the trust leadership to stamp out bullying and harassment and to create a more inclusive culture. The Chief Executive of the trust was celebrated by many as being truly engaged on this agenda.

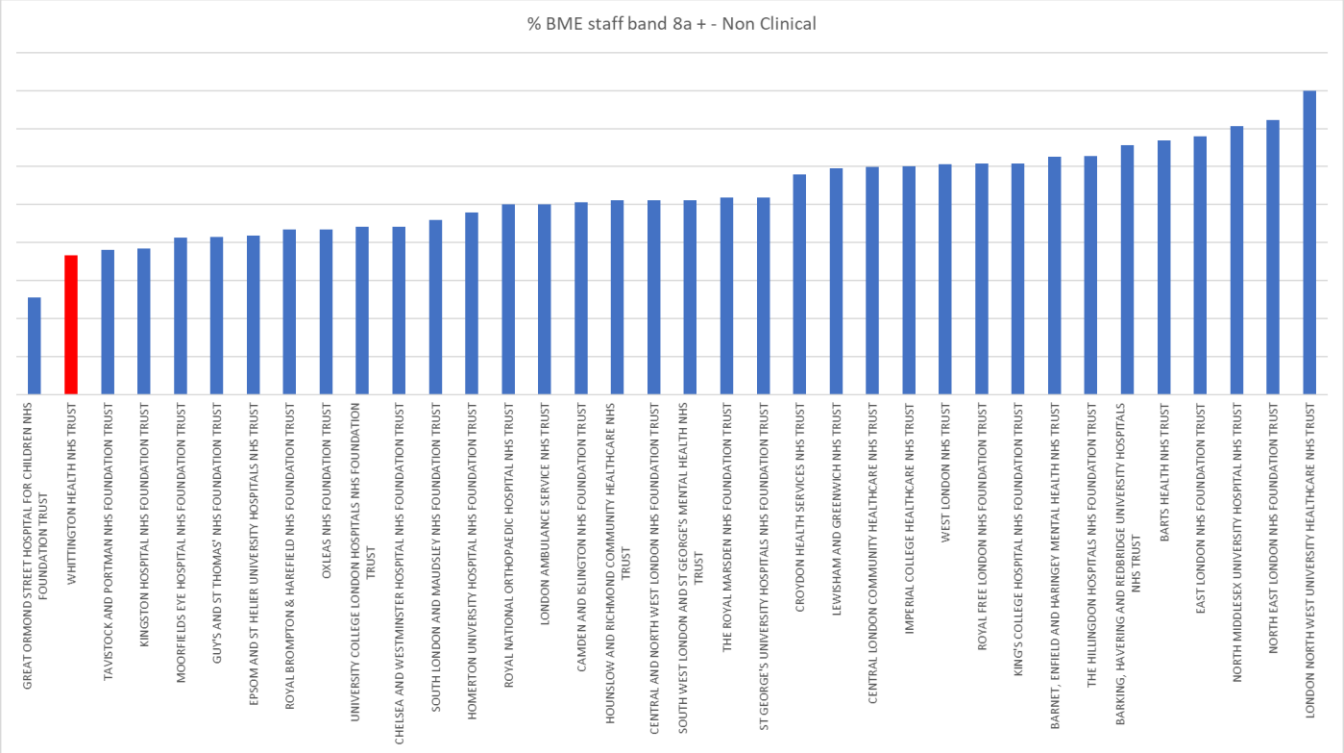
Even so, improving a culture takes time, and requires leaders to face uncomfortable truths. Many staff are unhappy with some elements of their working lives, and the data clearly shows the challenges the trust has in terms of representation at senior levels. The data and experiences in this report are an important part of the process of truly changing a culture, and even engaging with this programme is a positive step towards making the trust a better employer for all staff.

The next stage of this programme is to reflect on these findings, and to use these insights to plan bold, innovative and fresh interventions to improve the culture of the Whittington. As far as possible, the interventions should be creative, co-designed with staff across the trust, and bespoke for the particular challenges and strengths of the trust.

Appendices

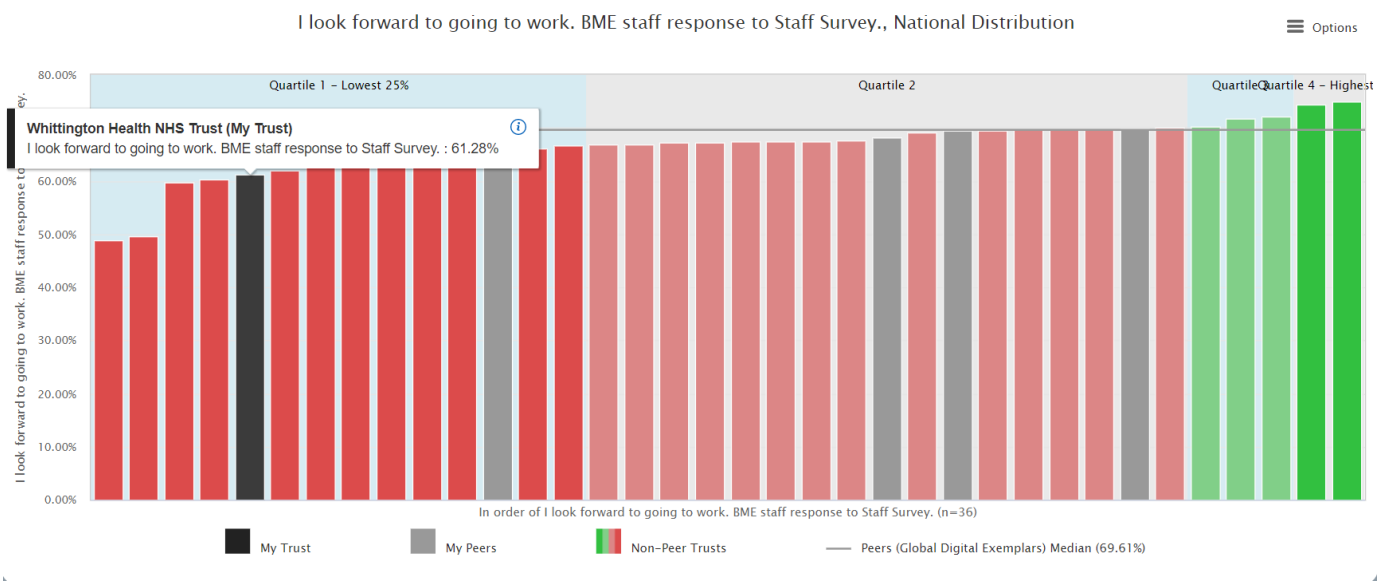
Appendix A: Benchmarking: Sample outlier indicators

Table 8 – Non-clinical staff % BME staff at band 8a and above in London Trusts as of 31 March 2020



In London, Whittington health had the second lowest proportion of non-clinical BAME staff at Band 8a and above

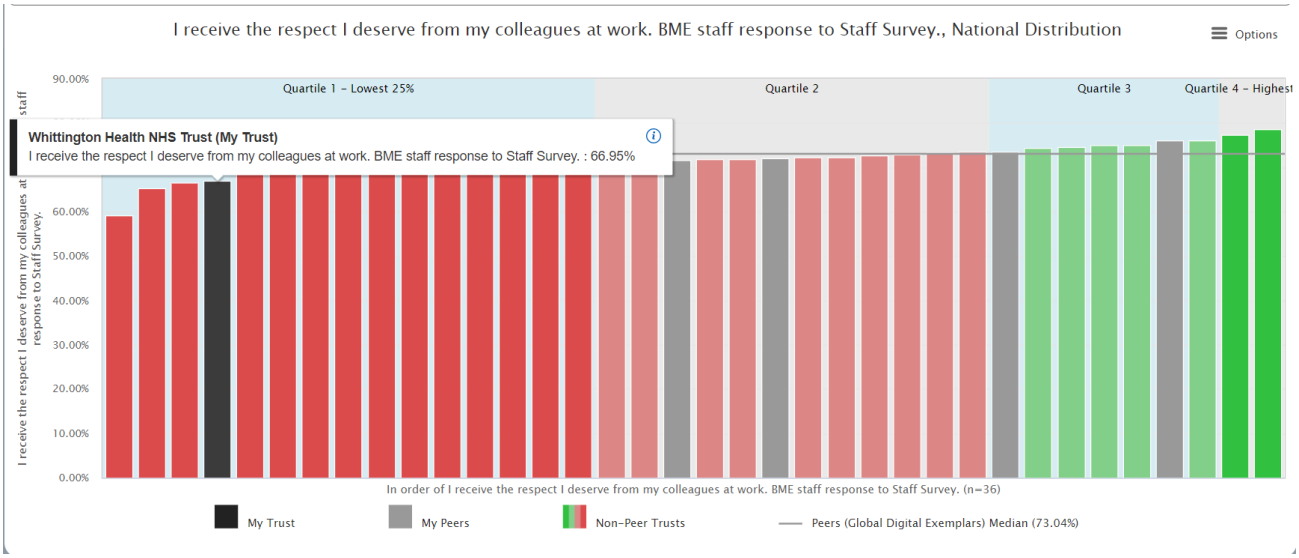
Table 9 – Staff survey question "I look forward to going to work" – percentage of BME staff who responded "yes" – London region



Key: Red – bottom two quartiles, Green – top two quartiles, Grey is peer organisations.

- Whittington Health BME staff were in the lowest quartile for "looking forward to going to work"
- In London, Whittington Health had the fifth lowest proportion of BME staff "looking forward to going to work".

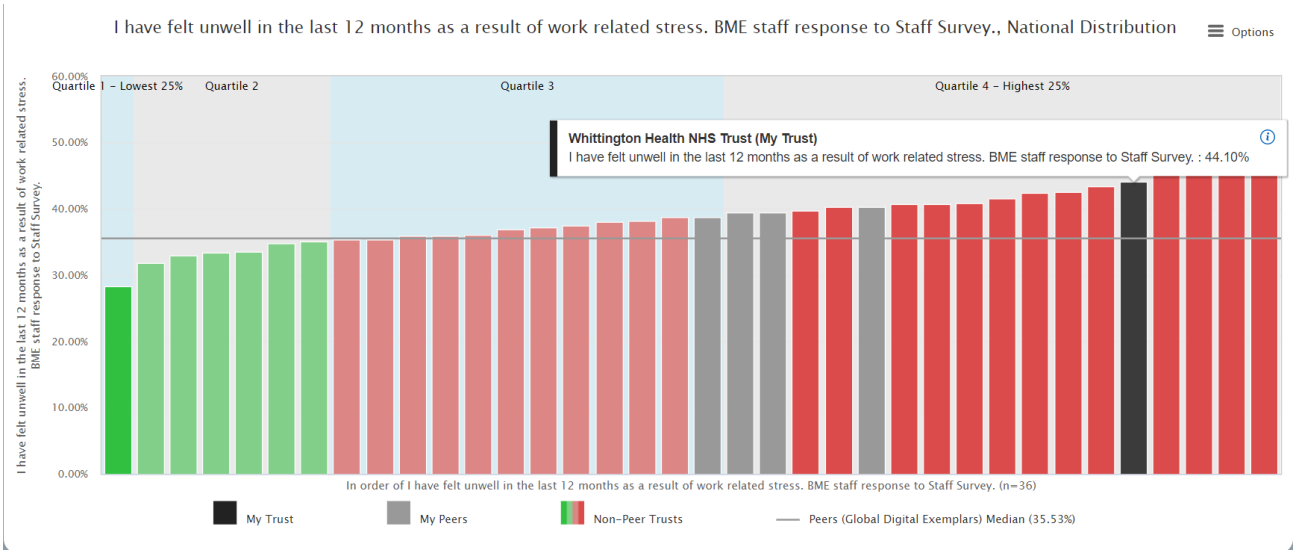
Table 10 – Staff survey question "I receive the respect I deserve from my colleagues at work" – percentage of BME staff who responded "yes" – London region



Key: Red – bottom two quartiles, Green – top two quartiles, Grey is peer organisations.

- Whittington Health BME staff were in the lowest quartile for "receiving the respect they deserve from colleagues"
- In London, Whittington Health had the fourth lowest proportion of BME staff "receiving the respect they deserve from colleagues".

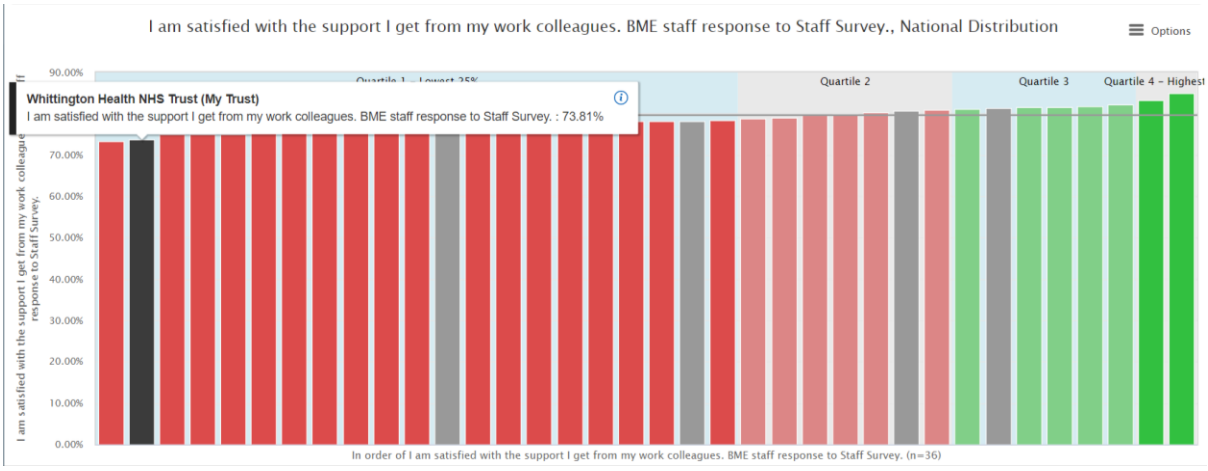
Table 11 – Staff survey question "I have felt unwell in the last 12 months as a result of work- related stress" – percentage of BME staff who responded "yes" – London region



Key: Red – bottom two quartiles, Green – top two quartiles, Grey is peer organisations.

- Whittington Health BME staff were in the highest quartile for having "felt unwell in the last 12 months as a result of work-related stress"
- In London, Whittington Health had the fifth highest proportion of BME staff having "felt unwell in the last 12 months as a result of work-related stress"

Table 12 – Staff survey question "I am satisfied with the support I get from my work colleagues" – percentage of BME staff who responded "yes" – London region



Key: Red – bottom two quartiles, Green – top two quartiles, Grey is peer organisations.

- Whittington Health BME staff were in the lowest quartile for being "satisfied with the support I get from my work colleagues"
- In London, Whittington Health had the second lowest proportion of BME staff being "satisfied with the support I get from my work colleagues

Table 13 – Leavers and sickness by directorate

Directorate	Total staff	Band 8a+	BME Total	Overall leavers	BME leavers rate	White leavers rate	Overall sickness	BME sickness	White sickness
ACW	638	31.7%	44.5%	8.6%	7.4%	10.4%	4.2%	4.2%	4.1%
Adult Community	659	27.9%	41.6%	11.8%	7.7%	10.1%	3.6%	3.8%	3.7%
Chief Operating Officer	24	30.8%	41.7%	8.3%	0.0%	28.6%	3.2%	3.9%	3.3%
Children & Young People	921	17.0%	27.8%	11.3%	9.0%	13.0%	3.8%	4.8%	3.2%
Emergency & Integrated Medicine	654	27.3%	43.0%	7.6%	6.0%	9.9%	3.3%	3.7%	3.4%
Facilities	255	11.1%	**63.1%**	2.4%	0.6%	5.8%	6.6%	5.4%	8.4%
Finance	60	38.9%	45.0%	10.0%	0.0%	19.2%	2.9%	2.2%	4.0%
IT	78	11.8%	39.7%	5.1%	3.2%	8.8%	2.6%	2.1%	3.1%
Medical Director	20	0.0%	25.0%	10.0%	20.0%	0.0%	4.0%	6.5%	3.2%
Nursing & Patient Experience	84	8.7%	25.0%	9.5%	23.8%	4.4%	4.6%	8.7%	3.4%
Procurement	98	15.4%	23.5%	3.1%	4.3%	6.1%	3.3%	3.1%	1.7%
Surgery & Cancer	437	14.3%	48.5%	10.5%	8.0%	10.3%	3.2%	3.4%	2.8%
Trust Secretariat	18	10.0%	5.6%	22.2%	0.0%	33.3%	0.4%	0.2%	0.0%
Workforce	54	14.3%	40.7%	18.5%	27.3%	4.5%	2.5%	2.8%	2.6%
Trust average	4000	40.2%	40.2%	9.5%	9.5%	9.5%	3.7%	3.7%	3.7%

Key: Red – worse than trust average, Green – better than trust average

Meeting title	**Trust Board – public meeting**	**Date: 30 June 2021**
Report title	**Finance Report May (Month 2) 2021/22**	**Agenda item: 9**
Executive director lead	Kevin Curnow, Chief Finance Officer	
Report author	Finance Team	
Executive summary	The Trust is reporting an actual deficit of £0.5m at the end of May 2021. This is an adverse variance of £0.1m against a planned deficit of £0.4m. The deficit position is being driven by slippages in expected savings and other expenditure overspends not covered by the H1 funding. Cash at end of May was £63.9m.	
Purpose:	To discuss the May 2021 financial performance	
Recommendation(s)	To note the financial performance for May 2021, recognising the worse than planned performance was due mainly to NCL block income shortfalls in the current 2021/22 plan.	
Risk Register or Board Assurance Framework	Sustainability 1	
Report history	Trust Management Group	
Appendices		

2021/22 H1 (April 21 to Sep 21) plan submission - planned deficit of £1.2m

On the 26th of May 2021 the Trust submitted a detailed 2021/22 plan for H1 (April 21 to Sep 21) with a planned deficit of £1.2m to North Central London Integrated Care System (NCL ICS) and NHSIE. The plan was in line with ICS requirements of a North Central London sector plan submission to NHSIE. The plan includes expected savings delivery of £1.8m for H1.

Trust reporting £0.5m actual deficit at the end of May – £0.01m worse than plan

The Trust is reporting an actual deficit of £0.5m at end of May which is £0.1m worse than plan. The planned deficit to end of May was £0.4m.

Key drivers for the £0.5m actual deficit are

- Income streams relating to Mental Health Investment Standards, Haringey Adult Continuing Health Care services and Integrated Discharge Team yet to be resolved with the commissioners.
- Slippage in expected savings and other expenditure overspends not covered by H1 funding are some of the other drivers for the year-to-date actual deficit

Included in the year to date position is £1.4m of income relating to the elective recovery fund (ERF).

Cash of £63.9m at end of May

Cash at end of May was £63.9m.

Capital plan for 2021-22 is £17.1m.

The Trust has a capital plan of £17.1m. This plan is in line with North London Partners Integrated Care System (ICS) allocation.

Forecasting to deliver H1 planned position of £1.2m deficit.

Trust is forecasting to deliver H1 (Apr – Sep) planned position of £1.2m deficit for the first half of the financial year.

1.0 Summary of Income & Expenditure Position – Month 02

	In Month			Year to Date			
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Annual Budget £'000
Income							
NHS Clinical Income	23,948	25,268	1,320	47,913	49,042	1,129	287,502
High Cost Drugs - Income	702	763	62	1,382	1,627	244	8,272
ICS Funding	2,600	2,600	(0)	4,699	4,699	0	30,194
Non-NHS Clinical Income	1,122	1,077	(46)	2,228	2,182	(46)	13,369
Other Non-Patient Income	2,122	2,093	(28)	4,243	4,137	(106)	26,498
	30,493	**31,800**	**1,308**	**60,466**	**61,687**	**1,221**	**365,835**
Pay							
Agency	4	(769)	(772)	3	(1,596)	(1,599)	16
Bank	(225)	(2,552)	(2,327)	(362)	(5,017)	(4,655)	(1,866)
Substantive	(21,869)	(18,684)	3,186	(43,113)	(36,939)	6,174	(260,734)
	(22,091)	**(22,004)**	**87**	**(43,472)**	**(43,553)**	**(81)**	**(262,584)**
Non Pay							
Non-Pay	(6,597)	(7,729)	(1,132)	(13,368)	(14,092)	(723)	(81,272)
High Cost Drugs - Exp	(673)	(732)	(58)	(1,347)	(1,584)	(237)	(8,080)
	(7,270)	**(8,461)**	**(1,190)**	**(14,715)**	**(15,675)**	**(960)**	**(89,352)**
EBITDA	**1,132**	**1,336**	**204**	**2,279**	**2,459**	**180**	**13,899**
Post EBITDA							
Depreciation	(799)	(954)	(155)	(1,574)	(1,888)	(314)	(9,448)
Interest Payable	(61)	(48)	13	(122)	(95)	27	(733)
Interest Receivable	0	0	0	0	0	0	0
Dividends Payable	(511)	(517)	(6)	(1,022)	(1,022)	(0)	(6,132)
	(1,371)	**(1,518)**	**(147)**	**(2,718)**	**(3,006)**	**(288)**	**(16,313)**
Reported Surplus/(deficit)	**(239)**	**(182)**	**57**	**(439)**	**(547)**	**(107)**	**(2,414)**

- Trust is reporting a year-to-date deficit of £0.5m at end of Month 2. This is £0.1m worse than plan.

- Over performance in NHS Clinical Income is driven by the ERF income the trust is forecasting to receive for April and May.

- Overspend on Non-Pay is due to unachieved CIPs and additional costs relating to impact of ERF.

2.0 Income and activity

2.1 Income

Months 1-6 continue to be under block arrangement for CCG & NHSE/I. Month two was £1.3m favourable to plan in month and £1.2m YTD. This is driven by YTD £1.4m ERF estimate.

Income	In Month Income Plan £000's	In Month Income Actual £000's	In Month Variance £000's	YTD Income Plan £000's	YTD Income Actual £000's	YTD Variance £000's
A&E	1,325	1,417	93	2,694	2,863	168
Elective	1,285	1,423	138	2,618	3,011	393
Non-Elective	4,516	4,635	119	9,183	8,956	(227)
Critical care	571	333	(239)	1,162	935	(227)
Outpatients	2,965	3,517	552	5,807	6,901	1,095
Direct Access	945	770	(175)	1,803	1,547	(257)
Community	6,113	6,113	0	12,226	12,226	0
Other Clinical income NHS	9,529	9,022	(507)	18,502	17,529	(973)
NHS Clinical Income	**27,249**	**27,230**	**(19)**	**53,995**	**53,968**	**(27)**
Non NHS Clinical Income	1,122	1,077	(46)	2,228	2,182	(46)
Elective recovery fund (ERF)	0	1,400	1,400	0	1,400	1,400
Income From Patient Care Activities	**28,371**	**29,707**	**1,336**	**56,223**	**57,550**	**1,327**
Other Operating Income	**2,122**	**2,093**	**(28)**	**4,243**	**4,137**	**(106)**
Revised Total	30,493	31,800	1,308	60,466	61,687	1,221

Elective recovery fund (ERF) £1.4m is an estimate as the final amount is based on ICS performance. The estimate is based on Month 1 flex data and month 2 early data. There tends to be significant increase in outpatient and day case activity between early and flex data, due to late outcoming.

2.2 Activity

Compared to Month 2 ERF target 75% of 2019/20, both day cases (29%) and outpatients (16%) were significantly over, with electives (3%) under target.

The main drivers for day case overperformance is paediatrics at 187% of 2019/20 level and gastroenterology 107%.

Outpatient activity is overperforming for all ICSU, except for ACS, but is expected to improve due to late outcoming.

The main driver for the elective underperformance is trauma & orthopaedics at 35% of 2019/20 level due to transfer of elective activity to the Ortho Hub.

Activity Group	Month	ICSU	2019/20 Activity	21/22 Activity	Activity Difference	Activity Diff %	ERF Target %	% Diff to ERF	ERF £
Daycase	**1**	AC	7	45	38	643%	70%	573%	£27,004
		ACW	91	64	(27)	70%	70%	0%	£525
		CYP	89	199	110	224%	70%	154%	£115,724
		EIM	1,023	878	(145)	86%	70%	16%	£96,211
		S&C	415	308	(107)	74%	70%	4%	£73,729
	1 Total		**1,625**	**1,494**	**(131)**	**92%**	**70%**	**22%**	**£313,193**
	2	AC	14	12	(2)	88%	75%	13%	£5,102
		ACW	78	67	(11)	86%	75%	11%	£11,947
		CYP	83	156	73	187%	75%	112%	£80,032
		EIM	871	924	53	106%	75%	31%	£153,428
		S&C	373	315	(58)	85%	75%	10%	£86,971
	2 Total		**1,419**	**1,474**	**55**	**104%**	**75%**	**29%**	**£337,480**
Elective	**1**	ACW	17	5	(12)	29%	70%	(41%)	(£15,041)
		CYP	22	13	(9)	59%	70%	(11%)	(£21,217)
		EIM	19	11	(8)	58%	70%	(12%)	(£6,912)
		S&C	134	55	(79)	41%	70%	(29%)	(£283,115)
	1 Total		**192**	**84**	**(108)**	**44%**	**70%**	**(26%)**	**(£326,285)**
	2	ACW	11	18	7	166%	75%	91%	£22,812
		CYP	21	15	(6)	72%	75%	(3%)	£24,474
		EIM	14	10	(4)	74%	75%	(1%)	£3,826
		S&C	133	85	(48)	64%	75%	(11%)	(£163,993)
	2 Total		**178**	**128**	**(50)**	**72%**	**75%**	**(3%)**	**(£112,880)**
Outpatients	**1**	AC	799	715	(84)	89%	70%	19%	£6,974
		ACW	3,163	2,827	(336)	89%	70%	19%	£104,108
		CYP	1,207	1,139	(68)	94%	70%	24%	£65,490
		EIM	7,210	7,049	(161)	98%	70%	28%	£362,199
		S&C	8,633	7,235	(1,398)	84%	70%	14%	£149,819
	1 Total		**21,012**	**18,965**	**(2,047)**	**90%**	**70%**	**20%**	**£688,590**
	2	AC	775	535	(240)	69%	75%	(6%)	(£11,512)
		ACW	2,625	2,332	(293)	89%	75%	14%	£82,780
		CYP	1,264	1,060	(204)	84%	75%	9%	£22,363
		EIM	6,709	6,387	(322)	95%	75%	20%	£238,688
		S&C	8,023	7,269	(754)	91%	75%	16%	£167,747
	2 Total		**19,396**	**17,583**	**(1,813)**	**91%**	**75%**	**16%**	**£500,065**
Total									£1,400,163

3. Expenditure – Pay & Non-pay

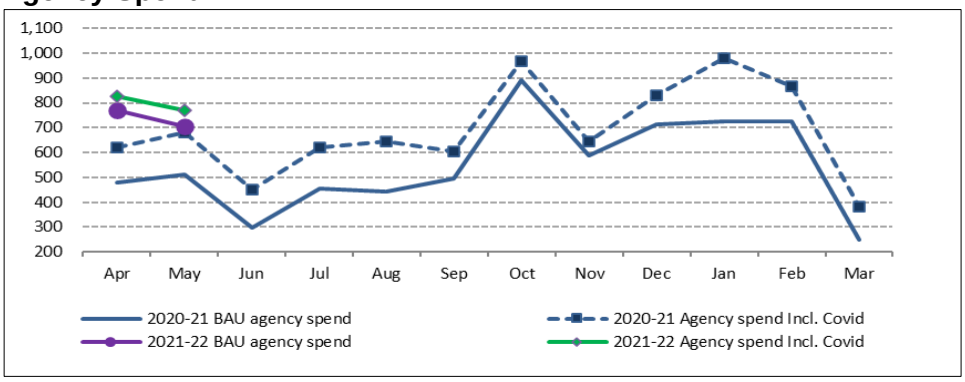
3.1 Pay Expenditure

Pay expenditure for May was £21.9m including £0.2m of costs relating to Covid-19.

	2020-21					2021-22		
	Oct	Nov	Dec	Average	Average Uplifted	Apr	May	Mov^t
Agency	891	588	714	731	731	769	706	(63)
Bank	1,764	2,040	2,045	1,950	1,950	2,264	2,389	125
Substantive	17,996	18,336	18,293	18,208	18,299	18,168	18,574	406
Grand Total	**20,651**	**20,964**	**21,052**	**20,889**	**20,980**	**21,201**	**21,670**	**469**
Covid costs						271	240	(30)
Total pay costs						**21,471**	**21,910**	**439**

* (Excludes Chair & Non-Exec Directors)
** Oct 2020 to Dec 2020 pay used for comparison as the Covid impact and activity is similar to April 2021 to May 2021.

Agency Spend



Agency spends for May was £0.7m. This included £0.05m agency due to Covid-19 pandemic and £0.65m agency usage within the ICSUs.

3.2 Non-pay Expenditure

Non-pay expenditure in ~~February~~ May was £7.7m and included £0.1m of costs relating to the Covid-19 pandemic.

	2020-21				2021-22		
Excluding Covid	Oct	Nov	Dec	Average	Apr	May	Mov^t
Supplies & Servs - Clin	2,407	2,384	2,671	2,175	2,021	2,379	357
Supplies & Servs - Gen	298	249	281	169	226	217	(9)
Establishment	371	230	628	216	209	175	(35)
Healthcare From Non Nhs	48	59	59	161	265	568	303
Premises & Fixed Plant	1,642	1,746	1,946	2,292	1,952	2,138	186
Ext Cont Staffing & Cons	220	358	317	220	166	273	107
Miscellaneous	1,660	1,429	1,954	2,271	1,411	1,877	467
Chairman & Non-Executive	10	10	10	10	10	10	
Grand Total	**6,655**	**6,464**	**7,867**	**7,514**	**6,261**	**7,638**	**1,376**
Covid Costs					100	106	6
Total non-pay costs					**6,361**	**7,743**	**1,382**

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

4.0 Statement of Financial Position

Statement of Financial Position	Month 2 Balance (£000)
NON-CURRENT ASSETS:	
Property, Plant And Equipment	156,148
Property, Plant and Equipment: On-SoFP IFRIC 12 assets	67,920
Intangible Assets	9,409
Trade & Other Rec -Non-Current	438
TOTAL NON-CURRENT ASSETS	**233,915**
CURRENT ASSETS:	
Inventories	2,166
Trade And Other Receivables	18,305
Cash And Cash Equivalents	63,896
NON-CURRENT ASSETS HELD FOR SALE	
Non-Current Assets Held for Sale	0
TOTAL CURRENT ASSETS	**84,367**
CURRENT LIABILITIES	
Trade And Other Payables	(53,482)
Borrowings: Finance Leases	(28)
Borrowings: Dh Revenue and Capital Loan - Current	(128)
Provisions for Liabilities and Charges	(566)
Other Liabilities	(3,441)
TOTAL CURRENT LIABILITIES	**(57,645)**
NET CURRENT ASSETS / (LIABILITIES)	**26,722**
TOTAL ASSETS LESS CURRENT LIABILITIES	**260,637**
NON-CURRENT LIABILITIES	
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,856)
Borrowings: Finance Leases	(4,754)
Provisions for Liabilities & Charges	(36,437)
TOTAL NON-CURRENT LIABILITIES	**(43,047)**
TOTAL ASSETS EMPLOYED	**217,590**
FINANCED BY TAXPAYERS EQUITY	
Public Dividend Capital	106,191
Retained Earnings	20,118
Revaluation Reserve	91,281
TOTAL TAXPAYERS EQUITY	**217,590**

Meeting title	**Trust Board – public meeting**	**Date: 30 June 2021**
Report title	**Integrated performance report**	**Agenda Item: 10**
Executive director lead	Carol Gillen, Chief Operating Officer	
Report authors	Paul Attwal, Head of Performance, Chloe Hubbard, Performance Manager.	
Executive summary	**Areas to draw to Board members' attention are:** **Emergency Department (ED) four hours' wait:** During May 2021 performance against the 4-hour access standard was 84.7%, against the target of 95%. The national average in May was 83.7%, the London average was 86.6% and the NCL average was 86.8%. May 2021 saw 9,291 attendances compared to 9,281 during May 2019. There were no 12-hour trolley waits. **Cancer** Compliance against the national cancer standards has not been achieved since April 2020. 62-day performance was at 65.5% for April down from 77.5% in March. The 2 week-wait standard was not achieved in April 2021 with 92.9% against a target of 93%. **Referral to Treatment: 52 + week waits** At the end of May 2021, there were 872 patients waiting more than 52 weeks for treatment, an improvement of 178 from April 2021 to end of May 2021. The Trust's elective recovery plan is now in place to monitor performance against an agreed trajectory. **Workforce** Appraisal rates for May 2021 were at 71.9% against a target of 90%, an increase of 2% from the previous month. The compliance against mandatory training was 75.5% in May 2021, similar to the 75.3% in April 2021, against a target of 90%. **Community** Community face to face contact increased in May 2021. Ongoing work to increase patient contacts through June is in place as part of the community recovery programme.	
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	
BAF	BAF entries: Quality 1, Quality 2, People 1, and People 2	
Report history	Trust Management Group	
Appendices	None	

Performance Report
June 2021

Month 02 (2021 – 2022)

Scorecard

Deliver outstanding safe, compassionate care

Indicator	21_22 Target	Reporting Mth	Step Change	Control Limit	Prev. Month	Reporting Mth	2021-2022
Emergency Department waits (4 hrs wait)	>95%	May			87.8%	84.7%	86.2%
Cancer - 14 days to first seen	>93%	Apr			91.9%	92.9%	92.9%
Cancer - 62 days from referral to treatment	>85%	Apr			77.5%	65.5%	65.5%
DM01 - Diagnostic Waits (<6 weeks)	>99%	May			92.2%	94.6%	93.5%
RTT - Incomplete % Waiting <18 weeks	>92%	May			70.5%	73.3%	71.9%
Referral to Treatment 18 weeks - 52 Week Waits	0	May			1050		1922
Community - FFT % Positive	>90%	May			99.1%	99.1%	99.1%
% seen <=2 hours of Referral to District Nursing Night Service	>80%	May			85.2%	93.6%	90.5%
% seen <=48 hours of Referral to District Nursing Service	>95%	May			92.7%	95.9%	94.5%

Transform and deliver innovative, financially sustainable services

Indicator	21_22 Target	Reporting Month	Step Change	Control Limit	Prev. Month	Reporting Month	2021-2022
Theatre Utilisation	>85%	May			68.80%	76.23%	73.05%
Acute DNA % Rate	<10%	May			8.8%	9.3%	9.0%
Community DNA % Rate	<10%	May			6.6%	6.7%	6.7%
Outpatients New:FUp Ratio	2.3	May			1.89	1.81	1.85
Elective and Daycase		May			1813	1871	3684
Outpatient Attendances		May			25388	23826	49214
Community Face to Face Contacts		May			36791	39115	75906

Integrate care with partners and promote health and wellbeing

Indicator	21_22 Target	Reporting Mth	Step Change	Control Limit	Prev. Month	Reporting Mth	2021-2022
Breastfeeding Initiated	>90%	May			93.8%	91.9%	92.9%
% e-Referral Service (e-RS) Slot Issues	<4%	May			37.0%	29.7%	33.1%
% of MSK pts with Improvement in function (PSFS)	>75%	May			100.0%	88.2%	91.2%
Rapid Response - % of referrals with an improvement in care		May			84.7%	82.6%	83.7%

Empower, support and develop engaged staff

Indicator	21_22 Target	Reporting Month	Step Change	Control Limit	Prev. Month	Reporting Month	2021-2022
Appraisals % Rate	>90%	May			69.9%	71.9%	70.9%
Mandatory Training % Rate	>90%	May			75.3%	75.5%	75.4%
Permanent Staffing WTEs Utilised	>90%	May			88.1%		88.1%
Staff FFT % recommended work	>50%	May					
Staff FFT response rate	>20%	May					
Staff sickness absence %	<3.5%	Apr			3.46%		
Staff turnover %	<13%	May			10.2%	11.1%	10.6%
Vacancy Rate against Establishment	<10%	May			11.9%		11.9%

Step Change	Where a new step change has been triggered by five consecutive points above or below the mean (average).
Control Limit	The Control Limit is where the latest reported month is above the upper confidence limit or below the lower confidence limit.

If the step change or control limit icon is green, this suggests performance in changing in a positive	If the Step change or Control Limit icon is red, this suggests performance is changing a negative

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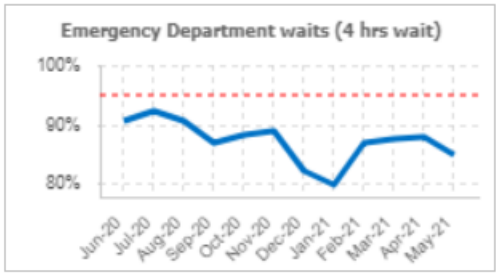
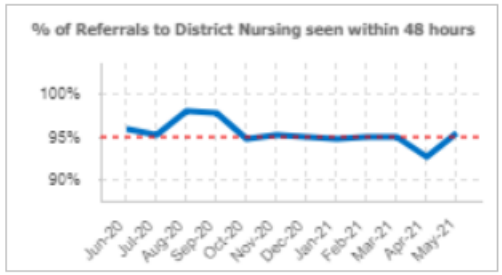
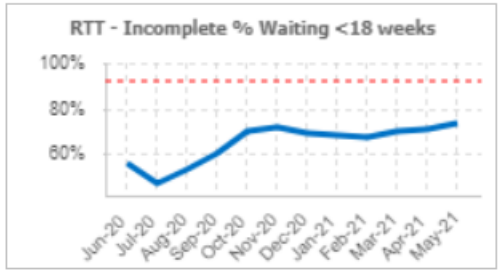
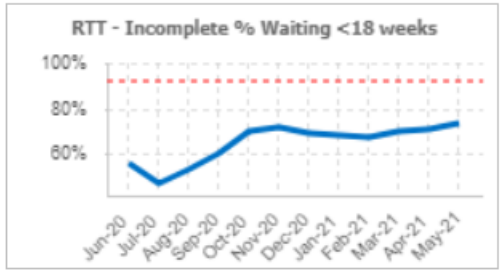
Summary

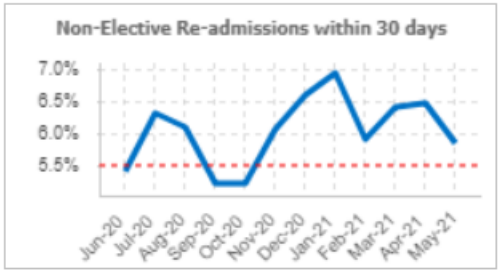
Category	Indicator	20_21 Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021-2022	
ED	Emergency Department waits (4 hrs wait)	>95%	90.7%	92.1%	90.5%	86.9%	88.2%	88.8%	82.2%	79.8%	86.9%	87.6%	87.8%	84.7%	86.2%	!
Cancer	Cancer - 14 days to first seen	>93%	94.5%	97.3%	96.0%	94.8%	97.9%	95.4%	97.9%	91.2%	89.0%	91.9%	92.9%		92.9%	!
Cancer	Cancer - 62 days from referral to treatment	>85%	55.3%	69.7%	80.8%	79.5%	75.6%	67.8%	78.4%	67.4%	74.4%	77.5%	65.5%		65.5%	!
Admitted	Non Elective Re-admissions within 30 days	<5.5%	5.41%	6.32%	6.12%	5.23%	5.21%	6.06%	6.60%	6.93%	5.92%	6.43%	6.46%	5.84%	6.15%	!
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	0.1%		0.1%											
Access	RTT - Incomplete % Waiting <18 weeks	>92%	56.1%	46.8%	53.1%	60.3%	69.4%	71.2%	69.3%	67.8%	67.6%	69.8%	70.5%	73.3%	71.9%	!
Outpatients	Outpatients - FFT % Positive	>90%							96.6%	94.3%	96.9%	92.3%	89.5%	97.4%	94.7%	
Community	Community - FFT % Positive	>90%							100.0%	98.0%	99.3%	99.6%	99.1%	99.1%	99.1%	
Staff	Staff - FFT % Recommend Care	>70%				79.0%			73.3%			77.3%				
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%	94.3%	92.3%	94.3%	98.2%	93.5%	93.6%	84.9%	92.5%	95.8%	92.5%	85.2%	93.6%	90.5%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	96.0%	95.2%	98.1%	97.7%	94.8%	95.1%	95.1%	94.8%	95.0%	95.0%	92.7%	95.3%	94.2%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	97.3%	93.6%	92.8%	96.8%	97.0%	93.9%	94.7%	95.1%	96.6%	91.4%	94.4%		94.4%	
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	95.5%	93.4%	92.6%	92.1%	98.7%	94.2%	94.3%	96.5%	97.0%	97.2%	95.5%		95.5%	

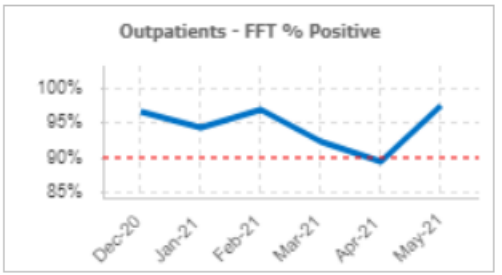












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Indicator	20_21 Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021-2022	Performance
Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI C Difficile	<16	3	2	1	0	2	0	1	2	0	0	1	0	1	
Actual Falls	400	21	20	30	22	21	19	30	34	18	27	27	31	58	
Category 3 or 4 Pressure Ulcers	0	6	21	2	10	13	9	6	14	14	21	21	10	31	
Medication Errors causing serious harm	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
MRSA Bacteraemia Incidences	0	0	0	0	0	0	0	0	1	0	1	0	0	0	
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Serious Incidents	N/A	0	3	1	0	1	3	3	1	2	1	5	1	6	
VTE Risk Assessment %	>95%											76.4%	73.1%	74.8%	
Mixed Sex Accomodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Standardised Mortality Ratio (HSMR)	100	78.7	86.1	50.8	86.3	92.3	71.9	68.9	110.0						
Summary Hospital Level Mortality Indicator (SHMI)	1.14	0.90			0.88			0.87							

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Category 3 or 4 Pressure Ulcers, Unstageable, Deep Tissue Injury and Devise Related Pressure Ulcers reported in **Pan Trust Standard** 10% reduction in the total number of attributable PUs during 2020/21 compared to 2019/20 including a breakdown of Pressure Ulcers by category	**Variance against Plan:** **Total Trust numbers of reported Pressure Ulcers in May 2021:** 50 (+ 8 deep tissue injuries) A total number of 58 patients were affected. There were 3 medical device related pressure ulcers. **Breakdown:** Category 2: 29 (12 in hospital & 17 in community). 3 medical device related Category 3: 10 (5 in hospital, 5 in community). Category 4: 0 Unstageable: 11 (3 in hospital, 8 in community). Deep Tissue Injury: 8 (4 in hospital & 4 in community). There has been a significant decrease in Trust acquired pressure damage in overall total, severity and number of patients affected for the second consecutive month. There were no category 4 pressure ulcers reported. There were 20 pressure ulcers developed in the hospital setting on 14 patients. Two patients accounted for 3 x category 3 pressure ulcers, 2 x unstageable pressure ulcers and 3 x deep tissue injuries; both very complex patients where no lapses of care were identified as causative factors. In Adult Community Health Services there have been 30 new pressure ulcers. 19 pressure ulcers & 3 deep tissue injuries in Haringey borough and 11 pressure ulcers and 1 deep tissue injury in Islington borough. There were no Trust acquired reported pressure damage reported in the Haringey East District Nursing Team. **Action to Recover:**	**Named Person:** Lead Specialist Nurse – Tissue Viability **Time Scale to Recover Performance:** 6 months

	A pressure ulcer improvement plan is in place with smaller work streams in order to target key areas relating to data reporting, investigation and documentation; this will be presented at the next Trust Quality Assurance Committee Integrated Care Service Units (ICSU) have prioritised the completion of the backlog of pressure ulcer investigation reports, identifying themes and working through action plans for improvement. The Trust is launching a new Skin Care Clinical Ambassador role in June 2021 which will provide peer leadership and support the improvement of pressure area care at ward level. The first introductory meeting has been held. The Tissue Viability and Education Team are working together to develop a more practical method of training junior staff in pressure ulcer prevention utilising an Objective Structured Clinical Examination (OSCE) process, to gain more confidence in staff competency.	
Serious Incidents:	One serious incident was declared in May. 1. Surgery & Cancer ICSU 2021.9500 - A80111 Surgical procedure – (consent)	**Named Person:** Serious Incident Coordinator
VTE Risk Assessments:	The VTE national submission was paused in 2020 alongside a suite of reports that were also paused due to the pandemic. As a result of this pause, the data stopped being validated each month. There was a decision to not update the report with the un-validated positions as performance would not show a true reflection. Reporting has since commenced from April 2021. One of the Trust Consultant Haematologists has recently taken on VTE risk assessments to ensure data is validated. **Variance against Plan:** 73.1% against >95% **Action to Recover:** 1) VTE nurse now in post 2) Targeted support to clinical teams based on breakdown of performance in clinical areas	**Named Person:** Associate Medical Director **Time Scale to Recover Performance:** 2 months

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Indicator	20_21 Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021-2022	Performance
ED - FFT % Positive	>90%							86.0%	89.0%	87.6%	84.5%	83.9%	77.6%	80.7%	
ED - FFT Response Rate	>15%							9.9%	10.8%	11.1%	10.1%	11.1%	11.0%	11.1%	
Inpatients - FFT % Positive	>90%							98.6%	99.0%	98.0%	94.6%	95.9%	95.8%	95.8%	
Inpatients - FFT Response Rate	>25%							8.3%	4.8%	12.6%	17.6%	17.0%	17.1%	17.1%	
Maternity - FFT % Positive	>90%							99.1%	100.0%	100.0%	100.0%	98.5%	100.0%	99.4%	
Maternity - FFT Response Rate	>15%							9.3%	2.8%	8.2%	3.9%	10.2%	16.7%	13.2%	
Outpatients - FFT % Positive	>90%							96.6%	94.3%	96.9%	92.3%	89.5%	97.4%	94.7%	
Outpatients - FFT Responses	400	0	0	0	0	0	0	295	123	32	26	19	38	57	
Community - FFT % Positive	>90%							100.0%	98.0%	99.3%	99.6%	99.1%	99.1%	99.1%	
Community - FFT Responses	1500	0	0	0	0	0	0	85	149	270	285	226	340	566	
Staff - FFT % Recommend Care	>70%				79.0%			73.3%			77.3%				
Complaints responded to within 25 or 40 working days	>80%	75.9%	88.5%	85.0%	81.5%	66.7%	77.8%	80.0%	85.7%	76.2%	83.3%	78.3%	78.9%	78.6%	
Complaints (including complaints against Corporate division)	N/A	29	26	20	27	18	9	15	7	21	24	23	19	42	

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - FFT % Positive Response and Response Rate :	**Variance against Plan:** Positive responses: 12.4% off target. Response rate: 4% off target Positive response rate has fallen to below 80% (77.6%), clarification required from service areas as a result of issues from the pandemic. **Action to Recover:** Patient experience manager to continue to work with service manager on monthly basis to promote text messaging & ensure visibility of posters / cards within department.	**Named Person:** Head of Patient experience **Time Scale to Recover Performance:** July 2021
Inpatients FFT Response Rate :	**Variance against Plan:** 7.9% off target. Response rate is still in the 70% mark, ongoing work between wards and the patient experience manager to bring performance up in line with positive performing wards such as Cloudsley who have achieved 98%. **Action to Recover:** Patient experience manager to work with low performing wards.	**Named Person:** Head of Patient experience **Time Scale to Recover Performance:** July 2021
Outpatients FFT Reponses:	**Variance against Plan:** Thirty eight against a target of four hundred responses. Positive outcomes have improved from the previous month however number of responses still remains low due to the reduction of face to face appointments. It is invisaged that as face to face outpatient appointments increase, response rates are expected to improve. **Action to Recover:** Patient experience manager to ensure outpatient reception have visible reminders to complete survey.	**Named Person:** Head of Patient experience **Time Scale to Recover Performance:** July 2021

Community FFT Responses:	**Variance against Plan:** Three hundred and forty against a target of one thousand five hundred responses. Positive increase in response numbers however still behind target. **Action to Recover:** Patient experience manager to offer support and attend community meetings to explain drive behind response rates**.**	**Named Person:** Head of Patient experience **Time Scale to Recover Performance:** July 2021
Complaints responded to with 25 or 40 working days	**Variance against Plan:** The variance is currently 1.1% behind target. The Trust continued to receive complaints during the pandemic; each complaint has been shared with the relevant ICSU to ensure any urgent issues were attended to. Complaints received prior to and during the pandemic are being worked through and reasonable timeframes being agreed. This includes some response due dates being put back because of ongoing incident investigations and/or staff availability. As a result, the Trust had 20 complaints where a response was required in May 2021 (incl. 6 x 40 working days). One of these was de-escalated leaving 19 responses due a response. **Action to Recover:** Ongong monitoring to improve performance in June 2021 to be reported in the July performance report.	**Named Person:** PALS & Complaints Manager **Time Scale to Recover Performance:** July 2021

Indicator	20_21 Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021-2022	Performance	
Hospital Cancelled Operations	0			0	2	18	2	4	0	0	2	0	6	6		
Cancelled ops not rebooked < 28 days	0			0	0	0	0	0	0	0	0	0	0	0		
Urgent Procedures Cancelled > once	0			0	0	0	0	0	0	0	0	0	0	0		
Theatre Utilisation	>85%	50.58%	56.65%	67.63%	69.85%	72.98%	77.05%	75.13%	64.62%	50.19%	65.73%	68.80%	76.23%	73.05%		
Breastfeeding Initiated	>90%	93.4%	90.7%	91.4%	93.2%	91.5%	93.0%	87.0%	92.6%	90.2%	93.5%	93.8%	91.9%	92.9%		
Mortality rate per 1000 admissions in-months	14.4	5.8	5.8	4.7	5.5	9.4	6.7	11.9	28.2	11.7	4.2	7.0	4.8	5.9		
Community DNA % Rate	<10%	8.9%	9.0%	8.9%	8.3%	7.7%	7.3%	7.7%	7.1%	6.7%	6.6%	6.6%	6.9%	6.8%		
Community Services - Provider Cancellations	<8%	7.6%	8.1%	6.5%	6.5%	6.6%	6.7%	8.5%	17.8%	7.7%	6.1%	6.6%	6.4%	6.5%		
Acute DNA % Rate	<10%	7.0%	8.3%	9.2%	8.9%	8.8%	8.7%	8.5%	8.3%	7.6%	8.2%	8.7%	9.3%	9.0%		
% e-Referral Service (e-RS) Slot Issues	<4%	49.7%	37.7%	33.2%	39.2%	31.1%	28.7%	33.9%	27.4%	30.3%	44.2%	37.0%	29.7%	33.1%		
Outpatients New:FUp Ratio	2.3	2.28	2.21	2.13	2.09	2.03	1.95	1.94	2.03	1.91	1.90	1.89	1.80	1.84		
Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	0.1%		0.1%												
Non Elective Re-admissions within 30 days	<5.5%	5.41%	6.32%	6.12%	5.23%	5.21%	6.06%	6.60%	6.93%	5.92%	6.43%	6.46%	5.84%	6.15%		
Rapid Response - % of referrals with an improvement in care		87.1%	87.3%	87.8%	83.8%	83.2%	83.3%	84.7%	83.2%	85.5%	81.1%	84.7%	82.6%	83.7%		

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

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Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Theatre Utilisation % Rates :	**Variance against Plan:** 76.23% against standard of 85% Utilisation continues to improve and is an increase of 7.43% against a pre Covid 19 standard of 85%. The key challenges are : - Cancellation due to patient choice at the last minute and unable to replace patients due to covid guidelines and isolation - Patients unable to adhere to isolation - Patients still concerned about the situation with covid reducing the pool of patients ready for surgery in the immediacy. - Implementing sustainable capacity for Covid 19 swabbing **Action to Recover:** - Theatre User Group started and first meeting 4th May 2021 to drive improvements supported by weekly Hydra meetings for operational issues - Pre op assessment booking prioritised to be at 2 weeks and above, have recruited additional staff to increase capacity - Additonal space has been sourced and will be in place from 21st June to ensure that capacity matched demand.	**Named Person:** General Manager Surgery & Cancer **Time Scale to Recover Performance:** Monthly review
Non Elective Readmissions within 30 days :	**Variance against plan:** 5.84% against <5.5% Marginal improvement however still behind target. **Action to Recover:** Diagnostic audit due to be completed by July 2021 to look for preventable causes to inform improvement plan.	**Named Person:** Associate Medical Director **Time Scale to Recover Performance:** July 2021

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Indicator	Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021-2022	Performance
Emergency Department waits (4 hrs wait)	>95%	90.7%	92.1%	90.5%	86.9%	88.2%	88.8%	82.2%	79.8%	86.9%	87.6%	87.8%	84.7%	86.2%	
ED Indicator - median wait for treatment (minutes)	<60 mins	43	55	55	54	43	47	47	35	39	58	64	92	77	
Ambulance handovers waiting more than 30 mins	0	13	11	8	23	8	22	19	7	4	13	12	21	33	
Ambulance handovers waiting more than 60 mins	0	0	0	2	3	3	9	5	1	1	2	0	0	0	
12 hour trolley waits in A&E - Non Mental Health	0	0	0	0	0	0	0	2	10	0	0	0	0	0	
12 hour trolley waits in A&E - Mental Health	0	0	0	0	0	0	1	3	1	3	0	1	0	1	
Cancer - 14 days to first seen	>93%	94.5%	97.3%	96.0%	94.8%	97.9%	95.4%	97.9%	91.2%	89.0%	91.9%	92.9%		92.9%	
Cancer - 14 days to first seen - breast symptomatic	>93%	95.5%	97.1%	93.3%	94.1%	100.0%	100.0%	100.0%	91.3%	60.0%	95.2%	100.0%		100.0%	
Cancer - 62 days from referral to treatment	>85%	55.3%	69.7%	80.8%	79.5%	75.6%	67.8%	78.4%	67.4%	74.4%	77.5%	65.5%		65.5%	
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	54.3%	70.0%	81.3%	73.0%	68.6%	66.7%	75.3%	63.8%	68.9%	77.1%	67.2%		67.2%	
Cancer ITT - % of Pathways sent before 38 Days	>85%	18.2%	40.0%	66.7%	20.0%	66.7%	76.9%	64.3%	36.4%	50.0%	60.0%	42.9%		42.9%	
Cancer - % Pathways received a Diagnosis within 28 Days of Referral		86.7%	86.8%	82.2%	86.3%	82.0%	78.8%	81.9%	71.3%	83.0%	83.5%				
Cancer - 31 days to first treatment	>96%	96.8%	100.0%	100.0%	96.8%	96.0%	96.9%	97.8%	100.0%	100.0%	100.0%	95.6%		95.6%	
Cancer - 31 days to subsequent treatment - surgery	>94%	100.0%													
Cancer - 62 Day Screening	>90%	0.0%			100.0%	100.0%	100.0%	75.0%	100.0%	50.0%		100.0%		100.0%	
DM01 - Diagnostic Waits (<6 weeks)	>99%	49.9%	67.1%	85.7%	89.0%	95.6%	94.5%	92.5%	68.7%	82.0%	83.5%	92.2%	94.6%	93.5%	
RTT - Incomplete % Waiting <18 weeks	>92%	56.1%	46.8%	53.1%	60.3%	69.4%	71.2%	69.3%	67.8%	67.6%	69.8%	70.5%	73.3%	71.9%	
Referral to Treatment 18 weeks - 52 Week Waits	0	166	374	546	720	772	758	1014	1586	2426	2648	1050	872	1922	
% seen <=2 hours of Referral to District Nursing Night Service	>80%	94.3%	92.3%	94.3%	98.2%	93.5%	93.6%	84.9%	92.5%	95.8%	92.5%	85.2%	93.6%	90.5%	
% seen <=48 hours of Referral to District Nursing Service	>95%	96.0%	95.2%	98.1%	97.7%	94.8%	95.1%	95.1%	94.8%	95.0%	95.0%	92.7%	95.3%	94.2%	
Haringey New Birth Visits - % seen within 2 weeks	>95%	97.3%	93.6%	92.8%	96.8%	97.0%	93.9%	94.7%	95.1%	96.6%	91.4%	94.4%		94.4%	
Islington New Birth Visits - % seen within 2 weeks	>95%	95.5%	93.4%	92.6%	92.1%	98.7%	94.2%	94.3%	96.5%	97.0%	97.2%	95.5%		95.5%	

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - 4 Hour Wait Performance:	**Variance against Plan:** Overall performance against the 4 hour target was 84.7% which was a 3% reduction when compared to April 2021. The month of May saw 9291 atendences – 4.85% increase from April 2021. Acuity of conveyed patients is now at pre-pandemic levels with 40.5% of patients conveyed requiring admission. Paediatric performance was just below the target at 94.8% - this is an improvement of 0.4% from April 2021. Urgent Treatment Centre delivered a performance of 91.6%.There has been an increase in overall activity by 350 attendances. **Action to Recover:** As overall ED numbers continue to increase to pre COVID levels, space is becoming a significant challenge while maintaining social distancing and safety. The department is relooking at all streaming processes to ensure that patients are streamed to the right services and only those needing urgent and emergency care join the ED queue. This includes all 111 referral pathways and utilisation of all Same Day Emergency Care pathways. Escalation plans have been reviewed and continued support remains in place to ensure capacity is managed.	**Named Person:** General Manager, Emergency and Urgent Care **Time Scale to Recover Performance:** July 2021
ED Indicator – median wait for treatment (minutes): <60 Minutes	**Variance against Plan:** Time to treatment increased by 28 minutes when compared to April 2021 and moved from 64 minutes to 92 minutes and is attributed to a 4.8% increase in attendances seen within the same period in April 2021. **Action to Recover:** Review of skill mix and ensure presence of senior decision makers within key areas in ED.	**Named Person:** General Manager, Emergency and Urgent Care **Time Scale to Recover Performance:** July 2021

Ambulance Hand Overs more than 30 minutes:	**Variance against Plan:** There were 21 over 30 mins breached and zero over 60 minutes breached. **Action to Recover:** Ongoing action to recovery and better utilisation of all areas of the emergency department such as using UTC as extended majors when the red and green majors areas are congested to ensure timely offload. The focus will be on LAS straight to AEC during June to embed this pathway.	**Named Person:** General Manager, Emergency and Urgent Care **Time Scale to Recover Performance:** July 2021
Cancer Performance	<u>14 days to first seen</u> • April 2021 delivered 92.9% against the target of 93% • This is an improvement from the position in January and February • However, the Trust continues to see a sustained surge in referrals from GPs (+20% above pre covid levels). This is occurring across the NCL sector. • Extra capacity has been created in some tumour groups to accommodate this demand, but this is impacting on urgent & routine Outpatient activity in specialties like Colorectal & Dermatology. <u>62 days from referral to treatment & ITT relocated breach performance</u> • April 2021 delivered 65.5% against a standard of 85% for the 62 day performance • April 2021 delivered 67.2% against the standard of 85% for breach reallocation 62 days • This is a drop in performance compared to prior months but was predicted to be the case as we get to treat those patients who choose to delay their appointments/diagnostics during the second pandemic • It is expected to take a further 2 to 3 months+ to bring 62 day performance back in line with target as patients are seen and treated <u>Cancer ITT- % pathways sent before day 38</u> • April 2021 delivered 42.9% against the standard of 85%. This was a drop in performance driven by the complexity of patients which involved delays in pathways.	**Named Person:** Service Manager, Cancer & Breast **Time Scale to Recover Performance :** September 2021

	Action to Recover: • A clear escalation process is being set up to determine when and how to escalate delays in the pathway eg diagnostics – this will allow us ultimately to monitor against timelines that are specific to each tumour group. • A new pathway is being implemented in Colorectal to streamline volumes of GP cancer referrals • The Whittington is working with other Trusts in NCL to develop performance improvement strategies in key tumour groups eg Gynaecology	
DM01 Diagnostics	**Update:** Performance against the national diagnostic waiting target for May 2021 has not been achieved. Performance was 94.6% against the 99% target which is an improvement of 2.4%. All services are now fully operational, most service lines are almost compliant. Community audiology continues to have the largest backlog due to capacity constraints. Service looking to improve performance through July.	**Named Person:** Head of Performance **Time Scale to Recover Performance:** Ongoing
Referral to Treatment: **Incomplete % waiting < 18 weeks** **52 + week waits**	**Update:** Performance against the national standards for referral to treatment incomplete pathways below 18 weeks for May 2021 has not been achieved with performance at 73.32%. At the end of May 2021 there were 872 patients waiting more than 52 weeks for treatment, a decrease of 178 from April and is ahead of the Trust's elective recovery target for managing long waiting patients. The majority of patients are waiting for surgery and the ICSU has an ongoing plan to support compliance by the end of the financial year. **Action to Recover:** As part of the Elective Recovery plan to ensure: No 52 week patients on a non admitted pathway by end of March 2022 No patient waiting more than 78 week by December 2021.	**Named Person:** Head of Performance **Time Scale to Recover Performance:** Ongoing

Safe | Caring | Effective | Responsive | **Well Led**

Indicator	20_21 Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021-2022	Performance
Appraisals % Rate	>90%	62.3%	63.9%	63.8%	60.8%	63.1%	65.9%	67.0%	66.6%	66.2%	66.9%	69.9%	71.9%	70.9%	
Mandatory Training % Rate	>90%	80.5%	81.5%	82.7%	82.6%	82.4%	78.7%	76.0%	75.6%	76.2%	76.6%	75.3%	75.5%	75.4%	
Permanent Staffing WTEs Utilised	>90%	88.9%	89.0%	88.3%	87.6%	88.3%	88.3%	88.3%	88.6%	89.0%	89.1%	88.1%	88.7%	88.4%	
Staff FFT % recommended work	>50%				65.1%			66.3%			68.6%				
Staff FFT response rate	>20%				14.2%			50.6%			6.6%				
Staff sickness absence %	<3.5%	4.00%	3.68%	3.56%	3.76%	3.78%	4.00%	4.22%	5.62%	3.98%	3.46%				
Staff turnover %	<13%	9.1%	10.4%	9.1%	11.6%	11.5%	11.2%	10.0%	9.9%	10.0%	9.9%	10.2%	11.1%	10.6%	
Vacancy % Rate against Establishment	<10%	11.1%	11.0%	11.7%	12.4%	11.7%	11.7%	11.7%	11.4%	11.0%	10.9%	11.9%	11.3%	11.6%	
Average Time to Hire (Days)	<63 Days	76	70	66	70	95	69	59	58	58	62	62	62	62	
Nursing Staff Average % Day Fill Rate - Nurses		100.2%	96.4%	91.2%	91.6%	82.0%	83.4%	88.3%	89.7%	89.4%	85.0%	67.8%	93.9%	77.4%	
Nursing Staff Average % Night Fill Rate - Nurses		93.1%	93.6%	95.0%	97.1%	91.0%	88.7%	94.1%	93.2%	100.3%	95.5%	66.0%	91.4%	74.9%	
Safe Staffing Alerts - Number of Red Shifts		2	1	2	5	4	3			19	16	5	8	13	
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		10.0	11.8	10.5	10.2	10.3	10.9	10.4	9.2	10.7	10.9	5.9	10.1	7.5	

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Appraisals % Rate : 71.9% Target: 90%	**Variance against Plan: -18.1%** This has increased 2% from last month and equates to 132 appraisals required per month for the next 6 months. **Action to Recover:** ESR is still being used to record appraisals, owing to technical challenges in the implementation of the new learning system. In the interim, the L&D Team will continue to support the recording of appraisals. A 2% increase since last month demonstrates that it is possible to complete and record 132 appraisals in one month. With the technical issues for the new system resolved, it is currently undergoing testing and will hopefully be implemented during July.	**Named Person:** Assistant Director of Learning and OD **Time Scale to Recover Performance:** 6 months (6 months is in accordance with the improvements made since last month's report)
Mandatory Training % Rate : 75.5% Target 90%	**Variance against Plan: -14.5%** This has remained the same since the last report, however continues to be low because of changes to the refresher frequency for Infection Control and Fire training, with which employees are catching up. **Action to Recover:** The benefits of more mobile and accessible learning is pending the continued implementation. As well as catching up with the changes to refresher periods, it is anticipated that the new system once implemented will improve compliance. The system is being tested for roll out and is anticipated during July.	**Named Person:** Assistant Director of Learning and OD **Time Scale to Recover Performance:** 12 months Extended implementation of a new system; increased Fire and Infection refresher frequency; (and potentially a 3rd wave) will prolong recovery
Permanent Staffing WTEs Utilised: 88.7% **Target: 90%**	**Variance against Plan:** 1.3% **Action to Recover:** WTEs utilisation is stabilising as COVID-19 recovery continues. Recruitment is increasing and this is showing in the vacancy rates and turnover.	**Named person:** Deputy Director of Workforce **Timescale to recover performance:** September 2021
Vacancy Rates: 11.30% **Target: 10%**	**Variance against plan:** 1.3% **Action to recover:** The Vacancy rate is stabilising following COVID-19 recovery. Recruitment is increasing and this is showing in the vacancy rates and turnover.	**Named Person:** Deputy Director of Workforce **Time Scale to Recover Performance:** September 2021

Safer Staffing **Aim for:** Zero Red shifts Trust CHPPD 8.5	**Variance against Plan:** The number of red shifts in May 2021 was 8. This is an increase compared to April (5 red shifts) however the trend is showing improvement (16 red shifts in March & 19 in Feb 21). The red shifts occurred in EIM and were a result of unfilled vacant shifts caused by staff sickness and/or Enhanced Care requirement. The Trust wide Care Hours per Patient Day (CHPPD) in April 2021 was 10.1. This is an improved figure compared to April 21 (11.76) and previous months. The average CHPPD across the adult wards is 8.8, and is in line with the national average of the same specialty settings. Enhanced Care requirement remains high for frail elderly patients at risk of harm and patients with MH condition. CHPPD for Ifor (Paediatric Ward) and CCU increases the overall Trust CHPPD. Ifor ward cares for CAMHS patients which results in an increased requirement for 1:1 care with RMNs or/and HCAs. The Trust fill rate for unregistered staff is above 100% as a result of Enhanced Care and filling RN shifts where appropriate. The fill Rate for registered staff on day (94%) and night shifts (91%) has shown an improvement compared to previous months. **Action to Recover:** • Senior Staff continue to monitor the number of the Red shifts and address high risk staffing issues as recommended in the Staffing Escalation policy. • Recruitment is ongoing for all nursing staff. • Lead Nurse for Safer Staffing to monitor the activity of the wards and assess effectiveness of staff deployment. • Bespoke staffing reviews are been undertaken. • Re-commenced the Safer Staffing Governance meetings where safer staffing data is discussed and necessary actions put in place.	**Named Person:** Lead nurse for Safer Staffing **Time Scale to Recover Performance:** Ongoing

Appendix 1. Community Performance Dashboard

Indicator	20_21 Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021-2022	Performance
IAPT Moving to Recovery	>50%	44.8%	50.3%	49.8%	48.6%	45.8%	46.0%	46.9%	47.5%	44.6%	42.2%	44.2%		44.2%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	92.3%	91.8%	95.3%	94.8%	95.7%	94.5%	94.6%	96.2%	92.2%	92.5%	93.8%		93.8%	
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	79.8%	85.9%	86.9%	79.9%	83.5%	84.6%	86.1%	80.1%	88.8%	92.4%	79.4%		79.4%	
Haringey - HR1 % carried out before child aged 15 months	N/A	77.0%	66.9%	63.4%	69.3%	72.0%	72.7%	73.7%	69.0%	81.9%	81.8%	79.5%		79.5%	
Haringey - HR2 % carried out before child aged 30 months	N/A	73.8%	75.2%	68.0%	66.3%	66.3%	58.4%	69.1%	70.5%	67.9%	70.3%	74.0%		74.0%	
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	93.8%	93.4%	89.5%	83.0%	91.4%	89.8%	94.0%	87.6%	95.7%	91.2%	91.8%		91.8%	
Islington - HR1 % carried out before child aged 15 mths	N/A	73.7%	83.6%	82.5%	85.6%	75.5%	78.2%	83.6%	82.2%	82.4%	84.1%	78.0%		78.0%	
Islington - HR2 % carried out before child aged 30 mths	N/A	83.8%	77.6%	76.4%	76.2%	82.3%	79.0%	82.4%	81.2%	82.1%	79.7%	79.4%		79.4%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	60.0%	87.5%	96.0%	96.2%	88.1%	88.2%	94.4%	100.0%		100.0%	100.0%	88.2%	91.2%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%					100.0%	100.0%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	70.8%	71.2%	71.9%	75.4%	80.5%	81.7%	74.8%	83.6%	70.7%	81.8%	83.8%	71.7%	77.9%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	94.1%	88.1%	89.1%	91.0%	92.6%	92.1%	94.4%	92.2%	93.6%	91.7%	90.9%	94.4%	92.5%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	100.0%	100.0%	100.0%	100.0%	111.1%	87.5%	85.7%	66.7%	100.0%	100.0%	100.0%	85.7%	90.9%	
Nutrition and Dietetics - % Weight Loss Achieved at Discharge	>65%	33.3%		100.0%		85.7%	66.7%	100.0%	100.0%			0.0%	50.0%	33.3%	
Nutrition and Dietetics - % Weight Maintained or Gained at Discharge	>70%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	91.7%	88.9%	90.5%	
Hackney Smoking Cessation: % who set quit date & stopped after 4 we...	>45%	58.9%			67.1%			59.3%			68.0%				
Islington Self-Management - Average Increase in PAM Score	>=9														
Haringey Self-Management - Average Increase in PAM Score	>=9														

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Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Children's community waiting times	**Overall summary and actions to recover:** **Haringey community paediatrics – social communication** The impact of covid-19 continues to exacerbate existing challenges on waits for the autism diagnosis service. Work led by NCL CCG commissioners aims to develop a system wide approach for the long waits experienced in every borough. Additional assessments continue to be provided by staff working additional hours. **Haringey Occupational Therapy (OT)** The OT services is experiencing slightly longer waiting times due to gaps staffing changes. It is expected that this situation will be resolved over the next few months as new staff come into post **Haringey Speech and Language Therapy (SLT)** Waits for initial appointments in SLT continue to be challenging. In addition there continues to be a significant wait to receive therapy following initial assessment and in mainstream schools there are approximately 400 children waiting to receive a service. In early years there are also significant waits for children to receive therapy. This issue is well known locally and has been a focus for commissioners and the borough partnership. Short term funding has been allocated to Whittington Health to ensure those currently waiting receive a service from September. **Audiology waits:** There are significant challenges in waiting times for initial and review appointments in audiology across NCL. In particular there are long waits for the Barnet and Enfield service that transferred to Whittington Helath in May 2020 with a historic backlog of CYP to be seen. Work in in progress to secure short term funding to accelerate the reduction in backlog. **Community CAMHS** There continue to be significant challenges with waiting times in CAMHs Therapy Team (CTT) and Neuro Developmental Team (NDT). We are currently working on funding proposals with commissioning colleagues for addittional resources to support recovery work. This pressure is being reported by all of our community CAMHS colleagues across NCL. **Islington Social Communication Team** There has been improvement in the waiting times over May due to interventions and	**Named person:** Director Operations CYP

	increasing clinics both face to face and virtual. Waiting time average is now 41 weeks reduced from 48. **Islington OT** There has been a significant increase in demand for the service. However there are delays in recruitment which is having an impact on overall delivery of service. Occupational Therapy is on the the risk register due to these recruitment delays.	
Adults community waiting times	**Overall summary and actions to recover:** All staff back from redeplyed roles. Focus of 4 key areas for recovery : MSK, Podiatry, Pulmonary Rehabiliation (PR) and Diabates Desmond programme. MSK: The service is making good progress to meet its trajectory to clear all new referrals over 18 weeks by end of July. Extra staffing is facilitating additional clinics Podiatry: It is expected that the service will reach 95% compliance with 6 weeks by end of July. The service is also working through the backlog of follow ups. Pulmonary Rehabiliation : the service is now beginning vitual and small face to face sessions. Recovery will be slow to progress and will need to find larger spaces in NCL to do PR. Desmond : the service is making good progress. Additional virtual sessions are in place to support backlog clearance. The service is on track to to clear its backlog by September.	**Named person:** Director of Ops, ACS

Appendix 2. Community Waiting Times Dashboard

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Mar-21	Apr-21	May-21	Avg Wait (May)	No. of Pts Seen	% Threshold	Target Weeks	Mar-21	Apr-21	May-21	Avg Wait (May)	No. of Pts Seen
CAMHS	>95%	8	78.1%	67.8%	71.7%	12.1	92	>95%	2	100.0%	100.0%	57.1%	2.7	7
Child Development Services	>95%	12	100.0%	100.0%	100.0%	1.8	9	>95%	-				-	0
IANDS	>95%	18	76.7%	83.4%	77.6%	10.5	134	>95%	2	100.0%			-	0
Community Children's Nursing	>95%	2	92.9%	83.1%	82.6%	1.0	86	>95%	1	100.0%	100.0%	95.5%	0.2	22
Community Paediatrics Services	>95%	18	74.8%	66.7%	77.5%	18.0	111	>95%	1				18.0	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	100.0%	5.2	3	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%		-	0	>95%	-				-	0
Looked After Children	>95%	4	81.3%	93.3%	86.7%	3.0	15	>95%	2				-	0
Occupational Therapy	>95%	18	100.0%	66.7%	48.1%	17.8	27	>95%	2				-	0
Physiotherapy	>95%	18	95.0%	100.0%	100.0%	4.7	51	>95%	2			0.0%	4.1	1
PIPS	>95%	12	100.0%	100.0%	81.8%	3.7	11	>95%	-				-	0
School Nursing	>95%	12	93.9%	93.8%	94.3%	2.3	192	>95%	-				-	0
Speech and Language Therapy	>95%	8	50.6%	59.7%	42.2%	13.9	83	>95%	2	0.0%	16.7%	33.3%	4.8	6
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	94.4%	98.0%	100.0%	0.9	53	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.2	37	>95%	2				-	0
Community Rehabilitation (CRT)	>95%	12	93.6%	94.2%	88.7%	5.1	53	>95%	2	82.1%	71.8%	72.7%	1.5	33
ICTT - Other	>95%	12	88.8%	78.2%	85.7%	3.6	189	>95%	2	74.8%	57.5%	71.4%	1.8	70
ICTT - Stroke and Neuro	>95%	12	78.7%	82.6%	88.6%	6.9	35	>95%	2	61.4%	46.3%	81.5%	1.6	27
Intermediate Care (REACH)	>95%	6	85.9%	78.8%	64.0%	4.5	100	>95%	2	80.9%	80.8%	70.1%	1.7	97
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	3.9	7	>95%	2				-	0
Bladder and Bowel - Adult	>95%	12	91.8%	84.0%	49.4%	11.9	249	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	21.1%	33.7%	36.3%	11.3	320	>95%	2	12.5%	29.6%	11.4%	3.7	35
Musculoskeletal Service - Routine	>95%	6	47.4%	26.7%	41.6%	8.8	933	>95%	2	22.6%	4.5%	12.2%	4.2	41
Nutrition and Dietetics	>95%	6	90.0%	83.6%	46.6%	10.0	176	>95%	2	100.0%	100.0%	100.0%	0.1	1
Podiatry (Foot Health)	>95%	6	81.5%	33.2%	50.6%	9.6	559	>95%	2	100.0%	100.0%	100.0%	0.9	1
Lymphodema Care	>95%	6	100.0%	100.0%	61.9%	4.6	21	>95%	2				-	0
Tissue Viability	>95%	6	97.5%	100.0%	100.0%	1.4	62	>95%	2				-	0
Cardiology Service	>95%	6	95.5%	90.0%	91.3%	2.6	23	>95%	2				-	0
Diabetes Service	>95%	6	100.0%	98.5%	94.0%	4.0	67	>95%	2				-	0
Respiratory Service	>95%	6	26.7%	90.6%	95.7%	3.4	23	>95%	2				-	0
Spirometry Service	>95%	6	96.3%	91.7%	92.5%	2.4	40	>95%	2				-	0

Appendix 2. Community Waiting Times Dashboard

Haringey

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Mar-21	Apr-21	May-21	Avg Wait (May)	No. of Pts Seen	% Threshold	Target Weeks	Mar-21	Apr-21	May-21	Avg Wait (May)	No. of Pts Seen
CAMHS	>95%	8	100.0%			-	0	>95%	-				-	0
Child Development Services	>95%	12	100.0%	100.0%	100.0%	1.9	8	>95%	-				-	0
IANDS	>95%	18	100.0%	0.0%	100.0%	9.4	2	>95%	-				-	0
Community Children's Nursing	>95%	2	95.0%	91.7%	83.3%	0.8	6	>95%	1	100.0%	100.0%	100.0%	0.0	1
Community Paediatrics Services	>95%	18	73.5%	54.1%	69.6%	22.8	79	>95%	1				22.8	0
Family Nurse Partnership	>95%	12	100.0%		100.0%	10.0	1	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%		-	0	>95%	-				-	0
Looked After Children	>95%	4	100.0%	75.0%	66.7%	4.7	6	>95%	-				-	0
Occupational Therapy	>95%	18	100.0%	57.9%	48.0%	18.5	25	>95%	2				-	0
Physiotherapy	>95%	18	95.0%	100.0%	100.0%	4.8	47	>95%	2			0.0%	4.1	1
PIPS	>95%	12	100.0%	100.0%	77.8%	4.5	9	>95%	-				-	0
School Nursing	>95%	12	93.9%	93.2%	94.0%	2.2	149	>95%	-				-	0
Speech and Language Therapy	>95%	8	37.3%	54.5%	34.9%	14.5	63	>95%	2	0.0%	16.7%	33.3%	4.8	6
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	92.3%	100.0%	1.2	26	>95%	-				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.2	34	>95%	2				-	0
Community Rehabilitation (CRT)	>95%	12				-	0	>95%	2				-	0
ICTT - Other	>95%	12	88.0%	77.4%	87.5%	3.4	168	>95%	2	77.5%	56.9%	72.1%	1.8	68
ICTT - Stroke and Neuro	>95%	12	76.7%	82.2%	87.5%	7.1	32	>95%	2	62.3%	48.0%	80.8%	1.6	26
Intermediate Care (REACH)	>95%	6				-	0	>95%	2	100.0%	0.0%	50.0%	1.5	2
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	3.9	7	>95%	2				-	0
Bladder and Bowel - Adult	>95%	12	92.2%	86.4%	42.7%	13.0	96	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	18.5%	36.9%	38.5%	10.9	169	>95%	2	11.5%	21.4%	0.0%	4.0	18
Musculoskeletal Service - Routine	>95%	6	47.8%	27.3%	43.3%	8.7	466	>95%	2	12.5%	5.9%	16.7%	4.1	24
Nutrition and Dietetics	>95%	6	88.3%	85.7%	42.6%	10.9	101	>95%	2	100.0%			-	0
Podiatry (Foot Health)	>95%	6	85.7%	33.6%	49.4%	9.5	261	>95%	2			100.0%	0.9	1
Lymphodema Care	>95%	6	100.0%		63.6%	4.5	11	>95%	2				-	0
Tissue Viability	>95%	6	97.4%	100.0%	100.0%	1.4	33	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	90.0%	100.0%	2.1	7	>95%	2				-	0
Diabetes Service	>95%	6	100.0%	97.7%	92.3%	4.5	39	>95%	2				-	0
Respiratory Service	>95%	6	63.0%	100.0%	100.0%	1.5	6	>95%	2				-	0
Spirometry Service	>95%	6	96.2%	91.2%	92.1%	2.5	38	>95%	2				-	0

Appendix 2. Community Waiting Times Dashboard

Islington

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Mar-21	Apr-21	May-21	Avg Wait (May)	No. of Pts Seen	% Threshold	Target Weeks	Mar-21	Apr-21	May-21	Avg Wait (May)	No. of Pts Seen
CAMHS	>95%	8	75.7%	67.5%	72.6%	12.4	84	>95%	2	100.0%	100.0%	57.1%	2.7	7
Child Development Services	>95%	12				-	0	>95%	-				-	0
IANDS	>95%	18	75.2%	84.5%	76.8%	10.6	125	>95%	2	100.0%			-	0
Community Children's Nursing	>95%	2	96.4%	84.1%	83.6%	1.0	73	>95%	1	100.0%	100.0%	95.0%	0.2	20
Community Paediatrics Services	>95%	18	78.3%	86.2%	96.3%	6.5	27	>95%	1				6.5	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	100.0%	2.9	2	>95%	-				-	0
Haematology Service	>95%	12				-	0	>95%	-				-	0
Looked After Children	>95%	4	75.0%	100.0%	100.0%	1.7	7	>95%	2				-	0
Occupational Therapy	>95%	18		100.0%	0.0%	20.0	1	>95%	-				-	0
Physiotherapy	>95%	18		100.0%	100.0%	5.4	1	>95%	-				-	0
PIPS	>95%	12				-	0	>95%	-				-	0
School Nursing	>95%	12	88.6%	94.1%	94.7%	3.5	19	>95%	-				-	0
Speech and Language Therapy	>95%	8	100.0%	75.0%	33.3%	20.2	6	>95%	2	0.0%			-	0
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	100.0%	0.5	26	>95%	2				-	0
Adult Wheelchair Service	>95%	8			100.0%	2.7	1	>95%	2				-	0
Community Rehabilitation (CRT)	>95%	12	94.0%	95.5%	88.2%	5.2	51	>95%	2	82.1%	70.3%	70.4%	1.6	27
ICTT - Other	>95%	12	100.0%	100.0%	55.6%	6.6	9	>95%	2	33.3%	66.7%	0.0%	3.1	1
ICTT - Stroke and Neuro	>95%	12	100.0%		100.0%	4.3	2	>95%	2	0.0%	0.0%	-	-	0
Intermediate Care (REACH)	>95%	6	85.1%	77.8%	65.3%	4.3	95	>95%	2	81.9%	80.0%	73.6%	1.6	87
Paediatric Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	90.9%	83.5%	52.1%	11.2	144	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	23.3%	30.6%	32.2%	11.9	146	>95%	2	7.7%	38.5%	23.5%	3.4	17
Musculoskeletal Service - Routine	>95%	6	46.1%	24.7%	38.1%	9.2	423	>95%	2	35.7%	0.0%	6.7%	4.1	15
Nutrition and Dietetics	>95%	6	91.5%	82.3%	52.9%	8.5	68	>95%	2		100.0%		-	0
Podiatry (Foot Health)	>95%	6	77.4%	32.5%	53.0%	9.6	285	>95%	2	100.0%	100.0%		-	0
Lymphodema Care	>95%	6	100.0%	100.0%	60.0%	4.7	10	>95%	2				-	0
Tissue Viability	>95%	6	97.4%	100.0%	100.0%	1.5	27	>95%	2				-	0
Cardiology Service	>95%	6	91.7%	88.9%	92.3%	2.6	13	>95%	2				-	0
Diabetes Service	>95%	6	100.0%	100.0%	93.8%	4.5	16	>95%	2				-	0
Respiratory Service	>95%	6	14.7%	84.2%	93.3%	4.4	15	>95%	2				-	0
Spirometry Service	>95%	6	100.0%	100.0%	100.0%	1.4	2	>95%	-				-	0

Children's Community Waits Performance

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Mar-21	Apr-21	May-21	Avg Wait (May)	No. of Pts Seen	% Threshold	Target Weeks	Mar-21	Apr-21	May-21	Avg Wait (May)	No. of Pts Seen
CAMHS	>95%	8	78.1%	67.8%	71.7%	12.1	92	>95%	2	100.0%	100.0%	57.1%	2.7	7
Community Children's Nursing - Haringey	>95%	2	80.0%	33.3%		-	0	>95%	1				-	0
Community Children's Nursing - Islington	>95%	2	93.7%	86.7%	82.6%	1.0	86	>95%	1	100.0%	100.0%	95.5%	0.2	22
Community Paediatrics - Haringey (SCC)	>95%	18	25.0%	23.1%	17.4%	61.6	23	>95%	1				-	0
Community Paediatrics - Haringey (NDC)	>95%	18	89.7%	82.6%	94.7%	13.9	19	>95%	1				-	0
Community Paediatrics - Haringey (Child Protection)	>95%	18	100.0%	100.0%	100.0%	0.3	30	>95%	1				-	0
Community Paediatrics - Haringey (Other)	>95%	18	40.0%	62.5%	77.8%	8.3	9	>95%	1				-	0
Community Paediatrics - Islington	>95%	18	78.3%	86.2%	96.2%	6.8	26	>95%	1				-	0
Family Nurse Partnership - Islington	>95%	12	100.0%	100.0%	100.0%	5.2	3	>95%	-				-	0
Haematology Service - Islington	>95%	12	100.0%	100.0%		-	0	>95%	-				-	0
IANDS	>95%	18	100.0%	100.0%	100.0%	3.1	5	>95%	2				-	0
IANDS - SCT	>95%	20	22.6%	45.8%	17.6%	25.7	17	>95%	2				-	0
Looked After Children - Haringey	>95%	4	100.0%	100.0%	80.0%	3.8	5	>95%	2				-	0
Looked After Children - Islington	>95%	4	66.7%	100.0%	100.0%	1.8	8	>95%	2				-	0
Occupational Therapy - Haringey	>95%	18	100.0%	65.2%	48.1%	17.8	27	>95%	2				-	0
Occupational Therapy - Islington	>95%	18	35.7%	44.4%	25.0%	22.7	4	>95%	2				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	100.0%	100.0%	2.3	7	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	100.0%	100.0%	6.8	17	>95%	-				-	0
Physiotherapy - Haringey	>95%	18	95.0%	100.0%	100.0%	4.7	51	>95%	2			0.0%	4.1	1
Physiotherapy - Islington	>95%	18	95.1%	100.0%	100.0%	4.9	34	>95%	2	100.0%			-	0
PIPS	>95%	12	100.0%	100.0%	75.0%	4.7	8	>95%	-				-	0
SALT - Haringey	>95%	14	70.6%	82.5%	60.4%	11.6	48	>95%	2	0.0%	20.0%	40.0%	2.9	5
SALT - Islington	>95%	14	88.6%	83.8%	68.3%	13.1	41	>95%	2				-	0
SALT - MPC	>95%	18	100.0%	88.9%	75.0%	12.2	8	>95%	2				-	0
School Nursing - Haringey	>95%	12	94.7%	94.5%	94.2%	2.1	171	>95%	-				-	0
School Nursing - Islington	>95%	12	85.2%	89.5%	94.4%	4.5	18	>95%	-				-	0

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

Cancer - 62D Performance by Tumour Group

Indicator	20_21 Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021-2022	Performance
Breast	>85%	75.0%	58.8%	100.0%	50.0%	75.0%	54.5%	72.7%	75.0%	100.0%	66.7%	50.0%		50.0%	
Gynaecological	>85%	0.0%	50.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	100.0%	33.3%	100.0%		100.0%	
Haematological (Excluding Acute Leukaemia)	>85%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	50.0%		50.0%	
Lower Gastrointestinal	>85%	46.2%	66.7%	80.0%	25.0%	100.0%	85.7%	100.0%	80.0%	71.4%	86.7%	66.7%		66.7%	
Lung	>85%	42.9%	100.0%	100.0%	0.0%	75.0%	66.7%	40.0%	33.3%	100.0%	100.0%	37.5%		37.5%	
Other	>85%								100.0%						
Skin	>85%	100.0%	100.0%	95.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%		100.0%	
Testicular	>85%	100.0%						100.0%			100.0%	100.0%		100.0%	
Upper Gastrointestinal	>85%			40.0%	100.0%	100.0%		100.0%	0.0%	75.0%	75.0%	100.0%		100.0%	
Urological (Excluding Testicular)	>85%	0.0%	66.7%	0.0%		0.0%	28.6%	66.7%	66.7%	33.3%	33.3%	40.0%		40.0%	

Cancer - 2WW Performance by Tumour Group

Indicator	20_21 Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021-2022	Performance
Breast	>93%	88.2%	98.6%	98.5%	98.7%	99.4%	99.0%	100.0%	85.4%	67.2%	84.0%	96.9%		96.9%	
Childrens	>93%				100.0%	100.0%	100.0%	100.0%		100.0%					
Gynaecological	>93%	97.3%	95.8%	93.2%	88.6%	100.0%	95.5%	97.3%	85.4%	94.7%	89.7%	96.5%		96.5%	
Haematological	>93%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	85.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Lower Gastrointestinal	>93%	98.6%	93.9%	93.5%	90.9%	97.0%	89.3%	96.4%	93.2%	94.0%	88.9%	73.2%		73.2%	
Lung	>93%	85.7%	71.4%	85.7%	100.0%	87.5%	100.0%	100.0%	83.3%	100.0%	100.0%	50.0%		50.0%	
Skin	>93%	99.5%	99.4%	98.1%	98.2%	99.5%	99.4%	99.5%	98.6%	98.8%	99.6%	98.9%		98.9%	
Upper Gastrointestinal	>93%	83.8%	100.0%	97.2%	93.8%	96.4%	96.9%	100.0%	82.6%	87.5%	98.6%	100.0%		100.0%	
Urological	>93%	89.2%	96.9%	90.2%	84.4%	94.4%	91.2%	94.0%	97.4%	100.0%	98.0%	99.0%		99.0%	

Appendix 4. Trust Level Activity

Category	Indicator	20_21 Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Activity
ED	ED Attendances	8285	6399	7124	7260	7731	7995	7887	7748	6409	6304	8890	8861	9291	
ED	ED Admission Rate %		16.2%	17.6%	16.4%	15.6%	15.8%	17.3%	19.4%	21.8%	19.4%	15.9%	15.6%	13.8%	
Community	Community Face to Face Contacts		27375	31805	29176	35734	39675	41880	37429	31437	31722	39107	36796	37652	
Admissions	Elective and Daycase		1162	1520	1374	1695	1784	1653	1550	976	1165	1776	1813	1871	
Admissions	Emergency Inpatients		1653	2015	1925	1925	2045	2119	2184	2138	2024	2281	2232	2043	
Referrals	GP Referrals to an Acute Service		6575	9394	9179	10866	11568	11177	9464	8870	9976	12856	11938	12626	
Referrals	% of GP Referrals that were completed via ERS		78.9%	83.8%	84.6%	85.0%	89.0%	86.8%	83.5%	83.3%	85.6%	87.5%	88.6%	89.5%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	49.7%	37.7%	33.2%	39.2%	31.1%	28.7%	33.9%	27.4%	30.3%	44.2%	37.0%	29.7%	
Maternity	Maternity Births	320	260	297	307	294	309	289	289	285	290	331	329	288	
Maternity	Maternity Bookings	377	392	382	382	454	441	411	418	397	359	391	458	356	
Outpatients	Outpatient DNA Rate % - New	<10%	8.2%	9.4%	9.8%	9.3%	8.7%	8.8%	8.9%	8.7%	7.8%	8.8%	9.3%	10.1%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	6.2%	7.6%	8.8%	8.7%	8.9%	8.7%	8.2%	8.1%	7.5%	7.7%	8.3%	8.7%	
Outpatients	Outpatient New Attendances		7245	7955	7121	8616	8910	9159	8594	7170	7790	9270	8768	8447	
Outpatients	Outpatient FUp Attendances		16547	17575	15152	17968	18056	17848	16687	14577	14845	17584	16553	15198	
Outpatients	Outpatient Procedures		4483	5246	5024	5704	5755	5782	5391	4336	4659	5904	5511	5101	

Meeting title	**Trust Board – public meeting**	**Date: 30 June 2020**
Report title	**2020/21 Whittington Health Annual Report & Accounts**	**Agenda Item: 11**
Executive director leads	Jonathan Gardner, Director of Strategy, Development & Corporate Affairs and Kevin Curnow, Acting Chief Finance Officer	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	The agreed delegated authority was used by the Trust Chair, Chair of the Audit and Risk Committee, Chief Executive, and Chief Finance Officer to approve 2020/21 annual report and accounts, prior to the submission deadline of 15 June. The draft annual report and accounts together with the draft external and internal auditor assessments were previously reviewed at the 20 May meeting of the Audit and Risk Committee and at the private Board meeting held on 27 May 2021. The significant assurance taken by members of the Audit and Risk Committee on the annual report and accounts are included in the Committee Chair's assurance report for that meeting which is a separate agenda item at today's meeting.	
Purpose	Note	
Recommendation(s)	Board members are asked to note the final 2020/21 annual report and the final accounts.	
Risk Register or Board Assurance Framework	All BAF entries	
Report history	May 2021: Audit and Risk Committee, Trust Management Group, Board meeting	
Appendices	1: 2019/20 Annual report 2: 2019/20 Financial accounts	

Whittington Health 2020/21 Annual Report

Contents

INTRODUCTION

Welcome to our 2020/21 annual report which outlines how, over the past year, the amazing work of the staff and volunteers of Whittington Health has supported over 500,000 people living across North Central London and beyond to live longer, healthier lives.

There are two central themes to this annual report. Firstly, this has been an unprecedented year, framed by the start of wave one of the Covid-19 pandemic at the start of the financial year in the UK and ending in March 2021 with ongoing efforts to vaccinate as many local people and staff as possible, and to restart all other services safely for patients. We want to pay tribute to all staff at Whittington Health who have responded magnificently in this most challenging period. Their reaction was simply extraordinary in continuing to deliver high quality care to patients in the most challenging of circumstances. The second core theme of last year was the sustained work to improve organisational culture and behaviours and to tackle health inequalities against the backdrop of the shock and outrage caused by the death of George Floyd in May 2020 in Minneapolis and the subsequent high profile work of the *Black Lives Matter* movement.

We want to particularly highlight the following significant developments and achievements this year:

- The support provided to help staff health and wellbeing through a range of extensive practical help, including psychological support and advice and the completion of Covid-19 risk assessments for staff
- During the pandemic, there was excellent collaborative work and mutual support shown for the benefit of patients in work with colleagues from other local NHS providers
- In quarter three, there was the successful collaborative work to implement temporary changes for paediatric services across North Central London through the establishment of the south hub
- The delivery of a small surplus at the end of the financial year during a particularly difficult and uncertain year

As we look forward, we acknowledge how much work is needed to enable people who have been waiting for treatment to be seen, treated, and cared for – alongside the recovery of our staff.

There were changes to our board in 2020/21, with the appointment of four non-executive directors, Baroness Julia Neuberger DBE (Trust Chair), Amanda Gibbon, Baroness Glenys Thornton, and Rob Vincent CBE. In addition, the board welcomed two associate non-executive directors, Junaid Bajwa and Wanda Goldwag (who was with us for a few months). We also said goodbye to Deborah Harris-Ugbomah, non-executive director.

Finally, we would also like to acknowledge the overwhelming response of volunteers and the charitable donations given to Whittington Health's Coronavirus Relief Fund, either by local people or organisations during the considerable challenges of the coronavirus pandemic, to help support our staff.

Siobhan Harrington, Chief Executive, and Baroness Julia Neuberger DBE, Chair


HELPING local people LIVE longer healthier lives!
NHS
Whittington Health
NHS Trust
I RECEIVE GREAT CARE!
I AM TREATED AS A PERSON!
IMPROVED PATIENT EXPERIENCE
COMPASSION
self management
I AM FULLY INVOLVED IN DECISION MAKING ABOUT MY CARE!
RESPECT
SAFETY
IT'S OUR PRIORITY IN EVERY ENCOUNTER!
WE WORK AS A TEAM TO HELP YOU NAVIGATE YOUR JOURNEY!
We are building LONG TERM RELATIONSHIPS
We have a VIBRANT & COMPLEX community
CO-ORDINATED CARE
INNOVATIVE EDUCATION & RESEARCH
SOCIAL CARE
LOCAL COUNCILS

PERFORMANCE REPORT

Overview

Whittington Health is one of London's leading integrated care organisations – helping local people to live longer, healthier lives.

We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden and Hackney. We provide dental services in 10 boroughs. Whittington Health provided over 100 different types of health service (over 40 acute and 60 community services) in 2020/21. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

Our services and our approach are driven by our vision
We have an excellent reputation for being innovative, responsive and flexible to the changing clinical needs of the local population. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients.

Our vision is: Helping local people live longer, healthier lives

What we do: Lead the way in the provision of excellent integrated community and hospital services

Our 2019/24 strategy has four main objectives:

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

Deliver outstanding safe, compassionate care in partnership with patients

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

Empower, support and develop an engaged staff community

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

Integrate care with partners and promote health and wellbeing

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

Transform and deliver innovative, financially sustainable services

- Transform patient flows and models of care (outpatients, same day emergency care, community localities, and children's pathways).
- Reduce system cost and improve clinical productivity and financial literacy everywhere.
- Transform our estates and information technology

This strategy was created with the engagement of staff, the public and stakeholders. It was embedded throughout the organisation in the following ways:

- Trust operational plan
- Accountability framework
- Integrated Clinical Service Unit (ICSU) business plans
- Annual appraisals
- Individual and team objectives

Values
The ICARE values developed through staff engagement and consultation continued to be fundamental to everything we do at Whittington Health and form the basis of expected staff behaviours. They are:

Our services

This year we refined our service priorities around our population needs: Integrating care in all settings with emphasis on women, children and the adult frail.

Our priority is to deliver the right care, at the right time, and in the right place for our patients. We provide an extensive range of services from our main hospital site and run services from over 30 community locations in Islington and Haringey, and our dental services are run from sites across 10 boroughs.

As an integrated care organisation, we bring safe and high-quality services closer to home and speed up communication between community and hospital services, improving our patients' experience reducing admissions and speeding up discharge. Key to our approach is partnering with patients, carers, GPs, social care, mental health and other healthcare providers.

Our organisation has a highly regarded educational role. We teach undergraduate medical students (as part of University College London Medical School) and nurses and therapists throughout the year, alongside providing a range of educational packages for postgraduate doctors and other healthcare professionals. We also have a growing research arm which is exceeding Clinical Research Network targets.

Highlights and achievements

We continue to be proud of our staff and their commitment to delivering safe and high-quality care every day of the year. Over the past twelve months our community and hospital teams have once again stood out and won many national professional awards and accolades as well as pioneering new projects and continuing to work closely with the local community. Through the pandemic, the integrated nature of our services was invaluable. Patients were supported to be at home where they could and only came to hospital when absolutely necessary. Here are a few of the many highlights of the year and achievements of our staff:

- We have received the **Capital Midwife quality mark** for successfully embedding and implementing the Capital Midwife Pan-London Preceptorship Programme Framework. This is the first time the quality mark has been awarded by Capital Midwife, and midwives now join our colleagues on the general side, as they have achieved the Capital Nurse Preceptorship Framework quality mark.
- Our first ever **Registered Nurse Degree Apprentices** have been appointed. We have one on the full programme and six on the two year top up from either the nursing associate or assistant practitioner qualification
- **Michelle Johnson**, our chief nurse and director of allied health professionals, received an **MBE** in the Queen's New Year's Honours' list. Furthermore, from January 2021, she was also appointed as the chief nurse for Camden and Islington NHS Foundation Trust
- **Siobhan Harrington** was appointed as co-chair of the **NHS London People Board** to help drive priorities for the current and future NHS workforce
- An **estate strategy** and strategic outline case for the development of our acute and community-based sites was approved by the Whittington Health Board
- **Cellier**, our post-natal ward, **reopened** in July 2020 following a complete refurbishment in collaboration with staff and parents who had their baby with us
- We completed work with University College London Hospitals NHS Foundation Trust (UCLH) to create an **orthopaedic hub** for the south of North Central London
- **Wingfactors** won first place for a submission of their work at Whittington Health to the Airway Management Conference
- **Simmons House Adolescent Unit** (Children and Young People Services ICSU) was fully accredited by the Royal College of Psychiatrists' Quality Network of Inpatient CAMHS units (QNIC) in September 2020
- From 1 October 2020, the **North Central and East London Child and Adolescent Mental Health services** (CAMHs) provider collaborative went live. This initiative helped ensure that the four CAMHs inpatient units across North Central and North East London worked more closely together on reducing variation and improving outcomes for young people
- Being **annual Health Service** shortlisted for the **Journal Integrated Care Partnership of the Year** award in recognition of our outstanding contribution to healthcare by integrating its services with local councils, primary care services and the voluntary sector to create healthier, more resilient communities
- Playing a central and engaged role in development of a **Provider Alliance** for North Central London covering acute, community and mental health to improve

health for the population we collectively serve and to improve the quality and to reduce the cost of health services (for patients, residents, and staff)

- The Camden Learning Disability Service won the **Royal College of Psychiatrists' Psychiatric Team of the year: Intellectual Disability award**, recognising their outstanding commitment to community-based support for people with learning disabilities and their families. The service is an integrated venture between the London Borough of Camden, Camden and Islington NHS Foundation Trust and Whittington Health
- **Black History Month was marked** by a culture day, performance and arts and discussions about inspirational black heroes. In the final week of October 2020, Whittington Health's black, Asian and minority ethnic (BAME) staff network launched the **'See Me First' badge**. This is a Trust initiative underlining the organisation's commitment to treating all BAME staff with dignity and respect. **It was shortlisted for outstanding achievement of the year in the National BAME Awards**. The badge was developed by Paul Attwal of the BAME Staff Network. By displaying the See Me First Badge, the wearer, is showing their commitment to Whittington Health's values and echoes 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 the same month, the Board of Directors of Whittington Health agreed the following statement to affirm its commitment to promoting equality, diversity and inclusion:

  "The Trust is an open, non-judgemental and inclusive organisation that will not tolerate racism or discrimination. We celebrate the diversity of our staff and community. We will treat all our staff equitably, with dignity and respect, whatever their race, gender, religion, age, disability or sexual orientation."

- Whittington Health entered an **Imaging network** with other NHS trusts in North Central London following successful collaboration during recovery from the first pandemic wave.
- We implemented a **Maternity Transformation Programme** to improve maternity services for local women. We also carried out a self-assessment against important recommendations issued by the Ockenden review of maternity services at Shrewsbury and Telford NHS Trust
- Through the **procurement of ambulatory hysteroscopy equipment**, we significantly improved patient experience, waiting times and assisted elective recovery by offering a procedure in an outpatient setting under local anaesthetic, which would otherwise have been done under general anaesthetic in theatres
- By working closely with commissioners, the GP Federation and other North Central London hospitals we helped to establish a **gynaecology single point of access** so that routine referrals for patients in Haringey and Islington are now sent to the gynaecology collaborative for triage. This enabled patients to be seen quicker and be given appointments in the community, where appropriate
- **Pathology services** successfully implemented a Covid-19 fast track service and was one of the first NHS laboratories to implement a pooling strategy for **polymerase chain reaction** (PCR) testing to increase capacity. We partnered with North West London Pathology as part of the 'London 1' network Covid-19

response. We also supported the national Public Health England SIREN study by delivering staff PCR and antibody testing

- Our **Pharmacy services' team** was excellent and can highlight a number of achievements last year in which they:
  - established a pharmacy transformation programme (Phoenix) post-pandemic to capitalise on the learning identified
  - supported local intensive care teams and the London Nightingale Hospital during Covid-19 peaks with the drawing up of key intravenous medicines
  - helped establish and deliver a hospital vaccination hub and an external large scale vaccination centre in the community
  - were shortlisted for a Health Technology News award for leading on the increased use of electronic outpatient prescribing across all disciplines to support virtual clinics and the provision of medicines to outpatients
  - set up arrangements for the local delivery of medicines with the support of volunteers, postal and courier services to ensure patients received their medicines throughout lockdowns and Covid-19 surges
  - introduced an in-situ simulation programme, with observation from airline pilots with human factors' expertise. This programme was nominated for a Health Service Journal award
- The **outpatient letter quality improvement project** started to improve the accessibility of clinic letters for patients. There were successful outcomes against the quality criteria, and the project is now being rolled out more widely across Whittington Health
- A **blood transfusion awareness campaign** launched in October 2020 and the emergency and integrated medicine integrated clinical service unit achieved 100% for training of nurses on Care of Older People wards on blood transfusions
- Baseline exercises around mobility were completed as part of the hospital deconditioning project, to identify areas for targeted improvement in 2021/22
- In partnership with providers in North Central London, we established a **southern paediatric hub** from September 2020 to April 2021. The hub itself had several successes, including:
  - having an overall paediatric emergency department performance against access standards of over 94%, with over 80 attendances per day on average
  - The effective bringing together of clinical teams from all three sites, including 77 nurses, 4 allied health professionals, 12 health care assistants, 96 medical staff, and 7 teachers alongside Whittington Health's existing team's expanded inpatient capacity from 19 to 25 beds plus 8 paediatric short stay unit beds, with an average bed occupancy of 17.5 on the inpatient ward
  - The treatment of an average of 3-4 child and adolescent mental health services (CAMHS) inpatients at any one time, with an increase in presentations, but no increase in waiting times
  - The offer of a seven-day discharge service and improving discharges which helped to keep ward occupancy at a steady state
  - Long-term benefits for children across North Centra London, including the establishment and agreement across all providers for a robust urology pathway and a hub model for the paediatric mental health team
- Despite the challenges of the pandemic, staff in the children and young people's services integrated clinical service unit continued to improve, innovate and

received external accolades for high quality services provided for the local population. In particular, they were able to highlight the following:

- A staff nurse from acute paediatrics won the Royal College of Nursing's black, Asian and minority ethnic (BAME) Rising Stars Award
- The paediatric oncology shared care unit service was nominated by a family and won the Solving Kids' Cancer Award
- Our children's community nursing services were finalists in three categories in the Nursing Times' Awards: children and young people; long term conditions; and team of the year
- Our Paediatric Oncology Shared Care Unit met the criteria to become a leukaemia trial site

- In **Adult Community Services:**
  - We rapidly redeployed our community staff to support urgent and essential care during the pandemic surges this year and our teams supported the critical care unit, hospital wards, district nursing, rapid response and community rehabilitation teams
  - Our community teams delivered all of the **Covid-19 vaccines in all care homes** and to housebound residents across the London Boroughs of Haringey and Islington
  - We successfully and rapidly implemented virtual appointments across all adult community services since the first Covid-19 surge and we ran very successful virtual groups for areas such as weight management and the expert patient programme
  - We were shortlisted for the **Health Service Journal's Value Awards** for our Virtual Appointments project within the musculoskeletal physiotherapy service
  - In March 2020, we were the first trust in North Central London to establish and run Covid-19 monitoring via our **virtual ward** to keep patients safe at home
  - During the summer of 2020, the service established a Covid-19 remote monitoring service.
  - The **rapid response virtual ward service** (RRVW service) saw a total of 5,400 new patients between April 2020 - March 2021 and completed 14,196 patient visits
  - December 2020 saw a sharp increase in referrals to the service. Between 1 January 2021 and 31 March 2021, remote monitoring enabled the RRVW to successfully manage a total of 199 patients with Covid-19. The team were supported by repurposed staff from many other community services to help manage the increase in activity; this involved teaching patients to use self-monitoring equipment which the RRVW supplied and telephoning the patients 1-2 times per day to monitor symptoms. Any concerns resulted in a face-to-face visit by the RRVW service
  - In addition, the team managed 5,201 patients without covid but with higher acuity needs than pre covid times, as many patients were reluctant to attend hospital.
  - We piloted **remote smartcards** to allow our district nurses and other community staff to write their clinical notes in real time, improving and streamlining patient care

  - To support our staff coping with such a challenging year, we sponsored a community version of 'In Our Own Words' which created a theatrical performance and reflection space from interviews with our own staff, thanks to the Wake the Beat Theatre Company
  - We undertook an internal restructure to create **new Care Groups** to allow us to continue our journey to integrate with partners and improve the seamlessness of patient care
  - We **worked with partners across the North Central London** sector to set up new services to support local residents with post-Covid syndrome
- The programme management office team became a **Quality Improvement award winner** for their vital role delivering the virtual consultation platform, Attend Anywhere. At the height of the Covid-19 pandemic, 40% of our outpatient activity was delivered through video consultations
- In enhanced care, there was a **44% reduction in the use of agency staff to 0%,** through the recruitment by June 2020 of a team of 14 substantive enhanced care healthcare assistants
- There was also a notable reduction in the number of patients needing to attend our fracture clinic in-person by moving referrals to a **virtual fracture clinic**. Implementing this virtual fracture clinic meant there was an 80% reduction in in-person fracture clinic appointments, resulting in 2,200 fewer in-person attendances a year
- In our **emergency and integrated medicine integrated clinical service unit**, we can cite the following:
  - The most recognised achievement of 2020/2021 was the response to the Covid-19 pandemic. The multi-disciplinary team came together to provide safe care for patients both suffering from Covid-19 and those who were not. It was an exceptional response which centred on teamworking, respect and the shared vision of **patient safety**
  - The pandemic was a driver behind the **rapid transformation of outpatient services**. There was an increase in virtual appointments with the introduction of Attend Anywhere. **Referral pathways were streamlined** with the result that patients spent less time at appointments and received their results sooner
  - A key achievement of 2020 was the **recovery of the endoscopy backlog** following the first surge of Covid-19. Whittington Health ensured all patients waiting were seen as soon as possible following the release of lockdown and also offered mutual aid to NHS providers in the North Central London sector. Our collaborative work with the Royal Free London NHS Foundation Trust and University College London Hospitals NHS Foundation Trust provides a great opportunity for Whittington Health to become a leader in gastroenterology and endoscopy services in North Central London
  - The implementation of an advanced training course during 2020/2021 upskilled a number of nurses on each ward to be able to look after level 2 patients. This initiative had a great benefit to patient safety but also the development of staff
  - The care of older persons unit opened a **new dementia friendly room** on Cavell ward which is decorated like a garden shed. This area allows patients to feel at ease whilst they are on the ward and gets them out of bed and into a more relaxed environment. It is full of activities, which are clinically proven to

help patients with dementia, to keep patients relaxed during their stay on the ward
    - A **new home infusion service for vulnerable thalassemia patients** was set up during the first wave of Covid-19 which delivered accessible care for those who needed it the most. The service meant that patients did not need to visit the hospital site for their transfusion and could stay in the safety of their own home with a practitioner visiting them
    - Following a patient's hospital discharge or a community diagnosis of Covid-19, the respiratory department set up a referral pathway to be able to **follow up any patients with lasting effects from Covid-19**. Over time, this developed into a sector wide approach which promotes collaborative working across trusts for patients within North Central London
- Our **surgery and cancer integrated clinical service unit** can highlight the following successes:
    - While all services were greatly affected by the pandemic the clinical service unit responded quickly and worked tirelessly to align practices to local and national guidance around patient safety. This meant that staff had to adopt to new ways of working and communicating to ensure that patients continued to receive the care and treatment they required and a positive patient experience
    - **Our critical care unit** extended their capacity during the first surge to deal with the pandemic peak. This required large numbers of staff to be re-deployed from other areas and specialities to assist with the delivery of patient care
    - Learning from the first surge was consolidated and provided a more informed position for the second surge. The practice development team set up a **level 2 high dependency unit course** and 6-week level 3 course for nurses to increase their skills for caring for critically unwell patients
    - Staff support formed an integral part of the recovery and preparation for the second surge and the critical care unit introduced **drop-in psychological sessions** for staff
    - As a 'no visitor' policy was implemented, alternative ways of communicating with patient's relatives were used. Staff used available technology so that loved ones could continue to **communicate with the patient virtually**. The clinical psychology team were also able to support patient's families via support calls
    - Patients in the critical care unit had a **diary** completed by staff. This provided an insight to the patient and their relatives in non-medical language as to what happened that day. The diaries were particularly useful during this time and have been well evaluated by patients
    - Elective in-patient and day case surgery were suspended during both pandemic surges and our recovery area became an extension of critical care. Elective caesarian-section lists continued during the pandemic
    - We worked in **collaboration with the independent sector** so that patients who required urgent surgery, particularly for cancer, continued to have surgery
    - Elective in-patient surgery started its recovery programme in July 2020 following the first surge and then again in April 2021 following the second surge. This required a huge effort to **re-design theatre processes and create new patient pathways** to ensure patient safetyTheatres also developed a **new and safer anaesthetic checklist system** with support from project wingmen and in response to Care Quality

Commission recommendations. The checklist is in use and being led by the anaesthetic team

- As part of recovery, **Bridges ward opened** in early September 2020. This helped to increase capacity to accommodate the increase in patients requiring day case surgery and to support colleagues in endoscopy to accommodate their requested increase in capacity
- An **electronic patient questionnaire** was introduced to allow for the triage of patients and to reduce the need for face-to-face appointments. The on-line pre-assessment form is emailed to patients to complete and return for review and to determine if the patient needed to be seen or could be approved for surgery
- Mercers ward changed speciality to become a Covid-19 ward during the first surge and likewise Coyle was converted during the second surge with an increased bed capacity. Both wards did an amazing job under the leadership of their ward managers to deliver safe and quality care to these groups of patients in such challenging circumstances. Mercers has now been reconfigured to accommodate elective work following changes across North Central London
- Clinical services continued without reductions or rationalisation of treatments in the second wave. The team dealt with patients who are more complex, more frequently with advanced disease at diagnosis and a higher incidence of anxiety and or psychological needs associated with extended isolation and pandemic fears. The chemotherapy suite was relocated to Eddington ward when the local wards began to admit patients with Covid-19
- The **chemotherapy service** rapidly implemented a patient and staff swabbing protocol. Weekly meetings within North Central London's chemotherapy teams supported shared learning around patient safety and the early recognition of care and service delivery risks and opportunities to access mutual support
- The **colorectal stratified pathway** was audited and evaluated positively. Plans are in place to commence the stratified pathway within breast services
- In March 2020, Whittington Health was one of the first trusts to set up **urgent dental hubs**, across North Central and North West London, for patients who had no access to a dentist. We saw patients from all over London (and beyond) and treated a steady stream of people with pain, trauma, or infection. From June 2020, we ran routine dental services, and by October were hitting nearly 90% of pre-pandemic activity in our community settings. Our elective general anaesthesia lists also restarted providing crucial access for high priority children
- In the winter surge, as in the first wave, dental staff were redeployed into critical care, and the community dental services again carried on. We were innovative: from treating more people under sedation than ever before, to swabbing pre-operative patients at home, and **developing access for marginalised group** such as the homeless. Finally, we have worked closely with colleagues at University College London Hospitals NHS Foundation Trust in the recovery to further develop our clinical networks
- Operational management teams worked hard to manage growing waiting lists for treatment. Medical staff were used very well across specialities, and teams supported each other to deliver surgery across four different locations all with slightly different ways of working at each different site. The key to success was integration and communication with other NHS providers across NCL and other areas to optimise patient care
- We rolled out **digital clinical notes** for inpatient services from admission in the emergency department through to discharge from the ward. This means our patients'

clinical notes can be located quickly and can be used by the different members of staff to aid safe effective care

- Staff can now access their patients records with a single log in through **Careflow Workspace**. This saves staff time from having to log into separate systems for each patient they see. This saved time is then redeployed to patient facing care on the front line
- With the deployment of the innovative **Patient Flow** solution on our wards, staff can ensure they give consistent excellent care and facilitating safe and swift discharge back to their home

PERFORMANCE

How we measure performance

Our Board and its key committees use a performance scorecard which has been developed to include a suite of quality and other indicators at Trust and service level. This enables the centralised reporting of performance and quality data as well as the improved triangulation of information. The scorecard is based on the Care Quality Commission's five domains of quality: safe, effective, caring, responsive and well led. The selection of indicators is based on NHS England and Improvement's guidance for national outcome areas and the Trust's local priorities. On a quarterly basis, progress is also reviewed against our strategic objectives.

2020/21 Performance outcomes and analysis

As part of the response to Covid-19, NHS England and Improvement agreed to pause or stop collecting monitoring data for some national indicators. The impact of the pandemic on many performance indictors has been significant.

The year-end position against a suite of indicators used to measure performance is outlined in the following tables.

Table one: At a glance performance against national targets in 2019/20 and 2020/21

	Actuals	2020/21 Adjusted (*some figures using M11 data again for M12)	% difference
Admissions	**2019/20**		
Non-Elective Admissions	16,406	15,578	-5.0%
Elective Admissions	2,257	986	-56.31%
Day Case	21,931	14,639	-33.25%
ED attendances	107,600	83,477	-22.42%

Face to Face Patient Contacts	**2019/20**	**2020/21**	**% Difference**
At our hospital	545,027	447,108	-17.97%
In the community	749,104	385,373	-48.56%
Total	**1,294,131**	**832,481**	**-35.67%**

Community	**2019/20**	**2020/21**	**% Difference**
Community Nursing Visits	296,466	227,159	-23.38%
Physio Appointment	84,775	2,577	-96.96%
Health and School Nurse Visit	87,876	31,707	-63.92%
Dental Appointment	41,432	31,340	-24.36%

Safe – people are protected from abuse and avoidable harm	2019/20		2020/21		Notes
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Admission to adult facilities of patients aged under 16	0	0	0	0	
Incidence of Clostridium Difficile*	<16	6	<16	12	
Actual falls	400	409	400	370	
Harm Free Care (%)	>95%	92.78%	>95%		No longer reported
Non-Elective C-section rate (%)	<19%	22%	<19%		No longer reported
Medication errors causing serious harm	0	0	0	1	
Incidence of MRSA	0	0	0	2	
Never Events*	0	6	0	1	
Safety Incidents	N/A	21.5	N/A	17	
VTE risk assessment (%)	>95%	96.30%	>95%	79.40%	
Mixed sex accommodation breaches	0	30	0	0	Suspended through pandemic

Effective – people's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence	2019/20		2020/21		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Breastfeeding initiated	>90%	91.72%	>90%	91.50%	
Smoking at delivery	<6%	4.90%	<6%	5.20%	
Non-elective re-admissions within 30 days	<5.5%	5.30%	<5.5%	6.17%	
Hospital standardised mortality ratio rolling within 12 months	100	89.3	100	89.5	Dec 2019 – Nov 2020
Hospital standardised mortality ratio rolling within 12 months (weekend)	100	87.4	100	87.7	Dec 2019 – Nov 2020
Mortality rate per 1000 admissions in-months	14.4	8.1	14.4	11.3	
IAPT Moving to Recovery	>50%	56.70%	>50%	46.70%	Apr 2020 – Mar 2021
% seen within 2 hours of referral to district nursing night	>80%	94.20%	>80%	93.50%	
% seen within 48 hours of referral to district nursing night	>95%	96.00%	>95%	95.10%	
% of MSK patients with a significant improvement in function	>75%	92.70%	>75%	91.50%	May 2020 - Jan 2021
% of podiatry patients with significant improvement in pain	>75%	87.80%	>75%	94.70%	Apr 2020 – Dec 2020
% weight loss achieved at discharge	>65%	71%	>65%	78.90%	Jun 2020 - Jan 2021

Caring - Involving people in their care and treating them with compassion, kindness, dignity and respect	2019/20		2020/21		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Emergency department – FFT % positive	>90%	81%	>90%	86.60%	Dec 2020 - Mar 2021
Emergency department – FFT response rate	>15%	12%	>15%	10.40%	Dec 2020 - Mar 2021
Inpatients – FFT % positive	>90%	97.50%	>90%	96.60%	Dec 2020 - Mar 2021
Inpatients – FFT response rate	>25%	21.90%	>25%	11.20%	Dec 2020 - Mar 2021
Maternity - FFT % positive	>90%	94.70%	>90%	99.60%	Dec 2020 - Mar 2021
Maternity - FFT response rate	>15%	42%	>15%	6.00%	Dec 2020 - Mar 2021
Outpatients - FFT % positive	>90%	94.40%	>90%	95.80%	Dec 2020 - Mar 2021
Outpatients - FFT responses	4400	4454	4,400	476	Dec 2020 - Mar 2021
Community - FFT % positive	>90%	95.70%	>90%	99.20%	Dec 2020 - Mar 2021

Community - FFT responses	16,500	8398	16,500	789	Dec 2020 - Mar 2021
Trust Composite FFT - % recommend	>90%	90.80%	>90%	92%	
Staff FFT - % recommend	>70%	76.40%	>70%	74.80%	
Complaints responded to within 25 working days	>80%	82.00%	>80%	80.30%	

Responsive - organising services so that they are tailored to people's needs	**2019/20**		**2020/21**		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Emergency department waits – 4 hours	>95%	83.80%	>95%	87.40%	
Median wait for treatment (minutes)	<60 mins	79 mins	<60 mins	45	
Ambulance handovers waiting more than 30 minutes	0	561	0	143	
Ambulance handovers waiting more than 60 minutes	0	50	0	26	
12 hour trolley waits in A&E	0	89	0	20	
Cancer – 14 days to first seen	>93%	94.80%	>93%	94.80%	
Cancer – 31 days to first treatment	>96%	99%	>96%	97.70%	
Cancer – 62 days from referral to treatment	>85%	84.00%	>85%	69.90%	
Diagnostic waits (<6 weeks)	>99%	99.20%	>99%	72.10%	
Referral to treatment times waiting <18 weeks (%)	>92%	92.10%	>92%	65.20%	
Referral to treatment time over 52 weeks	0	2	0	1324	Number of patients waiting over 52 weeks at the end of March 2021

Well led - leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture	**2019/20**		**2020/21**		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Staff appraisal rate (%)*	>90%	74.30%	>90%	64.90%	
Mandatory training rate (%)*	>90%	81.60%	>90%	79.40%	
Permanent staffing WTEs utilised	>90%	88.20%	>90%	88.50%	
Staff sickness rate (%)	<3.5%	3.53%	<3.5%	4.39%	
Staff FTT – recommending the Trust as a place to work	>50%	59.80%	>50%	66.30%	
Staff turnover rate (%)	<10%	10.70%	<10%	10.10%	
Vacancy rate against establishment (%)	<10%	11.80%	<10%	11.50%	

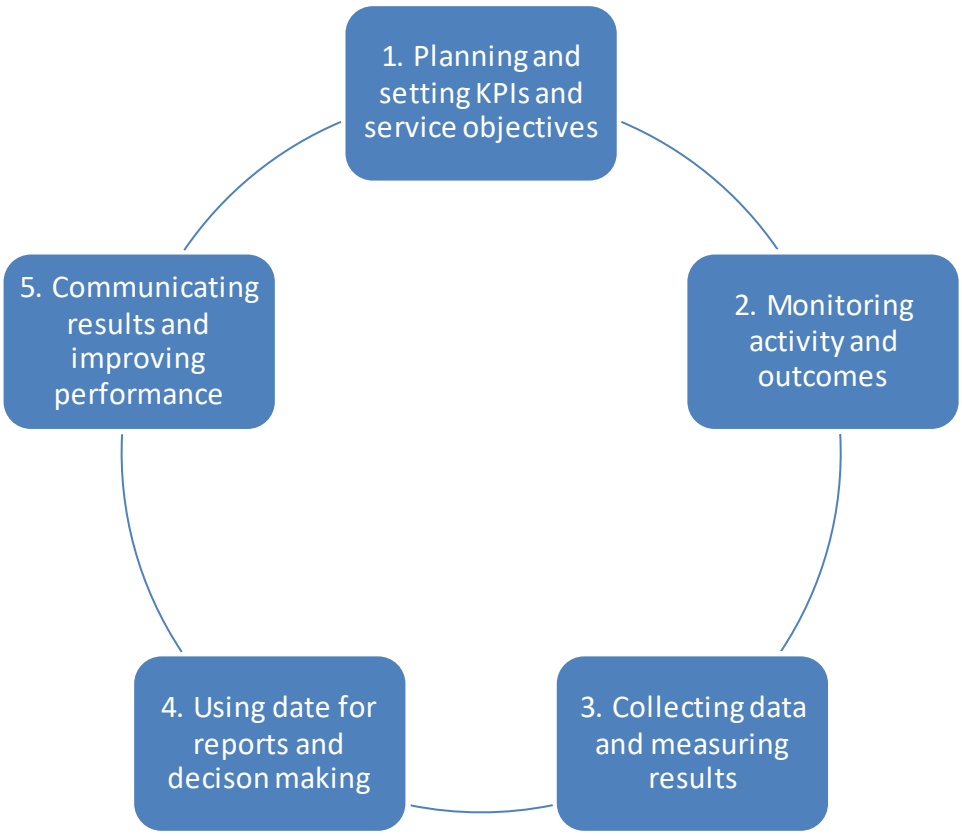
As shown above, outcomes against several targets were significantly affected by the Covid-19 pandemic and resulted in a lower-than-expected performance. In particular, the following should be noted:

- Activity across all points of delivery saw significant reductions in numbers, with elective admissions (including day cases) and community services seeing the biggest fall
- There was an increase in the number of incidences of clostridium difficile, however, performance remained below target

- The number of Never Events reduced to 1, compared to the previous year
- While our mortality rate increased as a direct consequence of the pandemic, it remained ahead of target
- Covid-19 adversely impacted on all our community services which were stepped down during the first pandemic wave following a national instruction from NHS England. Last year saw increases in the backlog of patients, reduced clinical availability and increased inflating waiting times. Community services' staff were also redeployed to support the pandemic itself and the vaccination programme.
- Data submission and publication for the friends and family test was restarted for acute and community providers from December 2020, following the pause during the response to Covid-19
- Improvements took place in our emergency department and included a reduction in the numbers of ambulance handover waits for both 30 minutes and 60 minutes. However, we continued to deliver performance just below the 95% target against the four-hour access standard
- There were 20 12-hour trolley wait breaches in 2020/21. Eight of these were mental health breaches. The 12 non-mental health breaches happened during a two-week period at the peak of the pandemic during January 2021
- Performance against the national diagnostic waiting target was not achieved
- Two out of three of the cancer performance indicators were achieved, however, performance against the 62-day target was not compliant.
- There was an increase in patients waiting over 52 weeks since their referral to treatment. This was directly related to the pandemic and the overall reduction of elective patients being treated. All patients waiting over 52 weeks were of clinical low priority and were clinically reviewed to ensure no patient came to harm
- The staff sickness absence rate was higher than the expected target with sickness with the pandemic being the main contributor of the increase
- We continued to improve on or maintain staff turnover rates and vacancy rates, but struggled to deliver the required staff appraisal and mandatory training rates' targets

Monitoring performance

The Trust's performance management framework acknowledges the national context and addresses local quality and service priorities. Whittington Health has a culture of continuous improvement using the cycle of performance management and uses a system of performance reporting against agreed measures and quality priorities. The monthly performance scorecard allows continuous monitoring of specific datasets such as quality and finance, service specific information and deviation from commissioned targets. This information is used to monitor compliance with service standards and contract review and is used to populate national external data sets.



Outcomes against key scorecard indicators are reported to the weekly executive team meeting, twice a month to the Trust's Management Group, monthly to respective Integrated Clinical Service Unit (ICSU) Boards, regularly to board committees, monthly to the Trust Board itself and are monitored and reviewed through quarterly performance reviews with the ICSUs. All reports are discussed at these meetings to identify reasons for any underperformance, as well as reviewing progress of any remedial action plans put in place. The Trust continues to review performance to ensure we continue to monitor the things that matter to the delivery of high-quality care.

STATEMENT OF FINANCIAL POSITION

Spending on agency and temporary staff

The Trust was set a very challenging agency cap target by NHS Improvement of £8.8m for 2020/21, the same as it was for 2019/20's outturn. The Trust ended the financial year £0.5m below the cap. The Covid-19 pandemic meant that normal patterns of usage could not be relied upon, but there was a marked shift towards the use of bank staff, which impacted on our agency spend.

The Trust is aware that maintaining and improving our performance in relation to the use of agency and temporary staff is fundamental to delivering high quality care and financial sustainability. Following Trust's transfer of its temporary staff management to Bank Partners in June 2019, Whittington Health has continued to develop other measures to monitor and control agency usage.

Financial position

The Trust agreed a deficit plan of £3.89m for the period September to March 2020/21. The Trust reported a breakeven position from April to September 2020/21 in line with the guidance from NHS Improvement. Arrangements in place throughout the year meant that additional funding previously available was not so in 2020/21 through the provider sustainability fund, the financial recovery fund, and the marginal rate emergency tariff. The Trust delivered a £0.05m surplus for 2020/21 after adjustments for fixed asset impairments and Covid-related donations of assets and inventory. This was £3.9m better than plan.

This means that the Trust has either delivered or performed better than plan for six consecutive years. While the Trust has been able to meet its financial targets for the year, 2020/21 was not been a typical year. As longer-term financial arrangements become more stable, it is intended that this longer-term financial security will be maintained.

Going concern and value for money

As with previous years, the 2020/21 annual accounts were prepared on the going concern basis. This is in line with the Department of Health & Social Care's accounting guidance, which states that the Trust is a going concern if continuation of services exists. We have detailed above the positive trend in the Trust's finances. This improvement means that the Trust is now complying with the Department of Health & Social Care's duty to break even over a three-year period.

Financial performance and statement of financial position

Above, we detailed the Trust's financial position for the year ending 31 March 2021, which indicated effective arrangements in the use of resources and a positive trend in financial results. However, as a Trust we continue to face a challenging financial future. Pay expenditure exceeded our budgeted level by £17.6m last year. The main

driver for the overspend on pay was additional expenditure incurred due to the pandemic offset by additional income.

Non-pay expenditure exceeded budgeted levels by £17.1m. The principal movements behind this were the utilisation of donated consumables for the Trust's Covid response, offset by income; impairments relating to revaluation of the Trust estate; and, additional costs incurred relating to the pandemic offset by income.

Cash

The Trust was in a strong cash position throughout 2020/21 and ended the financial year with £61.5m in cash. This was £34.1m higher than at the end of 2019/20 and resulted from the receipt of public dividend capital (PDC) funding through the year and strong collection rates on debt from both NHS and non-NHS organisations.

During the year, the majority of the Trust's loans were converted to PDC issued by the Department of Health & Social Care. In addition, the Trust received a number of PDC amounts concerning capital schemes.

The Trust is not anticipating any significant cash issues in 2021/22 and has forecast to recycle cash holdings into capital programmes for future years, most notably into the Trust's estate strategy.

Property, plant and equipment

The Trust's outturn capital expenditure for the year was £21.3m, which matched our Capital Resource Limit. (The Trust retained £0.1m of Covid-related donated assets as at the year-end.) Notable schemes within these levels of spend were investments in the Whittington Education Centre, updates to information technology and hardware, and assets relating to the Trust's Managed Equipment Service.

Receivables (debtors)

The Trust's receivables at the end of the financial year were £18.9m. This was £25.7m lower than in 2019/20. These decreases were driven by lower levels of NHS receivables from clinical commissioning groups as the Trust (and the wider NHS) moved to block contracts because of the Covid-19 pandemic. There was also strong performance during the year in the collection of other old and current year debts.

Payables (creditors)

The Trust's payables at the end of the financial year were £52.4m. This was £0.9m higher than in 2019/20. Overall, creditor performance decreased slightly compared with the previous year. The Trust paid 80% of the value of invoices within 30 days, compared with 87% in 2019/20. Non-NHS performance improved slightly to 87.5% while NHS performance fell to 30.4% due to the additional administration effects of paying bills outside of block contracts during the pandemic.

RISKS

The Trust has a robust risk management policy and process as outlined in the annual governance statement below. For the purposes of this annual report, the key risks on our 2020/21 Board Assurance Framework were as follows:

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
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
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 guidance), resulting in further illness, death or the need for greater intervention at a later stage.
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.
Lack of sufficient staff, due to second Covid-19 results in increased infection rates and increased staff absence, or the impacts of the UK's exit from the EU lead to increased pressure on staff, a reduction in quality of care and insufficient capacity to deal with demand.
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.
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.
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

Failure to effectively maximise the opportunity through system working, due to a focus on near term issues, results in not solving the challenges of fragile services and sub-optimal clinical pathways.
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.
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.
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
Failure of key infrastructure, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm or reduced capacity in the hospital
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
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
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

Each of these risks had a clear mitigation plan and assurance process. The board considered other risks throughout the year as they arose, including for example the risk of losing staff or being unable to recruit as a result of the UK's departure from the European Union.

DELIVER CONSISTENT, HIGH QUALITY, SAFE SERVICES

The organisation continued on its journey through the Better Never Stops initiative and the newly formulated Quality Improvement faculty to continually improve the quality of our services and the experience of the people who use our services.

In the last year the Trust focussed on supporting and preparing staff and services to deal with the Covid-19 pandemic. There has been an enormous nationwide approach to this which has presented its own challenges. The executive team has tried to be as supportive and visible as possible, during what has been a very challenging time for patients and staff.

The accountable officers for quality are the medical director and the chief nurse and director of allied health professionals; for quality assurance, the lead officer is the chief nurse and director of allied health professionals.

Registration with the Care Quality Commission

Whittington Heath is registered with the Care Quality Commission (CQC) without any conditions. The CQC did not carry out any inspections of the Trust in 2020/21.

The table below provides the rating summary table for the CQC's final report published in March 2020 following its previous inspection in December 2019 of four core services. The Trust's current CQC overall rating from that assessment is 'Good' for Whittington Health, with 'Outstanding' ratings for our community health services and performance against the CQC's *Safe* domain.

	Safe	Effective	Caring		Responsive	Well-led	Overall
Acute	Requires Improvement	Good	Good		Good	Good	Good
Community	Good	Good	Outstanding		Good	Outstanding	Outstanding
Children's mental health services	Requires Improvement	Good	Outstanding		Good	Good	Good
Overall trust	Requires Improvement	Good	Outstanding		Good	Good	Good

Due to the Covid-19 pandemic in 2020, a number of the actions were put on hold and some have now been superseded by amended pathways and new ways of working developed in light of the pandemic. The CQC action plan remains a focus for improvement through the Trust's Better Never Stops programme.

During 2020/21, the CQC's approach to inspection and monitoring adapted to meet the challenges of the pandemic, and supported Trusts. Regular meetings were held with our CQC Relationship manager during 2020/2021 and mainly focused on the following:

- Staff wellbeing and support (during and post Covid-19)

- Restarting elective services
- Serious incident investigations and CQC enquiries
- Infection prevention control and personal protective equipment

A Covid-19 vaccination monitoring assessment call with the CQC took place on 5 March 2021 in relation to the vaccination hub where Whittington Health NHS Trust is the provider. This went very well and significant assurance was given by the CQC in relation to this.

Quality priorities

Our quality priorities, as set out in the Quality Account, are aligned to the Trust's commitment to helping local people live longer, healthier lives and build on factors such as quality performance, clinical or public proposals and our 'Better Never Stops' ambition, to continually improve and provide even better care.

2020/21 brought unprecedented challenges and ensuring patient safety, while providing a good patient experience and positive outcomes throughout the pandemic has been our top priority. Whittington Health recognises that to achieve sustainable improvement, projects needed to be long-term and effectively-monitored so that the priorities set in 2020 continued as part of a three-year improvement plan:

- Improving communication (between staff and patients, and across multi-disciplinary teams)
- Reducing harm from hospital acquired deconditioning
- Improving blood transfusion safety culture at the hospital
- Improving understanding of human factors and the impact on making healthcare as safe as possible

Key achievements from 2020/21 included:

- The introduction of an in-situ simulation programme, with observation from airline pilots for human factors expertise. This programme has been shortlisted for a Health Service Journal award
- An outpatients' letter Quality Improvement project commenced to improve the accessibility of clinic letters for patients. There have been successful outcomes against the quality criteria, and the project is now being rolled out more widely across the Trust
- A blood transfusion awareness campaign was launched in October 2020 and the emergency and integrated medicine ICSU trained 100% of nursing staff on our care of older people wards for blood transfusion
- A baseline exercise around mobility was completed as part of the hospital deconditioning project, to identify areas for targeted improvement in 2021/22

Freedom to Speak up Guardian

The Trust is pleased to report that the Freedom to Speak Up Guardian (FTSUG) for Whittington Health is now firmly established, is well known and respected across the Trust and maintains a high level of visibility across the hospital and community sites, and across many professional groups. During the year, the Guardian focused work on supporting staff and services impacted by the Covid-19 pandemic. To maintain the Trust's requirements for infection prevention and control precautions (including social distancing and supporting colleagues working remotely or shielding), new ways of raising concerns were established such as phone call appointments and virtual meetings. The Guardian continues to work closely with the communications team to review the Trust's media activity and promotion to refresh a focus on speaking up. The Guardian offers constant supervision and support to consolidate the network of Speak Up Advocates which was successfully established last year. Currently the network has 33 Advocates, across job roles and services, trained to actively listen to colleagues raising concerns.

In March 2021, the NGO (National Guardian Office) published the results of the annual survey of the Freedom to Speak Up Guardian network. The report reviews NHS providers' responses and activity in support of speaking up within organisations. It included a survey of Guardians across the NHS and the response is an improving one. For example, the Guardians' perceived that overall, the speaking up culture is improving, with 84% of respondents feeling that the speaking up culture in their organisation had improved in the last twelve months.

The NGO Freedom to Speak Up Index for 2020 is a key metric for organisations to monitor their speaking up culture. Following the data that was captured in the 2019 NHS staff survey, the Trust is incredibly pleased to have improved its overall FTSU Index score by 3% (78.9%) from 2018 (75.9%) making it to the top ten most improved Trusts in England for 2019. A score of 70% is perceived as a healthy culture and it is pleasing to see tracking above average and improvements year on year. It is noted in the Index that fostering a positive speaking up culture is a key leadership responsibility and that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by the Care Quality Commission.

In June 2020, the Trust's Board received the case review of past Freedom to Speak Up cases undertaken by the NGO. There is an action plan in place to take forward the recommendations highlighted. The areas for development included adopting national changes to the Trust's policy on speaking up; ensuring that arrangements are in place for thanking and giving feedback to those who did speak up; and improving the process for managing grievances. Much of this has been completed and a new grievance policy was introduced earlier this year and training delivered for 80 mediators to support managers and staff.

The plan for the next twelve months is to focus on the response of managers and leaders to staff who speak up and will be focused around a new NGO Freedom to Speak Up e-learning package, in association with Health Education England. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, focuses on listening and understanding the barriers to speaking up.

PATIENT SAFETY

Serious incidents

The Serious Incident (SI) Executive Approval Group (SIEAG), comprising the Medical Director, Chief Nurse and Director of Allied Health Professionals, Chief Operating Officer, the Head of Quality Governance and Serious Incident Coordinator, meets weekly to monitor and review Serious Incident investigation reports as defined within NHS England's Serious Incident Framework (March 2015). In addition, internal root cause analysis investigations and resulting recommendations and actions are monitored and reviewed by the panel.

All SIs are reported to North East London Commissioning Support Unit via the Strategic Executive Information System (STEIS) and a lead investigator is assigned by the clinical director of the relevant Integrated Clinical Service Unit (ICSU). All serious incidents are uploaded to the National Reporting and Learning System.

In 2020/21 there were 17 serious incidents reported on STEIS. This is a reduction on the 32 incidents reported in both 2019/20 and 2018/19.

A bi-annual SI report for 2018 – 2020, reviewing themes and trends, was presented to the Quality Assurance Committee in July 2020. This report highlighted that the number of SIs has steadily reduced from 1.1% of all incidents in 2015/16 to 0.4% in 2019/20, reflecting both an increase in incident reporting as part of Whittington's open patient safety culture, as well as improvements in patient safety. In line with the National Patient Safety Strategy, the focus is on learning from investigations and implementing recommendations, with measures such as round table discussions, process mapping exercises and aggregated themed reviews.

Due to the Covid-19 pandemic, some changes were made to streamline the SIEAG review process. The SIEAG Panel continued to meet throughout the pandemic, with a focus on immediate actions to mitigate patient safety risks. Investigation reports are now reviewed by a designated Executive Lead with the key learning shared at the Panel, which has reduced administration without reducing the quality of reports. Nationally, timeframes for SI reports were removed; however, the Trust continues to work to completing investigations as soon as is practical.

On completion of the report the patient and/or relevant family member received an outcome letter highlighting the key findings of the investigation, actions taken to improve services, what had been learnt and what steps were being put in place. A 'being open' meeting is offered in line with duty of candour recommendations. The report is shared with the patient and/or family as requested. This is ideally done at a face-to-face meeting.

Lessons learned following each investigation were shared with all staff and ICSUs involved in the care provided, through various methods including the 'Big 4' in theatres, and 'message of the week' in maternity, obstetrics and other departments.

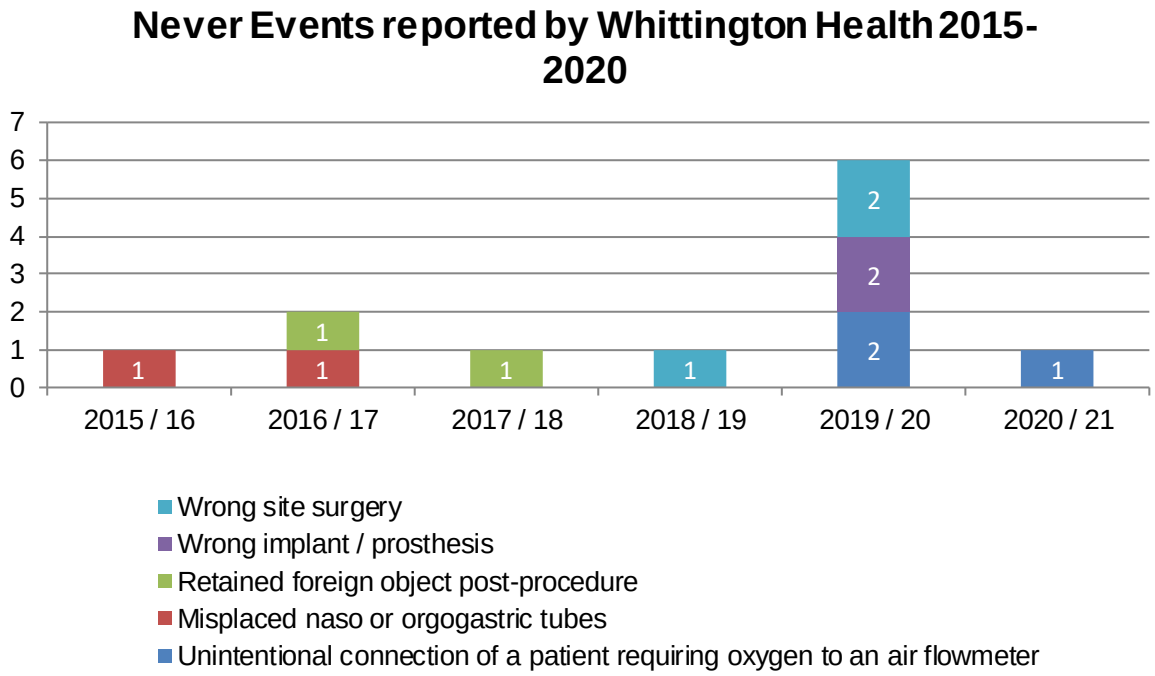
Learning from incidents is shared through Trust-wide multimedia including a learning zone on the Trust intranet, a regular patient safety newsletter, the Chief Executive's monthly team briefing and the weekly, electronic all staff, Noticeboard.

Never Events

A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented.

During 2020/21, the Trust declared one Never Event (this was reported in March 2020 and declared as a SI meeting Never Event criteria in April 2020, following review at SIEAG), a decrease from last year (six Never Events reported in 2019/20).

The Never Event related to an incident in the emergency department during the first wave of Covid-19, where a patient requiring oxygen was inadvertently connected to air. The incident occurred because an air flowmeter had been left in-situ. As a consequence of this incident, the emergency department switched to the use of air compressors and the air ports have been securely capped, removing the risk. A further review of the 'air flowmeter risk assessment' was carried out Trustwide, and a number of additional clinical areas identified as suitable for switching to the use of air compressors, with the air ports semi-permanently blocked off. Any areas where air flowmeters are still clinically necessary have regular local checks in place to monitor compliance and a monthly Trustwide oxygen / air flowmeter audit. This incident did not result in any harm to the patient involved.



A detailed review of Never Events from 2019/20 was carried out as part of the bi-annual SI themed report (2018-20) in 2020/21 which highlighted a number of issues to address, in particular the recognition of human factors and the need to make systems robust to mitigate the risk of human error. In addition to practical changes as a result of the Never Events, which provide physical barriers to human error (for example, removal of reconstruction plates from instrument trays and blocking off air

ports in clinical areas), the Trust has introduced an in-situ simulation programme using airline pilots as human factors experts to observe practice. This has increased awareness and understanding of human factors, and the identification and early actioning of latent safety threats, preventing future harm.

Maternity incidents

The Healthcare Safety Investigation Branch (HSIB) investigates incidents that meet the Each Baby Counts criteria or HSIB's defined criteria for the investigation of maternal deaths. Each Baby Counts is the Royal College of Obstetricians' & Gynaecologists' national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour.

From 1 April 2020 to 31 March 2021, Whittington Health referred five cases to the HSIB for investigation. Two reports referred in 2018/19 were also published. They related to an early neonatal death and a maternal death in the emergency department. The findings of both HSIB investigations were that, all appropriate care was provided, and no safety recommendations were made. However, during an inquest for one of the patients, the Coroner highlighted the potential for better communication processes between the London Ambulance Service (LAS) and the Trust and issued a Prevention of Future Death (PFD) notice. In response the Trust has worked with LAS to introduce changes including prompting staff to ask whether a patient is pregnant when a priority call comes through from LAS, expanding existing processes to determine whether obstetric teams need to be called to the Emergency Department before a patient arrives, standardising handovers between clinicians and running a simulation exercise.

Learning from deaths

During the period 1 April 2020 to 31 March 2021, 565 Whittington Health patients died in our inpatient wards. The following number of deaths occurred in each quarter for 2020/21, as follows:

- 168 in the first quarter (1 April to 30 June 2020)
- 70 in the second quarter (1 July to 30 September 2020)
- 136 in the third quarter (1 October to 31 December 2020)
- 191 in the fourth quarter (1January to 31March 2021)

By March 2021, the number of deaths for which there was a mortality case review was:

- 63/168 deaths in the first quarter
- 22/70 deaths in the second quarter
- 61/136 in the third quarter
- 48/191 in the fourth quarter

The second Covid-19 surge has meant redeployment of staff to focus on frontline work, thus making the timely completion of mortality reviews a challenge. Teams are in the process of reviewing these deaths.

Learning and actions from 2020/21 mortality reviews

Review of practice: Pathways and procedures

Following deaths from Covid-19, the Trust has adapted patient pathways and clinical guidance. Examples include adjusting target oxygen saturation levels, audits looking at continuous positive airway pressure (CPAP) machine usage, and the criteria for intensive care consideration for ventilation.

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

It was noted that a multi-disciplinary team approach to care, with early senior input for patients with Covid-19, was of great value and aided the junior doctors in earlier identifying the deteriorating patient.

Several mortality meetings praised the input from the ethics advisory group, when complex decision making was required.

Infection prevention and control

Our Infection Prevention and Control (IPC) procedures are led by our IPC Lead nurse, in collaboration and under the direction of the Chief Nurse and Director of Allied Health Professionals, who is the Accountable Officer, and Director of Infection Prevention and Control. The Infection Prevention and Control Team (IPCT) provide a full service to hospital, dental, mental health and community services across Whittington Health NHS Trust.

Operationally, there are a team of senior IPC nurses and an information analyst who support national, regional and local reporting on health care-acquired infections (HCAI), in particular Trust attributable bacteraemia such as Multi Resistant Staphylococcus Aureus (MRSA) and Escheria Coli (E.Coli); Clostridium Difficile infections, HCAI outbreaks; Seasonal respiratory illness e.g. Influenza and now also Sars-Cov-2 (Covid-19) across the Trust.

There were several changes in resources made within the IPC team this past year, recognising the burden of the Covid-19 pandemic on infection prevention professionals. A newly created post to manage the important requirement for Personal Protective Equipment (PPE) Filtering Face Pieces 3 (FFP3) masks fit testing lead was made to manage the mandatory fit test service across the organisation for all staff involved in and in proximity to aerosol generating procedures (AGP). A senior IPC Educator started in February 2021 alongside a second practice educator. These posts are responsible for statutory and mandatory training and

education. This focus on IPC education supports the Trust's objective to deliver consistent, high quality, safe services through surveillance of infection, audit of practices and provision of a clean and safe working environment, in collaboration with the Trust Estates and Facilities department, by ensuring staff of all disciplines are taught best IPC patient contact level. The focus is on prevention of infection.

The National surgical site infection (SSI) surveillance scheme is mandatory for one quarter each year on one procedure; this year during October to December 2020 twenty four repair of Neck of Femur operations were reviewed with no reported infections.

Having an operational and educational element to IPC, the team worked in unison, managing incidents and their reporting while also identifying and sharing the learning of what went well or could have be improved to prevent infection and / or incident in the future.

The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

Table 1: HCAI Infections 2020/2021

MRSA (Methicillin-Resistant Staphylococcus Aureus)	There is a zero tolerance on MRSA blood stream infections (BSI). In 2020-2021 Whittington Health reported two MRSA BSI. Both have Trust wide learning outcomes that are being addressed under the IPC education team
Clostridium Difficile Infections (CDI)	The Public Health England (PHE) limit recommended for 2020/21 for CDI within the Trust was 19, Whittington Health reported 14 cases of CDI.
E.Coli Bacteraemia	There were 11 Trust-attributed EColi BSI this year compared with 25 last year. The national objective in line with the UK five year plan 'Tackling antimicrobial resistance 2019-2024' is to halve healthcare associated Gram-negative BSIs, by March 2024. The trust is on target to achieve this target.
Influenza	This winter there were 11 total cases of admitted patients found to have Influenza which does not reflect a usual influenza season.
Surgical Site Infections (SSI)	Whittington Health met the mandatory reporting for SSI surveillance to PHE 'at least 1 orthopaedic category for 1 period in the financial year'. October to December 2020 SSI data – 24 Repair of Neck of Femur operations – 0 infections.
Sars-Cov-2	As of 26 March 2021, The Trust had had 1,997 COVID-19 positive patients admitted to the hospital during the past financial year. The Trust reports daily on healthcare acquired COVID-19 infections. 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. The 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.

Winter flu vaccination

Every year the Occupational health team leads a collaborated and robust staff flu vaccination programme. With the assistance of a wide range of champions from across the Trust, including infection control colleagues, the Trust improves its uptake rate year on year. As always, the Trust's flu campaign is driven by patient and staff safety.

The uptake of the vaccine by front line staff for 2020/21 was 87.3%, up 4% on the previous winter. The denominator for front line staff was slightly higher than in the previous year, up to 2,972 from 2,877. The Trust is continually ranked in the top four of London Trusts. Some of the success may be attributed to the large number of roving clinics included in the delivery of the programme. Evening and night clinics are particularly popular.

This year the trust offered an incentive with staff entered into a prize raffle with five top of the range bicycles. All staff who received a vaccine, either on site or elsewhere, was eligible to be entered into the draw. The trust also awarded over twenty £25 shopping gift vouchers to all champions who vaccinated over thirty colleagues.

The campaign this year supported two local food banks, one in Islington and a second in Haringey. The Trust's Chief Executive presented two cheques for £1,286 each to The Alexander Wylie Tower Foundation and The Selby Trust in March 2020.

PATIENT EXPERIENCE

Learning from national patient surveys

The Trust received results for two national patient experience surveys during 2020/21. These were:

- Adult Inpatient Survey 2019 (July 2020)
- National Cancer Survey 2019 (June 2020)

Adult inpatient survey 2019

33% of patients responded to the 2019 survey which was the same percentage as completed responses for 2018. The key improvements and issues to address are summarised below:

Key improvements seen for patient discharge are as a result of successful quality improvement workstreams which reviewed and implemented changes to discharge letters and enhanced discharge planning with the TICKED programme aimed at ensuring everything has been considered and in place prior to discharge.

While the Covid-19 pandemic has impacted on the Trust's ability to deliver improvement programmes to address key issues, several changes have been made following the survey such as, the hospital bringing patient catering back in-house and further communication training sessions put in place for ward staff.

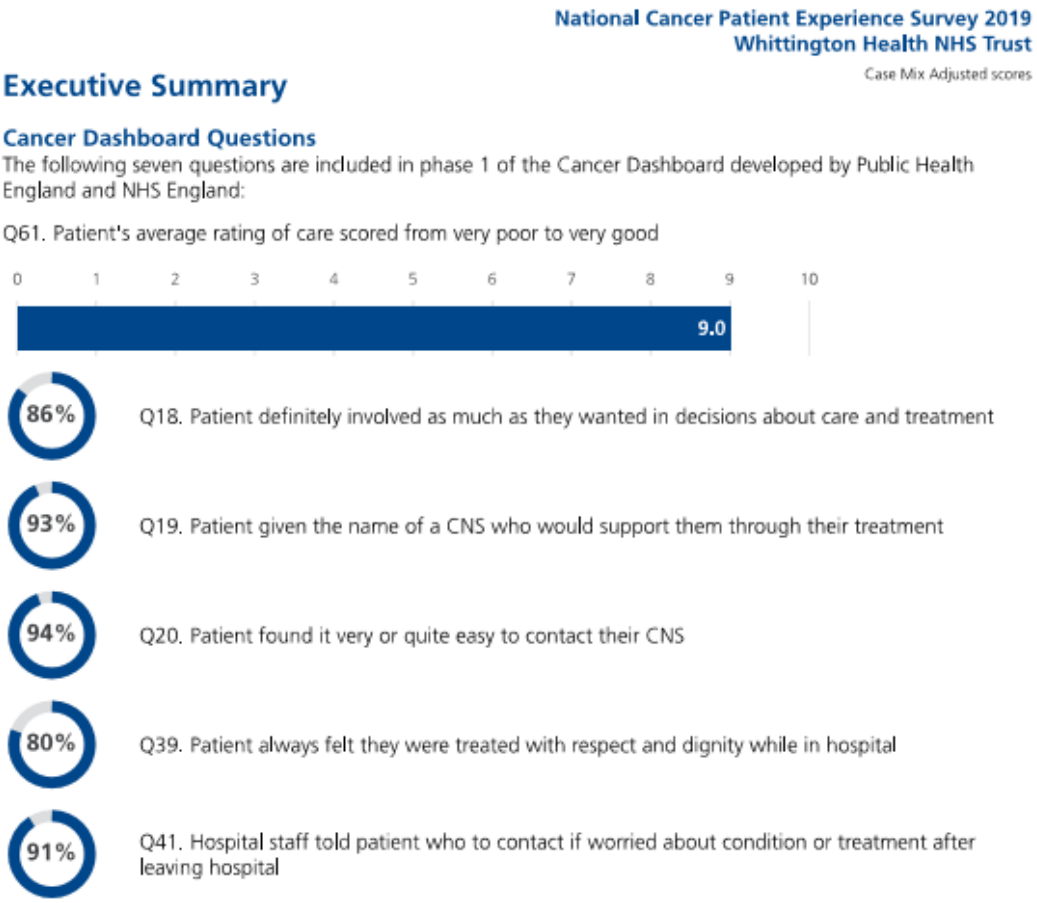
National Cancer Patient Experience Survey 2019 (NCPES 2019)

The 2019 survey results showed that Whittington Health remained a very high performer across London. The Whittington ranked second next to the Royal Marsden for London cancer services once again and the overall rating of care at the trust has improved for a second consecutive year from 8.9 to 9.0 (calculated as the average score given to the question “Overall, how would you rate your care?” on a scale from 0 (very poor) to 10 (very good)). This excellent outcome is now higher than the national average of 8.8.

Whittington Health remains a very high performer across London and are the highest performers within the NCL partnership. Narrative feedback from the survey details high volumes of very positive feedback for the cancer services. Most commonly the feedback is about the staff support.

A key consideration to support the improvement work in 2020/21 and also personalised care objectives will be the Whittington Health and Macmillan partnership providing a Recovery Package Manager and support worker staff.

A particular area for improvement related to communication and how staff talk in front of patients; patient involvement in their care; and patients receiving a copy of their care plan. To address this and other areas identified for improvement, the service implemented an action plan and have reviewed staff capacity to support patient communication.



Q55. General practice staff definitely did everything they could to support patient during treatment

Questions Outside Expected Range

	Case Mix Adjusted Scores			National Score
	2019 Score	Lower Expected Range	Upper Expected Range	
Q23. Hospital staff discussed or gave information about the impact cancer could have on day to day activities	**95%**	73%	95%	**84%**

	Case Mix Adjusted Scores			National Score
	2019 Score	Lower Expected Range	Upper Expected Range	
Q30. Hospital staff didn't talk in front of patient as if patient wasn't there	**67%**	69%	98%	**84%**

Due to the impact of the pandemic, the Cancer service opted not to participate in the NCPES 2020 as this was voluntary and health & well being events were badly affected as were the charities who support them.

Macmillan supported the funding of a Personalised Care Project Manager post and two people are now job sharing the role.

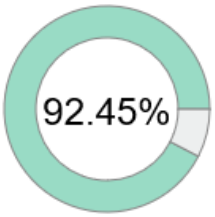
Family & Friends Test

With the onset of the Covid-19 pandemic NHS England and Improvement suspended the national reporting requirements for the Friends and Family Test (FFT) from March 2020. National reporting requirements were reactivated in December 2020, although there was an acknowledgement that response rates would remain affected as this coincided with the second pandemic surge over the winter.

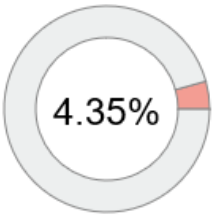
Services were able, and many continued, to collect FFT feedback, while the statutory obligation of reporting was removed. The guidance received encouraged NHS trusts and services to utilise methods of collection which reduced the risk of transmission.

Overall, the following results for 2020 were collated across the Trust

Percentages of Very good/good and poor/very poor
(FFT - All, 1/1/2020 to 31/12/2020)



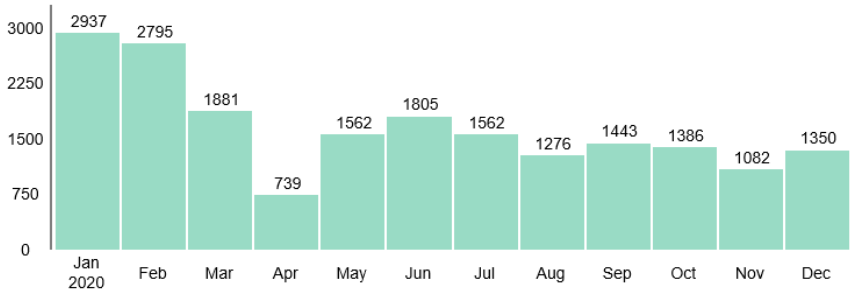
% very good or good



% poor or very poor

The table below shows the total number of responses for 2020 and highlights the reduction in FFT responses from April 2020 when the initial pandemic surge was at its peak.

Number of surveys completed each month
(FFT - All From 1/1/2020 to 31/12/2020)
19818 Surveys



Revised national FFT guidance, data system and text messaging

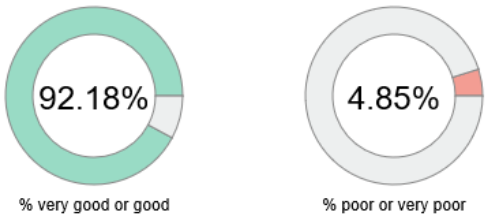
The revised national FFT guidance had been due for implementation - with all trusts expected to be compliant by April 2020; however, the implementation period was frozen until December 2020 as a result of the Covid-19 pandemic.

During April and May 2020, the Meridian data system the Trust uses for collecting and reporting on FFT along with other local patient experience surveys, was upgraded and renamed IQVIA connections.

Text messaging for FFT in the Day Treatment Centre (DTC) was finally implemented in January 2021 having been delayed by the pandemic.

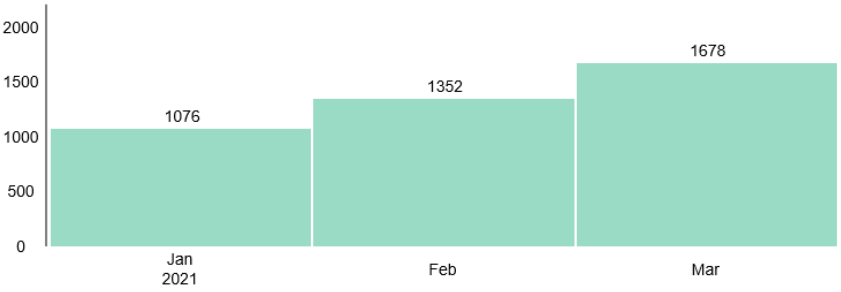
Quarter 4 data 2020-21 following re-launch of FFT using revised questionnaire

Percentages of Very good/good and poor/very poor
(FFT - All, 1/1/2021 to 31/3/2021)



As expected, the number of surveys completed has been increasing incrementally since the re-launch of national FFT reporting which coincided with the second pandemic surge.

Number of surveys completed each month
(FFT - All From 1/1/2021 to 31/3/2021)
4106 Surveys



Mixed sex/gender accommodation declaration

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust are committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable.

Patients who are admitted to hospital or come in for a planned day case will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area.

There are some exceptions to this. Sharing with people of the opposite gender will happen sometimes. This will only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained. This year due to Covid-19 reporting of this measure was paused.

CLINICAL EFFECTIVENESS

Driven by its vision of 'Helping local people live longer, healthier lives', Whittington Health, is committed to continually improve the care it provides to its patients. Whittington Health believes that 'Better Never Stops' and this attitude is embedded within the Trust's two-way approach to Quality Improvement. A bottom-up approach encourages grass roots development and top-down actions use performance and outcome data to drive improvement.

The establishment of a Clinical Effectiveness Group in 2020/21, chaired by the Associate Medical Director for Clinical Effectiveness and Quality Improvement, has helped to strengthen the clinical effectiveness agenda. Regular reports on clinical effectiveness, including national and local audits, National Institute of Clinical Excellence guidelines, progress with Getting It Right First Time (GIRFT), as well as quality improvement are discussed by the Quality Governance Committee, and included in the Quality report. Key achievements during 2020/21 included:

- the introduction of a Covid-19 clinical guideline page on the Covid intranet hub, which provided staff with single point of access for the rapidly changing guidance
- the pulse oximeter loan scheme, an original Whittington Health idea, which has now been replicated in other organisations

National audits

During 2020/2021, 50 national clinical audits including three national confidential enquiries covered relevant health services that Whittington Health provides. Despite the pressures on staff due to the Covid-19 pandemic, Whittington Health participated in 100% of national clinical audits and 100% of national confidential enquiries. A total of eight national audits were suspended or no longer applicable due to the COVID-19 pandemic. The Trust also registered an additional 15 non-mandatory national audits for completion.

Clinical audit reporting provides a vital mechanism to capture care quality across the organisation. Learning from clinical audits continued throughout the COVID-19 pandemic to include multidisciplinary audit and effectiveness afternoons and bespoke training of staff.

Quality Improvement

In 2020, the new Quality Improvement (QI) strategy was launched, with a vision 'to empower and engage our staff to deliver continuous Quality Improvement to enhance the care of our patients, the experiences of our staff and use of our resources'. To support this, the Whittington Improvement Faculty was launched in February 2021, which brings together staff from across the Trust, who share a common interest in QI. The Faculty provides an opportunity to share experiences; understand what each is working on; share the learning that may be transferable and provide support and challenge to one another.

One of the aims of this strategy was to strive for a 'Better Never Stops' approach and to learn from innovation and success. This has been evident throughout the Covid-19 pandemic, with existing QI projects adapting and growing, and new challenges presenting opportunities to do things differently.

The first wave triggered a lot of changes in a short timeframe; some were reactive and intended to be temporary, but others had the potential for longer-term benefits to patients and staff. QI focussed on identifying how to harness the positive projects to deliver lasting change, named 'Phoenix Projects'. Examples of successful Phoenix projects were the reduction in time it took to recruit to the staff bank; implementing straight-to-test hysteroscopies for some suspected gynaecological cancers; introducing personal protective equipment grab bags; moving to electronic prescribing in outpatient clinics and running remote clinics via the Attend Anywhere facility.

Whittington Health held a Quality Improvement Celebration afternoon in September 2020. The event was well attended (both virtually and socially distanced) with good representation across disciplines and departments, community and acute. The event focussed on celebrating both the Phoenix projects, and the QI projects which had continued despite the challenging pressures of the Covid-19 pandemic. Examples included: work on enhanced care; introducing group appointments in intermediate diabetes programme and developing the role of the health care assistants in the rapid response virtual ward team. There was also an opportunity for staff to hear what others had learnt from the pandemic, and what they now did differently. QI projects have also been celebrated by being submitted and presented at a range of external conferences.

Training has remained successful this year; with approximately 750 staff completing the online 'Introduction to QI' module; others attending the more advanced session and teaching delivered at medical inductions and development courses.

Associate Medical Directors appointed to leadership roles in the Trust

During 2020/21, the Medical Director's office successfully recruited to its Associate Medical Director (AMD) leadership roles.

	Dr Ihuoma Wamuo, consultant rheumatologist, was recruited to the role of AMD for Patient Safety and Learning from Deaths. Her AMD role includes chairing the Trust's Patient Safety Forum.
	Dr Sola Makinde, consultant anaesthetist, was recruited to the role of AMD for Workforce, a part of which is leading on the medical appraisal and revalidation process for the Trust. Dr Makinde is already looking at how the appraisal process can be more developmental and consider staff health and wellbeing as a priority.
	Dr Clarissa Murdoch, consultant in Acute Medicine, Ambulatory Care and Care of Older People, was recruited to the role of AMD for Quality Improvement and Clinical Effectiveness. Her AMD role includes chairing the Trust's Clinical Effectiveness committee, and the Getting It Right First Time (GIRFT) program.
	Professor Hugh Montgomery, a consultant intensivist, was recruited to the role of Director of Research and Innovation in the Trust.

RESEARCH

Research at Whittington Health had an unparalleled year in 2020/21. The Director of Research and Innovation along with the Research Portfolio Manager led the Trust's Covid-19 research activities in response to the pandemic. Where it is usual for there to be Trust recruitment targets, these were largely suspended as the majority of non-Covid-19 research was 'stood down' by the National Institute for Health Research (NIHR) during the first wave. Despite this, the Trust saw an increase in research activity and, at the time of writing, recruitment for the year stood at 1,079, up from 848 in 2019/20 and 1,077 from 2018/19.

The Trust continued to deliver a cost-effective service, with a low cost per patient recruited, compared with other Trusts in the North Thames Local Clinical Research Network (LCRN). Our performance throughout the pandemic was acknowledged by the allocation of additional in year funding of £73k. The usual NIHR benchmarks were been suspended last year but aspirational targets for the percentage of overall COVID-19 admissions recruited to specific Urgent Public Health (UPH) studies saw us reach 13% of all potential patients recruited to the RECOVERY trial; the target was 10% and the national average 8%.

Activity on commercial trials was largely stifled by the pandemic with the exception of vaccine trials and early phase studies suited to sites with dedicated Clinical Trials Units (CTUs); however, engagement with commercial sponsors was ongoing throughout and there is a strong pipeline for commercial activity to increase next year. We supported 11 NIHR portfolio adopted Covid-19 studies (and have two further studies in set-up at the time of writing). Of the 11 studies, five are badged as UPH and encouragement to support these studies came from the UK's Chief Medical Officer, Professor Chris Whitty. Four non-portfolio Covid-19 studies were completed and 178 participants were recruited into 14 NIHR portfolio adopted, non-Covid-19 studies which took place.

Of particular note, the top three recruiting Covid-19 studies were:

- ISARIC CCP UK: Clinical Characterisation Protocol for Severe Emerging Infection: 489. This was an observational study collecting clinical data for inpatients including disease severity, treatment and outcomes
- SARS-COV2 immunity and reinfection evaluation (SIREN) 257 - an observational study looking at the incidence of Covid-19 infections among healthcare staff
- Randomised Evaluation of Covid-19 Therapy (RECOVERY) 184 - an interventional study offering treatments to inpatients.

The top three recruiting non-Covid-19 studies were:

- Understanding the Attitudes and Opinions of Staff Working Across NHS Sites in England to the Change in Law Regarding Organ Donation (#OPTIONS) 56
- Turning the immune response in TB (HIRV-TB): 25
- National Evaluation of the Integrated Care and Support Pioneers Program: 15

The change of study profile in response to the pandemic has meant comparison of the growth of research across ICSUs would be inequitable, but it is reasonable to assert that Emergency and Integrated Medicine has seen the bulk of research activity. This year has raised the profile of research not only within the Trust but nationwide and there has been progress in research being part of patient pathways locally. There is an appetite to continue this beyond Covid-19 and the Research Oversight Group had its inaugural meeting in February 2021, despite the logistical and time challenges brought about by the pandemic. The Group is identifying opportunities to broaden the reach, capacity and capability for research and deliver on our commitment to offer patients the opportunity to participate in research and for the Trust to contribute to meaningful studies that benefit local people as well as the broader population.

GUARDIAN OF SAFE WORKING HOURS

Despite the complexities and challenges that the COVID-19 pandemic has brought to the training of junior doctors over the last year, there continued to be significant emphasis on the safety of their working hours. This was reflected in the ongoing engagement with the process of monitoring the safe working hours of junior doctors through the exception reporting process. There have been a large number of additional hours worked by doctors in training over and above their rostered hours and these were recorded and reimbursed with time off in lieu or payment where it has been safe to do so.

The COVID-19 pandemic has led to working patterns as have never been seen before. Doctors in training were moved overnight to new jobs with little warning or consultation. This was, across the board, met with widespread acceptance and a willingness to do anything that could be done to help. The flexibility and maturity of their engagement with senior colleagues in working to meet the challenges the pandemic has presented is to be commended. Trainees have worked together with consultant colleagues to step up additional on-call services and have helped to ensure wherever possible these have been compliant with the 2016 terms and conditions.

The Guardian of Safe Working Hours has worked closely with the junior doctors' forum to ensure there is a proactive approach to compliance with the 2016 terms and conditions. In 2019, we were awarded £60,000 from the British Medical Association's Fatigue and Facilities Charter. Through the last year the Guardian has supported the junior doctors' forum to spend this money on rest facilities for junior doctors. This culminated in the opening of the newly refurbished junior doctors' mess in July 2020.

INTEGRATED CARE ORGANISATION AND SYSTEM WORKING

Integrated Care Organisation

As an integrated care organisation we are demonstrating every day the value of collaborative working in multi-disciplinary and multi-agency approaches to health and care. Our figures continue to show the lowest admission rates in North Central London.

The Trust is currently meeting its plan of reducing long length of stay (patients over 21 days in hospital) through the management of delayed transfers of care, frailty management and Multi Agency Discharge Events (MADE).

During Covid our integrated approach was widely praised and we were asked to run the single discharge hub for ourselves and UCLH. Our CEO also chaired the non-acute Gold system leadership group, coordinating the community response to Covid across North Central London. The fact that we are an integrated care organisation helped us be flexible in our response to covid. Many staff working in the community and MSK were redeployed to support the wards and ITU.

Primary Care Networks and GP Federations

During 2020/21 we continued to work closely with GPs and commissioners in Haringey and Islington. Examples of this included:

- Continuing to develop the integrated diabetes team that supports and trains GPs to keep patients' diabetes managed in the community
- Our team working with Age UK and the GPs to use an e-frailty index to find and support patients before they deteriorated

Localities and Integrated Care Borough Partnerships

This year, Whittington Health continued to work even more closely with our colleagues in the councils, mental health trusts, GPs, and the voluntary sector to implement the vision for our joined up services based around localities (3 in Islington and 3 in Haringey). The leadership team in North Islington in particular shone out in its ability to respond quickly to covid needs in a coordinated way with the voluntary sector. A locality leadership team in Haringey has also been set up. Whittington Health put forward the two borough partnerships for the HSJ Awards and they were finalists in the Integrated Care Partnership of the Year Award.

North London Partners' Integrated Care System

Covid has been an impetus for much closer working together as a system. Whittington Health played a strong role in the system and this is described throughout this document. In particular at this point in the report we would like to highlight the Non-

acute Gold meeting that our CEO Chaired coordinating the community response to covid. We also worked well in the Operational Implementation Group which coordinated elective activity and recovery and the use of the private sector. The Clinical Advisory Group and the CEO group were crucial parts in the system along with other operational and corporate groups. We have been represented on all the critical committees. This has been crucial in the response to Covid-19 and created a really positive route for mutual aid, collaboration and transformation.

Paediatrics

Whittington Health was chosen to lead the joint South Hub for acute paediatric services from September 2020 to April 2021. This collaborative project between the Whittington, University College London Hospitals NHS Foundation Trust (UCLH) and the Royal Free London NHS Foundation Trust (RFH) co-located emergency paediatric and inpatient services at the Whittington site. The South Hub was effectively set up to offer temporary services that were safe and effective. This allowed UCLH and RFH to release clinical staff to support the North Central London pandemic response. The hub was set up and operationalised rapidly, requiring effective collaboration and significant support from across all three sites. Although there were significant initial challenges – including equipment, rotas, and information management and technology, and interoperability, the hub successfully provided safe, effective and quality care to children across North Central London.

Through work developed by the South Hub, long-term benefits for children in North Central London were produced. They included the establishment and agreement across all providers for a robust urology pathway and a hub model for the paediatric mental health team. The North Central London Clinical Commissioning Group has contracted University College London Partners to provide a thorough evaluation of the South Hub which is due later this year. While we look forward to sharing this review, the initial qualitative and quantitative feedback has been positive.

University College London Hospitals NHS Foundation Trust

Throughout the year, we continued to work well with UCLH in various areas of collaboration including breast services, maternity, nuclear medicine, and general surgery. In orthopaedic services, an Elective Orthopaedic Centre for the south of North Central London was established. This exciting new development saw UCLH and Whittington Health work together to provide day surgery at both sites and an enhanced day-case service at Whittington Health. Inpatient surgery will take place from April 2021 at the University College Hospital Grafton Way building which has state-of-the art robotic surgery facilities and dedicated theatres to cater for complex surgery. In the meantime, we have been working closely together sharing capacity in the private sector.

WORKFORCE

Our people

Last year, we employed around 4,500 staff, clinical and non-clinical, all of whom contribute to providing high quality patient care in our hospital and across our community sites. Our people work hard to improve efficiency and deliver the best possible care to our patients.

As the Trust entered the Covid-19 activity peaks, it quickly redeployed staff, trainees and students both within Whittington Health and from across the sector, expanding our staff bank numbers to ensure that services to care for Covid-19 patients were staffed appropriately. A Memorandum of Understanding (MoU) was put in place across NHS Trusts in London to enable the free movement of staff between employers. This provided assurance that the employment checks and statutory and mandatory training for redeployed member of staff was up to date and set out appropriate governance arrangements.

The Workforce Directorate developed an on boarding process to minimise the time for employment checks to be undertaken to expedite the availability of staff to work through Bank Partners to support our services whilst retaining the integrity of the checking process. We also put in place 24/7 hotlines for staff anxious about working through the pandemic and to ensure they received the most accurate information.

The Trust also responded rapidly to national guidance reflecting the service pressures and new modes of care, including revised safe staffing ratios in critical care and infection control requirements. Support for staff health and wellbeing during this period included free hotel accommodation, the provision of food and temporary parking, while investments made possible through donations were used to make improvements to staff facilities, such as lockers and rest rooms.

The majority of the Trust's staff are permanently employed clinical staff directly involved in delivering patient care. We also employ a significant number of scientific, technical and administrative staff who provide vital expertise and support. The table below provides a breakdown of our workforce. Our people are fundamental to the Trust's success in delivering high-quality patient care. We are proud of all our colleagues and recognise the important role they play in maintaining the health and wellbeing of the communities we serve. The people we employ reflect the diverse backgrounds of the local community and we have good representation of women and people from diverse ethnic backgrounds.

Headcount during 2020/21

Staff group	Employee headcount 1 April 2020	Employee headcount 31 March 2021
Professional Scientific &Technical	294	302
Additional Clinical Services	619	664
Administrative and Clerical	905	947
Allied Health Professionals	536	542

Staff group	Employee headcount 1 April 2020	Employee headcount 31 March 2021
Estates and Ancillary	212	202
Healthcare Scientists	96	104
Medical and Dental	547	565
Nursing and Midwifery registered	1244	1228
Students	20	28
Grand Total	**4473**	**4582**

Communicating with our people

As part of our ongoing commitment to engaging with staff to understand their needs and act on their feedback we communicate with staff regularly through a variety of channels. Over the past 12 months, staff engagement and support have been significantly enhanced and improved with an emphasis on keeping our staff fully appraised throughout the pandemic. As a Trust we maintained our engagement score (as calculated through the Staff Survey) and was above the average for Trusts in our category. Like many we have had to adapt our methods of communication and new technology over the last year. This has resulted in more frequent communications and the ability to reach a far wider audience.

Examples of this included:

- Weekly CEO briefings via Microsoft teams. These were critical throughout the pandemic and enabled the CEO to speak directly to hundreds of staff at any one time, and also take direct questions, feedback and suggestions
- Our Staff Networks became really important. In particular, our Black, Asian and Minority Ethnic (BAME) network. Covid and the Black Lives Matter movement shone a light on the inequalities experienced by our BAME colleagues. The Network itself continued to be active throughout the last year, but in addition the executive team held weekly listening events where they heard first-hand the challenges facing our colleagues and were able to respond quickly. The Whitability Network became the focal point for our colleagues who were clinically extremely vulnerable and forced to shield. During the year the LGBTQ+ Network grew, and we were delighted to formally launch our Women's Network on International Women's Day. Each of the Networks now has its own governance infrastructure with a Steering Group, elected chairs and an executive sponsor. Our NED lead of equality and inclusion attends all the Networks herself
- Technology allowed us to arrange many webinars throughout the last year addressing topical areas in real time. These included the Covid Vaccine; Redeployment; Manager's Forum and many more
- The Trust already had in place a robust mechanism for broadcast communications/bulletins and throughout the pandemic this was expanded to include dedicated daily (sometimes more than once a day) Covid-related communication to ensure staff were kept abreast of the fast-moving development of the pandemic and associated guidance

- The intranet became another important resource with “hubs” created to hold easily accessed information on a range of subjects, for example: Covid (clinical and non-clinical information); redeployment; staff health and wellbeing
- We saw an increase in Trust’s use of social media via Twitter and Facebook to connect with staff and celebrate our achievements, innovations and initiatives at the Trust

We continue to have a number of committees to monitor the performance and delivery of the workforce priorities and consult with trade union colleagues:

- Workforce Assurance Committee
- The People Committee
- Partnership Group
- Medical Negotiating Sub Committee
- Caring For Those Who Care Culture Group

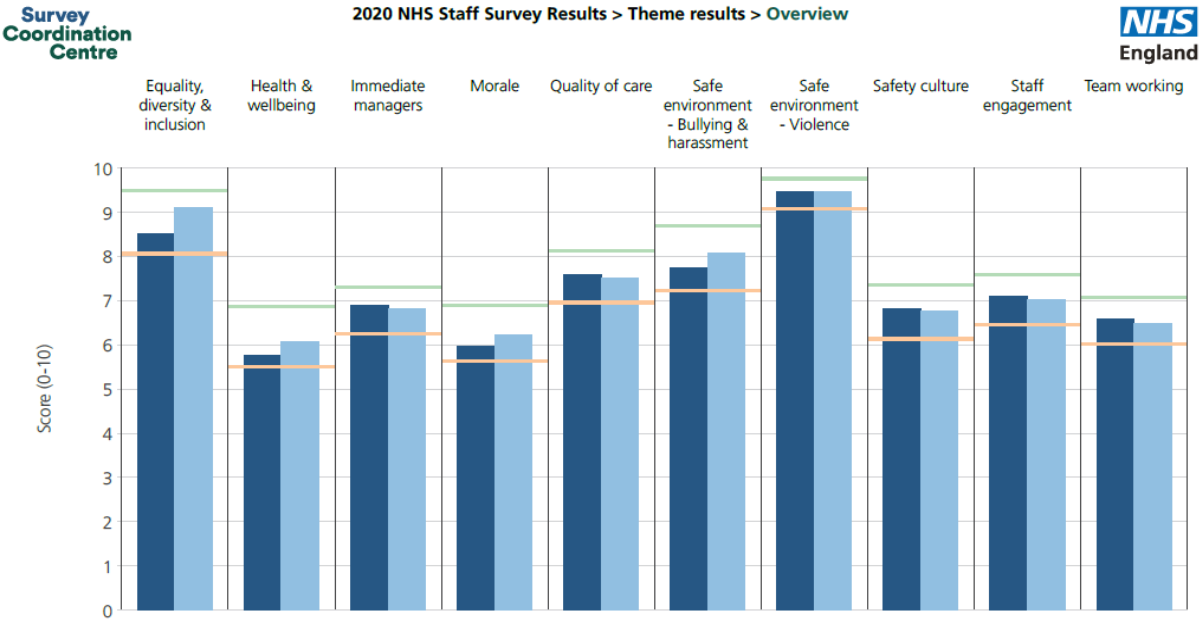
Staff feedback is also obtained from the national staff survey, quarterly pulse surveys and family and friends test, results of which are used to develop action plans for improvement. Through our Trust-wide briefings we have adopted the use of Slido to obtain real-time feedback from our staff. All staff are encouraged to voice opinions, suggest improvements and share ideas, as well as raise concerns.

NHS staff survey 2020

The Trust commissions the Picker Institute to run its survey nationally, Whittington Health was benchmarked against a total 128 similar Trusts. Of Whittington Health's 4,336 eligible staff, 2,198 staff took part in this survey, a response rate of 51**%** which is significantly above the median response rate of 45% for acute and acute and community trusts in England.

The reporting shows Whittington Health results against 10 themes and at question-level is compared between results from 2016 to 2020. Results are presented in the context of the 'best', 'average' and 'worst' results for the total 128 Acute and Acute and Community Trusts.

Whittington Health – 2020 overall results – Themes



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	8.5	5.8	6.9	6.0	7.6	7.7	9.5	6.8	7.1	6.6
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	2,124	2,140	2,141	2,104	1,996	2,071	2,135	2,125	2,164	2,145

In 2020 Whittington Health is not ranked as 'worst' in any of the themes, compared to one in 2019 (Safe Environment – Bullying & Harassment) and four in 2018. The Trust is slightly above average for four of the themes, below or slightly below for another four and rated as average for two.

Again this year, the Trust has agreed to focus on four areas for development and improvement across the entire organisation: equality, diversity and inclusion; staff morale; health and well-being and safe environment – bullying and harassment. The latter two, although improved significantly this year, are benchmarked as below average.

Nationally a new section was added to the staff survey to glean responses on staff experience during the pandemic. This allowed us to review a breakdown of theme scores for staff in the following subgroups:

- Staff who worked on a Covid-19 specific ward or area at any time
- Staff who have been redeployed at any time due to the Covid-19 pandemic
- Staff who have been required to work remotely/from home due to the pandemic
- Staff who have been shielding for themselves
- Staff who have been shielding for a member of their household

We are using this detailed information to reflect on our response to the pandemic and learn for similar events in the future.

Each of the ICSUs/Directorates develop their focus areas and, supported by the workforce directorate, and target improvement work in line with their own staff feedback.

Workforce Culture and "CaringForThoseWhoCare"

In the last year in particular, it has been so important to support good working relationships and promote compassion and inclusion throughout the Whittington Health culture. Many initiatives have been detailed in the following section on health and wellbeing. Below are some of the main programmes and campaigns to enhance culture and workplace relationships and environments.

- 'Bystander-to-Upstander' is a workshop programme, commissioned to enable staff to develop an understanding of the impact made by witnesses and allies in our efforts to tackle bullying, harassment, and racism. It encourages staff to be 'active bystanders' and not simply observers, and teaches them how to intervene appropriately, or escalate
- The well-received managers' course 'anti-bullying' training was scheduled for rollout. The pandemic thwarted the replication of the face-to-face training and so a virtual version was piloted and evaluated before being rolled out to all staff in 2020
- The 'Caring for Those Who Care' has been branded and referred to as "#CFTWC" to collate and communicate the expansive care and support offer to staff particularly during the pandemic

Staff health and wellbeing

The various organisational groups overseeing staff health and wellbeing have merged and work together in the working group and steering group. During the pandemic, the Trust focused efforts on staff support, with a wide range of offers from the very practical (travel, parking, identifying business partners, shopping, accommodation, risk assessments etc.), and the psychological. The mental health support was provided from a variety of sources:

- From internal staff, these included:
  - Mental Health First Aiders offered a listening ear and signposted professional support
  - A redirection of 'improving access to psychological therapies' (IAPT) resources to staff took place
  - Reflective practice sessions led by the clinical health psychology team
  - Mediation requests
  - A 'Check-in and Check-out' toolkit for managers to look after their staff
  - 'How are you?' calls to staff isolating or shielding
  - A resilience workbook which highlighted the importance of rest as a cornerstone
- From the in-house Employee Assistance Programme, 'People at Work', for which direct access to counselling was offered
- External routes including North Central London, national NHS provision, and specialist provision such as the Tavistock and Portman NHS Foundation Trust
- Websites and online resources from advice to chat rooms
- Workbooks and worksheets

All staff were encouraged to notice when they are tired and to take rest. Those on the acute site have access to the "Project Wingman" services in the "First Class Lounge".

The Trust monitors the completion of risk assessments which feeds into the redeployment process for those low-risk staff who are able to move into Covid-areas or redeploy those at risk who need to move to low-risk areas. Whittington Health has collaborated across the region to manage vaccination hubs for staff and partners. The rate of vaccine take-up is also monitored and both risk assessments and the vaccine rate is reported regularly to NHS England and Improvement.

Embracing equality, diversity and inclusion

Whittington Health serves diverse local communities across the population. This diversity is reflected in the profile of our patients and workforce and brings many benefits. The Trust remains committed to providing services and employment opportunities that are inclusive across all nine strands of equality: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation in accordance with the Equality Act 2010 and our public sector equality duties. Our equality objectives set out our priorities to drive improvements in staff experience which aim to reduce inequalities for our diverse workforce. Our ambition remains to improve the health outcomes, access and experience of all of our patients, carers, visitors, volunteers and employees

Measuring equality performance

Performance is measured through staff experience narrative and scoring (for example, in the staff survey) as well as through factual metrics including the demographics of staff in different roles and levels of seniority. There are currently two suites of key performance measures: (i) the Workforce Race Equality Standard (WRES); and the Workforce Disability Equality Standard (WDES). The results

relating to both of these are published annually. The WRES has been reported since 2016 and the WDES since 2019.

The table below summarises the Trust's WRES results since the start of reporting.

Summary of WRES Indicators for 2020 and previous years

WRES Indicator	2016		2017		2018		2019		2020	
	White	BME	White	BME	White	BME	White	BME	White	BME
1. Ethnic profile	67.1%	32.9%		45.0%		43.0%	42.6%	41.6%	37.8%	40.2%
2. Likelihood of White candidates being appointed from shortlisting	2.28		2.17		2.14		1.65		1.55	
3. Likelihood of B.A.M.E. staff entering process for disciplinary	2.67		2.41		1.18		1.44		0.85	
4. Relative White-B.A.M.E. staff take-up of non-mandatory training	-		-		-		0.94		0.91	
5. Experience of bullying from public	28.8%	28.5%	30.3%	28.6%	28.0%	29.0%	31.0% Gap =	36.0% 5%	31.0% Gap =	33.0% 2%
6. Experience of bullying from colleagues	27.0%	27.3%	24.6%	31.9%	27.0%	33.0%	31.0% Gap =	36.0% 5%	30.0% Gap =	32.0% 2%
7. Career development	37.3%	37.3%	36.6%	70.0%	35.0%	51.0%	33.0% Gap =	58.0% 25%	87.0% Gap =	65.0% 22%
8. Experience of discrimination	7.4%	14.5%	6.6%	16.6%	8.0%	17.0%	9.0% Gap =	20.0% 11%	8.0% Gap =	16.0% 8%
9. Board to Trust profile comparative representation	76.9%	23.1%	-45.0%		-23.0%		-21.8%		-23.0%	

The Trust continued to develop and implement its comprehensive plan to ensure better and fairer outcomes in recruitment and progression, as well as ambitious targets to improve diversity in senior management, ensuring all staff have the opportunity to achieve their full potential. The Trust continues to develop fair recruitment practices to ensure equal access to employment opportunities for all. To support all activity around this improvement plan, the Trust joined the WRES pilot led by the National WRES team, with three other trusts.

Workforce Race Equality Standard pilot

Whittington Health participated in the national WRES Team Cultural Change Programme pilot during 2020. The Trust received the deep-dive report in May 2021 which relates to data collated mid-2020 along with a series of conversations and workshops throughout that time.

The report has subsequently been discussed by the Trust Management Group, the Trust Board and with the black, Asian and minority ethnic (BAME) network Steering Group. Since November 2020, the Trust has secured expertise in helping address the race agenda and priorities through Yvonne Coghill who is helping with support for our action plan. This work will continue throughout 2021/22.

Workforce Disability Equality Standard (WDES)

The table below summarises the Trust's WDES results since the start of reporting.

Summary of WDES Indicators for 2020 and previous years

WDES indicator		2019 results	2020 results
1	Profile – disability at different bands	With only 2% of staff disclosing a disability on ESR, and 12% of respondents to the annual NHS staff survey declaring a disability, the following data has limited meaning.	ESR shows 2% of staff disclosed having a disability; just under 50% having no disability; and 48% did not disclose, whilst responses to the annual staff survey show c.5% of staff have a disability.
2	Likelihood of being appointed	Non-disabled staff are 1.24 times more likely to be appointed than staff with a disability	0.96
3	Likelihood of entering formal capability process	Staff with a disability are 1.74 times more likely to enter into a formal disciplinary process than non-disabled staff	Zero (no staff with disclosed disabilities entered formal capability procedures)
4	Percentage of staff experiencing harassment and bullying from: • Patients & public • Managers • Colleagues	Staff with / Staff Disability / without Patients & public 40.3% / 32% Managers 27.3% / 19.3% Colleagues 27.5% / 24.5% Gap 8.3 / 8 / 3	Staff with / Staff Disability /without Patients & public 33.4% / 31.3% Managers 24.1%/ 16.3% Colleagues 32.9% / 23.5% Gap 2.1 / 7.8 / 9.4
5	Percentage of staff believing there are equal opportunities for career development	Staff with disability 63.3% Staff without disability 74.1% Gap 10.8%	Staff with disability 72.1% Staff without disability78.3% Gap 6.2%
6	Experience of feeling pressure from manager to work when not well	Staff with disability 32% Staff without disability 23.7% Gap 8.3%	Staff with disability 33.5% Staff without disability 22.0% Gap 11.5%
7	Percentage saying they are satisfied with how the extent to which the Trust values their work	Staff with disability 36.8% Staff without disability 48.4% Gap 11.6%	Staff with disability 39.3% Staff without disability 51.6% Gap 12.3%

WDES indicator		2019 results	2020 results
8	Percentage saying employer made reasonable adjustments	62.5%	68.1%
9	(9a) Relative engagement scores	Staff with disability 6.6 Staff without disability 7.1 Gap 0.5	Staff with disability 6.7 Staff without disability 7.2 Gap 0.5
	(9b) There was previously no network		There is now a 'WhitAbility' network in place
10	Relative level of board representation	11% over-representation of non-disabled; -2% under-representation of disabled. Given the level of disclosure across the Trust, this data has limited meaning.)	There is an apparent 11%% over-representation of people with disclosed disabilities and an over-representation of 38% for non-disabled members resulting from the almost complete disclosure in Board and only 2% Trust disclosure

The last 12 months saw a significant rise in participation and involvement in staff inclusion networks, of which there are currently four at Whittington Health:

- Black, Asian, Minority Ethnic staff and allies network
- WhitAbility (for staff with a disability and allies)
- LGBTQ+ (for lesbian, gay, bisexual, transgender, queer and other questioning or non-heterosexual staff and allies)
- Women's network for all staff supporting gender equity

Black, Asian, Minority Ethnic (BAME) network

The BAME network enjoys continuous engaging monthly network meetings and is supported by an active steering group. Some of the main activities and outcomes are summarised below:

Three key members of the network successfully launched the 'See ME First' badge, securing commitments from individuals about their own personal actions in support of racial equity. The scheme was so successful that other NHS organisations have been keen to replicate something similar in their own trusts, and the network leads created 'packs' or toolkits for other trusts to follow suit.

Communication channels have been improved with weekly network bulletins being sent to the BAME network members, describing activities and providing key messages from the Trust and the network. Currently, a monthly newsletter is being designed for BAME network members.

An engaging interactive Covid-19 vaccination webinar was hosted to answer questions and to discuss concerns from BAME staff. Qualified and informed speakers were able to provide specific information to different types of concerns. This was well received; feedback demonstrated that BAME staff experience of the event was positive, reporting that where they had been indecisive, they were now more informed to make

a decision. Early signs suggest that this has contributed to an increased number of staff having their first vaccinations.

Deeper scrutiny of staff survey and WRES results has shown a need for specific groups of staff to have allies, and the BAME network is actively seeking to engage with Filipino and Muslim staff to explore how the network can support these groups of staff.

WhitAbility network

The WhitAbility network, to support staff with disabilities, holds regular and engaging monthly network meetings. Discussions have centred on vulnerable staff and the importance of health and wellbeing in particularly during the second wave of the pandemic. Meetings specifically to support staff who were shielding or were 'clinically extremely vulnerable' were hosted by the network. The Trust's Clinical Health Psychology Team also facilitated a group reflective session in January 2021.

Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) network

As with other staff networks, the LGBTQ+ network also held regular and engaging monthly network meetings. Key network members – the chair; administration officer; communication; and social media lead – managed a programme of activities in celebration of LGBTQ+ month in February 2021. Due to the pandemic, and the need to distance, celebrations were restricted, and therefore activities focused on promoting the network, and the benefits of joining.

To fully understand the experiences of LGBTQ+ staff within the Trust, the network launched a confidential survey to gather baseline data of the experiences of staff. The results were used to inform us on ways to improve the experiences of LGBTQ+ staff.

Women's network

The Women's network was launched on International Women's Day on 8 March 2021 and a programme of events and speakers was planned to follow the launch. A core group of interested parties from across the Trust, led by the Organisational Development Team, are providing the platform and planning for future events and the growth of the membership.

Statutory and mandatory training

The majority of core and mandatory skills are delivered through the Trust's online training site. The training modules and programmes are all tailored to meet the requirements of the organisation using software, voiceovers and videos to enable the e-learning to be interactive. While the courses themselves are visually engaging, they are delivered through a system not favoured by most users. Consequently, the Trust has bought a new system commended by numerous NHS Trusts, whose

endorsements included user-friendliness, as well as an increase in overall training compliance.

The Trust's compliance target is 90%, and for five years it has hovered at the 80%-85% level. The compliance rate has suffered recently from two key factors. Firstly, the pandemic prevented much of the face-to-face training with a time lag until e-learning was seen as an acceptable alternative. Secondly, the need to align the frequency for refresher training (specifically in the subjects of fire awareness and prevention; infection prevention and control; and resuscitation) to the national core skills training framework.

In spite of the pandemic, and after a pause at the start, regular virtual corporate induction sessions took place throughout the year to welcome and orientate new colleagues to the Trust. Induction includes key information such as the Trust's values and objectives and specific information to prepare new starters to be an effective member of the Whittington Health team. Each induction starts with a personal welcome at the start from the chief executive and other executive directors.

Staff development

Whittington Health places great value on developing staff through courses run across our various sites. A suite of development programmes have been designed to support Whittington staff through each stage of their career and continued to be delivered during the pandemic in virtual sessions. In the last year, the following was delivered by in-house staff and partners:

- "I.CARE Leadership Development" (NHS Elect)
- "I.CARE Compassionate and Inclusive Leadership" (NHS Elect)
- "Debrief facilitation for managers" including 'checking in and out'
- "The Right Amount of Conflict" (NHS Elect)
- "Team Culture" (NHS Elect)
- Affina Team Journey
- Coaching for individuals to support career development and working relationships
- Myers Briggs Type Indicator reports and feedback sessions to support team dynamics
- 360 degree feedback for individuals to understand how they impact on others and to support career development

To support the inclusion and career development agendas, new training was commissioned in quarter four for BAME mediators, team mediators, and Kings Fund leadership development. Because of the impact of the pandemic on staff health and wellbeing, the Trust invited participants from across the organisation to become accredited 'critical incident stress debrief' facilitators.

Modern Slavery Act

Whittington Health's aim is to provide care and services that are appropriate and sensitive to all. We always ensure that our services advance equality of opportunity,

equality of access, and are non-discriminatory. We are proud of our place in the local community and are keen to embrace the many cultures and traditions that make it so diverse. The diversity of this community is reflected in the ethnic and cultural mix of our staff. By mirroring the diversity that surrounds us, our staff are better placed to understand and provide for the cultural and spiritual needs of patients. In accordance with the Modern Slavery Act 2015, the Trust has made a statement on its website regarding the steps taken to ensure that slavery and human trafficking are not taking place in any part of its own business or any of its supply chains.

Excellence in Medical Education

Undergraduate education

Whittington Health is committed to delivering the very best education and training to University College London medical students on their clinical placement. This has been particularly hard for the past year because of the pandemic.

The following were notable achievements during the year:

- The pandemic saw the rapid introduction of innovative schemes to maximise the medical workforce and utilise untapped capacity. In March 2020, after their final examinations, 47 final year medical students were recruited as medical support workers, four months before they would usually have started. A programme was developed with a focus on welfare and pastoral support with overwhelmingly positive feedback from both the participants and their supervisors. This was published in a peer reviewed journal[1]
- In September 2020, the team arranged the safe return of University College London medical students to clinical placement. The curriculum was revamped, paying attention to footfall and safety bubbles. Students had an induction that was the envy of students not placed at the Whittington. They remain at one site for the year using an apprenticeship model. This has been so successful it will continue next year. Students have felt safe, appreciated and grateful
- During the height of the second wave in early 2021, with the full support of University College London and Whittington Health, we were able to place medical students in work shifts. There have been many positive feedback messages received about these students and how hard they have worked. They worked many unsociable and long shifts as health care assistants
- This has all been positive because of active engagement of the Whittington Faculty working tightly with administrators. Feedback from students is good overall, despite their placements being often altered depending on service delivery.

Postgraduate medical education

Over the last greatly challenging year of the coronavirus pandemic, we have been hugely grateful to our amazing doctors-in-training, who have worked tirelessly to care for patients with Covid-19. The high quality of junior doctors choosing to work and train at Whittington Health has become even more apparent. They have all shown tremendous flexibility and a strong desire to contribute to hard working clinical teams, transferring from many different specialist areas into medical inpatient and intensive care. Even those whose risk assessment meant they could not work in face-to-face clinical areas have fully contributed, for example providing a key communication link between patients admitted with Covid-19 and their families and loved ones. The high esteem with which postgraduate medical education (PGME) at the Whittington is held

[1] Jane Simpson, Irene Gafson, Mumtaz Mooncey, Johnny Swart and Caroline Fertleman. *Experiences of a new training programme for final-year medical students during the COVID19 pandemic*. (Fut Healthcare J Nov 2020)

also meant that we were able to recruit back to the Trust, previous doctors-in-training who had moved on. These doctors put research work and teaching fellowships on hold to contribute to acute on-calls, emergency shifts and inpatient care.

Our doctors-in-training have also been instrumental in undertaking Covid-19 related quality improvement work. For example, they designed the patient admission documents, set-up and maintained an online document sharing hub for updated patient treatment protocols and contributed to patient management guidelines. They have also been key in undertaking audit and research work, including in Covid-19, and have published in high impact international medical journals such as the Journal of Clinical Endocrinology and Metabolism (JCEM)[2].

In the midst of this pandemic, we have continued to provide PGME and teaching, in a blend of online, recorded webinars and face-to-face training. The Foundation School particularly recognised the high performance of the Whittington in restarting Foundation Doctor teaching at a time earlier than other local Trusts. We have continued our Whittington Health Star Awards in PGME, for work above and beyond usual practice. We awarded a Star to all our doctors-in-training after the first COVID-19 surge, in recognition of their huge contribution to patient care. We are also aware that this intense level of working can bring with it significant stresses and we set up reflective practice and well-being sessions for our doctors-in-training, provided by colleagues from clinical psychology.

Outside Covid-19, Whittington PGME has had a notably successful year. We were awarded £125,000 from Health Education England (HEE) in response to applications for funding, particularly around Simulation-based medical education (Sim) and leadership development. This funding will be used to support ongoing projects such as pilot-observed multi-professional, multidisciplinary Sim training and also will support future development of Sim training at the Whittington.

We received funding from HEE to support the continuing professional development (CPD) of specialty and locally employed doctors in the Trust. We set up a Whittington CPD award scheme, inviting applications, and have been able to contribute towards these doctors undertaking Masters' degrees, practical clinical skills training, professional exams and Certificate of Eligibility for Specialist Registration applications.

We appointed a digitising medical education co-ordinator, who is working to make Whittington PGME available online to all. This work will be co-ordinated with Trust-wide developments in education across all professions. Members of our PGME faculty, both administrative and clinical, have been promoted to more senior posts outside the Whittington. We are delighted to have been able to attract and recruit

[2] Ploutarchos Tzoulis, Julian A Waung, Emmanouil Bagkeris, Ziad Hussein, Aiyappa Biddanda, John Cousins, Alice Dewsnip, Kanoyin Falayi, Will McCaughran, Chloe Mullins, Ammara Naeem, Muna Nwokolo, Helen Quah, Syed Bitat, Eithar Deyab, Swarupini Ponnampalam, Pierre-Marc Bouloux, Hugh Montgomery, Stephanie Baldeweg. *Dysnatremia is a predictor for morbidity and mortality in hospitalized patients with COVID-19.* (The Journal of Clinical Endocrinology and Metabolism, 2021; dgab107, https://doi.org/10.1210/clinem/dgab107)

skilled and able new members of the team to replace them, including new college tutors for paediatrics and for anaesthetics.

One of the most significant challenges over the last year involving PGME was setting up the Paediatric South Hub for North Central London, bringing together consultants and doctors-in-training from across the local three Trusts (Whittington Health, Royal Free Hospital, University College London Hospitals to work together in the Paediatrics Emergency Department at the Whittington. This had a very significant impact on training. However, the Trust supported us in appointing a paediatrics medical education co-ordinator who has been instrumental in supporting and organising best practice multidisciplinary training events as well as junior doctor focused training. We are now looking to a future where the Whittington will continue to work in partnership with other local Trusts and where our PGME team will co-ordinate and provide educational opportunities for doctors-in-training and consultants across the sector.

COMMUNICATION AND ENGAGEMENT

Change and uncertainty demand clarity and direction and our communications team worked hard to bring that to Whittington Health's staff, patients, and local community over the past year. It also presented us with the opportunity to demonstrate the value and importance of high quality communications to the organisation's success.

Over the course of the year, we worked hard to ensure we communicated the latest, trustworthy advice, information and guidance as quickly as possible. From the beginning of the pandemic, we created a dedicated Covid-19 bulletin which contained action focussed information and updates to provide the information our teams working across the organisation needed to ensure that we could continue to provide safe, effective care through the pandemic. We also ensured that these updates contained information and advice to support our colleagues' wellbeing and provided details of the emotional and practical support available to staff throughout. This was distributed to all staff up to six times a week at the height of the pandemic period.

These emails were supplemented by a Covid-19 hub on our staff intranet which contained all of the information staff may need and which is available 24/7. It contains sections including care and support for staff and practical support such as access to car parking, clinical guidelines, personal protective equipment guidelines for staff depending on where they are working, details of Covid-19 research trials we were taking part in, access to Covid-19 safety posters and signage staff could print out and use locally and much more.

We also supported the Trust to keep everyone safe through the rapid provision of physical signage throughout the estate which was kept up-to-date as we learned more about Covid-19 and as the guidance from national bodies such as Public Health England was updated. This included over 2,000 floor stickers and stickers for chairs in waiting rooms to ensure safe social distancing.

For our patients and the public, we supported national information campaigns supplemented with more detailed local information. This included very regular updates on our social media channels and at key moments we provided updates from the chief executive via the letters page and paid for adverts in our local newspapers. We established a dedicated page on our website with key information about changes to services and key policies such as patient visiting so that it was easy for people to find the information they needed quickly.

We are especially proud that we created several products in direct response to feedback from our community around what they needed. These included:

- A real time "service status" page, similar to a tube status board, on our website. Principally aimed at local GPs, it shows all of our services on a single page giving information about whether the service was operating and details of any changes especially to referral methods. This has received very positive feedback from our local GP community

- A parent of a child with specific needs related to a long-term learning disability told us that they and other parents with children with conditions such as autism were concerned about bringing their children to our emergency department during the pandemic. In response, within 24 hours, we created a dedicated easy-read guide which explained what to expect when coming to the department during the pandemic, what we were doing to keep people safe and how we can support patients with specific needs. We supplemented this on our website with further resources developed by other organisations and charities to support people with autism
- Dedicated advice for pregnant women to support them with the specific issues they faced during the pandemic, including answering the most frequently asked questions our maternity colleagues were asked

Despite the pressures of the pandemic, we also continued to support the Trust in other areas. For example, we developed and delivered a new stakeholder update which contains information on the most important news from across Whittington Health as well as regular performance updates. This is sent by email to stakeholders monthly, or more often where there is a lot of news to share. We hope that this provides a helpful insight into what is happening at Whittington Health.

We maintained a key focus on supporting our Caring for Those Who Care Programme which aims to deliver a culture across the Trust where everyone feels valued and included and everyone's voice is heard. This undoubtedly contributed to the positive improvements in Whittington Health's scores in the annual NHS staff survey, despite our colleagues living through the toughest period of their professional lives.

Through the challenges presented by the pandemic, we also continued to support the Trust to engage with patients and service users where long-term changes to services were planned to ensure that their voices are at the heart of our decision making. This included launching a major consultation on changes to where some services are provided in the London Borough of Haringey towards the end of the year.

Overleaf, is an infographic on what the communications and engagement team completed last year.

What we did last year:

1230 tweets

- 2,136 new followers on Twitter
- On average, our Twitter profile is visited over 7,700 times each month.

Top Tweet earned 379K impressions

Please join us in welcoming little baby Ava, our first Christmas Day Whittington Baby who arrived at 00.40 weighing 3.04kg! Congratulations to parents Sam and Kate for the safe arrival of their beautiful Christmas gift. pic.twitter.com/ijVYwm8XA5

2,075,714

The number of times content from our Facebook Page was displayed on somone's screen in 2020.

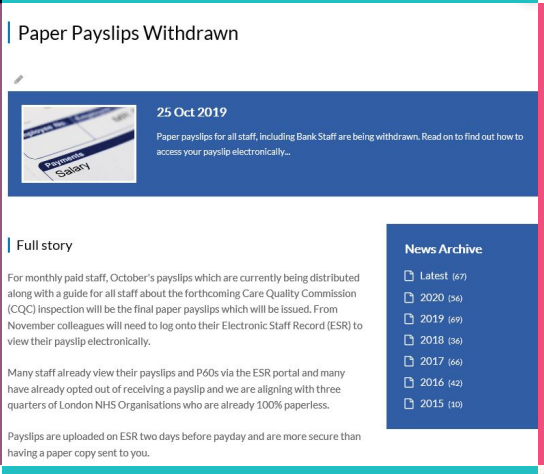
3,965 followers

- 833 new Facebook followers in 2020
- On average 315 people a day engage with our page

Top media Tweet earned 378K impressions

Some much needed good news: we have received our first batch of COVID-19 vaccines which we will be providing from today! The NHS will contact you when it is your time to be vaccinated but Whittington's vaccination journey begins today! pic.twitter.com/xiX0eCukfD

101 intranet news stories

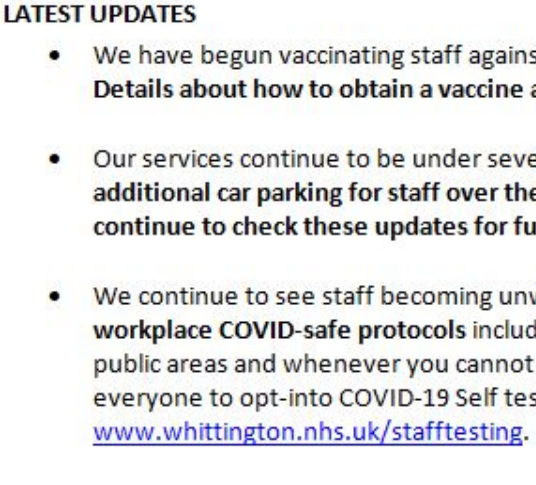


146 COVID-19 Update emails sent to all staff during 2020

30 website news stories

Our top story received 31, 831 hits

Together our news stories received 85,000+ hits



Some of the photos in this document were taken prior to the COVID-19 pandemic. All images were compliant with PPE and social distancing guidelines at the time they were captured.

INFORMATION GOVERNANCE AND CYBER SECURITY

Information Governance (IG) is to do with the way organisations process or handle information. Cyber Security relates to the precautions the Trust takes to secure and protect the information it holds. The Trust takes its responsibilities to protect confidential data seriously and over the last five years has made significant improvements in many areas of information governance and cyber security, including technical security, data quality, subject access requests, freedom of information and records management.

The Data Security and Protection (DSP) Toolkit is a policy delivery vehicle produced by the Department of Health and Social Care, hosted and maintained by NHS Digital. It combines the legal framework including the EU General Data Protection Regulation (2016) and the Data Protection Act (2018), the Freedom of Information Act (2000) and central government guidance including the NHS Code of Practice on Confidentiality and the NHS Code of Practice on Records Management. The framework ensures the Trust manages the confidential data it holds safely and within statutory requirements.

During the year the Trust implemented an improvement plan to achieve DSP Toolkit compliance and to improve compliance against other standards. Due to Covid-19, the deadline for submission of the 2020/21 Toolkit was extended to 30 September 2020.

All staff are required to undertake IG training which includes a Cyber Security component. In 2020/21, the Trust reached an annual peak of 82% of staff being IG training compliant. As of 31 March 2021, the Trust's compliance figure was 81%.

Compliance rates and methods to increase them are regularly monitored by the IG committee. The IG department continues to promote requirements to train and targets staff with individual emails, includes news features in the weekly electronic staff Noticeboard and manages classroom-based sessions at induction.

Further details relating to information governance incidents in the last year are referenced in the annual governance statement.

INFORMATION MANAGEMENT AND TECHNOLOGY DEVELOPMENTS

Whittington Health continued its work through the Global Digital Exemplar programme. Major developments include the implementation of digital clinical noting in inpatient areas, a patient flow system that enables improved monitoring of the inpatient pathways to optimise care for patients who need admission and a clinical workspace. The workspace draws together access to in-context patient data from across clinical systems such as digital noting, observations, pathology, imaging and shared care records.

Through the pandemic, Whittington Health has also moved to an enhanced model of remote working through a range of technologies with regularly five times the number of staff working remotely than prior to the pandemic. In line with the national offer, the Trust also implemented Microsoft Teams which enabled the staff to meet, collaborate and communicate effectively even when social distancing requirements meant they could not meet in person. Video and telephone consultation become a more prominent feature in the model of outpatient care across both acute and community settings.

Last year, the Trust continued to invest and develop its infrastructure and systems with work ongoing to build new agile working models, implement the national Office 365 agreement, and to complete the annual operating system refresh. Data and Security Toolkit work has been at the heart of the design and the Trust continues to make strong progress in developing secure and effective interoperable systems which support high quality patient care.

The pandemic brought many challenges including the need for robust, real-time data across a wide number of domains. As progress was made with digitising the acute part of Whittington Health to bring it in line with community-based services, the opportunity to leverage near real-time data has started to emerge in some applications. The Trust built dashboards to monitor the management of Covid-19 patients, oxygen utilisation, vaccine roll out, and to support the wider North Central London data needs around discharge planning and system capacity.

Finally, the Trust enhanced its integrated model of care on a number of fronts. In particular, our district nursing teams enhanced their work planning system and implemented virtual smartcards to enable real-time access to patient records from any location. This augmented the iPad-based agile working solution the team had already implemented further leveraging this investment.

ESTATE

Following publication of our estate strategy in early 2020 setting out three phases of development to transform our estate for the future, we progressed with approval of a strategic outline case for remodelling of the maternity and neonatal block. This is now moving forward with further survey and design work taking place with the view to a further business case in summer 2021 and the start of building taking place later in the 2021/22 financial year.

In the community, we began our journey to three adult hubs and one children's specialist centre per borough. At the time of writing this report, we are currently consulting on an exciting opportunity to move the Child Development Centre from St. Ann's to Tynemouth Road.

During 2020/21, we delivered significant capital investment within the estate to support our current activities. This included:

- Seeing the new Whittington Education Centre being built in the place of the old Waterlow Building, with completion due in June 2021
- The demolition of the old Whittington Education Centre in preparation for the new Camden and Islington Mental Health in-patient unit
- Completion of the refurbishment of our postal natal ward

SUSTAINABILITY

The United Nations describes climate change as “the defining issue of our time”. Climate change is a long-term shift in global and regional climate patterns, specifically relating to the increased level of atmospheric carbon dioxide produced from the use of fossil fuels. It is a risk to health at both the national and global level. As a provider of healthcare and as a publicly funded organisation, our Trust is committed to ensuring the long-term sustainability of the natural environment to deliver sustainable healthcare and to safeguard human health. By ensuring we utilise environmental, financial and social assets in a sustainable manner, we will continue to help local people live longer, healthier lives even in the context of rising utility costs.

In 2019, the UK Government amended the carbon emissions reduction target defined in the Climate Change Act 2008 from 80% (vs. the 1990 baseline year) to 100% by 2050. To ensure that the NHS is aligned to legal UK targets, in October 2020 NHS England released its *Delivering a ‘Net Zero’ National Health Service* report which outlines clear carbon reduction targets for the organisation:

- Directly controllable emissions (the ‘NHS Carbon Footprint’) should be net zero by 2040
- Trusts should aim for an 80% reduction of directly controllable emissions by 2028 to 2032
- Other influenceable emissions (the ‘NHS Carbon Footprint Plus’) should be net zero by 2045
- NHS trusts should aim for an 80% reduction of influenceable emissions by 2036 to 2039

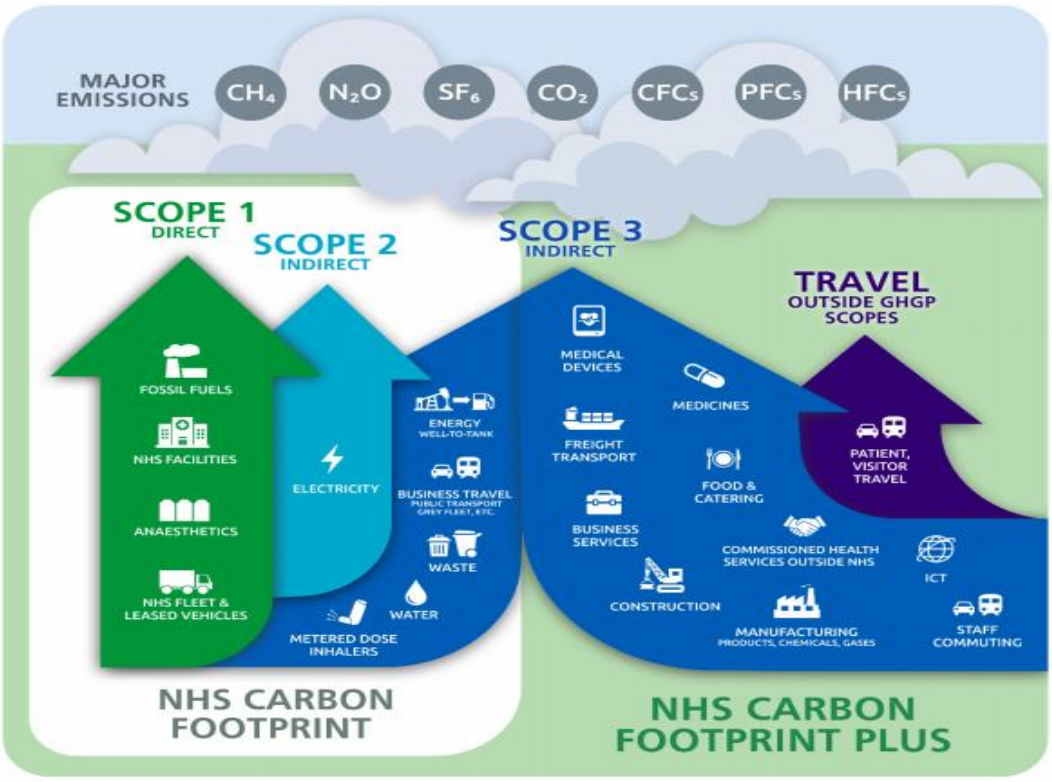


Figure 1: NHS Carbon Footprint scope definition (Delivering a 'Net Zero' National Health Service, 2020)

Whittington Health recognised that it is crucial to take steps now to assure that the Trust not only meets these targets but is at the forefront of sustainability within the healthcare sector.

Our plan

Our Green Plan outlines the national and local context of sustainability within the healthcare sector, discusses how sustainability aligns with our organisational vision and details how we intend to embed sustainability across our organisation. Key points include:

- An improved approach to monitoring and reporting sustainability Key Performance Indicators (KPIs)
- A qualitative assessment of our performance in a number of key *Areas of Focus* (as defined by the Sustainable Development Unit (SDU))
- A defined set of actions to progress the Trust's sustainable development
- An appraisal of the potential risk and opportunities associated with our wider sustainability strategy

Carbon impact

The Trust's energy consumption and therefore a significant proportion of our carbon impact is affected by multiple factors including floor area, staff and patient numbers, type of care being delivered, local climate and efficacy of estate management. Data is not easily available to assess the impact of each of these, so we track carbon impact through an emissions/floorspace KPI. This normalises for changes to the Trust estate and allows benchmarking against similar acute NHS trusts.

Figure 2 below shows the Trust's direct carbon emissions (i.e. those associated with energy consumption of the built environment) normalised for floor area. We have selected a baseline year of 2013/14 and overlaid the NHS's interim target of an 80% reduction by 2032 – this is indicated by the orange line. The graph shows that, to date, the Trust has reduced its direct carbon impact by 39%, ahead of the average yearly reduction required to meet the 2032 interim target.

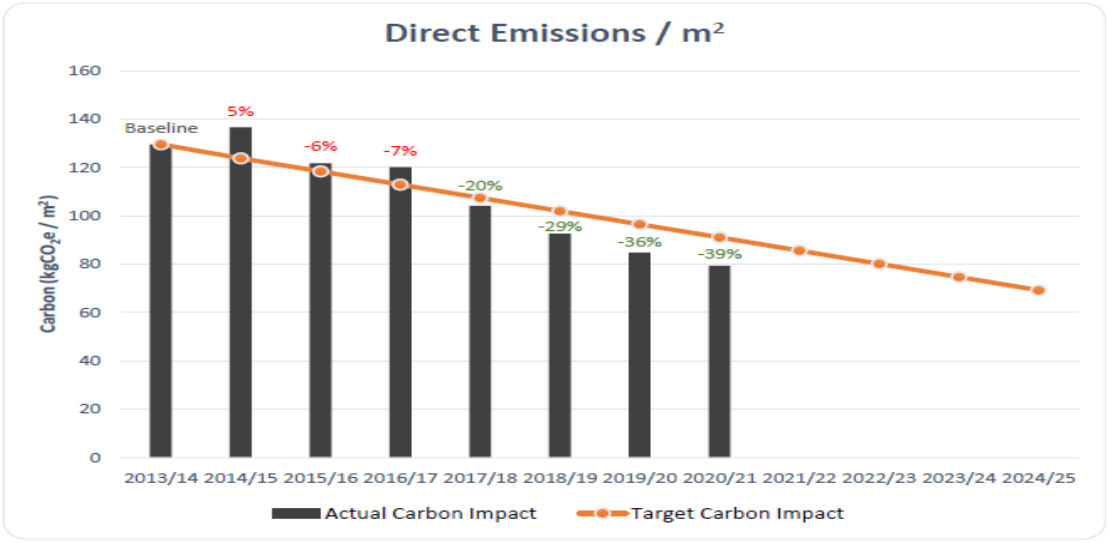


Figure 2: Normalised direct carbon emissions

The positive trend shown in Figure 2 was influenced by the Trust's ongoing investment in energy efficiency and carbon reduction projects. In 2020, the second phase of an LED lighting project, for which the Trust successfully bid for funding from NHS Improvement, was implemented in multiple areas of the acute hospital. Inefficient fluorescent and halogen fittings in the Kenwood Wing, H block and the Jenner building were replaced with low energy LED alternatives. This project reduced our annual carbon impact by 200+ tCO_2e p.a. Following the success of this work, the estates team are investigating the potential for further rollout of LED lighting in other areas including A & L blocks and in community health clinics.

The Trust also invested in replacing secondary heating plant equipment in K block and improving the controls to this equipment to enable optimisation. Additionally, we replaced aged, inefficient boiler plant in several of our community sites with high efficiency alternatives. This reduced our gas consumption, saving 24 tCO_2e p.a. Looking forward, the Trust is planning a review of the hospital's long-term energy strategy to identify how to best supply utilities to the acute site in line with the estate transformation plans. We also have plans to improve our data collection and analysis process to incorporate a broader range of emissions sources as outlined in the NHS Carbon Footprint shown in Figure 1.

Waste management

Despite the challenging circumstances of the pandemic, the facilities' waste team continued to drive improvement through Whittington hospital's in-house recycling centre. Having built upon the success of previous years in which the main hospital became a zero waste to landfill site, the proportion of total waste recycled has been maintained at approximately 31%. This is a significant achievement given that there was an enormous increase in clinical waste from the use of necessary personal protective equipment which needs disposal through incineration. The facilities' team also maintained the practice of baling and storing cardboard waste on-site until there is enough to fill a whole waste consignment. This minimises transport and external labour costs, as well as reducing the associated road miles. Figure 3 below shows the breakdown of the main hospital's waste streams last year.

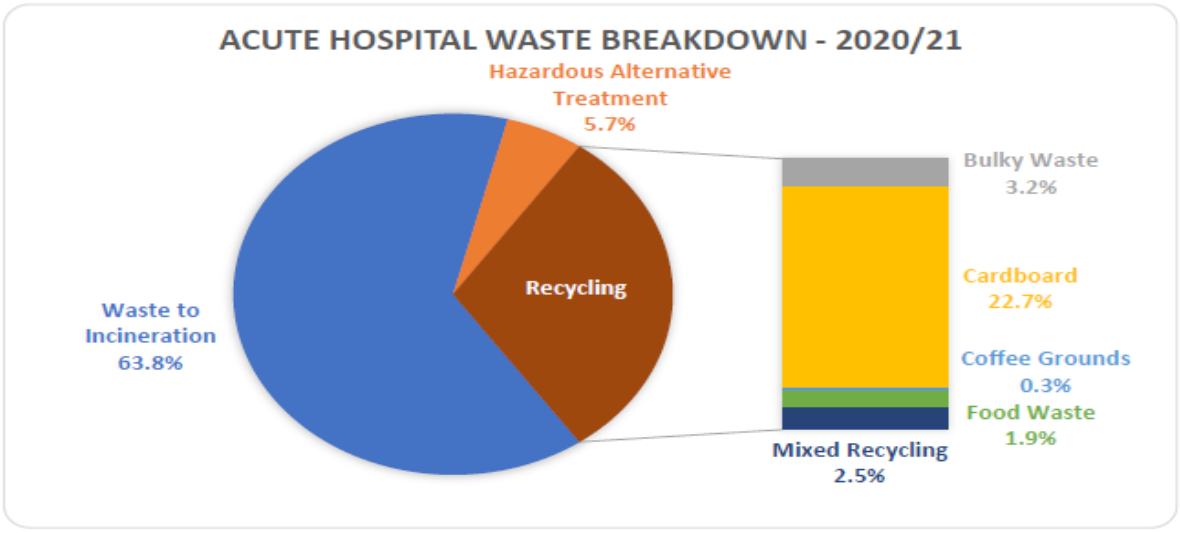


Figure 3: Whittington hospital waste breakdown by stream

Looking forward into 2021/22, we will focus on continuing to drive down total waste production whilst increasing the proportion sent for recycling. The Trust will also focus on improving the tracking of waste generation and recycling rates across our community sites.

Water use

Whittington Health is aware that although it may not appear to be critical at present, water scarcity is a growing concern in the UK. In 2019, the chief executive of the Environment Agency predicted that with the impact of climate change and a rising population, the UK may not have sufficient water to meet its needs in as little as 20-25 years. We are also aware that the supply and distribution of water has an intrinsic carbon cost which adds to the Trust's supply chain emissions. As a significant consumer of water, we recognise that we need to take action now to mitigate these risks.

Figure 4 shows the Trust's annual water consumption per m^2 of floorspace going back to 2013/14, with our reduction target of 30% by 2025 overlaid. During 2017-2019, the Trust had an irregularly high water consumption level caused by a significant behind-the-meter water pipe leak at the acute hospital. This leak was located and repaired in 2019 leading to more typical annual consumption in 2019/20. In 2020/21 the Trust's water use reduced to below our target level for the first time since 2014/15. While this is indicative of the progress we have made in encouraging reduced water use, we also recognise that atypical clinical activity linked to the pandemic will have been a significant driver of the total reduction. To embed these benefits, we are considering how to more closely monitor consumption to identify and mitigate consumption peaks in a timely manner.

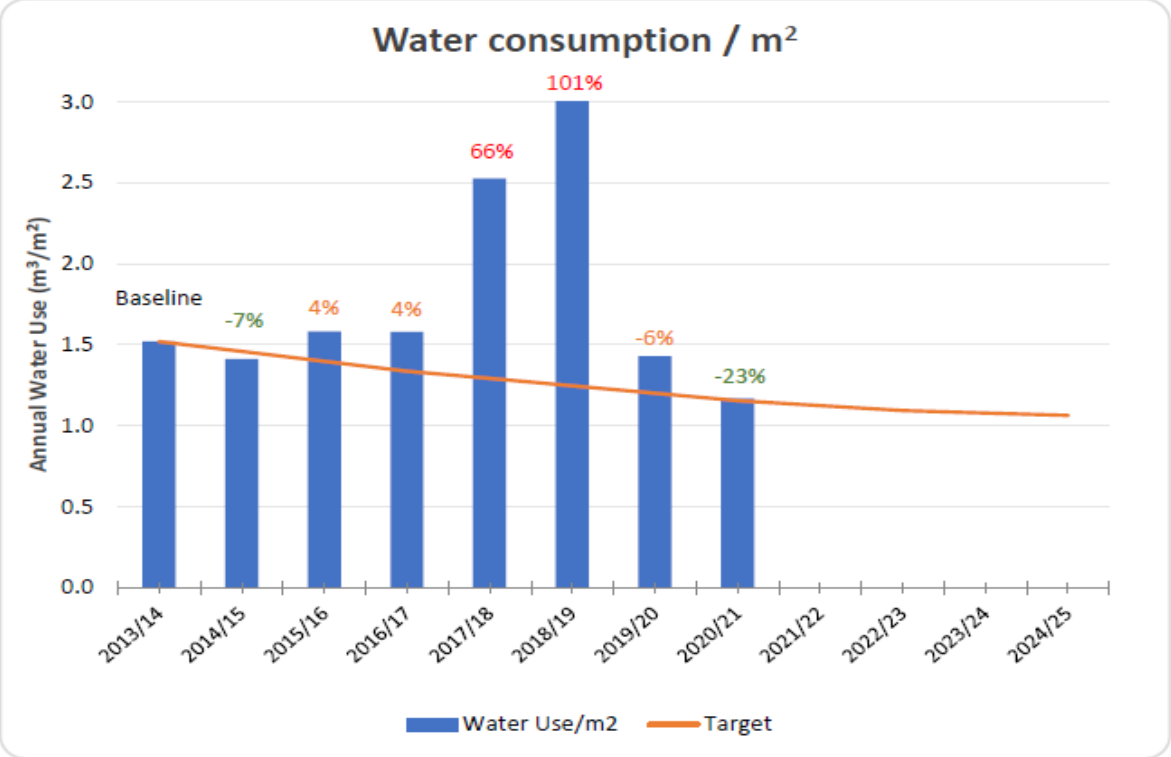


Figure 4: Normalised water consumption

Procurement

We continue our commitment to reduce the wider environmental and social impact associated with the procurement of goods and services, in addition to our focus on carbon. Following completion of the SDU's Sustainable Development Assessment Tool, we have identified a number of areas where we can look to improve the sustainability of our procurement practices. Examples include investigating the financial impact of purchasing green energy, the inclusion of sustainability specific criteria within tenders for goods & services and improved data capture to enable tracking of the carbon impact of our supply chain. Furthermore, we have recently conducted an in-depth review of our current utilities procurement contracts and are now considering options for the future to ensure that, going forward, we receive a cost-effective, high quality service that will not be at odds with our sustainability goals.

Travel & logistics

The Trust is engaged in a collaborative relationship with Islington Council to improve sustainable transport within the borough. We have a clear focus on greener travel with the intended aim both of reducing the carbon footprint of our business operations and supply chain and to improve the air quality of the local area.

Whittington operated a total of 13 electric fleet vehicles primarily for the purpose of business travel between community sites. This represents more than 50% of the Trust's vehicle fleet. Some larger petrol/diesel powered vehicles are retained for functions such as security and pharmaceutical deliveries. Business travel by car is conducted with the electric pool cars wherever possible. This has been facilitated through the Trust's investment of 6 electric vehicle (EV) charging points on the acute site, as well as several others across the community sites. In addition to our EVs, the Trust issued approximately 370 oyster cards to community staff to encourage the use of public transport instead of journeying by petrol/diesel cars.

In line with our clinical strategy, the estate strategy will reduce the number of locations we deliver clinical services from, ensuring they are demographically positioned to serve our community more efficiently. This will reduce the travel times of our patients and staff, therefore reducing the carbon impact of all associated journeys made.

Covid-19 impact

Throughout the previous financial year, the impact of the Covid-19 pandemic had a profound impact on the Trust's ways of working and the breadth and nature of care we deliver. Although the extent and duration of the effects will not be fully understood for some time, it is clear there will be a knock-on effect on our sustainability agenda. The pandemic and our response to it, will inevitably present challenges, particularly relating to our capacity to deliver energy efficiency and environmental improvement projects whilst maintaining priorities such as staff wellbeing and allocation of finances. However, the situation may also present some opportunities in the longer-term such as highlighting how different working practices can reduce energy, water use and the need to travel. As a Trust, we recognise the importance of ensuring our sustainable development commitment is not discarded as a result of the pandemic and that we

identify and make positive use of any opportunities that it may present in relation to sustainability.

EMERGENCY PREPAREDNESS

Whittington Health participated in the annual Emergency Preparedness, Resilience and Response (EPRR) assurance process led by NHS England. The core standards for EPRR are set out for NHS organisations to meet. The Trust's annual assessment was completed on 30 October 2020 by the North Central NHS England Assurance Team. NHS England communicated to providers on 20 August 2020 that the arrangements for 2020 would not require a granular assessment, if fully compliant. The EPRR assurance requirements stipulated that providers self-assess compliance, demonstrate learning from the first Covid-19 wave and provide assurance in relation to winter planning.

SELF ASSESSMENT- FULLY COMPLIANT: EPRR and CBRN (chemical, biological, radiological and nuclear) **2020** assurance outcome in accordance with standards achieved in 2019.

NHS England Core Standards	Core Standards total	Assessment outcome Red	Assessment outcome Amber	Assessment outcome Green
EPRR	55 (1-55)	0	0	55
CBRN	14 (56-69)	0	0	14

The Trust sustained the level of resilience at "Fully Compliant". An after action review for wave 1 of the Covid-19 response was conducted on 23 June 2020. The learning informed planning and additional preparation required for the second wave. The Winter Plan was approved by the Trust's Management Group on 29 September 2020.

EU exit preparations

Whittington Health established an EU Exit Planning Group, chaired by the Chief Operating Officer. The group's membership included Directors and service leaders. It met bi-monthly to discuss issues, actions and update the Trust's EU exit plan in line with updates received nationally.

CONCLUSION TO THE PERFORMANCE REPORT AND STATEMENT OF FINANCIAL POSITION

The above document represents the performance report and statement of financial position of Whittington Health for the financial year 2019/20. As the CEO I believe this represents an accurate and full picture of the Trust for the year.

Signed .....Chief Executive

Date: June 2021

ACCOUNTABILITY REPORT

Members of Whittington Health's Trust Board

Non-Executive Directors

Julia Neuberger, Naomi Fulop, Amanda Gibbon*, Tony Rice, Anu Singh, Glenys Thornton*, Rob Vincent*, Junaid Bajwa**, Wanda Goldwag***, Deborah Harris-Ugbomah****

*joined 1 May 2020, **joined 1 July 2020, ***1 July 2020 to 31 December 2020, ****left 30 April 2020

Executive Directors

Siobhan Harrington, Kevin Curnow, Clare Dollery, Norma French, Jonathan Gardner, Carol Gillen, Sarah Humphery, Michelle Johnson

Membership of board committees

The following committees reported to the Board:

Audit and Risk Committee

Non-Executive Directors: Rob Vincent, Amanda Gibbon, Naomi Fulop, (Tony Rice to 1 July 2020), Deborah-Harris Ugbomah (to 30 April 2020)

Charitable Funds' Committee

Non-Executive Directors: Tony Rice, Julia Neuberger, Amanda Gibbon
Executive Directors: Kevin Curnow, Clare Dollery, Jonathan Gardner, Siobhan Harrington, Michelle Johnson

Finance & Business Development

Non-Executive Directors: Tony Rice, Naomi Fulop, Amanda Gibbon, Wanda Goldwag, Junaid Bajwa, Rob Vincent (estate issues)
Executive Directors: Kevin Curnow, Carol Gillen, Siobhan Harrington, Jonathan Gardner

Quality Assurance Committee

Non-Executive Directors: Naomi Fulop, Amanda Gibbon, Glenys Thornton
Executive Directors: Michelle Johnson, Clare Dollery, Carol Gillen

Remuneration Committee

Non-Executive Directors: Julia Neuberger, Naomi Fulop, Amanda Gibbon, Tony Rice, Anu Singh, Glenys Thornton, Rob Vincent

Workforce Assurance Committee

Non-Executive Directors: Anu Singh, Glenys Thornton, Rob Vincent
Executive Directors: Kevin Curnow, Norma French, Michelle Johnson, Carol Gillen

Non-executive director appraisal process

The chairman and non-executive directors annually evaluate their performance through appraisal and identify any areas for development. The appraisal of the non-executive directors is carried out by the chairman.

Trust Board of Directors' declarations of interest

In line with the Nolan principles of public life, Whittington Health NHS Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish a register of interests which draws together declarations of interests made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests in respect of specific items on the agenda. The declarations for 2020/21 are shown below:

Non-Executive Directors – voting Board members

Baroness Julia Neuberger DBE	‣ Independent, Cross Bench Peer, House of Lords ‣ Chair, University College London Hospitals NHS Foundation Trust ‣ Chair, Independent Age ‣ Occasional broadcasting for the BBC ‣ Rabbi Emerita, West London Synagogue ‣ Trustee, Walter and Liesel Schwab Charitable Trust ‣ Trustee, Van Leer Group Foundation ‣ Chairman, Van Leer Jerusalem Institute ‣ Trustee, Rayne Foundation ‣ Vice President, Jewish Leadership Council ‣ Consultant, Clore Duffield Foundation ‣ Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Naomi Fulop	‣ Honorary contract, University College London Hospitals NHS Foundation Trust ‣ Professor of Health Care Organisation & Management, Department of Applied Research, University College London ‣ Trustee, Health Services Research UK (Charitable Incorporated Organisation) ‣ Trustee, Whittington Health Charity ‣ Lay member, NHS Blood and Transplant's National Organ Donation Committee <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil

Amanda Gibbon	• Personal shareholdings in Merck and Astrazeneca • Member, Human Tissue Authority • Chair, RareCan Limited (start-up company looking to recruit patients with rare cancers to promote research into their disease areas. This post is currently unremunerated and the company has not yet begun trading) • Lay member, NHS Blood and Transplant's National Organ Donation Committee • Governor, University College London Hospitals NHS Foundation Trust (to 31 December 2020) • Trustee, Whittington Health Charity • Associate Non-Executive Director, Royal Free London NHS Foundation Trust • External member of the Audit and Risk Assurance Committee of the National Institute of Clinical Excellence <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • My four (adult) children each have personal shareholdings in GlaxoSmithKline
Tony Rice	• Chair, Dechra Pharmaceuticals Ltd • Senior Independent Director (Non-Executive Director), Halma Plc • Chair, Ultra Electronics (part of the Penlon cross-industrial syndicate supplying ventilators to the NHS) • Chair of Maiden Voyage Plc • Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Anu Singh	• Member of HMG's Advisory Committee on Fuel Poverty • Non-Executive Director, Parliamentary & Health Service Ombudsman Board • Trustee, Whittington Health Charity • Non-Executive Director and Senior Independent Director, Camden & Islington NHS Foundation Trust • Chair, Partnership Southwark • Chair, Lambeth Safeguarding Adults Board <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Husband is a volunteer in the Haringey Improving Access to Psychological Therapies service

Baroness Glenys Thornton	‣ Member of the House of Lords, Opposition Spokesperson for Health ‣ Member, Advisory Group, Good Governance Institute ‣ Chair and Trustee, Phone Co-op Foundation for Co-operative Innovation ‣ Chair, Advisory Board of Assistive Healthcare Technology Association ‣ Senior Associate, Social Business International ‣ Senior Fellow, The Young Foundation ‣ Council Member, University of Bradford ‣ Emeritus Governor, London School of Economics ‣ Trustee, Roots of Empathy UK ‣ Patron, Social Enterprise UK ‣ Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Rob Vincent CBE	‣ Director of New Ing Consulting, currently providing assistance to the Track and Trace programme in Yorkshire and Humber ‣ Chair, Kirklees Cultural Education Partnership ‣ Trustee, Whittington Health Charity ‣ Associate Non-Executive Director, University College London Hospitals NHS Foundation Trust <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil

Executive Directors – voting Board members

Siobhan Harrington, Chief Executive	‣ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Daughter-in-law is employed by Whittington Health's Pharmacy department ‣ Son was employed by the Islington re-ablement service to November 2020
Kevin Curnow, Acting Chief Finance Officer	‣ Chair, Whittington Pharmacy, Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil

Clare Dollery, Medical Director	• Nil Conflicts of interests that may arise out of any known immediate family involvement • Nil
Carol Gillen, Chief Operating Officer	Non-Executive Director, Whittington Pharmacy Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement • Nil
Michelle Johnson MBE, Chief Nurse & Director of Allied Health Professionals	• Trustee on Board of Roald Dahl Marvellous Children's Charity • Independent member of NHS Professionals' Quality Committee • Chief Nurse, Camden & Islington NHS Foundation Trust Conflicts of interests that may arise out of any known immediate family involvement • Son and daughter are volunteers at Whittington Health

Non-voting Board members

Junaid Bajwa	• Chief Medical Scientist, Microsoft • Essential Guides UK Limited (Shareholder, GP locum services and educational work) • Chief Medical Scientist, Microsoft Research • Merck Sharp and Dohme (shareholder and employee in the Global Digital Centre of Excellence) • NHS England (GP appraiser) • Non-Executive Director, University College London Hospitals NHS Foundation Trust Conflicts of interests that may arise out of any known immediate family involvement • Nil
Wanda Goldwag	• Chair, Office for Legal Complaints • Chair, Financial Services Consumer Panel, Financial Conduct Authority • Chair, Leasehold Advisory Service • Lay member, Queen's Counsels appointments panel • Non-Executive Director, Royal Free London NHS Foundation Trust • Advisor, Smedvig Venture Capital

	‣ Director, Loyalty Services Limited ‣ Director, Goldwag Consultancy Limited <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Sarah Humphery	‣ GP Partner Goodinge Group Practice, Goodinge Health Centre, 20 North Road, London N7 9EW: General Medical Services ‣ The Goodinge Practice is part of WISH, the GP service in the Whittington Health emergency department and the Islington North Primary Care Network <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Jonathan Gardner	‣ Chair of Governors, St James Church of England Primary School, Woodside Avenue, Muswell Hill, Haringey, London, N10 3JA <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Norma French	‣ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Husband is consultant physician at Central & North West London NHS Foundation Trust ‣ Son is employed as a Business Analyst in the Procurement department at Whittington Health ‣ Son is employed as an administrator in the laboratory service at Whittington Health

REMUNERATION AND STAFF REPORT

The salaries and allowances of senior managers who held office during the year ended 31 March 2020 are shown in Table 1 below.

The definition of 'Senior Managers' given in paragraph 3.49 of the Department of Health Group Accounting Manual (GAM) 2020/21 is: …. persons in senior positions having authority or responsibility for directing or controlling major activities within the group body". For the purposes of this report, senior managers are defined as the chief executive, non-executive directors and executive directors, all Board members with voting rights.

Salaries and allowances 2020/21

		2020-21					
Name & Title		**Salary and fees (bands of £5,000)**	**Taxable benefits (total to the nearest £100)**	**Annual performance-related bonuses (in bands of £5,000)**	**Long-term performance-related bonuses (in bands of £5,000)**	**Pension–related benefits (in bands of £2,500)**	**Total (in bands of £5,000)**
		£000	**£00**	**£000**	**£000**	**£000**	**£000**
Non-Executive							
Julia Neuberger - Chair	Start 1/04/20	25-30					25-30
Anu Singh		10-15					10-15
Tony Rice		10-15					10-15
Amanda Gibbon	Start 01/05/20	10-15					10-15
Naomi Fulop		10-15					10-15
Glenys (Dorothea) Thornton	Start 01/05/20	10-15					10-15
Robert Vincent	Start 01/05/20	10-15					10-15
Junaid Bajwa	Start 01/07/20	5-10					5-10
Wanda Goldwag	From 1/07/20 to 31/12/20	5-10					5-10
Deborah Harris-Ugbomah	Left 30/04/20	1-5					1-5
Executive							
Siobhan Harrington - Chief Executive		180-185		0-5		35-37.5	225-230
Kevin Curnow - Chief Finance Officer		130-135				45-47.5	180-185
Clare Dollery - Medical Director		190-195				0	190-195
Norma French - Director of Workforce		130-135				27.5-30	160-165
Jonathan Gardner - Director of Strategy and Corporate Affairs		115-120				25-27.5	140-145
Carol Gillen - Chief Operating Officer		135-140				5-7.5	140-145
Sarah Humphery - Executive Medical Director : Integrated Care		40-45				5-7.5	50-55
Michelle Johnson - Chief Nurse and Director of Patient Experience		125-130				77.5-80	205-210

Salaries and allowances 2019/20

Name & Title		2019-20					
		Salary and fees (bands of £5,000)	Taxable benefits (total to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	Pension–related benefits (in bands of £2,500)	Total (in bands of £5,000)
		£000	£00	£000	£000	£000	£000
Non-Executive							
Julia Neuberger - Chair	Start 1/04/20						
Anu Singh		15-20					15-20
Tony Rice		5-10					5-10
Amanda Gibbon	Start 01/05/20						
Naomi Fulop		5-10					5-10
Glenys (Dorothea) Thornton	Start 01/05/20						
Robert Vincent	Start 01/05/20						
Junaid Bajwa	Start 01/07/20						
Wanda Goldwag	From 1/07/20 to 31/12/20						
Deborah Harris-Ugbomah	Left 30/04/20	5-10					5-10
Executive							
Siobhan Harrington - Chief Executive		180-185				52.5-55	235-240
Kevin Curnow - Chief Finance Officer		70-75				52.5-55	125-130
Clare Dollery - Medical Director		150-155				0	150-155
Norma French - Director of Workforce		130-135				40-42.5	170-175
Jonathan Gardner - Director of Strategy and Corporate Affairs		115-120				27.5-30	140-145
Carol Gillen - Chief Operating Officer		135-140				20-22.5	155-160
Sarah Humphery - Executive Medical Director : Integrated Care		40-45				20-22.5	60-65
Michelle Johnson - Chief Nurse and Director of Patient Experience		115-120				82.5-85	200-205

Statement of the policy on senior managers' remuneration

The remuneration committee follows national guidance on the salary of senior managers. All elements of remuneration, including 'annual cost of living increases', when applicable, continued to be subject to performance conditions. Other decisions made by the Committee are reflected in the tables above. This is subject to the achievement of goals being objectively assessed. The governance arrangements for the committee form part of the Whittington Health's standing orders, reservations and delegation of powers and standing financial instructions, last updated in March 2021.

In line with the requirements of the NHS Codes of Conduct and Accountability, the purpose of the committee is to advise the Trust Board about appropriate remuneration and terms of service for the chief executive and other executive directors including:

- all aspects of salary (including any performance-related elements/bonuses)
- provisions for other benefits, including pensions and cars
- arrangements for termination of employment and other contractual terms

Board members' pension entitlements for those in the pension scheme 2020/21

Name	Real increase in pension (bands of £2,500)	Real increase in lump sum (bands of £2,500)	Total accrued pension at 31 March 2021 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2021 (bands of £5,000)	Cash equivalent transfer value at 31 March 2021 (to the nearest £1,000)	Cash equivalent transfer value at 31 March 2020 (to the nearest £1,000)	Real increase in cash equivalent transfer value (to the nearest £1,000)	Employer contribution to stakeholder pension
Executive Directors	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Siobhan Harrington	2.5-5	0	55-60	145-150	1,298	1,200	45	27
Kevin Curnow	2.5-5	0	20-25	0	262	218	20	19
Clare Dollery	0	0	0	0	0	0	0	0
Norma French	0-2.5	0	35-40	70-75	720	658	28	19
Jonathan Gardner	0-2.5	0	20-25		242	208	12	17
Carol Gillen	0-2.5	2.5-5	50-55	160-165	0	0	0	20
Sarah Humphery	0-2.5	0	15-20	15-20	246	228	8	6
Michelle Johnson	2.5-5	12.5-15	45-50	135-140	998	866	94	18

The Trust's accounting policy in respect of pensions is described in Note 8 of the complete annual accounts document that will be uploaded to www.whittington.nhs.uk in September 2021. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a point in time.

The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing of additional years of service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The real increase in CETV reflects the increase in the CETV effectively funded by the employer. It takes account of the increase in the accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Pay multiples

Non-Executive Directors

The Trust follows NHS Improvement guidance for appointing non-executive directors. The terms of the contract apply equally to all non-executive directors with the exception of the Chair, who has additional responsibilities and accountabilities. The

remuneration of a non-executive director is £11,500. The Chair received remuneration of £28,053 for 2020-21.

Salary range

The Trust is required to disclose the ratio between the remuneration of the highest-paid director in their organisation and the median remuneration of the workforce.

The mid-point remuneration of the highest paid director at Whittington Health in 2020/21 was £184,380 (2019/20: £182,500). This was 6.0 times the median remuneration of the workforce, which was £31,365 (2019/20: £30,401).

In 2020/21, we had no employees (unchanged from 2019/20) who received remuneration more than the highest-paid director.

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

Staff numbers and composition

- To comply with the requirements of NHSI's Group Accounting Manual, the Trust is also required to provide information on the following:
- staff numbers and costs
- staff composition by gender
- sickness absence data
- expenditure on consultancy
- off-payroll arrangements; and
- exit packages.

This information is shown overleaf.

Breakdown of temporary and permanent staff members

	Average WTE	
	2020-21	2019-20
Permanent staff Total		
Medical and dental	477	483
Administration and estates	1,030	973
Healthcare assistants and other support staff	630	587
Nursing, midwifery and health visiting staff	1,080	1,063
Scientific, therapeutic and technical staff	753	733
Permanent staff Total	**3,969**	**3,839**
Temporary staff		
Medical and dental	74	46
Ambulance staff		
Administration and estates	163	183
Healthcare assistants and other support staff	110	132
Nursing, midwifery and health visiting staff	181	210
Scientific, therapeutic and technical staff	57	71
Temporary staff total	**585**	**642**
All Staf total	**4,555**	**4,481**

Costs of temporary and permanent staff members

Staff Group	2020/21	2019/20
	£000's	£000's
Permanent Staff		
Administration and Estates	56,133	42,782
Medical and Dental	49,056	47,185
Nursing and Midwives	62,168	61,340
Scientific, Therapeutic and Technical	44,924	43,028
Healthcare assistants and Other Support Staff	21,810	20,505
Apprenticeship Levy	967	1050
Permanent Total	**235,058**	**215,890**
Temporary Staff		
Administration and Estates	7,145	6,880
Medical and Dental	9,315	6,651
Nursing and Midwives	10,968	11,752
Scientific, Therapeutic and Technical	2,736	3,179
Healthcare assistants and Other Support Staff	4,134	4,599
Temporary Staff Total	**34,298**	**33,061**
All Staff Total	**269,356**	**248,951**

Consultancy spend

The Trust spent £0.5m on consultancy in 2020/21. The majority of this expenditure was incurred to support our efficiency scheme.

Off-payroll engagements

The Trust is required to disclose all off-payroll engagements as of 31 March 2021 for more than £245 per day and that last longer than six months. The Trust does not have any of these engagements.

Exit packages 2020/21

	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
		£'000		£'000		£'000		£'000
<£10,000			2	5	2	5		
£10,000 - £25,000					0	0		
£25,001 - £50,000					0	0		
£50,001 - £100,000					0	0		
£100,001 - £150,000					0	0		
£150,001 - £200,000	1	196			1	196		
>£200,000					0	0		
Total	1	196	2	5	3	201	0	0

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where Whittington Health has agreed early retirements, the additional costs are met by the Trust.

Signed .....Chief Executive

Date: June 2021

ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Whittington Health NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Whittington Health NHS Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a robust approach to risk management. This can be demonstrated by the following:

- Leadership of the risk management process through:
  - the Board annually reviewing its risk management strategy and risk appetite
  - executive risk leads for each Board assurance Framework entry
  - Board members reviewing the Board Assurance Framework and key entries on the Trust Risk Register on a quarterly basis

- The Audit & Risk Committee has delegated authority from the Board for oversight and assurance on the control framework in place to manage strategic risks to the delivery of the Trust's objectives and reviews the effectiveness of the Trust's systems of risk management and internal control
- It is supported in this by other Board Committees providing assurance to the Board on the effective mitigation of strategic Board Assurance Framework entries and other key risks, as follows:
  - The Quality Assurance Committee reviews and provides assurance to the Board on the management of risks relating to quality and safety, including all risk entries scored above 15 on individual Integrated Clinical Service Units' (ICSUs) and corporate areas' risk registers

    - The Finance & Business Development Committee provides assurance to the Board on the delivery of the Trust's financial sustainability and integration strategic objectives and reviews risks scored higher than 15 which relate to finance, information governance, estates and information technology
    - The Workforce Assurance Committee reviews all risks to the delivery of the organisation's People strategic objective, and their effective mitigation. It is supported in this by the Quality Assurance Committee which also monitors those workforce risks related to patient quality and safety
    - The Trust Management Group reviews the Board Assurance Framework in its entirety and also leads on reviewing risks to the delivery of the organisation's Integration strategic objective
- An organisational governance structure, with clear lines of accountability and roles responsible for risk management is in place for all staff
- The Chief Executive has overall accountability for the development of risk management systems and delegates responsibility for the management of specific areas of risk to named Directors
- All relevant staff are provided with risk management training as part of their induction to the Trust and face-to-face training from Risk Managers for those staff regularly involved in risk management
- An open culture to empower staff to report and resolve incidents and risks through the Datix recording system and to share learning with teams

The Care Quality Commission has positively identified a clear culture of risk identification and reporting throughout the organisation.

The risk and control framework

The aim of the Trust's risk management strategy is to support the delivery of organisational aims and objectives through the effective management of risks across all of the Trust's functions and activities through effective risk management processes, analysis and organisational learning.

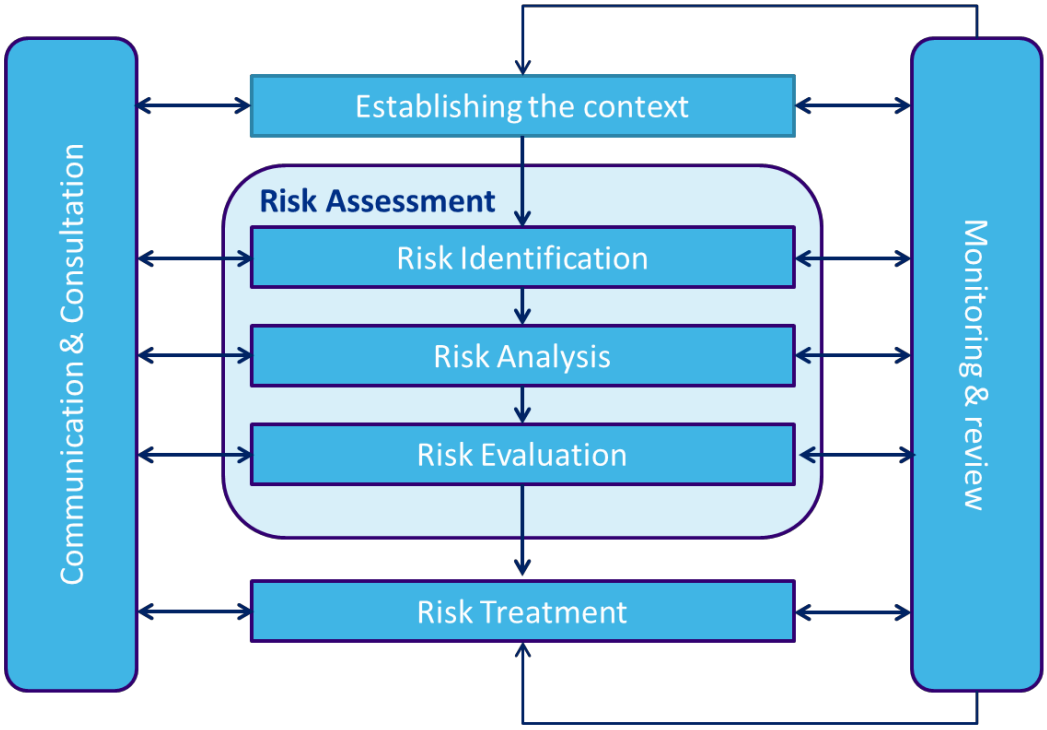
The Trust's approach to risk management aims to:

- embed the effective management of risk as part of everyday practice
- support a culture which encourages continuous improvement and development
- focus on proactive, forward looking, innovative and comprehensive rather than reactive risk management
- support well thought out decision-making

Risk management process

Whittington Health adopts a structured approach to risk management by identifying, analysing, evaluating and managing risks. Where appropriate, staff will escalate or de-escalate risks through the governance structures in place at the Trust.

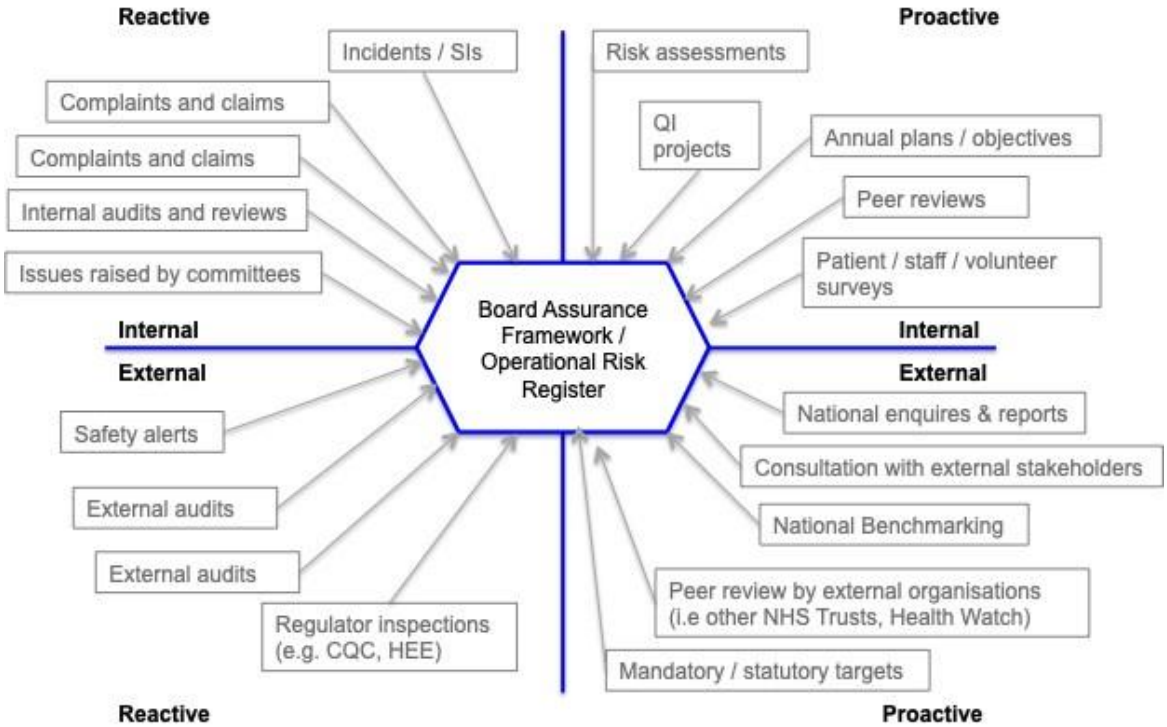
A snapshot of the Trust's risk management process is highlighted overleaf



ISO 3000 Process Diagram

Risk identification

A hazard or threat is a source or issue of potential harm to the Trust achieving its objectives. Risk identification is the process of determining what, where, when and why something could occur. Risks to the Trust can be identified from a number of sources, both reactive and proactively, examples of a few of these are displayed in the diagram below:



Trends between incidents, complaints and claims are regularly scrutinised via the Trust's quarterly aggregated learning report which is reviewed by the Patient Safety and Quality Assurance Committees to identify any risks to the Trust.

Managers must ensure that their risk registers are reviewed monthly, and where new sources of risk are identified that these are documented and responded to appropriately.

Risk assessment

When a new risk is identified a Risk Assessment Consideration form is completed and presented to the relevant committee/Board for approval. The assessment should clearly state the likelihood for the risk to cause harm and what preventative or control measures are required to respond effectively to the risk. Once approved by the appropriate group this should then be added to Datix with an identified review date established.

Risk analysis and evaluation

An analysis of each risk is required to be undertaken to establish the initial grading of the risk by assessing the likelihood and consequences of the hazard if it did occur. The Trust utilises a risk grading matrix which incorporates a risk tolerance measure. This process aims to ensure that risks are assessed consistently across the Trust. Once the grading is known and recorded in the Risk Register, the risk can be compared with other risks facing the Trust and prioritised according to significance. The list of all risks facing the Trust, in order of significance, makes up the Trust-wide Risk Register.

Risk assessment is an integral part of the business planning process. Therefore, significant strategic risks will be identified by the Trust Board and managed through the Board Assurance Framework (BAF).

Risk control – monitoring, review and resolution

Controls are the actions utilised in order to lessen or reduce the likelihood or consequence of a risk being actualised, the severity of that risk if it does occur. The controls in place for each risk should be detailed on Datix and describe the steps that need to be taken in order to manage and/or control the risk. These should be updated as progress is made.

There are four main ways to manage risks utilised by the Trust, these are outlined in the table below:

Acceptance	The risk is identified and logged and no action is taken. It is accepted that it may happen and will be responded to if it occurs.
Avoid	Where the level of risk is unacceptably high and the Trust cannot, for whatever reason, put adequate control measures in place the Trust Board will consider whether the service/activity should continue in the Trust.

Transfer	A shift in the responsibility or impact for loss to another party e.g. insurance for the risk occurrence or subcontracting. For a clinical risk transfer – a decision for a patient requiring a high risk surgical procedure (where the expertise or equipment is unavailable in the Trust) to be transferred to a specialist centre for treatment. The risk of transferring the patient must be less than the risk of operating in the Trust environment.
Mitigation	The impact of the risk is limited, so if it does occur (and cannot be avoided) the outcome is reduced and easier to handle. Making and carrying out risk reduction action plans is the responsibility of a line manager and /or risk lead.

The diagram below shows an overview of the governance structures in place for risk management at the Trust:

Risks that could potentially affect strategic objectives will be added to the BAF

Operational risks are added to the In Year Operational Risk Register (also known as the corporate risk register)

All risks identified at ICSU/Directorate level will populate the ICSU/Directorate Risk Registers

Local risk registers at ICSU and corporate level along with the in-year operational risk register and board assurance framework (BAF), seek to present an overview of the main risks facing the organisation. The local risk registers are reviewed, updated and monitored regularly by the relevant ICSU Board and corporate services' leads and, if necessary, a risk can be escalated onto the corporate risk register, which is monitored by the Trust Management Group and Quality Assurance Committee. Respective BAF entries are monitored by executive director risk leads who assess the status of their risk entry and its effective mitigation. The BAF is also monitored by the Audit and Risk Committee and Trust Board.

Board Assurance Framework

The Board Assurance Framework (BAF) provides a structure for reporting of the principal strategic risks to the delivery of the Trust's business and was reviewed regularly last year. It identified the risk appetite and the controls and assurances in place to mitigate these risks, the gaps or weaknesses in controls and assurances, and actions required to further strengthen these mechanisms. The Audit and Risk Committee leads on oversight of the mitigation of risks to delivery of the Trust's

strategic objectives and was supported by other relevant board committees and the Trust's Management Group.

In July 2020, the Audit & Risk Committee received the outcome of Grant Thornton's internal auditor review of the Trust's board assurance arrangements. The review concluded that, there was *significant assurance with some improvements required*. One of the key improvements made to the BAF this year has been to strengthen the ability of Board and executive Committee to better track the assurances and key performance indicators linked to the delivery of corporate and strategic objectives.

Structure and presentation:

BAF entries to the delivery of the Trust's 2020/21 four strategic objectives were:

Strategic objective	Board Assurance Framework entry
Quality 1	Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients 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
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
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
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
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
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
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

Strategic objective	Board Assurance Framework entry
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)
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
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
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
Sustainable1	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
Sustainable2	Failure of key infrastructure, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm or reduced capacity in the hospital
Sustainable3	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
Sustainable4	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
Sustainable5	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

Assurances and gaps

The BAF included assurances rated as relevant to the control/risk reported against. The assurances are timely and are also updated over time. Furthermore, there is allocated responsibility for submission and assessment. The BAF also highlights gaps within assurances which trigger development of actions to improve assurances.

BAF review and update

The review and updating of BAF entries is led by Executive risk leads and key Board Committees review risks relevant to their terms of reference as set out previously). The Care Quality Commission cited the BAF as fit for purpose in its inspection feedback to the Trust.

It is important to note that this year the BAF was reviewed more regularly than usual and indeed the risks were adapted through the year to incorporate the new objectives and risks that became relevant through covid.

Risk appetite

In line with good practice, the Trust completed an annual review of its risk appetite statement. This was discussed and endorsed by members of the Audit and Risk Committee. The risk appetite range is included within Board Assurance Framework (BAF) reports presented to board and executive committees. Individual risks on the BAF are allocated a target score against which progress is reported in the BAF.

Embedding risk management

Risk management is embedded throughout the organisation in a variety of ways including:

- Face-to-face training for key risk managers
- Review of the risk register entries by the Quality Assurance Committee and the Trust Management Group
- Oversight of BAF entries by Board Committees and the Trust Management Group
- A review of the BAF every three months by the Trust Board (and more frequently this year, when required)

In addition, the Trust can highlight the following in its risk and control framework:

- The clinical governance agenda is led by the Trust's Director of Nursing and the Medical Director. Monitoring arrangements are delivered through a structure of committees, supporting clear responsibilities and accountabilities from board to front line delivery
- The Quality Assurance Committee is a committee of the Board, which affords scrutiny and monitoring of our risk management process and has oversight of the quality agenda. Serious incidents and the monitoring of the Corporate Risk Register is a standing item
- The Trust's clinical governance structure ensures there are robust systems in place for key governance and performance issues to be escalated from frontline services to Board and gives assurance of clinical quality. It gives a strong focus on service improvement and ensures high standards of delivery are maintained.
- The Board and the relevant committees use a performance scorecard which has been developed to include a suite of quality indicators at Trust and service level aligned to each of the Care Quality Commission's five domains of Quality
- The Trust's quality improvement strategy is encapsulated in our Better Never Stops (our journey to outstanding) programme. The programme is a structured quality improvement plan and we have quality improvement plans in all services

to monitor and demonstrate compliance with the CQC's fundamental standards and against each of the CQC's domains and Key Lines of Enquiry

- During the year, the Trust's private finance initiative (PFI) with Whittington Facilities Limited (WFL) ended. On 1 July 2020, the directors of WFL issued a notice of its intention to appoint administrators to the court and formally appointed Administrators on 28 July 2020. Two elements of the Trust's estate at its Archway acute site were part of the PFI contract. After the ending of the contract, the ownership and responsibility for maintaining this estate transferred back to the Trust which is closely working with regulators and surveying the estate to fully understand the condition of the buildings that have transferred. The progress of these works and any ongoing legal disputes are monitored at various governance forums including a PFI steering group attended by trust representatives, those from the Department of Health & Social Care as well as NHS England/Improvement. In addition, the Trust Board and Trust Management Group received regular updates throughout the year

Risk management during Covid-19

During 2020, actions taken by the Trust to respond to the Covid-19 crisis included reviewing and updating its BAF with particular reference to the impact of the pandemic, and also establishing a specific Covid-19 local risk register. As part of its emergency planning arrangements, the governance structure allowed for the Gold Command forum and the wider Trust Management Group and Board to discuss and review the Covid-19 risk register along with handling and mitigating actions being taken. These forums were key to the Trust maintaining control over decision-making and also displaying financial governance during the response to Covid-19.

At various times throughout the year, we flexed our governance structure to suit the immediacies of the emergent situation. This included moving to daily Trust Management Group Gold meetings.

The Board of Directors

Membership of the Board of Directors is currently made up of the Trust chairman, five independent, non-executive directors, and eight executive directors of which five are voting members of the Board. The key roles and responsibilities of the Board are as follows to:

- set and oversee the strategic direction of the Trust
- review and appraisal of financial and operational performance
- review areas of assurance and concerns as detailed in the chair's assurance reports from its board committees
- discharge their duties of regulation and control and meet our statutory obligations
- ensure the Trust continues to deliver high quality patient care and safety as its primary focus, receiving and reviewing quality and patient safety reports and the minutes and areas of concern highlighted in board committees' minutes, particularly the Quality Assurance Committee, which deals with patient quality and safety
- receive reports from the committee, the annual internal auditor's report and external auditor's report and to take decisions, as appropriate

- agree the Trust's annual budget and plan and submissions to NHS Improvement
- approve the annual report and annual accounts
- certify against the requirements of NHS provider licence conditions

The Board of Directors held meetings in public seven times throughout the financial year on 29 April 2020, 24 June, 29 July, 30 September, 26 November. 25 February 2021 and 25 March. A breakdown of attendance for the Board's meetings held in 2020/21 is shown overleaf:

Job title and name	Meetings attended (out of 7 unless stated)
Chair, Julia Neuberger	7
Non-Executive Director, Naomi Fulop	7
Non-Executive Director, Amanda Gibbon*	6 out of 6
Non-Executive Director, Tony Rice	7
Non-Executive Director, Anu Singh	7
Non-Executive Director, Glenys Thornton*	6 out of 6
Non-Executive Director, Rob Vincent*	6 out of 6
Associate Non-Executive Director, Junaid Bajwa**	5 out of 5
Associate Non-Executive Director, Wanda Goldwag**	3 out of 3
Chief Executive, Siobhan Harrington	7
Medical Director, Clare Dollery	7
Chief Finance Officer, Kevin Curnow	7
Chief Operating Officer, Carol Gillen	7
Chief Nurse & Director of Allied Health Professionals, Michelle Johnson	7
Director of Workforce, Norma French	5
Director of Strategy, Development & Corporate Affairs, Jonathan Gardner	7
Medical Director, Integrated Care, Sarah Humphery	6

* appointed 1 May 2020
** appointed 1 July 2020

Board and Committee oversight and assurance

The Board of Directors leads on integrated governance and delegates key duties and functions to its sub-committees. In addition, the Board reserves certain decision-making powers, including decisions on strategy and budgets.

Last year, there were four key committees within the structure that provided assurance to the Board of Directors. They were: audit and risk, quality assurance, finance and business development, and workforce assurance. There are two additional board committees: charitable funds and remuneration. There are a range of mechanisms available to these committees to gain assurance that our systems are robust and effective. These include utilising internal and external audit, peer review, management reporting and clinical audit.

Audit and risk committee

The audit and risk committee is a formal committee of the Board and is accountable to the Board for reviewing the establishment and maintenance of an effective system of internal control. The Committee holds five meetings per annum at appropriate times in the reporting and audit cycle. This committee is supported on its assurance role by the finance & business development, quality and workforce assurance committees in reviewing and updating key risks pertinent to their terms of reference.

This committee also approves the annual audit plans for internal and external audit activities and ensures that recommendations to improve weaknesses in control arising from audits are actioned by executive management. The committee ensures the robustness of the underlying process used in developing the BAF. The board monitors the BAF and progress against the delivery of annual objectives each quarter, ensuring actions to address gaps in control and gaps in assurance are progressed.

Quality Assurance Committee

The quality assurance committee is a formal committee of the Board and is accountable to the Board for reviewing the effectiveness of quality systems, including the management of risks to the Trust's quality and patient engagement strategic priorities as well as operational risks to the quality of services. The committee meets six times per year. It also monitors performance against quarterly quality indicators, the quality accounts and all aspects of the three domains of quality namely - patient safety, clinical effectiveness and patient experience.

Finance & Business Development Committee

The finance & business development committee reviews financial and non-financial performance across the Trust, reporting to the Board. It also has lead oversight for risks to the delivery of Trust's strategic priorities relating to sustainability, along with delivery of the Trust's strategy for information management and technology. The committee holds six full meetings each year.

Charitable Funds Committee

This forum is a formal committee of the Board, to provide assurance to the Board on the management of charitable funds and fundraising activities.

Workforce and Education Committee

The workforce and education committee meets five times each year and leads on oversight of BAF risks which relate to the Trust's staff engagement and recruitment and retention strategic priorities. It reviews performance against the delivery of key workforce recruitment and retention plans and the annual outcome for the Workforce Race Equality Standard submission to NHS England. In addition, the committee will also review those staff engagement actions taken following the outcome of the annual NHS staff survey and delivery of the Trust's workforce culture improvement plan.

Workforce planning

As in previous years, the workforce planning process was aligned and integrated with the Trust's business planning process, led by individual ICSUs. Throughout the process ICSUs' Clinical and Operational Directors were supported by HR Business

Partners who advised and challenged ICSUs on the workforce impact of their plans and ensured alignment with workforce and clinical strategies. This involved:

- Working with ICSUs to discuss workforce issues such as recruitment and retention, activity planning, education requirements and the delivery of key performance indicators
- Analysing and monitoring workforce changes at a local level (and at an aggregated Trust-wide position)
- Ensuring current and future workforce needs were represented in business plans, considering growth, as well as options to develop new roles, new ways of working, and associated training implications.
- Monthly 'run rate' meetings, to analyse temporary staffing to ensure long term recruitment strategies are in place
- A dedicated nurse recruitment team focusing on international and local recruitment opportunities
- Middle grade doctor recruitment working group focussed on the emergency department

Final ICSU plans were presented individually to the Trust's Board, executive directors and all other clinical, operational and corporate directors in a peer review and challenge session. Following this, amended plans are used to inform the Trust's Operational Plan.

In 2020/21, Whittington Health complied with the "Developing Workforce Safeguards" through the following assurances:

- The Medical Director and Chief Nurse and Director of Allied Health Professionals confirmed there are established processes to ensure that staffing is safe, effective and sustainable
- The nursing and midwifery staffing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) was reported to the Board by ward or service area twice a year
- All workforce risks were reviewed quarterly at the Performance Review Groups.
- Action plans for reducing amber and red rated risks were monitored on a quarterly basis by the Trust Management Group
- High level risks were reported to Workforce Assurance Committee quarterly
- Safe nurse staffing levels were monitored continuously, supported by ongoing assessment of patient acuity. As part of 'Showing we care about speaking up' we encouraged and supported all staff to nursing scorecards triangulate workforce information with other quality metrics
- Workforce intelligence and key performance indicators were reported alongside quality metrics at the Trust Board each month and were standing items on Performance Review Group meetings (PRGs). The Workforce Assurance Committee received comprehensive corporate workforce information and analysis. Metrics included vacancy and sickness rates, turnover and appraisal compliance and temporary staffing
- Any changes and significant (over £50k) cost improvement plans had a quality impact assessment

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust undertook risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust also ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Trust was rated by the Care Quality Commission (CQC) as good in its use of resources as it had demonstrated a good understanding of areas of improvements with credible plans to achieve target performance. In particular, the CQC identified that the Trust has an excellent track record of managing its expenditure within available resources.

During 2020/21, Whittington Health had in place a range of processes which helped to ensure that it used resources economically, efficiently and effectively. These included:

- monthly reporting of financial and non-financial performance to the Trust Board of directors and the finance and business development committee of the Board
- adherence to guidance issued by NHS England and Improvement by establishing robust systems for the identification of additional costs incurred due to Covid-19 pandemic
- a monthly review of performance by the Trust Management Group and additional review meetings where ICSUs and corporate directorates are held to account for financial and non-financial performance
- the production of annual reference costs, including comparisons with national reference costs
- benchmarking of costs and key performance indicators against other combined acute and community Trust providers
- standing financial instructions, standing orders and a treasury management policy

- a budget holder's manual which sets out managers' responsibilities in relation to managing budgets
- guidance on the declaration of conflicts of interest and standards of business conduct
- reports by Grant Thornton part of the annual internal audit work plan on control mechanisms which may need reviewing
- the Head of Internal Audit's draft and final opinions being presented to the committee
- an external audit of our accounts by KPMG LLP who also provided an independent view of the Trust's effective and efficient use of resources, particularly against value for money considerations
- good performance under NHS Improvement's Single Oversight Framework for NHS providers

Information governance

The following are the incidents and outcomes of investigations in relation to information governance breaches this year:

Nature of incident	Incident Date	ICO Reported Date	ICO Outcome
A handover sheet was left at bedside of patient. A person took a photograph of it. They were asked to delete the photograph.	22/09/2020	13/10/2020	No further action

Data quality and governance

Data governance is essential for the effective delivery of patient care and for improvements to patient care we must have robust and accurate data available.

Whittington Health completed the following actions in the last year towards improved data quality:

- A review of the Trust's Data Quality strategy
- Monthly monitoring of national data quality (DQ) measures
- Reviews of specific data sets (e.g. Referral to Treatment Patient Treatment List) with specific regard to data quality. Regular spot checks were carried out by the Trust's Validation Team
- Weekly Referral to Treatment review meetings for cancer, community and acute services
- Our Data Quality Review Group ensured all aspects of data quality standards were maintained and reviewed
- Continuing to review the awareness of key staff of their responsibilities around data quality and proposing approaches to achieve improvement if necessary

- Reviewing the scope of material internal data sets with specific regard to data quality and summarise those known with their main characteristics, any known data quality issues and owners in overview

Whittington Health NHS Trust will continue to monitor and work to improve data quality by using the above mentioned Data Quality Review Group, with the aim to work with ICSUs to improve awareness of responsibilities and to share learning to help improve data quality.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Board's Quality Assurance Committee, provides assurance on the Quality Account and the quality priorities and ensures the maintenance of effective risk management and quality governance systems. Following national guidance from NHS England and Improvement, as part of the response to the Covid-19 pandemic, the 2019/20 Quality Account was published in December 2020.

Provider licence conditions

In terms of the NHS provider license condition four, the Board confirmed that the Trust applies principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of healthcare services. In particular, the Board is satisfied that the Trust has established and implements:

- an effective Board and Committee structure
- clear responsibilities for the Board and Committees reporting to the Board and for staff, reporting to either the Board or its Committees
- clear reporting lines and accountabilities throughout the organisation

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the committee and quality assurance committee, if appropriate and a plan to address weaknesses and ensure continuous improvement of the system is in place. The board ensures the effectiveness of the system of internal control through clear accountability arrangements.

An annual "Head of Internal Audit Opinion" based on the work and audit assessments undertaken during the year for 2020/21 was issued and stated:

Our overall opinion for the period 1 April 2020 to 31 March 2021 is that, based on the scope of reviews undertaken and the sample tests completed during the period,

significant assurance with some improvement required can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control with some improvements recommended.

While there were some delays in the finalisation of internal audit reviews scheduled this year, this rating reflects continued year-on-year improvements in the effectiveness of the Trust's system of internal control.

Conclusion

I confirm that no significant internal control issues have been identified.

Signed
Chief Executive
Date:

Statement of the chief executive's responsibilities as the accountable officer of the Trust

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

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

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Signed: .....Chief Executive

Date:

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board

.....Date.....Chief Executive

.....Date.....Finance Director

The Whittington Health NHS Trust

Annual accounts for the year ended 31 March 2021

Statement of the chief executive's responsibilities as the accountable officer of the trust

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

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

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Signed.....

Siobhan Harrington
Chief Executive
14th June 2021

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

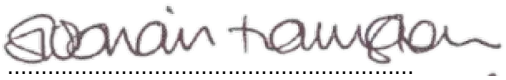
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board



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Siobhan Harrington
Chief Executive
14th June 2021

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Kevin Curnow
Chief Finance Officer
14th June 2021

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF WHITTINGTON HEALTH NHS TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Whittington Health NHS Trust ("the Trust") for the year ended 31 March 2021 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2021 and of its income and expenditure for the year then ended: and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2020/21.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the Directors' assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management and the Audit & Risk Committee as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve control totals delegated to the Trust by NHS Improvement.
- Reading Board and Audit & Risk Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk that additional funding was claimed inappropriately through the extra resources made available as a result of Covid-19; revenue is recorded in the wrong period or has been inappropriately deferred and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals.

We did not identify any additional fraud risks.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included material post close journals which reduce reported expenditure and journals with other unusual characteristics.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Identified income and expenditure invoices recognised in the period 1 March 2021 to 31 May 2021, to determine whether the income and expenditure is recognised in the correct accounting period, in accordance with the amounts billed to the corresponding parties.
- Assessed the outcome of the NHS agreement of balances exercise with CCGs and other NHS providers and investigated the cause of the variances identified.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors (as required by auditing standards), and from inspection of the Trust's legal correspondence and discussed with the directors the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. Under paragraph 2(1) of Schedule 5 to the National Health Service Act 2006 the Trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account (the breakeven duty). In reporting on compliance with the breakeven duty the Trust is required to comply with the Department of Health and Social Care's 'Guidance on Breakeven Duty and Provisions'. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 2, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page 1 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained in the statement set out on page [A], the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Board of Directors of Whittington Health NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Whittington Health NHS Trust for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Fleur Nieboer
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

16 June 2021

Statement of Comprehensive Income

	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	3	350,040	314,606
Other operating income	4	45,300	35,577
Operating expenses	5,7	(391,213)	(341,943)
Operating surplus/(deficit) from continuing operations		**4,127**	**8,240**
Finance income	10	6	228
Finance expenses	11	(1,859)	(3,340)
PDC dividends payable		(6,059)	(5,007)
Net finance costs		**(7,912)**	**(8,119)**
Other gains / (losses)	-	-	-
Surplus / (deficit) for the year from continuing operations		**(3,785)**	**121**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	12	-	-
Surplus / (deficit) for the year		**(3,785)**	**121**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(8,189)	(1,137)
Revaluations	16	592	4,394
Total comprehensive income / (expense) for the period		**(11,382)**	**3,378**

Statement of Financial Position

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets			
Intangible assets	13	9,789	9,102
Property, plant and equipment	14	223,962	224,209
Receivables	18	401	491
Total non-current assets		**234,152**	**233,802**
Current assets			
Inventories	17	2,195	2,405
Receivables	18	18,251	44,565
Cash and cash equivalents	19	61,527	27,384
Total current assets		**81,973**	**74,354**
Current liabilities			
Trade and other payables	20	(52,365)	(51,503)
Borrowings	22	(300)	(28,963)
Provisions	24	(769)	(479)
Other liabilities	21	(1,685)	(2,706)
Total current liabilities		**(55,119)**	**(83,651)**
Total assets less current liabilities		**261,006**	**224,505**
Non-current liabilities			
Borrowings	22	(6,610)	(27,663)
Provisions	24	(36,235)	(1,132)
Total non-current liabilities		**(42,845)**	**(28,795)**
Total assets employed		**218,161**	**195,710**
Financed by			
Public dividend capital		106,191	72,358
Revaluation reserve		91,395	98,992
Income and expenditure reserve		20,575	24,360
Total taxpayers' equity		**218,161**	**195,710**

The notes on pages 14 to 63 form part of these accounts.

Name Siobhan Harrington
Position Chief Executive Officer
Date 14/06/2021

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**72,358**	**98,992**	**-**	**-**	**-**	**24,360**	**195,710**
Surplus/(deficit) for the year	-	-	-	-	-	(3,785)	**(3,785)**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(8,189)	-	-	-	-	**(8,189)**
Revaluations	-	592	-	-	-	-	**592**
Public dividend capital received	33,833	-	-	-	-	-	**33,833**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2021	**106,191**	**91,395**	**-**	**-**	**-**	**20,575**	**218,161**

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**66,691**	**95,735**	**-**	**-**	**-**	**24,239**	**186,665**
Prior period adjustment	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2019 - restated	**66,691**	**95,735**	**-**	**-**	**-**	**24,239**	**186,665**
Surplus/(deficit) for the year	-	-	-	-	-	121	**121**
Impairments	-	(1,137)	-	-	-	-	**(1,137)**
Revaluations	-	4,394	-	-	-	-	**4,394**
Public dividend capital received	5,667	-	-	-	-	-	**5,667**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2020	**72,358**	**98,992**	**-**	**-**	**-**	**24,360**	**195,710**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Merger reserve
This reserve reflects balances formed on merger of NHS bodies.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus / (deficit)		4,127	8,240
Non-cash income and expense:			
Depreciation and amortisation	5	9,324	7,143
Net impairments	6	3,961	276
Income recognised in respect of capital donations	4	(91)	-
(Increase) / decrease in receivables and other assets		26,589	(4,014)
(Increase) / decrease in inventories		210	(957)
Increase / (decrease) in payables and other liabilities		723	13,837
Increase / (decrease) in provisions		10,191	(264)
Other movements in operating cash flows		-	1,151
Net cash flows from / (used in) operating activities		**55,034**	**25,412**
Cash flows from investing activities			
Interest received		6	228
Purchase of intangible assets		(2,517)	(3,914)
Purchase of PPE and investment property		(15,234)	(14,858)
Net cash flows from / (used in) investing activities		**(17,745)**	**(18,544)**
Cash flows from financing activities			
Public dividend capital received		33,833	5,667
Movement on loans from DHSC		(27,382)	(164)
Capital element of finance lease rental payments		(1,845)	(872)
Capital element of PFI, LIFT and other service concession payments		(201)	(1,192)
Interest on loans		(112)	(472)
Other interest		-	(2)
Interest paid on finance lease liabilities		(670)	(202)
Interest paid on PFI, LIFT and other service concession obligations		(451)	(2,664)
PDC dividend (paid) / refunded		(6,318)	(4,748)
Net cash flows from / (used in) financing activities		**(3,146)**	**(4,649)**
Increase / (decrease) in cash and cash equivalents		**34,143**	**2,219**
Cash and cash equivalents at 1 April - brought forward		**27,384**	**25,165**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**27,384**	**25,165**
Cash and cash equivalents at 31 March	19	**61,527**	**27,384**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

On 2 April 2020, the Department of Health & Social Care (DHSC) and NHS England & NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalled £27.2m were classified as current liabilities within the 2019/20 financial statements. As the repayment transactions were funded through the issue of PDC, this did and does not present a going concern risk for the Trust.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a [Integrated Care System/Sustainability and Transformation Partnership] level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Where staff are not eligible for, or choose to opt out of, the NHS Pension Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme. NEST is a government-backed, defined contribution pension scheme.

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Note 1.8 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020/21 this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM* , are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

The Trust entered into a Private Finance Initiative (PFI) arrangement in 2003 to build and maintain the main hospital through construction firm Whittington Facilities Ltd (WFL). On the 28th July 2020 WFL filed for administration.

The collapse of WFL means that the main building elements transferred back into the ownership of the Trust during 2020/21, and the Trust is now responsible for the maintenance of the building. Further details of the financial arrangements and implications are discussed in further detail as part of the Provisions notes and policies.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Land	-	-
Buildings, excluding dwellings	23	45
Dwellings	35	35
Plant & machinery	5	15
Transport equipment	-	-
Information technology	3	10
Furniture & fittings	5	5

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Information technology	-	-
Development expenditure	-	-
Websites	-	-
Software licences	5	5
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation of fair value due to the high turnover of stock.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emission. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Note 1.13 Financial assets and financial liabilities

Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income as appropriate.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure as appropriate.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. These contributions are charged to expenditure during the year. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 25 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.19 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases
IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Note 1.23 Critical judgements in applying accounting policies
The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Property, plant and equipment
The Trust's land and building assets are valued on the basis explained in note 16 to the accounts. Cushman & Wakefield (C&W), our independent valuer, provided the Trust with a valuation of land and building assets (estimated fair value and remaining useful life). The valuation, based on estimates provided by a suitably qualified professional in accordance with HM Treasury guidance, leads to revaluation adjustments. Future revaluations of the Trust's property may result in further changes to the carrying values of non-current assets.

Provisions
Provisions have been made for legal and constructive obligations of uncertain timing or amount as at the reporting date. These are based on estimates using relevant and reliable information as is available at the time the accounts are prepared. These provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any difference between expectations and the actual future liability will be accounted for in the period when such determination is made. The carrying amounts and basis of the Trust's provisions are detailed in note 32 to the accounts.

Note 1.24 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates, and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods. We also refer to the following financial statement disclosure notes where further detail is provided on individual balances containing areas of judgement:

- Notes 3: Revenue.
- Note 14 Property, plant & equipment.
- Note 18: Provisions for credit notes and impairment of receivables.
- Note 24: Provisions not already covered in Note 18.
- Note 20: Accruals.

A material addition to the provision balance in 2020/21 concerns the implications arising from the collapse of Whittington Facilities Ltd (WFL).

The collapse of WFL means that the main building has transferred back into the ownership of the Trust, whereby the Trust is now responsible for the maintenance of the building, including the cost of major fire safety refurbishments for which WFL are being pursued under the terms of a 30 year contract.

As a result of this dispute with WFL, legal proceedings are expected to take place. There will be a significant cost of rectifying building deficiency not appropriately addressed by WFL, but also an outstanding balance owed to the bank for the remaining balance of the Private Finance Initiative (PFI) agreement.

In the judgement of the Trust, a provision was deemed appropriate as at 31 March 2021 to cover relevant potential liabilities. The basis of this provision relied on professional legal advice (on the instruction of the Trust); while the administrators of WFL provided similar advice from their own legal advisors, the Trust relied on the aforementioned advice in prudently providing for potential future costs.

The legal position is not concluded and the full costs of remediation are not yet known. The provision is based on the Trust's best estimate of the remediation costs, but the final settlement of the PFI claim could be higher if the remediation costs are lower than estimated. Conversely the final cost of the claim could be lower if the remediation costs are higher than estimated.

Any accounting provision thus made is intended to reflect the material uncertainty around the situation which existed as at 31 March 2021, and should not be taken as admission of any liability on the part of the Trust.

Note 2 Operating Segments

The Trust's chief decision maker has been defined as the Trust Board, and is responsible for allocating resources across the Trust. The Trust's operational management structure is delivered though five clinical integrated care service units (ICSU's) covering acute and community services across London.

In line with IFRS 8, the trust has determined that these ICSU's are classed as a single segment with the agreed purpose of providing healthcare services.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.

Note 3.1 Income from patient care activities (by nature)	2020/21 £000	2019/20 £000
Acute services		
Block contract / system envelope income*	222,627	119,064
High cost drugs income from commissioners (excluding pass-through costs)	10,281	8,477
Other NHS clinical income	-	64,492
Community services		
Block contract / system envelope income*	75,268	73,898
Income from other sources (e.g. local authorities)	-	-
All services		
Private patient income	56	69
Additional pension contribution central funding**	9,918	9,568
Other clinical income	31,890	39,038
Total income from activities	**350,040**	**314,606**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2020/21 £000	2019/20 £000
NHS England	44,684	41,494
Clinical commissioning groups	287,770	256,967
Department of Health and Social Care	-	-
Other NHS providers	4,477	2,443
NHS other	-	-
Local authorities	11,198	11,299
Non-NHS: private patients	56	69
Non-NHS: overseas patients (chargeable to patient)	623	388
Injury cost recovery scheme	296	471
Non NHS: other	936	1,475
Total income from activities	**350,040**	**314,606**
Of which:		
Related to continuing operations	350,040	314,606
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2020/21	2019/20
	£000	£000
Income recognised this year	623	388
Cash payments received in-year	109	173
Amounts added to provision for impairment of receivables	554	222
Amounts written off in-year	-	-

Note 4 Other operating income

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	703	-	**703**	623	-	**623**
Education and training	15,173	-	**15,173**	16,739	-	**16,739**
Non-patient care services to other bodies	6,537		**6,537**	6,354		**6,354**
Provider sustainability fund (2019/20 only)			**-**	4,910		**4,910**
Financial recovery fund (2019/20 only)			**-**	1,257		**1,257**
Marginal rate emergency tariff funding (2019/20 only)			**-**	365		**365**
Reimbursement and top up funding	14,252		**14,252**			**-**
Income in respect of employee benefits accounted on a gross basis	32		**32**	249		**249**
Receipt of capital grants and donations		91	**91**		-	**-**
Charitable and other contributions to expenditure		5,180	**5,180**		-	**-**
Rental revenue from operating leases		884	**884**		995	**995**
Other income	2,449	-	**2,449**	4,085	-	**4,085**
Total other operating income	**39,145**	**6,155**	**45,300**	**34,582**	**995**	**35,577**
Of which:						
Related to continuing operations			45,300			35,577

Note 5.1 Operating expenses

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	1,960	702
Purchase of social care	-	-
Staff and executive directors costs	269,356	248,951
Remuneration of non-executive directors	118	66
Supplies and services - clinical (excluding drugs costs)	28,453	23,789
Supplies and services - general	4,094	3,846
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	13,314	13,321
Inventories written down	23	-
Consultancy costs	492	482
Establishment	3,802	2,424
Premises	22,585	14,196
Transport (including patient travel)	278	1,143
Depreciation on property, plant and equipment	7,494	5,595
Amortisation on intangible assets	1,830	1,548
Net impairments	3,961	276
Movement in credit loss allowance: contract receivables / contract assets	1,872	(301)
Movement in credit loss allowance: all other receivables and investments	10	(33)
audit services- statutory audit	84	51
other auditor remuneration (external auditor only)	-	1
Internal audit costs	-	190
Clinical negligence	10,164	9,750
Legal fees	1,279	710
Insurance	199	160
Research and development	575	774
Education and training	1,392	908
Rentals under operating leases	4,721	5,781
Redundancy	160	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	437	1,133
Car parking & security	19	-
Hospitality	-	7
Other	12,541	6,473
Total	**391,213**	**341,943**
Of which:		
Related to continuing operations	391,213	341,943

Note 5.2 Other auditor remuneration

	2020/21	2019/20
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	1
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**-**	**1**

The net figure paid to the auditor for the 2020/21 financial statement audit is £70k excluding VAT.

Note 5.3 Limitation on auditor's liability

The contract, signed on 24th October 2018, states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1m (2019/20: £1m), aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

Note 6 Impairment of assets

	2020/21	2019/20
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Unforeseen obsolescence	-	-
Changes in market price	3,961	276
Other	-	-
Total net impairments charged to operating surplus / deficit	**3,961**	**276**
Impairments charged to the revaluation reserve	8,189	1,137
Total net impairments	**12,150**	**1,413**

As a result of the Covid-19 pandemic, at the valuation date, the Trust's valuers considered that it was appropriate to attach less weight to previous market evidence and published build cost information for comparison purposes, to inform opinions of value. Indeed, the current response to COVID 19 meant that they were faced with an unprecedented set of circumstances on which to base a judgement.

Their valuation was therefore reported on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10 of the RICS Red Book Global. This does not mean that the valuation cannot be relied upon. It is used in order to be clear and transparent with all parties, in a professional manner that – in the current extraordinary circumstances – less certainty can be attached to the valuation than would otherwise be the case.

Impairments thus incurred by the Trust should be viewed in this light, and will be kept under review on as frequent a basis as is practical.

Note 7.1 Employee benefits

	2020/21 Total £000	2019/20 Total £000
Salaries and wages	210,034	189,696
Social security costs	18,694	19,137
Apprenticeship levy	967	925
Employer's contributions to NHS pensions	31,954	31,519
Pension cost - other	117	81
Other employment benefits	218	-
Termination benefits	-	279
Temporary staff (including agency)	8,297	9,181
Total gross staff costs	**270,281**	**250,818**
Recoveries in respect of seconded staff	-	-
Total staff costs	**270,281**	**250,818**
Of which		
Costs capitalised as part of assets	925	1,867

Note 7.2 Retirements due to ill-health

During 2020/21 there were 4 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £139k (£4k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Where staff are not eligible for, or choose to opt out of, the NHS Pension Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme. NEST is a government-backed, defined contribution pension scheme set up to make sure that every employer can easily access a workplace pension scheme. The employer's contribution rate in 2020/21 was 3% (2019/20: 3%).

Note 9 Operating leases

Note 9.1 The Whittington Health NHS Trust as a lessor

This note discloses income generated in operating lease agreements where The Whittington Health NHS Trust is the lessor.

	2020/21	2019/20
	£000	£000
Operating lease revenue		
Minimum lease receipts	884	995
Total	**884**	**995**

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	894	984
- later than one year and not later than five years;	3,466	3,891
- later than five years.	4,322	2,431
Total	**8,682**	**7,306**

Note 9.2 The Whittington Health NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where The Whittington Health NHS Trust is the lessee.

	2020/21	2019/20
	£000	£000
Operating lease expense		
Minimum lease payments	4,721	5,781
Total	**4,721**	**5,781**

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease payments due:		
- not later than one year;	4,721	5,781
- later than one year and not later than five years;	18,026	17,738
- later than five years.	25,457	29,899
Total	**48,204**	**53,418**
Future minimum sublease payments to be received	-	-

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2020/21	2019/20
	£000	£000
Interest on bank accounts	6	228
Total finance income	**6**	**228**

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2020/21	2019/20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	59	472
Finance leases	670	202
Interest on late payment of commercial debt	-	2
Main finance costs on PFI and LIFT schemes obligations	702	1,654
Contingent finance costs on PFI and LIFT scheme obligations	428	1,010
Total interest expense	**1,859**	**3,340**
Other finance costs	-	-
Total finance costs	**1,859**	**3,340**

Note 11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2020/21	2019/20
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	2

Note 12 Discontinued operations

	2020/21	2019/20
	£000	£000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Gain on disposal of discontinued operations	-	-
(Loss) on disposal of discontinued operations	-	-
Corporation tax expense attributable to discontinued operations	-	-
Total	**-**	**-**

Note 13.1 Intangible assets - 2020/21

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**20,738**	**333**	**21,071**
Additions	2,509	8	**2,517**
Impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	333	(333)	**-**
Disposals / derecognition	(8,655)	-	**(8,655)**
Valuation / gross cost at 31 March 2021	**14,925**	**8**	**14,933**
Amortisation at 1 April 2020 - brought forward	**11,969**	**-**	**11,969**
Provided during the year	1,830	-	**1,830**
Impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	-	-	**-**
Disposals / derecognition	(8,655)	-	**(8,655)**
Amortisation at 31 March 2021	**5,144**	**-**	**5,144**
Net book value at 31 March 2021	**9,781**	**8**	**9,789**
Net book value at 1 April 2020	**8,769**	**333**	**9,102**

Note 13.2 Intangible assets - 2019/20

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**16,971**	**249**	**17,220**
Prior period adjustments	-	-	**-**
Valuation / gross cost at 1 April 2019 - restated	**16,971**	**249**	**17,220**
Additions	-	3,914	**3,914**
Impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	3,767	(3,830)	**(63)**
Valuation / gross cost at 31 March 2020	**20,738**	**333**	**21,071**
Amortisation at 1 April 2019 - as previously stated	**10,421**	**-**	**10,421**
Prior period adjustments	-	-	**-**
Amortisation at 1 April 2019 - restated	**10,421**	**-**	**10,421**
Provided during the year	1,548	-	**1,548**
Impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	-	-	**-**
Amortisation at 31 March 2020	**11,969**	**-**	**11,969**
Net book value at 31 March 2020	**8,769**	**333**	**9,102**
Net book value at 1 April 2019	**6,550**	**249**	**6,799**

Note 14.1 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**45,638**	**161,791**	**50**	**16,579**	**35,741**	**14,621**	**228**	**274,648**
Additions	-	342	-	14,103	4,360	-	-	**18,805**
Impairments	(21)	(12,129)	-	-	-	-	-	**(12,150)**
Revaluations	-	592	-	-	-	-	-	**592**
Reclassifications	(143)	13,876	-	(23,100)	4,034	5,302	31	**-**
Disposals / derecognition	-	(4,935)	(50)	-	(23,149)	(10,388)	-	**(38,522)**
Valuation/gross cost at 31 March 2021	**45,474**	**159,537**	**-**	**7,582**	**20,986**	**9,535**	**259**	**243,373**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**10,427**	**50**	**-**	**27,509**	**12,349**	**104**	**50,439**
Provided during the year	-	4,302	-	-	2,318	828	46	**7,494**
Impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	(4,935)	(50)	-	(23,149)	(10,388)	-	**(38,522)**
Accumulated depreciation at 31 March 2021	**-**	**9,794**	**-**	**-**	**6,678**	**2,789**	**150**	**19,411**
Net book value at 31 March 2021	**45,474**	**149,743**	**-**	**7,582**	**14,308**	**6,746**	**109**	**223,962**
Net book value at 1 April 2020	**45,638**	**151,364**	**-**	**16,579**	**8,232**	**2,272**	**124**	**224,209**

Note 14.2 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**45,639**	**154,532**	**50**	**7,691**	**34,469**	**14,621**	**140**	**257,142**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2019 - restated	**45,639**	**154,532**	**50**	**7,691**	**34,469**	**14,621**	**140**	**257,142**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	764	-	13,313	385	-	-	**14,462**
Impairments	(107)	(1,306)	-	-	-	-	-	**(1,413)**
Revaluations	106	4,288	-	-	-	-	-	**4,394**
Reclassifications	-	3,513	-	(4,425)	887	-	88	**63**
Valuation/gross cost at 31 March 2020	**45,638**	**161,791**	**50**	**16,579**	**35,741**	**14,621**	**228**	**274,648**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**7,792**	**50**	**-**	**25,834**	**11,106**	**62**	**44,844**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2019 - restated	**-**	**7,792**	**50**	**-**	**25,834**	**11,106**	**62**	**44,844**
Provided during the year	-	2,635	-	-	1,675	1,243	42	**5,595**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 31 March 2020	**-**	**10,427**	**50**	**-**	**27,509**	**12,349**	**104**	**50,439**
Net book value at 31 March 2020	**45,638**	**151,364**	**-**	**16,579**	**8,232**	**2,272**	**124**	**224,209**
Net book value at 1 April 2019	**45,639**	**146,740**	**-**	**7,691**	**8,635**	**3,515**	**78**	**212,298**

Note 14.3 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021							
Owned - purchased	45,474	148,891	7,582	9,717	6,746	106	**218,516**
Finance leased	-	-	-	4,269	-	-	**4,269**
Owned - donated/granted	-	852	-	322	-	3	**1,177**
NBV total at 31 March 2021	**45,474**	**149,743**	**7,582**	**14,308**	**6,746**	**109**	**223,962**

Note 14.4 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020							
Owned - purchased	45,638	74,679	16,579	6,141	2,272	117	**145,426**
Finance leased	-	4,910	-	1,887	-	-	**6,797**
On-SoFP PFI contracts and other service concession arrangements	-	70,897	-	-	-	-	**70,897**
Owned - donated/granted	-	878	-	204	-	7	**1,089**
NBV total at 31 March 2020	**45,638**	**151,364**	**16,579**	**8,232**	**2,272**	**124**	**224,209**

Note 15 Donations of property, plant and equipment

The Trust received donations of capital assets (plant and equipment) from DHSC and/or NHS England as part of the coronavirus pandemic response in 2020/21. These donations were not material to the Trust and are reflected in the Donated Assets section of relevant notes to these Accounts.

Note 16 Revaluations of property, plant and equipment

Land, buildings and dwellings were valued in March 2021 by qualified independent valuers Cushman & Wakefield. The assets were valued on a depreciated replacement cost basis due to the specialised nature of the asset. The RICS Red Book defines specialised property as:

"a property that is rarely, if ever, sold in the market except by way of a sale of the business or entity of which it is part, due to the uniqueness arising from its specialised nature and design, its configuration, size, location or otherwise".

In line with the current valuation methodology, buildings have been re-categorised as 'blocks' and the various components within each block grouped as one. Each block is considered as an individual item and depreciated over its estimated useful economic life.

A summary of the Impairments and revaluations with comparatives as shown in the table below -

	31 March 2021 £000	31 March 2020 £000
Impairments		
Taken to Reserves	8,189	1,137
Taken to SOCI	3,961	276
	12,150	**1,413**
Revaluations		
Taken to Reserves	592	4,394
	592	**4,394**
Net (Impairment) / Revaluation	**(11,558)**	**2,981**

Note 17 Inventories

	31 March 2021 £000	31 March 2020 £000
Drugs	1,105	1,210
Consumables	670	706
Energy	45	59
Other	375	430
Total inventories	**2,195**	**2,405**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £18,576k (2019/20: £13,321k). Write-down of inventories as expenses for the year were £23k (2019/20: £nil).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £5,180k of items purchased by DHSC.
These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 18.1 Receivables

	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables	16,482	38,726
Allowance for impaired contract receivables / assets	(2,799)	(927)
Allowance for other impaired receivables	(1,332)	(1,322)
Prepayments (non-PFI)	3,191	3,884
PDC dividend receivable	114	(71)
VAT receivable	620	2,314
Other receivables	1,975	1,961
Total current receivables	**18,251**	**44,565**
Non-current		
Other receivables	401	491
Total non-current receivables	**401**	**491**
Of which receivable from NHS and DHSC group bodies:		
Current	10,651	32,102
Non-current	-	-

Note 18.2 Allowances for credit losses

	2020/21		2019/20	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**927**	**1,322**	**1,228**	**1,364**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**927**	**1,322**	**1,228**	**1,364**
New allowances arising	2,799	1,332	-	841
Changes in existing allowances	(927)	(1,322)	-	-
Reversals of allowances	-	-	(301)	(874)
Utilisation of allowances (write offs)	-	-	-	(9)
Allowances as at 31 Mar 2021	**2,799**	**1,332**	**927**	**1,322**

Note 19.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2020/21	2019/20
	£000	£000
At 1 April	**27,384**	**25,165**
Prior period adjustments		-
At 1 April (restated)	**27,384**	**25,165**
Net change in year	34,143	2,219
At 31 March	**61,527**	**27,384**
Broken down into:		
Cash at commercial banks and in hand	52	64
Cash with the Government Banking Service	61,475	27,320
Deposits with the National Loan Fund	-	-
Total cash and cash equivalents as in SoFP	**61,527**	**27,384**
Bank overdrafts (GBS and commercial banks)	-	-
Total cash and cash equivalents as in SoCF	**61,527**	**27,384**

Note 19.2 Third party assets held by the trust

Whittington Health NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2021	31 March 2020
	£000	£000
Bank balances	7	7
Total third party assets	**7**	**7**

Note 20 Trade and other payables

	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables	9,420	27,606
Capital payables	4,031	4,839
Accruals	29,098	9,489
Social security costs	3,058	3,014
Other taxes payable	2,825	2,620
PDC dividend payable	-	74
Other payables	3,933	3,861
Total current trade and other payables	**52,365**	**51,503**
Non-current		
Trade payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	11,114	13,296
Non-current	-	-

Note 21 Other liabilities

	31 March 2021 £000	31 March 2020 £000
Current		
Deferred income: contract liabilities	1,686	2,706
Other deferred income	-	-
Total other current liabilities	**1,686**	**2,706**
Non-current		
Deferred income: contract liabilities	-	-
Other deferred income	-	-
Total other non-current liabilities	**-**	**-**

Note 22 Financing

Note 22.1 Borrowings

	31 March 2021 £000	31 March 2020 £000
Current		
Bank overdrafts	-	-
Loans from DHSC	118	27,437
Obligations under finance leases	182	331
Obligations under PFI, LIFT or other service concession contracts	-	1,195
Total current borrowings	**300**	**28,963**
Non-current		
Loans from DHSC	1,856	1,972
Obligations under finance leases	4,754	1,703
Obligations under PFI, LIFT or other service concession contracts	-	23,988
Total non-current borrowings	**6,610**	**27,663**

On 2 April 2020, the Department of Health & Social Care (DHSC) and NHS England & NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalled £27.2m were classified as current liabilities within the 2019/20 financial statements. As the repayment transactions were funded through the issue of PDC, this did and does not present a going concern risk for the Trust.

One capital loan remains and its terms are accounted for in the above note.

Note 22.2 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2020	**29,409**	**-**	**2,034**	**25,183**	**56,626**
Cash movements:					
Financing cash flows - payments and receipts of principal	(27,382)	-	(1,845)	(201)	**(29,428)**
Financing cash flows - payments of interest	(112)	-	(670)	(451)	**(1,233)**
Non-cash movements:					
Additions	-	-	462	-	**462**
Application of effective interest rate	59	-	670	702	**1,431**
Other changes	-	-	4,285	(25,233)	**(20,948)**
Carrying value at 31 March 2021	**1,974**	**-**	**4,936**	**-**	**6,910**

Note 22.3 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2019	**29,573**	**-**	**1,371**	**26,374**	**57,318**
Prior period adjustment	-	-	-	-	**-**
Carrying value at 1 April 2018 - restated	**29,573**	**-**	**1,371**	**26,374**	**57,318**
Cash movements:					
Financing cash flows - payments and receipts of principal	(164)	-	(872)	(1,192)	**(2,228)**
Financing cash flows - payments of interest	(472)	-	(202)	(1,653)	**(2,327)**
Non-cash movements:					
Additions	-	-	1,535	-	**1,535**
Application of effective interest rate	472	-	202	1,654	**2,328**
Carrying value at 31 March 2020	**29,409**	**-**	**2,034**	**25,183**	**56,626**

Note 23 Finance leases

Note 23.1 The Whittington Health NHS Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	31 March 2021 £000	31 March 2020 £000
Gross lease liabilities	**7,722**	**3,579**
of which liabilities are due:		
- not later than one year;	707	591
- later than one year and not later than five years;	5,082	1,839
- later than five years.	1,933	1,149
Finance charges allocated to future periods	(2,786)	(1,545)
Net lease liabilities	**4,936**	**2,034**
of which payable:		
- not later than one year;	182	331
- later than one year and not later than five years;	3,412	1,024
- later than five years.	1,342	679
Total of future minimum sublease payments to be received at the reporting date	-	-
Contingent rent recognised as expense in the period	-	-

The Trust leases the Stroud Green Health Centre. The least started in 1993 and is scheduled to last for 125 years.

The Trust also leases Crouch End Health Centre, which is scheduled to end in January 2084.

The Trust's main finance lease is for imaging equipment through the Managed Equipment Service (MES) contractor, Althea. This arrangement started in 2007 and is currently scheduled to run until 2027.

Note 24 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2020	**739**	**68**	**75**	**-**	**729**	**1,611**
Arising during the year	-	-	286	-	35,345	**35,631**
Utilised during the year	(199)	(28)	-	-	-	**(228)**
Reversed unused	-	-	-	-	(10)	**(10)**
At 31 March 2021	**540**	**40**	**361**	**-**	**36,064**	**37,004**
Expected timing of cash flows:						
- not later than one year;	199	28	361	-	**181**	**769**
- later than one year and not later than five years;	341	12	-	-	**35,050**	**35,402**
- later than five years.	-	-	-	-	**833**	**833**
Total	**540**	**40**	**361**	**-**	**36,064**	**37,004**

Two notable changes or additions were made to the Trust's provisions balance during the year:

- A long-running case, known as "Flowers" relates to certain claims relating to entitlement to annual leave in certain circumstances. A national legal process has reached a stage whereby it is possible to attach an estimated amount to the people affected, and hence the Trust's potential liability. £218k in respect of this provision has been included within the Other category in the above note.

- The Trust entered into a Private Finance Initiative (PFI) arrangement in 2003 to build and maintain the main hospital through construction firm Whittington Facilities Ltd (WFL). On the 28th July 2020 WFL filed for administration.

The collapse of WFL means that the main building has transferred back into the ownership of the Trust, whereby the Trust is now responsible for the maintenance of the building, including the cost of major fire safety refurbishments for which WFL are being pursued under the terms of a 30 year contract.

As a result of this dispute with WFL, legal proceedings are expected to take place. There will be a significant cost of rectifying building deficiency not appropriately addressed by WFL, but also an outstanding balance owed to the bank for the remaining balance of the Private Finance Initiative (PFI) agreement.

Note 25 Clinical negligence liabilities

At 31 March 2021, £122,579k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of The Whittington Health NHS Trust (31 March 2020: £120,134k).

Note 26 Contingent assets and liabilities

	31 March 2021 £000	31 March 2020 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	-
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	**-**	**-**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**-**	**-**
Net value of contingent assets	**2,001**	**1,962**

Contingent Liabilities

A material addition to the provision balance in 2020/21 concerns the implications arising from the collapse of Whittington Facilities Ltd (WFL).

The collapse of WFL means that the main building has transferred back into the ownership of the Trust, whereby the Trust is now responsible for the maintenance of the building, including the cost of major fire safety refurbishments for which WFL are being pursued under the terms of a 30 year contract.

As a result of this dispute with WFL, legal proceedings are expected to take place. There will be a significant cost of rectifying building deficiency not appropriately addressed by WFL, but also an outstanding balance owed to the bank for the remaining balance of the Private Finance Initiative (PFI) agreement.

In the judgement of the Trust, a provision was deemed appropriate as at 31 March 2021 to cover relevant potential liabilities. The basis of this provision relied on professional legal advice (on the instruction of the Trust); while the administrators of WFL provided similar advice from their own legal advisors, the Trust relied on the aforementioned advice in prudently providing for potential future costs.

The legal position is not concluded and the full costs of remediation are not yet known. The provision is based on the Trust's best estimate of the remediation costs, but the final settlement of the PFI claim could be higher if the remediation costs are lower than estimated. Conversely the final cost of the claim could be lower if the remediation costs are higher than estimated.

Any accounting provision thus made is intended to reflect the material uncertainty around the situation which existed as at 31 March 2021, and should not be taken as admission of any liability on the part of the Trust.

Contingent Assets

The Trust has disclosed a £2m contingent asset in recognition of its available apprenticeship levy fund(19/20 £1.96m). This a externally held training fund of monies, which the Trust contributes to on a monthly basis; the Trust applies to access this funding when appropriate to provide specific training for its employees.

Note 27 Contractual capital commitments

	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	2,560	2,993
Intangible assets	0	128
Total	**2,560**	**3,121**

Note 28 On-SoFP PFI, LIFT or other service concession arrangements

The Trust is involved in a contractual dispute with the Joint Administrators (JA) of Whittington Facilities Limited (WFL). Whittington Facilities Limited was responsible for the ownership, maintenance and delivery of hard facilities management services within the Trusts former Private Finance Initiative estate. WFL entered administration in the summer of 2020. Following the termination of the contract the JA's have issued a 'letter before claim' detailing what it believes the Trust owes WFL following the conclusion to the contract.

As the full extent of the claim has yet to be validated and discussed with the JA's, the Trust is unable to comment on its validity.

The Trust believes it has provided in its financial position sufficient resources to cover any required settlement.

Note 28.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2021 £000	31 March 2020 £000
Gross PFI, LIFT or other service concession liabilities	**-**	**36,266**
Of which liabilities are due		
- not later than one year;	-	2,440
- later than one year and not later than five years;	-	10,425
- later than five years.	-	23,401
Finance charges allocated to future periods	-	(11,083)
Net PFI, LIFT or other service concession arrangement obligation	**-**	**25,183**
- not later than one year;	-	1,195
- later than one year and not later than five years;	-	5,854
- later than five years.	-	18,134

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2021 £000	31 March 2020 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**-**	**99,017**
Of which payments are due:		
- not later than one year;	-	5,778
- later than one year and not later than five years;	-	24,593
- later than five years.	-	68,646

Note 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2020/21	2019/20
	£000	£000
Unitary payment payable to service concession operator	**2,093**	**5,754**
Consisting of:		
- Interest charge	702	1,654
- Repayment of balance sheet obligation	201	1,192
- Service element and other charges to operating expenditure	437	1,133
- Capital lifecycle maintenance	325	765
- Contingent rent	428	1,010
Total amount paid to service concession operator	**2,093**	**5,754**

Note 29 Financial instruments"

Note 29.1 Financial risk management

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating or charging the risks a body faces in undertaking its activities. As a result of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups (CCGs) and the way those CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds, and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the Finance Department, within the parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. The Trust's treasury activity is subject to review by the Trust's internal auditors as part of a scheduled programme, and also by executive / non-executive / external audit colleagues as the need arises.

Currency risk
The Trust is principally a domestic UK-based organisation with the majority of transactions, assets and liabilities originating from the UK and denominated in Sterling. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
Borrowings are for 1 - 25 year in line with the associated assets, and interest is charged either at the rate set per the loan agreement, or at the National Loans Fund rate in the absence of such an agreement. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing, subject to approval by NHS Improvement & related bodies. Interest rates are confirmed by DHSC (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk
The majority of the Trust's revenue arises from contracts with other public sector bodies, therefore the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in the Trade & Other Receivables note.

Liquidity risk
The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups (CCGs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its Prudential Borrowing Limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 29.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	9,802	-	-	**9,802**
Cash and cash equivalents	61,527	-	-	**61,527**
Total at 31 March 2021	**71,329**	**-**	**-**	**71,329**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	37,877	-	-	**37,877**
Cash and cash equivalents	27,384	-	-	**27,384**
Total at 31 March 2020	**65,261**	**-**	**-**	**65,261**

Note 29.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	1,974	-	**1,974**
Obligations under finance leases	4,936	-	**4,936**
Trade and other payables excluding non financial liabilities	36,562	-	**36,562**
Total at 31 March 2021	**43,472**	**-**	**43,472**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	29,409	-	**29,409**
Obligations under finance leases	2,034	-	**2,034**
Obligations under PFI, LIFT and other service concession contracts	25,183	-	**25,183**
Trade and other payables excluding non financial liabilities	40,792	-	**40,792**
Provisions under contract	680	-	**680**
Total at 31 March 2020	**98,098**	**-**	**98,098**

Note 29.4 Maturity of financial liabilities

	31 March 2021 £000	31 March 2020 £000
In one year or less	37,387	71,940
In more than one year but not more than five years	5,546	12,728
In more than five years	3,325	26,058
Total	**46,258**	**110,726**

The prior year comparator figures in this note were previously prepared on a discounted cash flow basis. In line with the recommendations of the Group Accounting Manual this has been updated to be shown on an undiscounted basis. This has no impact on the value of the liabilities within the Statement of Financial Position.

Note 30 Losses and special payments

	2020/21		2019/20	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	4	3	4	9
Total losses	**4**	**3**	**4**	**9**
Total losses and special payments	**4**	**3**	**4**	**9**
Compensation payments received	-	-	-	-

Note 31 Related parties

During the year no Trust Board members or members of key management staff, or parties related to them, have undertaken any material transactions with the Trust.

Dr Sarah Humphery is both Executive Medical Director for Integrated Care for the Trust and a GP with Goodinge Group Practice. As at the end of 2020-2021 a credit note of £40k was outstanding, i.e. due from the Trust to Goodinge Group Practice.

The Department of Health & Social Care (DHSC) is considered a related party. During the year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is the parent Department. The table below shows the net result of the material transactions within the DHSC group.

The Trust has two wholly-owned subsidiaries, Whittington Pharmacy CIC and Whittington Charity. Neither organisation is consolidated within these accounts. A number of Whittington Health board members have a related party within these subsidiaries.

	Income (£000s)	Expenditure (£000s)	Receivables (£000s)	Payables (£000s)
NHS North Central London CCG	278,172	16	657	824
NHS England	48,892	12	3,035	412
Health Education England	14,884	0	241	242
NHS City and Hackney CCG	5,350	0	5	0
Royal Free London NHS Foundation Trust	4,339	1,895	3,108	1,943
University College London Hospitals NHS FT	2,349	806	1,218	1,562
NHS Brent CCG	1,189	0	(50)	0
Camden and Islington NHS Foundation Trust	1,188	1,354	848	503
East London NHS FT	1,163	33	581	22
North Middlesex University Hospital NHS Trust	1,125	23	158	42
Barnet, Enfield And Haringey Mental Health NHS Trust	132	1,033	22	1,294
NHS Resolution	0	10,164	0	22
Community Health Partnerships	0	3,875	5	1,623
NHS Property Services Ltd	0	837	0	1,192

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of the material transactions have been with:

	Income (£000s)	Expenditure (£000s)	Receivables (£000s)	Payables (£000s)
Islington Borough Council	7,457	3,067	502	898
London Borough of Hackney	1,384	2	114	14
NHS Blood & Transplant	0	1,988	0	70

Note 32 Prior period adjustments

No adjustments have been made to prior period audited figures.

Note 33 Events after the reporting date

An adjusting event was recorded in relation to the 2019/20 accounts concerning interim revenue & capital loans. This has since been transacted, recorded and disclosed in the 2020/21 accounts.

No events after the reporting date of 31 March 2021 have been recorded.

Note 34 Better Payment Practice code

Non-NHS Payables	2020/21 Number	2020/21 £000	2019/20 Number	2019/20 £000
Total non-NHS trade invoices paid in the year	55,647	173,465	61,498	161,569
Total non-NHS trade invoices paid within target	50,535	151,752	55,836	143,924
Percentage of non-NHS trade invoices paid within target	90.8%	87.5%	90.8%	89.1%
NHS Payables				
Total NHS trade invoices paid in the year	4,931	25,279	3,856	12,400
Total NHS trade invoices paid within target	2,770	7,689	3,043	6,741
Percentage of NHS trade invoices paid within target	56.2%	30.4%	78.9%	54.4%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 35 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2020/21 £000	2019/20 £000
Cash flow financing	2,317	1,220
External financing requirement	**2,317**	**1,220**
External financing limit (EFL)	2,317	1,220
Under / (over) spend against EFL	**-**	**-**

Note 36 Capital Resource Limit

	2020/21 £000	2019/20 £000
Gross capital expenditure	21,322	18,376
Less: Donated and granted capital additions	(91)	-
Charge against Capital Resource Limit	**21,231**	**18,376**
Capital Resource Limit	21,249	18,683
Under / (over) spend against CRL	**18**	**307**

Note 37.1 Breakeven duty financial performance

	2020/21 £000
Adjusted financial performance surplus / (deficit) (control total basis)	50
IFRIC 12 breakeven adjustment	2,320
Breakeven duty financial performance surplus / (deficit)	**2,370**

Note 37.2 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		139	508	1,120	3,614	1,165	(7,342)
Breakeven duty cumulative position	3,971	4,110	4,618	5,738	9,352	10,517	3,175
Operating income		176,853	186,300	278,212	281,343	297,397	295,007
Cumulative breakeven position as a percentage of operating income		2.3%	2.5%	2.1%	3.3%	3.5%	1.1%

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(14,788)	(3,670)	6,158	29,362	1,568	2,370
Breakeven duty cumulative position	(11,613)	(15,283)	(9,126)	20,237	21,805	24,175
Operating income	294,211	309,255	323,394	348,646	350,183	395,340
Cumulative breakeven position as a percentage of operating income	(3.9%)	(4.9%)	(2.8%)	5.8%	6.2%	6.1%

Meeting title	**Trust Board**	**Date: 30 June 2021**
Report title	**2021/22 quarter one Board Assurance Framework**	**Agenda item: 12**
Director leads	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals, Clare Dollery, Medical Director, and Carol Gillen, Chief Operating Officer (Quality entries); Norma French, Director of Workforce, (People entries); Siobhan Harrington, Chief Executive, and Jonathan Gardner, Director of Strategy, Development and Corporate Affairs (integration entries); Kevin Curnow, Chief Finance Officer (sustainability entries), and Leon Douglas, Chief Information Officer (digital / IT interoperability entry)	
Report authors	Swarnjit Singh, Trust Secretary, and BAF risk leads	
Executive summary	Board members are presented with a draft board assurance framework showing the entries for risks to the delivery of Whittington Health's *quality, people, integration,* and *sustainability* strategic objectives. **During quarter one, the BAF was discussed by the following forums:** • Audit and Risk Committee • Executive team • Trust Management Group • Quality Assurance Committee • Workforce Assurance Committee • Finance and Business Development Committee The Trust Secretary also had a helpful discussion and meeting with Amanda Gibbon, non-executive director, who provided useful advice and input. This included formatting and drafting suggestions to help make the BAF more robust, particularly the assurances cited through being clear on the specific meeting dates and/or reports used as a basis for the assurance. **Feedback from the various forums during quarter one is shown below:** • A recognition that, in line with recommended practice, the 2020/21 BAF had too many risks (12) and there was a helpful consolidation of entries in the 2021/22 draft. It was also acknowledged that this was not a simple task • The impact of future waves of the pandemic and their impact on the quality of care be mentioned • The inclusion of an entry in the sustainability section covering risks relating to the interoperability of providers' IT systems and the development and delivery of an effective digital strategy • The risk of failing to deliver the cost improvement programme target be brought out more fully • Strengthening some of the mitigations in relation to recruitment • Ensuring that risks in relation to equality, diversity and inclusion were included in the *People* entries	

	• Progress with the linked, annual corporate objectives and their key performance indicators be shown in an appendix to the BAF (these are also going back to the June board meeting for approval) • A chart showing the internal governance structures which considered the BAF also be included in the report These feedback points have been incorporated, insofar as is reasonably possible (see first bullet point in nest steps), into a draft quarter one BAF for discussion. Approval is also sought for the establishment of a new Board Committee – the Digital and Transformation Assurance Committee. It is proposed that this forum has responsibility for reviewing the new BAF entry relating to the digital strategy.
Purpose	Discussion, review and approval
Recommendation	Board members are asked to: i. approve the 2021/22 board assurance framework entries for risks to the delivery of Whittington Health's quality, people, integration and sustainability strategic objectives, and the 2021/22 corporate objectives for respective risk entries; and ii. agree that, following its establishment, the new Digital and Transformation Assurance Committee leads has responsibility for reviewing the BAF entry relating to digital and IT matters.
Risk Register or Board Assurance Framework	All entries
Report history	• May 2021: Quality Assurance Committee, Audit and Risk Committee; Trust Management Group • June 2021: Workforce Assurance Committee, Finance and Business Development Committee, Trust Management Group
Appendices	1: 2021/22 board assurance framework summary 2: 2021/22 board assurance framework detail 3: 2021/22 strategic objectives and key performance indicators

2021/22 Board Assurance Framework - integration and sustainability entries

1. Introduction

1.1 The Board Assurance Framework (BAF) provides a structure and process which:

- represents a key aspect of the Trust's internal control system
- enables the Board of Directors to focus on the principal risks which might compromise the achievement of Whittington Health's strategic objectives
- identifies the key controls which are in place to mitigate those principal risks and the sources of assurance available to the Board and its Committees regarding the effectiveness of the controls implemented
- is presented to the Trust Management Group and Trust Board each quarter
- is reviewed by respective Board Committees as part of their terms of reference:
  - Audit and Risk – full BAF
  - Finance and Business Development – integration and sustainability entries
  - Quality Assurance – quality and safety entries
  - Workforce Assurance – people entries

2021/22 BAF

1.2 In 2020/21, the Trust's BAF was reviewed by the internal audit team and received an assessment of *significant assurance with some improvement required*. Suggestions for improvement related to identifying which key performance indicators linked to identified gaps in controls and assurances. The draft 2021/22 BAF responds to this through better integration with the performance indicators included on the corporate objectives agreed for 2021/22.

1.3 The draft 2021/22 BAF continues to highlight risks to the delivery of Whittington Health's four strategic aims of:

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*

1.4 At the end of 2020/21, Whittington Health's BAF contained 16 risks to the delivery of its strategic objectives which is considered on the high side for a BAF. They have been consolidated further and are shown in the appendices below in the 2021/22 BAF.

2. 2021/22 Board Assurance Framework format

2.1 Some formatting changes are shown in both the summary and detailed draft BAFs shown overleaf. They are the result of benchmarking against other NHS organisations, integration with the performance indicators for 2021/22 strategic objectives, and as part of continuous improvement.

Appendix 1: 2021/22 summary Board Assurance Framework

1. Summary BAF

Strategic objective and BAF risk entry	Principal risks	Current score			Target score	Lead director(s)
		I	L	R		
Quality 1	Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation	4	3	12	4	Chief Nurse / Medical Director
Quality 2	A lack of capacity to restart elective and other key services, capability and attention to clinical performance targets, due to priorities in planning for and responding to future pandemic waves, or winter pressures result in a deterioration in service quality and patient care such as: • long delays in the emergency department and an inability to place patients who require high dependency and intensive care • patients not receiving the care they need across hospital and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage • an unsuccessful rollout of the winter Covid-19 pandemic booster	3	4	12	4	Chief Operating Officer / Chief Nurse / Medical Director
People 1	Lack of sufficient substantive staff, due to increased staff departures and absence, the impact of the UK's exit from the EU, and difficulties in recruiting and retaining sufficient staff, results in increased pressure on staff, a reduction in the quality of care, insufficient capacity to deal with demand, and increased temporary staffing costs	4	3	12	9	Director of Workforce

Strategic objective and BAF risk entry	Principal risks	Current score			Target score	Lead director(s)
		I	L	R		
People 2	Failure to improve staff health, wellbeing, equity, empowerment, and morale, due to the continuing post pandemic pressures and the restart of services, poor management practices, a poorly developed and implemented Workforce Race Equality Standard action plan, and an inability to tackle bullying and harassment result in: • behaviours displayed which are out of line with Whittington Health's values • a deterioration in organisational culture, morale and the psychological wellbeing and resilience of staff • adverse impacts on staff engagement, absence rates and the recruitment and retention of staff • poor performance in annual equality standard outcomes and submissions • a failure to secure staff support, buy-in and delivery of NCL system workforce changes	4	2	8	4	Director of Workforce
Integration 1	Changes brought about by the NCL system and Provider Alliance such as corporate services' rationalisations, the review of community services, and the reconfiguration of pathways through lead provider arrangements impact adversely on patient services, particularly fragile ones, and the strategic viability of the Trust	4	3	12	8	Chief Executive / Director of Strategy
Integration 2	Local population health and wellbeing deteriorates, due to the impact of the pandemic, because of a lack of available investment in, or focus on ongoing care and prevention work, and due to unsuccessful collaboration with local sector health and social care partners, results in demand for services after the Covid-19 outbreak being considerably higher than pre-Covid-19 and insufficiently met	4	3	12	8	Director of Strategy
Sustainable 1	Adverse funding arrangements regionally or nationally; or failure to a) manage costs, b) reduce the run rate, c) properly fund cost pressures, due to poor internal control systems, or inability to transform services and deliver the cost improvement programme savings, or due to insufficient flexibility under a block contract along NCL system and provider alliance changes, result in an inability deliver the annual control total, a worse underlying deficit for the Trust, increased reputational risk and pressure on future investment programmes, or	4	4	16	8	Chief Finance Officer

Strategic objective and BAF risk entry	Principal risks	Current score			Target score	Lead director(s)
		I	L	R		
	cancellation of key Whittington Health investment projects, and improvements in patient care and savings not being achieved					
Sustainable 2	The failure of critical estate infrastructure, or continued lack of high-quality estate capacity, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm, poorer patient experience, or reduced capacity in the hospital	4	4	16	8	Chief Finance Officer
Sustainable 3	Failure by the Trust to effectively resource and implement a digital strategy focussed on improving patient care through collaborative system working and efficient, digitally enabled processes, and underpinned by a modern secure, standards-based infrastructure, will adversely impact on key transformation projects across the organisation and our ability to be a system leader	3	3	9	6	Chief Information Officer

2. 2021/22 Board Assurance Framework details

Quality

Strategic objective		**Deliver outstanding safe, compassionate care in partnership with patients**
Executive leads		Chief Nurse and\ Director of Allied Health Professionals; Medical Director; Chief Operating Officer
Oversight committees		Quality Governance Committee, Trust Management Group, Quality Assurance Committee
Principal risks	**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
	Quality 2	A lack of capacity to restart elective and other key services, capability and attention to clinical performance targets, due to priorities in planning for and responding to future pandemic waves, or winter pressures result in a deterioration in service quality and patient care such as: • long delays in the emergency department and an inability to place patients who require high dependency and intensive care, • patients not receiving the care they need across hospital and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage • an unsuccessful rollout of the winter Covid-19 pandemic booster

Risk scores (I (Impact) L (Likelihood) S (Score))

Risk	**Quarter 1**			**Quarter 2**			**Quarter 3**			**Quarter 4**			**Target**
	I	**L**	**S**	**I**	**L**	**S**	**I**	**L**	**S**	**I**	**L**	**S**	
Quality 1	4	3	12										4
Quality 2	3	4	12										4

Controls and assurances

Key controls	**Assurances**
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 meeting is alerted to any areas of concern • 1st tier - Trust Management Group monitors the delivery of targets for elective, outpatient and community services each month • 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

Key controls	Assurances
Work with partners in the system to manage flow and demand to ensure patients are in the right place to receive care	• 1st tier – Monthly Trust Management Group meeting reviews the elective recovery dashboard KPIs for WH and NCL partners • 2nd tier – Weekly NCL Operational Implementation Group
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 – the bi-monthly 'Better Never Stops' steering group reviews progress with delivery of the Trust's Care Quality Commission (CQC) action • 2nd tier – Quality Assurance report is reviewed by the Quality Assurance Committee • 2nd tier - Clinical and national audit findings, (compliance with Getting it Right First Time and National Institute of Clinical Excellence guidance) are reported to Quality Assurance Committee on a quarterly period, along with any identified actions within the quarterly quality report • 2nd tier - Quality Account priorities (monitoring of priorities is included within the quarterly quality report presented to 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 - Delivery of Patient Experience Strategy action plan presented to Patient Experience Group (PEG) • 2nd tier – Compliments & Complaints Annual Report presented to Quality Assurance Committee
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 and fit testing results presented to TMG monthly • 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 – Monthly Trust Management Group meeting • 1st tier - Staff wellbeing – COVID-19 symptom and temperature checks Standard Operating Procedure implemented. • 1st tier – Progress with staff fit testing reported to TMG monthly • 1st tier – rollout of staff and patient Covid-19 vaccination uptake reported monthly to TMG • 2nd tier – NCL Operational Implementation Group
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

Key controls	Assurances
Mortality review panel learning from deaths process and reporting	• 2nd tier – quarterly Learning from deaths report to Quality Assurance Committee; 2nd tier – COVID-19 updates to Quality Assurance Committee and Trust Board
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
Project Phoenix Quality Improvement (QI) drive now on	• 1st tier – Trust Better Never Stops steering group regular meeting

Gaps in controls and assurances

Gaps	Mitigating actions	Completion date
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	Ongoing
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.	Monitored each quarter
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 Quality Account priorities' dashboard	Quarter one 2021/22
Security audits and fire safety mandatory training levels	• Remedial actions agreed with monitoring of progress by the Quality Assurance Committee and trust Management Group	Monthly reports on fire training safety to TMG

People

Strategic objective		**Empower, support and develop an engaged staff community**
Executive lead		Director of Workforce
Oversight committees		People Committee; Trust Management Group; Workforce Assurance Committee (WAC)
Principal risks	**People 1**	Lack of sufficient substantive staff, due to increased staff departures and absence, the impact of the UK's exit from the EU, and difficulties in recruiting sufficient staff, result in increased pressure on staff, a reduction in quality of care, insufficient capacity to deal with demand, and increased temporary staffing costs
	People 2	Failure to improve staff health, wellbeing, equity, empowerment, and morale, due to the continuing post pandemic pressures and the restart of services, poor management practices, a poorly developed and implemented Workforce Race Equality Standard action plan, an inability to tackle bullying and harassment result in: • behaviours displayed which are out of line with Whittington Health's values • a deterioration in organisational culture, morale and the psychological wellbeing and resilience of staff • adverse impacts on staff engagement, absence rates and the recruitment and retention of staff • poor performance in annual equality standard outcomes and submissions • a failure to secure staff support, buy-in and delivery of NCL system workforce changes

Risk scores (I (Impact) L (Likelihood) S (Score))

Risk	**Quarter 1**			**Quarter 2**			**Quarter 3**			**Quarter 4**			**Target**
	I	**L**	**S**	**I**	**L**	**S**	**I**	**L**	**S**	**I**	**L**	**S**	
People 1	4	3	12										9
People 2	4	2	8										4

Controls and assurances

Key controls	**Assurances**
Implemented Public Health England infection control and prevention guidance for staff and completed risk assessments for staff	• 1st tier assurance through monthly fit testing dashboard report at TMG. • 1st tier assurance – 95% completion rate reported to TMG on 11 August 2020 against a national target of 100%
Provided psychological/wellbeing support to staff	• 1st tier assurance – TMG, People Committee (PC) and WAC update on activities • 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 quarter four 2020/21 and remains important • Implementing health and wellbeing discussions with all staff as part of annual appraisal reports
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

Key controls	Assurances
	• 1st tier assurance – Quarterly Pulse Point report to TMG, Partnership Group (PG) and PC; 2nd tier assurance at WAC • 1st tier assurance - Templates provided for ICSU/Directorate level and for team level to maximise empowerment through participation in making improvements • 2nd tier – NHS staff survey outcomes and action plans report to WAC and Trust Board
Implemented activities under the #Caringforthosewhocare initiative	• 2nd tier – the range of interventions provided for staff under the #Caring for those who care activities are reported to each meeting of the Workforce Assurance Committee, PG and PC
Implemented updated action plan for recruitment and retention strategy	• 2nd tier assurance from Workforce report to quarterly meeting of the Workforce Assurance Committee and PC (April 2021) and 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
Develop and implement a 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. • Deep dive report by national WRES team and suggested actions circulate widely within Trust for engagement, discussion and feedback.
Complete annual grading of workforce domains of the NHS Equality Delivery System	• To be completed following focus groups in Q1 for consideration by the Trust Board

Gaps in controls and assurances

Gaps	Mitigating actions	Completion date
Trust-wide Talent management and succession planning arrangements	In July 2020, TMG agreed a Talent management pilot Building the talent pipeline for senior black, Asian and minority ethnic staff proposal to be considered by June 2021. Development of a Bands 2 -7 development programme for senior black, Asian and minority ethnic staff in discussion.	The Trust Board will approve innovative and fresh interventions to improve talent management, particularly for black, Asian and minority ethnic staff – this will be in place in December 2021
Updated WRES improvement plan to meet Model Employer and align with London equality strategy	A draft plan was developed in Q3 2020/21 and includes a section on targets advised by NHS London. This is being revisited and updated as part of the current engagement work across the Trust	Quarter 2, 2021/22

Gaps	Mitigating actions	Completion date
Appoint EDI lead and resourced team to drive forward work on the action plan	Job description and person specification in draft and to be advertised to staff internally. Extensive engagement with staff and the BAME staff network continuing with the support of Yvonne Coghill.	June/July 2021

Integration

Strategic objective		**Integrate care with partners and promote health and wellbeing**
Executive leads		Chief Executive; Director of Strategy, Development and Corporate Affairs
Oversight committees		Trust Management Group, Finance and Business Development Committee; Trust Board
Principal risks	**Integration 1**	Changes brought about by the NCL system and provider alliance such as corporate services' rationalisations, the review of community services, and the reconfiguration of pathways through lead provider arrangements impact adversely on patient services, particularly fragile ones, and the strategic viability of the Trust
	Integration 2	Local population health and wellbeing deteriorates, due to the impact of the pandemic, a lack of available investment or focus on ongoing care and prevention work, and due to unsuccessful collaboration with local sector health and social care partners, results in demand for services after the Covid-19 outbreak being considerably higher than pre-Covid-19 and insufficiently met

Risk scores (I (Impact) L (Likelihood) S (Score))

Risk	**Quarter 1**			**Quarter 2**			**Quarter 3**			**Quarter 4**			**Target**
	I	**L**	**S**	**I**	**L**	**S**	**I**	**L**	**S**	**I**	**L**	**S**	
Integration 1	4	3	12										8
Integration 2	4	3	12										8

Controls and assurances

Key controls	**Assurances**
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, CEO and MD 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 Implementation Group • 2nd tier – the Medical Director is the Chief Medical Officer of the NCL Integrated Care System (ICS) and clinical lead for the NCL Provider Alliance
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
Participation in NCL pathway boards	• 2nd tier – Community Diagnostic Hub Board (Director of Strategy present) • 2nd tier – Diagnostic Board – (Director of Strategy present)

Key controls	Assurances
Oncology services strategy – collaboration with UCLH	• Conversations have been held with UCLH regarding a proposed model and they are also helping with staffing capacity through a locum appointment • Further options to come to Trust Management Group in due course • 1st tier – Cancer Board – *meeting roughly quarterly* • *Clear clinical cancer lead in Chet Bhan,* • *1st tier - Regular project group set up now meeting at least monthly* • 2nd tier – UCLH / Whittington Clinical Collaboration board *meets every 2 months*
Orthopaedic hub – Develop business case for Board approval and identify patient clinical pathways	• 1st tier – Monthly report to Transformation Programme Board (last meeting: 21 June 2021) • 1st tier – TMG monthly • 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
Implement locality leadership working plans through close liaison with Islington and Haringey councils	• 1st tier – 3 Islington Leadership teams in place, and a single leadership team in Haringey in place and meeting monthly • 3rd tier – Monthly Borough Partnership Boards attended by CEO and Dir Strategy • 3rd tier – Monthly Haringey, Start Well, Live Well, Age Well and Place Boards *Place board chaired by Dir Strategy and Service leads attend other boards.* • 3rd tier – Islington and Haringey Overview & Scrutiny Committees meet ad hoc to consider any issues
Community services – anticipatory care / urgent response / streams of work	• 2nd tier - Project progress as per plan reported to Integrated Forum on monthly basis.
Progress Anchor Institution work – Dir of Strategy leading on a gap analysis around the key areas of employment, procurement, buildings, environment, partnerships. Participation in various groups in Haringey and Islington – to progress local employment, engage in regeneration schemes, support the green agenda, promote LLW, London Living Wage accreditation has now been achieved Mentoring programme in Haringey – *staff have volunteered to be part of a Haringey Council mentoring programme for school leavers*	• 1st tier - Integrated forum monthly review • 1st tier – national anchor institution learning network (Q1 2021/22) • 2nd tier – Haringey and Islington borough partnership monthly • 2nd tier – Haringey inequalities working group monthly • 2nd Tier – Islington Health and Social care academy *quarterly* • 2nd Tier – Islington London Living Wage working group *two weekly*

Key controls	Assurances
Support for digital inequality work in Haringey	
Additional management resource implemented to support the delivery of estate plans	• 1st tier – recruitment of an Estate Development Lead (started in June 2021) working alongside our Director of Environment and reporting to our Director of Strategy to take forward estate changes planned

Gaps in controls and assurances

Gaps	Mitigating actions	Completion date
The plan towards impacting on population health interventions needs to be more robust	• Deputy Director of Strategy has been refocussed on doing a gap analysis around our anchor institution work. This will help us target the interventions and create a more coherent plan. • Further resource will be available in quarter three through a civil service fast streamer joins in Quarter 3 to provide capacity	Quarter 2 2021/22 Quarter 3 2021/22
Collaboration with Primary Care Networks (PCNs) on additional roles needs to be more defined	• We are holding regular meetings with PCNs particularly focussed on additional roles. We have a proposal that they are close to signing that will strengthen the collaboration between us. The challenge however remains about their available time and focus.	Quarter 2 2021/22

Sustainability

Strategic objective		**Transform and deliver innovative, financially sustainable services**
Executive leads		Chief Finance Officer; Chief Operating Officer
Oversight committees		Better Value Delivery Board; Financial Performance Group; Trust Management Group; Finance and Business Development Committee
Principal risks	**Sustainability 1**	Adverse funding arrangements regionally or nationally; or failure to a) manage costs, b) reduce the run rate, c) properly fund cost pressures, due to poor internal control systems, or inability to transform services and deliver the cost improvement programme savings, or due to insufficient flexibility under a block contract along NCL system and provider alliance changes, result in an inability deliver the annual control total, a worse underlying deficit for the Trust, increased reputational risk and pressure on future investment programmes, or cancellation of key Whittington Health investment projects, and improvements in patient care and savings not being achieved
	Sustainability 2	The failure of critical estate infrastructure, or continued lack of high-quality estate capacity, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm, poorer patient experience, or reduced capacity in the hospital
	Sustainability 3	Failure by the Trust to effectively resource and implement a digital strategy focussed on improving patient care through collaborative system working and efficient, digitally enabled processes, and underpinned by a modern secure, standards-based infrastructure, will adversely impact on key transformation projects across the organisation and our ability to be a system leader

Risk scores (I (Impact) L (Likelihood) S (Score))

Risk	**Quarter 1**			**Quarter 2**			**Quarter 3**			**Quarter 4**			**Target**
	I	**L**	**S**	**I**	**L**	**S**	**I**	**L**	**S**	**I**	**L**	**S**	
Sustainability 1	4	4	16										8
Sustainability 2	4	4	16										8
Sustainability 3	3	3	9										6

Controls and assurances

Key controls	**Assurances**
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 monthly Board meetings • 1st tier – Community Estates Programme Group – every two weeks • 1st tier – weekly monitoring of updates at TMG

Key controls	Assurances
	• 1st tier – ICSU quarterly performance reviews held in quarter 1, 2021/22 • 2nd tier – monthly integrated performance report to Trust Board • 1st tier – fortnightly elective recovery dashboard reviewed by TMG and elective recovery targets to be included in the revised 2021/22 integrated performance report
Maintain financial governance controls Manage our expenditure to lower than last year's run-rate to enable investment in other services	• 1st tier – Monthly Investment Group • 1st tier – Monthly Transformation Programme Board • 1st tier – monthly Finance report to Trust Management Group • 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 and also on financial arrangements for Q1 and Q2 of 2021/22
Monthly Cost Improvement Programme (CIP) delivery board	• 1st tier – Better Never Stops – Improving Value update to Executive team (weekly) and TMG (monthly) to show progress against the 2021/22 £9m CIP target • 2nd tier – Finance & Business Development Committee reviews progress at its bi-monthly meetings (last one held 22 June 2021)
Accountability Framework	• 1st tier – TMG endorsed an updated Framework in Q1 • 1st tier - Quarterly performance reviews continued in quarter one 2021/22 and targeted support when necessary
Development of an estate 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 November 2020 • 1st tier – Monthly Private Finance Initiative monitoring group • 1st tier – Monthly Fire safety group • 1st tier - and fire warden training with a comprehensive fire safety dashboard reported monthly to TMG (15 June 2021); 1st tier – Monthly Health and Safety Committee • 1st tier – Capital Monitoring Group (24 June 2021)
Estate Strategy is approved Strategic Outline Case for maternity and neonatal services is approved	• 2nd tier – Full business case for next phase *due October 2021* • 1st tier – Maternity Transformation Board monthly • 1st tier – Transformation Programme Board monthly

Key controls	Assurances
Progress next stage of business cases	• 2nd tier – Finance & Business Development Committee *next review in the Summer*
Pathology services / NWLP	• 1st Tier – Transformation Programme Board monthly • 2nd tier – Finance & Business Development Committee and Trust Board *considered on an ad hoc basis when needed*
Community estate transformation programme Develop plans for Tynemouth Road (consultation complete)	• 1st tier – Integrated Forum monthly review • 1st tier - Monthly summary report to Transformation Programme Board • 1st tier – Community Estates Programme Group *every two weeks* • 2nd tier - Trust Board agreed empty sites as surplus to requirements (July 2020) • 3rd tier – Overview & Scrutiny Committee and consultation (completed)
Facilitate Trust's Agile working policy	• 1st tier - Monthly report to Transformation Programme board – with a view to having some proposals in the summer
Deliver maternity and neonatal transformation programme five workstreams meeting weekly – Ockenden, Culture, IT, Estates, Continuity of Carer	• 1st tier – Maternity Transformation Programme Board *monthly* • 1st tier – Monthly Transformation Programme Board
Develop, resource and implement a revised Digital strategy	• 1st Tier – Innovation & Digital Transformation Group terms of reference agreed by Trust Management Group in June 2021 and the first monthly meeting will commence in July 2021

Gaps in controls and assurances

Gaps	Mitigating actions	Completion date
The Digital and Transformation Assurance Committee will oversee delivery of the Trust's Digital strategy and report to the Board	• Approval for the Digital and Transformation Assurance Committee's terms of reference will be sought at the June 2021 Board meeting	30 June 2021
Board seminar to discuss the digital strategy and elements for inclusion within it, prior to its approval	• 29 July 2021 Board seminar to discuss digital strategy before a final version is brought to the September 2021 Board meeting for approval	29 July and 30 September 2021

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

NHS
Whittington Health
NHS Trust

Trust-wide review and escalation of strategic risks

Trust Board - Board Assurance Framework (BAF)

Decision to escalate to BAF as a strategic risk

Board Committees (risks over 15)

Corporate risks and BAF

Audit and Risk

Digital & Transformation Assurance

Finance and Business Development

Quality Assurance

Workforce Assurance

Trust Management Group – *reviews and recommends risks scored above 16 for escalation to the BAF and those over 15 to committees*

Risks for escalation to the BAF

Executive Oversight Committees

Corporate risks

Quality Governance Committee

People Committee

ICSU Boards

Innovation & Digital Transformation Group

Transformation Programme Board

Financial Performance Group

Risk escalation for Trust Risk Register entries scored above 15 (e.g. inadequate controls)

Operational Committees and subgroups

Risks linked to committee activity

Patient Safety Group
Patient Experience Group
Clinical Effectiveness Group
Safeguarding Committee
Infection Prevention & Control Committee
Serous Incident Executive Assurance Group
Health and Safety Committee
Mortality Review Group
Drugs and Therapeutics Committee
Medicines Safety Group
Quality Improvement / Research
End of Life Care Group
ICSU Quality Boards

Estates Steering Group
PFI Management Group
Digital Programme Board
Procurement Steering Group
Capital Monitoring Group
Investment Group
Income and Costing Steering Group
Better Value Delivery Board

Partnership Group
Health and Wellbeing Group
Staff equality networks
Nursing & Midwifery Group
Allied Health Professionals Group

Risk assurance areas (through Trust-wide forums)

Appendix 3: 2021/22 objectives

Deliver outstanding safe and compassionate care in partnership with patients

↔

Exec: Chief Nurse / MD

Committee: Quality

worse

better

Same

Key metrics	Target	Score	RAG
SHMI score			
Readmission rate			
Pressure ulcers grd. 4 and 3	Reduce		
FFT % satisfaction	90%		

Key metrics	Target	Score	RAG
RTT	92%		
ED 4hr	95%		
Adult community metrics green	↑		
Child community	↑		

Key metrics	Target	Score	Direction and RAG
PALS response time	80%		

Objective	Progress in last quarter
Complete CQC action plan and improving trust safety rating to "good" • Embedding role and function of learning from deaths with medical examiners • Learning from serious incidents and never events • Medicine management	
Develop an effective Better Never Stops programme, incorporating actions from previous CQC inspections, focused on maintaining CQC readiness, following our QI strategy, and listening to patients	
Deliver on Year 2 objectives of 3 year quality priorities • Improving communication (between staff and patients, and across multi-disciplinary teams) • Reducing harm from hospital acquired deconditioning • Improving blood transfusion safety culture at the hospital • Improving understanding of human factors and making healthcare as safe as possible	
Deliver on Year 3 objectives of the Patient Experience Strategy • Improve information we provide to patients and carers to enhance two-way communication • Work in partnership with patients, families and carers to build a foundation for co-design and service improvement • Improve our patients' journey ensuring we provide integrated holistic care, from the first contact and throughout their care	
Maintain expanded rapid response services across adult and CYP and re-start other community services in a safe way, prioritising the vulnerable and improving inequalities • Monitor against Equality Delivery System 2 (EDS2) patient outcomes	
Deliver our part in the roll-out of the COVID-19 vaccine to staff and public	
Re-start and recover planned care in a 'covid-protected' safe way, prioritising with the system those most urgently in need, reducing inequalities, and recovering backlogs as soon as possible. Ensuring COVID-19 IPC requirements do not restrict access or equality	

Empower support and develop engaged staff

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Exec: Workforce Director / COO

Committee: WAC

Key metrics	Target	Score	Direction and RAG
Turnover rate	13%		
Vacancy rate	10%		
Appraisal rate	90%		
Mandatory training	90%		

Key metrics	Target	Score	Direction and RAG
Staff Absence	3.5%		
Likelihood BAME candidate being appointed	1		
Staff FFT/Pulse response rate	20%		

Key metrics	Target	Score	Direction and RAG
Relative likelihood of disciplinary for BAME	1		
% staff recommending WH as place to work	65%		

Objective	Progress last quarter
Protect our staff by following National infection control and prevention guidance and using the right Personal Protective Equipment (PPE) with special focus on supporting vulnerable staff	
Continually improve our culture in line with the People Plan by implementing the Cultural and WRES/WDES action plans focussing on engagement and bullying and harassment Promote inclusive, compassionate leadership, accountability and team working	
Work with NCL to continually improve recruitment, talent management and occupational health	
Care for staff and support staff recovery through mental health work, celebrations, and time to reflect and recuperate	
Develop and support clinical leads and middle managers, and improve professional standards and ways of working – hospital and community – PDN and CNS leadership development	
Roll-out agile working and ensuring that we support working safely in offices, at home and clinical environments	
Staff Networks - Resourcing and supporting staff networks	

Integrate care with partners and promote health and well-being

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Exec: Director of Strategy / COO

Committee: Board

Key metrics	Target	Score	RAG
DTOC rate	2.5%		
Oncology project status	Green		
Anchor institution self assessment metrics	Improve		

Key metrics	Target	Score	RAG
Percentage of staff local	Trend up		
Dermatology project	Green		

Objective	Progress last quarter
Be a beacon for integrated care, leading models in NCL, expanding and improving the new model of care in localities with our primary care, PCN, council and voluntary sector partners to proactively care for vulnerable people in the community	
Play our role as an anchor institution to prevent ill-health and empower self-management by making every contact count, engaging with the community, becoming a source of health advice and education and **tackling inequalities**, including inequalities facing people with learning disabilities and/or Autism and serious mental ill-health	
Deliver the **orthopaedic hub** with UCLH, a **joint oncology** model with UCLH, and **a joint dermatology** model with NMUH, support system changes in **paediatrics**, work with **C&I on development of new hospital**	
Shape and steer borough partnerships, ICS board and Provider Alliance, develop response to community review	

Transform and develop financially sustainable innovative services

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Exec: Finance Director / COO

Committee: TMG

Key metrics	Target	Score	RAG
% CIP delivery against target	100% (£9.2m)		
Average beds used	197		
Financial position	On plan		
Capital spend against plan	On plan		
Average LOS Non-elective	4		
Predicted versus actual discharges			

Key metrics	Target	Score	RAG
% super stranded pts	18%		
Elective activity against recovery plan			
Theatre utilisation	>85%		
Virtual vs face to face outpatients			
Innovation project status	Green		
Maternity project status	Green		
Estates transformation plan	Green		

Covid	Suggested Deliverables
• Transform maternity and neonatal services including starting refurbishment and models of care	
• Transform outpatients including virtual by default	
• Continue to build on our strengths in community dentistry and our outstanding community services	
• Design financial recovery plan with system partners to achieve financial sustainability	
• Deliver in year financial targets	
• Deliver community estate transformation plans (Tynemouth Road)	
• Complete fast follower, create a new digital strategy and deliver agile working	
• Improve and innovate in digital, data, and analytics, using data to transform services	
• Conclude PFI deal and begin rectification of PFI	
• Full realisation of new WEC facilities to develop education and research	

Meeting title	**Trust Board – public meeting**	**Date: 30 June 2021**
Report title	**Workforce Assurance Committee Chair's report**	**Agenda item: 13**
Committee Chair	Anu Singh, Non-Executive Director	
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 1 June 2021. **Areas of significant assurance:** • Staff story – working in theatres throughout the pandemic • GMC national trainee survey 2020 • Annual review of the committee's effectiveness and terms of reference • Board Assurance Framework – People strategic objective entries **Areas of moderate assurance:** • 2020/21 Quarter four workforce report • Corporate shared services' review There were no agenda items at the meeting for which the Committee is reporting limited assurance to the Board.	
Purpose:	Approval	
Recommendation(s)	Board members are invited to: i. note the report, particularly areas of significant assurance; and ii. to approve the updated committee terms of reference	
Risk Register or Board Assurance Framework	People entries	
Report history	None	
Appendices	1: Workforce Assurance Committee terms of reference	

Committee Chair's assurance report

Committee name	Workforce Assurance Committee
Date of meeting	1 June 2021
Summary of assurance:	

1. The Committee is reporting significant assurance to the Board on the following matters:

Staff story – working in theatres throughout the pandemic

Committee members welcomed Yusuf Yousef, a healthcare support worker, who delivered the staff story presentation. They noted that:

- Yusuf joined the NHS in 2007 as a porter at North Middlesex University Hospital NHS Trust. He sought more involvement in patient care and, in 2017, applied for a healthcare assistant role. He also enrolled at his local college in Islington to study for qualifications in health and social care qualification, maths and English
- He then secured a healthcare assistant role at the Royal London Hospital involved in the care of elderly patients. As a local resident whose two children were born at Whittington Hospital, Yusuf was keen to join his local NHS trust and, in March 2020, was successful in getting a role within the main theatres
- He has enjoyed the engagement his current role provides with different teams and specialities and worked well with nursing colleagues. One area for improvement fed back to the Committee was to help ensure that developmental opportunities and leadership training for healthcare assistants were provided

The Committee Chair thanked Yufus Yousef for sharing his staff experience at Whittington Health and noted his important feedback on ensuring there were developmental opportunities available for healthcare assistants.

General Medical Council (GMC) national trainee survey 2020

The Committee took significant assurance from a report from John Masih, postgraduate medical education manager, which outlined the positive outcomes from the GMC's 2020 survey of national trainees. It was explained that, due to the pandemic, the standard survey questions were revised to a new 38 item questionnaire covering the time from the first pandemic surge at the beginning of March 2020 to the end of May 2020. Committee members noted the following results from the survey which showed performance significantly above the national average:

- Green-rated scores were given for five key questions covering the quality of clinical supervision overall; the quality of clinical supervision out-of-hours; departmental encouragement for a culture of teamworking between all healthcare professionals; all staff, including doctors-in-training being treated fairly; and rest facilities being free of charge when needed
- Outcomes reported by trainees in paediatric services were outstanding, especially when benchmarked against providers in London and the UK

	• Performance was below the national average in responses to questions covering access to local teaching opportunities during the survey period which coincided with a pandemic surge; the availability of someone to talk to in confidence regarding any concerns with occupational health and wellbeing; concerns relating to personal or colleague safety and whether these concerns were taken seriously • In response to any concerns highlighted about personal safety, all trainees were reminded of the importance of completing individual staff risk assessments • While the 2020 survey's response rate was 43%, the 2021 survey had just closed with early indications that it had had an excellent response rate of above 70% • The significant impact of the Covid-19 pandemic entailed a revolution in how training was delivered, and one additional member of staff had been recruited to help with the digitisation work needed **Annual review of the committee's effectiveness and terms of reference** The Committee endorsed its annual review of effectiveness and agreed that each future meeting would have its annual workplan as a standing item to help monitor progress. Committee members also discussed and agreed its terms of reference for approval at the June Board meeting. **Board Assurance Framework** Committee members discussed Board Assurance Framework entries relating the delivery of Whittington Health's People strategic objective. They welcomed the helpful consolidation of risks if they did not detract from the key issues. Any specific drafting suggestions on the BAF would be sent to the Trust Secretary for inclusion before the June Board meeting. In reviewing the current gaps in controls, the Committee agreed to carry out a deep dive and hold a fuller discussion at its next meeting on its current state of play and progress with talent management initiatives.
2.	**The Committee is reporting significant assurance to the Board on the following matters:** **2020/21 Quarter four workforce report** The Committee reviewed workforce outcomes for quarter four of 2020/21. It took assurance from performance on recruitment with the actual time to hire new starters being below target and was informed of work taking place to increase the diversity of recruitment panels. The Committee also noted that vacancy and turnover rates remained steady during the period covered. Committee members raised concerns regarding performance on annual staff appraisals and with statutory and mandatory training compliance and the plans to improve current performance levels in these areas. They noted that average sickness rates remained above target. In addition, they suggested that the workforce report should include metrics for the workforce race quality standard (WRES) and the workforce disability equality standard (WDES) to allow for the more regular monitoring of progress being achieved. It was

	recognised that some indicators only reported annually e.g., NHS staff survey, and that areas on recruitment, entering formal disciplinary processes and, access to non-mandatory training and development should be included in the regular workforce report to the Committee. The Committee also agreed that: • bank and agency information shown in the report hours be converted to whole time equivalents for future meetings • well led performance indicators from the most recent monthly Trust Board report should be included as they provided more recent performance information than the period covered in the quarterly workforce reports to the Committee **Corporate shared services' review** The Committee considered the current workforce programmes in the North Central London Integrated Care System. They discussed the change programme to centralise transactional recruitment activity and plans to create collaborative temporary staffing arrangements for the sector with effect from 1 October 2021, with staff and stakeholder consultation exercises taking place in July. Committee members fed back concerns at the risks presented in relation to the potential financial impact of some proposals. In addition, the Committee noted that proposals for occupational health services in the sector were being developed and advised that it would be preferable to delay the timeline for this initiative's implementation as occupational health services were likely to remain under pressure for some time.
3.	**Other meeting agenda items** In addition, the Committee: • discussed a paper on **embracing and embedding a just culture**. This initiative had arisen following advice to all NHS providers to review their investigative processes to help provide a beneficial and learning experience with the aim of restoring people involved to their workplace roles, as soon as possible. Work at Mersey Care NHS Foundation Trust was cited as demonstrating the financial and timesaving benefits of such an approach. The Committee was supportive of this initiative and asked that a significant number of staff be trained in the online e-module in addition to the train the trainer approach outlined as part of implementation. Committee members also agreed that an update on progress be provided in six months' time • reviewed the **trust risk register's workforce entries**, noting that no current risks had been closed; that three risks had been downgraded following mitigations; and that, one new risk had been included. The Committee noted that further discussion was taking place in relation to any nursing risks identified on Ifor ward • received verbal updates from the Assistant Director, Learning and Organisational Development on the timelines for submission of the annual workforce standard returns for disability and race

	• agreed that the chairs of staff equality networks be invited to future meetings to provide updates or send a written report if they were unable to attend
4.	**Present:** Anu Singh, Non-Executive Director (Committee Chair) Kevin Curnow, Chief Finance Officer Clare Dollery, Medical Director Carol Gillen, Chief Operating Officer Rob Vincent, Non-Executive Director **In attendance:** Debra Clatworthy, Interim Deputy Chief Nurse Kate Green, Personal Assistant to Director of Workforce Helen Kent, Assistant Director, Learning & Organisational Development John Maish, Postgraduate Medical Education Manager Nicola Stephenson, Director of Operations, Emergency & Integrated Medicine Swarnjit Singh, Trust Secretary Kate Wilson, Deputy Director, Workforce Yusuf Yousef, Healthcare Support Worker **Apologies:** Norma French, Director of Workforce Baroness Glenys Thornton, Non-Executive Director Michelle Johnson MBE, Chief Nurse and Director of Allied Health Professionals Sola Makinde, Associate Medical Director – Workforce

Appendix 1: Committee terms of reference

	Workforce Assurance Committee
1. 1.1 1.2 1.3	**Authority** The Board of Directors hereby resolves to establish a Committee to be known as the Workforce Assurance Committee (the Committee). This Committee has no executive powers other than those delegated in these terms of reference. The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires for any employee, and all employees are directed to co-operate with any request made by the Committee. The Committee is also authorised by the Board to obtain outside legal or other professional advice, if it considers this necessary, via the Trust Secretary.
2. 2.1	**Role** The role of the Committee is to provide assurance to the Trust Board that: • there is an effective structure, process and system of control for the governance of workfoce matters and the management of risks related to them; • human resources services are provided in line with national and local standards and policy guidance and in line with the Trust's corporate objectives; • the Trust's Workforce Strategy is being sucessfully implemented ; and • the Trust complies with its obligations under equality, diversity and human rights legislation.
3. 3.1	**Membership** The membership of the Committee shall comprise: • At least two Non-Executive Directors (one of whom shall Chair this Committee); • Director of Workforce (lead executive director for the committee); • Chief Nurse and Director of Patient Experience; • Medical Director • Chief Operating Officer; • Chief Finance Officer; • Director of Integrated Care Education representative
4. 4.1	**Quorum and attendance** The Committee shall be deemed to be quorate if attended by any two Non-Executive Directors (NEDs) of the Trust (to include the Chair or

	designated alternate) and two executive directors. All NEDs can act as substitutes on all Board Committees.
4.2	If an executive director member of the committee is unable to attend a meeting, they are required to send a deputy director from their directorate in their stead.
4.3	The following members of staff will be in attendance at committee meetings: • Integrated Clinical Service Units' Directors of Operations (will be invited) • Assistant Director of Learning & Organsiational Development • Deputy Director of Workforce • Trust Corporate Secretary
4.4	The Secretary of the Committee will be the Personal Assistant to the Director of Workforce. They will keep a register of attendance for inclusion in the Trust's annual report.
5. 5.1	**Frequency of meetings** The Committee must consider the frequency and timing of meetings needed to allow it to discharge all its responsibilities. The Committee shall meet at least four times a year. The Committee Chair can call special meetings, if required.
6. 6.1	**Agenda and papers** Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
6.2	Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least one full week before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance, then they will be forwarded to Committee members at the same time as the agenda.
7. 7.1	**Duties** The Committee will carry out the following duties for the Trust Board: i. Keep under review the development and delivery of the Trust's Workforce Strategy in reponse to the national People Plan to ensure performance management is aligned to strategy implementation; ii. Receive details of workforce planning priorities that arise from annual business planning processes and to receive exception reports on any significant risks or issues; iii. Ensure that effective workforce enablers are put in place to drive high performance and quality improvement;

	iv. Review performance scorecard indicators for workforce–related matters; v. Monitor and evaluate Trust compliance with its statutory duty to produce an annual public sector equality duty report; vi. Review annual performance against the national workforce equality standards for race and disability and any other workforce standards established; vii. Review annual performance against the workforce domains of the NHS Equality Delivery System viii. Monitor delivery of the workforce culture improvement plan; ix. Advise the Board on key strategic risks relating to the delivery of the Trust's People stategic objective and review their effective mitigation; x. Receive and review regular reports on human capital management including leadership capability, workforce planning, cost management, regulation of the workforce and their health and wellbeing; and xi. Receive and review reports on the staff survey and ensure that action plans support improvement in staff experience and services to patients.
7.2	Non-Executive Director Committee members are asked to: i. ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision; ii. review data on workforce on a regular basis and hold Executive Directors to account for ensuring that the right staff are in place to provide high quality care to patients; iii. ensure that decisions taken at a Board level, such as implementing cost improvement plans, have sufficiently considered and taken account of impacts on staffing capacity and capability and key quality and outcome measures; and iv. understand the principles which should be followed in workforce planning, and seek assurance that these are being followed in the organisation.
8.	**Reporting**
8.1	Members and those present should state any conflicts of interest and the Secretary should minute them accordingly.
8.2	The draft minutes of Committee meetings shall be formally recorded and presented at the next meeting of the Trust Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure, or executive action.
8.3	The Trust's annual report shall include a section describing the work of the Committee in discharging its responsibilities.
8.4	The Committee shall receive reports from the following Trust fora:

	• People Committee • Partnership Group • Recruitment Review Group • MDT Recruitment & Retention Group • Health & Wellbeing Group • Junior Doctors' Forum • Education Strategy Group • Staff Equality Networks • Nursing & Midwifery Group • Allied Health Professionals' Group • #Caringforthosewhocare programme
9.	**Monitoring and review**
9.1	The Committee will produce an annual work plan and, in line with good corporate governance practice, carry out an annual review of effectiveness against its terms of reference and delivery of its annual work plan.
9.2	The Board of Directors will monitor the effectiveness of the Committee through receipt of the Committee's minutes and such written or verbal reports that the Chair of the Committee might provide.
9.3	These terms of reference were approved by the Board of Directors in June 2021 and will be reviewed, at least annually.

Meeting title	**Trust Board – public meeting**	**Date: 30 June 2021**
Report title	**Audit & Risk Committee Chair's Assurance report**	**Agenda item: 14**
Committee Chair	Rob Vincent, Non-Executive Director	
Executive director lead	Kevin Curnow, Chief Finance Officer	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	This report details areas of assurance from the items considered at the Audit and Risk Committee meeting held on 20 May 2021. **Areas of significant assurance:** • 2020/21 annual report and accounts • 2020/21 annual accounts, ISA 260, external audit annual report, Head of Internal Audit Opinion • Internal audit review – data quality and assurance • Annual review of committee effectiveness and terms of reference **Areas of moderate assurance:** • Internal audit review – research and development • Completion of the remainder of 2020/21 internal audit plan and recommendations tracker **The Committee also discussed and either noted or approved reports on the following issues:** • 2021/22 Internal audit plan • Board Assurance Framework and Corporate Risk Register • Local counter fraud progress report • Use of waivers where expenditure was entered into outside of standard protocols during the COVID-19 pandemic • Special losses and payments, and debtors	
Purpose:	Approval	
Recommendation(s)	Board members are invited to note the Chair's assurance report for the Audit and Risk Committee meeting held on 20 May and to agree the updated Committee terms of reference	
Risk Register or Board Assurance Framework	All	
Report history	Public Board meetings following each Committee meeting	
Appendices	1: Committee terms of reference	

Committee Chair's Assurance report

Committee name	Audit and Risk Committee
Date of meetings	18 March 2021

Summary of assurance:

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

2020/21 annual report
Committee members took significant assurance from the draft annual report and accounts. They welcomed the annual report which read well and enabled readers to understand Whittington Health. It was noted that some sections were being reviewed and updated – information governance and, learning from deaths. The Committee fed back comments for inclusion in the report and agreed that final drafting comments be sent as soon as possible. The Committee agreed the draft annual report and noted that further drafting amendments would be made prior to final approval being sought at the 30 June 2021 Board meeting.

2020/21 annual accounts, ISA 260, external audit annual report, Head of Internal Audit Opinion
The Committee spent most of the meeting reviewing and discussing the draft 2020/21 annual accounts and, the accompanying draft ISA 260, draft external audit annual report and draft Head of Internal Audit Opinion. Committee members commended the Trust for their achievements in the middle of a pandemic. Significant assurance was taken from the following areas:

- **2020/21 annual accounts** – a small surplus of £50k was delivered and the Trust continued to meet its statutory duty to break even over a three-year period. The Committee noted the judgement in relation to the valuation of land and buildings and for provisions included in the financial statements
- **ISA 260** – while some further sample testing of NHS income and agreement of balances variances, material expenditure balances and accruals was taking place, there was nothing to indicate that KPMG would be unable to sign the ISA 260 by the submission deadline of 15 June 2021
- **external audit annual report** – assurance was taken from findings that:
  - it was highly likely that KPMG would issue an unqualified opinion on the Trust's accounts on 14 June 2021 demonstrating that they gave a true and fair view of its financial performance and position
  - the Annual Governance Statement had been prepared in line guidance contained in the Department of Health and Social Care's Group Accounting Manual
  - there were no significant risks or weaknesses identified in the areas of financial sustainability, governance, and economy, efficiency, and effectiveness

	○ There was also a positive conclusion that nothing had been identified which would question the assessment of the Trust as an ongoing concern • **Head of Internal Audit Opinion** - an assessment of significant assurance with some improvement was indicated. This represented continued year-on-year improvements and was the best outcome achieved in the last three years The Committee thanked the finance team, KPMG, and Grant Thornton for the extensive and ongoing audit work and for the successful and positive outcome from the annual accounts. The Committee agreed that a further meeting be held with delegated authority given to the Trust Chair, the Committee Chair, Chief Executive and Chief Finance Officer to agree off the 2020/21 final accounts prior to their submission to NHS England and Improvement. **Internal audit review – data quality and assurance** Committee members welcomed the conclusion of significant assurance with some improvement required conclusion from the internal audit review of data quality and assurance. This was confirmed through understanding the systems and controls in place through discussion with management and testing of the operational effectiveness of those controls. Alongside the good practice evidence examples identified, there was a review recommendation to update the Data quality policy which was being taken forward. **Annual review of committee effectiveness and terms of reference** Committee members welcomed and discussed the assessment of its effectiveness in line with good practice and approved its updated terms of reference.
2.	**The Committee is reporting moderate assurance to the Board on the following matters:** **Internal audit review – research and development** Committee members discussed the review report which have an outcome of partial assurance with improvement required. Although the review contained five medium and four low recommendations, the review team had been able to take assurance from a clear Trust strategy for research and development and the studies which underwent sample testing has clear and authorised agreements on place. **Completion of the remainder of 2020/21 internal audit plan and recommendations tracker** The Committee received a verbal update on two outstanding internal audit review reports. Fieldwork for the patent experience review had been completed and a draft report was being discussed with management before it was finalised shortly thereafter. The second review concerned the data protection and security toolkit and had been re-scheduled for the 21/22 internal audit programme.

	For the recommendations' tracker, the Committee took assurance that 21 recommendations had been updated and only six recommendations remained overdue for implementation. The review of consultant job planning was now scheduled for quarter four, 2021/22 and Committee members asked that appropriate support be provided to help ensure that job planning recommendations were implemented in a timely manner. The Committee acknowledged the impressive progress by colleagues in implementing recommendations from a previous internal audit review report on medicines management. **2021/22 Internal audit plan** The Committee noted and endorsed the final agreed 2021/22 internal audit plan.
3.	**Other items considered** **Board Assurance Framework and Corporate Risk Register** Committee members discussed the Board Assurance Framework for quarter 1. They welcomed the paper and provided feedback for inclusion in the BAF prior to the June Board meeting, as follows: • A recognition that, in line with recommended practice, the 2020/21 BAF had too many risks (12) and there was a helpful consolidation of entries in the 2021/22 draft. It was also acknowledged that this was not a simple task • The inclusion of an entry in the sustainability section covering risks relating to the interoperability of providers' IT systems and the development and delivery of an effective digital strategy • Ensuring that risks in relation to equality, diversity and inclusion were included in the People entries • A chart showing the internal governance structures which considered the BAF also be included in the report Committee members reviewed the Corporate Risk Register and were updated on risks that were now closed. In addition, the Committee received assurances and updates regarding risk entries covering the following: • The delivery of the 2021/22 cost improvement programme better value challenge for Surgery and Cancer had been discussed in that integrated clinical service unit's quarterly accountability review, and would be downgraded in its total risk score • The risk of a lack of Consultant staff in histopathology services was acknowledged across sector • The supply of information technology equipment in Children's and Young People Services was likely to be closed by the time of the Committee's next meeting in July **Local counter fraud progress report** The Committee noted a progress report on local counter fraud activity which included:

	• An update from the NHS Counter Fraud Agency on a mandate fraud attempt, and the actions being taken by NHS organisations to remain vigilant to any supplier change requests and to ensure staff followed internal policies and procedures. • Europol advice on the increased involvement or organised crime gangs and fraudsters in exploiting technology to produce fake COVID-19 test certificates • Plans for delivering anti-fraud training during 2021/22 to the payments teams and anti-bribery to Trust Board members **Use of waivers** The Committee considered a report where expenditure was entered into outside of standard protocols during the COVID-19 pandemic. Committee members noted that the waivers were for legitimate reasons, within the remit of standing financial instructions and below applicable procurement thresholds. **Special losses and payments** The Committee noted a report which detailed the level of salary overpayments and action being taken on recoveries, with no write-offs recommended. The Committee also received assurance that the process for leavers being removed from the payroll system would be included as part of the internal audit review of core financial systems. **Debtors** Committee members noted and welcomed the progress in reducing levels of NHS and non-NHS aged debts and thanked finance team members for this achievement.
4.	**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 Conlan, Audit Manager, Grant Thornton Kevin Curnow, Chief Finance Officer Clare Dollery, Medical Director Jonathan Gardner, Director of Strategy, Development & Corporate Affairs Gillian Lewis, Associate Director of Quality Governance Fleur Nieober, Director, KPMG Ciaran McLaughlin, Director, Public Sector Assurance, Grant Thornton Hugh Montgomery, Director of Research & Innovation Phil Montgomery, Procurement Business Partner Alex Ogilvie, Deputy Head of Financial Services James Shortall, Local Counter Fraud Specialist, BDO Kathryn Simpson, Research Portfolio Manager Swarnjit Singh, Trust Secretary Kudirat Sotayo-Aro, Manager, KPMG Craig Waterman, Auditor, KPMG

	Apologies: Stephen Dunham, Assistant Finance Director, Financial Services Carol Gillen, Chief Operating Officer Michelle Johnson, Chief Nurse & Director of Allied Health Professionals

Appendix 2: Committee terms of reference

	Audit & Risk Committee terms of reference
1.	**Constitution**
1.1	The Board of Directors hereby resolves to establish a Committee to be known as the Audit & Risk Committee (the Committee). This Committee has no executive powers other than those delegated in these terms of reference.
1.2	The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires for any employee, and all employees are directed to co-operate with any request made by the Committee to attend, as and when required.
1.3	The Committee is also authorised by the Board to obtain outside legal or other professional Advice, if it considers this necessary, via the Trust Secretary.
2.	**Role**
2.1	The role of the Audit & Risk Committee is to provide assurance to the Board of Directors and the Accountable Officer through a means of independent and objective review of: • the arrangements in place for governance, risk mitigation, management and internal control • the comprehensiveness, reliability and integrity of assurances to meet the Board and the Accounting Officer's requirements.
2.2	To support this, the Audit & Risk Committee will have particular engagement with the work of internal and External Audit and with Financial Reporting issues.
3.	**Membership**
3.1	The Audit & Risk Committee will be appointed by the Board of Directors. The Committee shall be made up of three, independent Non-executive Directors, one of whom will chair the Committee. The Chair of the Committee will normally attend the Annual General Meeting prepared to respond to any questions on the Committee's activities.
3.2	The Chairman of the Trust must not be a member of the Committee.
3.3	Only members of the Committee have the right to attend and vote at Committee meetings. The Committee may require other officers of the Trust and other individuals to attend all or any part of its meetings.
3.4	At least one member of the Audit & Risk Committee should have recent and relevant financial experience.
4.	**Quorum and attendance**
4.1	The quorum necessary for the transaction of business shall be at least two members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by it.

4.2	The Secretary of the Committee shall maintain a register of attendance which will be published in the Trust's Annual Report.
4.3	The Chief Finance Officer will be the lead executive director for the Committee.
4.4	The Chief Executive and other Executive Directors shall attend Committee meetings by invitation only. This shall be required particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director. When an internal audit report or other report shows significant shortcomings in an area of the Trust's operations, the Director responsible will normally be required to attend in order to respond to the report. The Chief Executive should be invited to attend annually to discuss with the Audit & Risk Committee the process for assurance that supports the Annual Governance Statement.
4.5	Other attendees include appropriate external and internal audit functions and local counter fraud specialist (LCFS) representatives shall normally attend meetings. In addition, The LCFS shall attend to agree a work programme and report on their work as required.
4.6	At least once a year the external and internal auditors shall be offered an opportunity to report to the Committee any concerns they may have in the absence of all Executive Directors and officers. This need not be at the same meeting.
4.7	The Trust Secretary will act as the Committee's Secretary and will also be in attendance.
5.	**Frequency of meetings**
5.1	The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities. A benchmark of five meetings per financial year is suggested, with one meeting devoted to the draft annual accounts.
5.2	The external or internal auditor may request a meeting when they consider it necessary.
6.	**Agenda & papers**
6.1	Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
6.2	Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.
7.	**Duties**
7.1	The Committee should carry out the following duties for the Trust:

	Governance, risk management and internal control
7.2	The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives.
7.3	In particular, the Committee will review the adequacy of: i. all risk and control related disclosure statements (in particular the Annual Governance Statement and declarations of compliance with the Care Quality Commission's requirements), together with any accompanying Head of Internal Audit statement, External Audit opinion or other appropriate independent assurances, prior to endorsement by the Board of Directors; ii. the Board Assurance Framework and the underlying integrated assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements; iii. the policies for ensuring compliance with relevant regulatory, legal, and code of conduct requirements in conjunction with the Board's Quality Committee; iv. the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority; v. the system of management for the development, approval and regular review of all trust policies, including those for ensuring compliance with relevant regulatory, legal and code of conduct requirements; vi. the financial systems; vii. the system of management of performance and finance across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives; viii. the internal and external audit services, and counter fraud services; and ix. compliance with Board of Directors' Standing Orders (BDSOs) and Standing Financial Instructions (SFIs)
7.4	The Committee should review the Assurance Framework process on a periodic basis, at least twice in each year, in respect of the following: i. the process for the completion and up-dating of the Assurance Framework; ii. the relevance and quality of the assurances received; iii. whether assurances received have been appropriately mapped to individual committee's or officers to ensure that they receive the due consideration that is required; and iv. whether the Board Assurance Framework remains relevant and effective for the organisation.

7.5	The Committee shall review the arrangements by which Trust staff can raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety, or other matters. The Committee should ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.
7.6	In relation to the management of risk, the Committee will: i. maintain an oversight of the Trust's risk management structures, processes and responsibilities, including the production and issue of any risk and control related disclosure statements; ii. review processes to ensure appropriate information flows to the Committee from executive management and other board committees in relation to the Trust's overall control and risk management position; iii. receive reports from other Committees highlighting control risks identified during the course of their work which require further review action and outlining the action to be taken; iv. review the effectiveness and timeliness of actions to mitigate critical risks including receiving exception reports on overdue actions; and v. review the statements to be included in the Annual Report concerning risk management.
7.7	The Committee will, at least once a year, review on behalf of the Board of Directors the operation of, and proposed changes to, the standing orders, standing financial instructions and scheme of delegation.
7.8	The Committee will monitor the effectiveness of the processes and procedures used in undertaking due diligence
7.9	In carrying out this work, the Committee will primarily utilise the work of internal audit, external audit, the LCFS, and other assurance functions. It will also seek reports and assurances from Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.
7.10	The Committee shall review at each meeting a schedule of debtors balances, with material debtors more than six months requiring explanations/action plans.
7.11	The Committee shall review at each meeting a report of tender waivers since the previous meeting.

7.12	**Internal audit** The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory Public Sector Internal Audit Standards and this can be evidenced by appropriate independent assurance to the Committee and Board of Directors. This will be achieved by: i. consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal; ii. review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework; iii. consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise audit resources; iv. ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; v. monitoring and assessing the role of and effectiveness of the internal audit function on an annual basis in the overall context of the Trust's risk management framework; and vi. ensuring that previous internal audit recommendations are followed up on a regular basis to ensure their timely implementation.
7.13	**External audit** The Committee shall review the work and findings of the External Auditor appointed by the Trust Board and consider the implications and management's responses to their work. This will be achieved by: i. approval of the remuneration to be paid to the external auditor in respect of the audit services provided; ii. consideration of recommendations to the Trust Board relating to the appointment and performance of the external auditor; iii. confirming the independence of the external auditor, including approval of any non-audit work and fees; iv. discussion and agreement with the external auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy; v. discussion with the external auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee; and vi. review all external audit reports, including agreement of the annual audit letter before submission to the Board of Directors and any work carried out outside the annual audit plan, together with the appropriateness of management responses.

	Counter fraud
7.14	The Committee will review the adequacy of the Trust's arrangements by which staff may, in confidence raise concerns about possible improprieties in matters of financial reporting and control and related matters. In particular, the Committee will: i. review the adequacy of the policies and procedures for all work related to fraud and corruption as required by the NHS Counter Fraud Authority; ii. approve and monitor progress against the operational counter fraud plan; iii. receive regular reports and ensure appropriate action in significant matters of fraudulent conduct and financial irregularity; iv. monitor progress on the implementation of recommendations in support of counter fraud; v. receive the annual report of the local counter fraud specialist.
	Raising concerns (whistleblowing) policy
7.15	The Committee will review, at least annually, the effectiveness of the Trust's raising concerns policy including any matters concerning patient care and safety.
7.16	The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.
	Other assurance functions
7.17	The Committee will also provide assurance to the Board of Directors in the following areas: i. It shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the Trust; ii. These will include, but will not be limited to, any reviews by NHS England and Improvement, Department of Health & Social Care Arm's Length Bodies or Regulators / Inspectors (e.g. Care Quality Commission, NHS Resolution, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.); iii. In addition, the Committee will review the work of other Committees within the organisation, whose work can provide relevant assurance to the Committee's own scope of work. Particularly with the Quality, Committee, it will meet at least annually with the Chair and/or members of that Committee to assure itself of the processes being followed; iv. In reviewing the work of the Quality Committee, and issues around clinical risk management, the Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function at least annually;

	v. The Audit & Risk Committee should incorporate within its schedule a review of the underlying processes for the Information Governance Toolkit and the Quality Accounts production to be able to provide assurance to the Board that these processes are operating effectively prior to disclosure statements being produced; vi. The Audit & Risk Committee will oversee the work of the Health and Safety Committee and receive regular performance and assurance reports; and vii. The Audit & Risk Committee will oversee the work of the Information Governance Committee and receive regular performance and assurance reports.
	Management
7.19	The Committee shall request and review reports and assurances from Directors and managers on the overall arrangements for governance, risk management and internal control.
7.20	They may also request specific reports from individual functions within the Trust (e.g. clinical audit) as they may be appropriate to the overall arrangements.
	Financial reporting
7.21	The Committee will monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance. In particular, it will: i. review the Annual Report and Financial Statements, together with the external auditor's report to those charged with governance (ISA260), and recommend the accounts to the Trust Board of Directors, for formal approval and adoption, focusing particularly on the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee; ii. changes in, and compliance with, accounting policies and practices; iii. unadjusted mis-statements in the financial statements; iv. major judgemental areas; and v. significant adjustments resulting from the audit.
7.22	The Committee should also ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board of Directors.
	Appointment, reappointment, and removal of external auditors
7.23	The Committee shall appoint the Auditor Panel to make recommendations to the Board of Directors on its behalf, in relation to the setting of criteria for appointing, re-appointing, and removing external auditors.
7.24	The Committee shall approve the terms of reference of the Auditor Panel and, review the function and membership of the Auditor Panel annually.

8.	**Reporting**
8.1.	The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.
8.2	Approved minutes will be forwarded to the Board of Directors for noting and the minutes of all meetings shall be formally recorded and approved at the subsequent meeting. A formal summary report or draft minutes will be submitted to the Trust Board following each meeting, thus enabling the Trust Board to oversee and monitor the work programme, functioning and effectiveness of the Committee.
8.3	Members and those present should state any conflicts of interest and the Committee Secretary will minute them accordingly.
8.4	In advance of the next meeting, the minutes and the log of action points will be circulated to all involved, so that the action log can be updated and included in the papers for the meeting.
8.5	The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Directors for noting. The Committee Chair shall draw the attention of the Board of Directors to any issues in the minutes that require disclosure or executive action.
8.6	The Committee will report annually to the Board of Directors on its work in support of the Annual Governance Statement, specifically commenting on the completeness and integration of risk management in the Trust, the integration of governance arrangements.
8.7	The Committee will make whatever recommendations to the Board of Directors it deems appropriate on any area within its remit where action or improvement is needed.
8.8	The Committee will produce an annual report to the Board of Directors reviewing its effectiveness and performance and to make any recommendations for change that it considers necessary to the Board of Directors for approval.
8.9	The Committee will receive and consider minutes from other Board Committees when requested. The Committee will also receive and consider other sources of information from the Chief Finance Officer.
9.	**Monitoring and review**
9.1	The Committee will produce an annual work plan and, in line with good corporate governance practice, carry out an annual review of effectiveness against its terms of reference and delivery of its annual work plan. The Committee should consider holding a discussion at the end of its meetings with regards to its effectiveness, in relation to its terms of reference.

9.2	The Board of Directors will monitor the effectiveness of the Committee through receipt of the Committee's minutes and such written or verbal reports that the Chair of the Committee might provide.
9.3	The Committee should consider holding a discussion at the end of some meetings with regards to the effectiveness of the committee, considering those areas highlighted within The Committee Secretary will assess agenda items to ensure they comply with its responsibilities.
9.4	These terms of reference were approved by the Board of Directors in June 2021 and will be reviewed, at least annually.

Meeting title	**Trust Board – public meeting**	**Date: 30 June 2021**
Report title	**Quality Assurance Committee Chair's report**	**Agenda item: 15**
Committee Chair	Naomi Fulop, Non-Executive Director	
Executive director leads	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals and Clare Dollery, Medical Director	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	This report covers items on the agenda for 12 May 2021 Quality Assurance Committee meeting. **The Committee reports to the Board that it took significant assurance from the following agenda items:** • COVID-19 update • Surgery & Cancer – Operating theatres internal audit report • Surgery & Cancer – daily theatre list checklist • Learning from deaths report, Quarter 4 (2020/21) • Board Assurance Framework – Quality entries • Serious incidents' report **The Committee took moderate assurance from the following items:** • Quality Governance Committee Chair's report • Risk register • Quality report, Quarters 3 and 4 (2020/21) **Other items covered at the meeting** The Committee discussed reports covering elective recovery performance and a review of its effectiveness and reviewed and approved its updated terms of reference.	
Purpose	Approval	
Recommendations	Board members are asked to note the Chair's assurance report for the meeting held on 12 May and to agree the updated committee's terms of reference	
Risk Register or Board Assurance Framework	Quality strategic objective entries	
Appendices	1: Learning from deaths report, Quarter four (2020/21) 2: Serious incidents' report (February and March 2021) 3: Quality Assurance Committee terms of reference	

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	12 May 2021
Summary of assurance:	

1. The Committee confirms to Board members that it took significant assurance in the following areas:

COVID-19 update

Committee members reviewed a report from the Medical Director which provided a summary of the COVID-19 patient data for Whittington Health up to 23 April 2021, a comparison with data for the London region, and a comparison of mortality in the first and second surges. They noted the following:

- As of 23 April 2021, 1,637 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 therefore there may have been more people in hospital with COVID-19
- Whittington Health's experience of the COVID-19 surge during the period December 2020 to January 2021 broadly paralleled NHS providers in the capital
- Whittington Health's Intensive Care Unit (ICU) surged beyond its original capacity by 30% but on a small bed base. Whittington Health 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. This was instigated during the wave in Dec – Jan 2021.

Surgery & Cancer – Operating Theatres internal audit report

The Committee considered the progress achieved in implementing the eight recommendations (five medium and three low priority status) from an internal audit review of operating theatres which had given an outcome rating of '*partial assurance with improvement required'*.

Following discussion with the Director of Operations and General Manager for the Surgery and Caner Integrated Clinical Service Unit, Committee members took significant assurance from the swift response and implementation of the report's recommendations. Committee members noted the following:

- Clinical governance arrangements were strengthened with the updating of the Theatre User Group's terms of reference
- The Trust reviewed systems in place for ensuring appropriate scheduling of operations against good practice guidance and updated these, where feasible, to ensure effective scheduling and updated its standard operating procedure for elective operating theatres to ensure it was sufficiently detailed and in line with good practice

- A performance indicator on theatre utilisation continued to be included in the Trust's integrated performance scorecard which was reviewed by the trust's management group and board
- Staff competency training booklets and set targets were rolled out to the admissions team with support and training needs were put in place to address any identified learning needs
- The root causes of cancellations being routinely reported to senior management and reviewed by the newly established Theatre User Group forum, along with outcomes from the Family and Friend's Test
- Staff had worked to such an exceptional high level during the COVID-19 peaks of the past 15 months and were being supported throughout the recovery period

Surgery & Cancer – daily theatre list checklist
Committee members took good assurance from an update by the General Manager for Theatres and Critical Care. This project was taken forward as part of the Trust's *Better Never Stops* initiative in partnership with colleagues from Project Wingman and had helped to deliver improved arrangements.

Learning from deaths report, Quarter 4 (2020/21)
The Committee reviewed and took good assurance from a detailed report by the Associate Medical Director for Patient Safety & Learning from Deaths. Committee members noted the following:

- During Quarter 4 of 2020/21 there were 191 inpatient deaths reported. There were 21 structured judgement reviews (SJRs) requested for the quarter
- There were 136 inpatient deaths with COVID-19 stated as the main cause of death or a contributing factor on part 1 of the death certificate for this quarter and two deaths in the emergency department
- The second COVID-19 surge had resulted in challenges in completion of mortality reviews, with staff being deployed to deliver clinical care as a priority
- The actions being taken in partnership with the Clinical Directors of the Emergency and Integrated Medicine and Surgery and Cancer Integrated Clinical Service Units, and mortality leads to increase the rate of mortality reviews and SJRs and to ensure that the learning identified continued to be shared with teams

The Committee recognised the significant work from frontline teams, including the strengthened governance and areas where further action was being taken to improve compliance and to share the learning identified.

Board Assurance Framework
Committee members reviewed and discussed the Board Assurance Framework (BAF). They noted the quarter 1 BAF continued the work highlighted in the favourable internal audit review, and its outcome of significant assurance, by strengthening the integration of performance indicators linked to corporate objectives.

	The Committee approved the quarter 1 2021/22 BAF and supported the consolidation of risks to the delivery to Whittington Health's *Quality* strategic objectives. Committee members agreed on the need to include the potential impact of further COVID-19 surges on the capacity and ability to deliver healthcare services within the revised Quality 2 entry. **Serious incidents' report** Committee members discussed the Serious Incidents (SIs) report for the period 1 February and 31 March 2021 during which three SIs were declared. The SIs covered the following: • a delay in reviewing and acting upon the results from a device for cardiac monitoring which showed unexpected atrial fibrillation in a patient who later suffered a stroke • a baby diagnosed with a health problem not identified during newborn checks • a baby being taken from a ward by a family member, no harm In addition, the Committee discussed the findings and learning from two completed investigation reports. They covered a case of a patient who fell and had a neck of femur fracture, and a case involving delays in the postal system for a referral for the further management of a patient to a tertiary audiology service. The shared learning disseminated to healthcare professionals included: • the rollout of delirium training on Nightingale ward to help increase awareness and understanding and early identification • falls risk assessments being completed for at risk patients • all referrals being sent via secure email and families being instructed to make direct contact if they do not receive an appointment within a specified time The Committee noted the report and took good assurance on lessons and learning shared widely with staff.
2.	**The Committee is reporting moderate assurance to the Trust Board in the following areas:** **Quality & safety risk register** The Committee reviewed a helpful report which outlined the key changes to the quality related risks on the risk register since March 2021 scored at 15 or above. They noted the closure of a risk relating to secure garden fencing at Simmons House and the reduction below 15 of three risks relating to staffing shortages in the areas of biochemistry, neonatal and pharmacy services. The Committee also received assurance, in relation to entry 1002, that plans were in place to recruit two more substantive anaesthetists. **Quality Governance Committee Chair's report** The Committee was able to take assurance from the Quality Governance Committee Chair's assurance report for the meeting held on 10 April. It noted the significant assurance taken from most agenda items covering: • Quality Account Priorities Q3 and Q4 2020/2021

	• COVID-19 vaccine rollout and monitoring • reports from the Emergency and Integrated Medicine and Surgery and Cancer Integrated Clinical Service Units • Patient safety incident reporting • Quarterly Patient Experience report Q3 and Q4 2020/2021 • Quarterly Clinical Effectiveness report Q3 and Q4 2020/2021 • Research Oversight Group • Mortality Review Group • Drugs and Therapeutics Committee • Infection Prevention and Control (IPC) Committee In addition, Committee members noted the areas where the Quality Governance Committee was only able to report limited assurance, including the completion of clinical harm reviews for patients. **Quality report, Quarters 3 and 4 (2020/21)** Committee members reviewed the Quality report for quarters 3 and 4 which gave an overview of quality across the organisation, covering patient safety, patient experience, clinical effectiveness, quality improvement and assurance. They noted the key highlights which included: • progress in increasing the number of clinical harm reviews for patients waiting over 52 weeks taking place and no incidents of moderate harm being identified • the work of the *Stay Connected* project, a family liaison service which provided new ways of helping patients keep in touch while hospital visiting restrictions were in place • improved awareness of pressure ulcer management, including the importance of accurate reporting to enable timely investigations • the achievement of year 1 Quality Account priorities' targets (2020/21) The Committee noted the report and agreed that it contained several examples of good practice. For areas where Committee members sought further assurance, the following actions were agreed: • A trajectory be developed for clinical harm reviews for each specialty • A report on progress with pressure ulcer management be presented at the Committee's July 2021 meeting
3.	**Other key issues covered:** • Committee members noted and celebrated that today was International Nurses' Day. • As good practice, the Committee reviewed and endorsed the annual assessment of the committee's effectiveness and its revised terms of reference • They received a verbal update that work was being taken forward to meet the 30 June 2021 deadline for publication of the Quality Account and due to changes to the reporting deadline the committee agreed to a virtual review and recommendation to approve of the report.

	• Committee members also had a helpful discussion about elective recovery performance to the week ending 25 April 2021. The Committee Chair welcomed this report which would be a standing item at future meetings
4.	**Present:** Professor Naomi Fulop, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director (Vice Chair) Baroness Glenys Thornton, Non-Executive Director Dr Clare Dollery, Medical Director Carol Gillen, Chief Operating Officer Michelle Johnson, Chief Nurse and Director of Allied Health Professionals **In attendance:** Justin Brown, General Manager, Theatres and Critical Care Fiona Isacsson, Director of Operations, Surgery and Cancer Gillian Lewis, Associate Director of Quality Governance Dr Clarissa Murdoch, Associate Medical Director, Quality Improvement & Clinical Effectiveness Katherine Nolan-Cullen, Compliance and Quality Improvement Manager Swarnjit Singh, Trust Secretary Carolyn Stewart, Executive Assistant to the Chief Nurse and Director of Allied Health Professionals Anne Walker, Assistant Director of Quality, NCL CCGs (Observer) Dr Ihuoma Wamuo, Associate Medical Director for Patient Safety and Learning from Deaths **Apologies:** None

Meeting title	**Quality Assurance Committee**	**Date: 12 May 2021**
Report title	**Quarterly Learning from Deaths Report Quarter 4, 1 January 2021 to 31 March 2021**	**Agenda item: 4.2**
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report author	Dr Ihuoma Wamuo, Associate Medical Director for Patient Safety and Learning from Deaths Vicki Pantelli, EA to Clare Dollery and Project Lead for Mortality	
Executive summary	The paper summarises the key learning points and actions identified in the mortality reviews completed for Q4, 1 January 2021 to 31 March 2021. During Quarter 4 of 2020/21 there were 191 inpatient deaths reported at Whittington Health. There were 21 structured judgement reviews (SJRs) requested for the quarter. This includes the deaths of two patients with a learning disability. A third patient with a learning disability died in the Emergency Department. One structured judgement review has been completed. There were 136 inpatient deaths with COVID-19 stated as the main cause of death or a contributing factor on Part 1 of the Death Certificate for this quarter and two deaths in the emergency department. The second COVID-19 surge has resulted in challenges in completion of mortality reviews, with staff being deployed to deliver clinical care as a priority. A focus on COVID-19 deaths is reported in the absence of SJRs. Actions to increase the rate of mortality and Structured Judgement reviews, are described within the report.	
Purpose:	• Recognise the significant work from frontline teams, and to recognise the learning from mortality reviews. • Recognise the assurances highlighted for the robust process implemented to strengthen governance and improved care around inpatient deaths and performance in reviewing inpatient deaths which make a significant positive contribution to patient safety culture at the Trust. • Be aware of the areas where further action is being taken to improve compliance data and the sharing of learning.	
Recommendation(s)		
Risk Register or Board Assurance Framework		

Report history	
Appendices	Appendix 1 - NHS England Trust Mortality Dashboard

Quarterly Learning from Deaths Report
Quarter 4, 2020/21: 1 January to 31 March 2021

1. Introduction

1.1. This report summarises the key learning identified in the mortality reviews completed for Quarter 4 of 2020/21. This report describes:

- Performance against local and national expectations in reviewing the care of patients who have died whilst in this hospital. This report focuses on deaths in inpatients;
- The learning taken from the themes that emerge from these reviews;
- Actions being taken to both improve The Trust's care of patients and to improve the learning from deaths process.

2. Background

2.1. In line with the NHS Quality Board "National guidance on learning from deaths" (March 2017) the Trust introduced a systematised approach to reviewing the care of patients who have died in hospital: https://www.england.nhs.uk/wp-content/uploads/2017/03/ngb-national-guidance-learning-from-deaths.pdf

2.2. The Trust requires that all inpatient deaths be reviewed. All deaths should have a mortality review. The review should be by a Consultant not directly involved with the patient's care.

2.3. A structured judgement review (SJR) should be undertaken by a trained reviewer who was not directly involved in the patient's care, if the case complies with one of the mandated criteria listed below:

- Bereaved families and carers have raised a significant concern about the quality of care provision;
- Staff have raised a significant concern about the quality of care provision;
- Medical Examiners have identified the case for SJR;
- All deaths of patients with learning disabilities;
- All inpatient deaths of patients with a severe mental illness (SMI) diagnosis. SMI is defined as schizophrenia, schizoaffective disorders, bipolar affective disorder, severe depression with psychosis; in addition to where these diagnoses are recorded in a patient's records, the use of Clozapine, Lithium and depot antipsychotic medication are indicative of these diagnoses;
- All neonatal, children and maternal deaths;
- Serious incident requiring investigation involving a patient death;
- All deaths in a service where concerns have been raised either through audit, incident reporting processes or other mortality indicators;
- All deaths in areas where deaths would not be expected, for example deaths following elective surgical procedures;
- Deaths where learning will inform the provider's existing or planned improvement work, for example deaths where the patient had sepsis, diabetic ketoacidosis, or a recent fall;
- Deaths that are referred to HM Coroner's Office without a proposed Medical Certificate of Cause of Death (MCCD).

3. Mortality review Quarter 4 of 2020/21

3.1. During Quarter 4 of 2020/21 there were 191 inpatient deaths reported at Whittington Health. Table 1 shows the distribution of deaths by departments/teams.

3.2. Table 2a shows the total number of mortality reviews and structured judgment reviews required and how many of these reviews are outstanding.

3.3. Table 2b provides a breakdown of Structured Judgement reviews required by department.

Table 1: Death by Department/Team

Department/Team	Number of deaths
Acute Medicine	28
Care of Older Persons wards	56
Coronary Care Unit	4
Critical care Unit	23
Gastroenterology	18
Respiratory	29
Surgery	27
Child/neonatal/maternity	2
Flexi	4

Table 2a: Total number of mortality reviews and structured judgement reviews required

	Number of reviews required	Completed Reviews	Outstanding reviews
Mortality review	170	12	158
Structured Judgement Review	21	1	21

Table 2b: Structured judgement reviews required for each department

Department	Number of structured judgement reviews
Acute Medicine	1
Care of Older Persons	7
Coronary Care Unit	1
Critical Care Unit	2
Gastroenterology	1
Respiratory	2
Surgery	4
Flexi	1
Child/Neonatal/maternity**	2

****** Investigated as a Serious Incident, Internal Root Cause Analysis, Child Death Overview Panel (CDOP), Healthcare Safety Investigation Branch (HSIB) or perinatal mortality reviews.

Table 3: Reasons for deaths being assigned as requiring structured judgement review (SJR) during Quarter 4, 2020/21

Criteria for structured review	Number of reviews identified	Completed SJRs	Comments
Staff raised concerns about care	0	0	
Family raised concerns about quality of care	0	0	
Death of a patient with Serious mental illness	0	0	
Death in surgical patients	0		
Paediatric/maternal/neonatal/intra-uterine deaths	2	In progress	Investigated as a Serious incident, internal RCA investigation, HSIB*, CDOP** or perinatal mortality reviews
Deaths referred to Coroner's office	8		Excludes deaths in the Emergency Department and in other categories
Deaths related to specific patient safety or QI work e.g. sepsis and falls	8		8 of these were attributed to sepsis.
Death of a patient with a Learning disability	2	0	
Medical Examiner concern	1		
Total	21		

*Healthcare Safety Investigation Branch
** Child Death Overview Panel

3.4. Deaths requiring a structured judgement mortality review form (or equivalent tool) are reviewed by a second independent Clinician, not directly involved with the case. The case is then discussed in the department mortality meeting. Each SJR is fully reviewed to ensure all possible learning has been captured and shared.

3.5. The aim of this review process is to:

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

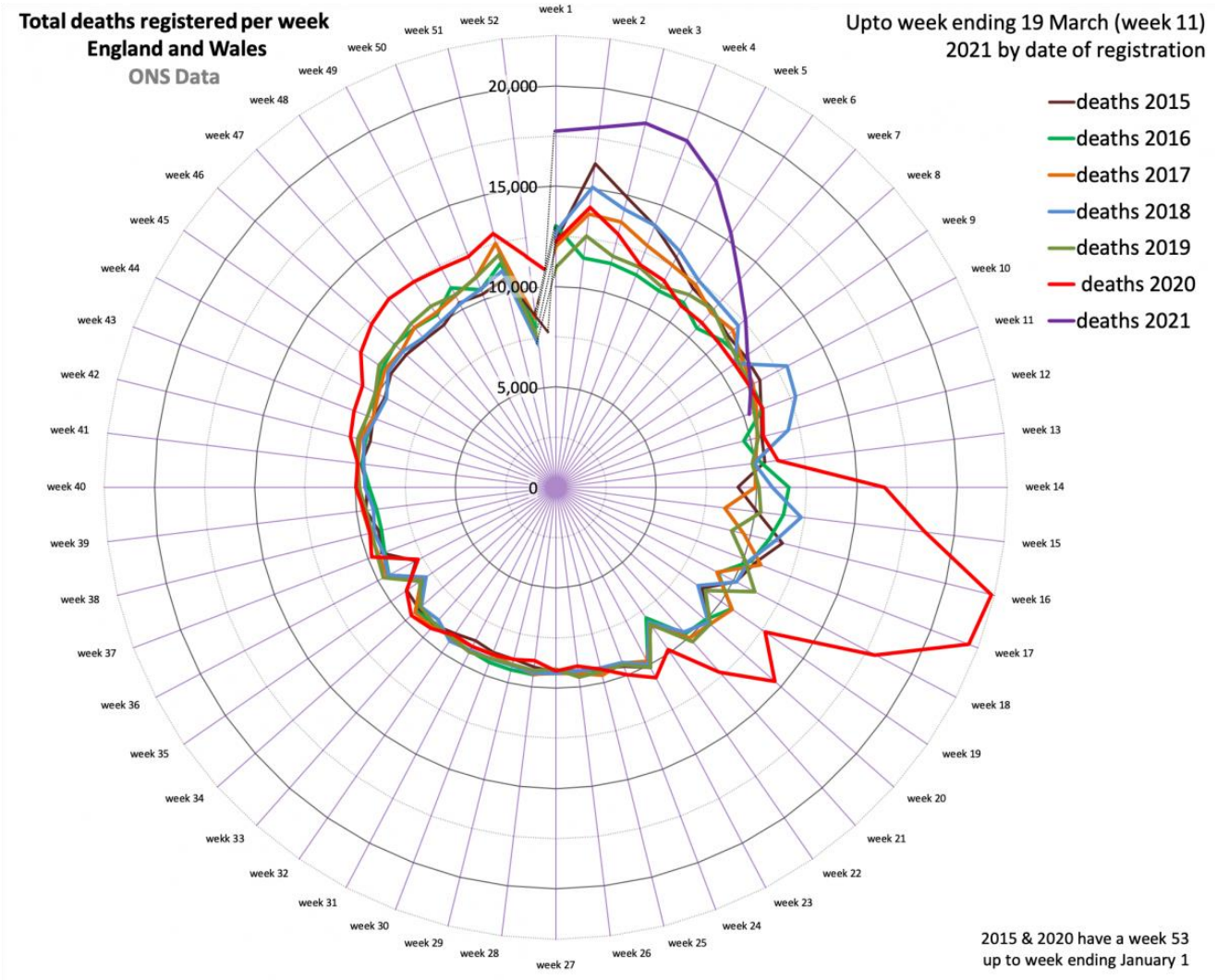
4. Q4 Mortality Dashboard

4.1 The National Guidance on Learning from Deaths gives a suggested dashboard which provides a format for data publication by Trusts. Whittington Health has chosen to adopt this dashboard locally. The dashboard is provided in Appendix 1 – NHS England Trust Mortality dashboard. This dashboard shows data from 1 April 2017 onwards.
There were 191 inpatient deaths recorded in Quarter 4. The figures include one neonatal death and the death of one child.

4.2 **Graph 1 Source: Oxford The Centre for Evidence Based Medicine**
Total deaths per week England and Wales (19/03/2021)

In week 11 (week ending 19 March 2021) the number of deaths registered in England Wales was 10,311; 8.0% below the five-year average (894 few deaths). The second consecutive week that deaths have been below the five-year average.

Graph 1



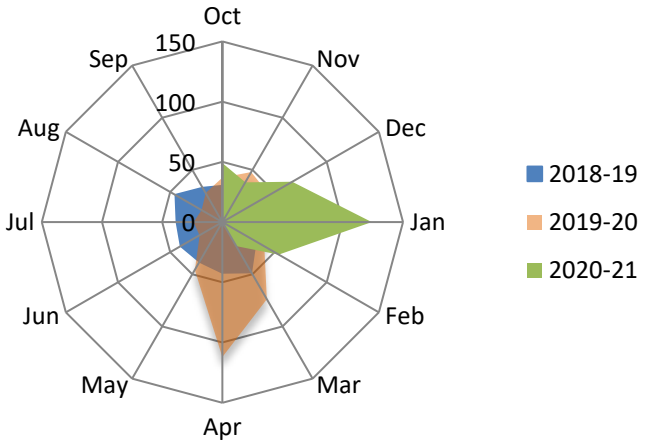
4.3 **Graph 2: Crude Adult Mortality comparing previous years**

The radial graph below compares all causes of adult deaths (including Emergency Department deaths) in the Whittington hospital in 2018-19, 2019-20 with the year considered in this report 2020 -21.

There were 124 deaths in January 2021 compared to the previous January that recorded 43 deaths.

The number of deaths recorded in March 2021 was 23, which is lower than the previously recorded in March 2019 and March 2020. The number of deaths are higher in March 2020 due to the first COVID-19 surge.

Graph 2: Crude Adult Mortality comparing previous years which includes ED deaths



Month	Oct 18 - Sep 19	Oct 19 - Sep 20	Oct 20 - March 2021
Oct	30	37	49
Nov	37	48	38
Dec	44	45	67
Jan	42	43	124
Feb	32	40	54
Mar	48	74	23
Apr	42	112	
May	38	46	
Jun	40	22	
Jul	38	24	
Aug	45	20	
Sep	33	28	

4.4 **Plan to resume full Mortality reviews**

4.4.1 There has been a delay in Mortality review meetings happening due to deployment of staff to focus on delivery of care to the COVID-19 pandemic. Recent work in Q1 2021/22 shows larger numbers of mortality reviews are now taking place.

4.4.2 The Associate Medical Director for Patient Safety and Learning from Death has met the Clinical Directors of the Emergency and Integrated Medicine and Surgery and Cancer Integrated Clinical Service Units (ICSUs) address actions to be taken to increase the rate of mortality reviews.

4.4.3 The Project Lead for Mortality shall share the mortality database with the Clinical Directors on a monthly basis to allow for easy identification of deaths and completion of reviews within their ICSU.

4.4.4 The AMD for Patient Safety and Learning from Death has also met with the mortality leads to address the challenges in the completion of the mortality reviews. Each clinical department is responsible for disseminating learning and implementing actions identified in mortality reviews. The Clinical Directors for the relevant ICSU shall monitor these plans to ensure actions are carried out.

4.4.5 Progress with mortality review includes- The Critical care unit have held four mortality meetings in the last two months; The Coronary care units have completed all mortality reviews for Q4; The Acute Medicine Team and Care of Older People departments have

recently held mortality meetings;

4.4.6 The Mortality Lead for Care of Older People will present the mortality meeting findings to the Trustwide Mortality Review Group in May.

4.4.7 Further assurance to the committee is provided by the data below.

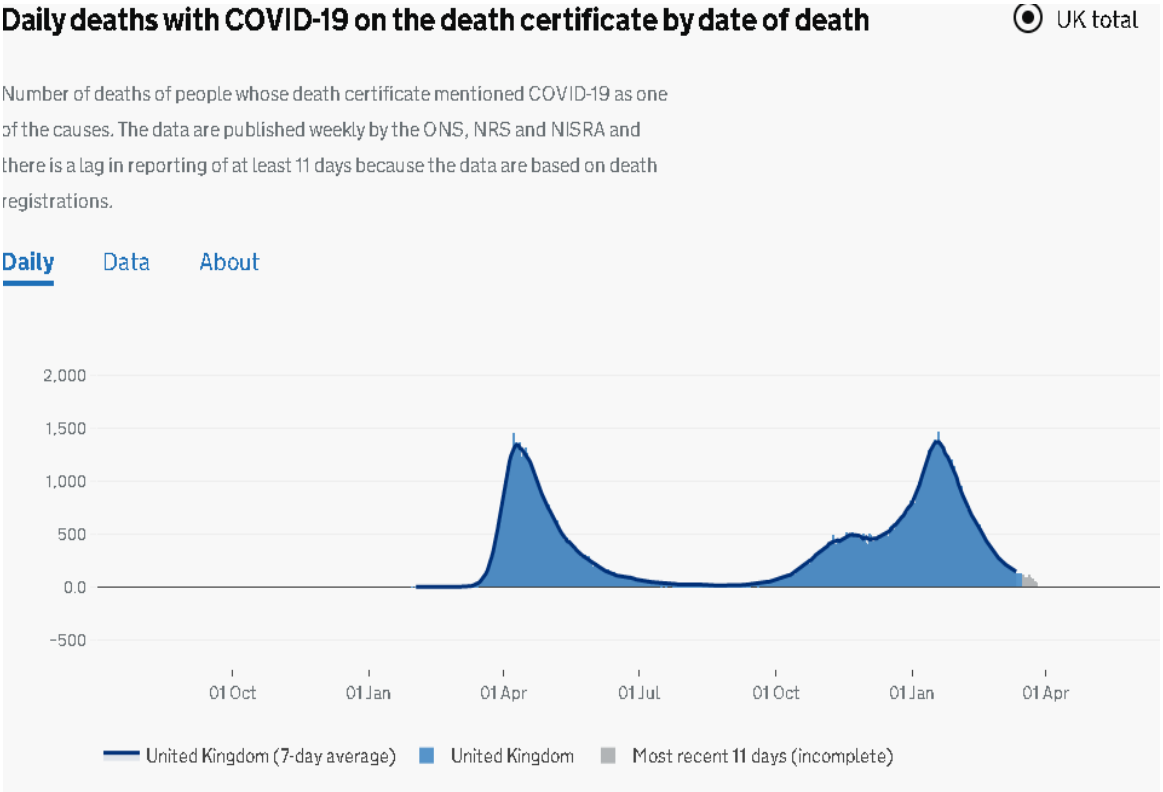
4.5 COVID-19 deaths

4.5.1 The second COVID-19 surge has seen more cases, more hospital admissions and therefore higher numbers of deaths despite more access to evidence based treatments such as dexamethasone.

4.5.2 Graph 3 below reports daily deaths with COVID-19 on the death certificate by date of death for the United Kingdom. Number of deaths of people whose death certificate mentioned COVID-19 as one of the causes. The data are published weekly by the ONS and there is a lag in reporting of at least 11 days because the data are based on death registrations.

Source: gov.uk

Graph 3



4.5.3 Graph 3 shows the peaks in the two COVID-19 surges, with increased numbers of deaths reported due to COVID-19 in April 2020 and January 2021. A gradual decline in the numbers of cases is seen from February 2021 as the second surge begins to decline. The total number of cases with COVID-19 on the death certificate in London was 18,950 as at 2 April 2021.

4.5.4 During this quarter, 1 January 2021 to 30 March 2021, there were 138 deaths at the Whittington Hospital with COVID-19 recorded on Part 1 or Part 2 of the MCCD. 136 inpatients died and two patients died in the Emergency Department.

4.5.5 136 SARS-CoV-2 PCR swab results were returned within a 24-hour time frame. In one patient on the Critical Care Unit, a swab result was provided 2 days after testing, and in a second patient on Critical Care Unit, a swab result came back 5 days after testing.

4.5.6 All deaths due to COVID-19 were uploaded to the COVID-19 notification system (CPNS) website within the required time frame.

Age demographics

4.5.7 The age range for death was from 41 to 98 years. Deaths of patients in their ninth decade were most common with fifty-one deaths. Forty-one patients died in their eighth decade and nineteen patients in their tenth decade.

Gender

4.5.8 Fifty-four patients were female and eighty-four patients were male.

Pre-existing medical conditions

4.5.9 Four patients did not have a pre-existing condition and all other patients had at least one pre-existing condition. The most common pre-existing condition was Hypertension.

Travel

4.5.10 There was no history of travel in any patient that died.

Learning disability

4.5.11 Three patients had a learning disability. One patient died in the Emergency Department

Serious mental illness

4.5.12 No patients had a serious mental illness.

Place of death

- 119 patients died on an acute ward.
- 17 patients died in the critical care unit.
- 2 patients died in the Emergency Department.

4.6 **Hospital Acquired Infection COVID-19 deaths (HAI COVID-19)**

4.6.1 The criteria for identifying definite Hospital Acquired COVID-19 deaths is a positive SARS-CoV-2 PCR swab from 14 days or more from the time of admission. Five patients have been identified during this quarter as fitting the criteria, during the second surge.

4.6.2 The first COVID-19 surge identified five confirmed definite HAI COVID-19 deaths – all in Q1 1 April to 30 June 2020. All cases are being reviewed in more detail with SJRs and further analysis.

5 Other causes of mortality during the quarter

5.1 Cancer

5.1.1 There were eight deaths due to cancer during the quarter. A review of these deaths is currently being undertaken by the Trust's Consultant Cancer Lead, Consultant Lead in

Palliative Care and the AMD for Patient Safety and Learning from Deaths.

5.2 **Sepsis**

5.2.1 There were eight cases of sepsis recorded for the quarter. A review of three deaths has identified antimicrobials being given beyond the one hour window in all cases. It has not been possible to review the other five cases due to case notes not being available.

5.3 **Child deaths**

5.3.1 There was one inpatient child death during this quarter. This death was expected and no concerns were raised related to care.

6. A Trust-wide Mortality Review Group was held on 9 February 2021. The group discussed the need for a process to review patients with Hospital Acquired COVID-19 deaths and felt that SJRs for each death would be a good way to identify learning in each case. The group updated its terms of reference and reviewed its membership.

7. Conclusion and recommendations

7.1. The Quality Governance Committee is asked to recognise the significant work from frontline teams, and to recognise the learning from mortality reviews.

Appendix 1: NHS England Trust Mortality Dashboard

Whittington Health: Learning from Deaths Dashboard - March 2020-21

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

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

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

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
22	49	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
189	135	2	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
577	527	65	287	0	1

Time Series: Start date 2017-18 Q1 End date 2020-21 Q4

Total Deaths Reviewed by RCP Methodology Score

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-
This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD	0	-
This Year (YTD)	0	-	This Year (YTD)	0	-	This Year (YTD)	0	-	This Year (YTD)	0	-	This Year (YTD)	0	-	This Year (YTD)	0	-

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

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

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

Meeting title	**Quality Assurance Committee**	**Date: 12 May 2021**
Report title	**Serious Incidents Update – February 2021 & March 2021**	**Agenda item: 4.6**
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report author	Jayne Osborne, Quality Assurance Officer and Serious Incident (SI) Co-ordinator	
Executive summary	This report provides an overview of Serious Incidents (SI) declared externally via the Strategic Executive Information System (StEIS) during February and March 2021. • Three serious incidents were declared between 1st February 2021 and 31st March 2021. • Due to Covid-19 pandemic, the 60 day deadline for Investigations has been temporarily suspended, however the Corporate Governance Team are working with the ICSUs to complete all investigations as timely as possible.	
Purpose:	Assurance	
Recommendation(s)	The Quality Assurance Committee is asked to recognise and discuss the assurances contained within this report demonstrating that the serious incident process is managed effectively, and that lessons learnt as a result of serious incident investigations are shared widely.	
Risk Register or Board Assurance Framework	Corporate Risk 636. Create a robust SI learning process across the Trust. The Trust Intranet page has been updated with key learning points following recent SI's and root cause analysis investigations.	
Report history	Report presented at each Public Board meeting	
Appendices	None	

Serious Incidents Update: April 2021 QAC Report.

1. Introduction

1.1 This report provides an overview of Serious Incidents (SI) declared externally via Strategic Executive Information System (StEIS) and a summary of the key learning from Serious Incident reports completed in February and March 2021.

2. Background

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

3. Serious Incidents

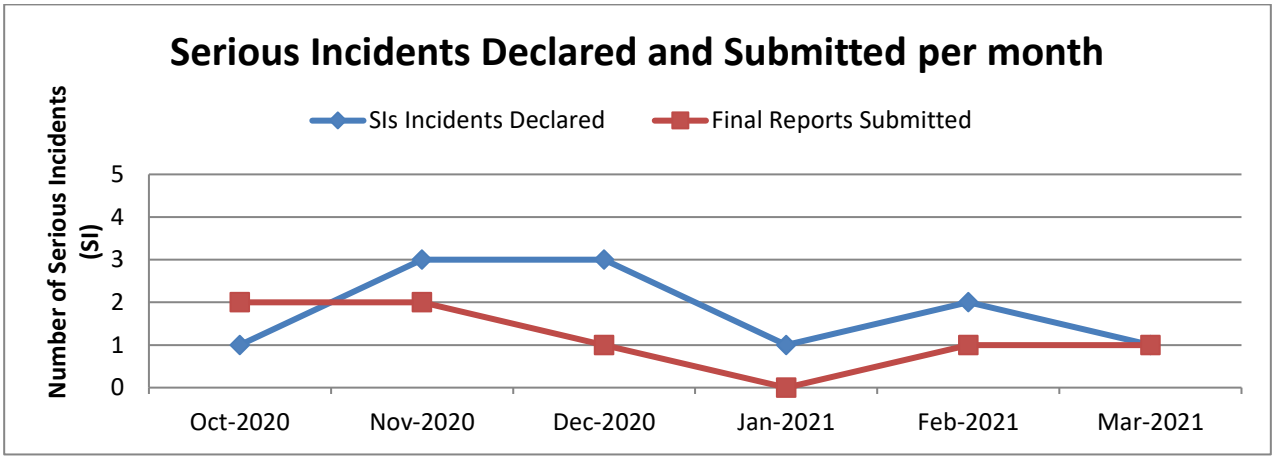
3.1 The Trust declared three Serious Incidents between 1st February and 31st March 2021. The total number of reportable incidents declared by the Trust between 1st April 2020 and 31st March 2021 is eighteen.

Table 1: *Serious Incidents*

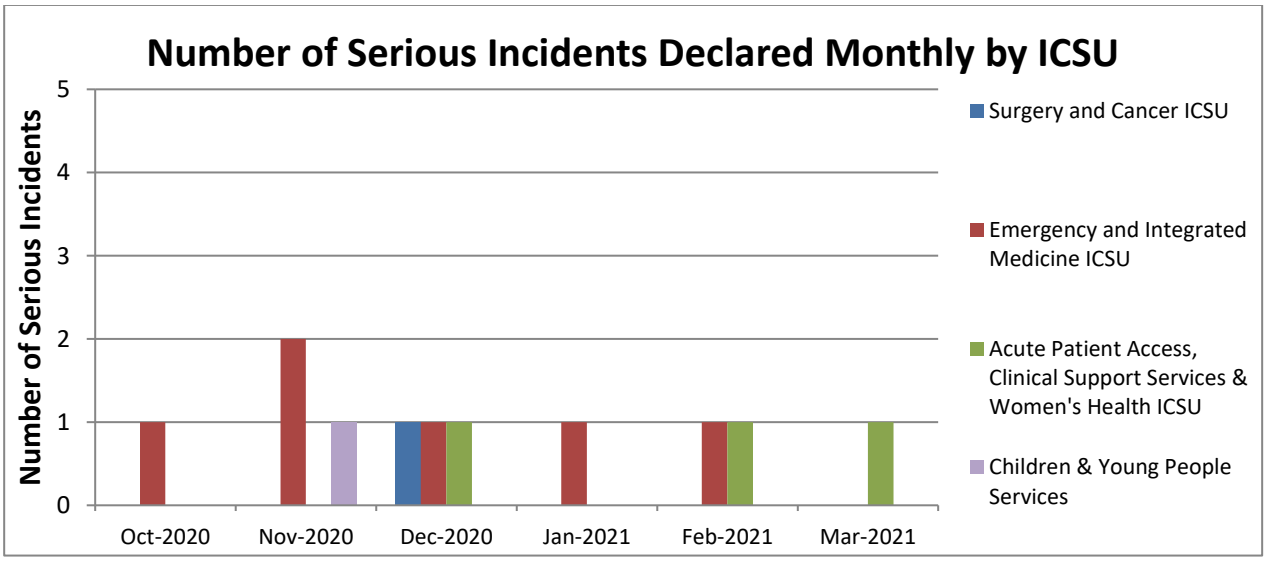
SI Ref:	ICSU	Description	Incident Date	Datix Date	Incident - Datix Interval	StEIS Date	Datix - StEIS Interval
Ref: .2663 A76982	EIM	There was a delay in reviewing and acting upon the results from a Holter monitor (a portable device for cardiac monitoring) which showed unexpected atrial fibrillation. The patient later suffered a stroke.	04/01/2021	04/01/2021	0 days	04/02/2021	23 days
Ref: 3571 A77593	S&C	A baby diagnosed with congenital eye cataract, which had not been identified at newborn checks.	20/02/2020	29/01/2021	240 days	15/02/2021	11 days
Ref: 5755 A77858	EIM	Safeguarding Incident – A baby was taken from the ward by family member without the knowledge of the ward clinical team	07/02/2021	07/02/2021	0 days	15/03/2021	25 days

4. Serious Incidents declared and investigations completed in the last six months

4.1 **Chart 1:** (Below): Serious Incidents declared by the Trust in the last six months as well as the number of investigation reports which were submitted to the North East London Commissioning Support Unit (NELCSU).



4.2 **Chart 2** (*below):* Shows the number of Serious Incidents declared by Integrated Clinical Service Unit (ICSU) in last 6 months (between August 2020 and January 2021)



5. Duty of Candour

5.1 The Trust has executed its duties under the Duty of Candour Process in February and March 2021.

6. Shared learning from reports submitted to North East London Commissioning Support Unit (NELCSU) during February 2021 & March 2021.

6.1 Lessons learnt following the investigation are shared with all staff and departments involved in the patient's care through various means including the Trustwide Spotlight on Safety newsletter, patient safety learning intranet page, 'Big 4' in theatres, 'message of the week' in Maternity and EIM, and '10@10' in the Emergency Department.

6.2 Themes from Serious Incidents are captured in an annual review, outlining areas of good practice and areas for improvement and Trust wide learning, as well as the quarterly Quality Report.

6.3 Open actions from serious incident investigations are monitored at SIEAG and Integrated Clinical Service Unit (ICSU) include this information as part of the Quarterly ICSU performance reviews. This is to help ensure the timely completion of actions which is necessary for improvement.

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

6.5 **Learning from an SI investigation (2020.18845)**

A patient had an unwitnessed fall whist on the ward which resulted in a neck of femur fracture- the patient subsequently died post-surgical repair. The investigation identified that a deterioration in the patient's condition on the night before the fall had not been fully recognised, and extra care was not put in place (Enhanced 1:1 care), which might have prevented the fall.

Key learning and actions taken in response to this incident include;

- Increase awareness and understanding around delirium, and early identification.
- Delirium training is being arranged and rolled out with all staff on Nightingale Ward.
- Increase understanding of the application of the STOPFalls risk assessment (including the impact of certain medications on falls risk, i.e. furosemide infusion), and with a focus on falls risk in elderly patients. Since COVID-19 pandemic, more elderly frail patients are being transferred and being cared for in Nightingale and therefore the training needs of the team has changed.
- Falls refresher training, with a focus on learning from the Care of Older People (COOP) approach to patients with high risk of falls has been arranged for all nursing staff on Nightingale.
- The trust wide quarterly falls audit which monitors compliance with the STOPFalls bundle will be completed in April 2021.

6.6 **Learning from SI investigation (2020.22870)**

A referral for further management of a patient to a tertiary audiology service was sent via the postal system (more collection than Royal Mail,) but was not received until 9 months later. The investigation identified that there was a lack of failsafe procedures to ensure that onward referrals are received and acknowledged. Improvement in processes have been implemented to reduce the risk of this happening again

Key learning and actions taken in response to this incident include.

- A change in practice whereby all referrals are now sent via secure email, and the development of clear protocols for monitoring that referrals are followed up.

- Parents/guardians have also been empowered to follow up on their child's care, clinic letter including contact details for onward referrals for families to make direct contact if they do not receive an appointment within a specified time.

7. Recommendation

7.1 The Quality Assurance Committee is asked to recognise and discuss the assurances contained within this report demonstrating that the serious incident process is managed effectively, and that lessons learnt as a result of serious incident investigations are shared widely.

Appendix 3: Committee terms of reference

	Quality Assurance Committee terms of reference
1.	**Authority**
1.1	The Board of Directors hereby resolves to establish a Committee known as the Quality Assurance Committee (the Committee). The Committee has no executive powers other than those delegated in these terms of reference.
1.2	The Committee is authorised by the Trust Board to act within its terms of reference and provide scrutiny in terms of quality and safety for all services provided by the Trust. The committee is authorised to obtain such internal information as is necessary to exercise its functions and discharge its duties. It is authorised to conduct deeper reviews of services with supporting evidence from all parts of the integrated care organisation and to escalate findings as necessary to the Trust Board.
1.3	The Committee is also authorised by the Board to obtain outside legal or other professional advice, if it considers this necessary, via the Trust Secretary.
2.	**Role**
2.1	The role of the Quality Assurance Committee is to provide assurance to the Board of Directors on: i. the quality of services and improvement through the following key areas: ▪ Patient safety and clinical risk ▪ Clinical audit and effectiveness ▪ Patient experience ▪ Health and safety and ▪ Quality improvement ii. the establishment and maintenance of effective risk management and quality governance systems within the organisation so that the Trust Board can be assured that the Trust: ▪ has adequate systems and processes in place to ensure and continuously improve patient and staff safety, quality, clinical effectiveness, and risk management ▪ has effective structures in place to measure and continuously strive to improve the effectiveness of care ▪ is responding to patients' feedback about their experiences and taking action appropriately ▪ Is promoting a culture of openness and transparency across the Trust which values innovation and improvement. ▪ has mechanisms in place to share learning and good practice in order to share learning and to raise standards ▪ effectively implements and delivers its quality improvement and patient experience strategies
2.2	The Board Assurance Framework and risk register will be standing agenda items at each meeting.

3.	**Membership**
3.1	The Quality Committee will be appointed by the Board of Directors. The Committee shall be made up of the following: • Non-Executive Director (Chair) • Non-Executive Director (Deputy Committee Chair) • Non-Executive Director • Medical Director • Chief Nurse and Director of Allied Health Professionals (lead executive director for the Committee) • Chief Operating Officer
3.2	The Committee will be able to co-opt patient representatives as members.
3.3	The Secretary of the Committee will keep a register of attendance.
4.	**Quorum and attendance**
4.1	The Committee shall be deemed to be quorate if attended by any two Non-Executive Directors (NEDs) of the Trust (to include the Chair or designated alternate) and two executives. All NEDs can act as substitutes on all Board Committees.
4.2	In the event that an executive director member of the committee is unable to attend a meeting, they are required to send a deputy director from their directorate in their stead.
4.3	The following members of staff will be in attendance (or send a representative) at committee meetings: • Deputy Chief Nurse • Associate Medical Director • Associate Director of Quality Governance • Integrated Clinical Service Units (ICSUs) Clinical Directors/Associate Directors of Nursing • Heads of Adult and Children's safeguarding • Head of Patient Experience • Quality and Compliance Manager • Trust Secretary • Lay members • Assistant Director, of Quality, NCL CCGs (observer)
4.4	The committee is empowered to request any other office employed by the Trust to attend meetings for the purpose of providing advice, clarification, recommendation or explanation in respect of any matter that falls within the responsibilities of the Committee.
4.5	The Secretary of the Committee will be the Executive Assistant to the Chief Nurse & Executive Director of Allied Health Professionals and they will keep a register of attendance for inclusion in the Trust's Annual Report.
4.6	The Quality and Compliance Manager will ensure the effective and efficient management of the Committee under the leadership of the Committee Chair and Chief Nurse.
5.	**Frequency of meetings**
5.1	The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.

5.2	Committee meetings will be held every two months, with a minimum of six per year. Additional meetings may be arranged to discuss specific issues but any such meetings should be infrequent and exceptional.
6.	**Agenda and papers**
6.1	Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
6.2	Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, one full week before the meeting. Supporting papers will also be sent out at this time.
7.	**Duties**
7.1	The Committee will carry out the following duties for the Trust Board: i. monitor, review and implement quality assurance and risk management strategies and action plans, including quality assessments for all cost improvement plans; ii. fulfil the following obligations for risk management: • review the Corporate Risk Register entries (defined as risks of >15, as per the Risk Management Strategy) • seek assurance that risks to staff and patients are minimised through the application of a comprehensive risk management system • contribute to the annual review of the Trust's Risk Management Strategy iii. receive and review reports from each ICSU twice per year, with a focus on areas within the ICSU quality report which are below target, as well as areas of excellence; iv. review, recommend to the Trust Board for approval and monitor implementation of the Trust's Clinical Quality Strategy; v. review and recommend to the Trust Board, the organisation's annual Quality Account publication; vi. monitoring organisational compliance against the Care Quality Commission's Essential Standards of Quality and Safety, and providing assurance to the Trust Board that effective systems are in place to monitor compliance (i.e. internal peer review programme); vii. seek assurance on the following areas: • patient safety issues through regular reporting, including the National Safety Thermometer, learning from serious incidents, infection control, and clinical incidents • that there are robust arrangements in place for the management of safeguarding adults and children and a system in place for managing patients who are Deprived of their Liberties (DoLs) at Whittington Health. • clinical audit and effectiveness through regular reporting, including national audits, NICE guidelines, and recommendations from relevant external reports • patient experience through regular reporting, including the friends and family test, complaints, Patient Advice & Liaison Services, and equality and diversity • that appropriate action is taken in response to adverse clinical incidents, complaints and litigation • the research programme and associated governance frameworks is implemented and appropriately monitored • health and safety through regular reporting, including fire safety, health and safety assessments, medical equipment and estates • delivery of the trust's quality improvement and patient experience strategies viii. maintain oversight of all relevant national and external reports; and **ix.** Review annual performance against the patient/carer domains of the NHS Equality Delivery System.

8.	**Reporting**
8.1	Members and those present should state any conflicts of interest and the Secretary should minute them accordingly.
8.2	The draft minutes of Committee meetings shall be formally recorded and presented at the next meeting for approval.
8.3	A Committee Chair's assurance report produced by the Trust Secretary in partnership with the Committee Chair and lead executive director will be presented to the subsequent Board meeting, this enabling the Board to oversee and monitor the functioning and effectiveness of the Committee.
8.4	The Trust's annual report shall include a section describing the work of the Committee in discharging its responsibilities.
8.5	The following groups will report regularly to the Quality Assurance Committee: • Quality Governance Committee
9.	**Monitoring and review**
9.1	The Committee will produce an annual work plan and, in line with good corporate governance practice, carry out an annual review of effectiveness against its terms of reference and delivery of its annual work plan.
9.2	The Board of Directors will monitor the effectiveness of the Committee through receipt of the Committee Chair's assurance reports and any such verbal reports the Committee Chair may wish to provide. In addition, the Committee will produce an annual report of delivery of its annual work plan and terms of reference.
9.3	These terms of reference were approved by the Board of Directors in quarter two 2021 and will be reviewed, at least annually.